The relevance and effectiveness of support structures available to high school learners with substance abuse problems in the Eersterust area.

by

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DECLARATION

Student number: **07906595**

I herewith declare that, **The relevance and effectiveness of support structures available to high school learners with substance abuse problems in the Eersterust area,** is my own work and that all the sources used or quoted have been indicated and acknowledged by means of complete references.

Signature

(Mrs. S.E. DREYER)

24/02/2012

Date

DEDICATION

This work is dedicated to my late mother, Lulu Strachan, who taught me to persevere in all circumstances and to finish the race, and to my husband Thomas, my best friend and faithful supporter, I am blessed.

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My husband, Thomas, for his support and encouragement.

My heavenly Father, who is always good.

ABSTRACT

The focus of this study is the relevance and effectiveness of the support structures available to high school learners with substance abuse problems. This research was confined to learners in Eersterust, a township situated to the east of Pretoria. Substance abuse, especially among high school learners in South Africa and in Eersterust, has increased in recent years. Substance abuse obviously poses a major barrier to learning. Along with poor academic motivation, this problem seriously interferes with learners' academic performance and results in lower educational achievement. As an institution, the school is not able to provide support to these learners and so is obliged to link them with support structures such as the South African National Council on Alcoholism and Drug Dependance (SANCA) and the National Youth Development Outreach (NYDO).

KEY CONCEPTS

Substance abuse, relevance, effectiveness, support structures, treatment, peer cluster, inclusivity and barriers to learning.

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LIST OF ABBREVIATIONS

NIDA	National Institute on Drug Abuse
NYDO	National Youth Development Outreach
POPPETS	Programmes of Primary Prevention through Stories
SANCA	South African National Council on Alcoholism and Drug Dependance
TADA	Teenagers Against Drug Abuse
USA	United States of America

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CHAPTER 1
ORIENTATION

1.1 INTRODUCTION

In recent years, substance abuse among high school learners in South Africa has increased, particularly in Eersterust, a township situated to the east of Pretoria. Indeed, substance abuse is so serious in Eersterust that the police have taken to making random searches for illegal substance possession at certain points throughout Eersterust. These searches have been reported in newspapers such as the *Citizen* (2008:10) and *Die Beeld* (2005:13). A relatively recent newspaper article reported that two boys were arrested and charged with possession of illegal substances at a Central High School in Pretoria (*Pretoria News* 2009:3). The implication of such news reports for this study is that support structures available to learners with substance abuse problems will realise the urgency to provide relevant and effective assistance for such learners.

I chose this topic based on personal experience at the school where I teach in the hope that investigative findings may help policy makers, the education system and support structures themselves find relevant ways of helping learners who are substance abusers. This may enable more learners to achieve academic success, and who would then be able to become members of a trained and professional labour force.

Bachman, O'Malley, Schulenberg, Johnston, Freedman-Doan and Messersmith (2008:29) state that delinquent behaviour and substance abuse lead to academic failure. Along with low academic motivation, these problems interfere with academic performance and result in learners experiencing significantly lower educational achievement. Also, substance abuse seriously threatens learners' holistic development.

It is the opinion of the researcher that drastic and immediate intervention is required to tackle this problem, and that there is a serious need for relevant and effective intervention by existing support structures such as the South African National Council on Alcoholism and Drug Dependance (SANCA) and the National Youth Development Outreach (NYDO).

The school as an Institution can only to provide limited support to these learners and is therefore compelled to link with support structures such as SANCA and NYDO.

The following interest groups have shown concern about, and an interest in, this issue: the Department of Social Development and the South African Democratic Teachers Union. The Department of Social Development addressed the issue of substance abuse among children at the 2008 International Day against Abuse and Trafficking. At the time, mention was made that the Prevention of and Treatment of Substance Abuse Bill of 2008 had been presented to the National Assembly. The aim of this Bill is to target young people and to help equip them with the skills needed to resist the temptation to indulge in substance abuse (The Department of Social Development 2008). According to the *Free State News* (2010:03), the South African Democratic Teachers Union suggested that the government hold awareness campaigns in schools on human and substance abuse trafficking in the run-up to the Soccer World Cup. They also committed themselves to introducing a campaign that would make children and parents aware of the challenges of substance abuse.

In addition to the above, addicted learners themselves are also expressing the sentiment that South Africa's support structures need to be more effective.

Given that I have resource persons in the form of learners readily available at my place of work, the study I undertook was therefore practically feasible in terms of interview sites and interview times. This simplified data collection and analysis. The aim of this research was to investigate the success (or otherwise) of existing support structures in Eersterust. The study also aimed to put forward recommendations, where applicable, on how to ensure holistic educational success for learners in South Africa.

1.2 LITERATURE REVIEW

1.2.1 The Need for this Study

Harker, Myers and Parry (2008:4) make the point that the literature on substance abuse intervention in South Africa reveals little about primary prevention programmes aimed to address substance abuse problems among young South Africans; there is, in particular, little data on the effectiveness of such programmes in controlling and stopping substance abuse.

Learners, teachers and school principals have all expressed the need for more relevant and effective treatment for substance abuse. In an attempt to find out relevant and current information on the substance abuse problem amongst teenagers in Eersterust, research assignments on substance abuse were undertaken by Grade 11 and 12 learners in 2009. The assignments showed that marijuana was the substance most commonly abused. Contributing factors to substance abuse are peer pressure, social stressors and environmental stressors. Since peer influence plays a major role in the cause for substance abuse, this research adopted the Peer Cluster theory as its theoretical framework. This theory explains how peer influence in social settings often times lead to substance abuse Oetting, Edwards, Kelly and Beauvais (1992:90). Substance abuse affects all areas of the schooling process and is, in short, a serious social and academic problem in contemporary South Africa.

Grade 12 learners (personal communication 2009) stressed the need for more effective treatment methods to obtain more sustainable results in the fight against substance abuse. These learners made the following points: volunteers lack perseverance and have given up on Eersterust, psychological assistance is needed, treatment methods are ineffective since learners return to criminal behaviour and sometimes exit worse than when they entered the programme, learners have not encountered anyone who has achieved lasting success, professionals need to be involved since volunteers are not properly trained, most learners who attend these programmes are under pressure from their parents and/or the police, these learners should not return to the same environment after treatment, to be effective, treatment should also differentiate between children and adults and finally, it needs to be borne in mind that, although support structures help, it is the individual's responsibility to "stay clean" after receiving treatment.

According to Meyers, Louw and Fakier (2007:156) the demise of apartheid caused the domestic illegal substances market in South Africa to expand. Indeed, in South Africa today the price of illegal substances is decreasing and these substances are becoming ever more available which has increased the demand for treatment service providers.

Stakeholders need to revisit their methods and re-examine the relevance and effectiveness of treatment in those communities that have fallen victim to this social problem. This may help learners to overcome barriers to learning which in turn may enable them to reach their

life goals. The DoE (1997) reported that the key barriers found in the educational system include: socio-economic conditions, attitudes, an inflexible curriculum, language skills and communication, inaccessible and unsafe building environments, inappropriate and inadequate provision of support services, lack of enabling and protective legislation and policy, lack of parental recognition and involvement, disability and the lack of human resource development strategies.

1.2.2 Substance Abuse: the Situation Internationally

Substance abuse is prevalent throughout the world and affects people from all walks of life and from all social classes. In the next section, I will briefly discuss this problem by focusing on the following countries: the United States of America (USA), Africa (various countries) and South Africa.

1.2.2.1 Substance abuse in the United States of America

The National Association of School Psychologists (2010) reported that there is a growing and unmet need for mental health services for children and the youth. According to this report, America's youth are experiencing problems such as stress, bullying, family problems, learning disabilities, and substance abuse.

Austin and Benard (2007:3) state that research done in certain Californian schools show that learners who are involved in risky behaviour such as substance abuse are far more likely to experience significantly lower academic performance.

Dembo (2005:997) argues that studies show how nations such as the USA are constantly exploring ways and methods to improve service delivery to youngsters with substance abuse problems. Researchers found that the following needs were still not being met: the need to expand community-based treatment services; a need for low-cost, evidence-based interventions for substance abusing youths involving paraprofessionals; a serious need for strengthening the infrastructure; and an increased need for methodological sophistication in evaluating the impact of substance abuse treatment. These same researchers further suggested certain intervention strategies at an individual level (eg social and life skills training, therapy or counselling, tutoring, homework support and mentoring). At school

level, there is a need to implement teaching reform, co-operative learning and educational planning.

Parallel with the “Ke Moja” programme (meaning “no thanks, I’m fine without drugs”), Yuen and Pardeck (1998:127-128) state that the Drug Abuse Resistance Education programme in the USA is designed to prevent substance abuse and violence by educating children about the dangers and consequences associated with these activities. This programme focuses on teaching learners the following: to recognise pressure to abuse substances, to resist that pressure, to build self-esteem, to develop positive alternatives, and to increase communication and interpersonal and decision-making skills. They propose alternative activities such as programmes at drop-in centres, community service, and peer counselling and mentoring, all of which have become a standard part of many prevention programmes for the youth. The assumption behind all of this is that such activities will diminish young people’s desire to participate in harmful and unlawful activities.

Slesnick (2001:412) found that, the earlier a young person starts treatment, the more favourable the outcome. He highlights the importance of working with people who are only beginning to use illegal substances since it is these people who, potentially, receive the greatest benefit from any form of intervention. Ammerman, Ott, and Tarter (1999:18) suggest that prevention programmes should be dynamic and flexible and should change over time in order to meet the unique needs of substance-abusing individuals at the different stages of their life span. This approach ensures that intervention will always be both relevant and effective.

Towers (1987:77) suggests that, in order to help school learners, the entire school staff should be involved. He further suggests that teachers should establish support groups at school where learners can come together and partake in fun and recreational activities. These support groups can help the learner work through problems, find support from peers, help the learner to refuse to continue with substance abuse and stay off drugs after treatment is completed. Towers (1987:139) further suggests that class activities such as role-play and discussions about substance abuse prevention will also contribute in helping learners with substance abuse problems.

1.2.2.2 Substance abuse in Africa

In his work, Mathenge (2008:1-2) makes the following statement:

> The world seems to be losing the battle against the production, trafficking and use of illicit substances, a United Nations report has warned. The 2008 World Report, released on Thursday in Nairobi, indicates that an upsurge in supply and the development of new trafficking routes, mostly through Africa, could eventually strengthen demand in developed countries. This, it adds, will see the creation of new markets for some of the world's deadliest substances.

The report he cites also shows that, globally, Kenya is one of the five countries that has registered an increase in the use of heroin. More Kenyans are using cocaine, and the country itself is now a trafficking route. In its report (World Report 2008), the United Nations urges state authorities to take urgent steps to maintain progress in the war against illicit substances (Mathenge 2008:1-2).

Odejide (2006:87) says that the history of psychoactive substance use in Africa is relatively short, with the exception of the use of traditional substances such as alcohol, marijuana and khat. Sikiru and Subramanian (2009:50) describes khat as a weed that is chewed and it increases level of alertness, ability to concentrate, confidence, friendliness, contentment and flow of ideas. The introduction of prescription illegal substances to Africa drastically increased the availability and use of psychoactive substances (although marijuana and khat remain the most common substances of abuse in Africa). More recently, trafficking in heroin and cocaine has made narcotic substances easily available across Africa, despite existing legal control measures.

1.2.2.3 Substance abuse in South Africa

Parry (1998:24) states that, in South Africa, very few studies have been undertaken into the effect of substance abuse on school performance. One study, using data from the USA's National Longitudinal Survey of Youth (a survey which obtains information from the same respondents at multiple points in time), found that increases in the frequency of substance abuse significantly reduce the probability of high school graduation. In 2007, the then

Minister of Social Development, Dr. Z. Skweyiya, said that the combating of substance abuse is a priority, because this scourge has the potential to seriously undermine South Africa's efforts regarding development and social cohesion. The Minister also made the point that all stakeholders – at grass roots, community and national level – should participate in combating South Africa's substance abuse problem (South African Government Information 2007:1).

The South African Government Information (2007:2) reported that the youth programme "Ke Moja" is intended to raise young people's confidence to the point that they can resist peer pressure. The programme empowers teachers, parents and school governing bodies to identify youth with substance abuse problems for the purposes of early intervention. The Department of Social Development works together with the United Nation's Office for Crime and Control introduced The Prevention and Treatment of Substance Abuse Bill which was approved by cabinet in 2007. This Bill encourages, among other things, community based services. The Bill also places greater emphasis on preventative services, and will be more sensitive towards the needs of children.

Intervention by the SANCA's Teenagers Against Drug Abuse (TADA) and Programmes of Primary Prevention through Stories (POPPETS) are aimed at the pre-primary and early primary school child. Puppets, stories and various games are used to educate the child and information is provided on alcohol and substance abuse. The TADA programme involves the establishment of youth action groups in high schools or youth groups; the programme aims to prevent substance abuse among the youth and promotes exciting alternatives. The SANCA acts as the facilitator in providing groups with training and support (Parry 1998:24).

Dos Santos (2008:34) makes the point that a welcoming, friendly and safe environment is a very significant aspect of intervention, and stresses the importance of making services approachable, not only geographically, but socially and personally. An important component needed for successful recovery is a proficient support network in the form of friends and family.

Albeit that he is an old source, Faul (1989:79) emphasised this need for support networks by suggesting that preventative programmes in Eersterust should not only focus on

substance abuse, but also on the social and personal circumstances which lead to behaviour and addiction problems.

1.2.3 Reasons why the Problem Persists

Meyers et al (2007:156) state that treatment service providers are under severe pressure to make their services available to a greater number of users and to increase their coverage. These authors found that there are three structural barriers to effective service delivery: (1) difficulties in developing and implementing a strategic plan due to poor capacity, lack of information, poor inter sectoral collaboration, and limited consultation with service providers; (2) limited allocation of resources, which makes it difficult to meet demands; and (3) fragmented service delivery.

Meyers et al's (2007:156) study highlighted the fact that there is a need for the welfare system to transform itself further by developing a partnership with the private sector and introducing a management information system. Bowels (2005:2) states that the drive for improvement in substance abuse treatment is motivated by the primary goal of achieving consistently positive post-treatment outcomes. Substance abuse counsellors have a significant amount of influence over their clients, and their attitudes may well have a real impact on the outcome of treatment. Slesnick (2001:411) makes the point that the adolescent learners themselves often work to effectively oppose treatment: they display problems such as lack of motivation, difficulties in engaging with treatment and premature termination of treatment.

1.3 PROBLEM STATEMENT

As was mentioned at the beginning of this dissertation, the seriousness and extent of the substance abuse problem among high school learners in Eersterust requires urgent attention. Support structures should be actively involved in ensuring that learners are provided with services that are more relevant and more effective.

Given this background, the problem statement for this research is formulated as follows: To what extent are support structures, available to high school learners with substance abuse problems in the Eersterust area, relevant and effective?

1.4 DEFINITIONS

1.4.1 Substance Abuse

Ammerman et al (1999:22) state that substance abuse is a destructive and maladaptive pattern of use with the possibility of dependence.

The fourth edition of the *Diagnostic and statistical manual of mental disorders* (American Psychiatric Association 2000:191) defines the term "substance" as a drug of abuse, a toxin or a medication.

For this study, substance abuse is regarded as the underlying barrier which impedes on the youngster's schooling career.

1.4.2 Barriers to learning

In the South African Education White Paper 6 the term 'barriers to learning', refers to learning barriers occurring as a result of environmental factors such as poor facilities, inappropriate instruction language, inflexible curriculum, and unsafe environments. They also include learning needs arising from neurological and developmental impairments (Department of Education, 2001). In this study, barriers to learning refer to behavioural problems from learners such as substance abuse.

1.4.3 Support Structures

A support structure is defined as a "supporting structure that holds up or provides a foundation" (*Thesaurus* online 2003). Support structures for this study include the various organisations, friends and family members in the community that may assist in the rehabilitation of the substance abusing learner.

1.4.4 Inclusive Schools

Inclusive schools are characterised as schools in which "everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met" (Stainback & Stainback, 1990: 3).

1.5 AIM OF THE RESEARCH

The aim of this research is to investigate how relevant and effective current support structures in the Eersterust area are in terms of their service delivery to substance abusing learners. The main objective of this research is to recommend strategies for strengthening the current substance abuse support structures, given that learners with substance abuse problems are seriously at risk of experiencing poor academic performance.

1.6 MOTIVATION OF THE RESEARCH

My experience as a teacher at one of the high schools in Eersterust revealed that there is excessive abuse of illegal substances among the learners at this school. These learners end up engaging in inappropriate behaviour, such as dropping out of school activities, attending school irregularly, rebelling against the school authorities and, every often, engage in bullying. They end up leaving school early, getting expelled and, finally, they end up in conflict with the law.

At present, the support available to learners experiencing substance abuse is inadequate, and my hope is that this study will contribute to the re-evaluation of the methods and attitudes underlying this support. Support structures may have to make certain shifts that are necessary to facilitate change with a view to minimising the number of learners at risk. I believe that the value of this study lies in its recommendation to re-evaluate the relevance and effectiveness of the methods and techniques used by some of the support structures to learners in Eersterust. Some of these support structures are: the NYDO, the SANCA, the Eersterust Child Welfare Society, the Eersterust Clinic, the Eersterust Police Department and various community-based organisations.

1.7 TRUSTWORTHINESS AND CREDIBILITY

1.7.1 Trustworthiness (Reliability)

Trustworthiness was established by comparing whether there is agreement between the information given by the various participants. To enhance trustworthiness, all subjects were asked the same questions during the interviews (McMillan & Schumacher 2001:247).

1.7.2 Credibility (Validity)

In order to enhance credibility, regular checks were carried out with participants in order to ensure that they agreed with the description or composition of events narrated. A combination of certain data-collection strategies was used to allow for triangulation (the use of multiple data sources) with a view to corroborating data. Verbatim accounts were used to explain and describe participants' meanings and mechanically recorded data (in the form of tape-recorded interviews) provided accuracy and a relatively complete record of the interviews that were undertaken. All the above were utilised in order to review the synthesis of interviews with a view to ensuring accuracy (McMillan & Schumacher 2001:407).

1.8 ETHICS

1.8.1 Permission

The aim of this study is to investigate how relevant and effective current support structures in the Eersterust area are in terms of their service delivery to substance abusing learners.

Permission was obtained from relevant authorities such as participants' parents, the schools themselves, and the Department of Education. The research was approved by the ethics committee of the University of South Africa.

1.8.2 Informed Consent

Sufficient information was given to all participants. The functions of the researcher and the university was described to participants in detail. Participants were also informed about the purpose of the research and the possible negative and positive effects of their involvement in the research. Participants were also informed about the intended use of the data they provided. Signed Informed consent was also given for under aged learners who partook in the study (Appenix C).

1.8.3 Anonymity

To ensure anonymity, fictitious names were used throughout the study.

1.8.4 Volunteer Participation

Participants were informed that their participation was on a voluntary basis and that they were not being coerced into participating. They were also told that they could withdraw from the study at any time.

1.8.5 Confidentiality

Participants' privacy were protected by not giving their real names, instead numbers were used when reference was made to participants.

1.8.6 Harm, Caring and Fairness

Open discussions and negotiations with participants help to ensure "fairness" in the research process. This helps participants to understand their power in the research and this encourages voluntary participation. Participants were assured that no physical or emotional harm would ensue from their participation in the research.

1.9 SUMMARY

As can be seen from remarks made earlier, there is a great need for relevant and effective support for learners who are substance abusers. Although various support structures are accessible to these learners, the intervention methods administered by these support structures require re-examination. Support providers who are willing to implement changes in their methods will almost undoubtedly help learners to overcome their addiction and thus remove the barriers to learning caused by this addiction. The next chapter will focus on literature review.

1.10 CHAPTER DIVISION

The dissertation is structured as follows:

Chapter 1 - Orientation
Chapter 2 - Literature review
Chapter 3 - Research methodology
Chapter 4 - Presentation and analysis of findings
Chapter 5 - Conclusion and recommendations

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

In chapter one, I discussed the issue of increased substance abuse, especially among high school learners in Eersterust, a township situated to the east of Pretoria. The point was made that learners who use addictive substances are likely to drop out of school, get expelled and experience conflict with the law. It was also emphasised that the school as an institution is unable to provide sufficient and effective support for these learners.

This chapter focuses on the literature review in order to highlight the serious nature and extent of the social problem of substance abuse as a global phenomenon. In this chapter, I will therefore discuss substance abuse as an international problem and the focus will be on the USA, certain countries in Africa, South Africa in general and, finally, on the township of Eersterust itself. Different theories of substance abuse and support structures and/or programmes available will also be discussed. In this chapter, I shall also discuss the Peer Cluster theory in broad detail because it is this theory that is used to form the theoretical framework of this research. Finally, in the second part of this chapter, I shall take a further look at available support structures and/or substance abuse programmes.

2.2 SUBSTANCE ABUSE AS AN INTERNATIONAL PROBLEM

Mhlongo (2005:13) states that developing countries, such as Zambia and South Africa are experiencing serious problems with substance abuse, these substances include tobacco, alcohol, marijuana and glue sniffing. Mhlongo (2005:13) further states that developments such as improved socio-economic status, increased movement of people and improved communication technology, also influence the substance abuse trade and leads to an increase in substance abuse. The same author (Mhlongo 2005:13) also argues that individuals, families and communities all suffer as a result of substance and alcohol abuse because this form of abuse exhausts people's physical, intellectual, and economic resources.

2.2.1 Substance Abuse in the United States of America

Substance abuse in the USA often starts with young people innocently using legal addictive substances, such as tobacco and alcohol. Although society views this as acceptable behaviour, by using these substances regularly, individuals become addicted to them. The highest percentage of smokers in the world is found in the USA and Japan. The number of teenage girls who smoke cigarettes is also on the increase (Mhlongo 2005:15). Marijuana is the most widely used illegal addictive substance among youngsters in the USA (Mhlongo 2005:15). Marijuana users are also younger, and are aged between 12 and 17 years.

2.2.2 Substance Abuse in Africa

2.2.2.1 Tanzania

The most potent substances used in the Republic of Tanzania are marijuana, heroin, and mandrax. Consequently, these are the most popular substances among the youth. In Tanzania, substance abuse starts within the family, because substance use is regarded as a fashionable and socially acceptable practice in this country (Mhlongo 2005:17).

2.2.2.2 Zambia

A CBC news report (16 June 2005) stated that parents have been warned that some youngsters may be inhaling computer cleaning products from aerosol cans, which is a particularly dangerous method of getting high (The Alcohol and Drugs History Society 2005:85b). *PR Newswire* reported (January 2005) that the National Institute on Drug Abuse (NIDA) hosted a meeting to draw attention to the latest research about inhalant abuse. It was found that lifetime inhalant use had increased significantly during that year. More than 17% of these learners reported that they deliberately inhaled the potentially toxic vapours that are found in common household products (The Alcohol and Drugs History Society 2005:82a).

The *People's Daily* online (2006) reported that the Drug Enforcement Commission of Zambia had managed to intercept 70 tons of marijuana in that year. The then Public Relations officer of Zambia, Rosten Chulu, said that the Drug Enforcement Commission

had embarked on an awareness drive in schools and other institutions of learning to curb the growing trend of substance abuse in Zambia.

2.2.3 Substance Abuse in South Africa

Substance trafficking has increased in South Africa. For example, the *Sunday Times Newspaper* (2010) reported that three people had been arrested in KwaZulu-Natal (KZN) for allegedly dealing in cocaine; in this one incident, cocaine valued in excess of R4 million (as well as other drugs used to cut the cocaine) was confiscated. The South African Narcotics Bureau reported that in 2001 one in three school-going adolescents experimented with illegal substances and that many appeared in court for possession of or dealing in illegal substances (Hoberg 2001:250).

As in the USA, substance abusers usually start with alcohol and tobacco use; this is then followed by the smoking of marijuana. Note that, in South Africa, alcohol abuse has contributed to the prevalence of medical conditions such as cirrhosis of the liver and vitamin deficiency. Psychological conditions caused by alcohol consumption include, among others, becoming addicted to harmful substances, and various psychotic reactions (Mhlongo 2005:3). Social problems that can be attributed to alcohol use include assault, family disintegration and murder.

According to a survey conducted between 1997 and 2003 in Bela-Bela (which is situated in one of South Africa's rural areas) and the Greater Pretoria Metropolis (situated in one of South Africa's urban areas), it was found that the use of marijuana among rural and urban youngsters is similar (Mhlongo 2005:31). A survey revealed that over 70% of boys and girls between the ages of 10 and 14 years had used marijuana at least once in their lives, and that this had occurred either at their own home or at a friend's home. Some of the reasons given by these youngsters were that they used it to relieve stress, were curious or because they were socialising (Mhlongo 2005:31).

2.2.3.1 Range of substances used in South Africa

Alcohol and other substances used and abused in South Africa can basically be divided into three categories (Parry 1998:6).

Table 2.1: Categories of alcohol and other substances

Extensively used	Moderately used	Less frequently used
Alcohol	Cocaine (powder)	Opium
Marijuana (Dagga or Cannabis)	Heroin	Rohypnol
Marijuana /Mandrax	Speed	(Flunitrazipam)
"Over the counter" and	Lysergic acid diethylamide	Ketamine
prescription medicines	(LSD)	Wellconal
	Hashish	

2.2.4 Substance Abuse in Eersterust

Eersterust, the focus of this research, is characterised by socio-economic contrast. Some people in the community live comfortable lives, while others endure poverty and hardship. The suburb is plagued by socio-economic problems such as crime, unemployment, gang activity and substance abuse (Bam 2006:1). Substance abuse and alcohol use are related to the social problems prevalent in the Eersterust community, for example a high school drop-out rate, violence and rape (Springveldt 2008:38).

Statistics from the South African Police Services in Eersterust report substance abuse-related crimes as follows: in 2001 there were 52 cases, in 2002 there were 51 cases, in 2003 there were 34 cases and in 2004 the number of cases escalated to 228 drug related crimes (Springveldt 2008:38).

2.3 INCLUSIVITY AND SUBSTANCE ABUSE

2.3.1 Substance Abuse as a Barrier to Learning

Deed (2007:415) states that research done by the Victoria Premier's Drug Prevention Council in Australia shows that there is a clear relation between scholastic achievement and substance abuse.

In 2010, the Basic Education Minister, A. Motshekga, stated that substance abuse poses a serious barrier to learning at South African schools and that substance abuse has a

detrimental impact on children's ability to learn (South African Government Information 2010). Visser and Routledge (2007:595) state that substance abuse has been linked to misbehaviour such as truancy, dropping out of school and delinquent behaviour.

The National Institute on Drug Abuse (NIDA) (2010) reports that substance use by youngsters can cause major problems in the classroom. If a learner is under the influence or recovering from recent substance use, that learner will be unable to focus on school work with the same clarity as he or she did before the substance abuse began. This may lead to learners failing a grade or dropping out of school altogether.

2.3.2 The Link Between Inclusivity and Substance Abuse

Section 5 (1) in the South African Schools Act states that: "A public school must admit all learners serving their educational requirements without unfair discrimination in any way" (Swart & Pettipher as cited in Landsberg, Kruger & Nel 2005:17).

The Salamanca Statement (1994) reported the following on access to the curriculum, large drop out numbers and ill disciplined behaviour of high school learners reflect the crisis in secondary education. These behaviour patterns are found world wide and include issues such as: substance abuse, early pregnancy and criminal convictions. The Universal Declaration of Human Rights holds, as one of its guiding principle, the view that schools should include all children regardless of their intellectual, physical, social, emotional and linguistic status. It is thus the responsibility of the school to successfully educate all children, including those who have serious disadvantages and disabilities. Inclusive schools require that school staff, peers, families, parents and volunteers should be committed in order to be effective. This has led to a substantial reduction in the drop-out and repetition rate and is ensuring higher average levels of academic achievement.

Rizk (2005:1) states that an important way to help prevent and deal with the problem of substance abuse among youngsters is by making the education system more inclusive and responsive to the needs and rights of all learners. He continues by saying that this can be achieved through small steps like:

- Raising awareness among school children about substance abuse
- Including substance abuse and other social issues (peer pressure, bullying, etc) in

the curriculum, which may enable children to talk openly.

- Training/informing teachers about substance abuse issues and how to respond.
- Encouraging schools to accept, not automatically exclude, children with Substance abuse problems.
- Changing people's perceptions, and training law enforcers in children rights, so that substance abusing children are not viewed/treated as criminals.
- Introducing more flexible teaching/learning approaches, to accommodate children's rehabilitation schedules or learning problems developed due to absence from school or physical/intellectual damage caused by drugs.

Inclusive schools can build solidarity between children with special needs and their peers. Inclusive schools are also successful in obtaining community support which can help to create ways of using the limited resources that are available to assist learners with substance abuse problems (Rizk 2005:1).

2.3.3 Programmes to Remedy Substance Abuse as a Barrier to Learning

In 2010, the Basic Education Minister, A. Motshekga, stipulated that Care and Support Programmes in Teaching and Learning were initiated by the Department of Education. These programmes are aimed at helping learners and teachers with substance abuse problems to find appropriate support systems. Some provinces in the country can work with Soul City and implement the Soulbuddyz clubs in order to help combat substance abuse (South African Government Information 2010:1). Soul City is a non-governmental organisation, which was established in 1992. It's aim is to harness the power of mass media for health and development. The philosophy of Soul City encompasses the “Edutainment” or “Entereducate” model, which ensures that the media has the best reach possible, specifically to children and adults who have poor access to other sources of information. The Soul Buddyz Club is a joint initiative of Soul City Institute for Health and Development Communication and the South African Broadcasting Corporation Education in collaboration with the Department of Education. The Soul Buddyz Club serves as a platform where children are exposed to positive peer interaction, information about their health and rights, fun and adventure to stimulate their growing minds and practical opportunities to develop leadership skills (Valerio & Bundy 2004:114-116).

2.4 REASONS FOR ABUSING SUBSTANCES

Visser and Routledge (2007:595) claim that most researchers agree that youngsters who use substances up to the age of 18 years are, in fact, addicted substance abusers. The reasons given for this are: firstly, growing youngsters' nervous systems are still particularly susceptible to the harmful effects of illegal substances and secondly, since alcohol and cigarettes are illegal for youngsters to use, their experimentation with these substances, may invariably cause them to end up in trouble at home, at school or with the law.

Ewhrudjakpor (2009:205) says that, in Nigeria in the Warri district, it was found that the reasons for youngsters using psycho-active substances were (among others) peer pressure and social issues (eg stress related to divorce).

2.5 THE ECOLOGICAL EFFECT OF SUBSTANCE ABUSE

Substance abuse not only affects the learner, but also the family, the school and the rest of the community.

2.5.1 The Effect of Substance Abuse on the Learner

Substance abuse is a problem for the school-going adolescent, because it makes it extremely difficult for that adolescent to reach his or her full potential in terms of academic ability. The National Center on Addiction and Substance Abuse (2010) at Columbia University in the USA states that substance abuse overlaps significantly with learning disabilities and behavioural disorders such as attention-deficit and hyperactivity disorder. The report focused mainly on raising awareness among parents and special needs teachers.

Prinsloo as cited in Landsberg et al (2005:454) states that certain types of challenging or disruptive behaviour occurs in combination. For example, aggressive behaviour is associated with substance abuse and juvenile delinquency. One of the problems emanating from this is the sheer negativity from these learners; they refuse to achieve or to co-operate with others. This lack of interest in learning inevitably results in underachieving. The underachiever leaves school early or unqualified and may become entrapped in destructive

social practices and crime. These people thus become part of a country's social degeneration and are unable to make any positive contribution to its social and economic welfare. Deed (2007:415) states that schools are the key sites for early detection and intervention of substance abuse. Early intervention targets people who have just started to display risky behaviour such as substance abuse. Early intervention makes it possible to identify, observe, assess and treat individuals at risk (Deed 2007:415).

2.5.2 The Effect of Substance Abuse on the Family

Mhlongo (2005:34) states that a substance abuser's obsession with addictive substances causes him or her to forget about everything and everyone else. Substance abuse by a family member brings suffering on the whole family; it also brings disruption and conflict. Mhlongo (2005:34) also makes the point that children who are connected to their parents and who have a healthy relationship with their parents are far more likely to make healthy and safe life choices.

The stability of family relationships, is an important factor in helping people manage their lives, however substance abuse in a family may lead to problems of balancing control and discipline especially among the children (The United Nations Drug Control Programme 1995:10). Substance abuse may further lead to a lack of security, trust and warmth in parent-child relationships and to a lack of structure in family life (The United Nations Office on Drug and Crime 2009:1).

A document released by the New South Wales Department of Community Services (2004) states that family members may react in different ways to substance abuse in children. Some family members may experience feelings such as intense sadness, resentment, disappointment, fear, or helplessness. Family members may also experience ill health and neglect as a result of living with this problem. The parent whose child is a substance abuser may be worried about the child's safety and want to protect the child at all costs. Parents may blame themselves for their child's behaviour, or even cover up for the child so that the child does not have to take responsibility.

2.5.3 The Effect of Substance Abuse on the School

Mhlongo (2005:34) states that the continued abuse of substances destroys the abuser's ability to think logically and rationally. Substance abuse can also disrupt the entire school. The progress of other learners may be impeded when a number of learners in a class abuse substances or are absent because of substance abuse. Mhlongo (2005:34) continues by saying that illegal practices such as stealing and selling addictive substances on the school grounds are also a consequence of substance abuse. Such behaviour is obviously not conducive to a healthy school environment and it can lead to problems not only with school officials, but also with the law.

This is confirmed by Van Hout and Connor (2008:80) who claim that a study done in high schools in Ireland also revealed that substance abusing learners' schooling and academic performance are affected negatively by this social problem.

2.5.4 The Effect of Substance Abuse on the Community

Serban (2010:1147) states that substance abuse is one of the major challenges that society is faced with today and that its effects are felt at various social, professional and age levels.

Us No Drugs (2009) reports that the majority of highway deaths in the USA involve alcohol. Neighbourhoods are disrupted due to violence among substance abuse dealers, threats to the community and other crimes that the addicts themselves commit. Sometimes, younger children are used to work as lookouts and helpers.

The USA's National Institute of Health (2011) contends that substance abuse is a serious public health problem which, in some way, affects almost every community and family in the United States. Every year substance abuse results in around 40 million serious illnesses or injuries among people in the USA. Substance abuse also contributes to many major social problems, such as drugged driving, child abuse, and homelessness.

Report findings by the the National Drug Threat Assessment (2010) revealed that substance abuse affects the community and society at large in the following ways (see below).

Impact on the environment: many chemicals used to produce certain illegal substances are highly flammable and the improper use of these chemicals often lead to explosions and fires. Toxic chemical wastes are also disposed of into sewer systems and fields which, in turn, causes extensive environmental damage.

Productivity: national productivity is affected by things such as premature mortality, illness, injury leading to incapacitation and imprisonment. A great deal of productivity is associated with premature mortalities as a result of substance abuse. In the USA in 2005, there were 26 858 deaths that were recorded as unintentional or undetermined-intentional poisonings; in the previous year (2004), 95% of these poisonings were caused by substance abuse.

Health and health-care systems: substance use and abuse generally lead to the need for specialised treatment, make the abuser likely to contract illness, and make prolonged hospital stays a necessity. Substance abusers often experience adverse reactions to illegal substances, including non-fatal overdoses that require them to be hospitalised. Substance abusing youngsters are exposed not only to abuse and neglect but also to fires, explosions and health hazards such as exposure to toxic chemicals.

Criminal justice system: the consequences of illicit substance use impacts on the entire criminal justice system. It taxes resources at each stage from the arrest right through to the post-release supervision process. Although substance abuse courts and diversion programmes have partly helped to alleviate this burden, substance abuse within the criminal justice population remains widespread.

2.6 DEALING WITH THE SUBSTANCE ABUSE CRISIS

2.6.1 An International Response

Mhlongo (2005:34) states that the global problem of substance abuse led to the formation, in 1997, of the Global Initiative on the Primary Prevention of Substance Abuse. This was a project jointly executed by the United Nations International Drug Control Programme and the World Health Organization. Its main aim was to prevent young people from using

psycho-active substances. The project was implemented from 1997 to 2003 in South Africa, Southern Asia, and Central and Eastern Europe. At the time, all these countries made rapid progress. Local communities were mobilised to participate in five sets of interrelated prevention activities, namely, baseline assessment, training of local partnership, public health interventions, monitoring of activities and post-intervention assessment. The evaluation of the activities allowed for the identification of the best practices that could be implemented by communities who wanted to address substance abuse issues among their youth.

2.6.2 The United States of America

The National Institute on Drug Abuse (NIDA) (2007) reports that random substance-abuse testing is done at institutions such as hospitals, workplaces and schools. Schools are mainly engaged in this in order to decrease substance abuse by helping learners to resist peer pressure and also to start early intervention with a view to overcoming this problem as quickly as possible.

Drug Abuse Resistance Education (1996) is an international education programme that started in the USA; this programme focuses on preventing the use of addictive substances, gang membership and any type of violent behaviour. Learners who enter the programme sign a pledge not to use addictive substances or join gangs. They are taught by local law enforcement authorities about the harmful effects of substance abuse. This programme is done as part of the in-school curriculum over a ten-week period.

Fetro (1991:15-17) states that schools should not be called upon to bear the responsibility of substance abuse by learners by themselves. The primary role of the school is teaching and learning and staff resources are insufficient to alleviate the substance abuse problem. Staff cannot be expected to effectively implement identification, referral and intervention strategies at school. Instead, schools should be in partnership with the broader community since the broader community can provide programmes and services that address this and other social issues. The broader community may include community-based organisations, law enforcement agencies, and health-care providers. Thus, if schools are not able to help learners with substance abuse problems, then they should be able to rely on community-

based organisations for help. Furthermore, such a partnership eliminates duplication and maximises resources with a view to minimising substance abuse in the community.

2.6.3 Africa

2.6.3.1 Tanzania

In order to combat the problem of substance abuse among the youth, Tanzania introduced strategies aimed at the provision of shelter, education, vocational skills and jobs. Youngsters were also given opportunities to use their free time in a recreational, constructive and challenging way. The focus was on strengthening youngsters' personal and social skills (eg assertiveness, self-esteem and self-confidence) and on improving school performance generally (World Health Organisation and the United Nations International Drug Control Programme 2003:6).

2.6.3.2 Zambia

Mhlongo (2005:16) refers to the drama *Kitwe*, organised by the United Methodists of Africa and performed by youngsters in Zambia, as a way to respond to the substance abuse crisis in the country. The drama portrays how addictive substances and alcohol abuse in African communities lead to violent and anti-social behaviour. Zambia has designed programmes to facilitate socio-economic development and has taken steps to increase the educational employment opportunities for the youth, increasing substance free recreational activities, mobilisation of the community to assist where needed, increasing anti-substance abuse attitudes in communities, educational campaigns to prevent substance abuse and improving infrastructures to assist youngsters in the fight against substance abuse.

2.6.3.3 South Africa

The Department of Social Development appointed the Central Drug Authority to assist in the combat against substance abuse in the country and described its role and function as follows:

> The Central Drug Authority is a statutory body appointed in terms of the Prevention and Treatment of Substance Dependency Act (No. 20 of 1992 as amended) by the Minister of Social Development (2006). The Prevention and Treatment of Drug Dependency Act (No. 20 of 1992) tasks the Central Drug Authority to, carry out (draw up and implement) the National Drug Master Plan (The South African Department of Welfare 1999:32), advise the Minister on any matter affecting the abuse of drugs, plan, co-ordinate and promote measures for the prevention and combating of substance abuse and the treatment of persons dependent on it in accordance with the National Drug Master Plan, arrange conferences on matters concerning the Central Drug Authority and exercise such powers and perform such duties as the Minister may determine from time to time. The strategic principles identified as areas of attention involve defining holistic, cost effective measures to reduce the effects of drugs on individuals and society, their supply, demand and consumption. There is a need to reverse or counter the effect not only on the individual but also on society as a whole and advance the potential for recovery and reintegration of individuals back into society.
> (The Department of Social Development 2006).

Springveldt (2008:23) mentions that there are a number of organisations in South Africa who are involved in the fight against substance abuse. However, it is important to briefly mention two: the South African National Council on Alcoholism and Drug Dependance (SANCA) and the National Youth Development Outreach (NYDO). One of the aims and objectives of the SANCA is to address the alcohol and substance abuse problem by using specialised and affordable treatment services to all who need it, thereby restoring the person's dignity and self-respect. The NYDO aims at providing a holistic alternative to delinquent behaviour. Both organisations are sufficiently equipped to handle cases that have been diverted from the formal justice system. Since government agencies are unable to deal with many of the social problems experienced in South Africa’s communities (problems such as substance abuse), the government has formed close partnerships with various organisations such as the SANCA and the NYDO in an effort to deal with these challenges (Springveldt 2008:23).

2.7 VARIOUS THEORIES RELATING TO SUBSTANCE ABUSE

2.7.1 Introduction

According to Scheier (2009:689) the etiology or cause of substance abuse is based on a complex interplay of personality, genetic and cultural as well as environmental influences on behaviour that are difficult to dissect or treat as independent forces. Research in this field has produced a host of differing models and theories in order to describe the factors influencing substance abuse. Schilit and Gomberg (1991:146) make the point that, owing to the great diversity of people's social and developmental experiences, no single biological, psycho-social or behavioural variable can be attributed to substance abuse. Indeed, these same authors maintain that it is probably unrealistic to search for any one determining factor.

In the next section, I shall be discussing three different theories on substance abuse: the Cognitive-Behavioural Model of Addiction, Social Learning Theories of Experimental Substance Use and Peer Cluster Theory. To reiterate: the Peer Cluster Theory will form the theoretical framework for this study.

2.7.2 Cognitive-Behavioural Model of Addiction

According to Linton (2008:31), the Cognitive-Behavioural Model of Addiction (also called Cognitive-Behavioural Therapy) developed by Lazarus (1971), can be used in alcohol and substance abuse treatment. The theory behind this model states that our behaviour and emotions are influenced by the way we think. This implies that, in order to change a specific behaviour, one needs to change the way one thinks about that behaviour.

2.7.2.1 Sources of learning

According to Linton (2008:32) the Cognitive-Behavioural Model of Addiction suggests that behaviours and thoughts are learned. His reasoning is that alcohol and substance abuse is a behaviour and therefore abusers learn to do it. He also states that this kind of behaviour is maladaptive and can therefore be unlearned. The Cognitive-Behavioural Model of Addiction mentions a few sources of learning: one, that behaviour that is rewarded will be

repeated; two, that behaviour that is not rewarded will not be easily repeated; three, that people like to imitate role models (whether good or bad); and, finally, that people are inclined to display the same behaviour as their social or peer groups.

2.7.2.2 Functional and dysfunctional thoughts

The Cognitive-Behavioural Model of Addiction argues that functional thoughts lead to functional behaviour. For example, if a person thinks and believes in leading a balanced and healthy lifestyle, then that person will be less likely to misuse alcohol and addictive substances. In contrast, the Model argues that dysfunctional thoughts lead to dysfunctional behaviour. For example, a person who thinks that drinking beer everyday is not a problem since beer is not strong alcohol. Thus, when arrested for drunk driving, the person concerned maintains that he/she can quit at any time and that his/her problem with the law is because he/she was at the wrong place at the wrong time. The Cognitive-Behavioural Model of Addiction further claims that individuals who started to abuse substances and alcohol through learning from the above mentioned sources can also unlearn this maladaptive behaviour. In order to change one's behaviour, therefore, one needs to change one's thoughts, beliefs and attitudes (Linton 2008:33).

2.7.3 Social Learning Theories of Experimental Substance Use

Petraitis, Flay and Miller (1995:67) draw from the Differential Association Theory, which suggests that delinquent behaviours such as Experimental Substance Use and crime are socially learned in small, informal groups. Petraitis et al (1995:67) continue by stating that cognitively oriented psychologists, such as Bandura, have built upon this assertion, and claim that youngsters learn delinquent behaviours from their role models, especially from close friends and parents.

According to Petraitis et al (1995:67), Bandura's Social Cognitive Learning Theory argues that experimental substance use is shaped by two substance-specific beliefs. The first is that observing role models who experiment with substances will directly influence youngsters' expectations. An example here is youngsters who observe their parents using alcohol to relax or who observe their peers smoking marijuana; both will shape a youngster's beliefs about the consequences of, and his/her attitudes towards, experimental

substance use. Secondly, the opposite is true in that, if youngsters observe a close friend resisting the pressure to use alcohol then that will boost the youngsters' refusal skills as far as alcohol use is concerned.

2.7.3.1 Social structure and social learning

Lee, Akers and Borg (2004:17) support the Social Structure and Social Learning Model of crime and deviance. This model maintains that social learning is the principal social psychological process by which the social structural causes of crime and deviance have an impact on an individual's behaviour.

2.7.3.2 Social structures influencing the likelihood of adolescent alcohol and marijuana use

Gender: the theory of Social Structure and Social Learning suggests that delinquency can be approached by examining differences between males and females in social learning experiences and situations which encourage deviant behaviour.

Family structure: children from single-parent households are more likely to be exposed to deviant behaviour, simply because two parents are in a better position to counter deviant behaviour.

Community size: various social and demographic aspects of community structure, such as population size and economic conditions, have been related to adolescent crime and delinquency. The general expectation is that, the larger the community, the greater the likelihood that its youngsters will use alcohol and marijuana (Lee et al 2004:17).

2.7.4 Peer Cluster Theory

2.7.4.1 Introduction

Oetting et al (1992:90) states that substance abuse in the USA is a common phenomenon in both rural and urban areas as the personal and risk factors appear to be common in both areas.

According to Oetting et al (1992:92), Peer Cluster theory was put forward to illustrate the strong relationship between substance abuse and peer influence. The basic understanding is that substance abuse occurs in a social setting among peers. Peer groups may consist of best friends, couples or a cluster of people who have the same attitude toward substance abuse. Youth who are at risk normally gravitate toward peers who are experiencing the same kind of problems as they are, such as poor school performance and an intense dislike of school. These learners normally have a tendency toward deviant behaviour. Peer influence is a broad term and is not a new term, but Peer Cluster theory states that small, identifiable peer clusters determine when, how and where addictive substances will be used. Peer Cluster theory also focuses on the importance of the psychological and social characteristics underlying substance abuse.

According to Oetting et al (1992:93-94), some of the following characteristics may drive youngsters into forming peer clusters, whether these clusters are good or bad: good or poor school adjustment, family support or conflict, violence, taking a gun to school, scaring someone with a weapon, hurting someone with a weapon, victimisation (eg being beaten up by a non-family member), being robbed, being hurt with a weapon, being raped or sexually assaulted, getting drunk, substance abuse and depression.

2.7.4.2 Socialisation agents

2.7.4.2.1 Peer cluster and substance abuse influences

Youngsters who abuse substances have friends who also abuse substances. As can be expected, these friends encourage each other to engage in this behaviour (Oetting et al 1992:97). Youngsters who are part of the peer cluster decide, together, on the rules for the group such as what to wear, types of hair styles, how they will talk and behave and whether or not to abuse illegal substances. Added to this is the existence of a strong social influence that encourages peer conformance to the cluster's norms. Note that the youngster inside the cluster does not feel under pressure to conform, since he or she does not perceive that anyone is suggesting or forcing them to conform (Oetting et al 1992:98).

2.7.4.2.2 Personal characteristics of young people that relate to substance abuse

Oetting et al (1992:95) state that a youngster's character may be such that it creates and worsens his or her problems simply because it interferes with the bonding process with his or her parents. The same sort of character will also prevent him or her from adjusting to school and may also increase the probability of his or her bonding with deviant peers.

Research has shown that personal characteristics are related to substance abuse later in life (Oetting et al 1992:111). Some of these characteristics include: negative mood states, inability to control the emotions, anti-social behaviour, irritability, lack of behavioural control and aggression. All these traits make it difficult for the person to build positive relationships with either family members or the school. This, in turn, makes it difficult for them to learn pro-social attitudes, norms, values and behaviours, all of which are extremely important in the parent-child interaction.

These personal characteristics may also have a negative impact at school, as I have already indicated. Children with these characteristics may have difficulties getting along with teachers, paying adequate attention in class and adhering to school rules and regulations. This usually leads to an inability to adjust to the school and, ultimately, poor academic performance. However, some problem behaviours disappear as the child grows up (Oetting et al 1992:111).

2.7.4.2.3 School adjustment

Youngsters with substance abuse problems may well experience or display the following problems at school: difficulty in adjusting to the school, failing grades, absconding or expulsion. Furthermore, some of these youngsters do not receive any parental support as far as their schooling is concerned. Adequate family support could help these youngsters perform better and discourage them from associating with peer clusters that indulge in substance abuse (Oetting et al 1992:110). Family support provides children with security, because it helps them to adjust and also increases their chances of developing constructive relationships (Oetting et al 1992:106).

2.7.4.2.4 Family support and conflict

The family is the primary source of emotional support and socialisation for young children (Oetting et al 1992:106). The influence of peers and the school increases as the child grows older, but the family remains an important part of the child's life as far as guidance, support and encouragement are concerned. A family that experiences serious problems is likely to hamper the development of positive attitudes and values in their children. What is more, family problems such as substance abuse, aggression, criminal records, arguments and fights definitely increase the chance that the child will engage in substance abuse. In contrast, the family that offers the child stability makes it far more probable that their child will not engage in substance abuse. Family connections and strong bonds between parents and children usually communicate pro-social norms. This, in turn, helps to establish a solid foundation for good school performance.

2.7.4.3 The relevance of Peer Cluster theory

According to Peele (1998:153), Peer Cluster theory is based on the viewpoint that adolescent substance abuse is influenced by peers. This point has implications for both treatment and prevention. One effective way to change their behaviour is through using agents such as family members, the school and peers to help combat the chances of substance abuse. Peele (1998:153) continues by stating, that if treatment of substance abuse problems is to be effective, it must in some way influence the peer cluster. This implies that either the peer cluster should be changed or that the adolescent should be isolated from the peer cluster. Treatment and prevention programmes must therefore take peer clusters into account. The effects of prevention programmes can only be effective if it cause the youngster to choose peers who discourage substance abuse or if anti-substance abuse attitudes are developed within peer clusters.

Reconnecting the Youth, Protective Factors in the School programme and other treatment programmes such as Multidimensional Family Therapy have proven to be effective in this regard. These programmes will be discussed below.

2.7.4.3.1 Reconnecting the Youth programme

Wagner and Waldron (2001:53) claim that Reconnecting the Youth is a social-network support model and that human behaviour does not occur in isolation, but occurs within a person's social context. This means that a learner's substance abuse behaviour, emotional stability and academic performance all take place within his or her peer network, family and school contexts. If a learner's substance abuse behaviour is to be changed, then intervention should take place within the youngster's social context. The social network component includes the learner's parents or guardians, the Reconnecting the Youth teacher and the Reconnecting the Youth peer group, who are the key components in a Reconnecting the Youth learner's social network. Wagner and Waldron (2001:56) continue by stating that peers represent a critical context for delivering Reconnecting the Youth preventative strategies. These strategies are interactive and are designed to motivate and engage youngsters to counteract negative peer activities. The theoretical premise of Reconnecting the Youth focuses on developing a positive peer group culture. This pro-social culture influences peer bonding positively and reduces the risk of substance abuse involvement.

2.7.4.3.2 The Effectiveness of Reconnecting the Youth programme

Wagner and Waldron (2001:68) say that studies have shown Reconnecting the Youth to be effective in improving academic achievement and decreasing the school drop-out rate, as well as in reducing substance abuse problems. Positive peer bonding in Reconnecting the Youth also led to a decline in deviant peer bonding (Wagner & Waldron 2001:69). Reconnecting the Youth is an evidence-based approach and can be integrated into schooling systems to curb the school drop-out rate, suicidal behaviour and substance abuse (Wagner & Waldron 2001:81).

2.7.4.3.3 Protective factors in the school

Bernard (1991:13) makes the point that the role of caring peers and friends in the school and community environment is extremely important. Youths who have lived with their peers in boarding schools (such as when their families were no longer able to be supportive) responded positively. Bernard (1991:13) continues by saying that the school

should provide young people with opportunities to develop caring relationships with both adults and other youths. This in itself may lead to more positive outcomes as far as prevention programmes are concerned.

2.7.4.3.4 Multidimensional Family Therapy

According to Liddle, Rowe, Dakof, Ungaro, and Henderson (2004:49), Multidimensional Family Therapy is a family based-therapy. Parents and youngsters are assessed when they enter treatment. They are reassessed at six weeks after intake and at discharge. This family-based treatment is an intervention that targets teen and parent functioning within and across multiple systems on a variety of risk and protective factors. It has proven to be very effective in reducing risk and promoting protective processes at individual, family, peer and school levels. This therapy has also proven to be effective in reducing substance use.

As can be seen from the above, when treating learners with substance abuse problems, it is of the utmost importance that support structures involve peer groups. As will be seen in the next section, both the SANCA and the NYDO are incorporating group therapy in their treatment programmes, because this form of therapy has been proven to be effective in helping learners with substance abuse problems.

2.8 SUPPORT STRUCTURES

2.8.1 Introduction

Hager (2002:114) contends that brief and minimal intervention can be effective in primary care for people who are misusing alcohol. However he states that some questions still remain unanswered. Can the effects last longer than a year? Do all substance abusers respond the same way to the same type of intervention? What changes take place in the individual during intervention?

According to Hager (2002:255), evaluation is needed to determine whether the specific type of treatment has a positive or negative impact on people experiencing problems with substance abuse. Hager (2002:255) defines evaluation as follows “Evaluation aims to assess the feasibility, effectiveness and efficiency of an intervention in achieving stated aims and objectives.” Various questions are posed. What would be the best way to do it?

Were desired outcomes achieved? Are the best resources available? Hager (2002:256) further states that reasons for undertaking evaluation should be to learn more about what works and what does not work to improve the quality and effectiveness of the specific treatment that is applied, and lastly to demonstrate accountability (ie to show that the programme is achieving what it is supposed to achieve).

In this part of the chapter a brief look will be taken at some of the support structures and or programmes that are used internationally and locally. Focus will be on the USA and South Africa, with Eersterust as the centre of attention.

2.8.2 Support Structures in The United States of America (USA)

There are a number of these (see below).

2.8.2.1 Research-based programmes

Students Taught Awareness and Resistance Project

One of the The National Institute on Drug Abuse's (NIDA) (2007) research-based programmes which has shown to be effective is the Students Taught Awareness and Resistance Project.

The NIDA (2007) designed this comprehensive substance abuse prevention community programme which can be used by schools, parents, community organisations, the media, and health policy makers. The programme is included in classroom teaching taught by trained teachers over a two-year timetable. The parent programme helps parents to help children with homework, learn family communication skills, and encourages the parents to get involved in community action.

2.8.2.2 Community reinforcement and family training programme

Smith and Meyers (2004:9) teach family members (ie concerned significant others) how to change their own behaviour and attitude toward substance abusers (identified patient) with the goal of getting the substance abuser to enter treatment.

Smith and Meyers advise (2004:230) that certain prime times need to be used in order to suggest treatment to the substance abuser. Prime times can be when the identified patient shows remorse because they caused a drinking or substance abuse related crisis. This is a particularly good time to approach the identified patient, who is likely to be upset and open to the suggestion that they need to stop abusing the substance or abuse it less often. Concerned significant others can use this moment to suggest treatment. The identified patient should also realise that the concerned significant other is in treatment for their own addiction and therefore ask for information which may lead them to enter treatment. The identified patient may question why the concerned significant others' behaviour has changed. Identified patients in this way show that they have noticed the continuous and consistent positive change in the concerned significant others' behaviour (Smith & Meyers 2004:230). Based on the interest shown by the identified patient, the concerned significant others respond by encouraging the identified patient to also enter treatment.

2.8.3 Support Structures in South Africa

2.8.3.1 Introduction

In 1995, the South African Alliance for the Prevention of Substance Abuse was established with the assistance of the World Health Organisation, the International Council on Alcohol and Addictions, and the International Organisation of Good Templars. The Alliance aims at facilitating networking amongst all organisations, government and the society, and is specifically concerned with substance and alcohol abuse in South Africa. Cooperation between these organisations has the potential to significantly improve the quality of life and to promote peace and development for all South Africans (Parry 1998:4).

The Department of Social Development (2006) has formed partnerships with various Non-Government Organisations that deal with substance abuse, of which the SANCA is the most important. Faith-based organisations and community-based organisations are also key role-players. Most of these organisations are subsidised and monitored by the Department of Social Development. Their work is complemented by research institutions, business organisations and addiction treatment centres all of whom have in-depth knowledge and experience of substance abuse. These bodies are therefore able to advise government on

strategies and interventions on substance abuse issues (South Africa Government Communications 2007:507).

Given the enormity of the alcohol and substance abuse problem in South Africa, a wide variety of rehabilitation centres are found throughout the country. A brief list of some of these centres are listed below.

2.8.3.2 Overview of some rehabilitation centres

Some of South Africa's rehabilitation centres are found in Kwa-Zulu Natal (Newlands Park Rehab Centre, Chatsworth Drug centre and South Coast Recovery Centre), Cape Town (Western Cape Youth Centre, Cape Town Drug Counselling Centre and De Novo Youth Treatment Centre) and in Gauteng (Houghton House Addiction Recovery Centre, House of Mercy and Magaliesoord Rehabilitation Centre) (The South African Medical Research Council 2012) and The Noupoort Christian Care Centre (noupoort.co.za. 2010) which will be briefly discussed.

2.8.3.3 Noupoort Christian Care Centre

The Noupoort Christian Care Centre (noupoort.co.za. 2010) albeit in the Cape Province, will be used as an example of an educational facility which caters for youngsters who has behavioural barriers to learning in this case, substance abuse. As was noted earlier, substance abuse may cause learners to drop out of school. Many of these learners are consequently either not accepted back into their former schools or they realise that they need to be in rehabilitation and in school at the same time. The Noupoort Christian Care Centre offers a valuable opportunity to include such learners in the education system thereby offering them with an opportunity to complete their school career.

The Noupoort Christian Care Centre (2010) is a substance abuse rehabilitation centre in the Northern Cape. The Centre offers a two-year rehabilitation programme for substance abusers and educational facilities for those who wish to complete their schooling.

2.8.3.3.1 The two-year programme

This programme aims at rehabilitating substance abusers. The programme consists of a minimum of five months primary care, five months secondary care and a 12-week training programme for inmates who plan to become voluntary workers. A 52-week training programme is also provided to potential staff members and is fully financed by the Noupoort Christian Care Centre. This programme does not include medical expenses.

The Noupoort Christian Care Centre claims that, out of all the people in the last 10 years who have successfully completed treatment for two years or longer, only one person has relapsed and has undergone treatment again. Given this extraordinary success rate, Noupoort Christian Care Centre guarantees the successful recovery of anyone who has successfully completed its two-year programme.

2.8.3.3.2 Education at Noupoort

Noupoort Christian Education College works in partnership with Noupoort Christian Care Centre and it caters for Grade 10, 11 & 12 learners. As a learner at Noupoort Christian Education College the learner/resident is given the best possible care and education available. Learners are given the opportunity to complete Grade 12 whilst recovering from their addiction. This process generally takes two years. At the end of the first year, the learner completes three Grade 12 subjects. At the end of the second year, the learner completes the remaining three subjects. In some cases, Grades 11 and 12 may be completed in only one year, depending on the educational level reached by the learner.

The central issue is that the Noupoort Christian Education College provides an ideal educational process for the recovering addict. The relatively small classes ensure that the learner benefits from individual tuition. A decisive factor is that most schools are reluctant, and at times adamantly refuse, to allow admission to a learner who has a substance addiction problem or history. In contrast, the Noupoort Christian Education College does not consider this issue as a negative factor, and exists primarily to serve such learners. The Noupoort Christian Education College states that achieving and finishing any course of action is a vital step in the recovery process. The College also stipulates that, if a learner misbehaves so badly that drastic action has to be taken, the College reserves the right to

expel such a learner from the school. The learner would then be required to repeat the year of study. This is done in the interests of not only the learner concerned, but of all the other learners at the College; the College wants to protect those learners who are focused and who are applying themselves to the programme.

2.8.3.4 Support structures in Eersterust

2.8.3.4.1 Introduction

So far, we have looked briefly at two support structures in Eersterust available to youngsters suffering from substance abuse problems: the SANCA and the NYDO. The next section will discuss these two organisations in more detail.

2.8.3.4.2 The South African National Council on Alcoholism and Drug Dependance (SANCA) Thusong (Eersterust, Mamelodi and Nelmapius)

Background information

Substance abuse services in Eersterust were first established in the 1970s. The local Alcohol Anonymous group joined hands with the SANCA to provide the community with this service (Springveldt 2008:23).

Aims and objectives

Its aims and objectives are described as follows (Springveldt 2008:23):

> To address alcoholism and drug dependency through the provision of specialised, accessible and affordable developmental, preventative programmes and treatment services to all the people in the area of operation, thereby enhancing the quality of life and restoring the self-respect and dignity of persons affected by alcoholism and drug dependency.

Programmes offered at the South African National Council on Alcoholism and Dependence (SANCA) Thusong

According to Springveldt (2008:23), the SANCA Thusong is available to help people of all ages and all ethnic groups and is available for both men and women. The SANCA Thusong offers communities the following services and programmes (see below).

Table 2.2: Programmes offered by the South African National Council on Alcoholism and Drug Dependance (SANCA) Thusong

Functions	Programmes offered at the SANCA Thusong
Development services	Out-patient treatment programmes
Prevention services	After-care programmes
Treatment services	Referral to in-patient facilities
Research services	Assessments
Liaison services	Youth offenders diversion programmes
Marketing and Financial services	Family support programmes
Community development services	Awareness and prevention programmes

2.8.3.4.3 The National Youth Development Outreach (NYDO) - Eersterust

Background information

The NYDO was established in Eersterust in the early 1990s. The NYDO was born out of a desire to alleviate poverty in the community and to help bring to an end the problems of gangsterism and family violence so prevalent in this township. The NYDO aims at providing a holistic alternative and is sufficiently equipped to handle cases that have been diverted from the formal justice system. Since the government cannot deal with all the problems facing the community, it has formed close partnerships with organisations such as the NYDO in an effort to deal with these challenges (Springveldt 2008:25).

Programmes offered by the National Youth Development Outreach (NYDO)

Springveldt (2008:25) mentions that the NYDO focuses on life skills and family centred programmes such as youth justice programmes (which include the Adolescent Development Programme and the Family Group Conferencing programmes).

Adolescent Development Programme

The Adolescent Development Programme is at the heart of the NYDO's service delivery and is a recognised diversion programme. Based on restorative justice, this non-residential 12-week long programme seeks to enhance the self-esteem and personal development of the youngsters enrolled in it. It also encourages them to take responsibility for their wrong choices and to work on restoring the harm they have done (Springveldt 2008:25).

The success of the Adolescent Development Programme is based on the fact that the youth are viewed as an entity with an identity, and the emphasis is on building positive relationships with significant others. This approach is adopted along with a relevant and flexible curriculum which addresses the developmental areas of the teenager. The Adolescent Development Programme targets youngsters under the age of 18 years. However, in exceptional cases, young people above 18 (but not over 21) are also admitted to the programme. This added component complements the Adolescent Development Programme and the Programme is viewed as an innovative community initiative. The NYDO is one of the first organisations in South Africa that formally integrate mentoring into the youth justice process. The mentors are approximately the same age as the youth they are working with and serve as role models to young people who are referred to the Programme by the courts (Springveldt 2008:25).

Family group conferencing

The Family Group Conferencing programme is similar to the Adolescent Development Programme, which is a restorative justice programme. It endeavours to bring young offenders together with their families and their victims. It works at correcting the wrong done to both the victim and the community. The objective is to restore healing to the victim and to reintegrate the offender into the community. The programme also focuses on family

preservation and may include home visits, guidance on parenting skills and counselling (Springveldt 2008:25).

2.9 SUMMARY

In this chapter it was clearly shown that substance abuse is an international problem. It is found in first-world countries such as the USA, in developing countries such as South Africa and in third-world countries.

In this chapter, we looked at various substance abuse theories, with the main focus being on the Peer Cluster theory. Support structures and/or programmes in the USA and South Africa were also discussed, and the Noupoort Christian Care Centre, the SANCA and the NYDO were discussed in detail.

The next chapter will deal with the Research Design and Methodology of this research project.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter two contained the literature review for this research topic. In this chapter, I will explain the research methodology and the design of this research project. McMillan and Schumacher (2006:22) say that the research design describes how the study is conducted by explaining how the research is organised, what happens to the subjects, and what data-collection methods are used.

3.2 RESEARCH DESIGN

This study is based on qualitative research, using the philosophy of phenomenology as the fundamental mode of enquiry. De Vos, Strydom, Fouche and Delport (2006:74) contend that qualitative research assumes that a valid understanding can be gained by the researcher gaining first-hand knowledge obtained of the issue in question. In qualitative research, the researcher subjectively explores reality from an insider's perspective. Springer (2010:382) adds that the information obtained is expressed in narratives, which consist of extremely detailed descriptions of people, institutions, environments and the different meanings they construct. Lauer (2006:17) likewise contends that qualitative research occurs in natural settings with as little control as possible. Qualitative research uses special data-collection methods such as case studies and ethnography. This type of research focuses on non-statistical methods and small samples which are often drawn up through purposive selection (De Vos et al 2006:74). To gain optimal knowledge and understanding about the relevance and effectiveness of substance abuse support structures in Eersterust, the researcher used interviews and document analysis.

The main aim of this research is to examine the relevance and effectiveness of the support structures available to high school learners with substance abuse problems in the Eersterust area. McMillan and Schumacher (2001:445) make the point that it is best to use participants who have lived the experience personally, because this will lend authenticity to the research. Maykut and Morehouse (1995:16) say that qualitative research emphasises understanding because it enables the researcher to look closely at people's actions and

words. They continue by saying that the philosophical basis of qualitative research is to "discover patterns which emerge after close observation, careful documentation, and thoughtful analysis of the research topic" (Maykut & Morehouse 1995:21).

Qualitative research assumes multiple realities which are socially constructed through individual and/or collective understandings or views of the same situation. In this study, learners (males and females) in different grades were interviewed about their experience of substance abuse. Note that qualitative research seeks to understand a social phenomenon from the participant's perspective (participant subjectivity is therefore taken into account). In this type of research, the researcher becomes, to a certain extent, part of the participant's life. In this research study, the researcher methodically questioned learners about substance abuse and gained a knowledge of the topic from their perspective. This method allows for learners to relate their knowledge and personal experiences during interviews, which the researcher takes into account during data analysis and interpretation. The qualitative research approach seeks to understand human behaviour in its social context and thus develops context-bound generalisations. During the data-collection process, the researcher endeavoured to understand the framework within which the learners interpreted their views and experiences of substance abuse. Note that qualitative research is flexible and some new situations may emerge, which means that the researcher may have to make changes accordingly **(**McMillan & Schumacher 2001:15). During this research the researcher had to change the venue and times of some of the interviews.

3.3 PHENOMENOLOGY

Philosophically, phenomenology underpins constructivism which, as the term suggests, views society as socially constructed – in other words, society depends on how its members make sense of it. This is very apparent in phenomenology (Seale 1998:218). Phenomenology is a philosophical method of enquiry which involves the systematic investigation of consciousness as this intersects with the study of the social world (Seale 1998:30). In any research based on phenomenology, the researcher attempts to understand the individual's perception of the world and his or her personal views and experiences of that world (Bell 2010:5).

Phenomenology, therefore, is based on subjective experience. The researcher's goal tends to be holistic, in that he or she will attempt to provide a comprehensive description of experiences and meanings that people construct from their interaction with other people and things in their environment (Springer 2010:19). Costley, Elliott and Gibbs (2010:87) adds that the phenomenological approach is powerful in the sense that it can be used for understanding subjective experience. It gains insights into people's experience, motivations and actions.

In this research, phenomenological principles were applied in the interviews. School-going youngsters were interviewed as a means of gaining an optimal understanding of participants' views and experiences regarding substance abuse problems as well as gaining information on their knowledge about existing support structures.

3.4 PHILOSOPHICAL FRAMEWORK

The philosophical framework of this study is based on constructivism (see above); constructivism assumes that individuals construct their own realities instead of these realities being objectively observed (Springer 2010:19). Liu and Matthews (2005:386) claim that cognitive or radical constructivism stems largely from the work of Piaget. Cognitive or radical constructivism argue that knowledge is not transmitted from person to person, but that it is individually and idiosyncratically constructed. They continue by stating that the social or realist constructivist tradition is mainly derived from the work of Vygotsky. Learners are believed to be enculturated into their learning community. They apply knowledge based on their existing understanding through their interaction with the immediate learning environment. Learning is seen as a situation-specific and context-bound activity (Liu &Matthews 2005:388).

Burrel (1999:41) argues that evolutionary constructivism is a useful vantage point from which to understand substance abuse. People's relationships and subjective experiences with substances depend, to a large extent, on personality and socially constructed meanings. Substance abuse is seen as part of a person's effort to anticipate future events and construct viable solutions to problems. Constructive processes are mainly tacit, but substance abusers are seen as choice-making agents who, usually, “know more than they can tell”. This perspective suggests that substance addictions develop during the course of

a person's active efforts to construct meaning and adapt to construed social contexts. Springer (2010:20) adds that researchers need to reconstruct the participant's view of reality. The fundamental aim of qualitative research is to reconstruct the perspectives and meanings that individuals create for themselves. By doing this, researchers are able to acknowledge their own subjectivity.

3.5 SAMPLING

Sampling refers to the actual individuals from the wider population who are participating in the study. Sampling is thus a subset of a population which represents the whole population (Springer 2010:100). De Vos et al (2006:202) argue that a sample consists of people who are representative of the types most commonly found in most characteristic representatives or typical attributes of the population.

In this research study, purposive sampling was used because it involves learners who are involved in substance abuse. Since a phenomenological approach was adopted, only a small number of participants were used in this research. Key informants, such as learners who are or were substance abusers, were interviewed. This research used seven participants who consisted of a mixture of male and female learners. These participants were selected from different Grades from the two high schools in Eersterust. They were chosen in order to compare the information they provided and because this study focused on the relevance and effectiveness of existing support structures.

3.6 SITE SELECTION

Since Eersterust used to be a coloured township during the Apartheid years (pre- 1994), the majority of the people still residing there are coloureds. The research thus focused on the coloured population in Eersterust because there is a serious need to update the available information on substance abuse among this particular population group. As was mentioned, the selected site were the two high schools in Eersterust. This was judged to be the best place to conduct the research interviews because learners spend a large portion of the day there.

3.7 DATA-COLLECTION STRATEGIES

The data-collection strategy obviously influenced the results of the study (Lauer 2006:30-40). Data were collected via interviews (Appendix D) and document analysis (Appendices E – I). In this study, the researcher was primarily an interviewer and, as such, a neutral stance was attempted to be maintained during interaction with participants (McMillan & Schumacher 2001:435). In this study, semi-structured interviews were used to gain an optimal understanding of the participants' experiences as substance abusers as well as their opinions regarding the relevance and effectiveness of support structures available to assist them with rehabilitation. In order to engage the participants, an interview schedule (De Vos, Strydom, Fouché & Delport 2002:302) with a set of predetermined questions were used. In this study, the interviewees had experiential, first-hand knowledge of the topic and had lived through the experience of abusing substances themselves; this meant that they could explain what it means to them personally (McMillan & Schumacher 2001:435).

3.7.1 Individual Interviews

Fowler and Mangione (1990:11) assert that an interview can be described as a "conversation with a purpose". However, there are many types of interviews and the interview procedure will be influenced by the specific purpose of the conversation. They continue by stating that, two essential components are found in all types of interviews: firstly, the substantial part of the interview consists of questions and answers and, secondly, the participants have clear, and non-overlapping roles. The interviewer asks questions and the other participant (interviewee) answers these questions.

In this research individual interviews with four learners were held on the school premises between the 1st and 2nd of November 2011. Interview participants comprised of one Gr 8 female learner, two Gr 12 female learners and one Gr 12 male learner. The interviews lasted between 15 - 30 minutes.

3.7.2 Focus Group Interviews

Lauer (2006:37) states that a focus group interview is an interview with a group of participants and the aim is to share their views on a specific topic. Small groups tend to

increase research participants' comfort levels. Focus group interviews are useful for revealing participants' beliefs, attitudes, experiences and feelings. They also provide insights into the multiple and different viewpoints that exist among participants. Finally, they provide valuable information on the dynamics within the group.

During the interview process of this research, free flowing dialogue and participation was encouraged in order to glean the maximum information from participants. The focus group interview was held on the 26th of August 2011 with three Gr11 male learners off the school premises after school. The interview lasted between 15 - 30 minutes. Data for all the interviews were collected by means of interviews recorded on tape with the participant's permission. Wilson (2009:84) mentions the fact that tape recordings capture the "sounds" of a situation, thus allowing the researcher to compile a more complete record.

3.7.3 Document Analysis

Documents were collected to show that various laws and organisations are supporting the view of this research, which is, that urgent attention is needed to deal with the substance abuse problems among learners in the country. Official documents were used since, by their very nature, they provide an official perspective on any issue – in this case, substance abuse among school learners (McMillan & Schumacher 2001:452). Written and electronic documents in the form of reports, policies and statistical information from various relevant institutions such as the SANCA, the NYDO and the Department of Social Development were also collected and used. Document analysis is an important method for data collection, because it reveals information about what people did and gives meaning to participants' experiences.

3.8 DATA ANALYSIS

McMillan and Schumacher (2001:462) maintain that qualitative analysis is a systematic process of selecting, categorising, comparing, synthesising and interpreting in order to provide explanations for the phenomenon being studied. In this research, data was transcribed in detail in order to allow for optimal understanding of participants' views and experiences, after which it was coded. Lauer (2006:48) makes the point that coding reduces the information in ways that facilitate interpretations of the findings. Detailed

information of the codes and coding procedures are given in the qualitative report. The researcher looked for common themes in participants' responses. Finally, the data collected from various sources were recorded, categorised and interpreted (Bell 2010:211).

3.9 TRUSTWORTHINESS AND CREDIBILITY

Rubin and Babbie (2007:101) define trustworthiness as "the degree of consistency in measurement". In this research, trustworthiness was established by comparing responses to see whether there was agreement between participants' views and experiences. To enhance trustworthiness, participants were asked the same questions in the interviews (McMillan & Schumacher 2001:247).

Rubin and Babbie (2007:103) define credibility as "the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration". According to McMillan and Schumacher (2001:407), qualitative research uses as many strategies as possible to ensure credibility. The aim is to confirm that there is agreement in the descriptions of events. Multi-method strategies such as interviews and document analysis were employed to allow for triangulation (triangulation is the use of multiple data sources in order to corroborate data). Participants' language and verbatim accounts were used to explain and describe the meanings participants gave to their experiences.

Mechanically recorded data (tape recorded interviews) were used to provide accuracy and a relatively complete record. The researcher ensured that the device was in perfect working condition in order to avoid the data being corrupted. (McMillan & Schumacher 2001:409).

3.10 ETHICS

McMillan and Schumacher (2001:420) contend that researchers have to be informed of ethical principals before they undertake any study owing to the sensitive nature of their research. Given the extremely sensitive nature of this particular research, the following issues were given very careful consideration. Firstly, permission to undertake this research study was obtained from the relevant legal authorities (in this case the Department of Education). The ethics committee of the University of South Africa had to approve the research. Parents/guardians were approached to obtain permission if the participant was

under 18 years old. Informed consent was obtained from the participants, who were given a detailed explanation of the purpose of the research. McMillan and Schumacher (2001:421) emphatically state that informed consent means that each newcomer in the study is informed of the purpose and is assured of the confidential nature of the study. Participants should be allowed to either give or withhold consent and participation must be totally free of any form of coercion (Springer 2010:93).

To ensure anonymity and confidentiality, no names were used (code names were used to protect participants' privacy). Interviewees were assured that their names would not be disclosed to the schooling authorities. Participants' were ensured that their privacy will be protected from the general public where necessary unless it is required by law (by which I mean that research reports can be subpoenaed if the judiciary deems them necessary for the disclosure of information vital to a case) (McMillan & Schumacher 2001:421).

Springer (2010:95) states that participants should be assured that participation is voluntary and that refusal to participate or withdrawal from the study will not result in any form of penalty. In this case, learners were informed that they were free to stop participating in the study at any time and that they would not be coerced into participating. In particular, they were assured that attrition (withdrawal) would not lead to any unpleasant consequences. Note that caring and fairness in the form of open discussions and negotiations encourage "fairness" in the research process. This knowledge empowered the research participants and encouraged their voluntary participation. The researcher assured the learners that no physical and/or emotional harm, such as being personally humiliated, would occur during or as a result of the research (McMillan & Schumacher 2001:422).

3.11 SUMMARY

In this chapter, I discussed research methodology and design. I also examined data-collection methods, namely, the interviews and document analysis. A brief explanation of the data analysis procedure was also given. I also discussed trustworthiness and credibility as well as the ethical issues involved. In the next chapter I will discuss the data analysis process in detail.

CHAPTER 4
PRESENTATION AND ANALYSIS OF THE FINDINGS

4.1 INTRODUCTION

In chapter three, I discussed the research methodology and design, along with data collection techniques and ethical considerations.

The purpose of this chapter is to analyse, categorise and transcribe data. The data will be organised so that common themes can be scrutinised and grouped. After common themes have been identified, the data will be recorded and interpreted. The emphasis was on gaining a clear understanding of participants' views. Participants' responses are quoted in an attempt to organise them in a clear, systematic and coherent way.

For the purposes of confidentiality, neither the learners' names nor the names of the schools were given. Learners were referred to by means of numbers and schools were identified as school A and school B. Because learners responded to the interview questions in their mother tongue (Afrikaans), the responses had to be translated into English. Care was taken to ensure that the meaning of participants' responses was not lost during the translation process.

In this chapter the background of Eersterust, the characteristics of the two schools and its participants are discussed. This is followed by a discussion of the research results. Lastly, support structures in Eersterust will be examined to ascertain their relevance and effectiveness in supporting learners with substance abuse problems.

4.2 EERSTERUST: BACKGROUND

Springveldt (2008:35-36) tells us that the history of Eersterust has been marked by a shortage of housing and that this single factor has indirectly contributed to the other social problems that have plagued the township. The main problems experienced by the community include issues such as teenage gangs, girls not completing their schooling because of (teenage) pregnancy, petty crime, car theft, house breaking, substance and alcohol abuse, HIV/AIDS, the ineffectiveness of the South African Police and

unemployment. Springveldt (2008:38) continues that alcohol and substance abuse are a direct result of the social problems apparent in Eersterust. In 1997, Ryan (1997:10) reported that, in Eersterust, there were six gang-related killings in a two-month period as a result of competition for the Mandrax market.

Springveldt (2008:42-44) also mentions the fact that different organisations and support services exist in Eersterust to alleviate the township's social problems and needs.

Table 4.1: Organisations and support services in Eersterust

	Name of organisation and support services	**Type of service**
1.	Eersterust Child and Family Welfare Society	Child and family protection services
2.	South African National Council on Alcoholism and Drug Dependance (SANCA)	Substance abuse prevention and rehabilitation services
3.	Northern Gauteng Mental Health Society	Mental health prevention and support services
4.	National Youth Development Outreach (NYDO)	Support and Outreach services to youth with criminal offences
5.	Hope Centre for job and skills development	Job and skills development services for the unemployed
6.	Eersterust Caring Centre for the disabled	Support services for the disabled
7.	Trauma Nexus shelter for abused women	Support and protection services for abused women
8.	Various hospices	Support and caring services for people who are infected with HIV/AIDS, invalids and convalescents
9.	Various faith-based organisations	Rendering support services to the community to alleviate poverty and hunger

4.2.1 Organisations and Support Services in Eersterust

A few of these support services will now be discussed briefly.

4.2.1.1 Eersterust Child and Family Welfare Society

The Pretoria Child and Family Welfare Society has rendered services to the Eersterust community since the early 1970s. It specialises in rendering services to families and mainly focuses on empowering women and children.

4.2.1.2 The South African National Council on Alcoholism and Drug Dependance (SANCA)

The SANCA has rendered services in the Eersterust community since the late 1970s. This organisation focuses on combating alcohol and substance abuse.

4.2.1.3 The National Youth Development Outreach (NYDO)

The NYDO was first established in the Eersterust community in the early 1990s. The NYDO was born out of a desire to alleviate poverty and to bring an end to the problems of gangsterism and family violence (which is prevalent in the community). The NYDO is also equipped to handle cases that have been diverted from the formal justice system.

4.2.1.4 Trauma Nexus

This organisation provides professional support programmes for the purposes of enriching marriage and family life in the community. It also addresses socially inappropriate behaviour such as substance abuse. The vision of this organisation is to help people with problems find hope and become self-sufficient by teaching and helping them to make informed decisions. The main objective of the organisation is to create and maintain a multi-professional support network for the community. The organisation recruits psychologists, social workers, legal advisors, teachers, church leaders, business leaders, advisors and volunteers to serve as an effective and self-reliant support system and an empowering network for the community.

4.3 THE TWO SCHOOLS INVOLVED

4.3.1 Characteristics of These Schools

Table 4.2: The two schools used in this research

SCHOOL DEMOGRAPHICS	SCHOOL A	SCHOOL B
CHARACTERISTICS OF LEARNERS		
Number of learners	1457	971
Age of learners	14 years - 21 years	12 years - 21 years
Ethnic groups	Coloured and black/ African	Coloured and black/ African
Home language	Afrikaans, English and various African vernaculars	Afrikaans, English and various African vernaculars
Learners' socio-economic background	Low and middle-class income group	Low income group
Learners with barriers to learning/at-risk learners	Follows the policy of the Department of Education. Internal intervention such as additional support and extended opportunities offered to learners. At-risk learners are referred to Learner Support at the Department of Education.	Follows the policy of the Department of Education. Internal intervention such as additional support and extended opportunities offered to learners. At-risk learners are referred to Learner Support at the Department of Education.
Type of school	State school	State school
School hours	7h:30 - 14h30	7h:30 - 14h30
Grade 12 pass rate for 2010	37%	46%
Language of teaching and learning	Afrikaans and English	Afrikaans and English
Number of teachers:	53	34
Employed full time	44	34
Employed temporarily	9	0

INFRASTRUCTURE		
Library	School has a library.	School has a library.
Site	Situated between middle-class and sub-economic housing.	Situated between low to middle-class housing.
Number of classrooms	56	33
Sports ground	School has a sports ground.	School has a sports ground.
RESOURCES		
Furniture (ie desks and chairs)	School has enough to supply the number of learners.	School has enough to supply the number of learners.
Computers	School has access to computers for administrative work, teachers and teaches a formal subject: Computer Application Technology.	School has access to computers for administrative work, and teaches a formal subject: Computer Application Technology.
Internet access	School has access to internet facilities.	No internet access available.
Data projector	School has more than one data projector.	School has one data projector.
Overhead projector	School has a number of overhead projectors.	All overhead projectors broken.
Blackboard	School has blackboards in each classroom.	School has blackboards in each classroom.
Television	School has a television.	School has a television.
DVD-player	School has a DVD-player.	None
Radio	School has a portable radio.	None
Learner-teacher-support materials for learners	All learners have access to learner support material.	All learners have access to learner support material.
Financial grants	Government resource allocation and school fees.	Government resource allocation and school fees.
Annual school fees (12 months)	R1,230	R 1,200

EXTRA-MURAL ACTIVITIES		
School activities	Various sports activities such as soccer, rugby and chess.	Various sports activities such as soccer, rugby, netball and basketball.
Social Involvement with community	None	Drama and art classes Ballet dance classes Choir
SUPPORT GIVEN TO LEARNERS		
Academic support (reading and writing skills)	Senior learners are given special concession by the Department of Education during examination writing (extra time).	Senior learners are given special concession by the Department of Education during examination writing (extra time).
Socio-economic support (to indigent learners)	The school has a feeding scheme in place. Indigent learners and welfare children have access to apply for exemption from paying school fees.	The school has a feeding scheme in place. Indigent learners and welfare children have access to apply for exemption from paying school fees.
Support for learners with substance abuse problems	Learners who transgress are charged with this offence and go through a disciplinary process.	Learners are referred to the SANCA with the parent's assistance. The school works closely with these support structures, which produce positive outcomes.
Additional support structures	None	The SANCA and the local police force
SCHOOL GOVERNANCE		
School management team	Consists of the principal, two deputy principals and the various heads of departments	Consists of the principal, two deputy principals and the various heads of departments.
Unions	Staff members belong to various trade unions.	Staff members belong to various trade unions.

Numbers on the school governing body	Teachers (1), parents(6) Representative Council of Learners (0), public servant staff (1)	Teachers (3), parents(6) Representative Council of Learners (2), public servant staff (1)
How decisions are made	Decisions are made in consensus with the different relevant parties such as the school management team and/or the school governing body.	Decisions are made in consensus with the different relevant parties such as the school management team and/or the school governing body.
Representative Council of Learners - extent of contribution in school decisions	None	The Representative Council of Learners does not attend meetings, but is kept informed by the school governing body of decisions made in meetings.
Extent of parental involvement	Some are on the school governing body. Generally speaking, little parental involvement in school activities.	Some are on the school governing body. Generally speaking, little parental involvement in school activities.

4.3.2 The Two Schools: Similarities and Differences

Characteristics of learners: The two schools have the same type of learners in terms of ethnicity, home languages and learners with barriers to learning. The schools differ in that they have learners from different socio-economic backgrounds. School A has learners from low- to middle-income homes, whereas school B only has learners from low-income homes. Both schools are state schools and use Afrikaans and English as their language of teaching and learning.

Infrastructure: The two schools are very similar in terms of infrastructure.

Resources: Both schools are equipped with the basic necessary resources for administrative purposes. School A seems to have a lot more resources in terms of teaching aids than school B.

Extra-mural activities: Both schools are involved with sports. School A is not currently socially involved with the community, whereas school B participates in various social activities within the community.

Support available to learners: Both schools have feeding schemes for indigent learners and both offer exemption from payment of school fees (ie to indigent learners). School A does not support learners with substance abuse problems, whereas school B does and also works closely with support services in the community to this end.

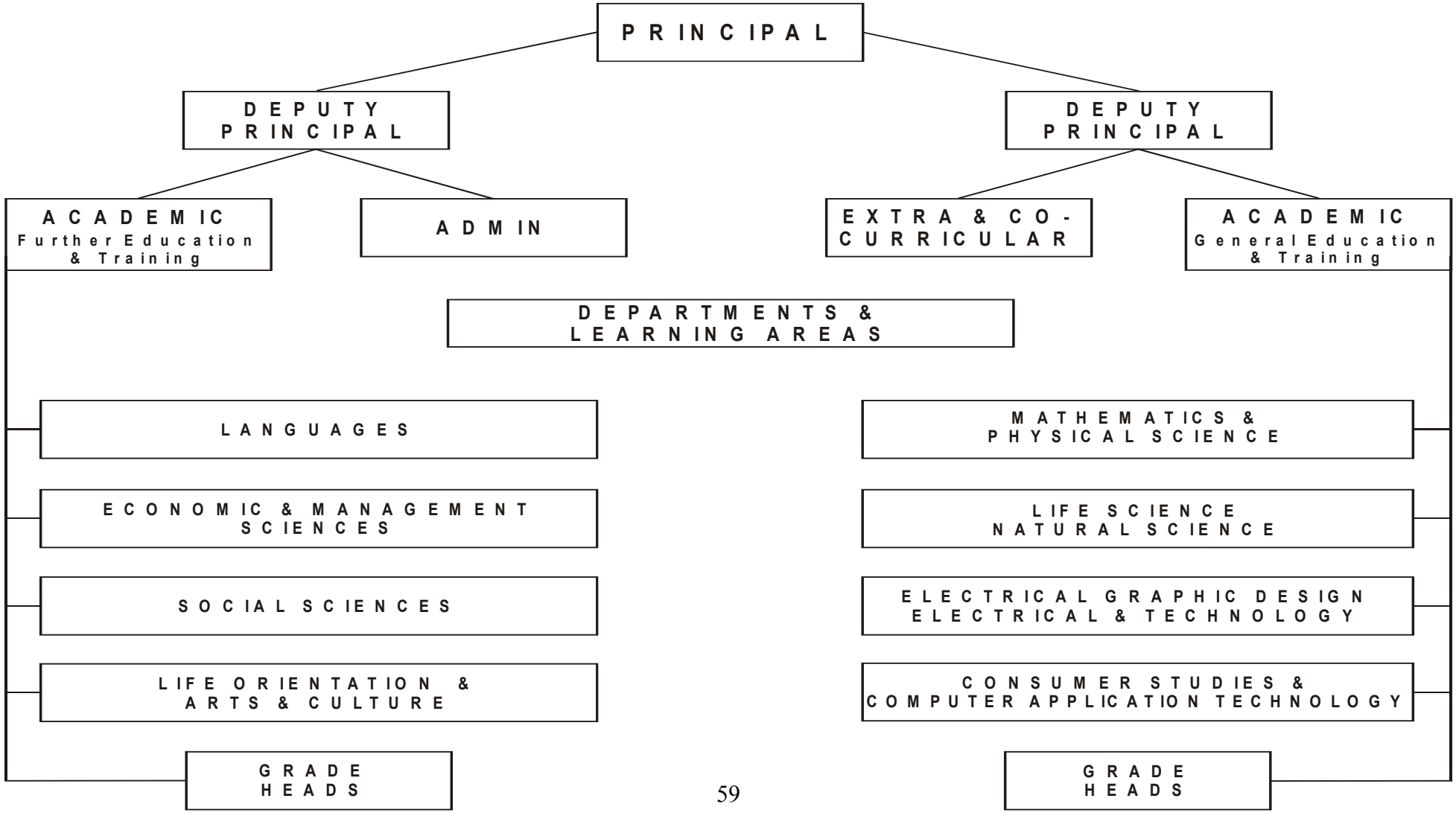
School governing body and parental involvement: The difference here is that school B has a larger contingency of teachers and Representative Council of Learners in the composition of its school governing body. The Representative Council of Learners at school B has some involvement with the school's governance, whereas School A has no Representative Council of Learner members on its school governing body.

School governance: School governance at both schools is very similar, especially in terms of the schools' organogram.

Following on the next page is a general organogram of the two schools (Graph A).

Graph 4.1

O R G A N O G R A M



4.4 PARTICIPANTS

4.4.1 Individual Interviewees

Number of learners interviewed: De Vos et al (2006:328) contend that there are no fixed rules for sample size in qualitative research. He continues by saying that sample size depends on issues such as what one wants to know, the purpose of the inquiry and what will be useful. In this research purposive sampling was chosen because this form of sampling illustrates the views and experiences of learners with substance abuse problems. The number of learners who were interviewed individually were four (out of a total of seven interviewees).

Gender: Peltzer and Ramlagan (2007:128) reported that, in 2002, more than 20% boys and 7% girls were using marijuana. In this research three participants were female and one was male.

Age group: Peltzer and Ramlagan (2007:124) reported that learners 13 years and older are using substances such as marijuana and mandrax. In this research one female learner was 13 years old, while the rest of the learners were 18 years old.

Grade: Peltzer and Ramlagan (2007:124) reported that marijuana is the most common and most likely primary illicit substance for which youngsters seek treatment, because it is the substance mostly consumed by high-school learners. Oetting and Beauvais (1990:385-394) contend that adolescent substance abuse increased up until 1981, but has since steadily declined. Grades 10, 11, and 12 learners are abusing substances such as marijuana, cocaine, heroin and stimulants. For this research, one participant was in Grade 8 and the other three were in Grade 12.

4.4.2 Focus Group Interviewees

According to Bell (2010:165), the purpose of focus group interviews is to focus on a particular topic. In this case, the topic was the relevance and effectiveness of support structures available to learners with substance abuse problems in Eersterust.

Number of learners interviewed: De Vos et al (2006:305) contend that the right number of people will make it possible for a discussion to take place. Small groups are particularly valuable when participants have a lot to share. The number of learners in the focus group who were interviewed were three (out of the seven interviewees).

Homogeneity: De Vos et al (2006:304) state that homogeneity is important in focus groups. Since focus groups rely on purposive sampling, homogeneity allows participants to focus on the topic of discussion (De Vos et al 2006:304). In terms of focus group homogeneity, the researcher focused on the following characteristics (see below).

Gender: All three interviewees were male.

Age group: All three learners interviewed were 18 years old.

Ethnic group: All three learners interviewed were coloured.

Grade: All three learners interviewed were in Grade 11.

4.5 DISCUSSION OF DATA-COLLECTION RESULTS

4.5.1 Interviews: Themes and Sub-Themes

Data collected from both individual and focus group interviews are presented in the form of common themes and sub-themes. Interviews were conducted in Afrikaans and transcribed into English. Great care was taken during translation to ensure that responses were reproduced verbatim.

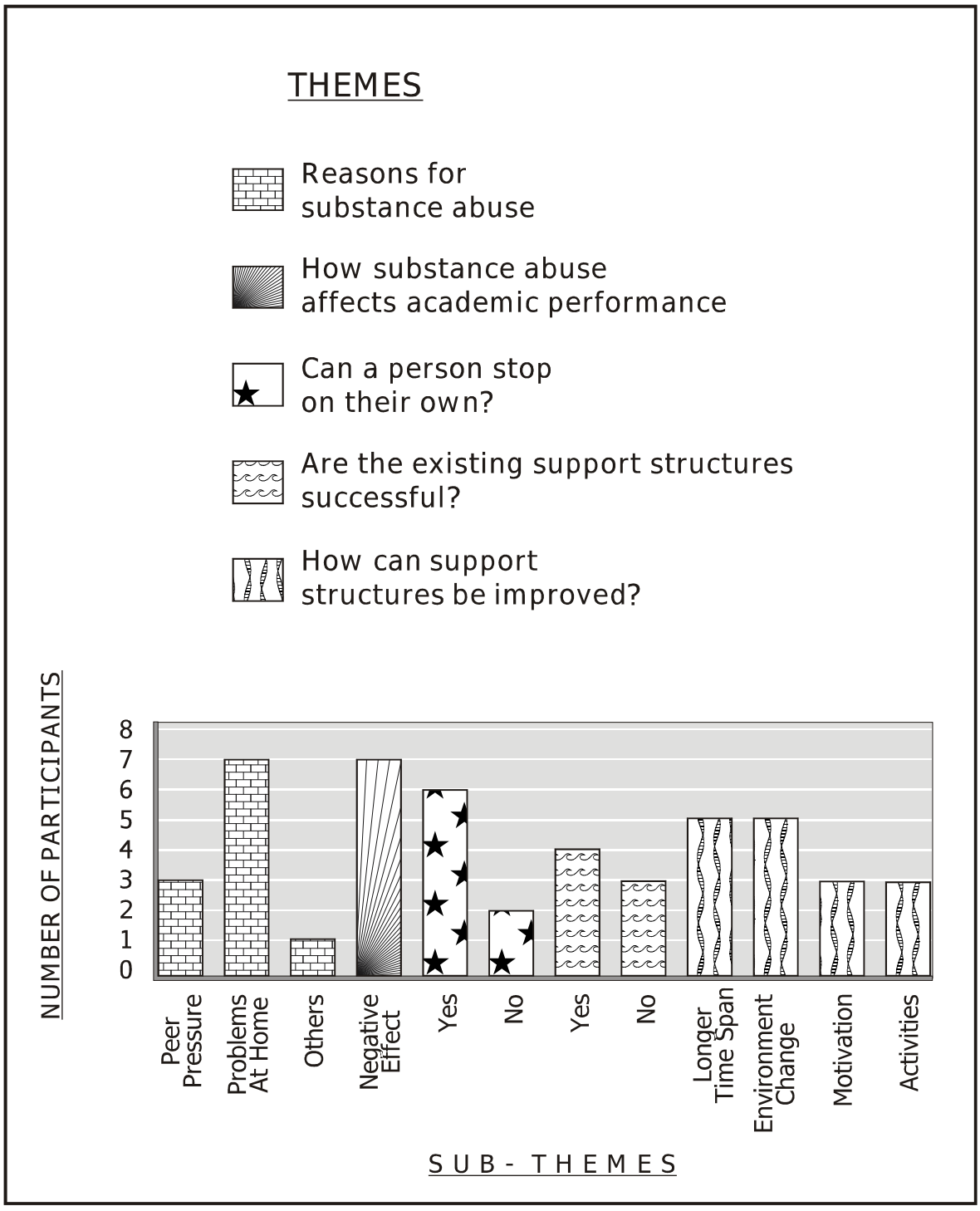
Below is a table of the different themes and sub-themes which were identified during the interview process. The table is followed by a graphical presentation and an in-depth discussion of the identified themes and sub-themes.

Table 4.3: Themes and sub-themes

THEMES		SUB-THEMES
Theme 1	Reasons for substance abuse	Peer pressure Problems at home Others
Theme 2	How substance abuse affects academic performance	Negative effect
Theme 3	Can a person stop on their own?	Yes No
Theme 4	Are the existing support structures successful?	Yes No
Theme 5	How can support structures be improved?	Timespan, environment motivation, activities

On the next page is a graphical presentation of Table 4.3.

Graph 4.2



These themes and sub-themes will now be discussed in detail.

THEME 1 - Reasons for substance abuse

Sub-theme - Peer pressure: Only three of the seven learners responded that sometimes learners abuse substances because their friends are doing it: *"Sommige kinders doen dit maar net omdat hulle tjommies dit doen"* (Learners 001,002 and 003, 2011:07).

> **Translation**: "Some children are doing it only because their friends are doing it."

The interview revealed that learners would contribute money and then go and buy illegal substances. A study done by Morojele, Brook and Kachieng'a (2006:217) revealed that youngsters' most common explanation of their peers' substance abuse was that it was positively reinforcing. These adolescents believed that substance abuse resulted in pleasurable consciousness states, heightened attention, an enhanced status, and that it also excused socially unacceptable behaviour. From the above response, we can see that learners are easily influenced by their peers. They do not want to be "left out" and will consequently do whatever the group is doing.

Sub-theme - Problems at home: All seven learners interviewed (group and individual interviews) revealed that problems with their parents at home caused them to abuse substances. They maintain that difficult family situations, such as parental fights, cause them to experience stress. This is illustrated by the following statement: *" Dit gebeur deur stres tipes juffrou, miskien probleme by die huis wat jy saam met jou ouers het"* (Learner 004, 2011:11).

> **Translation:** "It happens because of stress, Ma'am, maybe problems at home that you have with your parents."

Learners said that abusing substances helps make life easier. Substance abuse helps them to forget their problems and one way of coping with problems at home is to engage in substance abuse activities.

Sub-theme - Others: Only one learner mentioned another reason for teenagers abusing substances. This learner said that youngsters want to forget about their problems and they

then turn to substance abuse: "*Omdat tieners dwelms gebruik is om hul probleme makliker te maak, in hul lewe, dwelms maak laat jy jou probleme vergeet...*" (Learner 006, 2011:11).

> **Translation:** "The reasons teenagers are abusing substances is to make their problems in their lives seem easier – it helps you to forget your problems."

The above remarks show that learners are experiencing pressures which they cannot handle. They believe that substance use is the best option and the only way to escape from their problems at home. These learners eventually turn to illegal and dangerous substances for both comfort and relaxation. However, the people closest to them, friends and family, seem to be the biggest contributory factors to their substance abuse behaviour. This was confirmed at the national launch of the "Anti-Substance Abuse Campaign". The Department of Social Development (2010) stated that substance abuse and illicit drug trafficking is a global phenomenon. It also mentioned that substance abuse has serious implications for millions of citizens, as it creates a variety of social problems.

THEME 2 - How substance abuse affects academic performance

Sub-theme- Negative affect on academic performance: "*Die dwelms wat ek gebruik het, het my aandag baie van my skool werk afgetrek, soos bv. dit het gemaak dat ek baie lag in die klas en nie aandag geskenk het aan my skoolwerk nie*" (Learner 006, 2011:11).

> **Translation:** "The substances that I used distracted me a lot from my school work, for example, it caused me to laugh a lot in class and I did not pay attention to my school work."

This point is supported by all the other learners who were interviewed: all seven learners agreed that substance abuse has a negative affect on academic performance and leads to poorer academic results. The interview revealed that one learner felt that substance abuse causes learners to want to leave school. Furthermore, two learners said that they had lost the ability to concentrate in class and that their only focus was on using illegal substances. They said that they would suddenly lose focus and start to think about smoking marijuana. Learners also responded by stating that they were not longer attending school diligently. The Substance Abuse and Mental Health Services Administration (2006:1) reported that

research suggests that there is a definite relationship between academic performance and adolescent substance use. Learners who abuse substances have shown to be at greater risk for performing poorly in school and vice versa.

The interviews and data revealed that learners lose interest in their school work: *"En dit is nie lekker as jy sit dan kom dit op dat jy skielik, jy wil aan die skoolwerk dink, maar dan kom dit op dat jy skielik aan iets anders dink"* (Learner 007, 2011:11).

> **Translation:** "It is not nice, as you are trying to focus on school work, then you suddenly start to think of something else."

The interview revealed that the learners seem to be more concerned with using substances and neglect other important life issues such as their schooling. This confirms the fact that substance abuse poses a serious barrier to learning. Substance abuse has a negative effect on learners' scholastic achievement and puts the learner at risk of under performing and failing academically.

THEME 3 - Can learners stop substance abuse behaviour on their own?

The interview revealed that learners had differing views on this question. All interviewees said that "yes" they can stop abusing substances on their own. However, two of the interviewees then also said: "no", learners cannot stop substance abuse on their own.

Sub-theme - Yes: "*Ja juffrou maar, jy moen net, jy moet jou tjommies net weg kry en nuwe tjommies kry en iets kry wat jou besig kan hou en net met die slegte tjommies weg kom"* (Learners 001,002 and 003, 2011:07).

> **Translation:** "Yes, Ma'am, but you should get rid of your friends and find something else to occupy yourself with something which can keep you away from bad friends."

The interview revealed that six learners said that it is possible for a learner to stop abusing substances on his/her own. Learners expressed their views by saying that if you are determined within yourself, then it can be done. They said that self-confidence, focus and

willpower is necessary for this: *"Ja is 'n keuse wat jy vir jouself maak, ja is 'n keuse dit hang van jouself af as jy besluit jy wil dit ophou dit hang van jouself af as jy jou gedagte by een plek gaan hou dan gaan jy selfvertroue het"* (Learners 001,002 and 003, 2011:07).

> **Translation:** "Yes, it is a choice you make for yourself, if you decide you want to stop then it depends on yourself to stay focused and exercise self-confidence."

Furthermore, one of these learners continued by saying that if you are willing to talk with family members about the problem and listen to their advice then it is possible to stop substance abuse.

Sub-theme - No: Two learners said that it is not possible to stop abusing substances by yourself. Learners expressed the importance of changing environments in order to withdraw from substance abuse. They claimed that substance abusers should leave their familiar surroundings and start a new life elsewhere: *"Nie eintlik nie, maar as jy jou probleme oplos moet jy weg gaan van die dwelm misbruikers en alles los wat jy gedoen het en op 'n nuwe bladsy begin"* (Learner 006, 2011:11).

> **Translation:** "Not really, but if you want to solve your problems then you should move away from substance abusers and leave everything you did and start afresh."

Another learner said that, even if she wanted to stop substance abuse, it would be of no use, since her family problems were too big and that the circumstances were not going to change.

The interview revealed that learners do believe that the problem can be solved; however, they had differing views on whether it can be done by themselves or whether it needs the help of others. It is evident that a combination of the two is necessary for learners to overcome their substance abuse behaviour. The interview revealed that a person needs to come to a place where they make a definite decision by themselves to stop abusing substances (ie through inner-self motivation). Furthermore, it was also revealed that a person does need the help and support of others to help him/her combat this problem.

THEME 4 - Are the existing support structures successful?

Interviewees indicated that they were well aware of existing support structures available to help people with substance abuse problems in the community. They mentioned support structures such as the NYDO, the SANCA, the local clinic and the local police service.

Four learners said that these support structures are successful. However, one of these four learners was uncertain and said that they are not completely successful. Three learners said that the support structures did not work.

Sub-theme - Yes: Some of the learners who said that these support structures are successful spoke from personal experience and from what they heard their friends say about their own experiences: "*Dit kan jou help, as jy wil, jy kan regkom as jy ook wil hulle sê jou dinge wat jy eintlik basically ken by rehabilitasie soos net hoe dit was en jy werk net saam, werk saam, bly van die goeters af maar hulle leer jou ook hier en daar nuwe dinge, en ways hoe om weg te bly van dwelms af"* (Learner 005, 2011:11).

> **Translation:** "It can help you, if you want to, you can change, they also tell you things that you already know, like stay away from harmful substances. They also encourage you to co-operate and they teach you new things and ways to stay away from substance abuse."

One learner mentioned that her friends said that they were taught by the NYDO to say "no" to their friends who wanted them to engage in substance abuse activities with them. One learner who said that the support structures are successful said that she never went to a rehabilitation centre herself, but instead spoke to a teacher and that doing this was very useful to her.

Sub-theme - No: The learners who said that these support structures do not help people with substance abuse problems explained their reasons by stating that it is up to the individual and that no one can help you with this: *"Om rede die keuse bly by die kind. Al stuur jy hom re-hab toe as hy nie wil verander gaan hy nie verander nie"* (Learners 001,002 and 003, 2011:07).

Translation: “Because the choice lies with the child. Even if you send him for rehabilitation, if he does not want to, then he will not change.”

Learner 005 (2011:11) also said that the support structure, in this case the SANCA, does not really help, since they tell you things that you already know such as to be co-operative, to stay away from illegal substances and various tips on how to avoid substance abuse: ”*Nie eintlik nie, want ek het dit ek het dit vir myself gedoen. Ek het besluit ek gaan vir my 'n ander adiction soek soos, om meer te gym en oefeninge te doen sodat ek addicted kan raak sodat ek ontslae kan raak van...”*

Translation: “Not really, because I did it for myself. I decided to look for another type of addiction, like in exercising more so that I can stop with substance abuse.”

From this response it is evident that some confusion exists. The learner is not sure whether the specific support structure helped or did not help him. It is clear that the SANCA's methods need to be revisited in order to ensure that they remain relevant and effective in this particular community.

THEME 5 - How can support structures be improved?

Sub-theme - Timespan: Five learners indicated that a longer time span of about a year is needed for a person to stop substance abuse. One learner did not know how these support structures could improve. Another learner who attended the SANCA said the long time span helped him with his addiction problem: *”Ja dit was eintlik nogal lank genoeg seker drie jaar of twee jaar daar by SANCA gewees”* (Learner 005, 2011:11).

Translation: “Yes it was actually long enough; I spent about two or three years at SANCA.”

Sub-theme - Environment. Learners also expressed the view that addicts should be taken out of the community if they are to overcome substance abuse: *”Meeste, meeste van die mense by SANCA was net nie suksesvol nie, want paar van hulle, mense met wat ek saam in 'n groep gewees het, het hulle rehabilitasie toe gestuur, daar waar hulle kan gaan bly vir 'n lang tydperk”* (Learner 005, 2011:11).

> **Translation: "**Most people at SANCA were not successful, because some of the people that were with me in a group were sent for rehabilitation where they could stay for a long period of time."

Learners view the environment as a major influence on substance abuse. They revealed that they understand how an environment with many social ills can negatively affect a person's life, including encouraging people to engage in substance abuse. The interview revealed that learners also know that, in order to stop substance abuse, a healthy environment is needed to help the person recover from substance abuse.

Sub-theme - Motivation: One learner said that support structures should be more motivating and should make more of an effort to encourage learners to quit their substance abuse habits: *"Om hulle net te motiveer om te sê nee jy kan dit doen, jy kan dit los"* (Learner 005, 2011:11).

> **Translation:** "To motivate them to say, 'you can do it, you can stop abusing substances'."

Results from recent clinical trials using motivational interventions indicate that motivational approaches result in decreases in substance related negative consequences and problems (Tevyaw & Monti 2004:63). One learner said that the support structure should put more pressure on learners to change. The support structure should give them the hard facts of the destructive nature of substance abuse. This, said the learner, would be a good way to get them to stop substance abuse. Learners continued to express the view that support structures should encourage them to reach their life goals and should provide them with trustworthy people who they can talk to about their problems.

Sub-theme - Activities: Learners expressed the desire for Eersterust to be changed by these support structures. They suggested that support structures should make treatment programmes more interesting, because this would encourage attendance. They continued by suggesting that support structures could, for example, start a soccer team or even ask the learners what they would like to do, instead of just being told to fall in line with a programme that has activities that don't interest them.

These views are confirmed by Anderson (2011:1), who contends that schools and church groups should develop "Just Say No" clubs and programmes as an alternative for youngsters with substance abuse problems. Furthermore, parents should also provide alternative activities such as sports, school clubs, and involvement in arts and hobbies, since these are all positive alternatives to substance abuse.

The interviewees appeared to be mostly positive. Learners also displayed mature thinking in that they stated that it is important that people attend these support structures of their own free will: *"Jy moet ook vir jouself sê, 'hoor hier die ding wil ek uit my uit kry', dan sal dit jou help. Maar as jy gaan net om te sê, 'hoor hier ek doen dit vir my mense want my mense wil nie hê ek moet dit doen nie', dan gaan dit nie werk nie, want dan is dit nie wat jy wil hê nie, is wat jou ouers en mense wil hê"* (Learner 007, 2011:11).

> **Translation**: "You should say to yourself, 'I want to get rid of this thing' then it will help. However, if you only go for rehabilitation because your family wants you to do it, then it will not work, because then it is not what you want but what your family wants."

This is a crucial point because, to at least a certain extent, it will determine the effectiveness of the treatment. If a learner is doing it just to please his or her family, then he or she will not be committed enough to stay the course of the programme. Learners also showed understanding and insight into the seriousness of the problem of substance abuse. Furthermore, learners displayed a healthy knowledge of how this problem can be solved, bearing in mind that they have first hand experience of substance abuse. Finally, they seem to have a clear idea of how support structures could be more relevant and effective in order to help solve this social problem.

From the interviews, it was clear that learners were "information rich", given that they supplied information based on their personal views and experiences. They mostly agreed on the different themes and sub-themes and could also express their honest views on how they experience life and its different systems. The interviews were helpful in that they highlighted the strengths and weaknesses of the help support structures offered to learners with substance abuse problems.

4.5.2 Document Analysis

De Vos et al (2006:314) describe document analysis as the analysis of any written material that contains information on the specific phenomenon that is being studied. The researcher supplemented the data gained from interviews by conducting a document analysis. This was done in order to corroborate and confirm the data relating to the research topic and to investigate the relevance and effectiveness of support structures available to high school learners in the Eersterust area.

The documents used for this study include a variety of forms such as interview questions with its answers, annual reports and reports from substance abuse conferences. These documents were chosen because of its relevancy to the study as it addresses issues of substance abuse among youngsters in South Africa. Some of these documents will be discussed below.

4.5.2.1 The Prevention And Treatment Of Drug Dependency Act 20 OF 1992 (Appendix E).

The main aim of the Act is to establish the following: A Drug Advisory Board; various programmes for the prevention and treatment of drug dependency and the establishment of treatment centres and hostels.

4.5.2.2 National Launch of Anti-Substance Abuse Campaign Department of Social Development (Appendix F).

The South African government recognises that the drug problem is serious and requires urgent and collective national action. Social Development is the lead government department in implementing the National Drug Master Plan (NMDP, 2006-2011), which serves as a blue print of national action and programmes to stamp out drug abuse and its associated challenges. It commits government and all important sectors of society to work together on key areas such as the reduction of the demand and supply of illegal drugs through a variety of coordinated action from national to local levels. The Central Drug Authority is the body responsible for the planning, coordination and promotion of

measures to prevent and combat the scourge of substance abuse and illicit drug trafficking in the country.

4.5.2.3 Resolutions adopted at anti-substance abuse summit. Reported by: South African Government News Service (Appendix G).

At this summit the following agreements were reached: that there must be harmonisation of all laws and policies that govern alcohol across South Africa and that laws which deal with production, sales, distribution, marketing, consumption and taxation should become applicable across all provinces and municipalities in the country.

4.5.2.4 NYDO ANNUAL REPORT 2009/2010 (Appendix H).

NYDO regards networking as important and this is maintained with the various organisations and schools to whom they render their services.

4.5.2.5 SANCA PAMPHLET (Appendix I).

SANCA treats children, the youth and adults with substance abuse problems. Its outpatient treatment duration is 12 weeks.

4.5.2.6 SANCA/ SACENDU REPORTS- 2011 (Appendix J).

SACENDU highlights certain key issues that needs monitoring. These include increase in abuse of over- the counter medicines by youngsters and changes in racial profile of clients who receive treatment. SACENDU suggested that further research topics could include, among others: What resources do schools need to optimally assist learners with substance abuse problems?

4.5.2.7 Substance Abuse research and 2011 Summit Resolutions: briefing by Central Drug Authority and Department of Social Development Parliamentary Monitoring Group (Appendix K).

The Central Drug Authority conducted a survey with the Department of Social Development and one of the key findings of the study was that only 40% of those surveyed

knew that there were services available to help with substance abuse, meaning that 60% were unaware. Focus was placed, at the summit, on the need for more treatment centres and that a common treatment centre model should be implemented that all centres adhered to.

Some of these documents corroborate facts and findings on the research topic and describe the services provided by support structures in Eersterust but, at the same time, most of these documents tend to only highlight their relevance and effectiveness (rather than their weaknesses).

4.6 THE RELEVANCE AND EFFECTIVENESS OF SUPPORT STRUCTURES

In this section, the relevance and effectiveness of the South African National Council on Alcoholism and Drug Dependance (SANCA) and the National Youth Development Outreach (NYDO) in Eersterust will be discussed by referring to literature, document reports and personal information from interviewed learners.

4.6.1 The South African National Council on Alcoholism and Drug Dependance (SANCA)

Springveldt (2008:35-36) contends that the main objective of the SANCA is the prevention and treatment of alcohol and substance abuse. The SANCA works with standardised programmes, and its mission is to address alcoholism. This is done through the provision of specialised, accessible and affordable development, prevention and treatment services which are available to all South Africans. The SANCA aims to restore the self-respect and dignity of people affected by alcoholism and substance abuse.

The SANCA National (2008) stated that the organisation uses a generic model that incorporates various theoretical bases, including relapse prevention, cognitive restructuring and systems theory. The organisation is also fully compliant with the minimum norms and standards for both in-patient and out-patient treatment. The SANCA states that, during the treatment phase, patients are equipped with the necessary skills to maintain a healthy, productive lifestyle since recovery is a life-long journey.

Below is a table showing certain performance areas for the SANCA in Gauteng from the South African Community Epidemiology Network on Drug Use (SACENDU 2010:12-25).

Table 4.4: SACENDU report for Gauteng 2010

South African Community Epidemiology Network on Drug Use report for Gauteng 2010	
Proportion of treatment episodes in Eersterust	July - December (2007) Total 68 but none in 2010
First-time admissions in Gauteng	January - June (2010)Total 2,684
Type of treatment received	58% in-patient, 42% out-patient
Referral sources from schools	6 learners
Population profile	
Gender	Male: 83, Female: 17
Ethnic group	African: 49, Asian: 3, Coloured: 10, and White: 38
Learners	20
Education	Primary school: 7, Secondary (High) school: 78, and Tertiary education: 15

SACENDU (2010:22) reported the following data on patient percentages (ie patients aged 19 and younger).

Gender: Males 89%; females 11%.

Ethnic group: 18% from the coloured population.

Education: 84% from secondary education institutions

Referral sources for patients aged 19 and younger: A higher proportion of patients (48%) were referred to treatment centres by family, friends or ”self”. This total is followed by the school (24%), a slight decrease in referrals by social services has been noticed.

Interviews done by the researcher with school learners also revealed some of the SANCA's positive and negative contributions to the Eersterust community.

Positive contributions: One learner (Learner 005, 2011:11) claimed that, when a person stays in the SANCA programme, his or her treatment will be successful. The reason for this is that the programme teaches and motivates patients to stay away from abusing substances. Patients are encouraged to continue with the programme and the SANCA provides a type of "safe haven" for its patients.

Negative contributions: The same learner (Learner 005, 2011:11) reported that the SANCA did not really help him, because the SANCA staff told him things that he already knew. The learner also revealed that for some people it might be better to go to a rehabilitation institution (as an in-patient). His reasoning here was that they can stay for a longer period in these institutions, which might work out better than the SANCA's outpatient programme.

From the above it is evident that, although the SANCA is successful in many ways in their rehabilitation of substance abusers, a need still exists for current support structures to be more relevant and effective in order to help people, especially learners, with substance abuse problems. Learners could for example be given opportunities to go on camps, away from their home environment where they can receive further training on aspects such as life skills and on how to say 'no' to the pressure and desire to abuse substances.

4.6.2 The National Youth Development Outreach (NYDO)

According to Botha (2002:15), the NYDO has worked tirelessly with a view to encouraging the Eersterust community to become a positive role model for other communities across South Africa that are in a similar socio-economic position. The NYDO boasts of endless success stories through their prevention and rehabilitation programmes, particularly the Life Centre Project. This project has a number of stated objectives which revolve around restoring the dignity and self-esteem of "at risk" young people and their families. The project focuses on counselling, education, social engagement, family support, mentoring, developmental programmes and keeping the family unit intact.

The Adolescent Development Programme in Eersterust, which is part of the NYDO's Life Centre Project, is an example of a very successful diversion programme in South Africa. The Adolescent Development Programme (see chapter two) is a 12-week, full-day non-residential programme that seeks to enhance the self-esteem and personal development of participating youngsters. The success of this programme is due to the treatment directed at the youngster as an entity with an identity. The emphasis of the programme is on positive relationships with "significant others" and a flexible curriculum; the programme also offers a learner-friendly environment (Van der Westhuizen 2004:73).

4.6.2.1 The NYDO - annual report (2008/2009)

Achievements

The report under discussion revealed that two learners who were helped to reintegrate back into the school made good progress, and five children were referred to the NYDO's Small Business skills Development programme. They received computer training, were trained in job-hunting skills and entrepreneurship skills. These learners attended the programme conscientiously. Two young people who were engaged in the Adolescent Development Programme continued to be involved in the life skills sessions, and they received peer support to help build and maintain their resilience. Nine children attended a camp evaluation discussion and a motivational session. Finally, seven mentors and one youngster who had completed the programme previously were invited as guest speakers to accompany children to a youth camp.

The Restorative Justice Centre

The NYDO's annual report (2008/2009) continues that the Restorative Justice Centre aims to work with youngsters who are in conflict with the law. Youngsters are referred to the NYDO to obtain computer training, job hunting skills and small business skills. The Department of Social Services funded the project for the period September 2008 to July 2009. The NYDO trained 60 learners during this period; two successful candidates graduated and the NYDO reached its target for the reporting period.

4.6.2.2 The NYDO – annual report (2009/2010)

Crime Prevention Programme

The Crime Prevention Programme of the NYDO was initiated as a preventative measure to work with youth who are at risk. The programme targets young people in schools, communities, organisations or those in institutions such as the Secure Care Centre or juvenile detention. The Crime Prevention Programme is a life skills programme and runs effectively from Mondays to Thursdays. In Eersterust, the programme targets youth who are already in conflict with the law. The programme's curriculum was facilitated at Eersterust high school, and managed to reach 42 young people during this period (2009/2010).

Anglo-American Project (June 2009 – September 2009)

In 2009, through the Anglo-American project, the NYDO trained 14 learners between the ages of 18 and 34 years from the communities of Eersterust and Mamelodi (11 females and three males; nine people from Eersterust and five from Mamelodi). These learners were successfully given skills in computer training, job-hunting skills and training in life skills.

Challenges experienced by the NYDO

The NYDO – annual report (2009/2010) also points out that it is a continuous challenge to reintegrate learners back into school who are regarded as "trouble makers". Furthermore, not all learners can go back to school because of their age. When learners' cases are withdrawn, it is difficult to ensure that they still attend the after-care group sessions. The NYDO therefore has to come up with alternatives in order to help these youngsters.

4.6.3 Suggestions for Improving the Effectiveness of Support Structures

4.6.3.1 Suggestions made by Learners

As was mentioned before, Grade 12 learners (personal communication 2009) made the following suggestions during informal conversations:

Psychological assistance is needed since no one at school can help effectively; furthermore, professionals need to be involved since the volunteers who work at the various support structures are not fully trained. Learners felt that they should not return to the same environment after treatment, they further suggested that treatment should also differentiate between children and adults. Ultimately, the learners intimated that the existing support structures are not sufficient and that it remains the individual's responsibility to avoid substance abuse. Interviews further revealed that learners would prefer that support structures have programmes that last for a longer period in order to take substance abusers out of the environment that encouraged them to participate in substance abuse in the first place. Finally, learners suggested that support structures should include activities which the learners find interesting – this in itself would encourage them to participate in substance abuse programmes.

During the interview process, in this Chapter, learners mainly agreed with the above suggestions, and expressed the need for effective support structures that would help the community combat the problem of substance abuse. Interviewees put forward several similar suggestions, as the Grade 12 learners (personal communication 2009), like extending support programmes to one year and to conduct the rehabilitation programme away from home and to also include different activities (eg sports) in order to make the rehabilitation process more interesting.

4.6.3.2 Suggestions at the Treatment Alternative for Safe Communities – South African National Council on Alcoholism and Drug Dependance (SANCA) conference 2009

The Treatment Alternative for Safe Communities – SANCA (2009), conference where substance abuse treatment services were examined for its efficacy raised the point, that no single treatment is appropriate for all individuals with substance abuse problems. At this same conference, the following suggestions, were made: that, after individual assessment, the treatment setting and services should be matched to each person's needs; treatment should be readily available by providing access to a continuum of affordable and effective services; awareness of access to treatment should be provided by introducing more community-based outreach and awareness programmes; staying in a rehabilitation programme for an adequate period of time is critical for treatment to be effective and as

such, individuals should stay in the programme for a minimum of three months; programmes should include strategies to engage and keep these individuals in the rehabilitation programme; possible substance abuse during treatment must be monitored on a weekly basis (with a view to assessing a person's progress and not in order to punish him/her) and programmes should also be monitored and assessed in order to identify areas that require adjustments. During the conference it was revealed that there are multiple barriers to substance abuse treatment in poorer communities. In order to minimise these barriers, steps need to be taken to ensure that poorer communities have access to a continuum of affordable and effective services. Effective treatment should therefore address the multiple needs of the individual and not just substance abuse. This includes mental health, family needs, educational needs and needs in other areas of life-functioning. This can be done through step-down (continuing care) services to ensure that there is a sufficient time duration for treatment (recovery from substance use disorders often requires several treatment episodes). It was found that short-term, once-off treatment is often not sufficient to facilitate sustained behaviour change. Available programmes should include strategies to engage and keep clients retained in treatment. To limit the risk of a relapse, involvement in continuing care activities such as support groups and after care programmes might prove useful. A final thought that was expressed by one attendee at the conference was as follows: “In addition to building more facilities, our focus should be on improving the quality of services provided, thereby ensuring optimal use of existing services.”

4.6.3.3 Suggestions made by The Central Drug Authority and Department of Social Development

The Second Biennial Anti-Substance Abuse Summit was held in 2011. During the Summit, it was stressed that its Committee and the Central Drug Authority, along with the Department of Social Development, need to sit down and talk about the quality of the treatment centres in South Africa, since these centres are proving to be ineffective in fighting the problem of substance abuse in the country. One of the points made was that these centres are used by affluent substance abusers and that indigent substance abusers had minimal access to the treatment they provided. The Central Drug Authority and the Department of Social Development expressed the need for government to take an active role in addressing “the problems with alcohol advertising” and to increase education about

substance abuse across the country. The committee once again focused on the need for more treatment centres. It expressed the importance of a common treatment centre model that all centres should adhere to. The Committee further stressed that partnerships should also be created with other departments and civil society.

Substance abuse awareness and education were also discussed and suggestions were made that there should be an implementation of protocol on the prevention of crime and violence in all schools. Suggestions were made that there should be an educational unit in each province. It was argued that, since children were experimenting with all kinds of substances, schools need to put far more emphasis on their substance abuse programmes. Recommendations were made that campaigns against substance abuse should be intensified and that prevention methods should be implemented that are based on a multiple approach to this problem.

4.7 SUMMARY

From the discussions above it is clear that learners with substance abuse problems had experiential knowledge about the topic. Learners from both schools had similar experiences and views on the problem of substance abuse. It also became evident, through the interviews and document analysis, that support structures in Eersterust are only partly relevant and effective. It was apparent that there is a need for certain changes, such as a longer rehabilitation period, more motivation from programme organisers and a different rehabilitation environment. All of these would be more effective in supporting learners with substance abuse problems.

In the final chapter, chapter five, the main findings and limitations of this research study will be discussed. Recommendations will be put forward for making the support structures available in Eersterust more relevant and more effective.

CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter a discussion of the data analysis was presented. In this chapter, I will summarise both the literature review and the research design and findings. Suggestions for further research areas will be given and recommendations will be made to relevant parties with particular reference to the work of the South African National Council on Alcoholism and Drug Dependance (SANCA) and the National Youth Development Outreach (NYDO) in Eersterust. Combined recommendations gained from the literature review, the participants and the researcher will be put forward to make it clear why these recommendations should be accepted and implemented as a matter of urgency. Finally, I will end by referring to the limitations of this research study, together with a summary and a conclusion.

5.2 SUMMARY OF LITERATURE REVIEW

The literature review included a review of the global phenomenon of substance abuse as a social ill and the detrimental impact this form of abuse has on school learners' academic performance. In Chapter 1 Mathenge (2008:1-2) stated that the world is facing a “losing battle” against the scourge of substance abuse. The focus was on various countries, such as the United States of America (USA), Africa (Tanzania and Zambia) and South Africa itself. It was found that, in all these countries, marijuana is a widely addictive substance used by youngsters.

The literature review also focused on the research problem itself (an investigation into the relevance and effectiveness of support structures available to high school learners in Eersterust). Eersterust suffers from a number of socio-economic problems, including crime, unemployment, gang activity and substance abuse. Faul (1989:79) contended in Chapter 1 that support networks should as such address all these various problems and not just address the problem of substance abuse.

In Chapter 2 the literature review also looked at inclusivity, and highlighted the fact that the South African Schools Act, Section 5 (1) (Swart & Pettipher as cited in Landsberg et al 2005:17), requires public schools to admit all learners without prejudice. However in Chapter 2, (South African Government Information 2010) it was also explained that substance abuse poses a barrier to learning, and consequently has a negative effect on schooling. Various programmes, such as "Ke Moja" and Soul Buddyz, were discussed as ways to help fight the problem of substance abuse among youngsters.

Ewhrudjakpor (2009:205) stated in Chapter 2 that the most influential reasons found for substance abuse among youngsters were peer pressure and social issues such as family discord and divorce. One of the many responses to the growing problem of substance abuse according to Mhlongo (2005:34) was the formation of the Global Initiative on Primary Prevention of Substance Abuse. This project was jointly undertaken by the World Health Organisation and the United Nations International Drug Control Programme (2003).

Three theories were discussed in Chapter 2 were: the Cognitive-Behavioural Model of Addiction, Social Learning Theories of Experimental Substance Use and Peer Cluster theory (Peer Cluster theory formed the theoretical framework for this study). Oetting et al (1992:92) stated that Peer Cluster theory holds the view that substance abuse is learned and unlearned in the context of small peer clusters.

The last section of the literature review discussed some of the programmes of available support structures in the USA, South Africa and Eersterust. SANCA and the NYDO were discussed in some detail, because they formed the main support structures that were examined in this research study. Acknowledgement was given to the positive contributions that these institutions are making to the community. As indicated in Chapter 2, Springveldt (2008:23) agrees that, SANCA renders their services to all people in the community. However, the researcher concluded, based on the interviews conducted with the learners, that SANCA and NYDO's methods need to be revisited in order to obtain more effective and lasting results. These learners may then be more likely to undergo the full length of the required treatment time and may stop abusing substances altogether.

5.3 SUMMARY OF RESEARCH METHODOLOGY AND ANALYSIS OF THE FINDINGS

To determine the relevance and effectiveness of support structures available to high school learners in Eersterust, the views of high school learners at the two high schools in Eersterust were solicited. As indicated in Chapter 3, the triangulation method was used, consisting of interviews and document analysis.

The study proved that the qualitative research, using the philosophy of phenomenology as the fundamental mode of enquiry was the best approach for this study. In Chapter 3, Bell (2010:5) agrees that this approach produces first hand knowledge gained from interviewees. McMillan and Schumacher (2001:445) in Chapter 3 state that it is best to use participants who have lived through the experience personally. Purposive sampling therefore proved to be effective as interviewees collectively supplied information from subjective experience on the same situation.

The selected site in Eersterust was ideal as it allowed for easy contact between the researcher and the participants.

During the interview process interviewees were not coerced to participate. As indicated in Chapter 3, Springer (2010:93 - 95) agrees that participants should be allowed to either give or withhold consent and that participation should not be forced and that they should be free to withdraw at any time from the research process. Research participants were at ease since the researcher ensured them about the anonymous, confidential, safe and private nature of the interviews. McMillan and Schumacher (2001:421-422) agrees in Chapter 3 that names should not be disclosed to the public in order to provide privacy to research participants.

In presenting the findings of this research study, the researcher transcribed and analysed the interviews. Background information on the Eersterust township, the two high schools and the participants was provided. Five themes and a number of sub-themes were identified and discussed in detail. Document analysis was also discussed and the researcher mentioned that documents would be used for corroboration, confirmation and supplementation of data.

Findings of interviews and document analysis made by the researcher will be discussed below.

Findings from the interviews:

Interviews revealed that learners:

- admitted that peer influence is a strong factor which motivates them to abuse substances (Learners 001,002 and 003, 2011:07);
- indicated that substance abuse helps them to cope with life's challenges such as family problems (Learner 004 2011:11);
- fully understood the negative impact of substance abuse on their school work as it poses a barrier to their learning (Learner 006 & Learner 007 2011:11);
- indicated that they can stop abusing substances if they apply themselves to this end (Learners 001,002 and 003, 2011:07);
- would like support structures to provide rehabilitation away from their home environment and that rehabilitation should take place over a longer period of time (Learner 005, 2011:11);
- had different views on the success of existing support structures, which proves that learners were confused about the efficacy of these support structures (Learner 005 2011:11);
- indicated that support structures should involve them more in terms of specific activities during the rehabilitation programmes. Anderson (2011:1) continues by stating that various recreational activities are positive alternatives for substance abusing youngsters.

The data collection strategy in the form of semi- structured interviews was most effective since the interviewees gave subjective answers to the questions posed by the researcher. (McMillan & Schumacher 2001:435).

Findings of the Document Analysis: Document analysis revealed the following information:

Document analysis, as indicated in Chapter 3, as a method of data collection was valuable in the sense that it supplied and complemented information on the research topic. McMillan and Schumacher (2001:452) agree that it provides an “official perspective” on subject matters.

The South African government acknowledges the fact that substance abuse is a complex problem in our country. In response to this laws are being implemented and followed through in order to deal with the scourge of substance abuse in the country (Chapter 4: Appendices E & F). To this extent harmony among all provinces are aimed at in order to deal with the substance abuse problem effectively (Chapter 4: Appendix G). Organisations such as the NYDO and the SANCA are networking with organisations and individuals in the communities as they cannot function optimally on their own (Chapter 4: Appendices H & I). SANCA/ SACENDU reports are highlighting the fact that schools need to be aided in terms of resource allocation in order to deal with the problem of substance abuse among learners (Chapter 4: Appendix J). Government institutions such as the Central Drug Authority and the Department of Social Development recognises the need for more treatment centres in the country (Chapter 4: Appendix K).

From the above summaries it is concluded that the government is serious about combating the substance abuse problem in the country and that definite action is taken to this effect.

Finally, the relevance and effectiveness of two support structures in Eersterust, the SANCA and the NYDO were discussed and recommendations made for them to become more effective.

5.4 SUGGESTIONS FOR FURTHER RESEARCH

Further research is required into the whole issue of the relevance and effectiveness of the support structures in Eersterust. The study focused only on the work of the SANCA and the NYDO as they are the two oldest organisations which provides rehabilitation programmes to substance abusers in Eersterust. It is obviously not feasible to draw conclusions from two support structures only. There is thus a need to examine other available support structures in Eersterust and whether there is a need to establish more of these support structures. A study into the different types of activities offered by rehabilitation programmes should also be undertaken.

The need for a longer time span of treatment by support structures should be investigated and relevant adjustments made regarding the time span of treatment. There is also a need to change the environment in which treatment is provided; this issue also warrants further

research, given that this is a very relevant and important aspect of rehabilitation, and one specifically mentioned by the interviewees.

Any further research needs to include participants from all race groups in Eersterust schools. Different types of data-collection methods should also be employed (eg questionnaires in order to reach a much wider population).

Ongoing and in-depth research on learners who are substance abusers (eg information on their profiles, including gender, age, grade, socio-economic background and academic performance) is also necessary. Such documentation would provide fresh data that could be incorporated into statistics and current literature writings. Support structures would be able to draw up to date information on the youngster's profile, which may assist in their rehabilitation methods. This would support and supplement both the quantitative and qualitative data available.

Note, also, that a study could also be done on primary school learners, because research has shown that many learners at primary school level are also substance abusers.

A clear delineation is required of the responsibilities of substance abuse support structures in Eersterust, and research also needs to be done to establish the extent to which school learners in Eersterust require accessible substance abuse treatment services. (This could be done either through community-based needs assessments or through national household surveys.) The aim of such research would be to provide clarity on the role and responsibilities of the different support structures (eg the school and government authorities).

5.5 RECOMMENDATIONS MADE BY THE RESEARCHER

1. Learners should receive in depth teaching as part of the Life Orientation curriculum on the harmful effects of substance abuse. This may instil a sense of self-preservation and ability to make good and positive choices in life.
2. Learners should be taught where to go to for help and available support structures should work closer with schools to this effect. In order to indicate their availability, these support structures should be present on a regular basis at schools.

3. It is recommended that support structures adheres to the inputs of substance abusers regarding the type of activities done during rehabilitation. Activities need to be interesting to youngsters in order to encourage them to continue to go back for rehabilitation. If learners' suggestions are adhered to then they may realise that they are being listened to and this may assist in their co-operation during rehabilitation.
4. NYDO and SANCA should provide longer time periods for rehabilitation. Longer rehabilitation time spans may help learners to quit substance abuse behaviour altogether.
5. Rehabilitation should take place away from the home environment. This may help addicts to be in a safe environment and will afford them the opportunity to do introspection about their lives without the pressure and temptation to indulge in substance abuse.
6. Drug testing on learners should be done by selected school staff. This may prevent learners from waiting until the substance has worked out of their bodies before they go for drug testing. This may prove to be valuable in the sense that learners' status would be immediately determined and consequent actions can then be taken.
7. The community could assist by familiarising themselves with the existing support structures and should work in conjunction with them in order to fight the scourge of substance abuse. The community should not hesitate to blow the whistle on people who are dealing with illegal substances.
8. Parents should be more involved in their child's life and they should be aware of the type of friends, type of activities and of the type of places their children go to for social activities. In so doing, parents may be able to teach their children about the dangers of substance abuse before their children starts experimenting with it.
9. Schools and support structures should be given all the necessary resources from the government and private organisations in order to be maximally effective. Sufficient resources in terms of trained staff, finances and equipment could prove valuable to organisations who works on fighting the substance abuse problem.
10. Finally, it is recommended that the substance abusing learner should receive holistic assistance from the relevant support structures in the community. They should not be excluded from any form of development or life experiences and as such should receive help on all levels in their lives. These include mental, physical, social, and academic help.

If these suggestions and recommendations are met then one can safely assume that treatment will deliver more positive results. Furthermore, a larger number of school learners with substance abuse problems may be able to perform better academically. Successful implementation of these suggestions and recommendations may also prove valuable not only for school learners in Eersterust, but also for learners across the whole of South Africa.

5.6 LIMITATIONS

This research project had various limitations.

Although the researcher initially undertook to interview eight to twelve learners, their parents, teachers and two support structures in Eersterust, the researcher was advised that the total amount of people would prove to be unmanageable. Also, some of the data collected from interviews with parents and teachers was not used, simply because transcribing and analysing this data would have taken far too long.

During group interviews one learner decided to withdraw from the interview process, because he decided he did not want to respond to any of the interview questions.

One of the groups was plagued with time constraints, and in this case interviews were conducted off school premises (ie not at school, as was mentioned earlier).

Only some of the learners in the focus group answered the questions put to them, which resulted in one or two learners always having to take the lead during the interview process.

The target group was limited only to the coloured population at the two high schools in Eersterust. There are also Black learners at both schools who are also substance abusers and their input might have been valuable to the research.

Further setbacks were encountered when learners were supposed to represent each Grade. In fact, the final group of interviewees consisted of one Grade eight learner, three Grade 11 learners and three Grade 12 learners. Although learners at primary schools are also substance abusers, the study was limited to high school learners.

Although both schools have English and Afrikaans speaking learners, only Afrikaans speaking learners were interviewed. Because of this, the findings of the study (which are based on a purposive sample) cannot be generalised to the whole school.

The interviewees were identified, as substance abusers, by the researcher based on knowledge gained from themselves, friends, and family members.

Lastly, it was difficult to get first hand information from the SANCA branch in Eersterust. The researcher visited people at the SANCA in Eersterust, but could not obtain any documentation/written facts about their relevance and effectiveness in the said community.

5.7 SUMMARY OF THE STUDY

Chapter one gave the overview of the research study, and included the problem statement, definitions, justification for the research, aim of the research, and research methodology.

Chapter two discussed the literature review, and included a brief discussion of substance abuse as an international problem, reasons and effects of substance abuse, theories relating to substance abuse and international and local support structures.

Chapter three presented the research methodology in detail, including the research design, philosophical framework, data-collection strategies, validity of the research and, finally, ethics.

In chapter four, the research findings were analysed and suggestions were put forward on how local support structures can be more relevant and effective.

Chapter five presented the conclusion which was, in short, that substance abuse support structures in Eersterust need to be more relevant and effective if they are to succeed in overcoming the problem of substance abuse in this community.

5.8 CONCLUSION

This chapter confirmed the need for support structures to be more relevant and effective, not only for high school learners who have been substance abusers, but also for primary school learners. Accordingly, suggestions for further research were made into the problem of substance abuse and support structures in Eersterust.

REFERENCE LIST

Alcohol and Drugs History Society. Inhalant Abuse Among Grade Schoolers. 2005a. *The Social History of Alcohol and Drugs an interdisciplinary journal* 20 (1): 82

Alcohol and Drugs History Society. What ever happened to good old fashioned glue sniffing? 2005b. *The Social History of Alcohol and Drugs an interdisciplinary journal* 20 (1): 85

American Psychiatric Association. 2000. *Diagnostical and Statistical Manual of Mental Disorders IV.* Washington, DC.

Ammerman, RT., Ott, PJ and Tarter, RE. 1999. *Prevention and societal impact of and alcohol abuse.* London: Lawrence Erlbaum.

Anderson, K. 2011. Drug Abuse. Probe Ministries. Retrieved July 15, 2011, from http://www. surfinthespirit. com/healthy-living/drug-abuse.html.

Austin, G. and Benard, B. 2007. The State Data System to Assess Learning Barriers, Supports, and Engagement: Implications for School Reform Efforts. Retrieved November 17, 2009, from http://www.wested.org/chks.

Bachman, JG., O'Malley, P M., Schulenberg, JE., Johnston, LD., Freedman-Doan, P. and Messersmith EE. 2008. *The education - use connection*: *how successes and failures in school relate to adolescent smoking, drinking, use, and delinquency.* New York: Lawrence Erlbaum.

Bam, M. 2006. *How the emerging field of community music therapy discourse informs the narrative of a music therapist working in the community of Eersterust*. University of Pretoria: Pretoria.

Bell, J. 2010. *Doing your research project*: *a guide for first- time researchers in education, health and social science.* 5th Edition. Glasgow: Open University Press.

Bernard, B. 1991. *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*. Northwest Regional Educational Laboratory: Portland, USA.

Botha, R. 2002. *Open Society Foundation for South Africa. Workshop report on mentoring programmes.* Retrieved September 29, 2011, from http://www.osf.org.za.

Bowels, S. 2005. *A study of attitudes and perceptions towards organisational functioning in substance abuse treatment centres in the Cape Town metropole*. Cape Town: UCT.

Burrel, MJ. 1999. Personal meaning, drug use, and addiction: an evolutionary constructivist perspective. *Journal of Constructivist Psychology* 12 (1): 41-63.

Costley, C., Elliott, G. and Gibbs, P. 2010. *Doing work-based research*: *approaches to enquiry for insider- researchers.* Washington, DC: SAGE.

De Vos AS, Strydom H, Fouché CB & Delport CSL. 2002. Research at grassroots.1st edition. Pretoria: Van Schaik.

De Vos, AS., Strydom, H., Fouche, CB. and Delport, CSL. 2006. *Research at grass roots for the social sciences.* 3rd Edition. Pretoria: Van Schaik.

Deed, C. 2007. Policy implications of teacher perspectives on early intervention for substance misuse. *Journal of Drugs Education, Prevention and Policy* 14 (5): 415- 428.

Dembo, R. 2005. Substance use and misuse: unresolved issues. *Informa Allied Health, 40 (7): 997-998. USA: Taylor and Francis inc.*

Department of Education. 1997. Quality education for all: Report of the NCSNET and NCESS. Pretoria: Department of Education.

Department of Education. 2001. Education White Paper 6. Special Needs Education. Building an inclusive education and training system. Pretoria.

Department of Social Development: Central Drug Authority. 2006. Retrieved November 28, 2011, from http://www.dsd.gov.za/cda.

Department of Social Development. 2008. International Day against Drug Abuse and Illicit Trafficking. Retrieved January 29, 2012, from http://www.polity.org.za.

Department of Social Development. 2010. Retrieved October 3, 2011, from: http:// www.dsd.gov.za.

Die Beeld. 2005. Baie beamptes slaan toe op Eersterust, 23 May: 13.

Dos Santos, MMLF. 2008. *Healing the dragon: heroin use disorder intervention*. Pretoria: University of South Africa.

Drug Abuse Resistance Education. 1996. Retrieved August 1, 2011, from http:// www.dare.com.

Ewhrudjakpor, C. 2009. A profile of 'psychoactive substance users' socio- demographics as basis for counselling practice in Nigerian post-primary institutions. *An International Journal* 17 (2): 205-219.

Faul, AC. 1989. Die Primêre voorkoming van drank- en dwelmmisbruik in Eersterust- *'n Ontwikkelingsnavorsingsprojek*. Pretoria: RGN(HSRC).

Fetro, JV. 1991. *Step by step to substance use prevention: the planning guide for school-based programs*. Santa Cruz, CA: Network Publications.

Fowler, FJ. and Mangione, TW. 1990. Standardized Survey Interviewing. Newbury Park, CA: Sage Publications.

Free State News: media statement. 2010. South African Democratic Teachers Union. Retrieved January 14, 2012, from: http://www.sadtu.org.za.

Hager, K. 2002. *Working with substance misusers – a guide to theory and practice.* New York: Routledge. Taylor and Francis Group.

Harker, N., Myers, B. and Parry C. 2008. Audit of Prevention Programmes Targeting Substance Use Among Young People In The Greater Cape Town Metropole: Technical Report. Alcohol and Drug Abuse Research Unit, Medical Research Council.

Hoberg, SM. 2001. Adolescent substance abuse: perspectives on club drugs. *Journal of the Faculty of Education* 30 (1/2): 250.

Lauer, PA. 2006. *An education research primer*: *How to understand, evaluate and use it.* San Francisco, CA: Jossey-Bass.

Lazarus, AA. 1971. *Behavior Therapy and Beyond.* New York: McGraw-Hill.

Lee, G., Akers, RL. and Borg, MJ. 2004. Social learning and structural factors in adolescent substance use. *Western Criminology Review* 5 (1): 17-34.

Liddle, HA., Rowe, CL., Dakof, GA., Ungaro, RA. and Henderson, CE. 2004. Early intervention for adolescent substance abuse: pretreatment to post-treatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment. *Journal of Psychoactive Drugs* 36 (1): 49-63.

Linton, JM. 2008. *Overcoming problematic alcohol and drug use*: *a guide for beginning the change process.* New York: Routledge.

Liu, CH. and Matthews, R. 2005. Vygotsky's philosophy: Constructivism and its criticisms examined. *International Education Journal* 6 (3): 386-399.

Mathenge, O. 2008. World losing battle against drugs. Retrieved November 17, 2009, from http://www. allafrica.com/stories/html.

Maykut, M. and Morehouse, R. 1995. *Beginning qualitative research*: *a philosophic and practical guide.*Washington, DC: Falmer.

McMillan JH. and Schumacher, S. 2001. *Research in education: a conceptual introduction*. 5th Edition. Reading, MA: Addison Wesley.

McMillan, JH. and Schumacher, S. 2006. *Research in education: evidence-based inquiry*. 6th Edition. Boston, MA: Pearson.

Meyers, B., Louw, L. and Fakier, N. 2007. Alcohol and drug abuse: removing structural barriers to treatment for historically disadvantaged communities in Cape Town. *International Journal of Social Welfare, 17 (2): 156-165.*

Mhlongo, GT. 2005. *Drug abuse in adolescents in Swaziland*. Masters, Pretoria: University of South Africa, Unpublished Masters Thesis.

Morojele, NK., Brook, JS. and Kachieng'a, MA. 2006. Perceptions of sexual risk behaviours and substance abuse among adolescents in South Africa: A qualitative investigation. Pretoria. Routledge Taylor and Francis Group.

National Association of School Psychologists (NASP). 2010. Removing Barriers to Learning and Improving Student Outcomes: The Importance of School-Based Mental Health Services. NASP, Bethesda, USA.

National Center on Addiction and Substance Abuse at Columbia University. 2010. Retrieved July 11, 2011, from http://www.casacolumbia.org.

National Drug Threat Assessment. 2010. The U.S. Department of Justice National Drug Intelligence Center. The impact of substance abuse on society. Retrieved November 27, 2011, from http://www.justice.gov/ndic.

National Institute on Drug Abuse. 2007. The science of drug abuse and addiction. Retrieved August 1, 2011, from http://www.nida.nih.gov/drugpages.

National Institute on Drug Abuse. 2010. Retrieved November 7, 2011, from http:// www.brighthub.com/education.

National Youth Development Outreach. *Annual Report 2008/2009*. Retrieved December 19, 2011, from http://www.ydo.co.za.

National Youth Development Outreach. *Annual Report 2009/2010*. Retrieved December 19, 2011, from http://www.ydo.co.za.

Noupoort Christian Care Centre. 2010. Retrieved September 19, 2011, from http://noupoort.co.za.

Odejide, AO. 2006. Status of use/abuse in Africa: a review. *International Journal of Mental Health and Addiction* 4:87-102.

Oetting, ER. and Beauvais, F. 1990. Adolescent drug use: Findings of national and local surveys. *Journal of Consulting and Clinical Psychology* 58(4): 385-394.

Oetting, ER., Edwards, RW., Kelly, K. and Beauvais, F. 1992. *Risk and protective factors for drug use among rural American youth*. NIDA Monograph 168: 90-130.

Parry, CDH. 1998. *Global initiative on primary prevention of substance abuse among young people: mental health and substance abuse*. South Africa: Medical Research Council.

Peele, S. 1998. *Visions of addiction: major contemporary perspectives on addiction and alcoholism*. New York: Macmillan.

Peltzer, K. and Ramlagan, S. 2007. Cannabis use trends in South Africa. *South African Journal of Psychiatry* 13 (4): 128.

People's Daily Online. 2006. Report by The Drug Enforcement Commission of Zambia. Drug abuse on upswing in Zambia. Retrieved August 1, 2011, from http:// www.english.peopledaily.com.cn.

Petraitis, J., Flay, BR. and Miller, TQ. 1995. Reviewing theories of adolescent substance use: organizing pieces in the puzzle. *Psychological Bulletin* 117 (1): 67- 86.

Pretoria News. 2009. Pupils nabbed for having dagga in their schoolbags, 27 March: 3.

Prinsloo, E. 2005. Addressing challenging behaviour in the classroom. (*In* Landsberg, E, Kruger, D. & Nel, N. *eds*. Addressing barriers to learning. A South African perspective. Pretoria: Van Schaik. P. 454.)

Rizk, AG. 2005. Drug Abuse: A challenge to education. EENET: Egypt.

Rubin, A. and Babbie, E. 2007. *Essential research methods for social work*. Florence, KY: Thomsom Brooks.

SALAMANCA Statement. 1994. World Conference on Special Needs Education: Access and quality. UNESCO: Spain. Retrieved February 16, 2011, from http:// www.unesdoc.unesco.org.

Scheier, LM. 2009. *Handbook of drug use etiology*: *theory, methods and empirical findings*. Washington, DC: American Psychological Association. Retrieved July 5, 2011, from http://www.apa.org.

Schilit, R. and Gomberg, ESL. 1991. *Drugs and behaviour: a sourcebook for the helping professions*. London: SAGE.

Seale, C. 1998. *Researching society and culture*. London: SAGE.

Second Biennial Anti-Substance Abuse Summit Resolutions and their Implementation. 2011. Central Drug Authority and the Department of Social Development. Retrieved December 19, 2011, from: http://www.pmg.org.za/report.

Serban, C. 2010. Marketing predictions in anti-drug social programs: use of causal methods in the study and prevention of drug abuse. *Annals of the University of Oradea: Economic Science*. 1 (2): 1147-1153.

Sikiru, L. and Babu, SM. 2009. Khat (CATHA Edulis): Academic, Health And Psychosocial Effects On "MATURE" Students. (*In* African Journal of Drug & Alcohol Studies. CRISA Publications 8(2). P. 49-59.)

Slesnick, N. 2001. Variables associated with therapy attendance in runaway substance abusing youth. *Preliminary findings* 29:411-420.

Smith, JE. and Meyers, RJ. 2004. *Motivating substance abusers to enter treatment: working with family members.* London: Guilford Press.

South Africa Government Communications (GCIS). 2007. South Africa Yearbook 2006/2007. Published by the GCIS: South Africa.

South African Community Epidemiology Network on Drug Use. 2010. Monitoring alcohol and drug abuse treatment admissions in South Africa Report for November- 2010 Phase 28. Treatment Centres: Gauteng.

South African Department of Welfare. 1999. *National Drug Master Plan: Republic of South Africa, 1999-2004*. Drug Advisory Board, South Africa.

South African Government Information (SAGI). 2007. Address delivered by the Minister of Social Development. *Speech on Substance Abuse*. Retrieved December 10, 2008, from http://www. info.gov.za/speeches.

South African Government Information (SAGI). 2010. *Statement on safety in schools from the Minister of Basic Education*. Retrieved February 19, 2011, from http:// www.info.gov.za/speech.

South African Medical Research Council. 2012. SA- SACENDU Data Base. Treatment Centres. Retrieved February 21, 2012, from: http://www.mrc.ac.za.

South African National Council on Alcoholism and Drug Dependance (SANCA) National. 2008. Official website. FAQs. Retrieved December 27, 2011, from http:// www.sancanational.co.za.

Springer, K. 2010. *Educational research*: *a contextual approach.* Hoboken, NJ: John Wiley.

Springveldt, IC. 2008. The relationship between local government and welfare organisations in Eersterust. Pretoria:University of South Africa, Unpublished Masters Thesis.

Stainback, W. and Stainback, S. 1990. Support networks for inclusive schooling: interdependent integrated education. Baltimore: Brookes Publishing.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2006. Academic performance and substance use among students aged 12 to 17: 2002, 2003, and 2004. *The National Survey on Drug Use and Health,* 18.

Swart, E and Pettipher, R. 2005. A framework for understanding inclusion. (*In* Landsberg, E, Kruger, D. & Nel, N. *eds*. Addressing barriers to learning. A South African perspective. Pretoria: Van Schaik. P. 17.)

Tevyaw, TO. and Monti, PM. 2004. Motivational enhancement and other brief interventions for adolescent substance abuse: foundations, applications and evaluations. *Journal of Knowledge for Generations* 99: 63-75.

The Citizen. 2008. Eersterust crime clean-up, 31 October: 10.

The New South Wales Department of Community Services. 2004. Better Health Centre Publications Warehouse: New South Wales.

The Sunday Times. 2010. KZN drug dealers bust with R4m in cocaine. 25 September 2010.

Thesaurus. 2003. The free dictionary. Retrieved January 29, 2012, from http://www. thefreedictionary.com.

Towers, RL. 1987. *Student drug and alcohol abuse: how schools can help.* Washington, DC: National Education Association of the United States.

Treatment Alternative for Safe Communities and SANCA Conference. 2009. *Towards evidence-based practices in South African substance abuse treatment services.* Retrieved December 28, 2011, from www.sancanational.org.za.

Tshiwula, L.1998. *Crime and delinquency*. Pretoria: Kagiso.

United Nations Drug Control Programme (UNDCP). 1995. *The Social Impact Of Drug Abuse*. United Nations Publications: Copenhagen.

United Nations Office on Drug and Crime (UNODC). Guide to implementing family skills training programmes for drug abuse prevention. 2009. New York:United Nations Publication.

US No Drugs. 2009. Retrieved July 11, 2011, from http://www.usnodrugs.com/effects-of-drug-abuse.htm.

USA's National Institute of Health. 2011. Retrieved November 27, 2011, from http:// www.nlm.nih.gov/medlineplus.

Valerio, A. and Bundy, D. 2004. Education and HIV/AIDS: a sourcebook of HIV/AIDS prevention programs. World Bank Publications. Washington DC.

Van der Westhuizen, NS. 2004. The experience of adolescents in the diversion programme. Pretoria: University Of Pretoria.

Van Hout, MC. and Connor, S. 2008. A qualitative study of Irish teachers' perspective of student substance use. *Journal of Alcohol and Drug Education* 52 (1):80-91.

Visser, M. and Routledge, L. 2007. Substance abuse and psychological well- eing of South Africans. *South African Journal of Psychology* 37 (3):595-615.

Wagner, EF. and Waldron, HB. 2001. *Innovations in adolescent substance abuse interventions*. Elsevier Science Ltd. Oxford, UK.

Wilson, E. 2009. *School- based research*: *a guide for education students.* Washington, DC: SAGE.

World Health Organisation and the United Nations Office on Drug and Crime (WHO / UNODC). 2003. *Global Initiative on Primary Prevention of Substance Abuse. Monitoring and evaluating substance abuse prevention*. WHO Press, Geneva Switzerland.

Yuen, FK. and Pardeck, JT. 1998. Effective strategies for preventing substance abuse among children and adolescents. *Early Child Development and Care*, 145:119-131.

APPENDIX A: RESEARCH REQUEST FORM

RESEARCH REQUEST FORM

REQUEST TO CONDUCT RESEARCH IN INSTITUTIONS AND/OR OFFICES OF THE GAUTENG DEPARTMENT OF EDUCATION

PARTICULARS OF THE RESEARCHER

1.1	**Details of the Researcher**
Surname and Initials:	Dreyer, S.E
First Name/s:	Sarah Elizabeth
Title (Prof / Dr / Mr / Mrs / Ms):	Mrs.
Student Number (if relevant):	7906595
ID Number:	
Gender (Male/Female):	Female

PURPOSE AND DETAILS OF THE PROPOSED RESEARCH

2.1	**Purpose of the Research (Place cross where appropriate)**
Undergraduate Study - Self	N / A
Postgraduate Study - Self	X
Post-Doctoral Study	N / A
Private Company/Agency – Commissioned by Provincial and/or National Government Department/s	N / A
Private Research by Independent Researcher	N / A
Non-Governmental Organisation	N / A
National Department of Education Commissioned Study	N / A
Commissions and Committees	N / A
Independent Research Agency	N / A
Statutory Research Agency	N / A
Independent Study by Higher Education Institution	N / A

2.2	**If Post-Graduate Study – Please indicate by placing a "X" in the appropriate column**	
Honours	***Masters***	***Doctorate***
	X	

2.3	**Full title of Thesis / Dissertation / Research Project**
THE RELEVANCE AND EFFECTIVENESS OF SUPPORT STRUCTURES	
AVAILABLE TO HIGH SCHOOL LEARNERS WITH SUBSTANCE ABUSE	
PROBLEMS IN THE EERSTERUST AREA.	

2.4	**Value of the Research to Education (Attach Research Proposal)**

2.5	**Student and Postgraduate Enrolment Particulars (if applicable)**
Name of institution where enrolled:	UNISA
Degree / Qualification:	Masters in Education
Faculty:	Education
Department:	Educational Studies
Name of Supervisor / Promoter:	Mr. LDN TLALE

2.6	**Employer (where applicable)**
Name of Organisation/School:	Secondary School
Position in Organisation:	Educator
Head of Organisation:	
Street Address:	
Postal Code:	
Telephone Number (Code + Ext):	
Fax Number:	
E-mail:	

2.7	**PERSAL Number (where applicable)**

PROPOSED RESEARCH METHOD/S

(Please indicate by placing a cross in the appropriate block whether the following modes would be adopted)

Questionnaire/s (If Yes, supply copies of each to be used)

YES		**NO**	**X**

Interview/s (If Yes, provide copies of each schedule)

YES	X	NO	

Use of official documents

YES	X	NO	
If Yes, please specify the document/s:			
Documents pertaining to learners with substance abuse problems.			
Policy on substance abuse issues in schools.			

Workshop/s / Group Discussions. (If Yes, Supply details)

YES		NO	X

Standardised Tests (e.g. Psychometric Tests)

YES		NO	X
If Yes, please specify the test/s to be used and provide a copy/ies			

RESEARCH PROCESSES

Types of Institutions. **(Please indicate by placing a cross alongside all types of institutions to be researched).**

INSTITUTIONS	Mark with "X" here
Primary Schools	N / A
Secondary (High) Schools	X
Technical Schools	N / A
ABET Centres	N / A
ECD Sites	N / A
LSEN Schools	N / A
Further Education & Training Institutions	N / A
Other	X

Number of institution/s involved in the study. **(Kindly place a sum and the total in the spaces provided).**

Type of Institution	Total
Primary Schools	N / A
Secondary (High) Schools	2
Technical Schools	N / A
ABET Centres	N / A
ECD Sites	N / A
LSEN Schools	N / A
Further Education & Training Institutions	N / A
Other	1
GRAND TOTAL	**3**

Name/s of institutions to be researched. **(Please complete on a separate sheet and append if space is deemed insufficient).**

Name/s of Institution/s
School A
School B
NYDO
SANCA

District/s where the study is to be conducted. **(Please mark with an "X").**

District	
Johannesburg East	N / A
Johannesburg South	N / A
Johannesburg West	N / A
Johannesburg North	N / A
Gauteng North	N / A
Gauteng West	N / A
Tshwane North	N / A
Tshwane South	**X**
Ekhuruleni East	N / A

District	
Ekhuruleni West	N / A
Sedibeng East	N / A
Sedibeng West	N / A

If Head Office/s (Please indicate Directorate/s)
N / A

<u>NOTE</u>:

If you have not as yet identified your sample/s, a list of the names and addresses of all the institutions and districts under the jurisdiction of the GDE is available from the department at a small fee.

Number of learners to be involved per school.

(Please indicate the number by gender).

NB: Due to the sensitive nature of this research, it is not certain what the distribution of learners will be like. A total number of 6 learners from gr. 8- 12 will be used as part of the focus group for this study.

Grade	***1***		***2***		***3***		***4***		***5***		***6***	
Gender	**B**	**G**	**B**	**G**	**B**	**G**	**B**	**G**	**B**	**G**	**B**	**G**
Number												

Grade	***7***		***8***		***9***		***10***		***11***		***12***	
Gender	**B**	**G**	**B**	**G**	**B**	**G**	**B**	**G**	**B**	**G**	**B**	**G**
Number												

Number of educators/officials involved in the study. **(Please indicate the number in the relevant column).**

Type of staff	Educators	HODs	Deputy Principals	Principal	Lecturers	Office Based Officials
Number	**4**					

Are the participants to be involved in groups or individually? **Please mark with an "X".**

Participation	
Groups	**X**
Individually	

Average period of time each participant will be involved in the test or any other research activity **(Please indicate time in minutes)**

Participant/s	Activity	Time
Educators	**Interviews**	**60 min.**
Learners	**Interviews**	**90-120 min.**

Time of day that you propose to conduct your research. **Please mark with an "X".**

School Hours	During Break	After School Hours
	X	**X**

School term/s during which the research would be undertaken. **Please mark with an "X".**

First Term	Second Term	Third Term
		X

DECLARATION BY THE RESEARCHER	
-I declare that all statements made by myself in this application are true and accurate. *-I have read and fully understand all the conditions associated with the granting of approval to conduct research within the GDE, as outlined in the GDE Research Briefing Document, and undertake to abide by them.* *-Should I fail to adhere to any of the approval conditions set out by the GDE, I would be in breach of the agreement reached with the organisation, and all privileges associated with the granting of approval to conduct research, would fall away.*	
Signature:	
Date:	**27 / 07 / 2011**

DECLARATION BY SUPERVISOR / PROMOTER / LECTURER	
I declare that: - ***1. The applicant is enrolled at the institution / employed by the organisation to which the undersigned is attached.*** ***2. The overall research processes meet the criteria of:*** • ***Educational Accountability*** • ***Proper Research Design*** • ***Sensitivity towards Participants*** • ***Correct Content and Terminology*** • ***Acceptable Grammar*** • ***Absence of Non-essential / Superfluous items***	
Surname:	TLALE
First Name/s:	LLOYD DANIEL
Institution / Organisation:	UNISA
Faculty:	EDUCATION
Department:	FURTHER TEACHER EDUCATION
Telephone:	012 429 2064
Fax:	086 606 1964
Cell:	082 477 2197
E-mail:	tlaleldn@unisa.ac.za
Signature:	
Date:	27-07-2011

N.B. This form (and all other relevant documentation where available) may be completed and forwarded electronically to Ebrahim Farista (ebrahimf@gpg.gov.za) or Nomvula Ubisi (nomvulau@gpg.gov.za). The last 2 pages of this document must however contain the original signatures of both the researcher and his/her supervisor or promoter. These pages may therefore be faxed or hand delivered. Please mark fax - For Attention: Ebrahim Farista at 011 355 0512 (fax) or hand deliver (in closed envelope) to Ebrahim Farista (Room 911) or Nomvula Ubisi (Room 910), 111 Commissioner Street, Johannesburg.

APPENDIX B: GDE APPROVAL LETTER

education
Department: Education
GAUTENG PROVINCE

For administrative use:
Reference no. 2012/134

GDE RESEARCH APPROVAL LETTER

Date:	**1 August 2011**
Name of Researcher:	**Dreyer S.E.**
Address of Researcher:	
Telephone Number:	
Fax Number:	
Email address:	
Research Topic:	**The relevance and effectiveness of support structures available to school learners with substance abuse problems in Eersterust area**
Number and type of schools:	**TWO Secondary schools and ONE other institution**
District/s/HO	**Tshwane South**

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. *The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. *A copy of this letter must be forwarded to the school principal and the chairperson of the School*

1

Making education a societal priority

Office of the Director: Knowledge Management and Research
9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.

4. *A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
5. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
6. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
7. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.*
8. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
9. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
10. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
11. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
12. *On completion of the study the researcher must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.*
13. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
14. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

2011/08/01

Dr David Makhado

Director: Knowledge Management and Research

Office of the Director: Knowledge Management and Research
9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

APPENDIX C: LEARNER INTERVIEW PERMISSION LETTER

Dear Parent/ Guardian,

I Mrs. Sarah Elizabeth Dreyer, is currently a Masters of Education student at the University of South Africa (UNISA). I am doing research in support structures available to high school learners in Eersterust.

The purpose of the research is to examine the effectiveness and relevance of support structures to learners with substance abuse problems. As part of this project, I need to interview learners who may be in a position to provide information which is valuable and important to the research. I therefore hereby wish to ask for your permission to conduct such interviews with your child at school during breaks.

The interviews will be done confidentially. The child's privacy will be protected in that your child's name will not be mentioned at any stage in the research process. Your child's participation is also voluntary and he/ she can withdraw from the interview at any time he/ she wishes.

If you agree that your child can participate in the research then please complete the Consent Section below. Finally, if you should need any further information please do not hesitate to contact me.

Sincerely,
Mrs. S.E. Dreyer (B.Ed Hons.)

Consent for the interview

I parent/ guardian of …..... hereby confirm that I understand that the purpose of this research study is to examine the relevancy and effectiveness of support structures available to learners in high schools in Eersterust. I understand that my child's participation is anonymous and voluntary and that I can withdraw my child at any time during the interview process.

I agree that my child can participate in the research project.

.....	.....	.....
Parent/ Guardian Name	**Signature**	**Date**

APPENDIX D: INTERVIEW TRANSCRIPTS

Focus Group: Three grade 11 male learners

Interviewee	**Waarom gebruik tieners dwelms?**
Learners, 001, 002 and 003	Moeilike omstandighede.
Interviewee	**Waar?**
Learners, 001, 002 and 003	By huise.
Interviewee	**Bv.?**
Learners, 001, 002 and 003	Bv. ma en pa wat baie baklei.
Learners, 001, 002 and 003	Sommige kinders doen dit maar net omdat hulle tjommies dit doen.
Interviewee	**Waar kry hulle geld van daan om dwelms te koop?**
Learner 001	Hulle spandeer geld, hulle spending.
Learner 002	By hulle ouers by hulle ouers, meeste van hulle kry dit by hulle ouers anders gaan roof mense om dit te kry.
Learner 003	Sommige kinders sit hulle geld bymekaar met hulle tjommies dan koop hulle die goeters.
Interviewee	**By wie koop hulle die dwelms?**
Learners, 001, 002 and 003	By dwelm handelaars.
Interviewee	**Van waar af kom die dwelm handelaars?**
Learners, 001, 002 and 003	Hulle is maar in onse gemeenskap is, Morojele NK, hulle is maar mense wat maar net.... wat sonder 'n inkomste sit nou verkoop hulle dwelms vir handel.
Interviewee	**Hoe affekteer dwelm misbruik tieners se verhou-dings met hulle familie, vriende en die gemeenskap?**
Learners, 001, 002 and 003	Dit dit dit dit maak hulle ouers se harte baie seer en hulle hulle daai dingse en hulle maak mense wat van hulle hou se harte seer, accordingly die goeters wat hulle doen vir

	dwelms. 'n Dit onttrek jou by jou familie, sommige mense sal jou nie weer maklik kan vertrou nie want hulle weet al wat is jy, maklik sal jy weghol met hulle geld.
Interviewee	**Hoe word leerlinge se skoolwerk beïnvloed?**
Learners, 001, 002 and 003	Dit het 'n slegte invloed want die kinders worry nie weer oor skool werk nie, hulle worrie nou net oor hoe hulle dwelms in die hande gaan oor hoe hulle dwelms in die hande gaan kry net om te rook
Interviewee	**Dink jy dit beïnvloed hulle punte en prestatsies?**
Learners, 001, 002 and 003	Ja dit beïnvloed hulle punte want kry hulle die tyd wat hulle die dwelms gaan koop en dan is hulle nie hier by die skool nie. ander tyd is jy baie afwesig, jy rook, miskien elke dag jy rook dan is jy nie by die skool nie.
Interviewee	**Hoe kan hierdie gedrag verander word?**
Learners, 001, 002 and 003	Umm kinders minder bloot te stel aan dwelms.
Interviewee	**Dink jy dat kinders op hul eie kan ophou?**
Learner, 001	Ja juffrou maar, jy moen net, jy moet jou tjommies net weg kry en nuwe tjommies kry en iets kry wat jou besig kan hou en net met die slegte tjommies weg kom.
Learner, 002	Ja is 'n keuse wat jy vir jouself maak.
Learners, 003	Ja is 'n keuse dit hang van jouself af as jy besluit jy wil dit ophou dit hang van jouself af as jy jou gedagte by een plek gaan hou dan gaan jy selfvertroue het.
Interviewee	**Watter organisasies is daar in Eersterust wat tieners kan help met dwelm misbruik probleme?**
Learners, 001, 002 and 003	Soos in miskien soos hulle kan sport goeters oopmaak vir naskool vir die kinders net besig kan hou, want soms gaan die kinders na skool as hulle ouers nie daar is dan sê

	hulle vir hulle tjommies nee ons kan daar by my huis sit, en die goeters koop jy kan die goeters solank bring tot by my huis.
Interviewee	**Ok, en watter organisasies is daar in Eersterust wat kan help?**
Learners, 001, 002 and 003	YDO, EACH en SANCA
Interviewee	**Ok, dis reg, umm.**
Interviewee	**Dink jy hulle is suksesvol? Motiveer asseblief jou antwoord.**
Learners, 001, 002 and 003	Nee.
Interviewee	**Hoekom nie?**
Learner, 001	Omrede die keuse bly by die kind. Al stuur jy hom re-hab toe as hy nie wil verander gaan hy nie verander nie.
Learner, 002	Ek stem saam met hom.
Interviewee	**Hoe kan YDO en SANCA hulle beter function om tieners te help? Gee vir my net 'n paar voorstelle**.
Learners, 001, 002 and 003	Om om dit interssant, om dit interessanter te maak vir kinders om, dat hulle wat sal wat sal maak laat hulle belang stel om daar te is. Bv. miskien soos 'n soos in uh uh uh iets oop maak iets iets doen wat die kinders meer belang in stel soos miskien 'n sokker ding of iets, sokker span oop maak of 'n ding en om net vra wat doen die kinders wat wil hulle doen vandag, dan gaan die kinders nou weet: as ons daar kom gaan die kinders bietjie iets doen wat hulle wil doen, want soos ek, ek was nog nie daar nie, maar soos ek sê van sommige kinders wat as hulle daar kom dan sê hulle net hulle moet goeters soos bou teken en daai, want dan sit hulle net daar, want hulle gedagtes is nou by 'n ander plek, dan doen hulle

		nou nie. Hulle wil nie daai doen nie hulle wil nie, hulle doen dit maar net omdat hulle moet nou doen.
Interviewee		**Ok, umm wat dink julle van die time span, die tyd wat hulle gebruik by YDO. Hoe kort en hoe lank dit is, dink julle dit is dalk genoeg tyd om kinders te re-hab of wat?**
	Learner 001	Ek dink issie genoeg nie.
	Learner 002	Nee issie genoeg nie.
Interviewee		**Hoe lank dink julle, umm, moet 'n moet 'n tiener kry vir re-hab volgens julle eie opinie?**
	Learner 001	Meer as 'n jaar.
	Learner 002	'n Jaar en 'n half.
	Learner 003	Ek dink meer as 'n, meer as 'n jaar.
Interviewee		**...en dink julle, umm, tieners moet in hulle gemeenskap bly, of is dit beter as hulle uit die gemeenskap uit kom?**
Learners 001, 002, and 003		Uit die gemeenskap uit, want, want as hulle uit die gemeenskap uit gaan dan sal hulle nie die goeters doen wat hulle hierso kry, gebruik nie.
Interviewee		**Ok, einde van vrae.**

APPENDIX E: PREVENTION AND TREATMENT OF DRUG DEPENDENCY ACT 20 OF 1992

(English text signed by the State President) [Assented To: 3 March 1992] [Commencement Date: 30 April 1993 – unless otherwise indicated] as amended by: Welfare Laws Amendment Act 106 of 1996 Prevention and Treatment of Drug Dependency Amendment Act 14 of 1999

ACT:

To provide for the establishment of a Drug Advisory Board; the establishment of programmes for the prevention and treatment of drug dependency; the establishment of treatment centres and hostels; the registration of institutions as treatment centres and hostels; the committal of certain persons to and their detention, treatment and training in such treatment centres or registered treatment centres; and incidental matters.

APPENDIX F: National Launch of Anti-Substance Abuse Campaign

Department of SOCIAL Development. Tuesday, 12 October 2010. 14-17 December 2011: "TOWARDS an ALCOHOL and DRUG ABUSE FREE SOUTH AFRICA-TAKE A STAND" National Launch of Anti-Substance Abuse Campaign

- Substance abuse and illicit drug trafficking is a global phenomenon, and South Africa is no exception. This has serious implications for the millions of citizens because substance abuse contributes to crime, gangsterism, domestic violence, family dysfunction and other forms of social problems. The South African government recognises that the drug problem is complex and requires decisive and collective national action.

- Social Development is the lead government department in implementing the National Drug Master Plan (NMDP, 2006-2011), which serves as a blue print of national action and programmes to stamp out drug abuse and its associated challenges. The NMDP commits government and all important sectors of society to work together on key areas such as to reduce the demand and supply of illegal drugs through a wide range of coordinated action from national to local levels.

- The complexity of the drug and alcohol abuse problem in the country demands a coordinated and highly integrated approach if the goal of creating a drug-free society is to be achieved. To this end the Central Drug Authority (CDA) – the body responsible for planning, coordinating and promoting measures to prevent and combat the scourge of substance abuse and illicit drug trafficking in the country, is planning to launch an anti-substance abuse national campaign in the Northern Cape. At the heart of campaign is a national call to all sectors of the South African society to help mobilize social conscience against substance abuse and to raise general public awareness about the dangers of drugs.

- Driven by the CDA, the primary objective of this national campaign is coordinate the work of all stakeholders concerned with the National Drug Master Plan, so as to make a collective contribution to the critical work of addressing the serious impacts of illicit drug use in communities. This campaign aims to create discussion not just

in the public arena but in homes, schools and to stimulate debate and action at all levels of the South African society. This will be complemented by a mass media campaign.

- After the national launch, provinces will conduct province-specific launch and campaigns in a form of the door-door campaigns. The purpose of these campaigns is two fold: sharing information with communities and to collect data for provincial reports which will be discussed at provincial summits leading to the main national summit. The Provincial Drug Action Committees and Local Action Committees were identified as key stakeholders whose participation is critical for the success or failure of the national campaign.

- One of the key features of the campaign is the 2nd Biennial Substance Abuse Summit that will be held at the ICC-Durban from 8-10 December 2010. The Summit will serve as a platform for call to collective action for the elimination of illicit drug production, use and trafficking in South Africa. The summit will culminate in the adoption of key resolutions which will form the basis of the National Action Plan as well as a Declaration of Commitment.

- The current Legislative Framework provides the South African Government with a basis for combating substance abuse and this is augmented by specific International Instruments and Conventions.

- Chapter 2 Bill of Rights Section 7 (1) enshrines the Rights of all People including those abusing substances and affirms the democratic value of human dignity, equality and freedom.

- The National Drug Master Plan (2006-2011) was drafted in accordance with the stipulations of the Prevention and Treatment of Drug Dependency Act no 20 of 1992 and enables cooperation between government departments and stakeholders in the field of substance abuse as well as promoting regional, national and international cooperation in the management of the illicit supply of drugs and abuse of substances.

- The Prevention of and Treatment for Substance Abuse Bill was passed by Parliament in November 2008 and seeks to combat substance abuse through prevention, early detention, prevention and reintegration programmes

- The Drug Free Sport Act no. 14 of 1997 makes provision for effective and efficient drug testing programme on all South African sporting codes through the South African Institute for Drug Free Sport which is responsible for the anti-doping policy and promotes participation in sport, free from use of prohibited substances in the interest of the health and well being of sports people.

- South Africa is a signatory to the UN Single Convention on Narcotic Drugs, the African Union and South African Development Community Drug Control Protocol as well as the United Nations Convention on Transnational Organized Crime

- The complexity of the drug and alcohol abuse problem in the country demands a coordinated and highly integrated approach if the goal of creating a drug free society is to be achieved.

- The envisaged summit will enable government to network and obtain recent data that could facilitate the development of relevant treatment, prevention, rehabilitation, after care and reintegration modalities in the country and, possibly abroad. It will create an opportunity to benchmark initiatives and best practices from various countries to reduce the harm and address the crime associated with substance abuse

- The summit will serve as a forum to disseminate and promote South Africa's national legislative frameworks available in the field of substance abuse as well as to profile and give visibility to the primary objective of the National Drug Master Plan

- A set of resolutions or National Programme of Action and Declaration emerging from the summit will guide all stakeholders to revise the objectives and functions of the Provincial Substance Abuse Forums as well as the Local Drug Action Committees so as to implement the resolutions agreed upon.

APPENDIX G: Resolutions adopted at anti-substance abuse summit

Compiled by the Government Communication and Information System
Date: 17 Mar 2011. Title: Resolutions adopted at anti-substance abuse summit.
By: Kemantha Govender

Durban - To fight substance abuse, there must be harmonisation of all laws and policies that govern alcohol across South Africa - laws that deal with production, sales, distribution, marketing, consumption and taxation should become applicable across all provinces and municipalities.

This was one of 35 resolutions adopted at the 2nd biennial anti-substance abuse summit held in Durban this week.

Director General of Social Development Vusi Madonsela said action will be taken immediately where possible. Changes that could be brought about through legislation would take more time due to the deliberation and consultation processes.

In the interim, the resolutions passed will be taken back to the communities who raised issues with their respective leaders before the summit.

Madonsela said the resolutions will also be made available on the department's website for discussions. Those people or stakeholders that oppose any resolutions can still state their cases.

Accessibility of alcohol could also soon be curtailed by raising the legal age for purchasing and public consuming from 18 to 21. Government has already opened a public debate about increasing the legal age.

There has been a call for imposing restriction on the time and days of the week that alcohol can be legally sold.

In addition, the number of taverns and shebeens must be decreased - government would need to use the law to come up with stricter criteria when issuing licenses.

Duties and taxes on alcohol products must be imposed, and tariffs should be implemented on a sliding scale in relation to the alcohol content, said another resolution.

One of the bigger themes that emerged from the summit, which brought together government, labour, business and civil society, was proposed legislation changes around advertising and marketing of alcohol.

Delegates felt there should be an immediate implementation of current laws and regulations that permit the restriction of the time, location and content of advertising related to alcohol. Discussions about advertising of alcohol were also held during the summit. Delegates proposed that a short-term measure could be that alcohol must not be marketed at times and locations where young people may be influenced. Adverts should also not portray alcohol as a product associated with sport, and social and economic status.

Young people need to be taught life skills in schools and children also need to be taught about the harmful effects of drugs and alcohol.

Madonsela said education campaigns were proving to be effective, with a decrease in the number of foetal alcohol syndrome cases in the Northern Cape.

He said the awareness campaign would continue to be government's primary focus because it has been bearing fruit.

To prevent substance abuse, youth and sport development needs to receive more attention; therefore multiple approaches to prevention across different disciplines must take place.

President Jacob Zuma said in his opening address that government has also renewed its commitment to build recreational facilities and sports facilities for the youth in both urban and rural areas.

On the issue of drunk driving, the legal alcohol limit for drivers must be reduced as this is likely to discourage the consumption of alcohol. Novice drivers (0-3 years after obtaining a driving license) should not be driving after consuming alcohol even if it falls with the legal limit.

There must be additional criminal and administrative consequences for institutions that sell alcohol to under age drinkers and intoxicated patrons.

In tackling the drug issue, a cross-departmental operational unit in government must be set up. The purpose will be to implement measures to stem the drug problem across its entire value chain.

Another resolution that government must get on with immediately is finalising and implementing legislation around human trafficking.

South Africa would need to provide more rehabilitation and after care facilities for substance abusers.

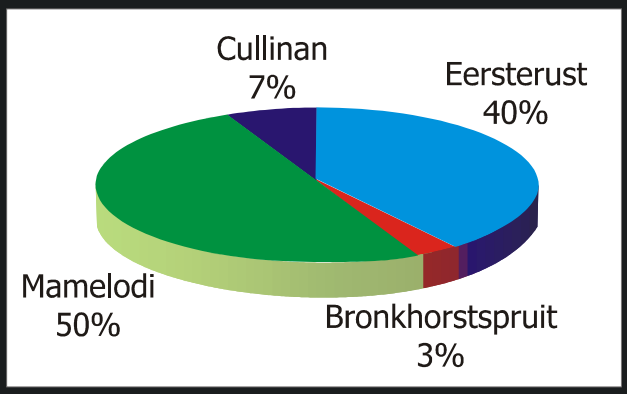
Madonsela said while government will do all they can to implement the resolutions, substance abuse still remains a societal issue that will require everyone to get on board.

Reported by: South African Government News Service

APPENDIX H: NYDO ANNUAL REPORT 2009/2010

Of the 113 new intakes we received, 45 children were from Eersterust; 56 children were from Mamelodi; 8 were from Cullinan and 3 children were from Bronk-horstspruit.

We also received 6 new referrals from the Eersterust community and 2 new referrals from the Mamelodi community. The community referrals are children presenting with challenging behavior that are brought to NYDO by their families or referred by the schools.



NYDO Annual Report 2009/10 - Page 9

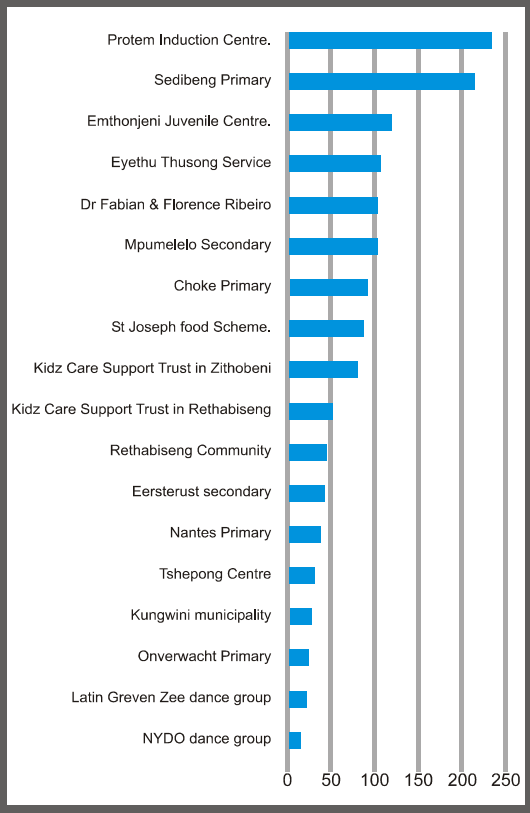
The curriculum and topics that were facilitated in this reporting period included:

- Children Used By Adults to Commit Crime,
- Crime awareness and prevention,
- Victim awareness and empathy,
- Character building,
- Building relationships,
- Substance abuse,
- Positive lifestyle and HIV\AIDS,
- Arts and culture,
- Boundaries and consequences,
- Future planning.

This curriculum is facilitated through the medium of Arts and Sports.

Crime prevention curriculum was facilitated at the following schools, institutions, organizations and groups and 1412 young people were reached.

- Sedibeng Primary School 225 young people were reached.
- Choke Primary School 89 young people were reached.
- 21 young people were reached at Onverwacht Primary School.
- 42 young people were reached at Eersterust Secondary school.
- 33 young people were reached at Nantes Primary School.
- 105 young people were reached at Mpumelelo Secondary School.
- At Tshepong Centre 24 young people were reached.
- 243 male youth were reached at Protem and Induction Centre.
- 105 male youth were reached at Dr Fabian & Florence Ribeiro (Magalies-oord).
- 121 male youth were reached at Baviaanspoort Prison at Emthonjeni Juvenile Centre.
- 11 NYDO dance group members were reached.
- Latin Greven Zee dance group was formed and had 13 members.
- 42 young people were reached at Rethabiseng Community.
- 78 young people were reached at St Joseph food Scheme.
- At Kungwini municipality we reached 22 young people.
- 112 young people were reached at Eyethu Thusong Service.
- 74 young people were reached at Kidz Care Support Trust in Zithobeni.
- 52 young people were reached at Kidz Care Support Trust in Rethabiseng.
- Networking is well maintained in the institutions, organisations, communities and schools we render services in.



Crime Prevention Team:

Front (fltr) \u2013 Noah Tshela, Johannah Moyo, Mellecia Makgolo (Manager), Nomsa Mahlangu
Back (fltr) Sindile Maleka, Pumzile Likhuleni, Evidence, and Tebogo Mokoena (not in picture: Cheslyn Sampson)

APPENDIX I: SANCA PAMPHLET

SANCA Thusong Eersterust Alcohol and Drug Centre Pamphlet

APPENDIX J: SANCA/ SACENDU REPORTS- 2011

South African Community Epidemiology Network on Drug Use (SACENDU)

Update

(November 2011)

Siphokazi Dada, Andreas Plüddemann, Charles Parry, Arvin Bhana, Mohamed Vawda, David Fourie*

ALCOHOL AND DRUG ABUSE TRENDS: January - June 2011 (Phase 30)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system now operational in 9 provinces in South Africa: Western Cape (WC); KwaZulu-Natal (KZN); Eastern Cape (EC); Mpumalanga (MP) and Limpopo (LP) (combined as the Northern Region: NR); Gauteng (GT: Johannesburg, Pretoria); Free State (FS), Northern Cape (NC), and Northwest (NW) (combined as the Central Region (CR). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. This report will focus on data on treatment admissions from the 8573 patients seen across the 61 centres/programmes in the 1st half of 2011 (i.e. 2011a).

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2011)

Alcohol remains the dominant substance of abuse across all sites except the WC and the NR. Between 28% (WC) and 70% (CR) of patients in treatment have alcohol as a primary drug of abuse. The proportion reporting it as a primary drug of abuse (Table 1) remained fairly stable except for slight increases in KZN, the EC and CR, when compared to the 2nd half of 2010. Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, but in this period over 50% of patients in KZN and 30% in the CR reported alcohol as their primary substance of abuse, an increase over the previous period (Table 1).

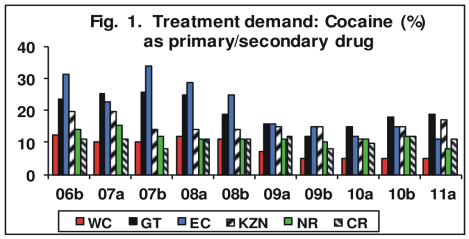
Table 1. Primary drug of abuse (%) for all patients and patients under 20 years - selected drugs (2011a)

	Age	WC	KZN	EC	GT	NR[1]	CR[2]
# centres		26	5	5	15	5	5
# patients		2927	720	723	2972	693	538
Alcohol	All	28	62	49	38	30	70
	<20	7	51	10	10	18	30
Cannabis	All	18	17	16	25	36	14
	<20	61	31	51	63	46	56
Methaq.	All	3	1	4	1	0	2
	<20	3	1	7	2	0	4
Cocaine	All	2	7	6	7	2	5
	<20	<1	1	2	2	1	1
Heroin	All	13	10	3	16	28	1
	<20	4	11	3	14	30	0
Methamphetamine	All	35	0	12	2	<1	1
	<20	25	0	23	1	0	0

1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

Across sites between 26% (CR) and 67% (NR) of patients attending specialist treatment centres had cannabis as their primary or secondary drug of abuse, compared to between 1% (NR) and 15% (WC) for the cannabis/Mandrax (methaqualone) 'white-pipe' combination. In 2011a the proportion of treatment admissions with cannabis as a primary drug decreased in most sites, but remained stable in the WC when compared to the previous period. In all sites except KZN cannabis is reported as primary substance of abuse by the majority of patients who are younger than 20 years. Treatment admissions for Mandrax remain fairly low in all sites.

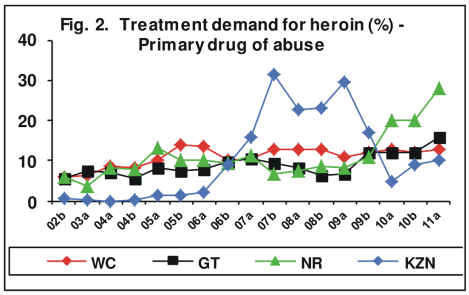
Treatment admissions for cocaine-related problems had shown a decrease over the past few reporting periods and remain low across sites, although cocaine is more often reported as a secondary substance. Between 5% (WC) and 19% (GT) of patients in treatment have cocaine as a primary or secondary drug of abuse, remaining fairly stable across sites (Fig.1). Relatively few patients younger than 20 years are admitted for cocaine-related problems, ranging between <1% (WC) and 2% (EC and GT), of all adolescent patients admitted from January - June 2011.



Treatment admissions for heroin as a primary drug of abuse remained fairly stable in WC, KZN and EC, but increased in GT and substantially in the NR compared to the previous period (Fig. 2). The decline in KZN since 2nd half of 2009 was mainly due to data not being included from a centre which primarily deals with the use of 'Sugars' (a low quality heroin and cocaine mix) among young, Indian males in South Durban; and in this period no data was supplied by this centre. Mostly heroin is smoked, but of patients with heroin as their primary drug of abuse in WC, GT and NR, 6%, 16% and 11% respectively report injection use. Injection use of heroin has decreased in the WC compared to the previous period, and decreased significantly over time in GT (from 37% in 2008b) and in the NR (from 26% in 2009b).

*We also acknowledge the input of our provincial coordinators and participating treatment centres

The proportion of heroin patients who were Black/African has increased to 62% (from 30% in 2008b) in GT and to 79% in the NR (from 52% in 2009b). In the NR 83% of heroin patients younger than 20 years were Black/African compared to 75% in the previous period. In GT 25% and in the NR 34% of patients reported heroin as a primary or secondary substance of abuse in 2011a.



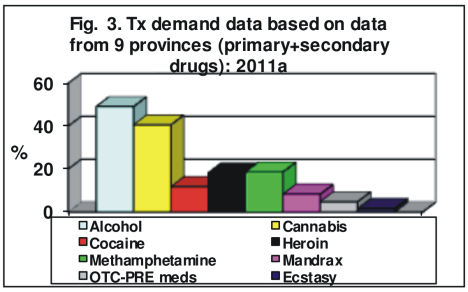
Club drugs and methamphetamine (MA) - Treatment admissions for Ecstasy, LSD or MA as primary drugs of abuse are low except in the WC. Across sites only 1% to 3% of patients had Ecstasy as a primary or secondary drug of abuse. MA (aka 'Tik') remained the most common primary drug reported by patients in the WC in 2011a, however the proportion has remained stable at 35% compared to the previous period. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse decreased significantly to 35% (compared to 46% in 2010b). However still almost half (45%) of patients in treatment for MA are younger than 25 years. Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites, with between <1% (KZN) and 16% (EC) reporting MA as a primary or secondary drug in 2011a. Port Elizabeth has however seen a continuing increase of local patients admitted for MA since the 2nd half of 2009.

The abuse of over-the-counter (OTC) and prescription medicines such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue across sites. Treatment admissions as a primary or secondary drug of abuse were between 1% (NR) and 14% (EC). Inhalant/solvent use among young persons continues to be an issue across sites, although the number of patients reporting inhalants as their primary drug is low. Methcathinone ('CAT') use was noted in most sites, especially in GT where 9% of patients had 'CAT' as a primary or secondary drug of abuse. Poly-substance abuse remains high, with between 30% (EC) and 50% (GT) of patients indicating more than one substance of abuse.

Other key findings

The proportion of patients under 20 years ranged from 14% (EC) to 25% (KZN). In all sites the proportion of Black/African patients in treatment is still substantially less than would be expected from the underlying population demographics; however these proportions have increased among young patients in GT and the NR specifically over time. In the NR 73% and in GT 70% of patients younger than 20 years were Black/African in 2011a. An overall picture of drug treatment admissions in South Africa based on information combined over the 60 treatment centres in 9 provinces is given in Fig. 3

Between 25% (EC) and 47% (NR) of patients reported that they had been tested for HIV in the past 12 months, showing an increase over time. Overall 4% of patients declined to answer this question.



Selected implications for policy/practice

Address Hooka (Oka) pipe smoking among young people, as a mixture of various drugs is often included in the pipe and sometimes clear alcoholic beverages (e.g. Spin) are substituted for water (PE).

Prevent MA and dagga use (WC) and nyaope use (GT) among adolescents and ensure appropriate treatment options for those needing treatment (WC).

Upscale interventions aimed at preventing adolescent drinking, including addressing access, resistance skills training, norms related to drinking; and improving leadership in high schools and community and school connectedness.

Increase the capacity of lifeskills educators and ensure they are adequately resourced and ensure that young people are informed about where they can go for help for substance abuse problems.

Selected issues to monitor

Increase in abuse of over-the-counter medicines by adolescents (EC).

Increase in use of cannabis mixed with heroin ('Unga') in East London.

Changes in racial profile of clients coming to treatment in WC, GT and NR.

Selected topics for further research

How to further encourage patients entering treatment for substance abuse to get tested for HIV.

How to improve the treatment of MA-induced psychosis, which often proves difficult to treat and is resistant to anti-psychotic medications.

Optimal models for funding substance abuse treatment.

What resources do schools need to optimally respond to youth substance abuse problems?

Alcohol & Drug Abuse Research Unit
Medical Research Council (Cape Town)
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www.sahealthinfo.org/admodule/sacendu.htm

SACENDU is funded by the MRC and the National Department of Health

APPENDIX K: Substance Abuse research and 2011 Summit Resolutions: briefing by Central Drug Authority and Department of Social Development Parliamentary Monitoring Group

Date of Meeting: 8 Nov 2011. Chairperson: Ms Y Botha (ANC)
Documents handed out: application/vnd.ms-powerpoint icon. 2nd Biennial Anti Substance Abuse Summit Resolutions & their Implementation presentation application/vnd.ms-power point icon. Substance Use & Abuse in South Africa presentation. Audio recording of the meeting:
PC Soc Dev: Department, Central Drug Authority (CDA) on Substance Abuse Strategy Summit Resolutions & their implementation

Summary:

The Central Drug Authority briefed the Committee on substance use and abuse in South Africa. The presentation focused on a survey carried out together with the Department of Social Development. The aim of this study was to survey community members' knowledge of substance use and abuse, identify the types of drugs used in communities, and establish awareness of substance abuse prevention and treatment services in their communities. One of the key findings of the study was that only 40% of those surveyed knew that there were services available to help with substance abuse, meaning that 60% were unaware. The Central Drug Authority provided a three-pronged solution to drug and alcohol use: demand reduction, supply reduction, and harm reduction.

The Central Drug Authority analyzed the drug and alcohol problem in South Africa. For most major drugs, South Africa was well above the average usage worldwide. Drugs were a problem area for vulnerable groups such as children and women. The rate of child drug use had been increasing and should be addressed. The way that women's substance abuse was treated should take into consideration factors that affect women specifically.

Alcoholism was also a major focus of the presentation and showed that there were currently 1.97 million problem drinkers in South Africa. The approximate cost to the country for alcoholism was R78 billion per year.

The Department of Social Development emphasized that legal substances that were abused were a particular problem and one need a mechanism to make these substances illegal.

The Committee questioned the Central Drug Authority about methods and models that could be implemented to target alcohol and drug use. The Committee were particularly interested in the current status of treatment centres across South Africa and what could be done to make treatment more accessible for those that did not have the financial resources. The issue of parenting was also addressed. The Committee expressed concern about the Central Drug Authority's inclusion of harm reduction as a key component of the solution, expressing that the solution should be more preventative and not reactive.

The Department of Social Development spoke about the 2nd Biennial Anti Substance Abuse Summit. It highlighted the need for government to take an active role in addressing “the problems with alcohol advertising” and increasing education about substance abuse and alcohol across the country.

The Committee again focused on the need for more treatment centres. There needed to be a common treatment centre model that all centres adhered to. The Committee stressed that partnerships should be created with other departments and civil society.