ABSTRACT
Substance abuse is regarded as a pervasive problem across the world. The epidemic of substance abuse in the present generation has assumed alarming dimensions in society. The most commonly abused substances include heroine, opioids, alcohol, sedatives, cannabis, also known as dagga, cocaine, also called LSD, amphetamines and tobacco. Due to the high cost of drugs in the market, the majority of addicts are not able to procure it; as a result, they get involved in illegal activities. This research will assist to provide the figures of the current alarming rise of substance abuse among the study population and its effects in the society at large. The increasing trends of substance abuse amongst the population are shattering both the youth and adults. The alarming statistics of substance abuse in society can be attributed to its high addiction potential, easy availability, unemployment and socio-occupational pressures faced by people in the country. Creating an awareness regarding the side effects of drugs and their addictive potential should be spearheaded by implementing vigorous campaigns in the country. These should focus on preventive measures and treatment options available for addiction to the communities.

The present study aims to explore the effects of substance abuse and addiction on society. The target population are the community members, a community leader and a school principal. A self-administered questionnaire was used to collect data. The questionnaire that was developed had both closed- and open-ended questions. The thematic process was used to analyse the data which emanated from the findings whilst the qualitative data was analysed using pie charts, histograms and graphs. A mixed method approach was employed in this study. Findings show that community members and leadership have adequate knowledge towards substance abuse, as well the effects and impact of drugs abuse. Some of the recommendations suggested by the participants were interventions such as awareness campaigns, focus group discussions, education and developmental programmes; the suggestion was that these must be strengthened in order to fight the scourge of substance abuse in the community, which would lead to a drug-free society.

KEY TERMS
Drug Abuse, Addiction, Substance Abuse, Drug, Effects
DECLARATION

I ........................................Ms Zamakhosi Favourite Makhawula........................................
declare that

(i) The research reported in this dissertation/thesis, except where otherwise indicated,
and is my original research.

(ii) This dissertation/thesis has not been submitted for any degree or examination at any
other university.

(iii) This dissertation/thesis does not contain other persons’ data, pictures, graphs or
other information, unless specifically acknowledged as being sourced from other
persons.

(iv) This dissertation/thesis does not contain other persons’ writing, unless specifically
acknowledged as being sourced from other researchers. Where other written
sources have been quoted, then:

    a) their words have been re-written but the general information attributed
to them has been referenced:
    b) Where their exact words have been used, their writing has been placed
inside quotation marks, and referenced.

(v) This thesis does not contain text, graphics or tables copied and pasted from the
Internet, unless specifically acknowledged, and the source being detailed in the
dissertation/thesis and in the References sections.

Student name: Zamakhosi Favourite Makhawula
Student number :214 581 451

Signed ………………………………………

Date ………………………………………
DEDICATION

This study is dedicated to my mother who values education so much. There is nothing in a world that is quite as strong and enduring as a mother’s love. A mother offers her invaluable wisdom and advice when you need it most, even if you do not realize that you do. That is why I wanted to take the time and dedicate this piece to her, even though a few loving words are the least I can do in comparison to the person that she is. This tremendous work is also dedicated to my beloved late father Mr. N.W. Makhawula, who held the philosophy that “education is central to a child’s success”, my late brother Mr. P.B. Makhawula, and, lastly, my late husband, Mr. N.B. Ntombela-Maduna, whom I know would have been so proud of me for achieving my second postgrad degree.
ACKNOWLEDGEMENTS

I would like to express my sincere appreciation and gratitude to the following people for making this dissertation possible. It would not have been possible to attain this level of education without the help of a multitude of individuals. The mighty gracious God, for affording me a healthy life and the opportunity to embark on this journey. It was a challenge indeed, but His grace is sufficient; it gave me the strength and the appropriate people to guide me through this study.

My profound thanks goes to my supervisor, Dr Wanjiru Gachie, whose invaluable guidance when taking me step by step through this academic journey by encouraging, supporting me and her endless patience from the beginning to an end of this difficult and bumpy journey was crucial to my completion of this project. Without your support and understanding, I could not have been able to complete this degree. I have learnt so much about academic writing from your clear and unambiguous guidance and mentorship.

Thanks to Mr. Phakathi from Zeph Dhlomo Secondary School, for allowing me to conduct my research in the school. Very special thanks to Mr Shezi, the ward councillor leading the Ward 104, for the support and allowing me to conduct my research in the community of KwaMashu. Thank you to all the participants who all volunteered and participated by completing the questionnaire survey; without them this study would not have happened. Thank you for sharing your experiences and affording me the opportunity to finish my studies.

This special dedication is directed to my children. You have made me stronger, better and more fulfilled than I could have ever imagined. I love you to the moon and back my 13 year old boy Olwethu Philasande and 3-year-old girl Esona Precious, for allowing me to be absent in your lives while chasing my dream, being a single parent is not a child’s play while juggling work with school, as well as family responsibilities. I sometimes felt that there was so much inconvenience that my studies put on them.

Finally, I am grateful to have had the privilege of having been awarded a bursary to further my studies by Department of Social Development. The financial assistance I received has afforded me an opportunity to work with some of the best and brightest, and the resources for me to achieve great success. Thank you for this opportunity.
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<td>Anti-retroviral Drugs</td>
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<td>American Society of Addiction Medicine</td>
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<td>Alcohol and other Drugs</td>
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<td>Christian Addiction Support</td>
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<td>Central Drug Authority</td>
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<td>FSL</td>
<td>Forensic Science Laboratories</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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CHAPTER ONE
INTRODUCTION AND OVERVIEW

This chapter presents an introduction and overview of the research study. It will cover various sections that the dissertation will intend to achieve. These sections are the following, the purpose and aims of the research, research objectives, problem statement, significance of the study, rationale of the study, research questions, both main and sub questions, chapter outline of the study, strengths and limitations, recommendations and conclusion.

1.1. INTRODUCTION AND BACKGROUND

Drug abuse has been part of human existence for thousands of years. People started abusing drugs primarily for purposes of enhancing their recreational or spiritual experiences. The negative consequences, however, have also been known to humans since these firsts experiments (Stein, 2012:1). Various studies have indicated that South Africa, like many countries, is faced with an alarming increase in substance abuse. Harris (2011:79) in the South African Medical Journal stated that some substances that cause the most damage to individuals and societies are regarded as legal since they can be purchased over the counter. These substances are alcohol, cigarettes for smoking and prescribed medicine. Youth and adults can easily get these legal drugs which are available over the counter. These legal drugs are a gateway that can be used in an experimental phase while opening the gap for young people to move on and experiment with illicit drugs like cannabis and many other types of drugs. Fox (2013:23) explained in his study that the psycho social climate in South Africa is an encouraging factor which allows use, misuse and abuse of substances. Fox (2013:23) stated that there appears to be an increase in the predominance of substance-related abuse problems in the country. As a developing country, this observation requires critical prevention strategies.

As a Facility Manager with the background of thirteen years’ experience in this field of substance abuse, I have observed challenges from beneficiaries and communities while for providing services in respect of inpatient and outpatient treatment services through the state owned rehabilitation centre. It is normal for townships like Kwamashu and many communities in Durban and surrounding areas to be struggling with drug problems; this problem has escalated and caused a lot of damage amongst young people many of whom have died at a young age. Young people leave school as early as grade six or seven to engage in various criminal activities,
including housebreakings, car hijacking, and day-light robberies. The end result after committing these crimes is that their lives are cut short as they end up being killed or go to prison. The study seeks to explore the effects of substance abuse and addiction on society. Substance abuse is generally known as a serious problem that affects the lives of many individuals, families and society in general. Drug abuse is prevalent among all age groups, it is most frequent among young adults. According to the National Drug Master Plan for Social Development, the impact of alcohol and substance abuse remains to destroy families, communities and society. The youth of South Africa is predominantly the most affected due to increases in the dangerous use of alcohol and the use and abuse of illicit drugs. Alcohol and drugs destroy the health of the users and can be linked to the rising numbers of those afflicted with non-communicable diseases including HIV and AIDS, cancer, heart disease and psychological disorders. Consumers are also exposed to violent crimes, either as perpetrators or victims and are also in danger of long-term unemployment due to school dropout and foetal alcohol syndrome, being in conflict with law and loss of employment. The social costs for users are exacerbated due to being ostracised from families and their communities. In acute cases users are at risk of premature deaths due ill health, people involved in accidents as well as innocent drivers, violent crime and suicide.

According to Schafer (2011:4), substance abuse is a persistent problem throughout the world which has shown through statistics that the most commonly abused drugs include tobacco, alcohol and dagga. Researchers have found out that substance abuse is often linked to multiple factors such as scholastic problems, mental and health problems, risky sexual behaviour, accidents, crime and violence (Schafer, 2011:5). It has been recommended that interventions such as awareness campaigns, focus group discussions, education and developmental programmes be enhanced because these information sharing sessions can contribute positively and knowledge can be gained on the impact caused by abuse of drugs (Schafer, 2011:6). The dangerous use of alcohol and drugs exposes non-users to injury and death due to people driving under the influence of alcohol and drugs and through being victims of violent crime. Socially, the families of addicts are placed under significant financial pressures due to the costs associated with theft from the family, legal fees for users and the high costs of treatment. The emotional and psychological impacts on families and the high levels of crime and other social ills have left many communities under siege by the scale of alcohol and drug abuse (Schafer, 2011:9).
While there was a considerable research about the social impact of drug abuse in the World Summit for Social Development in March 1995, very little has been done in South Africa in the particular area on how the society is directly affected and what interventions are in place to turnaround the problem. It is interesting to note that the National Drug Master Plan developed by Department of Social Development stipulates the role of government through various departments in coming up with strategies to combat the scourge. Minimal information is reported on what assistance is afforded to society in order to address this huge programme.

1.2. PURPOSE AND AIM OF THE STUDY

Schafer, (2011:10) indicated that various attempts have been made to try and curb the spread of substance abuse in the world. The implementation of different programmes by governmental and non-governmental organizations has been noted. The procedure guideline called the National Drug Master Plan developed was in collaboration with different stakeholders in trying to come up with documented strategies to address the problem of substance abuse by various sectors. South Africa does not have an appropriate infrastructure to control the drug trafficking since these drugs come through harbours and borders. It has been observed that the country has limited treatment centres and few professionals trained to cope with an increasing number of victims. As a result, many of these well documented strategies have not been successfully implemented. Schools around the country have learners who are addicted to drugs since they find themselves at the receiving end of these illicit drugs.

The drug problem has led to various criminal activities in the society. Safety is a very serious issue in South Africa because of drug abuse. A person who is a drug addict is like a demon possessed person, helplessly under the control of the drug. Hence, in many instances, individuals who are addicts eventually run away from home and live in the streets as beggars. Drugs have destroyed the lives of very promising young people who would be leaders in the society; they, however, end up in jail because of the offences they commit under influence and they sometimes die due to overdose. This calls for various strategies that could be strengthened by working with relevant stakeholders to stop this problem, otherwise the country as whole is heading for a catastrophe. South Africa as a developing country cannot afford be a drug abusing nation. The study therefore endeavoured to determine whether the proper implementation of the principles of collaborative governance can indeed result in added value being achieved as far as managing the drug use problem is.
This study makes specific recommendations on how the principles of collaborative governance can be applied to managing the scourge of drugs in order to ensure that it be addressed from a holistic perspective that can be expected to yield additional public value.

1.3. RESEARCH OBJECTIVES

The overall research objective of the study is to explore the impact of substance abuse and addiction on society with an aim of reducing the harm caused by drugs. This is the primary research objective; hence the secondary research objectives are,

1. To establish challenges faced by communities on the effects of drug use addiction
2. To ascertain what services or support is available to assist the society.
3. To understand the strategies which are in place to address the problem.
4. To examine recommendations from the community in helping to address the issue of substance abuse and addiction.

1.4. PRIMARY RESEARCH QUESTION

The following research questions constitute this study. The following is the primary research question which is,

1. What is the impact of substance abuse and addiction on society?

1.5. SECONDARY RESEARCH QUESTIONS

Subsequent to the primary research question, the following are secondary research questions:

1. What challenges are faced by society on substance abuse and addiction?
2. What services should be available in the society?
3. What recommendations does the community have to address substance abuse and addiction problems?

1.6. PROBLEM STATEMENT

Research is essentially an investigation, a record and an analysis of evidence for the purpose of gaining knowledge. In other words, research is an organized enquiry to find out facts. The inherent aim of every research is gaining knowledge. Knowledge is a tool to solve the problems of individuals, institutions, and the society at large. The research problem means a question which is put forward to be answered. A problem statement is a brief description of the issues that need to be addressed by a problem solving team and should be presented to them (or created by them)
before they try to solve the problem. Drug and alcohol abuse has caused drastic changes in South African culture and the economy as it has polluted the spirits and bodies of men and women of all ages. It has caused high unemployment rates, more health concerns and broken families and crime, all of which are factors than can weaken the society. These problems have escalated over years; which has also made it easier for HIV/AIDS carriers to spread viruses through night clubs and illegal sex retreats. In order to fight substance, abuse and addiction, it is necessary to understand the root cause of the problem. What makes it difficult to solve such concerns is that the parties do not work hand in hand in fighting issues that lead people to abuse drugs and alcohol. Steven (2013:7) states that South Africa has become one of the large nests for drug syndicates when it comes to drug trafficking due to the fact that officials are corrupt they cover up illicit acts. Another problem that is contributing to the escalation of drug misuse, it has been discovered that drugs are easily accessibe to teenagers.

1.7. SIGNIFICANCE OF THE STUDY
The overarching aim of the study is to generate insight that will broaden the existing body of knowledge to the extent that it can be utilised for understanding the drug use problem in the in the society and for the subsequent development of an effective strategy for managing this problem to the wider benefit of society. Substance abuse and addiction are complex phenomena that defy simple explanation. A number of factors contribute to an individual’s seeking out, using and perhaps subsequently abusing drugs. The findings of the study will be useful to teachers in understanding the challenges faced by learners who are already using drugs; it may shed light on how to deal with the problems effectively in the school situation. The findings of the study produce positive results which might be of great interest to parents to be able to identify early signs and symptoms of drug use and addiction. Lastly, this research will contribute positively to the community because leaders who work tirelessly to fight drug abuse in their respective communities, as well as police, who also need to help in combating drug abuse, can benefit when the findings are shared to various stakeholders in this community of Kwamashu.

1.8. RATIONALE OF THE STUDY
In South Africa, like many other countries, the reports have shown that many communities are affected by an alarming increase in substance abuse. The National Drug Master Plan which is framework from Department of Social Development acknowledged that, young people occupy a
dependent position in the family and society so they are more influenced by peers and popular culture and for this reason they are more likely exposed to the use of drugs.

On 23rd March 2016 four learners died from drug abuse overdose and 32 were hospitalised. These learners were from KwaMashu, north of Durban, where they had attended a school party. After the incidence, Social Development Social Workers around area of KwaMashu and Durban surrounding areas were expected to visit the affected families and the school that these learners were attending.

1.9. STRUCTURAL OUTLINE OF THE STUDY

CHAPTER ONE: INTRODUCTION AND OVERVIEW
This chapter provides an introduction and overview of the study. It also provides an introduction to the problem faced by the country in respect of drug abuse. It identifies the research aim and objectives and provides an overview of the research methodology to be followed. It will cover various sections that the dissertation will intend to achieve. Following sections are discussed such as the purpose and aim of the research, research objectives, problem statement, significance of the study, rationale of the study, research questions, both main and sub questions, chapter outline of the study, strengths and limitations, recommendations and conclusion.

CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW
This chapter will discuss how drug abuse is currently being managed by public service institutions in South Africa. Also will provide explanation on the legislative framework underpinning the research study as well as various theories pertaining to substance abuse effects, a detailed account of the literature which looks at various aspects of substance abuse and its effects together with trends and interventions and lastly the conclusion.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY
This chapter will give an insight on the methodology to be followed during the empirical research as well as the data gathered during this process will detailed outlined all aspects of research methodology applied in order to get the objectives of the study undertaken.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSIONS
This chapter will present a critical evaluation of the empirical data in consideration of the Theoretical foundation laid in order to arrive at appropriate conclusions. These conclusions will
enable recommendations to be made on the effective management of the effects of drug use and addiction in the society and the researcher’s perceptions, findings, discussion and summary thereof.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS
The last chapter will provide a brief summary of the research findings as well as recommendations. South Africa experiences high levels of crime and violence and drug abuse is believed to be a major contributor to the prevailing high crime levels in the country. The view that drug abuse is a major driver of other crimes is further supported by participant’s perceptions.

1.10. LIMITATIONS
According to Edwards (2014:175) limitations are those characteristics of design or methodology that impact or influence the interpretation of the findings from the research. They are constraints on generalizability, applications to practice, and/or utility of findings. These might be the result of the ways in which the researcher initially chose to design the study and/or the method used to establish internal and external validity.

1.11. SUMMARY
Chapter one gave an overview, introduction and background of the study. Various aspects and elements of the research undertaken have been discussed with the definitions of concepts. The subsequent chapter, which is chapter two, covers the theoretical grounding of the study. It addresses the question of why the study takes its position on the deliberations in all issues throughout to chapter five. Finally, an extensive review of related literature on the study is done.
CHAPTER TWO
LITERATURE REVIEW

2.1. INTRODUCTION
The abuse of illegal drugs represents one of the most serious challenges facing the international community today. It fuels crime, costs millions of lives and causes irreparable damage to the social fibre of communities the world over. Firstly, this chapter describes and explains the key elements of this global problem which will include defining the problem, identifying the challenges it brings and presenting the main reasons for drug abuse. Secondly, it provides an overview of scientific attempts to establish a theoretical basis for the drug abuse phenomenon. Thirdly, key management attributes are identified that can be expected to be conducive to managing serious societal problems. This might serve to inform later chapters on the most feasible way forward for strategies to be implemented in curbing effect of substance abuse and addiction in the society. Another aspect that will be covered in this chapter is an overview of drug abuse and addiction, both globally and in South Africa, effects of drug abuse and addiction in society, individuals and family. The economic and social consequences of alcohol, drug abuse and trafficking, most commonly abused drugs and their effects, trends of Drug Abuse, factors that contribute to drug abuse and addiction, and interventions for drug abuse and addiction both globally and in South Africa will be reviewed and the conclusion.

2.2. LITERATURE REVIEW
According to Bless (2014:34), literature review provides a meaningful context of a project within the universe of an already existing research. Drug abuse has been part of human existence for thousands of years. People started abusing drugs primarily for purposes of enhancing their recreational or spiritual experiences. The negative consequences, however, have also been known to humans since these first experiments. Today, the global drug problem poses serious challenges to the social, economic, health, criminal justice and education systems of numerous countries. The drug trade continues to gather momentum and with recent technological advances, it has managed to secure new means of increasing its influence and level of profitability (Stein, 2012:1). The world of drugs is full of ever changing, continuous new inventions by drug dealers to keep their industry alive, as well as keep their customers’ forever curious to try out the latest inventions. The purpose of literature review is to get background, to check previous findings and
discover important and relevant information related to the topic. It should be organized in a way that it is immediately associated with the research question of the study. Literature review is an objective, thorough summary and critical analysis of the relevant available research and non-research literature on the topic being studied. Its aim is to bring the reader up to date with current literature on a topic and form basis for another goal, such as justification for future research in the area. Fox (2013:1) mentiones that substance abuse has long been a source of major concern, both for the individual’s health and for wider society as a whole. According to a public health perspective, reports indicate that United Kingdom has the highest rates of recorded illegal drug misuse in the western world. Substances that are considered harmful are strictly regulated according to a classification system that takes into account the harms and risks of taking each drug.

2.3. Definition of Key Words.

2.3.1. Drug Abuse
Clark (2012:35) defines drug abuse as a habit of damaging use of any substance for just a change of mood. Drug abuse can also be defined as “the use of illicit drugs or the abuse of prescription or over the counter drugs for purpose other than for which they are indicated or in a manner or in quantities other than directed” (Kenaan, 2011:58). Drug abuse refers to the misuse of licit or legal substances as well as the use of illicit or illegal substances.

2.3.2. Addiction
Baconi (2015:13) provides a definition of addiction as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. While, according to Sussman (2011:4025), addiction has been derived from various literature search, which uncovered various aspects, engagement in the behaviour to accomplish appetite effects, the preoccupation with the behaviour, an impermanent gratification, loss of control and, lastly, suffering negative consequences. Berridge (2017:29) in his definition states that, addiction is a brain disease of temptation and of choice itself.
2.3.3. Substance Abuse

According to Lightowlers (2011:193), substance abuse can be defined as a pattern of harmful use of any substance for mood-altering purposes. Buddy (2011:2), stated that substance abuse is “the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed” (Buddy 2011:2). Lastly, substance abuse is described as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more individual problems.

2.3.4. Drug

According Daley (2016:8), drug is any substance which changes the way the body functions either mentally, physically or emotionally. The term "drug" means articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals. In the report produced by Byrne (2016:761), he defined “A drug is any substance, solid, liquid or gas that brings about physical and psychological changes.”

2.4. Legislative Framework

Efforts to manage drug abuse in South Africa are done within a comprehensive legislative and strategic framework. The following Acts are key legislation in managing drug abuse in South Africa and govern the response of public institutions to this problem.

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

This Act regulates the norms and standards applicable to a wide range of prevention- and treatment-related services and initiatives. It also regulates the registration and management of community-based drug abuse prevention services, treatment centres and halfway houses, the establishment of aftercare services, the admission to treatment centres and the maintenance of discipline at such facilities. It requires for the establishment of the Central Drug Authority (CDA) and expands on the prescribed composition of this structure. In addition, the Act requires the establishment of Provincial Substance Abuse Forums and Local Drug Action Committees and sets out the functions of these forums and committees. The Act furthermore recognises the need to manage drug abuse from a holistic perspective, directs the adoption of a National Drug Master Plan (NDMP) and explicitly calls for the establishment of integrated programmes aimed at preventing drug abuse.
The Public Administration Management Act, 2014 (No 11 of 2014)

This Act provides for human resources capacity development and training in order to promote the realisation of public administration values and principles. It requires the establishment of a unit to oversee matters relating to ethics, integrity and discipline which will cooperate with other organs of state and institutions to fulfil its function.

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

The aim of this Act is to address drug abuse and drug trafficking. In terms of this Act, it is illegal to use or be in possession of drugs, deal in drugs, manufacture drugs or to, in certain cases, supply substances that are related to the drug trade. The Act also defines the role of the police and sets out the police’s powers as they relate to addressing drug offences, i.e. entry, search, seizure, detention and the recovery of the proceeds of drug trafficking.

National Drug Master Plan 2013-2017

The plan outlines programmes and policies of the government to address substance use problems in South Africa and is intended to help realise the vision of a society free of substance abuse so that more attention can be focused on raising the quality of life of the poor and vulnerable and of developing the people to achieve their true potential.

The Medicines and Related Substances Act, 1965 (No 101 of 1965)

This Act provides for the registration of medicines, the establishment of a Medicines Control Council and the control of medicines, and scheduled substances. It also provides for the control of medicine manufacturers, distributors, and wholesalers. This Act contains important prescripts that relate to the management of chemical substances used in the manufacturing of drugs, which is described in Section 5.5.2.

2.5. Theoretical Framework

The theoretical framework of the study refers to systems of concepts, assumptions, expectations, beliefs and theories that inform the research and is the key part of the design (Schurink 2010:421). Frameworks are used in research to link the parts and provide a lens through which to view the study. Theoretical perspective can help one to understand certain aspects of the phenomenon as well as conceal other aspects (Anafara, 2014:3).
2.5.1. What is a Theory?

Keifinger (2014:124) defined theory as a unique way of identifying reality, an expression of someone’s thoughtful insight into some side of nature, and fresh and different perception of an aspect of the world; and Flinders and Mills describes theory as any general set of ideas that guide action. Theories and models help explain behaviour, as well as suggest how to develop more effective ways to influence and change behaviour.

2.5.2. Importance of using theorise in research

Theories can guide the search to understand why people do or do not practice health promoting behaviours, also helps to identify what information is needed to design an effective intervention strategy; and lastly to provide insight into how to design a program so it is successful. The fact that there are so many potential causes for substance abuse, according to Lutchman, (2015:3) gave rise to numerous theories that attempt to explain this social problem and shed light on how it can be addressed. This multitude of theories includes those that can be used to explain the drug-crime relationship as well as numerous biological, psychological and sociological theories aimed at understanding substance abuse and addiction.

2.5.3. Different theories of Addiction

According to Palmera (2012:34), many attempts have been made through history to provide a reason as to why some people abuse alcohol and drugs to such an extent that they harm themselves and others. Dodes (2016:69) stated the behaviour of the addicts can really baffle those around them, and the addicts themselves will usually be at a loss to explain their own destructive behaviour. In his report, Markwood (2011:3) mentioned that, naturally, each person has familiarity with one or two segments of drug abuse at best and generalises from their limited experience in conjunction with their overall belief system. There has been more than one reason given as to why people abuse alcohol and drugs and this has led to the development of different theories (Markwood, 2011:6).

2.5.3.1. Social Learning theory

According to Chavis (2012:55), social learning theory is based on our observations of other people engaging in addictive behaviour, which can lead to the development of addiction. Bandura (2011:573) argues that social learning has been considered by societies to transmit their acquired cultural capital and also study of human mind which can be regarded as the
potential solution of knowledge and attitudes of an individual. According Bandura (2011:575), social learning theory reveals that behaviour is moulded by rewards and punishment or reinforcement and explains that the environment, social groups and social interactions that play an important role in substance use and abuse. Furthermore, Bandura, (2011:577) points out that individuals; especially children, learn aggressive responses from observing others, which are sometimes observed personally or through the media and environment. Bandura (2011:578) believes that individuals do not actually inherit knowledge or attitudes, but that they learn them from others and further stated that social leaning theory works on the five main principles.

According Bandura (2011:579), people learn by observing others and learning is an internal process that may or may not change behaviour. Moreover, people behave in certain ways to reach goals, while behaviour is self-directed as opposed to the behaviourist thought that behaviour, which is also determined by the environment that filters reinforcement and punishment, which can be unpredictable with indirect effect on both behaviour and learning (Bandura, 2011:560). Lastly, he affirmed in his elaboration on this theory that an individual’s knowledge of a particular thing or behaviour is influenced by the reinforcement of family members, the media, and the environment (Bandura, 2011:581).

**2.5.3.2. The Addiction Disease Theory**

According to Clark (2014:48), the disease model of addiction is a chronic, progressive disease similar to other chronic diseases like diabetes. Addiction is considered to fit in the definition of a medical ailment, which involves abnormality of structure or function of the brain that results in behavioural impairment (Clark, 2014:48). The theory of addiction is characterised by a person’s inability to control the extensive use of alcohol or drugs, as well as an uncontrollable craving, compulsion to drink alcohol or take drugs (Clark, 2014:49). According to Clark (2014:50), the loss of control can be manifested during a short or either a long time span, so this theory is based on the concept that addiction is a physiological deficit that is incurable, progressive and irreversible; which postulates that some people are genetically prone to addiction. Addiction in this model is viewed as an illness and describes an addict as someone who is the victim of this disease (Clark, 2014:53). Addiction disease theory confirms that there is no cure known as yet but an individual affected by substance abuse can have a lifelong remission if they take positive steps to seek help (Clark, 2014:55).
2.5.3.3. The psychological theory

According Moore (2012:28), psychological theory is when a drug abuser works on the premise that treatment begins because of unconscious motivation within all of us. Moore (2012:30) also mentioned that this theory speculates that there are many unconscious conflicts and motivations that reside within individuals in respect of how early they react to premature events in our lives, which can have an impact on a person to move towards drug use and abuse. Adnam (2012: 57) mentioned that motivations for drug use are contained within individuals and people are not aware of them. Unfortunately, people are sometimes not even aware that those are the reasons that would lead to people end up abusing drugs. Adnam (2012:60) mentioned that a person who is weak or without self-esteem can even see themselves in the opposite manner, which might be as all important. It is when drug use then becomes a sort of crutch to make up with all that is perceived to be wrong with their lives and wrong with themselves (Adnam, 2012:62). According to Smith (2018:2), drug users and abusers in the psychological theory are known to find it extremely difficult to discover some sort of balance in their lives, which results in them seeking easy ways by using drugs to help restore them that balance or to be at peace with their circumstances. In a nutshell, drugs become the way of escaping the pain of being unable to find that balance (Smith, 2018:4).

Simpson (2012:727) alluded to the fact that drugs become the best way to stop them feeling badly about themselves, as the feeling of euphoria lasts for a short while, the user continues to use and abuse drugs, thus begins the cycle of addiction. Peele (2011:345) stated that, psychological theory explores the social and psychological functions performed by drug effects. He further stated that drugs will influence the rewards and behaviours associated with its use and the theory recognises any number of factors such as subjective emotional experiences, as well as internal and external cues which contributes to potential addictive behaviour (Peele, 2011:349). Lastly, this theory helps to explain why some people become addicted to drugs and why others do not. Instead of developing healthy coping strategies in development, these addicts might have used the drugs as a coping strategy to run away from stress and social pressures (Peele, 2011:355).

The researcher chose the social learning theory because it is relevant to the topic under study. Drugs are usually used in a social context among peers. This theory focuses on the learning that occurs within a social context. It considers that people learn from one another, including such concepts as observational learning imitation and modelling.
Bandura (2011:576) stated that people can learn by observing the behaviour of others and the outcomes of those behaviours. Social learning theory can be considered a bridge or a transition between behaviourist learning theories and cognitive learning theories.

2.5.4. Literature Review

Substance abuse involves the chronic use of alcohol and drugs. A person who abuses alcohol has a greater risk of using at least one other substance, such as marijuana, cocaine and heroin. Prolonged consumption of drugs and alcohol increases your tolerance, therefore requiring more of the substance to achieve the same desirable effects. Alcohol and substance abuse can start out as a mild problem and gradually turn into more severe problems. Substance use is a practice that dates to prehistoric times. There is archaeological evidence of the use of psychoactive substances dating back at least 10,000 years and historical evidence of cultural use over the past 5,000 years. During the 20th century many governments across the world initially responded to the use of recreational substances by banning them and making their use, supply or trade a criminal offense.

2.5.5. Drug abuse and addiction globally

According to Watkins (2014:30), in the United States, an estimated 67% of people aged 12 and older consumed alcohol in 2014, while about 6.4% of people met the criteria for alcoholism. Additionally, more than 10% of people aged 12 and older reported past-month use of illegal drugs in 2014. Out of those figures of approximately 27 million illicit drug users, 7.1 million people happened to meet the criteria for addiction. Nonetheless, the short- and long-term effects of drug and alcohol abuse may vary from person to person; clearly many people presently suffer from the effects of abusing drugs and alcohol every day. Various factors affecting the exact symptoms that are experienced possibly depend on a person’s age, gender, individual physiology, genetic make-up, and mental health condition; while some side effects are relatively mild, it has been noted that many individuals who abused substances advanced themselves to severe and life-threatening outcomes, particularly as a person’s pattern of use progresses (Watkins, 2014:30). Addiction is a particularly devastating result of drug or alcohol abuse that can lead to significant enhancement in numerous parts of a person’s life from work to school and interpersonal functioning. The drug situation is forcefully and continues to evolve, leaving the world with no room for contentment, as new intimidations begin to go together with residual and long-well-known problems.
According to Gotz (2014:11), it has been noted in the European Drug Report that heroin manufacture estimates remain high, and confiscations in Turkey have, to some extent, recovered; now the complete heroin indicators are generally stable or trending downwards. This information includes data that is showing a significant decline in heroin-related treatment entry, alongside overall, with long-term downward trends in drug overdose deaths and drug-acquired HIV infections which are both historically linked to injecting heroin use (Gotz, 2014:11). It has also been noted with great concern that latest occurrences of HIV among drug users in the following countries such as Greece and Romania, together with ongoing problems in some Baltic countries, have hindered Europe’s improvement in reducing the number of new drug-related infections.

Gotz (2014:12) mentioned that drug overdose remains a major source of unnecessary mortality among young Europeans in modern years; however, some advancement has been made in reducing this problem. He further stated that this can be clarified by both a scaling-up in reactions and by declines in contributing risk behaviours (Gotz, 2014:12). In a number of countries, mostly in the north of Europe, these overdose deaths remain relatively high and are increasing. In addition, most overdoses happen among individuals who have consumed various substances and attributing interconnection is often very challenging. Besides that, with the remaining release of new psychoactive substances on the drug market, there is concern that new or ambiguous substances that have contributed to deaths may escape detection statistics produced in 2014 which raised new worries about the indication of accumulative accessibility of methamphetamine in Europe, (Gotz, 2014:13). This drug is also produced in the Middle East and now and again smuggled into the European Union for re-export to South-East Asian countries. Moreover, new reports of the beginning of the smoking of methamphetamine in the countries like Greece and Turkey are particularly worrying, given the potential health risks connected with the use of the drug in this way (Gotz, 2014:14). Europe is known a most important destination for well-organized substances and also plays an additional restricted role as a transportation point for drugs on the journey to other regions (Gotz, 2014:19).

Countries such as Latin America, West Asia and North Africa are important source regions for drugs entering Europe. Europe is also known as a region for cannabis and synthetic drugs, whereas fundamentally all cannabis produced in Europe is meant for local consumption, more or less synthetic drugs are also manufactured for export to other regions (Gotz, 2014:20). In the world report presented after 2016 conference held in Vienna, it was indicated that global and regional trends in drug use are projected countrywide with demonstrative surveys that take
account of questions on drug use, as well as from evidence collected through studies that use indirect methods to estimate the number of regular or high-risk users such as problem opioids users (Gotz, 2014:20). Furthermore, household surveys on drug use are costly and are, at best, carried out every three to five years. It has been discovered that several countries do not conduct such surveys on a regular basis and many others, especially in Asia and Africa, it has been noted that these countries do not conduct them at all. Therefore, in these cases, estimates from the limited number of countries where data is available is utilised to calculate regional and global estimates. Reasonably than real-time trends at the global and regional levels, year-on-year changes in drug-use estimates thus reflect updated information from countries where new data were made available. These deviations may be especially misleading if updated information is only available in countries with large populations (Gotz, 2014:22). According to Fedetov (2010:6), global and regional estimates of drug use are largely shaped by countries with large populations because of the use of national drug-use data weighted by population size in the calculation of the estimates.

The stable trend that can be calculated with existing data may disguise variations that are happening in large countries for which data is not available. In addition, the estimated number of drug users is further influenced by changes in estimates of the global population aged 15-64. The global and regional estimates of the extent of drug use offered in the report presented should be regarded as best estimates, noting that they reveal the best available information at the time of analysis. In addition, Fedetov alluded to the fact that from a global policy perspective, it would be more practical to look at long-term trends rather than year-on-year changes, which may be purely a reflection of changes in a few countries (Fedotov, 2010:8). Furthermore, a specific caution is essential when considering trends in respect of challenges of drug-use estimates at the global level, as the extent of the problem of drug use is difficult to capture in general population surveys, and indirect methods, which are often difficult as well, are, therefore, used to obtain these estimates.

Fedotov (2014:8) revealed that the world drug report presents a global picture on issues pertaining to drug abuse. On the whole, the global drug use situation has been observed as stable, however, there are areas of concern where there is evidence of some increase in the estimated total number of users of any illicit substance, although estimates show that the number of drug users with dependence or drug use disorders has remained stable (Fedotov,2014:10). The misuse of sedatives and tranquilizers is of particular concern, with more than 60 per cent of the countries
covered in the report ranking such substances as among the first three misused types of substances (Fedotov 2014:5) The World Drug Report 2014 is a document which is aimed at helping the international community to address the toll that illicit drug production, trafficking and consumption continues to take on all our societies, by providing a global overview and analysis of developments, based on the best available data. Furthermore, the World Drug Report provides an annual overview of the major developments in drug markets for the various drug categories, ranging from production to trafficking, including the development of new routes and modalities well as consumption (Fedotov, 2014:11). However, Tshitangano (2016:1) stated that substance abuse by people in all parts of the world, particularly adolescents, have long been a scientific, political and public concern. He further reiterated that this apprehension is due to the prospective short and long term antagonistic effects associated with the consumption of substances such as cigarettes, alcohol, hard drugs and cannabis, which is also known as dagga etc. on individual well-being (Tshitangano, 2016:1). Drug abuse plays a role in many social problems such as stress, violence, crime and child abuse; more street kids are running away from home due to broken families and statistics show the high prevalence of drug abuse which results in affected individuals ending up committing crime and sometimes being out of jobs (Hoxmark, 2012:79).

According to Fedotov (2014:5), the World Drug Report provides an annual synopsis of the major developments in drug markets for the various drug categories, ranging from production to trafficking, including the development of new routes and modalities, as well as consumption which continues to take its toll on all spheres of our societies. This report provides a big picture by highlighting a comprehensive indication and breakdown of developments, based on the latest available and existing information. The report is being circulated at a key moment in the international discussion on the world drug problem (Fedotov, 2014:7). Furtado (2017:1) indicated that, globally, the use of illicit drugs is a public health problem; moreover, drug use continues to exact a significant toll, with valuable human lives and productive years of many persons being lost. An estimated 183,000 drug-related deaths were reported in 2012, while it is estimated that between 162 million and 324 million people were hooked. The magnitude of the problem of drug use by regular drug users and those with drug use disorder or dependence remains stable at between 16 million and 39 million people (Fedotov, 2014:12). In addition, the report also examines the global situation and the latest trends in different drug markets and the extent of illicit drug use, as well as the related health impact. It has been noted with concern that the Global increases in problems of illicit drugs both reflect and contribute to international
tensions (Fox, 2013:6). Clearly, the backgrounds of some of these tensions are clear, they are derived from the rapid changes in political alignment, reduced family and community cohesiveness, increased unemployment and under employment, economic and social marginalization and increased crime (Fox, 2013:8). Additionally, it has been discovered that at a time of rising social and political tensions, the macroeconomic environment basically changes.

The same macroeconomic environment which created opportunities for the growth and development of global legitimate businesses also provides the opening for drug producers and traffickers to organize themselves on a global scale (Fox, 2013:12). This gives them some lieu to produce in developing countries and to distribute and sell in all parts of the world. This also allows movement of drug cartel members easily from country to country and to place and invest their drug profits in financial centres offering secrecy and attractive investments returns in the same way (Fox, 2013:15). In this context, the state and its individual citizens become more vulnerable to the temptations of money from illicit drug production and trafficking which affects the society (Fox, 2013:18). Onaivi (2011:2) referred to drug addiction as a chronic disorder that has been characterized by the uncontrollable use of addictive substances, notwithstanding adverse consequences to the individual and society. Addiction to drugs and alcohol is increasingly becoming a worldwide trend in lifestyle that is prevalent in rich and poor countries alike.

Although the general public may perceive cannabis to be the least harmful illicit drug, there has been a noticeable increase in the number of persons seeking treatment for cannabis use disorders over the past decade, particularly in the Americans, Oceania and European countries. Baconi,(2015:18) referred to drug addiction as a complex disease characterised by compulsive and uncontrollable yearning to search for and consume the drug.He, furthermore, states that, in time, drug-related vocabulary has undergone many deviations, arising from the deepening of the mechanisms of action, but is also about the need for a greater precision in the definition (Baconi, 2015:18). According to American Society of Addiction Medicine (ASAM), addiction is a primary chronic disease of brain incentive, motivation, memory and related circuits which is categorized by powerlessness to consistently abstain, weakening in behavioral control, craving, diminished recognition of the significant behavioural difficulties and interpersonal relationships and also dysfunctions of the emotional response (Baconi, 2015:20). Schafer (2011:1) refers to alcohol and other forms of drug addictions as a societal problem that is steadily growing, contributing to the destruction of families and communities. He furthermore states that there is a
strong connection between disrupted family relationships, alcohol and other forms of drug addiction.

2.5.6. Drug abuse and addiction in South Africa

In South Africa, drug abuse represents a significant social problem that translates into a major health challenge and is associated with enormous negative consequences on a personal, social, and economic level. Drug and alcohol abuse in South Africa is alarming and a cause or contributor factor to many social, health and economic problems worrying the population. Substance dependency statistics show that drug intake is rife, which includes cannabis, cocaine, and tik also known as nyaope or whoonga (UN World Drug Report, 2014). Drug addiction is a serious problem since it has severe negative consequences for addicts, their friends and families, and the community at large. Drug addiction is a topic that has been debated over many years. Addiction does not merely involve recreational use of drugs; rather, addicts use an excessive amount of drugs on a daily basis, which results in many adverse consequences. Whether their drugs of choice are legal or illegal, the negative effects of abuse for both types include serious health deterioration and emotional and psychological damage. Ultimately, severe drug abuse hinders individuals from performing normal, everyday activities and makes their lives unmanageable. Regardless of severe detrimental effects, some individuals still continue on this path of life.

The average age of drug dependency in South Africa is 12 years and decreasing. South Africa is among the top 10 narcotics and alcohol abusers in the world. For every 100 people, 15 have a drug problem and for every 100 Rand in circulation, 25 Rand are linked to the substance abuse problem (Christian Addiction Support, 2016). In an executive of the report compiled by Fedetov (2014:4) on the status of drugs and crime, substance abuse is a global challenge with detrimental effects on health, wealth and the security of nations. He further shares his views that in South Africa drug abuse has been associated with crime, interpersonal violence, risky sexual behaviour (with accompanied increased risk of HIV acquisition and STI incidences), negative health of users and the negative psychological impact to their families. In addition, Fedetov (2014:5) argues that tobacco and alcohol are generally the most commonly used drugs amongst South African youth and these two drugs are also the most experimented with amongst youth. These drugs are considered to be accessible because they are both legal, as a result, many consider them acceptable and ‘mild’. This in spite of considerable health and social impact associated with them. Although polysubstance abuse is common in South Africa; cannabis is the most commonly
used illicit substance amongst youth (Ramsoomar, 2016:552). In a study conducted by Reddy (2010:35), a report produced indicated that at least 12% of South African learners have used at least one illegal drug such as heroin, mandrax and cocaine. This figure is the highest in the region. Given the medical and social harm caused by these drugs, it is important to understand the extent of their use amongst sub populations and explore the effective ways to combat them. According to Ellis (2012:3), substance abuse is an enormous social problem in South Africa, which also affects other countries around the world. In his report, Ellis, (2012:) reaffirms the view that in the South African context, alcohol and drug abuse have shown very disturbing concerns in society which might exacerbate poverty, crime and contribute negatively resulting in child abuse and gender violence being rife in society. The research findings of the study that was carried out by the Central Drug Authority (CDA) indicated that the rate of substance abuse in South Africa reflects double the global average and that the country ranks within the top 10 countries in the world in alcohol consumption worldwide. Alcohol, tobacco, and cannabis are the most commonly used substances in this country (Ellis, 2012:4). Burnhams (2016:12) also agreed that the problem of drugs in South Africa is extremely alarming, with statistics reported as being at twice the world expected norm.

Over 15% of our population has a drug problem. The effects of substance abuse on an individual forms the basis of its increasing effects on society. This is a major danger of substance abuse, she explains.

"Studies show that people who start drinking before the age of 15 are four times more likely to become alcoholics. School kids who use alcohol or drugs are three times more likely to get involved in violent crimes. Frighteningly the average age of drug dependency in South Africa is 12 years old and dropping. "We need to warn our youth about drug use and encourage them to stand strong against peer and adult pressure," says Peter Jordan, Principal Officer of Fedhealth".

According to Steven (2013:7), in the late 90s South Africa’s drug problem was still manageable; it was considered as being just a tiny fraction of what it has become over the years. In 2012, the addiction epidemic has become a seemingly unstoppable tempest that has swept over the nation. The country is gradually becoming worse with drugs and more than 15% that is around 7.5 million people of the population addicted to one drug or another and even more that use recreational drugs, but are not addicted (Steven, 2013:8).
Pursuing this further, Steven (2013:10) mentioned that there are so many people who are addicted such that the majority of South Africans are being effected in one way or another, whether it be a friend or a family member who has a problem, or your community as a whole. Drug abuse in South Africa is fast becoming a big problem. According to the South African depression and anxiety group, illegal drug consumption in South Africa is double the world norm (Steven, 2013:10). This has led to increase in crime rates, especially among poor unemployed South Africans, figures published by the South African Police Service show that drug abuse accounts for 60% of all crimes.

Tracy (2016:7) alluded to the fact the problem of drugs and substance abuse has become endemic in many parts of the world and South Africa is no different. There are lots of people who have been directly or indirectly affected by this national scourge. The problem has become prevalent in recent years, with many families being affected in one way or another. The situation is much worse with the younger generation living in this country today. Lack of jobs, poverty, money and opportunities open doors to this plague and many people are unwitting victims. One of the major reasons why drug problems are so rife or pervasive in South African communities is because of the high rate of unemployment, school drop outs, child-headed households, no parental guidance, peer pressure, especially among the youth and young people. Lack of opportunities for jobs, education, formal employment and sports and recreational activities to keep people busy have all been identified as the root causes of drug abuse. It is also amazing to note that while this problem is prevalent among the young people, it is also very common in disadvantaged areas, such as townships and low income areas in the urban centres of big cities (Tracy, 2016:9).

While Steven (2013:18), mentioned that many youngsters today are hooked into drug addiction and abuse. In South Africa alone, about 15% of the whole population is affected by drug-related concerns. It has been one of the top places where alcohol and narcotics are widely available, which is why many concerned groups are acting today to spread drug abuse awareness in South Africa. Some people think that it is impossible to stop drug abuse and addiction since many people have been dependent on substances for many years (Steven, 2013:20). On the other hand, there are actually solutions to most of the problems that the society faces today, including substance abuse. There are many reasons why people in South Africa abuse drugs. Steven, (2013:26) mentioned that one of the reasons is because of the type of living conditions that most of them have to face every single day, high rate of unemployment, poverty, the lack of medical facilities, insufficient income, poor educational system in some areas and other concerns that are
too much to handle, especially for big families. When people are faced with problems, they turn into drugs in order to feel high and forget about the challenges that they have to face. What most do not understand is that drug abuse can cause loads of health risks, which can also be fatal (Steven, 2013:27). According to Burnhams (2016:14), many youngsters today are affected by drug addiction, which is why most crimes in South Africa are also drug-related. For this reason, it is important to promote drug abuse awareness in South Africa in order to save the youth from squandering their gifts and getting into practices that can jeopardize their dreams and worsen the condition of their lives. It is easy to see that, aside from detrimental health effects, drugs can also destroy family relationships, which can weaken the society since the family is the basic unit of humanity (Burnhams, 2016:16). Another reason why people are able to abuse drugs is because there are corrupt government officials who tend to hide those who are doing illicit acts so that they can make more profit. Pushing drugs is punishable by law and yet many drug syndicates are still in business because they are able to pay big sums of money to keep some people silent in order for them to ship out drugs and sell them. If government officials implement laws strictly, there would be less drug lords who supply drugs to the society and soon there would be no pushers to corrupt the minds of people just to earn money (Burnhams, 2016:18).

There is a need for vigorous implementation of drug abuse awareness programmes in South Africa, more and more people will realize that there is no hope in selling and abusing drugs. There are many volunteer groups and agencies that are willing to provide help to South African people when it comes to drug resistance. On the contrary, it is vital to keep in mind that things will only work out if the government, citizens and concerned groups will work together on drug abuse awareness in South Africa. By organizing plans and working on them as a team, it is possible to see changes through the years and eradicate the problem completely (Burnhams, 2016:20). Ramlagan (2012:2) declared that one of the most alarming reports in South Africa has recently been released; he stated that this detailed document ideally talks about drug abuse and substance misuse in the Rainbow Nation and provides comprehensive insights into the extent to which drugs are misused and abused in society. Furthermore, he shared that there are numerous cases of drugs, alcohol and substance abuse reported and the problem is almost at epidemic levels. Ramlagan (2012:4) alleged that this thorough report is being considered as an important source of data that would guide the development of policy and help determine the sorts of approach that the nation will take in addressing the scourge of substance abuse. According to Silva (2013:28), in an ideal world, communities where this problem is prevalent are those normally in the less privileged areas of the community; however, this problem is endemic across
the board, which means that most communities, from the less privileged to the affluent are affected. This is frightening information because it is somehow unexpected. There are various motives why this is the case, for instance, drugs and other forms of substances are readily available on the streets and anybody with some interest or some money can get these vices and, lastly, another reason could be peer pressure among the youth (Silva, 2013:30). According to Moodley (2012:2), teenagers in South Africa are more susceptible to drugs and alcohol abuse as compared to other segments of the population. Prevention awareness programmes to assist this affected generation have been developed; these information sessions include in-school talks and lessons, increased research, and awareness programmes. It is clear that the youth is easily persuaded and when they have nothing to do and nothing to look forward to they tend to indulge in abuse of drugs, such a situation is described as pretty dangerous (Pretorius, 2011:3). Youth need to be guided, protected and provided with opportunities such as attending school, participating in youth development programmes such as job creation in their respective communities and must also be engaged in extra mural activities such as sports and indigenous games (Pretorius, 2011:4). In pursuing this further, Pretorius (2011:6) stated that when such opportunities and the facilities or funding are missing, then the youth might get into trouble attempting to while away time, which then makes crime become an option and temptation to individuals, especially the young people and the troubled in the community.

Clearly, then, it is essential that these challenges are addressed so that the prevalence rates can be reduced or minimized. This intervention calls for vigorous intervention and full participation by different structures in the various communities, stakeholders like community leaders, youth organizers, medical personnel, political leaders, religious leaders and all others have a part to play (Pretorius, 2011:8). These various stakeholders can assist by mentoring the members of their communities, providing resources such as equipment and structures, financial, assistance and capacity building, and then communities will have a better chance of eliminating the menace and possibly decrease the levels of drug usage. Silva (2013:34) points out that while problems of drugs and substance abuse are common all across the different communities in South Africa, the matters mentioned in the substance abuse in South African report are pretty serious and raise serious issues. South Africa has a serious drug usage problem, reported in previous literature as being twice that of the world norm Central Drug Authority presentation to parliament of South Africa-06 September 2011.
Statistics reported by the United Nations World Drug Report of 2014 indicates that 7.06% of South Africa’s population misuses narcotics of some kind, and one in every 14 people are regular users. It has been noted with concern that substance abuse perpetrates social, health and economic costs on individuals, families, society and economy, at large, whereas, at an individual level, substance abuse has been associated with depression, violent behaviour and various forms of crime, including many accidental and premeditated injuries. Society loses the efficiency and energies of people affected by substance abuse. At the macro level, prevention and treatment costs associated with drug abuse are phenomenal. In South Africa, evidence on the extent, impact of substance abuse, as well as its prevention is fragmented and more often not located within a comprehensive theoretical framework that could make it easier to formulate strategies and programmes for combating the drug abuse challenge. Of major concern in the South African context is the growing problem of substance abuse among the youth (including children and adolescents), a challenge that is denying this population group full participation in the socio-economic development of the country. Although the youthful population of South Africa, which numbers 13 million (15-24 age 9 cohort), creates a window of opportunity, the creativity, innovation, talents and energies of this population will remain fully unharnessed due to substance abuse.

2.6. THE EFFECTS OF SUBSTANCE ABUSE

According to Laudet (2011:46), substance abuse has profound health, social and economic consequences on society, which can have both primary and secondary effects. The nature of these effects depends on the substance itself and on the amount of the substance that is consumed (Laudet, 2011:47).

2.6.1. Effects of drug abuse and addiction on the family

Bogenschneider (2012:3) argues that drug use can lead to social and emotional problems which affect relationships with family and friends. Drugs affect people in different ways in such a way that some people may turn out to be depressed, angry, aggressive, sleepy, unmotivated, paranoid, anxious or talkative. It is easy to see that these reactions affect the individuals who are addicted in terms of how they communicate to other people around or close to them, such as friends, parents and siblings and may have negative effects on these relationships (Bogenschneider, 2012:3). Furthermore, the substance user's obsession with the drugs, in addition to its effects on mood and performance, can lead to marital problems and
poor work performance or dismissal. It has been noted that drug use plays a huge role in disrupting family life and creating destructive patterns of co-dependency, that is, the spouse or whole family, out of love or fear of consequences, unintentionally supports the drug user by covering up, supplying money, or even denying there is a problem (Bogenschneider, 2012:5). Pregnant women who are using drugs don’t pay attention to their health and physical appearance or are prone to poor self-care in general, and end up exposing or bearing a much higher rate of low birth-weight babies than the average.

Many drugs, for example, crack and heroin cross the placental barrier, resulting in addicted babies who go through withdrawal soon after birth, and foetal alcohol syndrome can affect children of mothers who consumed alcohol during pregnancy (Bogenschneider, 2012:6). Borton (2017:2) declared that family structures in America have become more difficult increasing from the old-fashioned nuclear family to single-parent families, stepfamilies, foster families, and multigenerational families. Therefore, when a family member abuses substances, the effect on the family may differ according to family structure. For instance, a parent who is not abusing substances or addicted to any form of drug will possibly act as a “superhero” or may become very attached to her or his children and will be too absorbed in ensuring that they are mostly comfortable and taken care of (Borton, 2017:2). An increasing theory presented by different scholars suggests that substance abuse has distinctive effects on different family structures. The parent with young children might attempt to reimburse for insufficiencies that his or her substance-abusing spouse who has developed as a consequence of that substance abuse, which will result to repeatedly negligence as a result older children may take a responsibility of being surrogate significant other for the parent who abuses substances in her or his absence (Borton, 2017:5).

According to Jacobs (2013:5), people who abuse substances are expected to find themselves more and more isolated from their families. Regularly, they prefer to be associated with others who also abusing substances or participate in some other form of disruptive activities. These associates support and reinforce each other’s behavior. Jacobs (2013:6) described several characteristic patterns of interaction, one or more of which are most possible to be existing in a family that consists of parents or children abusing alcohol or illicit drugs. Some of the features that are outlined in his report are the following: the problem of negativism, which means that any communication that transpires among family members is likely to be negative, reinforcing the form of complaints, criticism, and other expressions of displeasure. Moreover,
the overall mood of the household is decidedly suffering a lot and positive behavior is ignored in the process, such that it is easy to see that in those families, the only way to get attention or brighten the situation is to create a crisis and this negativity could serve to strengthen the substance abuse (Jacobs, 2013:8). The issue of parental inconsistency results in a situation where rule setting is unpredictable, putting it into practice is unreliable, and the family structure is inadequate. Children tend to be confused because they cannot figure out the boundaries of what is right and wrong (Jacobs, 2013:9). Therefore, children may behave badly in the hope of getting their parents to set openly well-defined boundaries. Without known limits, children cannot predict parental responses and adjust their behavior accordingly. These inconsistencies tend to be present themselves, regardless of whether the person is abusing substances is a parent or child and they create a sense of confusion a key factor amongst the children (Jacobs, 2013:10). To add on to what has been noted, that parental denial becomes a challenge, despite recognizable warning signs, the parents will always defend the spouse or child involved in using substances and indicate that their child or partner does not have a problem; the situation is manageable or they can take care of their household. In other instances, while on denial the fall short expression of anger can emerge when the children or parents start resenting their emotionally deprived home and tend to be afraid to express their disgraced use of drug and they use that as one way to manage their suppressed anger (Jacobs, 2013:11).

Generally, self-medication is used as a substitute by either a parent or child who is addicted to drugs or alcohol to cope with intolerable thoughts or feelings, such as severe anxiety or depression. Jacobs, (2013:14) made known that the unrealistic parental expectations become unrealistic, which can result in children excusing themselves from all future expectations by saying, in principle, “You can’t expect anything of me, “I’m just a freak/junkie”. On the other hand, children who are in this situation may work obsessively to over-achieve the expectations due to the pressure from their parents. Following this further, in the process they might feel that no matter what they do, it is never good enough to change the attitude of their parents towards them. However, if expectations are too low, and children are told throughout youth that they will definitely fail, they tend to follow their behavior to their parents’ predictions, unless meaningful adults intervene with healthy, positive, and compassionate messages to encourage and support them (Jacobs, 2013:15).
Matzopoulos (2014:128) revealed that the consequences of an adult who abuses substances and lives alone or with a partner are expected to be economic and psychological. Money may be spent for drug use, in which case, the responsibility of taking care of the family might be carried out by the partner who is not using substances, who automatically assumes the duty of a breadwinner role. This may impact negatively which can result to psychological consequences such as denial or protection of the person with the substance abuse problem, chronic anger, stress, anxiety, hopelessness, inappropriate sexual behavior, neglected health, shame, stigma, and isolation (Matzopoulos, 2014:129). Lastly Lauder, (2013:4) in his report, postulated that rapid social, economic and the technological change may, under certain circumstances, weaken the sense of family and reduce the sense of belonging to other people, groups and places. Families can have a powerful influence on shaping the attitudes, values, and behavior of children. Lack of household stability, income or employment for a parent may increase stress on the family and its vulnerability, pushing marginal individuals to find solutions or solace in alcohol and drugs. Education is the principal means of preventing drug abuse because other settings are important for the contributions they make to learning and socialization (Lauder, 2013:6).

2.6.2. Economic consequences of alcohol, drug abuse and trafficking
Burke (2015:564) stated that the economic effects of alcohol abuse are as damaging to the nation as to the health effects, affecting the family, the community and persons of all ages. He further mentioned that underage drinking is interfering with children’s development, affecting the nation’s ability to respond to economic challenge in the future (Burke, 2015:565). According to Walbeek (2014:3), drug abuse is known for imposing immense harm on public health and safety around the world each year, and it has been seen as threatening to the peaceful development and smooth functioning of many societies. In pursuing this further, an understanding of the economic costs of drug abuse is crucial in developing policies that will assist in reducing anticipated costs. Walbeek (2014:4) stated that alcohol and drug use disorders have devastating physical, mental, and socio-economic consequences not only for patients but also for their families. However, an analysis of the economic consequences of drug abuse must be taken into account for any expenditure associated with policy choices that are developed so that any gains and externalities must be taken into cognisance (Walbeek, 2014:4). According to Loots (2012:11), the use of alcohol in Africa, particularly in South Africa, has a long history and is a way of life for many people, regardless of their socio-economic background.
Loots (2012:12) declared that his findings have shown that the socio-economic effects associated with alcohol and drug abuse include unemployment, violence, crime, sexual risk behaviour and disruptions to family life and work performance. These effects are discussed by emphasising that social and economic changes stemming from urbanisation account for new patterns of drinking among most Africans. South African legislation pertaining to alcohol is also discussed in order to highlight the need for changing or amending certain acts if alcohol abuse is to be reduced. In general, alcohol plays a major role in the lives of many South Africans besides having significant direct and indirect effects on health and nutrition; it also affects social and economic aspects of the South African community (Loots, 2012:12). Alcohol abuse at the workplace potentially lowers productivity; this happens due to high rate of absenteeism because of sickness associated with abuse and dependence. It is, therefore, regarded as a substantial cost to employers and social security systems. There is sufficient evidence which has demonstrates the association between alcohol abuse and unemployment (Loots, 2012:13). Unemployed people may drink to escape reality and to cope with the harsh situations they find themselves in. These views are supported by outcomes provided by literature evidence that a recessionary environment or lay-offs resulting from harsh environmental regulation result to an increase alcohol abuse (Loots, 2012:13).

Poverty is regarded as one of the end results of unemployment and it is at a high level in South Africa. It has to be noted that communities living below the poverty datum line tend to spend the little money they have on alcohol. While Walbeek (2014:6) mentioned that, according to the world health organisation report, South Africa has one of the highest levels of alcohol consumption in the world, with 16.6 litres of absolute alcohol consumed per drinker per year. The negative externalities linked to alcohol use include health and crime expenditure by government, labour and productivity costs and non-financial welfare costs. The Department of Health incurred direct costs related to harmful alcohol use of R6.8 billion; another department that is directly affected is correctional services which lost about the third largest budget of R3, 4 billion. Walbeek (2014:9) points out that, globally, harmful alcohol consumption is the third most important risk factor contributing to non-communicable diseases injuries, and communicable diseases. More than one in four (25.9%) South Africans report having driven a motor vehicle after drinking alcohol. In addition, more than half (57.7%) of tested homicide cases had high blood alcohol concentrations. The world health organisation global status report on alcohol and health ranks South Africa as among the top five countries globally for its risky patterns of alcohol drinking, and the highest in Africa (Walbeek, 2014:12).
According to Fedotov (2014:5), an annual economic cost of alcohol misuse in South Africa could range between 0.5% and 1.9% of the gross domestic product. These figures are based on the utilisation of a middle-of-the-range estimate that considers costs associated with treatment, trauma, mortality and crime, which is about 1% of gross domestic product. This translates to about R8.7 billion per year, an amount almost twice exceeding that received in excise duties on alcoholic beverages in the period 2000/01. Motor vehicle crashes in the country also account for approximately 11 deaths per 100 million kilometres travelled. It is reported that most traffic crashes that involve pedestrians account for about 40% of annual mortality on the roads in South Africa due to alcohol abuse and poor roads are cited as the main contributing factors (Fedotov, 2010:6). In addition, it is also projected that substance abuse costs the South Africa’s economy approximately R1 billion every year, which amounts to 1% of the country’s gross domestic product. According to research, a high prevalence of substance abuse has been linked to future unemployment, dropping out of school, poverty and peer pressure. Fedotov (2010:8) indicates that the World Drug Report has noted that work status includes more than being employed or unemployed and employment has been constantly protected behind economic growth for both developing and industrialized countries. Increased rates of unemployment are projected to occur in the same age group as those persons most likely to use drugs and have drug problem (Fedotov, 2014:9).

Experts have confirmed that alcohol and drug abuse are the normal causes of road accidents, and these also impact negatively on employment in respect of absenteeism, staff turnover due to dismissals and suspensions, medical claims for sickly people, safety risks and lost productivity at work. The economic costs of drug abuse can be categorized as direct and indirect due all these issues mentioned above. With direct costs involved, it is evident that the increased costs of police, where the government would require to distribute more personnel on the roads for arrive alive campaigns and more road blocks, more cases of drunken driving which are to be referred to courts and more costs for committals because when people are found guilty they are referred to rehabilitation centers. As a result, the state has to incur costs for placing them as part of suspended case. There is also the need for more personnel for military treatment programmes that are funded by the state to run rehabilitation centers, welfare payments to drug addicts and their families, as well as increased security measures by businesses (Fedotov, 2014:10:11). Serious consequences that might be felt are indirect economic costs which include the displacement of legal industries, diminished control over the economy, spending money for drugs and inappropriate use of money gained from drug sales, and fiscal problems related to the
inability to tax the drug economy. It is easy to see that drug problems have a costly impact on the workplace as well as the community (Fedotov, 2014:12).

2.6.3. Social consequences of alcohol, drug abuse and trafficking

According to Painter (2014:3), the reports have been showing that transportation in illicit drugs is one of the world’s greatest substantial money recipients. He further stated that the marketing value of drugs is at around 500 billion US dollars a year, which now surpasses the value of the international trade in oil and is known to be second merely to that of the arms trade (Painter, 2014:4). Individuals may choose to take drugs to rebel, to escape, to cope, to survive, to belong or to register resignation and defeat. Certainly the present global intensification in the consumption of illicit drugs may be related to changes in society, including condensed family and community cohesiveness, with an increased rate of unemployment and greater feelings of alienation (Painter, 2014:6). Painter (2014:7) reported that the problem of illegitimate drugs normally moves internationally from less developed regions of the world to more developed countries, and it has been reported lately that it is where most drug consumption takes place. Painter, (2014:8) mentioned that, in recent years, just as the development of legitimate global businesses has been made easy by the globalization of financial structures and market relations, drug producers and traffickers have now also taken advantage of the opportunities presented by the fluctuating macro-economic environment.

The drug dealers have structured themselves on a global scale and put a substantial proportion of their drug profits in financial centres contribution secrecy and attractive investment returns in this situation. Their acceptance of high-tech computer and communications technology has enabled the spreading out of their trade and to safeguard of their industrial secrets (Painter, 2014:9). Drug traffickers are now able to launder illicit profits by moving money around the world by electronic means with few national controls. These traffickers are assisted by absorbent boundaries due, in some cases, to policies intended to encourage trade and investment, and, in other cases, to weak governments and weak or unenforceable laws against money laundering, fraud or organized crime (Painter, 2014:10). Painter (2014:11) puts it on record that there is evident upfront connection between drug trafficking and crime because traffickers’ undertakings are interconnected to what is called a systemic violence by which the drug syndicates, gangs and smugglers, who secure, launder and guard money try to obtain and preserve positions of power by whatever means necessary by eliminating institutions and people who stand in their way.
Researchers have found a close connection between drug abuse, criminal behavior and social attitudes. When drug problems in a community are perceived as serious, people must face unpleasant alternatives. They can accept the reality of drugs in their neighborhood, adapting to a situation that they cannot hope to change immediately, they can be forced to change their lifestyle to reduce the threat of drug dealing and violence in their streets and buildings, lastly, they can change the environment by some form of community action either with or without the support of the police, or they can flee to safer housing, if possible (Painter, 2014:12).

Morris (2012:9) mentioned that corruption plays a fundamental role in the drug trafficking and the related “war” that have violently scarred Mexico in recent years. It has been observed that corruption enables the operation of Mexico’s massive and influential criminal-business enterprises, while, at the same time, weakening the government’s efforts to challenge them. Corruption makes it difficult at times to distinguish violators from enforcers (Morris, 2012:9). Furthermore, a Mexican citizen who is poet, social activist, and grieving father of one victim of drug addict shared his grief that he does not know where the state ends and where systematized crime begins and shared his experience by starting that corruption and the organizational flaws which characterises Mexico’s establishments of justice is barely new. He disclosed that corruption has extensively designed Mexican politics and the drug trade, yet never have these factors worked together to create the amount of violence, brutality, and instability seen in recent years in that country (Morris, 2012:10).

Fedotov (2014:15), on the other hand, stated that drug traffickers in countries all over the world corrupt officials at all levels of law enforcement and government in order to continue with their criminal activities unobstructed. As a result, citizens in affected areas often live with compromised law enforcement institutions. Following this further, the illicit drug problem can be separated into three categories: generally, those illicit drugs that are either produced or processed from natural plant products such as opium, morphine and heroin, there are also unnaturally produced illicit drugs, such as amphetamine; and psychoactive pharmaceutical drugs that become illicit as a result of being diverted from licit uses or purposes (Fedotov, 2014:16). In addition, this present study is concerned primarily with the stages of these drugs from the first category, to a less significant extent, which is the second category. The third category of these drugs, that is, the drugs which are known as therapeutic, are not considered, not because knowledge about it is not found, but it has been noted that their economic and social impact is
quite different from the other drugs which are either naturally or unnaturally produced (Fedotov, 2014:17). According to Fedotov (2010:9), financial crisis in Europe seems to have had an impact on drug use modalities, with related health and social consequences. While there are no comprehensive data available yet, two phenomena seem to have emerged in parts of Europe that have appeared in parallel to the financial crisis. Loots, (2012:15) started that one of the most important public health and social issues facing South Africa is how to deal effectively and compassionately with people and communities who are struggling due to alcohol abuse. Although significant achievements have been noted in the policy and legislative domain, the impact does not seem to match the extent of the disruption caused by alcohol abuse. There is an urgent need to re-address these policies and strategies to combat abuse. Moderate alcohol consumption has been shown to have significant health benefits but the disruption caused by alcohol abuse on different societal levels, ranging from family breakdown to crime, remains overwhelming (Loots, 2012:15). According to Galvani (2010:5), violence, crime and alcohol abuse have been shown to be a significant risk factor for domestic violence, although the relationship is complex. Drinking has also frequently been associated with intra-family violence. He further stated in his report evidence suggests a strong association between abuse and marital violence, but that violence rates vary, based on research design, methodologies and samples (Galvani, 2010:7). Borton (2017:4) stated that rapid social, economic and the technological change may, under certain circumstances, weaken the sense of family and reduce the sense of belonging to other people, groups and place.

He further stated that families can have a powerful influence on shaping the attitudes, values, and behavior of children. Lack of household stability, income or employment for a parent may increase stress on the family and its vulnerability, pushing marginal individuals to find solutions or solace in alcohol and drugs (Borton, 2017:6). The use of drugs is regarded as a major societal concern, and schools are regarded as a fortunate space for the development of prevention and health promotion; hence, education is the principal means of preventing drug abuse because other settings are important for the contributions they make to learning and socialization (Moreira, 2015:2). Researchers have found a close connection between drug abuse, criminal behavior and social attitudes. When drug problems in a community are perceived as serious, people must face unpleasant alternatives. They can accept the reality of drugs in their neighborhood, adapting to a situation that they cannot hope to change immediately, they can be forced to change their lifestyle to reduce the threat of drug dealing and violence in their streets and buildings, lastly, they can look for ways of addressing the problems within the environment by applying some form of
community action either with or without the support of the police, or they can flee to safer housing if possible (Moreira, 2015:5).

2.6.4. Effects of drug abuse and addiction on society

Ramsoomar, (2016:7) mentioned that substance abuse is a global challenge with detrimental effects on health, wealth and security of nations (UNODC: 2010). In South Africa, drug abuse has been associated with crime, interpersonal violence, risky sexual behaviour, negative health of users and negative psychological impact to their families. Drug and alcohol abuse in South Africa is alarming and a cause or contributor to many social, health and economic problems afflicting the population (Ramsoomar, 2015:8). Of major concern in the South African context is the growing problem of substance abuse among youth, which has been seen as a challenge that is denying this population group full participation in the socio-economic development of the country. According to Ramsoomar (2015:14), despite all the rules imposed by school, evidence indicates drug abuse is prevalent with school premises. Many learners reported that they have been offered, sold to or given illicit drugs at schools. It has become a culture now using dagga within school premises, or while attending school after drinking alcohol has also been reported as a fact by many learners (Ramsoomar, 2016:15). In the report that was compiled by Ramsoomar (2015:16) it shows the determinants of drug abuse by an individual, family and society. Alcohol use and drug abuse are influencing factors within an individual include gender, genetic, age, predisposition, alcohol knowledge, low self-esteem, impulsivity and sensation seeking.

Harter (2012:58) stated that drug abuse affects society in many ways, he mentioned that in the workplace service delivery and productivity is affected and it is costly in terms of lost work time and inefficiency. In addition to that, he further alluded to the fact that drug users are more likely than non-users to have occupational accidents, where they will be found in a compromising situations by themselves and those around them. According to Harter (2012: 59), it has been noted that over half of the highway deaths in the United States involved alcohol abuse and some research showed that drug-related crime can mess up neighbourhoods due to violence among drug dealers, threats to residents, and the crimes of the addicts themselves. Furthermore, it has been reported that in some neighbourhoods, younger children are recruited as lookouts and helpers because of the lighter sentences given to juvenile offenders, and guns have become normal among children and adolescents (Harter 2012:61).
According to Mai (2012:1), it has been noted with concern that substance dependence has a severe influence not only on an individual, but also on those closest to them, and society as a whole. In the United States alone, substance dependencies cost the government over 200 billion USD each year. In his report he mentioned that these expenses can be attributed to crime, disease, accidents, domestic violence, abuse, job loss, and homelessness (Mai, 2012:1).

According to Mai,(2012:1) substance use is the foundation of one in four deaths, which negatively results in frequent economic and social consequences. Following this further, substance abuse obsession deteriorates an individual’s physical and mental well-being. A lot of times, an individual will lose their jobs and, in the future, it would be difficult to find another job and their family will be suffering, which then results in sustaining support from society (Mai, 2012:2). Various concerns which would impact negatively in the society due to substance abuse addiction and drug abuse have been discussed. According to Mai (2012:3), the first impact to the society might be the loss of family where families of those trapped in the descending spiral of addiction go through a lot of challenges to make means to live. Moreover, these families are often at times subjected to domestic violence, abuse, and financial struggles. It has been noted that children in this type of environment are at risk for being removed from their homes and placed into government custody. It is said that the cost of putting children into state custody is approximately 1 billion USD each year. Another area of concern is when the children are removed from their parental homes this might result in over packed government institutions.

Government institutions like public health systems have been reported as extremely overworked. The records are showing that 15% of all patients admitted to hospitals had a substance addiction and nearly 25% of money spent by Medicare is on inpatient treatment that is directly related to substance addiction (Mai, 2012:3). In the safety and security state facilities it has been reported that around 80% of prisoners incarcerated are there because of a drug related offence and this is causing the prisons in the United States to be overpopulated. Inside the prison, 70% of inmates are involved in regular substance abuse which then gives a clear indication that a huge amount of crime can be attributed to substance addictions (Mai, 2012:4). This is because many drug addicts are trying to get hold of money to purchase their substance of choice. When a purchase does not work accordingly, they will want more money to fulfill their craving and it is when violence generally occurs during these circumstances. Half of all the individuals arrested for a serious crime, such as, murder, robbery, and assault, were under the influence of an addictive, and usually illegal, substance (Mai, 2012:5).
Taking this further, Mai stated that society is then expected to pick up and bear the cost for the law enforcement, court, and incarceration, since many substance offenders are on probation or parole, others are involved in a specialized justice program, social work, or vocational rehabilitation. All these programmes are offered because they are regarded as necessary to re-integrate individuals back into society (Mai, 2012:6). Lastly, the other impact on society that has been noted is the public impairment, where it has been observed that truck drivers, public transportation drivers, and even medical personnel have substance dependencies. It has been experienced that several accidents that have taken place on the roads have been faults of a driver who was driving under the influence at the time of incident when it took place. This not only causes injuries and fatalities, but also huge damage costs and reports have emerged from the health sector that some medical doctors that are blamed of malpractice also have a substance addiction offence levelled at them by their regulatory bodies. These cases have been recorded when doctors are judged of misconduct on disciplinary hearings (Mai, 2012:3).

2.6.5. Effects of drug abuse and addiction on an individual

Parry (2012:603) mentioned that people who use drugs experience a wide collection of physical effects other than those expected, because the excitement of a cocaine high person, for instance it is followed by a "crack", a period of anxiety, fatigue, depression, and an acute desire for more cocaine to alleviate the feelings of the crack. In the same way, marijuana and alcohol interfere with motor control and are factors in many vehicle accidents. In addition, users of marijuana and hallucinogenic drugs may experience hallucinations, undesirable recurrences of the drug's effects for weeks or months after use (Parry, 2012:603). It is easy to see that sudden abstinence from certain drugs results in withdrawal symptoms, for instance, heroin withdrawal can cause vomiting, muscle cramps, convulsions, and delirium. With the persistent use of a physically addictive drug, tolerance develops; that is frequently increasing amounts of the drug is needed to duplicate the initial effect. The sharing of intravenous needles used to inject some drugs intensely increases the risk of contracting AIDS and some types of hepatitis (Parry, 2012:603). In addition, increased sexual activity among drug users, both in prostitution and from the disinhibiting effect of some drugs, also puts them at a higher risk of AIDS and other sexually transmitted diseases. Because the purity and dosage of illegal drugs are uncontrolled, drug overdose is a constant risk. Many drug users engage in criminal activity, such as burglary and prostitution, to raise the money to buy drugs, and some drugs, especially alcohol, are associated with violent behaviour (Parry, 2012:604).
The great majority of homeless people have either a drug or alcohol problem or a mental illness; many have all three. Martins (2014:2) has stated that many people frequently abuse drugs and alcohol, although others may use these items recreationally. It has been reported that both drugs and alcohol can lead to a variety of health complications over time or even immediate consequences including death. These drugs, irrespective of how much they have been used, both affect the human body in different ways but can both cause problems independent of the other (Martins, 2014:2). Furthermore, drug and substance abuse has ruined and taken the lives of many people because the harmful consequences of substance abuse do not only affect the user only, but it goes beyond that and affects their families and the community they live in. Substance abuse and addiction makes a person emotionally unstable, they cannot control their feelings and when these reactions go unchecked they cause a lot of damage because sudden outburst result in some damaging decisions (Martins, 2014:3).

In addition, people who are using drugs are known to be liars and very deceiving. It is known that drugs are expensive, so many people are unable to keep their jobs and then the cycle of lying and deceiving begins with their loved ones, which causes immense hurt in the long run and also makes them lose their credibility. Another area that Martins (2014:5) touched on was the challenges that mostly affect people who are addicted to drugs, the issue of health, where individuals not only get harmed psychologically, but also makes them physically weak and disoriented. It has been reported that this takes a toll on the person’s health and a large number of health care problems like lung diseases, liver cirrhosis, tuberculosis and hepatitis are an outcome of substance abuse. Rehm (2011:1719) mentioned that chronic drinkers and alcohol abusers will often experience liver disease due to the excessive amounts of alcohol consumption. Genetic factors, personal susceptibility to alcohol and the toxicity of alcohol to the liver all play a role in the development of liver disease, with visible symptoms usually which stay dormant until the final stages of the condition, that result to abdominal pain and tenderness, fever, jaundice, appetite loss, mental confusion and unintentional weight gain. In other words, alternate symptoms may occur in tandem with these symptoms or separate of them, including hallucinations, agitation and rapid heart rate palpitations and vomiting of blood. Liver disease requires the immediate cessation of alcohol, since the liver can heal if liver cirrhosis has not yet occurred (Rehm, 2011:1720). However, if it already has, patients will need to undergo further treatment to manage any complications or require a liver transplant.
According to Rehm (2011:1721), drugs such as cocaine, crack, amphetamines and heroin can cause a distinct spike in regular bodily function, whereas the heart and breathing rate, blood pressure and body temperature notably increase while taking this drug, which requires the injection, snorting or inhalation of the narcotic. It is evident that since these drugs are highly addictive, a mere one use can catapult a user into a downward cycle of addiction, and often, first-time users stop breathing or suffer fatal heart attacks. The psychological and physical dependency to these types of drugs makes it exceedingly difficult to stop. Amphetamines, in particular, are psychologically addictive drugs in which users experience heightened degrees of aggression, anxiety and mood swings during withdrawal periods (Rehm, 2011:1722).

According to Borges (2013:2), the most dangerous mixture of drugs and alcohol is mixing a depressant with excessive alcohol while depressants such as tranquilizers and barbiturates calm the nerves and relax the muscles. In the same way, it has been stated that depressants, when mixed with alcohol, significantly reduce the heart rate, which can lead to shallow breathing and stopping of the heart altogether. Depressants are both psychological and physically dependent, as is alcohol. According to the report done by medical students at University of Rochester, mixing narcotic drugs can increase the possibility of a fatal overdose (Borges, 2013:2). Drugs can affect an unborn child. It is safer not to use any drugs during pregnancy unless under medical supervision. Psychoactive drugs cross the placenta (the barrier between the mother's and the baby's blood) so a baby is exposed to the same chemicals as the mother. These substances can have a negative impact in the growth and development of the unborn baby and cause miscarriage, premature birth and birth defects (Borges, 2013:2). It is recommended that women always check with their doctor or other health professionals if they are using or planning to use drugs including prescribed and over-the-counter medications, while pregnant or breastfeeding.

### 2.7. Most commonly abused drugs and their effects

In a report shared by Norgaard (2015:5), it is indicated that around 33,000 illicit drug users are between the age of 15-64 years and are estimated to live in Denmark, of whom around 11,000 are using cannabis, only 13,000 are said to be using intravenous opioids. According to the report produced by Volkow (2014:1), people are most likely to begin abusing drugs including tobacco, alcohol, and illegal and prescription drugs during adolescence and young adulthood. There are many reasons stated as to why people use various types of drugs, for instance, adolescents use
these substances because they seem to be accessible or easily attainable, including the desire for new experiences, an attempt to deal with problems or perform better in school, and simple peer pressure. In addition, (Laudet, 2011:1) stated that adolescents are biologically wired to seek new experiences and take risks, as well as to carve out their own identity. Trying drugs may fulfill all of these normal developmental drives, but in an unhealthy way that can have very serious long-term consequences. Many factors influence whether an adolescent tries drugs, including the availability of drugs within the neighborhood, community and school and whether the adolescent’s friends are using them (Volkow, 2014:1). Although it is impossible to measure the extent of drug use, drug use is everywhere. Drugs are classified for two major purposes with different emphases.

Cotto (2010:62) indicated that drugs are classified as follows: there are those that are known as socially acceptable drugs which include caffeine, alcohol, nicotine, another category is over the counter drugs known as cough mixture, appetite, suppressants, analgesic (pain killers e.g. aspirin, paracetamol and codeine and combinations thereof) and prescription or scheduled drugs which are tranquilizers and are also called hallucinogens, diazepam, benzodiazepines, barbiturate, these drugs amplify the mind’s imagination so that the user believes that their hallucinations are real and, lastly, illegal drugs which are dagga, mandrax, LSD, heroin, cocaine and crack, which are also known as stimulants. Furthermore these stimulants are mood elevators because they produce euphoria which gives you a sense of well-being & awareness (Cotto, 2010:62). Figure 1 indicates the charts of all illegal drugs.

Figure 1: The Chart for all illegal drugs

Source: Silk Road Anonymous Marketplace (2011)
2.7.1. Physical and Psychological effects of Substance Abuse

2.7.1.1. Alcohol

Substance use, particularly alcohol, is a common source of social and health problems in almost all countries in the world, South Africa included. According to Keough (2015:33), alcohol use varies developmentally, sometimes there are different phases or stage in usage, for instance, the use might be increasing in the late adolescence, peaking in the early 20s and there might be a slight evidence of declining sharply thereafter. Alcohol use among young adults is twice that of adults and many experience problems related to heavy drinking, for an example, those under the influence may experience blackouts and sexual victimization (Keough, 2015:33). In addition, Keough (2015:33) mentioned that, while most individuals mature out of alcohol misuse, some young adults continue to drink heavily and go on to develop an alcohol use disorder.

According to Rossow (2015:99) while alcohol’s harm to the health of the drinker is well described, much less is known about the social harm to drinkers and the negative effects on people other than the drinker. He further indicates that some particular areas of alcohol’s harm to others have been studied quite extensively, including fetal alcohol syndrome and other consequences of prenatal alcohol exposure, drunk driving and other alcohol related traffic accidents, including alcohol related violence (Rossow, 2015:99). However, he adds that in terms of the broad range of other health and social harms that people may experience as a consequences of others, drinking seems to have been the less extensively examined and the total burden to the society of drinking is still incomplete. Lastly, Rossow, (2015:99) indicated that while a comprehensive review of the literature on alcohol’s harm to others is still warranted, there is evidence that provides the impression that many of the studies in this area are based on cross-sectional population surveys. According to Lund (2015:77), alcohol contributes to the harm of both the drinkers and those close to them. Lund also indicated that the global burden of disease from alcohol estimates all deaths and disability-adjusted life years lost, while persons which alcohol abuse or dependence are more likely than others to experience harm from own drinking, light and moderate drinkers also account for a substantial proportion of the health burden due to alcohol use. Moan (2015:45) mentioned that alcohol is associated with a wide range of negative consequences, including harm to health and social problem, furthermore it has been reported that a number of countries have recently conducted surveys to map the extent of such harm in their countries (Moan, 2015:45).
According to Clausen (2015:125), globally, alcohol-related injuries accounted for almost a third of all the years of healthy life lost or disability-adjusted life years known to attributable to alcohol use. These injuries includes unintentional injuries such as motor vehicle accidents and falls and intentional injuries such as suicide and violence. Furthermore, the report produced by Global Burden of Disease Study in 2013 indicates that the prevalence of these forms of alcohol-related injuries increased in both frequency and impact (Clausen, 2015:125). Taylor, (2010:109) he stated that substance use, particularly alcohol, is a common source of social and health problems in almost all countries in the world, South Africa included. Alcohol abuse is a pattern of problem drinking that leads to health consequences and social problems or both. Alcohol is known to be a depressant which depresses the activity of the central nervous system. Alcohol has both short-term and long-term effects on individuals using it (Taylor, 2010:110). With the short-term effects a person can suffer from a distorted vision, hearing and co-ordination, impaired judgement, altered perceptions and emotions and, lastly, bad breath and terrible hangovers. It has been noted that long term effects include loss of appetite, vitamin deficiencies, stomach ailments, skin problems, sexual impotence, liver damage, heart and central nervous system damage and memory (Tait, 2013:902). The Figure 2 below displays the effects caused by alcohol in the body.

**Figure 2: Too much alcohol can affect health**

![Image of effects caused by alcohol in the body](source: Alcoholism in South Africa (2016))
2.7.1.2. Methamphetamine

According to Chang (2015:361), methamphetamine is a stimulant drug usually used as a white, bitter-tasting powder or a pill. Crystal methamphetamine is a form of the drug that looks like glass fragments or shiny, bluish-white rocks. It is chemically similar to amphetamine (Chang, 2015:362). Methamphetamine is a stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system. It is used in a pill form or in a powdered form by snorting or injecting (Chang, 2015:362). Mackie (2015:62) explains that the short-term effects of this drug include increased heart rate, high blood pressure, increased wakefulness, insomnia, increased physical activity, decrease in appetite, extreme anorexia, respiratory problems, convulsions, cardiovascular problems which can lead to death, irritability, confusion, tremors, anxiety, paranoia, violet behaviour, consequently, this drug can cause irreversible damage to blood vessels in the brain, which might result to strokes. Lastly, Mackie (2015:63) intimates that drug users who inject themselves and share needles are at high risk of acquiring HIV/AIDS (Mackie, 2015:63). The Figure 3 below illustrates how methamphetamine affects the body.

Figure 3: How Meth affects the body

![HOW METH AFFECTS THE BODY](source: Your life recovers centre.com (2016))
### 2.7.1.3. Cocaine

Quintero’s (2011:121) definition of cocaine is that it is a white powder that comes from the leaves of the South American coco plant and it is either snorted through the nasal passages or injected intravenously. Cocaine belongs to a class of drugs known as stimulants, which tend to give a temporary illusion of limitless power and energy that leave the user feeling depressed, edgy and craving more (Quintero, 2011:123). In his report Degenhardt (2012:56) points out that this drug is associated with physical and psychological risks when using any amount of cocaine. He further stated some physical risks associated with using of cocaine, which include breathing problems, body temperature, respiratory failure, hepatitis, brain seizures and the reduction of the body’s ability to resist and combat infection (Degenhardt, 2012:57). Psychological risks may include violent, erratic or paranoid behavior, hallucinations, confusion, anxiety, depression, loss of interest in food or sex, lastly, cocaine users become psychotic by losing touch with reality, loss of interest in friends, family, hobbies and other activities. Another issue that has been raised as a setback due to the abuse of cocaine is that some users spend hundreds or thousands of rand and dollars and they will do anything to support their habit; furthermore, many turn to drug selling, prostitution and be involved in other crimes. Figure 4 demonstrates how cocaine affects the body.

**Figure 4: Side effects of chronic use of Cocaine**

Source: American Journal of Drug and Alcohol Abuse (NIDA 2015)
2.7.1.4. Hallucinogens

According to the report issued by Pommy (2012:545), these types of drugs are substances that distort the perception of objective reality and can also result in unpredictable, erratic and violent behaviour in users, these sometimes lead to serious injuries and death. Johnston (2014:7) has also alluded to the fact that the effects of hallucinogens can last for 12 hours in an individual. In addition, he mentioned that LSD is one of the types that fall under hallucinogens which produce tolerance so that the person using it could take the drug repeatedly and people who take it are said to be pushed by the cravings to take higher and higher doses in order to achieve the same state of intoxication (Johnston, 2014:8). According (Johnston, 2014:8) this action is said to be very dangerous, given the unpredictability of the drug and the outcome could be increased risk of convulsions, coma, heart and lung failure, which could to sudden death of the user, these drugs have been identified to have very serious physical and psychological risks associated with them. An individual abusing hallucinogens can suffer from sleeplessness, tremors, lack of muscular co-ordination, sparse, mangled, incoherent speech and decreased awareness of touch and pain that can result in self-inflicted injuries (MacLean,2013:381). Psychological risks associated with these drugs are as follows: as sense of distance and estrangement, confusion, flashbacks, behaviour similar to schizophrenic psychosis and lastly catatonic syndrome whereby the user becomes mute, lethargic, disoriented and makes meaningless repetitive movements (MacLean,2013:383).

Figure 5 demonstrates the effects caused by hallucinogens drugs in the body.

Figure 5: Effects of LSD

• Begins to work 30 min. after ingested and can work for over 12 hrs
• Physical Effects:
  - Dizziness, increased heart rate, nausea
• Psychological Effects:
  - Sense of unreality, hallucinations, perception of time
• Depending on:
  - Dose, emotions, setting, other drugs

Source: Drug free world report (2015)
2.7.1.5. Marijuana

According to Morse (2015:69), in the reported consolidated by SAMHSA, marijuana is the most commonly used illicit drug among Americans with approximately 22 million users, which is nearly 20% of 18 to 25 years. This clearly confirms that marijuana use is problematic for many young people. Lefever (2017:1) also concurs that marijuana is the most widely used illicit drug in the country and tends to be the first illegal drug that the teenagers use and further indicates that this type of drug can be either smoked or swallowed. For Glasheen (2017:1), marijuana use is associated with a number of adverse physical and behavioural health outcomes, including poorer performance on neurocognitive tests, lower educational attainment and risk of marijuana use disorder. Glasheen (2017:2) mentioned that short term effects of using marijuana are difficulty in keeping track of time, impaired or reduced short term memory, reduced ability of an individual to be able to perform tasks requiring concentration and co-ordination such as driving a car; another visible risk is when users develop bloodshot eyes, dry mouth and decreased social inhibitions. Minian (2016:21) stated that the long-term effects of using marijuana are as follows: an enhanced cancer risk, decrease in testosterone levels for men, also lower sperm counts which lead to difficulty having children, same effects to women in respect of risk of infertility and diminished or extinguished sexual pleasure. Lastly, physical effects of marijuana use, particularly on developing adolescents, can be acute, which can lead to blocked messages going to the brain and alter individual’s perceptions and emotions, vision, hearing and normal co-ordination (Minian, 2016:21). Figure 6 demonstrates the side effects caused by dagga/marijuana in the body.

Figure 6: Effects of Dagga/Marijuana in the body

Source: Additionblog.org (2016)
2.7.1.6 Opioids

Opioids are medication for pain. They are known as drugs that reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Types of drugs that fall under opioids are morphine and codeine. The effects that are caused by opioids in the brain and body are that they act by being attached to specific proteins called opioid receptors, which are found in the brain, spinal cord, gastrointestinal tract and other organs in the body. So, when these drugs attach to their receptors, they reduce the perception of pain and they can also lead to drowsiness, mental confusion, nausea, constipation and, depending on the amount of drug taken, can lead to depressed respiration. Figure 7 illustrates the effects of opioids in the body.

Figure 7: Effects caused by Opioids in the body

Source: Addition Science and Clinical Practice (Opioids) (2016)

2.8. Trends of Drug Abuse

Statisticians analyze numerical information on subjects as varied as medicine, politics and even commercial retail sales – allowing researchers to investigate trends and test new ideas. As the phenomenon of substance abuse stubbornly continues to impose individual, familial and social dysfunction, experts look for the best ways to counter this plague. Statistics inform drug abuse treatment professionals of the populations that are most prone to addiction, the popular drugs of
choice among various age groups, rates of relapse after treatment and education levels among abusers. With this information in hand, drug policymakers can design more effective prevention and treatment programs than they might otherwise. The World Drug Report is the source document that will used to track the trends of drug abuse and addiction globally, while the South African Community Epidemiology Network on Drug Use will be the source used in the monitoring of alcohol, tobacco and other drugs trends in South Africa. The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, Port Elizabeth (PE), Mpumalanga, and Gauteng (Johannesburg/Pretoria). The system, operational since July 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from multiple sources. Data is collected from over 50 specialist treatment centres, psychiatric hospitals, mortuaries, and the police Forensic Science Laboratories (FSL). Other data sources (e.g. community studies) are included when available. Figure 8 illustrates the trends of drug use.

Figure 8: Statistical trends of Drug Abuse

Source: Independent Scientific Committee on Drugs (2013)
2.9. Factors that contribute to drug abuse and addiction

In his report, Pius (2012:2) stated that drug and alcohol abuse result in chemical dependency which yields the results of the substance that’s being abused to turn out to be the sole centre of an addict’s life. A recent study piloted by the National Survey on Drug Use and Health discovered that an illegal drug use by people living in the United States has reached its highest level since the early 2000s. Additionally, it was reported that approximately 130 million people admitted to be drinking or experimenting with alcohol (Pius, 2012:2). In pursing this further he mentioned that people have often wondered what makes others users to be more prone to the abuse of drugs and alcohol than others. There has been an evident advancement of certain circumstances where situations and predispositions had pushed some individuals towards substance abuse, while others work through these same challenges in ways that help them avoid the use of alcohol or drugs (Pius, 2012:3). In closing his discussion, he opines that whether an individual has a desire to avoid substance abuse and addiction within the family environment, there are concerns pertaining to their drug or alcohol use or fear for a loved one with an addiction; learning more about substance abuse and the factors that lead to it can help and what is important and helpful is to understand exactly what addiction is (Pius, 2012:4). According to Taheri (2016:2155), addiction is an unpleasant social occurrence that has a destructive consequence for the addicted individual himself, his family and the entire community and everybody close gets affected directly or indirectly. In trying to understand the damage caused by this prevalence, Taheri (2016:2155) maintains that drug addiction is a major problem in the modern society that destroys millions of lives and wastes national resources for the fight against addiction and the treatment of its subsequent harms. It has been noted that drug addiction is associated with great biological, psychological and social problems and harms to the society and undermines its safety (Taheri, 2016:2153).

According to Raeisei (2015:329), it has been noted that, today, the problem of addiction extends beyond the boundaries of health and treatment and has turned into a social crisis and an ominous phenomenon. It has been reported that drug abuse is one of the most debated issues in the field of psychology and sociology that attracted experts. It can be confirmed with no argument and certainty that an accumulative use of drugs has been turned into one of the large and complex problems in human societies (Raeisei, 2015:329). Govari (2011:279) confirmed in his discussion that this difficulty arises because addition involves various aspects which are biological, mental, sociological, economic and cultural problems and it could not be paid attention only from one
angle on drug addicts. The most frequent causes of the tendency for drug use included, in the order of frequency, having addicted friends, unemployment, lack of respect for religion, economic problems, marital conflicts, poor access to recreational facilities, the availability of drugs and not having the power of saying ‘no’ to others (Govari, 2011:279). Govari (2011:280) further argues that despite the studies conducted on the causes of the tendency for drug use, some of the factors contributing to this phenomenon still remain to be identified through further studies. In addition, he stated that they vary from one society to another and are influenced by the specific cultural, social and structural features of the societies concerned. His study was conducted to investigate the factors affecting the tendency for drug abuse in patients presenting to an addiction treatment centre (Govari, 2011:280).

According Tracy (2016:2), here are the various risk factors that contribute to substance abuse and these are based on the belief that risk factors are conditions or behaviors which increase the likelihood that a problem will develop. Furthermore, she affirms that drug and alcohol abuse resulting in chemically dependency cause the substance that’s being abused to become the sole focus of an addicts’ life. Justice’s (2011:6) reports lists the following factors as contributors to drug abuse: drugs or alcohol addiction runs in the family, presence of psychological problems or mental illness, a personality prone to risky behaviours, social risk/peer pressure, lack of healthy coping mechanisms and life skills. Along with peer pressure, there are several other major factors that can influence the abuse of drugs among youths, namely, weak parental control, child abuse, imitation, emotional stress, truancy among students, the availability of the drugs and the ineffectiveness of laws on drug trafficking. In discussing the causes why people take drugs, Steinberg, (2011:211) stated that there are many reasons why people take drugs, here are some of the factors which can influence them: issues such risk taking which refers to the fact that some people are more drawn to risk taking than others because they may use drugs to fit in with their social group or to help them cope, for a sense of release or individual transformation, or for the thrill. Another aspect may be predisposition which may be that the genetic or psychological characteristics mean these individuals are more likely to take drugs (Steinberg, 2011:211).

According to Jones (2010:1189), some people try drugs for the first time as an experiment because they are curious or because friends are doing it and they want to try it to see how it affects them and talk about their experiences with their friends afterwards. In addition, he states that gender and age can be a contributor, because the age when an individual first tries drugs can influence how he or she will go on to use them. Jones further indicates that the younger people
start drinking alcohol, the more likely they are to try hard drugs later on. In closing his discussion, Jones (2010:1190) concluded by saying young men are more likely to experiment with drugs than women, however, heavy drug use can cause more damage to young women. Another reason why people are likely to take drugs is what is called the buzz. This has been reported as a major factor, as many people take recreational drugs for the ‘buzz’ or ‘thrill, by so doing they make a deliberate choice to pursue this ‘high’ (Jones, 2010:119). Peer group pressure is suspected to be another reason for drug taking. McPherson (2010:212) stated that there are two schools of thought on the influence of people’s friends in drug use. The first one is that the group can pressure an individual into taking drugs and the second one could be that people may choose to hang out with people who are into the same things as they are. He further said that, in other cases, drugs are taken because they are available. It is a fact that the easier the person has access in getting drugs, the more likely that they will be prone to use them. Lastly, he alluded to the fact that there might be a risk and also influence the type of drugs an individual use (McPherson, 2010:215). Goodman (2011:660) stated that family, social and environmental factors, in the sense that people who live in a ‘deprived’ state, where the risk factors are high and the protective factors low, have a higher risk of using drugs. In his view, in terms of family, the important factor is how happy and stable your family life is, rather than whether you have two parents or not (Goodman, 2011:660). Lastly, another aspect that has been seen as a reason for people taking drugs is for a personal purpose such as when some people use drugs to lose weight or to help them concentrate, and others may have self-diagnose problems and use drugs to self-medicate (Goodman, 2011:662).

2.10. Interventions for drug abuse and addiction both globally and South Africa

According to Kalula (2012:1), substance abuse remains a major global health and social problem. It has been reported that the production and abuse of addictive stimulants has increased dramatically in South Africa in the last decade and, in particular, there has been an increase in demand for treatment services for first-time admissions in recent years (Kalula, 2012:1). He further stated that not only has this increase impacted on costs to the public health system, but it has been noted in other epidemics, such as HIV, which also have increased significantly. Kalula, (2012:1) alluded to the fact that there is great need for the development of comprehensive, effective and sustainable strategies for the prevention and management of substance abuse, which
requires a multi-sectoral approach, and suggested that all key stakeholders should join hands in fighting this scourge. He mentioned various professionals such as health-care, policymakers, psychiatrists and researchers (Kalula, 2012:2). In addition, he referred to possible interventions which may include primary prevention that ensures that substance abuse does not develop; secondary intervention, which refers to involvement in early identification and effective treatment in order to prevent escalation and, lastly, what is called tertiary intervention which can possibly reduce substance-related harm (Kalula, 2012:2). In his discussion, he declared that in South Africa, data is collected on admission for treatment for drug abuse every 6 months as a regular monitoring system for drug use trends (Kalula, 2012:2). Substance Abuse is a multi-dimensional challenge that requires a multifaceted and integrated gamut of interventions.

There are various programmes that have been introduced through the National Drug Master Plan (2013-2017) which stipulates different strategies, such as demand reduction or reducing the need for substance through prevention, that includes educating potential users, making the use of substances which are culturally undesirable and imposing restrictions on the use of substances, supply reduction or reducing the quantity of the substance available on the market and, lastly, harm reduction which is aimed at limiting the damage caused to individuals or communities who have already succumbed to the temptation of substance abuse. Kalula, (2012:2) stated that treatment or rehabilitation services for substance abuse problems have not kept pace with the increase in demand for treatment and the treatment programmes do not operate on evidence-based treatment models. It is thus important to monitor drug use patterns and predict trends over time. Addiction treatment centres tend to use brief interventions for relieving the patients of their addiction; for instance, training programs for anger management, motivational programs for reducing drug use and drug dependence, cognitive behavioural therapy and programs for preventing relapse into addiction.

2.11. Summary

Drug addiction is a serious problem since it has severe negative consequences for addicts, their friends and families, and the community at large. Many theories have been put forth to explain why some people engage in such self-destructive behaviour. Alcohol and other drug addiction is a societal problem that is steadily growing, contributes to the destruction of families and communities. Research has identified a strong connection between disrupted family relationships and alcohol and other drug addictions. Alcohol and other drug misuse is an increasing social
problem that contributes to the destruction of individuals, families and communities. Substance abuse results in enormous costs to the abuser, his or her family and the community. The pathway to drug misuse is complex and determined by multiple biological, psychological, cultural and environmental protective and risk factors that interact with each other and change over time, from conception to adulthood. The fact that there are so many potential causes for substance abuse, according to Lutchman, (2015:3) gave rise to numerous theories that attempt to explain this social problem and shed light on how it can be addressed. This multitude of theories includes those that can be used to explain the drug-crime relationship as well as numerous biological, psychological and sociological theories aimed at understanding substance abuse and addiction. One of the most popular theories of alcoholism, and addiction in general, has been termed the disease model.

This conceives of alcoholism and other drug addiction as a progressive and predictable disease. However, other studies have indicated that over time a fundamental transformation has taken place whereby the focus on the individual as the identified person with the addiction continued, but the family began to be seen as either being the cause of alcoholism or as partly responsible for its maintenance. A large body of research suggests that family members often play an important role in the lives of those who abuse alcohol and other drugs. Researchers focusing on the role of family relationships in the creation and maintenance of alcohol and other drug-related problems have identified a strong connection between disrupted family relationships and alcohol and other drug addictions. Some research highlights the potential relations between alcohol-related coping behaviours and both psychological and relationship distress. Issues related to alcohol and drug abuse colour all behaviour within a family system. Many researchers suggest some markers that distinguish alcoholic families from other families, including reciprocal extremes of behaviour between family members, lack of a model of normalcy, and power imbalances in family organisation. Some psychological factors that affect the alcoholic and their family include the stigma associated with alcoholism, emotional withdrawal, guilt and craving.

It has been noted that the impact of drinking on family roles, communication, social life and finances; for example, finances that are limited through expenditure on alcohol, family gatherings that are spoiled because of drunken behaviours, and roles that have to be allocated because the addicted family member is unable to carry out daily tasks is immense. The first obstacle is to recognise and admit a problem, or listen to loved ones who are often better able to see the negative effects of drug use. Young people who abuse substances often experience an array of problems including academic difficulties, health-related problems, mental problems like
depression, and poor peer relationships. Family relationships are also affected. Substance abuse by youths often results in family crises and can jeopardise many aspects of family life. The social and economic costs related to youth substance abuse are high. They result from the financial losses and distress suffered by alcohol and drug related crime victims, increased burdens for the support of young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youths. There is an undeniable link between substance abuse and delinquency. It cannot be claimed that substance abuse causes delinquent behaviour or delinquency causes alcohol and other drug use. However, the two behaviours are strongly correlated and often bring about school and family problems, involvement with negative peer groups, lack of neighbourhood social control and physical or sexual abuse. Substance abuse is associated with both violent and income generating crimes by youths. Gangs, trafficking, prostitution and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1. Introduction

This Chapter presents the description of the research process. It provides information concerning the method that was used in undertaking this research as well as a justification for the use of this method. It also describes the various stages of the research, which includes the selection of participants, the data collection process and the process of data analysis. The Chapter ends with a discussion of validity and reliability in qualitative research and discusses the way in which these two requirements were met in the current study. This research explored the effects of substance abuse and addiction on society, especially at KwaMashu Township.

3.2. Research Methodology

A research methodology or strategy is determined by the nature of the research question and the subject being investigated. It provides the perspective or the angle that the researcher wishes to take on the question being asked. Markar (2016:3) affirms that research methodology is a logical way to solve a problem and it is a discipline of studying how research is to be carried out. In addition, he states that it is the procedure by which researchers go about their work of relating, clarifying and expecting phenomena. It is also defined as the study of methods by which understanding is gained and its aim is to provide the work plan of the research. This section gives a description of the methodology that was used in this study. The researcher used a mixed method approach.

3.3. The Research approach (Mixed methods approach)

Traditionally, there are three branches of methodology namely, quantitative qualitative and mixed methods. Mixed methods ideally include the benefits of both methods (Hughes, 2016:3). Quantitative analyses employ descriptive and inferential statistics, whereas qualitative analyses produce expressive data that provide descriptive details (often in narrative form) to examine the study’s research objectives. Whereas qualitative data may be collected via measures such as self-reports and physiological tests, qualitative data are collected via focus groups, structured or semi structured interviews, and other forms (Creswell, 2013). A mixed method approach is helpful in the sense that it is able to conduct in-depth research and, when using complementary methods or strategies, it provides for a more meaningful interpretation of the data and phenomenon being examined.
The research study has applied mixed methods approach because it involves both collecting and analysing quantitative and qualitative data, meaning a researcher collects both numeric and text information. According to Vos (2011:435), mixed method studies may involve collecting and analysing qualitative and quantitative data within a single study or within multiple studies in a programme of inquiry.

3.4. Research Design

According to Cameron, (2011:76), research design includes the process and methods used to carry out scientific research and there are numerous methods of classifying research designs, but often the distinction is artificial and other times different designs are combined (Cameron, 2011:76). Gordon( 2016:3), on the other hand, stated that a research design is a framework or plan for a study employed as a guide in gathering and evaluating data and, in addition, it is the determination and statement of the general research approach or strategy adopted for the particular project (Gordon, 2016:16). In his report, Bushe (2011:88) mentioned that research design is the heart of planning, he further made known that, if the design adheres to the research objective, it will ensure that the clients’ needs are served (Bushe, 2011:88). In addition he explained that the intention of research in the plan, structure and strategy of investigation are conceived so as to obtain answers to research questions and to control variance. Bushe (2011:89) divulged that research design is the specification of methods and procedures for acquiring the information needed. It is the over-all operational pattern or framework of the project that stipulates what information is to be collected from which source by what procedures.

Lapadat (2010:81) revealed that research design carries an important influence on the reliability of the results attained, which therefore provides a solid base for the whole research. In his discussion Denzin (2012:86) mentioned three types of research design that can be applied when conducting a research study. These types of research design are known as descriptive, explanatory and exploratory. Turner, (2015:244) stated that descriptive research does not fit well with the classification of either quantitative or qualitative research methodologies, but instead it can utilize elements of both, often within the same study. Descriptive research is a study of status and is widely used in epidemiology, and the behavioural sciences. Its value is based on the premise that problems can be solved and practices improved through observation, analysis, and description (Turner, 2015:244). According to Gibbert (2010:72), explanatory purpose is conducted for a problem which was not well researched before, demands priorities, generates
operational definitions and provides a better-researched mode and it is actually known as a type of research purposes which focuses on explaining the aspects of the study in a detailed manner. He confirmed that explanatory attempts to clarify why and how there is a relationship between two or more aspects of a situation or phenomenon, which then it is undertaken to explore an area where little is known or to investigate the possibilities of undertaking a particular research feasibility study/pilot study (Gibbert, 2010:73). The last research design, according to Torrance (2012:112), refers to exploratory research which is defined as the initial research into a hypothetical or theoretical idea because this is where a researcher has an idea or has observed something and seeks to understand more about it. In addition, he indicated that an exploratory research project is an attempt to lay the groundwork that will lead to future studies or to determine if what is being observed might be explained by a currently existing theory (Torrance, 2012:113). According to (Babbie, 2013:50), exploratory research focuses on providing a beginning familiarity with a topic, when the subject of study is relatively unstudied. The researcher chose to use the exploratory research type because it helped to determine the best research outcome, data collection method and selection of subjects. The study attempts to explore the effects of substance abuse and addiction on society and was conducted at KwaMashu in the North of Durban.

3.5. Research Paradigm

The researcher has used a constructivist worldview because the goal of the research undertaken relied fully as much as possible on the participants views of the situation being studied and it is typically seen as an approach to qualitative research. This approach assisted the researcher because it also focused on the specific contexts in which people live and work in order to understand the historical and cultural settings of the participants (Mertens, 2012:2). Petersen (2013:654) states that worldview refers to a set of opinions that guides an action. While, according to Scotland (2012:10), a research paradigm is “the set of common beliefs and agreements shared between scientists about how problems should be understood and addressed.” Thorpe (2012:23) mentioned that, in really simple terms, the three most common paradigms are explained as follows, positivists believe that there is a single reality, which can be measured and known, and, therefore, they are more likely to use quantitative methods to measure this reality, constructivists believe that there is no single reality or truth, and reality needs to be interpreted, and, therefore, they are more likely to use qualitative methods to get those multiple realities and pragmatists believe that reality is constantly renegotiated, debated, interpreted, and therefore the
best method to use is the one that solves the problem (Thorpe, 2012:23). Jakobsen (2013:2) stated that positivism in general refers to philosophical positions that give emphasis to empirical data and scientific methods and further stated that this tradition embraces that the world consists of regularities, that these regularities are detectable, and, thus, that the researcher can conclude understanding about the real world by observing it (Jakobsen, 2013:2). Scotland (2012:10) in his argument stated that, the transformative paradigm with its associated philosophical expectations is used as a framework for addressing inequality and injustice in society using culturally competent, mixed methods strategies. Additionally, the recognition that realities are constructed and shaped by social, political, cultural, economic, and racial/ethnic values indicates that power and privilege are important determinants of which reality will be privileged in a research context (Scotland, 2012:11). According to Mojtahed (2014:86) the constructivism philosophical paradigm is an efficient tool that can yield many benefits when implemented in the carrying out of research in diverse fields of study as well as in undertaking teaching and learning activities at any educational level. Mojtahed (2014:87) described the constructivist approach to research as being based on understanding the world of human experiences and further stated that this world of experiences is continuously shaped through the human interaction with objects and other subjects (Mojtahed, 2014:87). In addition, he explained that in order to access and achieve an understanding about human perceptions, one of the main requirements of the constructivist approach is the establishment of a reciprocal and communicational ground between the research project participants and researchers in the co-construction of meaning (Mojtahed, 2014:87). Eventually this would lead to building a theory that is based on the experiences of researchers and that of research participants.

3.6. Site Selection

Rikalovic (2014 :1055) defines site selection as one of the basic vital decisions in the start-up process, expansion or relocation of businesses of all kinds. A research site is defined as the single organisation responsible for conducting the research at a particular locality. This part of research explains briefly and describes the geographical area where the study will be conducted. It also specifically states the place where the population exists and lastly justifies why that location was selected. The case study for this research study was located at KwaMashu Township, which is a township situated 32 kilometres north of Durban, South Africa. The name is in honour of Sir Marshall Campbell and it means place of marshal. This area has a population of 3 91832 and dominated by Africans.
3.7. Sample and Sampling

Driscoll, (2011:167) describes sampling as a term used within survey research to define the subset of people that are included in the study. Community members of Kwamashu in Ward 104 were utilised as a sample in this study. The sampling technique that has been used for this study is convenience sampling, which is also known as accidental sampling. The reason for selecting this technique is because participants were selected based on their experience and thus it was easy to get access to them.

3.8. Target Population

A population is defined by Wild (2013:186) as the total group of people or entities from whom information is required; whereas Babbie (2010:173) defines population as the theoretically specified aggregation of study elements. In this research study, the population targeted was community members who were given questionnaires to fill in as they reside in the area and where the incident took place, the local leadership, which consisted of the ward councillor where the school is situated and the principal of the school with whom face-to-face interviews were conducted.

3.9. Data collection methods

Data collection is one of the most important aspects of any research study. Researchers need to take great care when they collect data because, if it collected incorrectly, it will lead to invalid results and findings. Rossman (2014:4) stated that mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration. To do this, the researchers gather information on what they see, hear and read. In his report, Dana (2011:168) confirms that a systematic approach is used to collect and measure evidence from different sources and develop a comprehensive representation of an area of interest. The researcher conducted face-to-face interviews and questionnaires to collect data.

3.10. The research instrument

Strydom, (2011:495) stated that research instruments are measurement tools designed to obtain data on a topic of interest from research subjects; these might be scales or questionnaires. He
further mentioned that these are tools developed by researchers to achieve their stated objectives when carrying out a research study, which, in other words, means research instruments are designed tools that aid the collection of data for the purpose of analysis (Strydom, 2011:496). In his definition of these tools he mentioned a few of the several types of research instruments, as follows: a questionnaire, as well as an interview, which can be structured and unstructured as well but has to be person-to-person or through telephone (Strydom, 2011:498).

### 3.10.1 The questionnaire

The objective of utilizing a questionnaire in collecting data is to acquire facts and opinions about an occurrence from people who are knowledgeable on the particular subject (Doody, 2013:29). According to Panneerselvan (2012:6) questionnaire is a research instrument which is made up of a series of questions and other prompts for the purpose of gathering information from the respondents. Monette (2011:164) regards a questionnaire as a way to collect data in survey research that contains recorded questions that people respond to directly on the questionnaire form itself. Kara (2012:14) stated that a questionnaire is often the first tool that people consider when undertaking a research project and it is an instrument consisting of a list of written questions for the purpose of gathering information from participants. Questionnaires are a form of structured interviewing, where all respondents are asked the same questions and are often offered the same options in answering them. These were distributed to 50 community members to complete. The principal of Zeph Dhlomo Secondary School and the councillor of Ward 105 were involved in the face-to-face interview process.

### 3.10.2 The interview

According to Hamza (2014:40), interviews in the field of social science research have been regarded as very useful and long remained recognized and further stated that an interview is “conversation, whose purpose is to gather descriptions of the life-world of the candidate” with respect to the interpretation of the meanings of the ‘described phenomena’ (Hamza, 2014:40). In addition to that definition, an interview is an extendable conversation between partners that aims at having ‘in-depth information’ about a certain topic or subject, and through which a phenomenon could be interpreted in terms of the meanings interviewees bring to it (Hamza, 2014:41). Rabionet (2011:564) mentioned that the interviews have today become one of the most extensive information-producing practices across the human and social sciences, in general and in critical psychology, more specifically.
She further opines that an interview occurs in a variety of forms, ranging from formal interviews, for example, conducted in surveys, through the internet, over the telephone, or in face-to-face interaction, to more informal conversations conducted for research purposes (Rabionet, 2011:565).

3.10.3. Semi-Structured Interviews
In a semi-structured interview, the researcher provides some structure based on her research interests and interview guide but works flexibly with the guide and allows room for the respondent’s more spontaneous descriptions and narratives. A semi-structured interview is a qualitative method of inquiry that combines a pre-determined set of open questions (questions that prompt discussion) with the opportunity for the interviewer to explore particular themes or responses further. A semi-structured interview does not limit respondents to a set of pre-determined answers (unlike a structured questionnaire). Semi-structured interviews are used to understand how interventions work and how they could be improved. It also allows respondents to discuss and raise issues that you may not have considered.

3.10.4. Unstructured Interviews
Unstructured interviews in qualitative research involve asking relatively open-ended questions of research participants in order to discover their precepts on the topic of interest. Unstructured interviews are the opposite of structured interviews. Unstructured interviews are more like an everyday conversation. They tend to be more informal, open ended, flexible and free flowing. Questions are not pre-set, although there are usually certain topics that the researchers wish to cover.

3.10.5. Face-to-Face Interviews
May (2010:34) defines face-to-face interview, also called an in-person interview, as probably the most popular and oldest form of survey data collection method. He further argues that it has continued to be the best form of data collection when one wants to minimize nonresponse and maximize the quality of the data collected. Face-to-face interviews are often used to solicit information in projects that can be considered to be very sensitive, for example, data collection on sexual behaviors (May, 2010:35).
Thus, the face-to-face interview method ensures the quality of the obtained data and increases the response rate. Face-to-face standardised semi-standardised interview is a quantitative research tool. Therefore, it is applied in national or certain regional population inquiries, consumer, and customer or reader surveys (Johnson, 2012:23).

3.10.6. **Validity and reliability of the research instrument**

The results that are obtained from the primary data analysis are validated for correctness with the support of two parameters which includes, validity and reliability of the research. According Lakshmi (2013:2753), the use of reliability and validity is common in quantitative research and is now reconsidered in the qualitative research paradigm. The challenges of achieving reliability and validity are among the most difficult faced by researchers. Reliability and validity are the two most important and fundamental features in the evaluation of any measurement instrument or tool for a good research. The purpose of this section is to discuss the validity and reliability of measurement instruments that are used in research. Validity concerns what an instrument measures, and how well it does so. Reliability concerns the faith that one can have in the data obtained from the use of an instrument, that is, the degree to which any measuring tool controls for random error.

3.10.7. **Validity**

Validity is the primary concern of all researchers who gather educational data. Validity is the most important quality of a measured dependent variable. This is because validity refers to the extent to which an empirical measure accurately reflects concept it is intended to measure, yielding scores that reflect the true variables being measured. In other words, validity refers to the soundness of the interpretation of scores from a test, the most important consideration in measurement. Swanson (2014:2) mentioned that validity is an indication of how sound your research is; more specifically, validity applies to both the design and the methods of your research. Validity in data collection means that your findings truly represent the phenomenon you are claiming to measure. Valid claims are solid claims. Validity is one of the main concerns in research. Any research can be affected by different kinds of factors which, while extraneous to the concerns of the research, can invalidate the findings (Swanson, 2014:3). In addition, he indicated that it has been noted for controlling all possible factors that threaten the research; validity is a primary responsibility of every good researcher (Swanson, 2014:4).
Guion (2011:8) refers to validity as simply the ability of a device to measure what it intends to measure, which is not an intrinsic test property but a relative term most credibly assigned by the independent user. In developing the research instrument, the researcher considered the validity, reliability, and objectivity of the information.

3.10.7.1. Criterion validity
This type is also known as criterion-related validity or sometimes-predictive criterion validity, which it is the general term to describe how well one scores on one measure (i.e., a predictor) predict scores on another measure of interest (i.e., the criterion). The questionnaire survey was developed to ensure that the effectiveness of the instrument and questions were also constructed in the way that they were accurate to the study.

3.10.7.2. Content validity
Suter (2012:11) described content validity as the tool test that measures what it is intended to measure. Furthermore, he mentioned that content validity adequately represents all facets of a concept, which suggests that it is also important in research methodology for the test of knowledge (Suter, 2012:12). In this current research, content validity was determined by an expert judgement, as an instrument that was scrutinized by the ethical committee to assess the appropriateness of the content of the questions and to determine which questions needed to be amended in order to achieve the objectives of the study. Therefore, the questionnaire survey was appropriate for the population under study and it was very comprehensive to collect the information on the knowledge and attitudes of teenagers towards substance abuse and to achieve the goals of the study.

3.10.7.3. Predictive validity
McMillan (2010:25) has defined predictive validity as a subset of validity. In his definition, he further added that this type of validity is an umbrella term for measures of how variables can predict outcomes based on information from other variables. In addition, McMillan (2010:26) affirmed that it also measures the criterion validity of a test; when in other circumstances the test is sometimes calibrated against a known standard which refers to that, in other cases, the test is measured against itself. A research study is useless unless it has some kind of predictive value. Predictive validity informs the researcher as to how well a certain measure can predict future behavior.
3.10.8. Reliability
According to Chakrabartty (2013:1), reliability and validity have to be included in the research methodology chapter in a summarizing but precise manner and these are referred to appropriate concepts for introducing a remarkable setting in research. In addition, reliability is referred to the stability of findings, whereas validity is represented in the truthfulness of findings. In his discussion he pointed out that reliability refers to a measurement that supplies consistent results with equal values which measure consistency, precision, repeatability and the trustworthiness of a research (Chakrabartty, 2013:2). Almeida (2016:3) defined reliability as the consistency of a measure, which is a test considered reliable in achieving the same result repeatedly.

3.10.9. Objectivity
Hallgren (2012:23) defined objectivity in social research as the principle drawn from positivism that, as far as is possible, researchers should remain distanced from what they study so that the findings depend on the nature of what was studied rather than on the personality, beliefs and value of the researcher. According to Singh (2014:78) objectivity refers to an absence of subjectivity.

3.11. Measurements
Level of measurement or scale of measure is a classification that describes the nature of information within the values assigned to variables. Atkins (2012:34) defines measurement as the foundation of any scientific investigation, and that everything we do begins with the measurement of whatever it is we want to study. Measurement in the research is the process of observing and recording the observations that are collected as part of an inquiry effort. According to Berger (2013:2), there are four major levels of measurement and they are known as nominal, ordinal, interval and ratio. This research uses nominal scale measures. The reason for the researcher to use nominal scale measures is because it is appropriate for the study undertaken.

3.12. Data Analysis
Data analysis is a process of inspecting, cleansing, transforming, and modelling data with the goal of discovering useful information, suggesting conclusions, and supporting decision-making. The researcher implemented coding to analyse the data and to identify common themes in the participant’s responses which were categorized by tables, bar graphs, and pie charts. Frequency of categorised data was highlighted in terms of figures and numbers, and discussions followed
each presentation. Therefore, the purpose of using quantitative methods in this study was to describe, explore, and understand the effects of substance abuse and addiction in the society.

3.13. Data Quality Control

The study was guided by the proposal of criteria to be considered by qualitative researchers in pursuit of trustworthiness. Credibility which is the alternative to internal validity in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject has been accurately identified and described. Transferability refers to the provision of background data to establish context of study and detailed description of phenomenon in question to allow comparisons to be made. Dependability as well was maintained by using in-depth methodological description to allow the study to be repeated. Reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time. Confirmability was maintained through in-depth methodological description to allow the integrity of research results to be scrutinized, through admission of researcher’s beliefs and assumptions and recognition of shortcomings in study’s methods and their potential effects.

3.14. Ethical Considerations

Ethics is an important aspect in any research. There has to be some basic ethics to be adopted in any research. In the study ethics was handled by the researcher by keeping the answers acquired strictly confidential. Besides, prior permission was obtained by the researcher from the target respondents before conducting the research. Ethics is a philosophical term derived from the Greek word *ethos*, meaning character or custom and connotes a social code that conveys moral integrity and consistent values. Hamza (2014:44) stated that when it comes to dealing with human participants, research projects should rigorously follow ethical considerations.

Before the researcher commenced with data collection, permission was obtained from gatekeepers, which was received in the form of written signed letters and completed consent forms. Written permission to carry out the research from Kwamashu Township was obtained from a ward councillor who is the leader of the community. Another participant that was involved in the research study who the researcher requested permission from was the principal of Zeph Dhlomo Secondary School which is one of the schools highly affected by the usage of substances by learners. Gatekeepers are important when doing community-based research because they provide informative debriefing for the respondents (Shaw 2011:4).
The respondents were informed of the purpose of the research, namely, that it is for academic purposes. This helped to put the respondents at ease. The respondents were also informed that they would not receive any monetary benefits from the study, but that their participation in the study would provide both indirect and direct benefits to them and the community. The researcher took research ethics into consideration. The participants’ right to privacy was considered by the researcher. The respondents were advised not to use their names when responding to questions as well when they complete questionnaire. Confidentiality was the key when exploring ethical issues, as this alone can determine whether participants can get harmed physically or psychologically. The dignity and welfare of participants was maintained. Participants were made aware that they could withdraw from the study at any time they wish to stop participating as it was voluntary. For face-to-face interviews pseudonyms were used to in discussing the data collected from voice recorded interviews.

3.15. Limitations of the study
According to Edwards (2014:175) limitations are those characteristics of design or methodology that impact or influence the interpretation of the findings from the research. They are constraints on generalizability, applications to practice, and/or utility of findings. These might be the result of the ways in which the researcher initially chose to design the study and/or the method used to establish internal and external validity. Out of 50 questionnaires that were supposed to be completed by participants, only 41 were fully completed. The majority of respondents were black and results may not be applicable to other races. Since the study is a sample based in and undertaken in Kwamashu, the findings of the study may have the limitation of generalization to the entire population, since the area has so eleven wards. Despite the care taken to understand the feelings and opinions of the respondents, some articulation error may have imposed challenges into the study. The study was conducted at ward 105 area with few selected participants and, as such, the scope of the study was limited. Since the sample is represented through purposive sampling, those people that the research managed to get may be biased in certain responses. The conclusion may or may not be generalized since the study is confined to only 1 ward. In spite of the above limitations, the study presented some light on the effects of substance abuse and addiction on society.
3.16. Summary

This Chapter outlined how the research was conducted, illustrating the process used to select the participants, the method used to collect data as well as the approach that was used in analysing the texts. The aim of this study was to understand the participants’ construction of their reality, thereby illustrating one way in which the concepts under investigation are constructed by community members and leadership in Kwamashu area. The researcher drew on social learning theory to inform certain aspects of this study within a broader social constructionist paradigm. The overall goal of mixed methods research, of combining qualitative and quantitative research components, is to expand and strengthen a study’s conclusions and, therefore, contribute to the published literature. In all studies, the use of mixed methods should contribute to answering one’s research questions. Ultimately, mixed methods research is about heightened knowledge and validity. It has been noted as an endeavour towards the process of elucidating as well as justifying an apt mode of research design in terms of apprehending the problem of the research. It provides the collection of data as well as techniques to attain analysis of the data. According to Lee and Lings, methodology offers a connection between research problem and the procedure by which this problem can be analysed. This section has been categorized under two distinctive parts. These are implication of types of data and the method of the research; and the in-depth analysis of collected data. The chapter also provided a brief note about the ethics related to the research and relevance of accuracy towards the same. This chapter on methodology offers an overview about the research design, types of data to be collected, sampling design and relevant interpretation towards the conducting of respective research and necessary statistical tools selected for proposed hypotheses of the research. Finally, ethical considerations and limitations were discussed. The next chapter, chapter four, presents the research findings of the study and further discussions.
CHAPTER FOUR
RESEARCH FINDINGS AND DISCUSSIONS

4.1. Introduction
In this chapter, the findings of the study are presented starting with the concise background information of participants, followed by themes that have emerged from the analysis of the research questions. An attempt is made to analyse and interpret the data that was gathered through the use of interviews and questionnaire survey which was distributed to the community. The analysis was done in the form of discussions and interpretations of the participants’ responses regarding the effects of substance abuse and addiction in the society. The findings are based on the results of the survey carried out with community members in Kwamashu Township. The research results are presented in section 4.2, which highlights participants’ perception and views regarding the use of substance abuse and addiction, then 4.3 gives feedback in terms of responses received from community members, while 4.4. provides verbatim responses from face-to-face interviews conducted with community leaders; which included the ward councillor and the principal of one of the high schools affected by drugs at Kwamashu and, lastly, 4.5. provides the conclusion of the chapter, which is the summary from what has been gathered from the participants.

4.2. Research findings
This part presents in detail research findings. The profile of the participants as well as their personal experience regarding impact of substance abuse is discussed.

4.3.1. Socio-Demographic data
The target number for participants was 50 but only 41 questionnaires were completed. The respondents who took part in the study gave answers to all the questions in the survey, and there was no missing data. All the respondents indicated their gender, race and age. There were (8) males and (33) females. Table 1 demonstrates the participants’ gender and indication of how many participated in this study in terms of the ratio.
The participants who completed the questionnaire were between the ages of 25 years to 62 years of age. This was demonstrated from the collected surveys. This shows the age group of adults affected by this scourge of drugs in this community. Table 2 shows the variations in respect of age.

The majority of the participants were older than 20 years of age. Most of the respondents were between the ages of 30 + to 60 and above, as shown in the table above. In respect of race it was evident that the majority of people residing at Kwamashu are Africans\Blacks. The responses that were received in the survey when doing analysis showed 38 Blacks, 2 Indians and 1 questionnaire did not indicate the race group. Table 3 indicates the frequency in respect of race
Table 3: Race

Educational qualification
In terms of educational qualifications, 16 respondents had attained diploma or degree, which was the majority as indicated in the table; whereas 11 had achieved a short professional course of certificate level. Only 9 respondents indicated that they had completed grade 12, with 5 respondents stating that they had completed Grade 11, which was the lowest educational qualification. Table 4 illustrates different levels of educational qualifications from people who took part in the study.

Table 4: Educational Qualification
4.3.2. General knowledge about substance abuse and addiction

In responding to the question whether they understand the term substance abuse or addiction, participants demonstrated their understanding of substance abuse and addiction in the way they gave their different definitions of each. These were the responses, as indicated in Table 5.

Table 5: Definition of substance abuse and addiction

<table>
<thead>
<tr>
<th>Definition of substance abuse and addiction</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT'S WHEN PEOPLE CANNOT CONTROL THEMSELVES</td>
<td>18</td>
</tr>
<tr>
<td>IT'S A KILLER DISEASE</td>
<td>7</td>
</tr>
<tr>
<td>IT'S WHAT DESTROYING FAMILIES AND COMMUNITIES</td>
<td>8</td>
</tr>
<tr>
<td>IT'S A DISEASE THAT ALTERS FUNCTIONING OF THE BRAIN OR STATE OF MIND AND HARMS THE BODY</td>
<td>5</td>
</tr>
<tr>
<td>NO SURE</td>
<td>3</td>
</tr>
</tbody>
</table>

Why do people abuse drugs in their community? Respondents gave their different opinions such as, individuals abuse drugs because of peer pressure, to reduce stress and forget problems, lack of role models at home and breakdown of families. The major reason given was lack of jobs, which was followed by peer pressure, as indicated in table 6.

Table 6: Reasons why people abuse drugs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress and...</td>
<td>1</td>
</tr>
<tr>
<td>Lack of jobs</td>
<td>16</td>
</tr>
<tr>
<td>Social issues</td>
<td>4</td>
</tr>
<tr>
<td>Coping Mechanism</td>
<td>2</td>
</tr>
<tr>
<td>Bored</td>
<td>1</td>
</tr>
<tr>
<td>Breakdown of...</td>
<td>1</td>
</tr>
<tr>
<td>Not educated...</td>
<td>1</td>
</tr>
<tr>
<td>No goal in life</td>
<td>1</td>
</tr>
<tr>
<td>Family Problem</td>
<td>1</td>
</tr>
</tbody>
</table>
Respondents gave responses on their personal experience in respect of the question whether they have been affected by this problem of people using drugs in the community. Some participants mentioned they have been directly affected, since their family members have used substances, while others were victims of crime due to the abuse of drugs, as indicated in Table 7.

Table 7: Effects of drugs in the community

<table>
<thead>
<tr>
<th>Effects of drugs in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>People affected by substance abuse and addiction</td>
</tr>
<tr>
<td>People who were never affected</td>
</tr>
</tbody>
</table>

Participants gave various reasons with regards to the problems resulting from substance abuse. The most common responses were related to that they believe that reasons why people abuse drugs is because of unemployment, and others believe that they just want to engage in criminal activities, as it is illustrated in the Pie diagram and Table 8.

Table 8: Problems resulting from substance abuse

<table>
<thead>
<tr>
<th>Problems resulting from substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
</tr>
<tr>
<td>Death</td>
</tr>
<tr>
<td>Personal Problem</td>
</tr>
<tr>
<td>Poverty</td>
</tr>
<tr>
<td>School drop out</td>
</tr>
<tr>
<td>Ill Health</td>
</tr>
<tr>
<td>Criminals activity</td>
</tr>
<tr>
<td>Financial debt</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
In responding to the question as to how these people get drugs in the community, the majority of respondents with the percentage of 65% gave similar answers to this question, where they indicated that mostly people buy from local merchants available in the community. The perception and beliefs from community members in respect of the above question is displayed in table 9.

**Table 9: Source of drugs in the community**

When asked how the community is affected by people using drugs, the majority of respondents indicated that some of the problems that result from substance abuse include crime which comes in different forms like robberies, stealing from other people and housebreaking. This information is shown in table 10.

**Table 10: Impact of drugs and addiction in the community**
In responding to the question of whether there are any programmes in the community sensitizing the society about issues of substance abuse, out of 41, 26 respondents indicated that there are programmes in the community offered by councillors and social workers who are involved in sensitizing the society about issues of substance abuse, but 15 community members said they were not aware of such programmes in their respective areas within the same community. Table 11 illustrates the responses from the community in respect of the availability of programmes to assist in addressing the problem.

Table 11: Programmes available in the community to address the issue of drug abuse

According to the findings in (Table 12), when responding to whether the community has any reporting procedures for drug abuse cases, the majority of the respondents stated that there are structures to report to such as South African Police Services and community forums.

The participants displayed understanding and awareness in respect of the reporting structures available in the community. This is evident as it is analysed in table 12.
In terms of the question relating to their thoughts and feelings about people abusing substances, the majority of participants, which was 22, agreed that these people need help and support because they have a problem; society must not judge them. There was also an element of sympathy that was displayed in the responses, as well as suggestions that they must be workshopped on dangers of drugs. Table 13 shows how respondents shared their feelings and thoughts in respect of people using drugs in the community.
When asked what recommendations they suggest for addressing this problem in the community, different views came from the respondents. In terms of recommendations suggested by respondents, they came up with various ideas that could be implemented in the community in addressing the scourge of substance abuse. 70% of participants suggested that there is a need for more community awareness campaigns and education. Table 14 demonstrates ideas from community members as part of the recommendations that might assist in fighting drug abuse.
The main reasons indicated as the common cause as to why people use drugs were peer pressure, unemployment and lack of guidance from parents. The reasons are displayed in Table 15 as respondents shared reasons of the common causes as to why people in their community abuse drugs.

Table 14: Suggested recommendations by community members

Table 15: Perceptions from community on the reasons why people abuse drugs
The last question from the survey focus on commonly available drugs in the community. Respondents in their response shared information on most commonly used drugs as indicated in Table 16 which illustrates nine types of drugs.

**Table 16: Commonly used drugs**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Alcohol</th>
<th>Whoonga/Heroin</th>
<th>Dagga</th>
<th>Cocaine</th>
<th>Mandrax</th>
<th>Cigarettes</th>
<th>Snuff</th>
<th>Glue</th>
<th>Benzin</th>
</tr>
</thead>
</table>

According to Table 16, drugs that are easily accessible in the community are dagga, heroine and alcohol. Cocaine and Mandrax were also highly accessible, the lowest level of accessible drugs were benzene and glue.

### 4.4. Face- to- face interviews with community leadership

According to Rowntree, (2010:6) leadership is about creating the right environment for others to act. He further goes on to argue that it is less directing and controlling, more stimulating, enabling and empowering. In pursuing this further, he affirmed that community leadership can be defined as helping communities to identify and deal with problems in the most effective way; community leaders are seen as acting as the voice for the community to the council, partners and others, leading the community and others in developing a vision for the area and the steps to achieve it. Community leaders, therefore, are becoming an important part of their communities and are regarded as people who are perceived to represent the community's interests and play the role of protecting them (Rowntree, 2010:8).
The following paragraphs will discuss the process and interaction during the face-to-face voice recorded interviews with the councillor who is a community leader in ward 105 and the principal of one of the high schools mostly affected by substance abuse. Verbatim accounts of the respondents are presented in italics to differentiate between the respondents and the researcher’s questions.

**Interview with participant 1 (Mr Joe)**

As a community leader, have you been affected by substance abuse and addiction in this Ward?

*Yes, definitely, in many ways let me start by education first kids are dropping out of school there is high rate, kids are abusing drugs and dropping out. If you were to continue with study you will get the statistics shows that children who have started from Grade 1, they don’t complete school as expected few reach Grade 12. The 12-year period where they are expected to finish they don’t reach that phase due to the significant drop out. So the number of enrollment is lower than those that complete school due to drug abuse.*

What challenges are faced by the community on substance abuse and addiction?

*Household instability, stealing from home and creates problem in the household, problem of crime in a greater community, these kids go around stealing and they become extension of a problem to the community and it really affect the community stability.*

Do you have any idea as to where people get these drugs in this community?

*Honestly there are people around who are selling drugs but it’s difficult to say where because the drug lords move around and change spots due to the pressure from SAPS. We need to deal with manufactures first.*

What services or support is available in the community?

*Not much, in the entire Durban area, there is only one Rehab, secondly if we don’t change the circumstances there is nothing much that can be done. The attack should be on psychological problems instead of treating the symptom. Department of Health and Social Development are*
the only visible stakeholders dealing with the problem but they are also so overwhelmed. They expected now to treat a self-filtered problem, another issue is the caliber of Social Workers employed they are not trained enough to deal with the problem vigorously.

What strategies are in place to assist the community to face the problem?
Not much with one rehab and over thousands people using drugs. Local government is limited in dealing with these issues of social ills but community members seek help from local government whom they don’t have expertise in the field.

What are the common causes, if any, for people to use drugs?
Peer pressure, availability of drugs in the community, they start at experimental stage before they go to secondary drugs, they experiment with easily available drug such as dagga which is regarded as one of the primary drugs such as cigarettes and graduates to much harder drugs.

What are the common drugs that are being used in this community?
Whoonga, Alcohol, Dagga.

How can youth using drugs be assisted to do away with the habit?
Education system, curriculum to fit their level of capabilities, i.e. Academic vs technical. Identify children according to their abilities to enhance their skills because once they get bored at school after discovering that they are not doing well, the schools become an enemy and end up doing wrong things because they don’t find school interesting anymore.
In your own opinion, what are the problems that result from substance abuse?

Secondly it would be the conditions of the house, poverty plays a major role, broken house, no proper supervision where every child will go to that house and hang out there. So children will visit that house learn bad habits.

What recommendations does the community have to address substance abuse and addiction?

Change the structure of how government works, they are expected to address issues which are not relevant to them. People who are equipped with expertise and are not working on the ground yet they are supposed to come to the ground and address these issues at hand. There is no accountability with government officials. Professionals are not with community as well. For example, there is a lot red tape where other interventions would need local but are being handled at a National Level. Various departments come to the meetings but sometimes they don’t. Department of Social Development programmes that might help.

Interview with participant 2 (Mr. T)

As a principal of the school, have you been affected by substance abuse and addiction?

Directly: Dealing with learners who are coming from the community mostly affected by drugs. This school was once affected when a learner died so that affected the school image. It also affected school but in a positive way it could have rand a bell to other learners thus if you are using drugs you die. Indirect effect which was negative impact: Image of the school in the sense that maybe people who think teachers are also using the drugs as well as not implement discipline and emotional impact and drained teachers.

What challenges are faced by the schools on substance abuse and addiction?

Once a learner is into drugs, point of focus not there in terms of academic work less productive in school work lot of absenteeism, late coming to school because they have to start somewhere
to get a puff before coming to school, ill-discipline coming to school late, fail to follow instructions. Some of the learners may influence other learners which leads to peer pressure. Negative bearing, they want to feed this tendency, they get into crime. In school they will be bullying other learners by demanding money from other learners.

Do you have any idea as to where the learners are getting drugs in this community?
They are getting drugs from the community, just next to the school but there is nothing that has been done to address that problem. Interview he had with affect learners and, some of the response were they are getting from the society and get these from foreign nationals which they sometimes work for them selling for them because they are the manufactures. In the schools around Kwamashu there is lot of burglaries where schools’ resources have been stolen things like laptops, computers, printers and when the investigations are conducted they discovered that it is a cycle same foreign nationals were sending these learners to steal in exchange for drugs.

What services or programmes are available in the schools to sensitize the learners?
Department of education in terms of peer education, they attend workshops combination of various departments Health, Community Safety, SASSA, CBO’s Saps, Education portfolio, they visit schools to do drug education learner support agent appointed to help learners when they have problems and also affected by any social ills, most important thing is that learners feel comfortable in discussing their problems and they sometimes go straight to the principal and seek for help.

Do you have strategies in place to assist the school in facing the problem?
Identify where the problem is, it is difficult for the schools to, discourage the gangsterism, learners belong to a particular group by wearing certain dress code and hairstyles which are
used by different drug addicts. Interventions implemented by the school was to develop a code of conduct to manage the situation. Incorporated there was dress code and hairstyle allowed in school. Challenges faced by schools is policies that Department of Education has in their disposure which are not helping in the schools.

What are the reasons that would lead learners to using drugs, if any?

Parents give learners lot of pocket money to spend so they take advantage of cash at hand and buy drugs, Previous learned kids from Model C schools where it is also rife. Availability of money for learners, Peer Pressure but no specific reasons but just to be smart, want to forget the family backgrounds i.e. Poverty.

What are the common drugs that are being used by learners in schools?

Dagga, Whoonga, because it is easily accessible in the community and very cheap, ecstasy from point road in town, the other drug called Mercedes. The same drugs can be modified and be given different name.

How can learners using drugs be assisted to get away from the habit?

Family involvement because some of these learners who are into drugs are coming from broken families, child headed family so children do as they please. Media has very much marketed using of drugs. It might be it’s not directed e.g. Anytime you watch.TV Soapies that are playing are portraying that people who are rich they are dealing with drugs. Identify the learners at any age, identifying people who have experience in the field. Once referred a learner to a centre which it was promised that in two weeks he would be assisted, but to his surprised he was more exposed to drugs than outside e.g. Security guards would sell the drugs to them. Learners are not actively involved in sport so they have so much time idling.
What recommendations do you suggest to address the problems of substance abuse and addiction in schools around Kwamashu?

*Involve learners in sport and recreation so that they are kept busy, Learners don’t use their time wisely. Department of education to create space in the curriculum so that they will be involved in sport. Learners are expected to be at school for six hours only for academic but after that there is not time for other activities. Physical fitness or education is detoxing. There are more theories that practical. The principals have no platform to give inputs in advising what can be done. It’s only via unions whom they sit in the chamber. Platforms must be created in order for them to discuss these issues and come up with ideas. The only time for the meetings they attend meetings its only when they discuss policies which are expected to be implemented. Teachers have been limited opportunity in terms of discipline. Common sense should be used hand in hand psychologist inputs in grooming learners.*

**4.5. Summary**

Findings in this study have confirmed that indeed substance abuse is, to a large extent, directly related to the increase in crime and violence and that a number of abusers, especially teenagers, have been identified as involved in armed robberies and house burglaries. It is quite evident that individuals who abuse substances are more likely to experience multiple violent acts and are possibly involved in criminal activities as well. Drawing from the research findings it has been confirmed that indeed people in this community are really not happy due to the presence of drugs in the society. The lives of community members are continuously being disrupted as they indicated their frustration in respect of their safety because of criminal activities taking place due to drug abuse. Criminality and substance abuse have long been linked. Criminal acts can range from activities such as driving under the influence of alcohol or drugs, domestic violence, robberies, assaults, prostitution and rape.

The use of illegal drugs is considered a criminal act in nearly all countries around the world, and drug use is almost automatically associated with criminal behavior. This act alone means that there is a link between drugs and crime. Robberies are often committed to support drug habits;
assaults, rapes and violent crimes are also often linked to drug use. Respondents stated that the participation of these non-state stakeholders is necessary for purposes of mobilising the community, gathering different ideas on how to solve the problem, to enable communities to perform a preventative and early intervention role in addressing the problem.

The participants emphasised that government cannot solve the drug problem alone. As indicated in table 10, criminal activities such as robberies, house breaking, stealing and theft and car hijackings are regarded as rampant in the townships which have a higher rate of the drug use problem. The uncontrollable spread of drug use in Kwamashu Township is caused by ignorance amongst the youth. This reality points to lack of education, as explained by members of the community. Presently, there are no meaningful educating programmes or campaigns which are directed to young children before they could start experimenting with dagga and whoonga. There is also no education for drug addicts who are already hooked, or the community at large, in terms of equipping them with skills to deal with the situation facing them on daily basis. Factors that contribute to the use of drugs, which capture the opinions and thoughts of those who participated in the study by completing the questionnaire.

It is noted that an easy access of drugs that stems partly from the drugs being cheap within immediate neighbourhood is an issue to be addressed. According to the community leader’s responses, it is evident that there are many merchants of drugs in the neighbourhood. Even at schools, merchants are found to be fellow learners. The community is surrounded by whoonga and dagga everywhere, and compared to other drugs; these are known to be relatively cheaper due to the unknown impurities that are added to increase the mass. According to the respondents’ perspective, education and awareness should be enhanced in the community so that people could be made aware of the dangers of drug abuse; this was one of the recommendations suggested by participants. Similar findings were identified in the voice recorded interviews with community leaders when they indicated that most crimes committed are due to the change in behaviour (psychopharmacological effects) resulting from substances abuse.

Substance abuse causes family and relationship conflicts and dysfunctional families, resulting in lack of role models and poor social skills such as change in friendship and decrease in interest of personal appearance or interaction. In schools, it was also evident that policies and the curriculum are also playing a huge role in the impact of substance abuse and addiction, especially with learners. 68% of respondents indicated that the community has programmes that are available in
sensitizing the society about issues of substance abuse through structures such as community policing forums and government departments. Therefore, the purpose of the study was to explore effects of substance abuse and addiction on the society. It has come to light from the research findings that indeed drugs are a problem in society. The community members have shared some light as to how the abuse of drugs is affecting them directly through robberies, stealing, theft, housebreakings and their safety. It has emerged that high rate of unemployment followed by peer pressure is amongst the main causes of why people abuse drugs. Lastly, according to the participants’ recommendations, education on dangers of using drugs needs to be facilitated so that people are aware of what they are getting themselves into. Chapter Five will present the summary, discussions, conclusion and recommendations and proposed intervention programmes in addressing the impact caused by substance abuse in the Township of Kwamashu Township. The content is based on the findings in Chapter Four of the study that was undertaken.
CHAPTER FIVE
CONCLUSION AND RECOMMENDATIONS

5.1. Introduction
The main objective of this study was to explore the effects of substance abuse and addiction on society. Chapter five will therefore provide a discussion of the findings in relation to the theoretical foundation of this study, literature reviewed and whether the questions of the research were answered. Finally, a conclusion will be provided followed by limitations and recommendations suggested for the study.

5.2. Overview of the study
The literature review in Chapter Two showed that substance abuse is widespread, especially amongst teenagers. There is high consumption of drugs in many countries. It is also evident that people take drugs for a variety of reasons. The factors associated with substance abuse vary according their circumstances and environment; these include lack of employment, poverty, family breakdowns, peer pressure. Some are exposed to this problem because of the availability of drugs within their communities and the inability to cope with their problems. Research has indicated that many teenagers think that illicit drug and abuse is part of the landscape of their teenage years. Drug use is very risky as it leads to negative consequences to individuals, society, families, work environment and community, where broken relationships among the life areas are influenced by substance abuse.

Relationships become distant and aggressive, thus leading to uncontrollable behaviours of the individuals hooked on drugs. This leads to the negative consequences of drug abuse, which affects, not only individuals who abuse drugs, but also their families and friends, various businesses, and government resources. People use substances for a variety of reasons. It becomes drug abuse when people use illegal drugs or use legal drugs inappropriately. This includes the repeated use of drugs to produce pleasure, alleviate stress, and/or alter or avoid reality. It also includes using prescription drugs in ways other than prescribed or using someone else’s prescription. Addiction occurs when a person cannot control the impulse to use drugs, even when there are negative consequences, and that is the defining characteristic of addiction. These behavioural changes are also accompanied by changes in brain functioning, especially in the brain’s natural inhibition and reward centres.
The most obvious effects of drug abuse which are manifested in the individuals who abuse drugs include ill health, sickness and, ultimately, death. Children of individuals who abuse drugs are often abused or neglected as a result of the individuals’ preoccupation with drugs. Children whose parents and other family members abuse drugs are often physically or emotionally abused and often lack proper immunizations, medical care, dental care, and necessities such as food, water, and shelter. Furthermore, reports have shown that more people died from drug-induced effects. According to Borges (2013:78), substance abuse costs South Africa’s economy approximately R20 billion every year; which amounts to 20% of the country’s gross domestic product (GDP). Research conducted by Burke (2015;116) has also indicated that a high prevalence of substance abuse has been linked to future unemployment, dropping out of school, poverty, job replacement, and peer pressure. Literature on substance abuse in South Africa indicates that “whoonga” and dagga are the most commonly abused drugs by teenagers who are facing high unemployment and poverty. These types of drug are easily accessible and very cheap in this community under study but the leading drug is dagga, according to data collected, as it is indicated by the current findings.

5.3. SUMMARY OF THE KEY RESEARCH FINDINGS

This study sought to address the following questions:

5.3.1. What impact is caused by substance abuse and addiction on society?
Findings in this study have confirmed that indeed substance abuse is, to a large extent, directly related to the increase in crime and violence and that a number of abusers, especially teenagers, have been identified as involved in armed robberies and house burglaries. It is quite evident that individuals who abuse substances are more likely to experience multiple violent acts and are possibly involved in criminal activities as well. Moreover, substance abuse encourages crime and violence by disrupting normal brain function. Drug abuse is often accompanied by a devastating social impact upon community life. Drug addiction is a complex illness with far reaching consequences for those who know, work with, and support the drug-addicted individuals. Even if you don’t know someone who is abusing drugs directly, you are likely to be impacted in other ways, whether through taxation, paying higher insurance premiums or college tuition, or in picking up hours at work. Drug addiction knows no boundaries. Previous researchers in the world report also indicated that the impact of substance abuse has caused harm to the individuals, families, communities and the nation at large. Generally, substance abuse can have adverse
repercussions physically, socially, psychologically and economically. The study findings have presented an overview of the nature and an extent of drug use and abuse in South Africa with a specific focus in Kwamashu Township. In view of the matter it has come to light that the age for first experimentation with drugs is becoming younger and younger. Access to drugs has become easier, and more types of drugs are entering the market, with dagga and whoonga seen as leading amongst them. The youth get involved in drug abuse for variety of reasons including boredom, curiosity, peer pressure, emotional reasons as well as a way to solve personal problems. There is an undeniable connection between substance abuse and the high rate of criminal activities in this community. As indicated in table 10, criminal activities such as robberies, house breaking, stealing and theft and car hijackings are regarded as rampant in the townships which have a higher rate of the drug use problem.

The uncontrollable spread of drug use in Kwamashu Township is caused by ignorance amongst the youth. This reality points to lack of education, as explained by members of the community. Presently, there are no meaningful educating programmes or campaigns which are directed to young children before they could start experimenting with dagga and whoonga. There is also no education for drug addicts who are already hooked, or the community at large, in terms of equipping them with skills to deal with the situation facing them on daily basis. This also resonates with the literature that states that drug abuse is costing South Africa R20-billion a year and this causes a bigger threat to the country's future economy than the HIV and AIDS pandemic. In addition, this has also come into agreement with research by NIDA (2011:105) that substance abuse drives individuals to be temperamental such that they begin to neglect their bodies and interests that were once important to them in order to continue with and create time for their bad habits.

5.3.2. Contributing factors and risk factors to drug abuse.
Factors that contribute to the use of drugs, which capture the opinions and thoughts of those who participated in the study by completing the questionnaire, are discussed. As indicated in table 8 of the findings, the reasons given were as follows: people tend to become criminals, unemployment; personal problems were also highlighted as contributing factors, as well as risk dynamics to drug abuse.
• **Criminal activity due to abuse of drugs**

Researchers have suggested that there is a strong link between severe drug and alcohol use and criminal behavior. This may be because the user has a decreased perception of social support and decreased social network. Other sociological factors are also important in understanding the reasons why someone turns to drugs or alcohol or engages in criminal behavior. The use of illegal drugs is considered a criminal act in nearly all countries around the world, and drug use is almost automatically associated with criminal behavior. This act alone means that there is a link between drugs and crime. Robberies are often committed to support drug habits; assaults, rapes and violent crimes are also often linked to drug use. But there is some gray area in understanding why some users will commit these crimes and others do not. Poverty, personality disorders, social and cultural factors, association with other users and previous incarceration or drug use are all factors. These issues all have an important role in understanding the link between criminality and drugs.

• **Unemployment and drug abuse**

The research findings alluded to the fact that the prevalence of substance use/disorders among the unemployed is the result of various reasons. Unemployment is a significant risk factor for substance use and the subsequent development of substance use disorders. Unemployment increases the risk of relapse after alcohol and drug addiction treatment. The exact nature of the relationship between unemployment and the probability of smoking cessation remains unclear due to the mixed results observed in the literature review. Drinking and smoking patterns appear to be pro-cyclical. Among those who are unemployed, the leisure effect dominates the income effect. We find that when the unemployment rate increases, all else equal, drinking increases. It doesn’t matter what side of the “chicken or egg” argument you sit on, nothing changes the fact that there is a definite correlation between unemployment and addiction. When you compare the unemployed to full-time workers, it is easy to see that those who are out of work have a greater chance of being addicted to drugs or alcohol.

• **Personal problems and drug abuse**

Drug abuse problems are the myriad repercussions to substance addiction, which are typically not high on the list of considerations when someone begins using drugs. Some people become addicted to drugs only after they begin a period of experimentation; and they might start using because they want to experience the thrill of something new, or because they want to fit in with friends who are also using.
Others find themselves faced with drug abuse problems after legitimately needing prescription pain medication and developing a dependence on the very medication intended to help them. It is evident that problems are diverse, but can include the following: the detrimental effects to one's work or employment, family and social issues, serious legal troubles, short- and long-term health issues. The problems associated with drug abuse extend beyond immediate personal impact. To be sure, the effects are pervasive and carry huge costs to society as a whole.

- **Easy access to drugs.**

It is noted that an easy access of drugs that stems partly from the drugs being cheap within immediate neighbourhood is an issue to be addressed. According to the community leader’s responses, it is evident that there are many merchants of drugs in the neighbourhood. Even at schools, merchants are found to be fellow learners. The community is surrounded by whoonga and dagga everywhere, and compared to other drugs; these are known to be relatively cheaper due to the unknown impurities that are added to increase the mass. The cheap price, especially of these gateway drugs, makes it accessible for young people and unemployed individuals. The proliferation of substances in many cities in South Africa has made teenagers more curious and vulnerable. The findings of this study have indicated that alcohol, tobacco, whoonga and dagga are the most easily available substances abused by people within the community.

- **Undesirable peer pressure influence**

The undesirable peer pressure influence was another key deciding factor for most, if not all participants, to start using drugs. An individual’s own curiosity is also part of the problem. Some believe in rehabilitation centres and more education to empower people about the dangers of abusing drugs. When drugs take over our lives, we lose control of who we are, how we behave, and what we feel. Many people who have drug abuse problems believe - through sheer force of determination or willpower - that they can overcome the problem themselves. This is almost never the case. Addressing drug abuse problems and overcoming substance abuse without professional assistance is quite difficult. As mentioned, drug abuse effects can be physical, mental and emotional.
5.3.3. What services are available in the society?

The majority of the respondents indicated that the community has programmes that are available in sensitizing the society about issues of substance abuse through structures such as community policing forums and government departments. What is troubling is that some respondents seemed to be less informed about the programmes available; therefore, there is an urgent to extend these services and multiple educational and protective programmes within the community, so as to lessen the problems caused by substance abuse. These might be in the form of peer group education, awareness campaigns, parental and community supportive relationship and involvement in substance abuse. Thus, social learning is, to a great extent, important on the level of knowledge and attitudes of teenagers towards substance abuse.

5.4. Recommendations

Those closest to a drug-addicted individual are hardest hit. Common patterns emerge within families where at least one individual is addicted to drugs. These patterns include high levels of criticism or negativism within households, parental inconsistency, or, in the case of parents, coping with a drug-addicted child and denial. Misdirected anger between drug addicted and non-addicted family members is common as is self-medication as a strategy for coping with family dysfunction. Co-dependent relationships often form between partners, where at least one partner is addicted to drugs and the majority of domestic disputes involve the use of alcohol or drugs. Children with one or more parents abusing drugs are more likely to take on the responsibility of the parental role, often functioning in denial of their parents’ addiction or behaviors relating to the addiction. These children commonly lack basic necessities, including shelter, and have little to no health care. Similarly, families with at least one drug-addicted parent are more likely to end up homeless or in poverty, and are less likely to have adequate health care, representing a common barrier in obtaining treatment for the addiction. Community leaders with the help of the government must develop and implement strict measures to curb the availability of drugs in the society, like law enforcement.

Develop parenting skills programmes to empower parents to be able to give appropriate guide and knowledge of its harmfulness to their life. Substance abuse rehab or treatment can help put a stop to the harm that drugs exact on the user. For drug or alcohol abuse problems it is recommended that a clinical evaluation be made to determine the best form of treatment. Treatment may take place in an inpatient rehab or in an outpatient setting.
The manufacturing or distribution of illegal drugs such as methamphetamine or cannabis and the use of such drugs are also serious acts punishable by the law. It is recommended that law enforcement should be harsher towards those manufacturing or producing drugs before addressing the issue of consumers whom later become addicted. Attention to focus fully on the drug addicts and victims when dealing with issues of drug abuse related problems is not sufficient by itself because the challenge with this approach is that it fails. Drug abuse is not simply an individual problem, but is both a socio-political and economic issue. It is borne out of the multiple social structural factors at play in the individual’s life at the time of addiction. The education curriculum should accommodate more time for extra mural activities and be individually based, for instance, if a learner is not good academically, skills based curriculum should be offered as an alternative to avoid school drop outs. When someone you care about has drug abuse problems, it can be a frustrating and difficult situation full of hopelessness and despair. The best advice is to arm yourself with knowledge before there is even a potential problem and to be able to recognize the signs of potential drug abuse problems both in yourself and in others. Previous reports by the Global Commission on Drug Policy have shown how the potential harms of drugs for people and communities are exacerbated by repressive drug control policies at local, national and international levels.

The present report, while fully acknowledging the negative impact that problematic drug use often has on people’s lives, focuses on how current perceptions of drugs and people who use them feed into and off prohibitionist policies. Indeed, drug policy reforms have sometimes been difficult to carry out, design or implement because current policies and responses are often based on perceptions and passionate beliefs, and what should be factual discussions – such as the efficiency of harm reduction – are frequently treated as moral debates. The present report aimed to analyse the most common perceptions and fears, contrast them with available evidence on drugs and the people who use them, and on that basis, recommend changes that can be enacted to support reforms towards more effective drug policies. The objectives of this research outlined in the introduction chapter have been achieved. The research has also successfully addressed the research questions and has provided qualitative and quantitative results and discussions, as well as provided recommendations for the research. This research aimed at contributing to a broader understanding of the effects of substance abuse and addiction on society. Hence, it provides new and richer insights, raises important debates and inspires further research in the field.
5.5. Strengths and limitations of the Study

5.5.1 Strengths of the study
Participants were able to express their frustrations and stress caused by people who are using drugs and get into criminal activities. This was shared from different perspectives and per individual’s experience. They were able to contribute an invaluable insight into their daily lives and experiences of drug abuse and its impact on the community. This study provided one of the rare glimpses into the life-world of substance abuse users and, hopefully, improves the conception of this particular addiction. This study may offer the foundation on which existing misconceptions about drug abuse can be attended to and be dealt with.

5.5.2 Limitations of the study
This study focused only in one ward, which is 105, whereas Kwamashu has many wards, so the research findings may not cover other issues that affect other areas of the community. The interviews conducted with the councillor and the principal of one school identified might also limit the findings due to the fact that this is based on the understanding of the dynamics of their respective areas, but does not cover other schools in the community, which might be affected.

5.6. Summary
Substance abuse is a threat to the nation, especially to people on the ground living in the society. Therefore, knowledge dissemination on substance abuse amongst the people and the community in general should be upgraded in order to shape the attitudes as well as bring down substance abuse related consequences at all levels. Findings have shown that indeed society is deeply affected by the abuse of drugs. This was supported by the research results which reported that most community members were aware of the drugs that are commonly abused and their effects (health, social, economic and psychological). Substance abuse is costing South Africa’s economy billions every year, this shows that the phenomenon is a reality among citizens in various communities. South Africa can change if an effective collaboration by different stakeholders against drug abuse can be attained, such as individuals using these substances, families, government and communities. The findings also indicate that the respondents were willing to initiate intervention programmes such as preventive education, awareness campaigns and support groups towards substance abuse in the community. It was also encouraging learning that learners who have been affected by drugs have taken the initiative to seek for help from their teachers and are appealing for professionals to educate more learners on the subject of substance abuse.
In South Africa, substance abuse persists despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states subsequent to periods of heavy substance use, or drug-related impairment of cognitive functioning. Substance abuse causes many problems at home, school as well as in the community at large. The findings in this study indicated that the most traumatic experiences result from criminal activities such as stealing and theft, house burglaries, vehicle hijackings and robberies. In South Africa, statistics shows that substance abuse has fuelled the high rate of crime and violence committed mostly by teenagers in the various communities. According to National Drug Advisory the crimes committed are due to the psychopharmacological effects of substances ingested by the perpetrator, such as dagga, alcohol, certain stimulants, and hallucinogens. It is also evident and consistent in the community that people using drugs are prone to commit crimes such as house burglaries and robberies, rape, murder and violence. These problem caused by substance abuse has a serious harm on society, and stress on family, friends, relatives and the community as a whole. Furthermore, it is indicated that substance abuse also causes failure in teenagers to fulfil major responsibilities at homes, schools and in the community, such as high rate of school drop outs, poor academic performance and respect.
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Groups.


APPENDIX A

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL

For research with human participants

Information Sheet and Consent to Participate in Research
Date: 18/01/2018

Greetings,

My name is Makhawula Zamakhosi Favourite student number 214 581 451 from the School of Management, I.T. & Governance I am pursuing Masters of Public Degree in Administration and my email address is Zama.Makaula@kznsocdev.gov.za and zama.makaula10@gmail.com cellphone number 0827049629.

You are being invited to consider participating in a study that involves researching the: “Effects of substance Abuse and Addiction on Society: A case study of KwaMashu Township”. The aim and purpose of this research is to study the Effects of substance Abuse and Addiction on Society: A case study of Kwa Mashu Township. The study is expected to conduct Face to face interviews, which will be conducted with the principal of the school, a community leader, which is the ward councillor where the school is situated and community members. It will involve the following procedures of interview and conducting questionnaire with principal of the school, community leadership and community members of KwaMashu will be the targeted population in this study. The duration of your participation if you choose to participate and remain in the study is expected to be (none, it will involve a questionnaire and interview). The study is funded by the student researcher.

The study may involve the following risks community members who might not give the correct information because they will be responding according to their limited knowledge. My strategy will be to make sure that I make them comfortable and be very objective in my approach. I believe if I use a development approach, I will be well received. We hope that the study will create the following benefits to help confront the challenges faced by communities on the effects of drug use, addiction: To ascertain what services or support is available to assist the society. To understand the strategies which are in place to turn around the problem. To examine recommendations from the community in helping to address the issue substance abuse and addiction. The researcher must disclose in full any appropriate alternative procedures and treatment etc. that may serve as possible alternate options to study participation.

If the research could potentially involve risk, explain in full if compensation exists for this risk, what medical and/or psychosocial interventions are available as treatment, and where additional information can be obtained. None
This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number______).

In the event of any problems or concerns/questions you may contact the researcher at (Zama.Makaula@kznsocdev.gov.za and zama.makaula10@gmail.com cellphone number 0827049629) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban 4000 KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Your participation in the study is voluntary and by participating, you are granting the researcher permission to use your responses. You may refuse to participate or withdraw from the study at any time with no negative consequence. There will be no monetary gain from participating in the study. Your anonymity will be maintained by the researcher and the School of Management, I.T. & Governance and your responses will not be used for any purposes outside of this study.

All data, both electronic and hard copy will be securely stored during the study and archived for 5 years. After this time, all data will be destroyed.

If you have any questions or concerns about participating in the study, please contact me or my research supervisor at the numbers listed above.

Sincerely

(Researcher name and signature)
Makhawula Zamakhosi Favourite student number 214 581 451
APPENDIX B

LETTER SEEKING PERMISSION FROM THE PRINCIPAL OF ZEPH DHLOMO SECONDARY SCHOOL

P438 Pasadena
Gardens
Isithebe Road
KwaMashu
4360

Zeph Dhlomo Secondary School
K1938
Mpanele Road
KwaMashu
4360

Dear Mr. Phakathi

I am a student at the University of KwaZulu -Natal at Westville Campus (UKZN). I am currently doing my Master’s degree in Public Administration. The title of my dissertation is: Effects of Substance Abuse and Addiction on Society: A case study of KwaMashu Township. In order to complete the requirements for my degree, I have to do research on the above topic.

I am asking your availability to participate in my research. I will do a face-to-face interview with you in order to get to know the impact of substance abuse in your school. The information gathered there will be used for the purpose of the study only and nothing else. The interview will last for about 20 minutes to 45 minutes. I will not use real names in the study in order to protect your identity. Please note that participation is voluntary. You may withdraw from participation at any given time without penalty.

If you are willing to give consent to participate in this study, I will appreciate it if you sign a consent form.
Thank you very much for helping me to reach my goal.
Yours faithfully
Z.F. Makhawula (Ms)

Researcher’s contact details:
Cell: 082704 9629
Email: zama.makaula10@gmail.com \ Zama.makaula@kznscdev.gov.za
APPENDIX C

LETTER SEEKING PERMISSION FROM PROSPECTIVE SUBJECTS
(COUNCILLOR OF KWAMASHU AT WARD 104)

P438 Pasadena Gardens
Isithebe Road
KwaMashu
4360

Mezzanine Floor Shell House
Cnr Anton Lembede & Samora Michell Street
Durban
4001

Dear Councillor M.C. Shezi

I am a student at the University of KwaZulu -Natal at Westville Campus (UKZN). I am currently doing my Master’s degree in Public Administration. The title of my dissertation is: Effects of Substance Abuse and Addiction on Society: A case study of KwaMashu Township. In order to complete the requirements for my degree, I have to do research on the above topic. I wish to get information from the community of Kwamashu in respect of how the society is affected by use of drugs especially after the incident that took place in April 2016 where some learners from KwaMashu died from drug overdose.

This will be done for the purpose of research only and nothing else. This will enable me to transcribe and analyse the results of the interview. I will not use real names in the study to maintain anonymity and confidentiality. Participants will participate on voluntary basis. Participants may withdraw participation at any given moment without penalty. Participants are free to ask any questions relating to the study. I will also not disclose the contents of the interview to a third party to maintain confidentiality. Participants will also be given an opportunity to view the results.

If you are willing to participate in this study, I would appreciate it if you sign a written consent.

Your compassionate help is highly appreciated.

Yours faithfully

Z.F. Makhawula (Ms)
Researcher’s contact details:
Cell: 082704 9629
Email: zama.makaula10@gmail.com
APPENDIX D

CONSENT TO PARTICIPATE

I (Name) have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study (add these again if appropriate).

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO
Video-record my interview / focus group discussion YES / NO
Use of my photographs for research purposes YES / NO

____________________  ____________________
Signature of Participant                        Date
Signature of Witness (Where applicable)  Date

Signature of Translator (Where applicable)  Date
Appendix E

Questionnaire survey used for community members

**RESEARCH PROJECT:** Effects of substance Abuse and Addiction on Society: A case study for Kwa-Mashu Township

<table>
<thead>
<tr>
<th>Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please answer all the questions as honestly as possible. The information collected for this study will be used for academic purposes for this research. It will assist the researcher to make findings and propose recommendations to the level of knowledge and attitudes towards substance abuse. You do not need to identify yourself and the information provided will be treated with a lot of confidentiality. Where required please indicate your answer with a cross (X) in the appropriate box or write a response in the space provided, using a black or a blue ballpoint pen. For the open-ended questions, please write your responses clearly and legibly in the space provided. If there is not sufficient space for your response, please number a blank sheet of paper with the question number and continue writing your response on the extra piece of paper.</td>
</tr>
</tbody>
</table>

*NB: People under 18 years of age are not allowed to complete the questionnaire*

SECTION A: (Demographic details)

**Indicate your choice by marking the appropriate selected blank block with an “X”**.

The following questions are **for statistical purposes only**.

Q1. Gender, Age, Race

<table>
<thead>
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<th>Gender</th>
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<tbody>
<tr>
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<tr>
<td>Female</td>
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<table>
<thead>
<tr>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
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</tr>
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</tr>
<tr>
<td>White</td>
<td>3</td>
</tr>
<tr>
<td>Indian</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

|     |   |
Q2. Educational qualification:

<table>
<thead>
<tr>
<th>Grade</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 10 and below</td>
<td>1</td>
</tr>
<tr>
<td>Grade 11</td>
<td>2</td>
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<td>Grade 12</td>
<td>3</td>
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<tr>
<td>Certificate</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

SECTION B: General Knowledge about substance abuse and addiction

Q1. What do you understand by the term substance abuse or addiction?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Q2. In your own opinion, why do people in your community abuse drugs?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Q3. Have you been affected by this problem of people using drugs?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Q4. In your own opinion, what are the problems that result from substance abuse?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Q5. How do they get drugs in your community?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Q6. How is the community affected by people using drugs?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Q7. Are there any programmes that involve the community in sensitizing the society about issues of substance abuse?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Q8. Does your community have any reporting procedures for reporting drug abuse cases?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Q9. What thoughts and feelings do you have about people abusing substances?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Q10. What recommendations do you suggest for addressing this problem in the community?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Q11. What are the common causes, if any, for people to use drugs?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Q12. What are the common drugs that are being used in this community?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

THE END
Thank you for your Co-Operation!!!
APPENDIX F

Interview sheet

As a community leader, have you been affected by substance abuse and addiction in this Ward?
What challenges are faced by the community on substance abuse and addiction?
Do you have any ideas as to where they get these drugs in this community?
What services or support is available in the community?
What strategies are in place to assist the community to face the problem?
What are the common causes, if any, for people to use drugs?
What are the common drugs that are being used in this community?
How can the youth using drugs be assisted to do away with the habit?
In your own opinion, what are the problems that result from substance abuse?
What recommendations does the community have to address substance abuse and addiction?

QUESTIONS USED FOR THE INTERVIEW OF SCHOOL PRINCIPAL

As a principal of the school have you been affected by substance abuse and addiction?
What challenges are faced by the schools on substance abuse and addiction?
Do you have any idea as to where the learners are getting drugs in this community?
What services or programmes are available in the schools to sensitize the learners?
Do you have strategies in place to assist the school in facing the problem?
What are the reasons that would lead to learners using drugs, if any?
What are the common drugs that are being used by learners in schools?
How can the learners using drugs be assisted to get away from the habit?
What recommendations do you suggest to address the problems of substance abuse and addiction in schools around Kwamashu?