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SUBSTANCE ABUSE AMONGST YOUNG PEOPLE IN MAFIKENG, NORTH WEST PROVINCE.

BY

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## DECLARATION

I, Seamogo Delcia Gadihele, do declare that this Masters dissertation which is hereby presented to the Faculty of Human and Social Sciences, North-West University, Mafikeng Campus, is my own work in design and execution; it has never been presented for any qualification at this or any other institution; all sources consulted have been accounted for and acknowledged.

A handwritten signature in black ink, appearing to read 'Seamogo Delcia Gadihele', is written over a horizontal dotted line.

**SEAMOGO DELCIA GADIHELE**

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## ACKNOWLEDGEMENT

First of all I would like to thank my Almighty God for his guidance and protection throughout my studies. To my supervisor, Dr Ncala, without your guidance and help, this study could have failed. I appreciate your patience. Thank you, I would also like to thank my husband and children for believing in me and the courage that they gave me and also their support throughout my studies. I would like to thank my respondent, the training co-ordinator of Lifeline, Mr S Dikoko, his assistant Ms M Matjale and Ms M Noge without you the research would not have been completed. To my friends and cousins thank you for been supportive during my research.

## DEDICATION

**I dedicate this research to my late mother, grandfather, grandmother, the Mofoti and Inno family and to the youth who are abusing substances. Your future is in your hands please say “ke moja”.**

## ABSTRACT

One of the challenges facing South Africa today is substance abuse amongst young people. This study focuses on substance abuse amongst the youth in Mafikeng, North West Province. The primary objective of this study is to conduct research on substance abuse amongst the youth and how Lifeline renders assistance to them in Mafikeng. The study specifically focuses on programmes or services that the organization provides for them. In addition, it also looks at the major problems encountered by Lifeline in addressing the problem of substance abuse amongst the youth in Mafikeng. Regarding the methodology aspect of the study, qualitative research techniques were utilized. Since the primary data collection technique was an in-depth interview using an interview schedule of key institutional respondents at the Mafikeng based Lifeline. In line with qualitative methods, the research involved the non-numerical evaluation and interpretation of observations aimed at identifying meanings and patterns of relationships. In sociological terms, the emphasis in qualitative research is basically on norms of behaviour. The principal findings of the study are that, the main causes of substance abuse amongst the youth that frequent Lifeline in Mafikeng includes family dysfunction, lack of employment opportunities for young people, poverty, and peer pressure, lack of recreational facilities, curiosity, tolerance, low-self esteem, changed motives and hereditary tendencies. In as far as gender is concerned there was a comparatively higher prevalence of males than females frequenting the organization. This is compatible with crime and deviance statistics which indicate a higher rate of crime and other forms of deviant behaviour amongst males. Additional findings included the fact that substance abusers are provided with counselling and a referral service for abusers that require treatment. Lifeline also conducts substance awareness campaigns involving workshops organised by the Departments of Health and Social Development. The aim of these campaigns is to render assistance not only to substance abusers but also to their families. In many instances school teachers identify and detect drug abusers and refer them to Lifeline. Regarding the major problems encountered by Lifeline, these include lack of funds and training of

staff members. In conclusion and as evidenced by the literature review and responses from the respondents at the Mafikeng based Lifeline, a common pattern emerges with regard to the causes of substance abuse, gender differentials and treatment methods. Based on the literature review and information elicited from the in-depth interviews the major causes included peer pressure, lack of parental guidance and boredom. The major recommendations are that to minimize substance abuse amongst the youth who constitute an important sector of any given society, particularly as future leaders, the government, family and non-governmental organizations can play a critical and pro-active role in addressing this problem. The government must intervene and assist organizations like Lifeline with funds and also increase substance abuse campaigns in order for the youth to stay away from abusing substances. The government should also fund programmes designed to educate the youth about the dangers of substance abuse. Parents can also play a vital role in preventing substance abuse amongst their children by teaching them about the negative consequences of abusing alcohol and drugs. In addition, more rehabilitation centres for treatment purposes should be constructed.

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# **CHAPTER 1**

## **INTRODUCTION AND STATEMENT OF THE RESEARCH PROBLEM**

### **1.1 INTRODUCTION**

This chapter comprises the introduction, statement of the research problem, rationale, objectives and significance of the study as well as, the definition of key concepts and organization of the dissertation.

### **1.2 STATEMENT OF THE RESEARCH PROBLEM**

The primary purpose of this research was to study the services rendered by Lifeline to substance abusers. Substance abuse which involved the use of alcohol and drugs which has become a major social problem in South Africa. The youth is particularly vulnerable since they are still growing up, and are at a stage where they are indulged in experimenting, and addition, peer pressure also played a critical role in increasing their susceptibility to substance abuse. Common substances that are abused by young people included alcohol and illegal drugs. Alcohol and drugs have negative effects not only for the abuser, but also to his or her family and the community at large.

Family members who live with the abuser are directly affected by the abuse of substances since it has caused unnecessary disruptions in their homes and family disintegration. Community members are likely to have experienced the effects of substance abuse through being victims of car accidents, assaults, murder etc. In the employment sphere, the abuse of substances often resulted in poor work performance and dismissal from work. In schools, it impacted negatively on the academic performance resulted in higher failure and drop-out rates.

At the social level, individuals may have indulged in sexual relations whilst under the influence of drugs culminating in an increase in HIV/Aids vulnerability. In essence substance abusers are a liability to the society.

Alcohol abuse refers to “the uncontrolled and unrestrained use of alcohol which brings about negative effects on the abuser, his or her close relatives and the community” (Stevens and Cloete, 2002:93). Regarding the statistics of the abuse of alcohol, for example, in South Africa, these are difficult to derive and determine. A basic assumption is that a large proportion of the South African population abuses alcohol. This is highlighted by the following statistics:

- For every one person who uses or abuses alcohol, another 11 to 12 persons are affected.
- 52 to 56 percent of all road traffic accidents are alcohol related.
- 52 percent of traumatic injuries are alcohol related.
- Between 10 to 60 percent of persons belonging to specific cultural groups, who suffer from medical and psychiatric problems, have a history of alcohol use and/ or abuse.
- 52 to 57 percent of the country’s population use alcohol moderately.
- 27 to 30 percent of the country’s population abuse alcohol (Stevens and Cloete, 2002:93).

Drug abuse is any chemical substance, legal or illegal, natural or synthetic, which causes a chemical change in human tissue thus influencing the individual’s behaviour, emotions and thoughts (South African National Council for Alcoholism and Drug Dependence, 2011). Regarding the extent of drug abuse in South Africa, statistics are also difficult to derive and determine. A basic assumption is that a large proportion of the South African population abuses drugs. The following extract illustrates the use of drugs in some parts of South Africa:

- Treatment for mandrax (Methaqualone) dependence declined in Cape Town, Port Elizabeth and Gauteng province but increased by 8% in Durban.
- “White pipe”(mixture of cannabis and methaqualone or mandrax) use decreased in all the SACENDU (South African Community Epidemiology Network on Drug use) sites, according to the July-December 2005 report. For example, Cape Town remained at 6% while Gauteng province and Durban decreased from 6% to 3%.
- “Heroin” has become the primary drug of abuse for between 9% and 11% of patients in Cape Town and Mpumalanga province.
- “Tik” (methamphetamine) is the primary drug of choice for a large number of patients (approximately 42%) in the Cape Town area while CAT (methcathinone) is increasingly used in the Gauteng Province area. Metamphetamine use and the use of the broader category of amphetamine-type stimulants (ATS) is spreading across the globe faster than the use of any other illegal substance.
- “Nyaope” (a mixture of dagga and heroin) is being used increasingly in the Tshwane Metropolitan area.
- Over the counter” or prescription medications have become the primary drug of choice between 2% and 6% of all patients admitted for treatment at treatment centres. These substances are the secondary choice of 7% to 8% of patients in Cape Town and include benzodiazepines, analgesics, codeine, sleeping pills, Ritalin and xanor (Social Development: National Drug Master Plan, 2006-2011:8).

The introductory aspect of this study has highlighted the nature and, in particular, the extent of substance abuse, namely alcohol and drug abuse in South Africa. Drug and alcohol abuse cases were recorded both under the substance abuse category due to the fact that they are similar as they are commonly abused by

the youth. Between 2005 and 2010, there has been increased concern regarding substance abuse amongst the youth in South Africa.

It is evident that there is a need for more research on substance abuse particularly amongst the youth. This study focused on substance abuse and also looked at the social structures that rendered assistance to members of society that abuse substances such as alcohol and drugs. This research is a sociological study, because it focused primarily on human social life, groups and societies. In the context of this study, the emphasis is on the human social life of substance abusers.

In addition, substance abusers are studied as a group that was differentiated from other members of society because of their experiences with such substances as alcohol and other drugs. Regarding the aspect dealing with society, the study concentrated on substance abusers in Mafikeng which has constituted apart of the South African society. The study looked at how the problem of substance abuse was addressed by such social structures as Lifeline in Mafikeng, North West Province.

### **1.3 RATIONALE**



The rationale for this study was that substance abuse amongst the youth in the Mafikeng area has become a serious social problem. The implications of substance abuse are that heads of households that abuse drugs or alcohol tend to neglect their families and this action has a detrimental impact on the family members. Others indulged in criminal activities such as theft for income purposes in order to sustain their habits. Assault, rape and homicide are other forms of crimes that substance abusers get involved in. Having highlighted the rationale for this study, it was also important to identify support structures designed to render assistance to substance abusers in Mafikeng. This study focused on Lifeline and its role in assisting substance abusers in Mafikeng.

## **1.4 RESEARCH OBJECTIVES**

The principal objectives of this study are as follows:

- a) To identify and examine programmes or services that Lifeline provides for substance abusers in Mafikeng.
- b) To study the problems encountered by Lifeline in rendering these services to substance abusers.

## **1.5 SIGNIFICANCE OF THE STUDY**

The following points highlight the significance of the study:

- **Relevance for Society**

The youth constituted an important sector of any given society. They contributed to human resource development and the future leadership of many societies. It was, therefore, imperative that strategies for minimizing substance abuse amongst the youth were identified. A study of this nature is important for different role players that render services to the youth. These included government departments, non- governmental organizations and rehabilitation centres in South Africa.

- **Contribution to Research.**

Although studies on substance abuse in South Africa exist, this particular study makes a contribution to existing studies in this area of study amongst the youth in South Africa.

## **1.6 DEFINITION OF THE CONCEPTS**

The key concepts employed in this study are defined as follows:

### **1.6.1 Substance Abuse**

Substance abuse refers to the excessive use of chemical substances, which results in the impairment of an individual's physical, mental or emotional state of well-being (Gillis, 1997:107).

### **1.6.2 Alcohol**

Alcohol is assumed to be a stimulant and it is technically classified as a depressant as it decreases the general level of activity of the central nervous system (Gillis, 1997:12).

### **1.6.3 Drugs**

Drugs are any synthetic or natural chemical substances which when taken bring about changes in the body or mind or in both (Searll, 1996:23).

### **1.6.4 Addiction**

Addiction is the compulsive use of alcohol or other drugs regardless of its negative or adverse consequences (Fisher and Harrison, 2009:14).

### **1.6.5 Alcoholism**

Alcoholism is an addiction to a specific drug or alcohol (Fisher and Harrison, 2009:14).

## **1.7 THE ORGANIZATION OF THE DISSERTATION**

This dissertation is organized in terms of the following chapters:

Chapter one comprises the introduction, statement of the research problem, rationale, research objectives, significance of the study, and definition of key concepts.

Chapter two consists of the literature review and a brief theoretical framework.

Chapter three focuses on the methodology, introduction, preliminary data collection phase, data analysis, delimitation of the study, ethical consideration and open-ended and closed-ended questions and conclusion.

Chapter four comprises the data analysis.

Chapter five consists of the principal findings, recommendations and conclusion.

## **CHAPTER 2**

### **2.1 LITERATURE REVIEW**

#### **2.1.1 INTRODUCTION**

Chapter two presents an overview of relevant studies on drug and alcohol abuse, the extent, nature and causes of substance abuse. In addition, the characteristics of substance abusers, effects, prevention strategies, treatment and prognosis of substance abuse and classification of drugs are also discussed. Finally, this chapter also focuses on relevant theories.

#### **2.1.2 THE EXTENT AND NATURE OF SUBSTANCE ABUSE**

The statistical data indicates that the rapid globalization of the drug trade has ensured that no country is immune from the problem. Researchers estimate that alcohol use is implicated in one to two thirds of sexual assaults and acquaintance or “date” rape cases among teen and college students. Phenomena that become more responsible for the escalation of substance abuse in some schools is drug abuse. The majority of drug abusers who call at the Cape drug counseling centres for example are teenagers. Surveys show that 82% of the people in the Western Cape have experimented with some form of drugs before the age of 20 years. Drug abuse increases among school learners faster. Alcohol and drug use is a wide spread phenomenon with 82% of high schools having used alcohol, 50% having used marijuana and 9% having used cocaine, according to the National Institute on Drug Abuse (Grimsrud, Myer, Seedat, Stein, Williams, Van Heerden, 2009:1)

In a study conducted in both rural and urban areas, substance abuse statistics (Grimsrud, Myer, Seedat, Stein, Williams, Van Heerden, 2009:1) indicate a higher prevalence of substance abuse amongst males compared to females. As far as race is concerned, white and coloured people reflect a higher rate of

substance abuse compared to other racial groups. The findings are in keeping with the country-wide estimates of alcohol, tobacco and cannabis use. Alcohol remains the substance most often used by South Africans (38, 7%), which is consistently lower than prior data from less representative reports and surveys.

Half the prevalence of tobacco used (30,0%) is consistent with data on lifetime tobacco use in South Africa 27% in 2007 and 37,6% for South Africa high school students in 2002 ) the rate of cannabis use (8,3% ) is also in keeping with prior data annual prevalence from the world drug report (8,4%). At 29%, the use of other drugs including methamphetamine might be an underestimation of drug use trends in South Africa. During 2005, after the survey was conducted, methamphetamine was documented as the primary drug abuse in the Western Cape replacing and overtaking cannabis" (Grimsrud, Myer, Seedat, Stein, Williams, Van Heerden, 2009:1).

According to Gossop (1993:3), all drugs, including those that are less dangerous, should be seriously taken into consideration because they can damage the individuals that use them. Examples of bad drugs include LSD and heroine while librium and valium are considered to be good drugs. Other drugs that are perceived to be good drugs include tobacco and alcohol despite their detrimental effects.

According to Grills (1986:3), many common drugs are used daily. The drug, caffeine, that is contained in tea and coffee as a stimulant, plays an important part in our everyday life because it helps people to wake-up in the morning and keep going all day. According to Rasmussen (2000:8), everyone who uses drugs puts their lives and health in danger by abusing them. According to Akers (1992:3), the society that we live in is drug-saturated. Different types of drugs in this country number hundreds and drug-takers are counted in millions and every year dosage amounts to billions. Some drugs are easy to be obtained because they are sold over-the-counter or shelves of local drug-stores and others are difficult to obtain. There are some drugs that put you to sleep and others keep you awake. Some drugs are helpful in saving lives and others can destroy a

person's life. For example, drugs such as marijuana and cocaine, unprescribed drugs like cocaine can have negative effect on a person by causing heart disease and lung cancer, injuring the person by causing accidents. In some cases a person can die from over dosage.

According to Fisher and Harrison (2009:13), there are acute and chronic drugs that vary in terms of the danger they pose to the user. The method used to administer drugs can also be dangerous. At the psychological level, there is a noticeable mental disturbance on or an interference with bodily and mental health, interpersonal relations and smooth social and economic function caused by excessive consumption of alcohol (Edward and Ladder, 1990:24).

An example of a dangerous drug that is popular amongst teenagers is "strawberry quick". It looks like a strawberry pop rock (the candy that sizzles and pops in your mouth), and it smells like strawberry. Moonflower is also another new type of drug that is abused by more and more teenagers who end up in hospitals. The plant is smoked, brewed or chewed. The effects of moonflower range from high fever, delirium to death. Burundanga is a type of drug that is used when people wish to incapacitate a victim in order to take advantage or steal from them. It is four times more dangerous than date rape drugs. Kuber is a type of drug that is disguised as a mouth freshener and sachets same as tea leaves pouches, is a nicotine-rich stimulant widely consumed by school children and taxi drivers. It is taken as tea with hot water, is an odourless drug and makes children very high, mostly the highness that increases their sex drive incredibly([www.saps.gov.za](http://www.saps.gov.za)).

According to Peltzer and Phaswana (1999:1), much concern about alcohol misuse among young people, particularly, males, in South Africa has increased. "The importance of understanding the role of cultural and contextual factors in drug use and misuse is increasingly being recognised. It has been suggested that in Africa, the combination of traditional cultural practices and the increasingly pervasive ethos of 'modernity' and 'westernisation' may be responsible for an increase in drug misuse. The consumption of alcoholic beverages and cannabis

in South Africa has a long history. During pre-colonial times, alcohol drinking was mainly the preserve of elders and senior members of society including traditional healers, but it was uncommon among youth and women of child –bearing age. Alcohol was mainly consumed during different types of festivities and ritual ceremonies, including weddings and ceremonies held for the deceased. Others include coming-of-age ceremonies for boys and girls, meetings of reconciliation, ceremonies for propitiation of ancestral spirits, and graduation ceremonies for diviners.



According to Brook, Chalton, Morojele (2009:1), alcohol, tobacco and cannabis are the major substances used by young people in South Africa. According to a survey conducted in 2002 among learners in high schools, about half (49.1%) reported having drunk alcohol, one third (30, 5%) smoked cigarettes and (12, 8%) used cannabis in their lifetime. Under one quarter (23%) engaged in binge drinking during the preceding one month period. A Democratic and Health survey (2003) indicated that in a population of adolescents aged between 15 and 19 years, 19,9% of males and 10,2% of females used tobacco products, and 31,9% of males and 17,2% of females consumed alcohol.

According to the South African National Council of Alcoholism and Drug Dependence (SANCA), one in three teenagers in South Africa is addicted to drugs and alcohol. The national executive director of SANCA, Shamim Garda, said the number gleaned from the number 13 to 18 year olds presenting themselves for treatment at SANCA's 34 clinics country wide. According to the experts, the age of experimenting has dropped from early teens to between nine and ten years old. A disturbing fact is that children are getting addicted to drugs and alcohol at younger age with the problem starting with nine- to 15-year olds experimenting with alcohol, cigarettes, dagga and mandrax and using more than one drug and getting addicted to drugs such as heroin, cat, crack and cocaine.

According to Captain Jan Combrinck, a coordinator for the South African Police Services' Gauteng drug enforcement programme, up to 25% of the school children are drug addicts in Gauteng. He has been traversing the province since 1994, educating 500 000 school children, tertiary students and communities about the dangers of drug abuse. Drugs are becoming cheaper and more accessible to young children.

The use of Nyaope has increased in South Africa. It is a potent mixture of cheap heroin and dagga. It is the latest drug of choice for thousands of South African teenagers. Nyaope originated in 2006 in the Pretoria townships of Soshanguve, Atteridgeville and Mamelodi. Sometimes it is mixed with rat poison for the effects to be enhanced. It has spread to the rest of South Africa because it is popular and cheap. In Johannesburg and Soweto the mix is known as kataza (Nhlanhla, 2011:1).

According to Elosine Auckamp of SANCA's Thusong Treatment Centre in Eersterus, Pretoria, more than 10 teenagers in the area seek treatment at the centre for nyaope addiction every month. Andreas Pluddemann, a researcher at the Medical Research Council, indicated that his organization's recent drug monitoring report for January to June last year showed a staggering increase in nyaope use in Mpumalanga and Limpopo referring as a pinch, saying 22 percent patients are treated for drug addiction.

Tik is widely abused in the Western Cape, increasing the number of heroin addicts constituting 15 percent of patients in rehabilitation centres. According to Pluddemann, the mixture known as "ungu" in Western Cape is used by tik addicts as well. About 10 percent of addicts in Gauteng who are on treatment, list heroin as the primary drug. According to the dagga experts, it is a gateway to harder drugs is well known, easily available and perceived by users to be less harmful (Nhlanhla, 2011:3).

## **2.2 CAUSES OF SUBSTANCE ABUSE**

### **2.2.1 Ignorance**

People begin using substances as an experiment because they believe that substances are not dangerous. Lack of knowledge about the consequences of substance abuse may encourage the individuals to abuse substances.

### **2.2.2 Availability of drugs**

In many instances, young people in groups have access to places where drugs are easily available in streets where they are not disturbed.

### **2.2.3 Peer pressure**

Most young people are under the influence of peer pressure, thinking that their friends are more important to them than their parents and older siblings. This results in the temptation of using drugs because a friend is using it (McIntosh and Livingstone, 2008:24).

### **2.2.4 Psychological factors**

Human beings are naturally curious. To satisfy their curiosity, they experiment with drugs resulting in drug addiction in some instances (Stevens and Cloete, 2002:10).

### **2.2.5 Influence of urban life**

Alcoholism, immorality and drug abuse is prevalent in large cities. Feeling lonely and having a sense of not belonging in larger cities can be a causative factor (Stevens and Cloete, 2002:10).

### **2.2.6 Home and school**

Young people's problems are often caused at home or school by weak – parent-child relationship or situations where young people are against order and authority, which contributes to drug abuse.

### **2.2.7 Religious reasons**

In some cases, drugs are used for deepening religious experiences like, for instance, the Rastafarians use dagga and Indians used cannabis for meditation (Grills, 2002:29).

### **2.2.8 Mind expanding**

There are drugs called psychedelic, meaning mind -manifestation. Writers, artists and musicians have a history of using drugs, and work under its influence describing their experiences afterwards as "mind-expanding" (Grills, 2002:29).

### **2.2.9 Pleasure**

Drugs are used by most people for pleasure, even when they are not physically and psychologically dependent on them. Drug use is a passing phase in their lives. Pleasures of drugs make life worth-living when life is miserable (Grills, 2002:29).

## **2.3 CHARACTERISTICS OF SUBSTANCE USERS**

According to statistics relating to alcohol and other drug (AOD) use patterns, the following differences have been noted with regard to occupation, age, geographic location, gender and social class:

Occupation – There are drugs used frequently by the workers or celebrities such as musicians, athletes and promiscuous workers. Those drugs are alcohol, dagga, mandrax and crack cocaine (Parry, Pillay, Foster & Freeman, 1997:8). This is because of the high rate of substance use and been reported among workers in the mine industry and various working environments.

Age – Statistics suggest that, drugs or substances such as LSD and ecstasy are used more often by youth than the elderly. Alcohol and drug use appears to increase with age for both males and females (Fisher, Ziervogel, Charton & Robertson, 1998:8).

Gender – According to Parry, Pillay, Foster & Freeman (1997:9) and Tibbs (1996) alcohol and other drug uses are more prevalent amongst males than females.

Socio- economic status – Dagga, mandrax and solvents such as benzine and glue are more likely to be used by people from disadvantaged families or communities than the use of cocaine and ecstasy, as they are more prevalent to middle and upper class communities (Parry et al.1997:9).

Geographic location – The highest use of the White pipe combination occurs in the Western Cape. Heroin and crack cocaine are used more often in the urban areas as compared to rural areas. In comparison to Cape Town and Port Elizabeth, the most frequent cases of Rohypnol use and use of cocaine in combination have been reported to persons attending treatment centres in Durban (Parry, Pillay, Foster & Freeman, 1997:9).

## **2.4 THE EFFECTS OF SUBSTANCE ABUSE**

### **2.4.1 Physical effects**

Common physical ailments resulting from substance abuse are brain damage, heart disease, stroke, cancer, diabetes, pancreas, cirrhoses of the liver, loss of fertility, foetal abnormalities and interference with the immune system (Anderson, 2002:23).

Inhalants cause damage to the central and peripheral nervous system, the kidneys, liver and lungs, mucous membranes of the respiratory system, death because of suffocation, spasms of the larynx, paralysis of the heart, brain damage, destruction of the nerve cells, affected balance, damage to teeth and gums and depression. Mandrax causes mental disability, poor vigilance, and death due to overdose, collapse of the respiratory system, collapse of the blood circulation system, strong physical dependency, destruction of the spinal cord (marrow), weight loss and wasting away. Amphetamine contributes to suicidal tendencies, fever, high blood pressure, over-confidence which can lead to criminal behaviour, stroke, convulsion, death because of overdose and damage

to organs, especially the liver and kidney and paralysis of the heart (Department of Health, 2011).

#### **2.4.2 Physical and psychological dependence**

The addicts develop physical and psychological dependence on drugs. Withdrawal symptoms include nausea, vomiting, spasms, contractions, anxiety, diarrhea, pain and discomfort (Stevens and Cloete, 2002:103).

#### **2.4.3 Physical abuse and work related problems**

Stevens and Cloete (2002:95), assert that alcohol abuse often results in the physical abuse of spouses and other family members. At work, alcoholics lose control by not being productive, coming to work drunk and absconding from work.

#### **2.4.4 Family**

Teens abusing substance have an effect on the family units as they become more hostile and the decision-making become greatly impaired. Teens using alcohol find their familial relationships suffering greatly and setting bad example for any younger siblings and creating much more hostility for the family (www.teen drug abuse.us:2011).

#### **2.4.5 Physical appearance**



According to the experiment conducted by the experts, ageing of the skin is caused by having more than a couple of drinks a week. The nutritional calories that was replaced by non-nutritional ones found in alcohol can cause hair to brittle, lips crack and give skin a puffy, broken vein appearance (Walker 2008:61).

#### **2.4.6 Academic performance**

Most young people who are still at school are unlikely to perform well because of alcohol and drug abuse. They attend school as they wish and some end up dropping out of school.

#### **2.4.7 Crime and violence**

Adolescents using substances (such as tobacco, alcohol and cannabis) are more likely to experience multiple violent acts in their lives. Young people involved in criminal activities seem to be disproportionately involved in substance use. A study found younger arrestees more likely than their adult counterparts to use various drugs, such as cannabis, mandrax and cocaine (Brook, Morojele, and Parry, 2009:1).

#### **2.4.8 Accidents and injury**

The abuse of substances can also increase the risk of being injured in road accidents and fighting when under the influence of alcohol and drugs.

#### **2.4.9 Risky sexual behaviour**

Adolescents using alcohol and drugs are sexually active compared to those who do not use them and they may engage in unprotected sex associated with unplanned pregnancies and contracting sexually transmitted infections, including HIV/AIDS. Substance use decreases adolescents' inhibitions and safer sex, negotiation skills, increasing their already-present vulnerability to engage in sexually risky behaviour.

### **2.5 THE COMBATING OF SUBSTANCE ABUSE**

#### **2.5.1 Prevention**

According to the integrated service delivery model (Department of social development, 2005:30) "This is the most important aspect of social service delivery. Service delivered at this level is aimed at strengthening and building the capacity and self-reliance of the client. The client in this stage is functioning at an adequate level but there is a risk of deviant behaviour at a later stage. The service provider has to conduct community awareness campaigns to make people aware of the use of substance."

## **2.5.2 Early intervention**

The integrated service delivery model (Department of social development, 2005:30) is defined as a level where services rendered are developmental and therapeutic programmes to ensure that those identified being at risk are assisted before they require statutory services.

## **2.5.3 Statutory intervention**

The statutory intervention refers to the level where the client either becomes involved in court cases or is not able to function adequately in the community. The client can be removed by a court order to be placed in an alternative care. Services provided are aimed at supporting and strengthening the person involved. In case of substance use or abuse, where young people are addicted to substances, the service providers have to send them to rehabilitation centres such as Alcohol Anonymous for rehabilitation (Department of Social development, 2005:30).

## **2.5.4 Reconstruction and after care**

According to the integrated service delivery model (Department of Social development, 2005:30), reconstruction and after care is defined as the level where services are aimed at reintegration. Service providers have to prepare them and their families as well as the community at large to function effectively and efficiently with them, without labeling or calling them names. For communities to combat drug problems in South Africa, the following measures have been taken (Stevens and Cloete, 2002:103):

### **2.5.4.1 Alcoholics Anonymous**

Alcoholic Anonymous (AA) is a non-governmental organization that helps alcoholics to cure themselves. It consists of addicted members and is a free and voluntary organization. The AA has a planned programme called 12 steps and group therapy (Stevens and Cloete, 2002:103).

#### **2.5.4.2 State**

The state depends on churches, clinics and hospitals for assistance in combating substance abuse. The state provides rehabilitation institutions and national council for alcoholism (Stevens and Cloete, 2002:103).

#### **2.5.4.3 The South African Police Service**

The South African Police Service and the Narcotic branch members must play an important role in prevention and combating drug abuse in controlling activities of drug manufacturers, peddlers and traffickers. (Stevens and Cloete, 2002:103)

### **2.6 THE TREATMENT OF SUBSTANCE ABUSE**

The withdrawal process starts when the addict has accepted that he or she needs treatment, symptoms of withdrawal can be severe, hospitalization or rehab may be necessary and they can also be carefully monitored at home. The doctor provides support and refers you to a specialized addiction expert. It is important that they not return to the area where they initially began abusing drugs because it may encourage them to use them again.

#### **2.6.1 THE PROGNOSIS**

The treatment of an addiction is often not successful and is difficult. Severe withdrawal symptoms are sometimes overcome. It only works when the addict is motivated and supported by family, friends and helpers. The chance to overcome the addiction is increased by a support group of peers (<http://substance-abuse.co.za>).

## **2.7 TYPES OF DRUGS**

The types of drugs one can get over the counter without a doctor's prescription are: Grand-pa headache powder, cough mixture, disprin, anadin, sleeping tablets, awakening tablets and many other medications.

### **2.7.1 Drugs that are permitted by the law.**

Alcohol and cigarettes

### **2.7.2 Drugs that are against the law**

Cocaine, marijuana or dagga and ecstasies.

## **2.8 CLASSIFICATION OF DRUGS AND TYPES OF DRINKERS**

### **2.8.1 Classification of drugs**

#### **2.8.1.1 Opiates**

Opium is an organic drug, among which opium and its derivatives like morphine, heroin and cocaine are the best known varieties. These drugs are very dangerous since they can cause physical as well as psychological dependence, combined with general physical deterioration and emotional degeneration. (Stevens and Cloete, 2002:101).

#### **2.8.1.2 Stimulants.**

Stimulants are central nervous system stimulants and include: amphetamines, slimming tablets, cocaine and nicotine. These drugs also referred to as "uppers" increase the vital functions and produce a mental state associated with heightened awareness and elevated mood.

### **2.8.1.3 Depressants.**

They are the central nervous system depressants and include: alcohol, heroin solvents, wellconal, tranquillizers and mandrax. These drugs depress the functioning of the central nervous system.

#### **2.8.1.3.1 Sedatives**

Sedatives have tranquillising and narcotic effects on the central nervous system and induce sleep or quiescence in the user. They include barbiturates like "blue dragons", "yellow jackets" and "red devils". Non-barbiturates include mandrax, mogadon, bromidedes and other type of sedatives which include stelzine, valium and librax (Stevens and Cloete, 2002:101).

#### **2.8.1.3.2 Hallucinogens**

Hallucinogens include: dagga, L.S.D and certain seeds and fungi. They distort the vital functions of the nervous system, creating changes in the perceptions that range from sensory illusions to outright hallucinations.

## **2.8.2 Types of drinkers**

According to Stevens and Cloete (2002:95) types of drinkers can be distinguished as follows:

### **2.8.2.1 Occasional drinkers**

These people take drinks only on special occasions like wedding receptions. They can control their drinking normally (Stevens and Cloete, 2002: 101).

### **2.8.2.2 Social drinkers**

From a comparative point of view, the social drinkers are the ones who drink more, by drinking at functions, social gatherings and when they are entertaining their guests (Stevens and Cloete, 2002: 101).

### **2.8.2.3 Excessive drinkers**

These are people who drink regularly and even create occasions for having a drink like celebrating a birth-day. At parties, they usually indulge in a few extra drinks. This stage often leads to final stage of alcoholism (Stevens and Cloete, 2002: 101).

### **2.8.2.4 Compulsive drinkers**

At this stage a person has already become an alcoholic or a slave to alcohol because he or she cannot survive without it. The drinking of that particular person exceeds all boundaries and he or she is very seriously ill (Stevens and Cloete, 2002: 101).

## **2.8.3 Signs to look for when a child uses drugs.**

### **2.8.3.1 Behavioural evidence:**

Signs of drug abuse include guilt, avoiding eye contact, untidiness, lack of interest in school, sports and societies, change in appetite, frequently changing friends or becoming loners, unaccountable mood swings, impaired work performance and stealing household items.

#### **2.8.3.1.1 Physical signs**

Alcohol on breath, stained fingers, red eyes, dagga smell on breath or clothes, presence of pipes or bottle necks and glue stains on clothing (Department of Education, 2008).

## **2.9 THEORETICAL FRAMEWORK**

### **2.9.1 Ecosystem theory**

According to Compton, Galaway and Coumoyer (225:39), the ecosystem perspective supports the assumption of interdependency between people and environments and complements our problem solving. It also provides insight into the nature and consequences of transactions both for human beings and physical as well as social environments in which they live or function.

German and Gitterman (in Compton et.al,2005:39), explain that ecological perspective is concerned with the growth, development and potentials of human beings and with properties of their environments that support or fail to support the expression of human potential. It studies man in his interpersonal and inter-systematic environment, meaning that a person cannot be separated from his environment. This is due to the fact that the environment can contribute either positively or negatively to the person's behaviour. Some people abuse or use substance because they are from substance users' family environment. Therefore it is very crucial that when helping a person who abuses substance, firstly understand his or her environment. It is also important to consider what the environment dominated by substance use can do to the youth as a challenge since it is not responsive or conducive to them.

### **2.9.2 Social Learning theory**



Social learning theory extends the concept of instrumental learning as a basis for addiction to learning through observation and communication (West, 2006:106) Social Learning theory as cited by Bandura et.al. in West (2005:106)"describes the effect of cognitive processes on goal-directed behaviour in humans. It considers the human capacity for learning within a social environment through observation or listening to others. This means people who use or abuse substances learn in the community or family by observing their parents or community members while smoking and drinking. They also learn this behaviour

during their interaction when interacting with them as they will be listening to their comments about how good the substance is.

### **2.9.3 Differential Association Theory.**

Of relevance to the previous two theories is Edwin Sutherland's "Differential Association Theory", which highlights the significance of the social environment and the potential to engage in deviant forms of behaviour. Sutherland argues that behavior is learned in close interaction or association with significant others. Deviant behavior, which includes the abuse of substances, is learned in the same way. The basic premises of his theory which are relevant to this study are as follows:

- Deviant or criminal behaviour is acquired by learning.
- The behavior is learned through communication with other people.
- The learning process occurs principally with intimate personal groups or significant others.
- Differential association may vary in frequency, duration, priority and intensity.
- The process of learning deviant behavior involves all the mechanisms that are involved in other kinds of learning (Stevens and Cloete, 1996).

In essence, Sutherland argues that there is no born criminal. The social environment that a child is socialized in plays a critical role in determining whether he or she will deviate from socially acceptable forms of conduct or not. The potential of engaging in deviance is dependent on the frequency, duration and intensity of the social interaction with significant others, namely his or her peers.

In line with this theory and in the South African context, vulnerable young people who are socialized in social environments where there is easy access to drugs and alcohol have a greater potential of abusing these substances. Of critical importance are the peers that they associate with in those environments.

It also looked at the characteristics of substance abusers, effects, prevention strategies, prognosis of substance abuse and classification of drugs. The chapter also focused on relevant theories.

## **2.10 CONCLUSION**

This chapter focused on relevant studies on drugs and alcohol abuse, the extent and causes of substance abuse. A principal finding of this chapter is that substance abuse amongst the youth, peer pressure, easy access to drugs and alcohol, boredom and lack of adequate parental guidance contributes to this problem. The cited theories articulate the significance of the social environment in substance abuse.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter comprises the introduction, preliminary and actual data collection phases, ethical considerations, delimitations of the study, data analysis, conclusion and aspects of the study.

The chapter focused on the methodology utilized in the study. Qualitative research methods were used since the primary data collection technique was an in-depth interview of key institutional respondents at Lifeline in Mafikeng. This involved the non-numerical assessment and interpretation of observations designed to identify meanings and patterns of relationships. In sociological terms, the emphasis in qualitative research is on norms of behaviour (Babbie, 1998:297).

The initial phase focused on the early stages of the data collection process prior to the actual implementation of the study. This involved a preliminary visit to Lifeline. Which played an important role in rendering assistance to substance abusers in Mafikeng, The key respondent and his assistant were interviewed in order to provide information on Lifeline and the services that it provides to substance abusers in Mafikeng.

#### **3.2 PRELIMINARY DATA COLLECTION PHASE**

The preliminary stages of the field work were conducted simultaneously with the literature review. This also included a preliminary visit to Lifeline prior to the actual interview as part of the initial stages of the research process. The main reason for the visit was to access any relevant documents or pamphlets and to identify key respondents for the interviews.

### **3.3 DATA COLLECTION**

Regarding the data collection phase, an interview schedule consisting of structured and unstructured questions were used. A face- to -face in-depth interview of a key institutional respondents was conducted on the 2<sup>nd</sup> of September 2010 and on the 20<sup>th</sup> April 2012 to access more information. The primary objective of the interviews was to elicit information on how Lifeline assists substance abusers.

The interview method was utilized because it generally yields a comparatively higher response rate than, for example, mailed or self-administered questionnaires. The interviewer can probe the respondent for more information and can also record spontaneous responses. The tendency by respondents to omit questions is also minimised and the researcher is also afforded the opportunity of observing non-verbal behaviour. In addition, the researcher is able to correct any misinterpretation of questions and to ensure that the interview is conducted in a quiet setting. An interview schedule consisting of open and closed ended questions was utilized during the interview process. Preference for the use of both open-ended and closed-ended questions was used because open-ended questions let people know that the researcher is interested in knowing more about the person being interviewed. They leave the participant completely free to express the answers as he or she feels is appropriate and they are also better for eliciting sensitive information. They can be utilized when all of the possible response categories are not known. They enhance the opportunity for creativity or self-expression by the respondent. Close-ended questions are clear and concise, and it is quick and easy for the respondent to tick boxes and be more likely to answer all the questions and also the respondent can answer in a predefined manner. The responses are standard and can be compared from person to person. The respondent is more likely to be clearer about the meaning of the question because of the answer categories. Finally, supplementary information which was initially excluded in the interview schedule can be gleaned during the face-to- face interview.

### **3.4 DATA ANALYSIS**

Qualitative techniques were used because the data was not quantified. The analysis of qualitative data involves separating research data into different elements or units in order to enhance the ability to manage data.

### **3.5 ETHICAL CONSIDERATIONS**

The researcher requested permission from Lifeline prior to conducting the interview with the key respondent. The participation of the respondent in this study was therefore, on a voluntary basis.

### **3.6 DELIMITATIONS OF THE STUDY**

The data collection process involved an interview of key respondents. Interviews of a sample of substance abusers were, for example, excluded since it lay beyond the scope of this study.

### **3.7 CONCLUSION**

This chapter focused on the methodological aspect of the study which basically articulated how the research was implemented. This involved a preliminary visit to Lifeline in conjunction with a review of the literature. It also rationalized preferences for specific research techniques, namely for example the face to face interview method as opposed to a mailed or self-administered questionnaire. A limitation of the methodological aspect of the research was the inability to include a sample of drug abusers because it was beyond the scope of this study.

## **CHAPTER 4**

### **DATA ANALYSIS**

#### **4.1 INTRODUCTION**

This chapter comprises of introduction, a profile of lifeline, data analysis, conclusion, principal findings and recommendations. The main focus of the data analysis is derived from an interview with the coordinators of Lifeline conducted on the 2<sup>nd</sup> of September 2010 and the 20<sup>th</sup> April 2012 at Lifeline in Mafikeng. The focal point of analysis in this chapter is specifically on the services rendered by Lifeline to substance abusers in Mafikeng.

#### **4.2 PROFILE OF LIFELINE**



Lifeline has started at Sydney, Australia, in 1963 by Reverend Dr Alan Walker in response to a desperate need in the community for a confidential crisis telephone counseling service. Service by providing face-to-face counselling and unique training course environment. Internationally there are 264 Lifeline centres in the world. It has been operational in Southern Africa since 1968, Lifeline Southern Africa celebrated its 40<sup>th</sup> anniversary in 2008 in Cape Town.

Lifeline is a national organization which was established in 1968 in Johannesburg Gauteng province, in 1990 Rustenburg and 1995 in Mafikeng North West Province. Respectively the Mafikeng branch was initially a satellite branch of the Rustenburg establishment. In southern Africa there are 18 Lifeline centres, along with thirteen outreach coordinated centres nationally to extend help to each other. Lifeline is also used as referrals by many other community based organizations throughout Southern Africa. Lifeline recognises the importance of, and is actively involved in, developing networks and other non-profit organizations (NPO's), business and government.

#### **4.2.1 Mission**

Lifeline's mission in Mafikeng is to facilitate emotional wellness for individuals, groups and communities in the North West Province. This is by developing and implementing a comprehensive emotional wellness programmes like mainstream HIV and AIDS, gender, substance abuse, suicide and distress and trauma through the provision of education, emotional support, counselling and related capacity building in the community.

#### **4.2.2 The significance of Lifeline Services.**

Lifeline plays a significant role in addressing the high level of crime and violence, (including domestic violence) and the HIV/AIDS pandemic and stress related problems in South Africa. This has led to a marked increase in the number of people who are in need of support and counselling in order to manage relationships and contribute fully to the community and to the South African society in general.

Lifeline offers twenty four hour confidential crisis intervention services available at no cost to the community regardless of race, religion or social standing. Services are offered throughout the Mafikeng area. Services offered by Lifeline include face to face counselling by appointment, trauma debriefing, rape counselling, support groups, retrenchment counselling, training/outreach programmes for other welfare organization and the broader community, education and awareness programmes for schools and universities in communicating skills, stress management and life skills. Projects in the community by Lifeline include wise choice projects for the youth, establishment of satellite centres in previously disadvantaged communities, peer pressure counsellor, training for the youth and hiv/aids counselling.

Lifeline is sponsored by different donors and the United States President's Emergency Plan for Aids Relief. It is affiliated to Lifeline Southern Africa and International. Lifeline network and works with aids link consortiums, national network for violence against women, employee assistance programmes and

township aids project, rape forums and community policing forums, business against crime and victim empowerment programmes. People Opposed to Women Abuse, 702 radio helpline and child line are organizations being referred to lifeline after hours, South African Business Coalition on HIV/AIDS (SABCOHA), Siyayinqoba Beat it, Foundation for Professional Development (FPD), Soul City Institute and South Africa National AIDS Council. Anyone can get in touch with Lifeline by means of face to face consultations, telephone and e-mail.

**Lifeline centres includes:**

- Hiv/Aids toll free: 0800 123322(24hours)
- Child line toll free: 0800 055055(24hours)
- Stop gender violence toll free: 0800 150 150(07:00-21:00).

### **4.3 DATA ANALYSIS**

#### **4.3.1 Year of establishment**

Lifeline was established in 1990 in Rustenburg and the Mafikeng office was initially a satellite branch administered by the Rustenburg office which was opened in 1995 but originally it started at Sydney, Australia in 1963, in addition lifeline has offices in all the provinces in South Africa with the objective of striving to improve quality of life by providing emotional well being, self-awareness, communication and life skills. As a community based voluntary organization it involves the community at large and its resources to achieve their objectives.

#### **4.3.2 Type of organization**

The establishment is a non-governmental organization, training counselors to acquire skills in art of listening to provide this service by being committed to give emotional support either telephonically or face-to-face.

### **4.3.3 Primary source of income**

Lifeline is sponsored by different donors such as the Department of Health United States President's Emergency Plan for Aids Relief, Department of Social development and lotto, Club 23, Absa, Anglo American Platinum, Sasol SA, CIDA, Telkom SA, Telkom Foundation, MTN SA, MTN Foundation, Project Concern International (SA), Cell Life, Johns Hopkins Health Education South Africa (JHHESA).

### **4.3.4 General goals**

The primary objective is to strengthen and enhance emotional wellness within Ngaka Modiri Molema and Dr Ruth Segomotsi Mompati districts through HCT, HIV and training dialogues and general counseling. To support sustainable social change and emotional wellness ownership in/for/with/by communities and stimulate growth for individuals and communities by building action teams, and promote volunteerism by providing counseling free of charge to any member creating emotional wellness.

### **4.3.5 Programmes offered**

#### **4.3.5.1 Community Counselor Project (CCP)**

The community counselor project trains counselors and places them in clinics and hospitals in Ngaka Modiri Molema after their training, and the goal of this initial screening is to review your concerns and match you with the right counselor to maximize positive counseling outcomes. When necessary, referrals to other appropriate resources or visits to psychologist are facilitated.

#### **4.3.5.2 Voluntary Counselling and Testing (VCT)**

Voluntary counseling and testing acts as an entry point to prevent and care services and the intervention itself, within its focus on risk reduction, has been demonstrated to impact behavior change in a large scale international randomized trial of voluntary counseling and testing.

People come to Lifeline and test voluntary but those who are most at risk are tested for Hiv.

#### **4.3.5.3 Post-Test Club (PTC)**

The post-test club encourages people to test for Hiv/Aids irrespective of their social status. They are grouped together to form a club especially in rural areas in order for them to reinforce positive social behaviour aimed at minimizing and eradicating substance abuse and Hiv/Aids. And also it helps to sustain the behavior change process of persons who received Vct and serve as a forum to rejoice stigma but providing education, information, support and counseling.

#### **4.3.6 Professionals in the institution**

The organization has five nurses and ten para-professionals (counselors) at the Mafikeng branch.

##### **4.3.6.1 The role of professionals**

The nurses conduct the actual tests and medical observations in cases where the individual needs medical attention. In addition, nurses also provide nutritional support in cases where it is required. An example is the provision of Istamil for those who take Anti-Retro Viral for aids patients. Nurses also perform CD4 Counts to check on the individual immune system. There are two types of counselors they are paid and non-paid counselors. The paid counselors are those who completed the course and working permanent at clinics, on mobile unit, doing HIV counseling, testing, referrals and CD4 counting and the non-paid counselors are those who completed counseling courses but volunteering at lifeline do VCT, counseling and testing. In instances involving substance abuse, counsellors who are skilled in the art of listening are committed to give emotional support either telephonically or face-to-face, conduct

consultations with the youth before testing (pre-post counseling) and they also participate in marketing their services to communities.

#### **4.3.7 Substance awareness campaigns**

The establishment has substance awareness campaigns. These entail conducting workshops organized by the Departments of Health and Social Development, and implement it programs that will help increase protective factors to offset the risk factors that exist among the communities such as sports, recreational, cultural and academic support programmes. This is aimed at rendering assistance to substance abusers and their families.

##### **4.3.7.1 Treatment offered**

The organization does not provide any treatment programmes. Individuals that require treatment are referred to the psychologist for assessment and after to the rehabilitation at South African National Council for Alcoholism and Drug Dependence at Klerksdorp where they will be in the healing process and after the healing process it will depend on the victim if he/she wants to come to Lifeline for after care service.

##### **4.3.7.2 Predominant clients**

In the majority of cases, males frequent the establishment more than females.

##### **4.3.7.3 Age group**

In most cases the age group that frequents the organization most is the 15-65 year age groups.

##### **4.3.7.4 Aggression**

Most of the substance abusers that frequent the establishment are not aggressive.

#### **4.3.7.5 Prevention**

The organization tries to steer young people away from drugs and encourage them to focus on activities like soccer and other sporting activities by providing services and opportunities to support all young people in developing a sense of usefulness, belonging, competence and empowerment. In addition, awareness campaigns are also conducted aimed at reinforcing prevention strategies such as handing out of educational hand-outs, lessons plans, phone support, downloadable resources and posters that were designed to motivate students not to use substances.

#### **4.3.7.6 Willingness to change**



Substance abusers are in most cases willing to change and stop abusing drugs.

#### **4.3.7.7 Major problems**

The major problems encountered by the establishment in rendering assistance to substance abusers is lack of funding and lack of training of staff members in substance abuse in general.

#### **4.3.7.8 Solutions**

The solutions include the training of staff members like nurses in order to help young people in addressing a variety of health issues, including those that are related to substance abuse and raising additional funds.

#### **4.3.7.9 Referral system**

The establishment has a referral system based in Klerksdorp. The fact that it is based in Klerksdorp is problematic for most patients who are from Mafikeng due to lack of money and transport.

#### **4.3.8 How the abusers gain knowledge of the establishment**

In the majority of cases, it is school teachers who identify and detect drug abusers at school and make appointments for them with Lifeline and in some cases the abusers heard about lifeline in the radio stations, newspapers and during awareness campaigns.

##### **4.3.8.1 Encouragement of family involvement in counselling**

In the majority of cases, the organization encourages family involvement in counselling since the family plays an important role in the recovery process and they have to know what lead the victim into taking substance and also to support him/her through the counselling sessions. A counselor will be looking for pathology and symptoms in an attempt to diagnose the person or possibly focusing on the reinforces and punishers in a person's life that would serve to maintain the symptomatic or dysfunctional behavior. The first step involves the client being called for sessions with the counselor to see what causes the client to abuse substances. The client will be informed that he/she will be sent for rehabilitation. The counselor requests permission from the client whether he/she wants his family to be involved in the counseling sessions. If the client agrees the parents will be called to join in the sessions. Counselors focused on the following:

The family as a whole not only on the individual. Counselors are trained to observe the interactional patterns of the family, they look at the structure of the family and examine how the family is organized, asking what the rules of the family are and how they interact.

The rituals in the family-this are the customs that help to establish a family identity and continue the family customs.

Family-boundaries which are artificial lines that indicate limits in the family, looking at communication patterns and stability and change. Regarding

stability emphasis is on how stable is the family in terms of life cycle transition and how they handle change.

Depending on how the family counselor had assessed the family situation the counselor will decide to send the abuser for rehabilitation. Before they send the abuser to rehab the counselor will meet with the family and ask them to provide support to the abuser, tell them the problem and see that they are coping with the situation. When the abuser arrives from rehabilitation there will be joint sessions for people who have been to rehabilitation and their families.

#### **4.3.9 Primary causes of substance abuse**

The principal causes of substance abuse particularly amongst the youth include family dysfunction, poverty, peer pressure, lack of employment opportunities for young people, lack of recreational facilities, curiosity, tolerance, low self esteem, changed motives and hereditary tendencies.

#### **4.4 RECOMMENDATIONS ON HOW TO REDUCE SUBSTANCE ABUSE**

The preventative strategies include more projects to entertain and to keep young people busy and at the same time educating them about the dangers of substance abuse.

#### **4.5 RECOMMENDATIONS TO IMPROVE THE SERVICES**

Recommendations for improving services rendered to the youth include the provision of more funds by donor agencies. In addition, the province must make sure that sub-districts have South African National Council of Alcoholism and Drug Dependence (SANCA) offices to make it easy for patients' referrals.

#### **4.6 CONCLUSION**

This chapter focused on the data analysis of the study. It highlighted the services provided by Lifeline to substance abusers in Mafikeng and problems encountered

by the organization. In addition, recommendations on how to improve the services of Lifeline were also highlighted.

## **PRINCIPAL FINDINGS AND RECOMMENDATIONS.**

### **4.7 PRINCIPAL FINDINGS**

A principal finding of the study is that Lifeline's services to substance abusers is primarily counseling since the Mafikeng branch does not have the capacity in terms of qualified staff members for treatment purposes. In addition, a referral system exists for abusers that require treatment. Chronic substance abusers are referred to Klerksdorp for treatment. As highlighted in the previous chapter, this was identified as a problem for the abusers because of financial constraints since it involves travelling costs from Mafikeng to Klerksdorp. Regarding the causes of substance abuse amongst the youth that frequent Lifeline, these include family dysfunction, poverty, peer pressure and lack of employment opportunities for young people. This is in line with discussions that were articulated in the literature review section of this dissertation which emphasized the significance of the social environment, peers, lack of adequate parental guidance and supervision of critical importance highlighted in this study and based on the interview is the significant role of parents and teachers in the socialization of children. The respondent stated that in many cases it was school teachers that referred substance abusers to Lifeline in Mafikeng. In addition, the organization also encouraged families participating in the counseling sessions of substance abusers. This reflects the critical role of parents and teachers not only in the socialization of children but also in correcting such deviant forms of behavior as substance abuse. This is also related to the differential socialization processes for males and females. Girls tend to be more domesticated than boys as they grow up. The expectation is that they will tend to spend more time at home learning female social roles as potential mothers and wives. Boys will, on the other hand, tend to spend a comparatively greater period of time socializing with their peers outside the home. The potential for experimenting in substance abuse and other deviant forms of behavior will inevitably tend to be greater amongst

boys. Of relevance to learning processes and peer pressure are the Social Learning Theory and Differential Association Theory. The two theories articulate the significance of learning behavior from other members of society. The youth are particularly vulnerable in this regard. An interesting finding is the fact that the level of substance abuse is comparatively higher amongst males than females. This is in line with statistical data on deviance and crime which reflect a higher incidence of crime and other forms of deviance amongst males than females.

The major problem encountered by Lifeline in rendering assistance to substance abusers is lack of funding and lack of training of staff members in substance abuse. The solutions to some of the problems include the improvement of assistance rendered to the youth including the provision of more funds by donor agencies, the training of staff members on the dangers of substance abuse. In addition, the province must also make sure that sub-districts have more branches of the South African National Council for Alcoholism and Drug Dependence (SANCA) offices to make it easy for patient referral purposes. The significance of the role of the family is also highlighted in the literature review under the reconstruction and after care section which stresses how the integrated service delivery model stresses the important of family in prevention and treatment strategies.

## **4.8 RECOMMENDATIONS**

Based on the findings of the study, the following are recommendations aimed at addressing the problem of substance abuse amongst the youth:

### **4.8.1 ROLE OF COMMUNITY MEMBERS**

There should be strict laws and regulations regarding entry into taverns and liquor stores. Under- aged individuals should not be granted permission to enter the taverns nor to purchase alcohol. Liquor store, shebeen and night club owners that sell alcohol to under aged children should be prosecuted.

#### **4.8.2 ROLE OF THE GOVERNMENT**

The government should provide more recreational facilities to keep the youth active and occupied. In the absence of such facilities the youth are prone to abusing alcohol and drugs as a form of recreation. The government should fund programmes designed to educate the youth about the dangers of substance abuse. More rehabilitation centres for treatment purposes should be constructed. The government must encourage the youth by funding them to study and by increasing counselling services in different parts of South Africa for victims of alcohol abuse.

#### **4.8.3 ROLE OF SCHOOLS**

Schools can play a significant role by educating pupils about the harmful effects of substance use in identifying pupils who were abusing drugs and referred them to Lifeline. As highlighted in the interview section of the study, school teachers played an important role.

#### **4.8.4 ROLE OF PARENTS**

Parents can also play a vital role in preventing substance abuse amongst their children by teaching them about the negative consequences of abusing alcohol and drugs. Parents should not send their children to buy them alcohol. Frequenting liquor stores can contribute to children consuming alcohol. Parents should, as their children's role models, refrain from abusing alcohol at home in the presence of their children.

#### **4.8.5 ROLE OF CHURCHES**

Churches can face the issue of substance abuse by displaying and gathering educational materials for the preacher to address it in sermon and by organizing workshops, seminars, retreats, or in meetings. Pastors can set up and promote health education programs and invites AA and related groups to use their meeting rooms.

#### **4.8.6 ROLE OF NON-GOVERNMENTAL ORGANIZATIONS**

Train the youth to develop and implement community development programmes by doing practical projects in the community and must design programs to teach skills and knowledge specifically related to resisting social influences to use tobacco, alcohol, and other drugs. The community must be empowered about the danger of substance abuse.

#### **4.8.7 ROLE OF MEDIA**

Journalists and newspaper editors can be sensitized to write newspaper articles on substance abuse targeting a specific audience such as youth like writing messages in the newspapers, journals and books. And the journalists and editors can be sensitized on substance related topic to create a viewer's slot on the danger of substance in order to reach a particular target audience like creating electronic media such as the internet, television and radio talks.

#### **4.9 CONCLUSION**

Awareness campaigns must be increased in order for young people to stay away from abusing substances and they must also encourage entertainers like artists and actors to sing and demonstrate about the dangers of substance abuse. Recovered drug addicts can also play a significant role by relating their "real life experiences" when they were abusing drugs and alcohol, and the rehabilitation programmes that they participated in. Churches, traditional leaders and politicians can also make a contribution in preventing and minimizing substance abuse among young people. The government must also advertise on school boards and billboards as a preventative strategy.

## **REFERENCES**

- Akers, L. 1992. *Drugs, Alcohol And Society*. Belmont: Wadsworth Publishing.
- Anderson, W. 2002. *Manual for Life skills Education*. Mmabatho: North West University.
- Babbie, E. 1992. *The Practice Of Social Research*. Belmont: Wadsworth Publisher.
- Brook, S. Morojele, N. & Parry, C. 2009. *Substance Abuse and the Young: Taking Action*: Pretoria: Alcohol and Drug abuse Research Unit, Medical Research Council.
- Charlton, D. Flisher, A. Leger, p & Robertson, B. (1993b) *Risk Taking Behaviour of Cape Peninsula High School Students*. Drug Use South African Medical Journal, 83,483-485.
- Cloete, M. & Stevens, R. 2002. *Introduction to Criminology*. Cape Town: Oxford University Press.
- Compton, R. Cournoyer, B. & Galaway, B. 2005. *Social Work Processes*. Belmont: Wadsworth Publishing.
- Department Of Education. 2008. *The Danger of Drugs: Drugs Are Our Greatest Enemy*. Z- industries Ltd. (Brochure)
- Department Of Social Development. 2011. *National Drug Master Plan.2006-2011*: Pretoria. Social Development. (Brochure)
- Department Of Social Development.2005. *Final Service Delivery Model*.Social Development. (Brochure)
- Edward, G. & Ladder, M. 1990. *The Nature of Drug Dependence, A Society for the Study of Addiction Monograph*. Oxford University Press: Published in USA.

Fisher, L. & Harrison, T. 2009. *Substance Abuse: Information for School Counselors, Social Workers, Therapist and Counselors*. Boston: Pearson Publisher.

Gillis, H. 1994. *Counselling Young People*. Pretoria: Kagisho Publishers.

Gossop, M. 1993. *Living with Drugs*. Cambridge: University Press.

Grimsrud, A. Myer, L. Seedat, S. Stein, D. Williams, D. & Van Heerden, S. 2009. *Patterns of Substance Use in South Africa: Results from the South African Stress and Health Study*. Cape Town: South African Medical Journal. Version ISSN-0256-9574. (Internet)

Grills, M. 1986. *Drug Abuse*, Oxford: Oxford University Press.

[Http://Substance Abuse.co.za](http://Substance Abuse.co.za).2011.

<http://www.teen drug abuse.us/Drugs family.html>. 2011, Teen drug abuse.

Intergrated Service Delivery Model: 2005. *The Levels of Interventions: Department Of Social Development*. (Brochure)

Livingston, P. & McIntosh K. 2008. *Youth With Alcohol And Drug Addiction*. Philadelphia: Mason Crest Publishers.

Life-line. 2010. *Substance use*. Mafikeng: Lifeline publisher.

Nhlanhla, L. 2011. *Addiction Treatment in Gauteng*. [Http://substance-abuse.co.za](http://substance-abuse.co.za).

Parry, G. 1997. Alcohol, Drug abuse And Public Health. In Foster, D Free-man, M and Pilay, Y. (Eds) Mental health policy for South Africa (290-315). Cape Town: Medical Association of South Africa.

Peltz, K. & Phaswana, N. 1999. *Substance use Among South African University: A Quantitative And Qualitative Study*: Pretoria. University of the North.

Rasnussen, S. 2000. *Addiction Treatment Theory And Practice*. Thousand Oaks: California Sage Publication.

Reid, W & Smith, A. 1981. *Research in Social Work*. New York: Columbia University press.

SANCA. 2011. *Lead by Example*. Pretoria: Sanca Publisher.

SANPARK. 2011. *Alcohol and Drug*. Mafikeng: Department of Health.

SAPS. 2011. *Substance Abuse*. ([www.saps.co.za](http://www.saps.co.za)) (Brochure)

Searll, J. 1996. *Childhood, Psychopathology-a Development Approach*. New Jersey: Prentice Hall.

Skidmore, E. 1991. *Introduction to Social Work*. Engelwood Cliffs: Prentice Hall.

Strydom, E. 1998. *Research at Grass Roots, A Primer of a Caring Professions*. Pretoria: Kagiso Publishers. Walker, I. 2008. *Alcohol Addiction, not worth the Buzz*. Pennsylvania: Mason Crest Publishers.

West, R. 2006. *Theory of Addiction*. New York: Blackwell publishers

## APPENDIX 1

### QUESTIONNAIRE

1. When was Lifeline established?

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Is the organization a non-governmental organization?

YES  NO

2. Who is funding the organization?

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3. What are the goals of the organization?

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4. What kind of programmes do you offer?

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5. Are there any professionals in Lifeline?

YES  NO



6.1 If yes, how many and what kind of professionals?

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6.2 What role do the professionals play?

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6. Do you have substance awareness campaigns?

YES       NO

7.1 If yes, identify them and explain what they entail.

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7. Do you offer treatment?

YES       NO

8. Which gender frequents your establishment?

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9. To what age groups do you render your services?

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11. Are these drug addicts aggressive?

YES  NO

12. What do you do to prevent drug addicts from craving drugs?

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13. Are these drug addicts willing to change?

YES  NO

14. What are the major problems that your organization encounters in rendering assistance to substance abusers?

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14.1 How are these problems resolved?

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15. Do you have a referral system?

YES  NO

15.1 If yes, explain what it involves.

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16. In the majority of cases do the abusers come to the organization on their own or with a family member?

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17. Does your organization encourage family involvement in the counseling programme?

YES  NO

17.1 If yes, elaborate.

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18. In the majority of cases that your organization has dealt with, what are the primary causes of substance abuse?

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19. What are your recommendations on how to reduce substance abuse?

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20. What are your recommendations on how to improve the services that you render to substance abusers?

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