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An exploratory study of factors that contributed to substance abuse by service users' at Newlands Park Rehabilitation Centre

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COLLEGE OF HUMANITIES

DECLARATION - PLAGIARISM

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ACKNOWLEDGEMENT

I would like to dedicate this mini-dissertation to my mother, whom still remains a source of motivation. She passed away in the course of this degree, may her soul rest in peace. I would also like to thank my family, especially my father who has supported and encouraged me every step of the way.

A heartfelt thank you to the participants and management of Newlands Park Rehabilitation Centre for making this study possible. To my partner, thank you for your support and patience throughout this degree. Last but never lest, thank you to my supervisor Dr. Babara Simpson for all your guidance, patience, invaluable advice and input through the completion of this dissertation.

ABSTRACT

Substance abuse is a major social problem with far-reaching implications. Substance abuse is a critical problem in South Africa and across all segments of the population and in some way, impacts on all members of our society. The challenge is to explain why people engage in behaviours that they know will harm them.

The aim of the study was to understand how people came to abuse substances, by exploring the factors that contribute to substance abuse by recovering service users at Newlands Park Rehabilitation Centre. The ecosystems perspective was used to guide the study. The study used an exploratory design as it attempted to explore new insights into factors contributing to substance abuse by service uses at Newlands Park Rehabilitation Centre.

A qualitative research was used to understand the reasons that govern this behavior. Convenience sampling was used as a sampling technique. Ten participants were selected from a group of twenty service users that were in their last week of the rehabilitation program at Newlands Park Rehabilitation Centre. Semi-structured interviews were used as a primary technique for data collection. The data was analyzed thematically.

The findings of the study reveal that there are several factors that led respondents' to abuse substances. These are intrapersonal factors that both initiated and maintained the abuse of substances by respondents. The results from the study also show interpersonal and environmental factors that contributed to respondents' abuse of substances. It is recommended that prevention and treatment programs for substance abuse take account of intrapersonal, interpersonal and environmental factors that contribute to substance abuse.

LIST OF TABLES

TABLE OF CONTENT

CHAPTER THREE: RESEARCH METHODOLOGY

CHAPTER FOUR: PRESENTATION OF FINDINGS

Chapter One: INTRODUCTION

1.1. Introduction

"drugs and drug use are an integral part of human culture. Yet, we know hardly anything about drugs, at least not the kind of knowledge that would help us to understand how drugs affect people and how people become addicted to drugs. This is most surprising in light of the vast amount of knowledge that has been accumulated in the sciences" (Loose, 2002: xv).

The abuse of substances by people raises the paradox of voluntary self-destructive behavior. The challenge is to explain why people engage in behaviours that they know will harm them. Why do people begin to use substances, why do they persist to abuse substances, and why do they relapse after undergoing a rehabilitation program? One would then ask if answers to these questions lie with the substance abusers themselves. To develop prevention and treatment programs that will assist people to quit their addiction or never become addicted in the first place, it is thus useful to understand why people abuse substances.

This study aimed to understand how people came to abuse substances, by exploring the factors that contribute to substance abuse by recovering service users at Newlands Park Rehabilitation Centre. It sought to explore factors that initiated and maintained the continued use of substances. The overall objective of this study was to explore how these contributing factors could be used to strengthen the rehabilitation programme at Newlands Park Rehabilitation Centre, as well as to strengthen preventative measures to deal with the problem of substance abuse.

This chapter presents the nature and extend of the problem of substance abuse. It discusses the context in which the study was formed and the rational for conducting such a study. It outlines the aim and objectives of the research study as well as the theoretical framework used to guide the study. It also briefly introduces the research methodology employed to conduct the research study.

1.2. Substance Abuse: Background

Substance abuse is a major social problem with far-reaching implications. The World Health Organisation (WHO) Global Status Report on Alcohol and Health (2011) identified alcohol as a major global contributing factor to disease, death (approximately 2.5 million deaths a year) and injury. Substance users suffer liver cirrhosis, cancer and injury, and non-users are affected through road traffic accidents and violence. In addiction foetal and child development are altered.

Substance abuse is a critical problem in South Africa and across all segments of the population and in some way, impacts on all members of our society. According to the World Health Organization (WHO) Global Report on Alcohol and Health (2011) South Africa was rated as a medium consumption level country. However South Africa had the highest consumption level in Southern Africa.

1.3. Extent of the problem

One of the major challenges facing policymakers and those in the field of substance abuse in South Africa is that there are no comprehensive and accurate statistics available. Information on substance abuse has to be drawn from various sources in the field of substance.

The following substance abuse trends were documented by The World Health Organization (2011)., Parry, Morojele, Saban & Flisher (2004)., Parry, Myers, Morojele, Flisher, Bhana, Donson & Pluddenmann (2004)., Myers, Parry & Pluddenham (2004)., The South African Medical Research Council (2008) and the South African Community Epistemology Network on Drug use (2009).

The World Health Organisation (WHO) Global Status Report on Alcohol and Health (2011) reports that alcohol remains the primary drug of abuse in South Africa. Between 7,5% and 31,5% of South Africans have a problem of alcohol abuse or are at risk of having such a problem. Risk drinking on weekdays is at an average of 7,5% and on the weekends it's at 31,5% with those between the ages of 25 and 54 being at greatest risk. South Africa's average per capita of alcohol consumption (2003-

2005) equaled to 7.0 litres of pure alcohol consumed by every person aged 15 years and older, making it the highest in Southern Africa.

Cannabis, also known as marijuana or dagga, is the most consumed substance after alcohol in South Africa. Its unique properties have led to its diffuse and widespread cultivation (Parry et al, 2004). According to Myers et al (2004) South Africa is a significant producer of cannabis herb, about 3000 tons, while the global estimation of its production is 40000 metric tons. Significant amounts of cannabis are shipped abroad. The number of persons using the cannabis is estimated at 830 500 spending R7 486 million annually.

The population of persons using cocaine is about 265 000, using 4,6 metric tons annually with a street value of R1 430 million. Cocaine enters South Africa from South America. OR Tambo International Airport is the primary entrance, as the preferred form of transport is by air freight and couriers. Some of the cocaine is also trans-shipped to other countries (Parry et al, 2004., Myers et al, 2004).

The primary sources of ecstasy are from the East and South-East Asia, North America and to a lesser extend the Netherlands, Belgium and Poland. The production of ecstasy in South Africa is a relatively recent phenomenon; it totals just over 900 kilograms annually. There are about 108 000 users of ecstasy, spending R610 million (Parry et al, 2004., Myers et al, 2004).

It is difficult to estimate the number of persons using heroin, mandrax, tik and over the counter or prescription drugs. Figures are obtained in cases where people are hospitalized because of the drugs, and in most cases persons may have utilized more than one drug. ‘Sugars’ also known as “ungah”, “nyaope” and “pinch”, has become a popular drug in South Africa. Its makeup varies amongst dealers. It is a heroin-derivative which is mixed with rat poison, bicarbonate soda and even teething powders. By diluting the drug, dealers can peddle the drug at a very affordable price making it one of the cheapest drugs on the streets (South African Community Epistemology Network on Drug use, 2009).

According to the South African Medical Research Council (2008) substance abuse was prevalent in 45% of all non-natural deaths in South Africa. These levels were specifically high in transport-related deaths and homicides. In research conducted in the Western Cape (Wellington), the prevalence of fetal alcohol syndrome among grade 1 learners was found to be 46 per 1000 in 1997 and 75 per 1000 in 1999, showing a rapid increase. Similar research conducted in Gauteng and De Aar in 2001, and in Upington in 2003 found fetal alcohol syndrome rates of 19, 103 and 75 per 1000 respectively.

Substance abuse was also found to be prevalent in one-third to a half of arrestees in Cape Town, Durban and Johannesburg charged with offences categorized as “family violence”. Substance abuse was also found to be prevalent in 39% of trauma patients in Cape Town, Durban and Port Elizabeth (Durban: 22%, Cape Town: 39% and Port Elizabeth: 57%). These cases were high for transport and violence related injuries. There is still a rapid increase in Substance abuse in South Africa despite efforts to curb it effects (South African Medical Research Council, 2008).

The data compiled by the South African Community Epistemology Network (2009) showed that with the increase of substance abuse, there has been an increase in people seeking treatment. These service users seek treatment for a wide range of substances such as alcohol, cannabis, heroin, cocaine/crack, over the counter and prescription medicines and methamphetamines. There has also been a steady decrease of age in users seeking treatment with a slight increase in the 14 to 17 age group. The majority of service users at rehabilitation centres are 21 years of age and younger. This raises issues of concern.

1.4. Context of the study

The study took place at Newlands Park Rehabilitation Centre. It is a public substance abuse rehabilitation centre situated in Newlands West, Durban. It is managed by the Department of Social Development: KwaZulu-Natal. Service users at Newlands Park Rehabilitation Centre come from various parts of KwaZulu-Natal.

There are only two government rehabilitation centres in the province. The other rehabilitation centre is Mandeni Rehabilitation Centre, which services the KwaZulu-Natal midlands. Newlands Park Rehabilitation Centre services clients to the north of Durban as far as Richards Bay, to the South as far as Port Shepstone and to the West as far as Escort.

Newlands Park Rehabilitation Centre has both male and female service users, although at the time of the study no females were admitted at the centre. Female service users are admitted twice a year because there is a high volume for male in-patient treatment as compared to female in-patient treatment. The intake of males is therefore 90% as compared to the 10% of females.

The Centre is however in the process of expanding the female wing, in order to increase intake of female service users. The age group at the Centre is ranges from 18 to 60 years. The centre has requested funding for their new youth wing that will cater for children under the age of 18 years.

Newlands Park Centre offers a three month program. The following table presents the structure of the programme offered at Newlands Park Rehabilitation Centre.

Table 1.1. Structure of program at Newlands Park Rehabilitation Centre

Week One – Three: Detoxification
This is the initial phase of treatment. This phase provides supervised medical detoxification for service users'. Service users' are likely to experience withdrawal symptoms in this phase, this include physical and psychological discomfort (this is further discussed in Chapter Two). Existing medical disorders will be reviewed and if necessary medication will be changed.
Week Four – Eleven: Care Unit
Following the Detoxification the service users' are referred to the Care Unit. Service users' are allocated a social worker and introduced to the centres's programmes which include:

Life skills: Stress management Relationships Communication Relapse management Conflict management Self management Self esteem Concentration	**Sports and recreation:** To promote positive stress relief, social functioning and group cohesion.	**Occupational Therapy:** Art and craft Time management Budgeting/ Financial management
Literacy training Current events group discussions Environmental care.	**Religion** Various religions groups come to offer spiritual care/ healing.	**Support groups** Such as AA and special interest groups provide support.
Week Twelve: Termination		
The centre prepares service users' for disengagement. Programme may be extended if the service user does not meet requirements of the programme for disengagement.		

1.5. Problem statement and rational for the study

In-patient treatment programs are structured and usually conducted with groups. For instance Life Skills programs are supposed to promotes stress relief, social functioning and group cohesion, but the program tends to be more of a modus operandi of how one can develop alternatives to abusing substances. It does not recognize what the individual has to offer, his or her strengths, weakness or other unique qualities. It is a fortuitous instruction that comes across as saying if you want to live a positive life this is what you need to do and one must adhere to it.

Approximately four out of ten service user's relapse upon being discharged from Newlands Park Rehabilitation Centre. One would then ask oneself whether those who relapsed benefited from this program. This raises questions about the

effectiveness of the program and whether Newlands Park Rehabilitation Centre comprehensively understand the individual challenges that service users' experience with the problem of abuse substances.

There may be similarities of behavior that exist across all types of substance abuse, however individuals cannot be categorized, defined or treated in relation to their substance abuse problem. Therefore an individual with a substance abuse problem is unique in his or her history, pattern of use and abuse and how they have come to abuse substances.

There is also a gap in local knowledge. Our knowledge is often informed by research from other countries, and thus becomes a problem when such information is applied to a person living in one of the surrounding townships of Durban. A local understanding of the problem of substance abuse is therefore essential.

As a social worker working in the field, I have become interested in this topic because understanding the factors that contribute and maintain the abuse of substances will not only assist in developing prevention programs, but also provide us with an understanding of dealing with the challenge once it has occurred. We cannot use a one size fits all approach in our attempt to deal with the challenge of substance abuse, thus the individual experiences of how service uses came to abuse substance will contribute to understanding of this social pathology.

1.6. Aim and objectives of the study

The aim of the study was to understand how people came to abuse substances, by exploring the factors that contribute to substance abuse by recovering service users at Newlands Park Rehabilitation Centre. The objectives of the study were:

- To investigate the intra-personal factors that contributed to the abuse of substances by service users at Newlands Park Rehabilitation Centre.
- To investigate the interpersonal factors that contributes to substance abuse by service users at Newlands Park Rehabilitation Centre.

- To explore the environmental factors that facilitated the abuse of substances by services users at Newlands Park Rehabilitation Centre.
- To make recommendations regarding the rehabilitation program offered at Newlands Park Rehabilitation Centre.

The research questions were therefore:

- What are the intra-personal factors that contribute to the abuse of substances?
- What are the interpersonal factors that contribute to substance abuse?
- How do environmental factors facilitate the abuse of substances?
- What are the recommendations that can be made regarding the rehabilitation program offered at Newlands Park Rehabilitation Centre?

1.7. Theoretical framework

The ecosystems perspective was used to guide the study. This framework outlines four types of nested systems that form part of an individual's life. Payne (2005: 145) defines systems as "entities with boundaries within which physical and mental energy are exchanged internally more than they are across the boundary". There are different types of systems: informal or natural systems (such as friends, family, co-workers), formal systems (groups within communities) and societal systems (such as university, schools, and hospitals).

The ecological systems are: the *micro system* (such as the family, peer group, neighborhood); the *mesosystem* (in which two systems interact); the *exosystem* (external environments which can indirectly influence development); and the *macrosystem* (larger socio-cultural context, structural elements). Each system contains roles, norms and rules that can greatly shape the development of individuals, groups and the broader society, be it directly or indirectly (Payne, 2005).

Using traditional substance abuse theories and models, may be limiting because research has shown that there is no one theory or model that has been found to be universally successful in the treatment of substance abuse (Eberlein, 2010). The eco-systemic perspective guided the study in terms of understanding how

informal/natural and formal systems shaped the lives of service users at Newlands Park Rehabilitation Centre.

The study is concerned with the factors that contributed to the service users' abuse of substance. The eco-systems perspective guided the study explore to whether these systems had any direct or indirect contribution to the service user's abuse of substances. These systems encompass all aspects of the service user's life, and each system contains roles, rules and norms that shaped the development of the service user.

The ecosystems perspective views the environment as being dynamic. The individual therefore has to adapt in order for him or her to achieve a certain level of comfort within his or her environment. Attention is therefore placed on the goodness of fit between the individual and his or her environment, because the individual's needs are marched against the available resources in the environment and where he or she fits in this environment (Johnson & Rhodes, 2005).

The ecosystems perspective describes the view that parts of an individual's life assimilate into each other and at various levels of an individual's life. This integration may be psychological, biological or physical or all. The various parts of an individual's life are not completely separate, but are related to each other in one way or another. Such a holistic view guided the study to understand how these systems and their interactions maintained the service user's substance abuse behaviour (Payne, 2005).

1.8. Research methodology

The study used an exploratory design as it attempted to explore new insights into substance abuse addiction by service users at Newlands Park Rehabilitation Centre. A qualitative research method was used to provide the researcher with flexibility as there were no fixed steps throughout the study (unlike in quantitative research where the process is standardized). The sampling strategy used was convenience sampling, as the target group was known and accessible (Babbie and Mouton, 2001., De Vos, Strydom, Fouche & Delport, 2005)

Ten respondents were interviewed using semi-structured interviews as a primary technique of data collection, to allow for some level of flexibility for interviews as well as provide some structure over the content and parameters of the interview (Bailey, 2007). The sample group were randomly picked from a list of service users at Newlands Park Rehabilitation Centre. The interviews were held in a room provided for by the Rehabilitation Centre were respondents were interviewed on a one on one basis.

1.9. Presentation of content

This research study is divided into five chapters:

Chapter One

This chapter provided an outline of the research study, explaining the nature and extent of the problem of substance abuse. The context and the rational for conducting the study are discussed. The aim and objectives of the research study as well as the theoretical framework were outlined. The research methodology was described and, finally, an overview of the research study was clarified.

Chapter Two

This chapter contextualizes the multifaceted nature of substance abuse. The stages of substance abuse and the types of substance abuse dependence/addiction are highlighted. The factors that contribute to substance abuse are discussed and categorized within intrapersonal factors, biological factors, interpersonal factors and environmental factors.

Chapter Three

Chapter Three outlines the research design, the sampling procedure and gives a description of the sample. The process of data collection and the process of data analysis is outlined. The validity and reliability as well as the ethical considerations of the study are discussed. The limitations of the study are also discussed.

Chapter Four

In this Chapter, the findings of the research study are discussed. The findings are presented in two sections, Section A presents the biographical profile of the respondents and Section B presents the themes and sub-themes that emanated from the process of data analysis as well as observation made during the course of the study.

Chapter Five

This final chapter summarises the search process and findings. The findings are presented in relation to the research objectives. The implications of the study as well as the recommendations for practice, policy and further research are discussed.

Chapter two: LITERATURE REVIEW

2.1. Introduction

This chapter contextualizes the multifaceted nature of substance abuse. It outlines the stages of substance abuse and identifies the types of substance abuse dependence/addiction. This chapter also looks at the factors that contribute to substance abuse, and places these factors within the categories of intrapersonal factors, biological factors, interpersonal factors and environmental factors.

2.2. The multifaceted nature of substance abuse

There is a general agreement amongst authors that substance abuse is multifaceted (Gurnack, Atkinson, & Osgood, 2002) involving biological, psychological as well as social factors. Therefore to simply ignore any of these factors or to discount how interlinked they are is to elude from proper understanding of the problem of substance abuse (Loose, 2002).

Doweiko (2006) concurs with Loose (2002) in that these factors should not be viewed in isolation to each other. He states that biological factors, psychological development variables, interpersonal determinants, such as family functioning and peer relationship factors, as well as community and societal factors can be viewed as being nested within each other and interacting with each other.

Substance abuse need to be viewed beyond the immediate intoxicating effect, so as to understand the reasons why people abuse substances. We need to take account of what it means to engage in drugs in any particular social setting (Gossop, 2000). This is imperative as each society have strong beliefs about which substances can be employed to this end and about the circumstances in which its use is legitimate (Caudill & Kong, 2001).

The term ‘drug’ in the context of phrases like ‘drug problem’ or ‘drug abuse’ is really shorthand for ‘socially disapproved drug’ or ‘drug which is used in socially disapproved ways’, thus the strength of that social disapproval can be startling and remarkably resistant to rational argument. If patterns of substance usage have

markedly changed in the last two decades, public attitudes have shown no corresponding shift. (Peterson & McBride, 2002)

The manner in which people think about substances reflects their understanding of the social world around them (Abide, Richards & Ramsay, 2001). According to Peterson & McBride (2002) the social context influences the individual in three ways. It influences what the individual defines as a substance and what is not, it influences the way the individual behaves after taking the substance, and it influences the individual's subjective experiences of the substance's effects.

We cannot hope to understand the complexities of the substance abuse by studying either the substance or those who take them in isolation from the social context (Gossop, 2000).

2.3. Stages of substance abuse

It was interesting to note that a web search reveals ample information on substance abuse, but there is lack of academic literature. However, there are two authors that play an important role in understanding the complexities of substance abuse.

These authors had been identified because, firstly, the contribution each author made in understanding the development of addictive behavior. Secondly to illustrate the slow progress in substance abuse research, considering the 12 year gap between authors.

Muisener (1994) and Doweiko (2006) identify four stages of substance abuse in which individuals who engage in substances have been categorized. The stages are presented on the table below, followed by their explanations and discussions from other authors on these stages.

Table 2.1. Stages of substance Abuse

Stage No:	Muisener (1994)	Doweiko (2006)
1.	Experimentation	Rare/social use
2.	Occasional use	Heavy social use
3.	Regular use	Heavy problem use
4.	Dependence	Clear addiction

2.3.1. Experimentation/ Rare/social use

Muisener (1994:32) refers to this stage as 'learning the mood swing'. He describes this stage as a discovery phase, where the individual learns that ingesting a substance can change his/her mood and emotions. This is a stage of exploration were the individual seeks an intoxicating effect as well as to gain some sense of mastery over the experience.

Doweiko (2006) describes this stage as presenting a low risk of substance abuse disorder to the individual. The individual initiates the use of substance but has not developed a dependence (physical or psychological) on the substance. Therefore the individual would not experience financial, social, interpersonal, legal or medical problems that are associated with pathological use. The emphasis by Doweiko (2006) is that the individual does not demonstrate loss of control of the substance, unlike those associated with pathological use.

Noshpitz and King (1991) cited in Muisener (1994) identify this stage in relation to teenagers, because it is in their teenage years that individuals often start experimenting with substances. They presume that: *"A majority of teenagers probably try out drugs the way they try out all sorts of sensual and frightening experiences, in effect, to see what it is like – to find out what all the talk is about and whether it is true, to see if they will be scared, to see if they can master it" (p, 5).*

2.3.2. Occasional use/ Heavy social use

Occasional use is when the substance is being used more than once randomly. Muisener (1994:33) refers to this stage as 'seeking the mood swing'. This stage particularly occurs in the social setting. The behavior of the individual occurs with others who are 'seeking the mood swing'. Labeling this stage as the social stage does not imply that the behavior of those 'seeking the mood swing' is acceptable, but rather it is intended to identify the context in which the individuals are seeking the 'mood swing'.

Doweiko (2006) describes the substance user in this stage as being at risk of substance abuse disorder. The individual's substance use is considered to be above the norm for society. In this stage the individual starts to experience financial, social, interpersonal, legal or medical problems that are associated with pathological use. Doweiko (2006) refers to individuals in the stage as problem substance uses, because they make poor decisions about their substance use but can still potentially control their use.

2.3.3. Regular use/ Heavy problem use

In this stage the user utilizes the substance on a regular basis, and ensures that there is always a stable supply of the drug. Muisener (1994:34) refers to this stage as 'pre-occupation with the mood swing'. This stage signifies the individual's entry into substance abuse.

Doweiko (2006) classifies substance abuses in this stage as engaging in 'problem use'. The individual's substance use has become a problem because he or she starts to experience classic withdrawal symptoms. The individual becomes preoccupied with the substance he or she uses. The individual is regarded in this stage to have lost control over the substance.

Sussman & Susan (2001:46) refers to the substance user in this stage as a 'medicinal user'. This is an individual who use substances to relieve anxiety or tension or to enjoy the effect that the substance provides. 'Medicinal use' is primarily an individual experience, so even though two or more users may use in the

substance in the company of each other, each person is preoccupied with their own mental state than with personal interaction.

The second type of users in this stage is the pain avoidance types or the 'compensatory users'. Here, the individual uses the substance to treat dysphoria or other painful feelings that he or she might be experiencing. Thus substance users in this stage can have characteristics of both the pursuit of pleasure and pain avoidance, pain associated with withdrawal (Abrams, 2003).

2.3.4. Dependence/ Clear addiction

In this stage, the user has lost control to the substance, the body and mind become incapable of functioning without the substance. Muisener (1994:36) refers to this stage as 'using to feel normal'. The individual is compulsively consumed with urges to experience the 'mood swing' from the substance. Using the drug to cope thus affects the individual's regulation, sense of self and identity.

Doweiko (2006) describes the substance user in this stage as demonstrating symptoms of classic addiction syndrome. The substance user has lost all sense of control and experiences financial, social, interpersonal, legal, medical and occupational problems that are associated with pathological use. The individual clearly have physical disorder of substance dependency. Even at this level the substance user may deny or justify his or her substance use.

2.3.5. Review of the stages

Researchers (Budney, Sigmon & Higgins, 2003., Doweiko, 2006 & Flisher, Parry, Muller & Lombard, 2002) agree that the classification of substance users in these stages is imperfect. Firstly, these stages are not uniform as substance users may not follow them in the order presented by Muisener (1994) and Doweiko (2006). Substance users may display characteristics of more than one stage at the same time, or display some characteristics of each stage, making it difficult to classify the stage or category that they are in.

Secondly, as Budney et al (2003) points out there are also no boundaries in the substance use continuum, therefore how would it be determined when the substance user has progressed to the next stage of substance use? What remain relatively fixed are the end points on both sides, which is total abstinence and total physical dependence/addiction. Thus the substance-use continuum provides us with advantage to identify the intensity of substance use as well as patterns of substance abuse, but it is not a fixed process.

2.4. Types of dependence/ addiction

Many researchers (Muisener, 1994., Doweiko, 2006., Cantor, 2001., Drummer & Odell, 2001., Husak, 2004., O'Brien, 2001., Rhee, Hewitt, Young, Corley & Stallings, 2003., Gossop, 2000 and Abide, Richards & Ramsay, 2001) make reference to physical and psychological dependence/ addiction.

To further broaden our understanding of substance abuse, we need to understand what it means to be physically or psychologically dependent on a substance. Physical and Psychological dependence/ addiction were identified as types of dependence/ addiction from the literature.

2.4.1. Physical dependence/ addiction

Physical dependence is produced after a period of regular use. It is not with all substances that this state can be achieved. This state occurs with only certain classes of substances, notably the opiates, barbiturates and minor tranquillizers. Given time, the body becomes accustomed to the presence of the substance and adjusts so as to continue functioning as normally as possible. If the substance is removed suddenly, the body is thrown off balance, and it takes time for the body to re-establish that state of equilibrium again (Cantor, 2001).

The withdrawal of the substance can lead to the individual to feeling sick or faint or having panic attacks. Others may have more serious paranoia and health problems (Husak, 2004). The characteristics and the severity of the withdrawal syndrome vary amongst the different substances, as some substances produced physical dependence faster than other (e.g. Opiates produce faster physical dependence

than cannabis) and this can also be further influenced by the individual's psychological and situational factors (Drummer & Odell, 2001).

As the body becomes physically dependent on the substance, its tolerance level is adjusted. This refers to the way in which the body adjusts its functioning as it becomes accustomed to the substance's presence, and as a result larger doses of the substance are require to produce the same effect.

This is a phenomenon that is directly rooted in the pharmacological effects of the substance. It is an expression of the biochemical relationship that exists between the substance and the individual's metabolism, and its presence is usually recognized by the fact that the individual develops withdrawal symptoms or an abstinence syndrome if the drug is withheld (O'Brien, 2001).

2.4.2. Psychological dependence/ addiction

The manner in which a substance affects a person depends as much upon the psychological characteristics of that individual as upon the chemical properties of the substance itself (Husak, 2004., Drummer & Odell, 2001). This incorporates their personality and how the individual believes that the substance will affect him/her, as well as their emotional state. The notion that specific substances have fixed and predictable effects with all people are extremely widespread, but in the view of Gossop (2000) and O'Brien, (2001) it remains a fallacy.

The degree of psychological dependence amongst substances vary, some might be greater than others. However, it is likely that this capacity for psychological dependence does not reside entirely in the substance but has to do too with the psychological make-up of the individual concerned (Cantor, 2001*).* Willis (1974) cited in Muiserner (1994) concurs with Cantor (2001) he asserts that *"Psychological dependence or emotional dependence is an expression of a more subtle relationship between drug and individual" (pg, 20)*.

According to Abide et al (2001) psychological dependence is not simply caused by the chemical properties of the substance. In their opinion there is no substance

which really has the power to take away an individual's will and power of choice. This is rather a question of the role that the actual substance experience has come to play in the life of the of the substance user.

The role that the substance plays in a substance user's life is different from one user to the next. This depends on the meaning the user has attached to the substance. It is this meaning or psychological relationship rather than the physical dependence which sustains their pattern of behavior and makes it so difficult for them to give up drugs (Abide et al, 2001., Rhee et al, 2003).

Chuang, Ennett, Baumaun & Foshee (2005) point out that the substance that the individual uses becomes a central organizing feature of their lives. This is because to the individual the substance is a reliable means of achieving desired psychological states, of feeling relatively normal and of coping with their internal and external environment. Thus deprived of the drug experience, they will feel abnormal, depressed, vulnerable and unable to cope. Such feelings provide strong motivation to for the individual to resume using the substance.

2.5. Why people abuse substances

According to Mason & Windle (2002) there are various and complex reasons why people abuse substances. These complexities are reflected by the range of factors associated with the initiation as well as the maintenance of substance use.

These factors range from physical addiction and psychological dependence, to a need for some remedy or self medication for other problems that people may have (Bean, 2004). Factors of sex, childhood experiences, family social position, family history of substance abuse/criminality or negative parental attachments may also be associated with the abuse of substances (Hanna, Dufor, Whitemore & Yi, 2001).

According to Mason & Windle (2002) the reasons for using socially disapproved substances are not different to why people use socially approved ones, such as coffee, tobacco or alcohol. This is because they enjoy the effect; we may use the substance to relax, for stimulation, to assist us to cope with problems, to escape, out

of habit, to ease social interaction, to help pass the time from boredom, because of social pressures or from curiously to promote an image.

2.5.1. Intrapersonal factors

Intrapersonal are factors that occur or exist within the mind or individuals self. The following are some of the interpersonal factors that have been identified in the literature.

2.5.1.1. Curiosity

Curiosity is described by Doweiko (2006) as a desire to see, to know or to experience whatever that motivates one's exploratory behavior in the direction of acquiring new information. Litman and Jimerson (2004) describe curiosity as a "positive affectivity". They hold that acquisition of new knowledge or information is considered to be highly pleasurable and intrinsically rewarding.

According to Litman and Jimerson (2004), curiosity could be aroused when an individual feels as if they are deprived of information or feel particularly deficient of information. The individual would thus wish to reduce or eliminate this deficiency as well as learn something new. This is described by Litman and Jimerson (2004: 149) as reflecting curiosity as a feeling of "deprivation" and a feeling of "interest".

The individual may start to abuse a particular substance because he or she expects that the substance will have a pleasurable effect. This potentially pleasurable effect that the individual thinks the particular substance may have becomes of interest to the individual. This is referred to as "pharmacological potential" or the "reward potential" by some researchers (Kalivas, 2003:2).

The individual may be attracted to the dangers that surrounds the substance, as the costs and risks become higher, thus the motivation for continuing may be greater or qualitatively different, this depends on the personality of the individual (Wyatt, 2007).

Doweiko (2006: 16-17) further explains this, he states that: “According to the law of psychology, if something (a) increases the individual’s sense of pleasure or (b) decreases his or her discomfort, then he or she is likely to repeat that behavior. This is called the *reward process*. In contrast, if a certain behavior (c) increases the individual’s sense of discomfort or (d) reduces the person’s sense of pleasure, he or she would be unlikely to repeat that behavior. This is called the *punishment potential* of the behavior in question”.

When these laws of behavior are applied to the problem of substance abuse, we discover that the immediate consequence (whether reward or punishment) of substance abuse has a strong impact on the behavior of the individual as opposed to the delayed consequence. Therefore if an individual finds the effects of the substance as pleasurable as he or she expected, he or she is likely to use the substance again. Although the reward potential acts as a powerful incentive for its repeated use, it is however not in itself sufficient to cause addiction (Kalivas, 2003).

2.5.1.2. Depression – need to escape

According to Baker (2004) people who have a history of depression are twice as likely as other to abuse substances, and are more likely to have affective disorders than others. Carpenter (2001) argues that this is because the substance provides an instant gratification that other things cannot provide.

Maurice, Martin, Romieu & Matsumoto (2002: 513) concur in that people want to feel physically and emotionally good. Abusing substances becomes their way of escaping how they truly feel. They are in pain and they want to numb the pain. The individual wants to escape the experience of feeling pain, and for a moment, and the substance takes them away from the pain and thus they feel “better”.

2.5.1.3. Beliefs and attitudes

Individuals, especially in the adolescent years, form beliefs and attitudes before they begin to experiment with a particular substance (Rhee et al., 2003). These beliefs and attitudes could potentially predict initiation and abuse of substances (O’Brien, 2001).

According to Baker (2004) adolescence is a phase in which there is increased cognitive vulnerability to the abuse of substances. They describe this phase as a stage in which the adolescent social image is an ambivalent one. The adolescent would display both negative aspects such as unhealthy lifestyle and also images of what is perceived to be positive behavior, such as sociability, toughness and precocity. This may be valued by "deviance-prone" adolescents that are at risk of abusing substances.

Adolescents who are "deviance-prone" are even more likely to participate in risky behavior including substance abuse (Field, Diego & Sanders, 2002). Their belief and attitude about a particular substance also incite them to experiment. Some adolescents especially girls may also be influence by the belief that substances such as cigarettes control body weight. It becomes difficult to counter this attitude since in fact smoking does suppress body weight (Doweiko, 2006).

2.5.2. Biological factors

Biological theories suggest that there are specific mechanisms in people that influence them to experiment with substance or to abuse substances once they have been exposed to them.

2.5.2.1. Genetics

The notion that genetics are involved in substance abuse is a contested one. The explanation of this notion is found in the genetic makeup of an individual, which influences them towards substance abuse. This happens when specific biological mechanisms relevant to substance abuse are influenced by a gene or a combination of genes (Baker, 2004).

According to Kalivas (2003), if your parents had an addiction problem, you are more likely to be susceptible to addiction. This notion is disputed by Renner (2004) and O'Brien (2004). They state that although there has been a significant body of evidence suggesting that addiction has a genetic basis, this research has failed to identify a single gene associated with alcohol or other hard substances.

Hussong & Hicks (2003) concurs. They argue that the belief that “1 gene = 1 unchangeable behavior” is inaccurate. They further argue that although there appears to be a genetic predisposition for substance dependence, this does not guarantee that it will develop.

Thus, this means that to determine whether someone can be a substance abuse addict based on their genetic predisposition is unlikely at this time. Therefore, an individual’s genetic predisposition should only be regarded as a measurement to an individual’s degree of risk. Historical, social, environmental as well as cultural factors all play a role in determining whether or not the generic potential towards the abuse of substances will or will not be activated (Wallace, Kohatsu & Last, 2007).

2.5.3. Interpersonal Factors

Interpersonal factors are factors that are within a person’s life space or sphere of activity, such as other individuals and groups. These factors exert conforming influences on the individual. The following are the interpersonal factors that have been identified in the literature.

2.5.3.1. Peer pressure

Peer pressure is a reality, and it is greater in the adolescent period. This is also a period in which adolescent are likely to experiment with substances. It is in this period were the adolescent wants to be recognized, to be “cool” (Hanna et al, 2001).

Baker (2004) also identified peer smoking as a predictor of adolescent smoking. Adolescents’ would experiment with substances a social action, to be accepted by his or her peers. He points out that adolescents would seldom identify direct peer pressure as a contributing factor to their abuse of substances.

Anda, Whitfield, Felin, Chapman, Edwards, Dube & Williamson (2002) point out that peer pressure can work in various ways, for instance by increasing perceptions that the use of substances is prevalent and normative, by communicating amongst peers a positive social image of substance use, to provide access to the substance as well as providing an environment for substance use.

The adolescent stage is often identified as a period in which the adolescent seeks to find his or her "place" in society. When the adolescent experiences difficulty in the formulating peer relationships, same sex dyads, opposite sex dyads or the peer group, this can result in an emotionally painful experience for the adolescent (Hanna et al, 2001:276).

This difficulty will result in peer crisis, and will therefore interfere with the adolescent's need of belonging or making friends. This peer crisis will intern trigger the developmental crisis of the adolescent, this incorporates their narcissistic crisis, separation crisis and their identity crisis (Velleman, Templetion & Copelle, 2005).

Adolescent are more likely to engage in substances either as a form of dealing with a crisis or in order to gain access to a particular social group or to be affiliated which such groups (Hanna et al 2001). Initially, adolescents may be subjected into abusing substances as a result of social pressure and peer influence, but they then develop an acquired taste for the substance and learn to appreciate its intrinsic qualities (Loose, 2002).

The relationships with family members as well as friends are co-participants in the psychological change of the individual, as especially during the adolescent stage of his/her life. This is because during this time the family system and the peer system are interacting with each other, and thus operating synergistically (Velleman et al, 2005).

2.5.3.2. Family factors that might contribute to substance abuse

"A high degree parental nurturance along with low coercive punishment and clear expectations for adolescent behavior appear to be salient factors for the prevention of alcohol and drug abuse, and other deviant behaviors in adolescent" (Windle, 1987 cited in Muisener, 1994: pg, 77)

The family system is the primary system that supports the young person's development. Thus when the family system is functioning as an adequate support system, the individual will experience the continuous safety and support of a firm yet

flexible family environment, encouragement for appropriate expression of a wide range of feelings, and a clear sense of proactively dealing with issues that arise in family life (Williams, Decmitt & Bertrand, 2003).

Muisener (1994) argues that the family system can produce an environment for the young person to abuse substances through its denial of the problem and its enabling behavior. The focus is drawn to the adolescent years of the substance abuser as it is in these years that the family plays a vital role in the individual's life. This is also a stage in which the individual searchers for his or her identity. Muisener (1994) identifies four types of family enabling of adolescent substance abuse:

Firstly, he suggests that uninformed and unaware enabling occurs when parents are aware of the adolescent's abuse of substances or are suspicious of it.

Secondly, aware and avoidance enabling occurs when parents are aware of the abuse of substances but choose not to intervene, this may be because they believe that the adolescent is in a stage and will outgrow it, or they are ignorant with regards to the possible danger of the substance. According to Knauer (2002) as a lack of their own emotional maturity, parents of the young person abusing a substance may be unable to provide the proper guidance and support to the maturing young person.

A third type of enabling is aware and disempowered enabling which takes place when parents intervene, but their actions are unsuccessful. This can be as a result of the measures taken by the parents in addressing the issue, parents may also not be working together or have different opinions on how the issue should be handled, or they would simply not know what to do.

Doweiko (2006:17) concurs with Muisener (1994) that parents may be unsuccessful in their efforts because they smother the young person's independence by setting up measures of control that might further encourage the young person into substance abuse. Young people may be threatened with parental abandonment (physical, emotional or both). The young person might in turn interpret this negatively and begin to detach the 'self' from an awareness of their feelings in order to cope.

Fourthly Muisener (1994) states that aware and indulgent enabling occurs when parents knowingly and actively promote the abuse of substances by the adolescent. They themselves abuse substances and they may even supply and abuse the substance with the adolescent.

Teicher (2002) disputes this view and suggests that there are people who grew up in homes where there is substance abuse taking place and do not partake in substance abuse themselves. These young people however may suffer from depression, anxiety or have suicidal thoughts. This would affect their development at a later stage in life.

Dube, Anda, Felitti, Chapman, Williamson & Giles (2001) concur with Teicher (2002) that growing up in a home were substance abuse takes place is one factor leading to later suicidal behavior. Other studies (Ruben, 2001., Anda et al, 2002) indicate that the young person is likely to be addicted to excitement or become super-responsible, assuming duties beyond their ability and maturity. They are also likely to be serious and well organized.

2.5.3.3. Parenting styles

A substantial amount of research (Owusu, 2004., Jackson, 2002., Hayes, Smart, Toumbourou & Sanson, 2004) indicates parents play an important role in the lives of children and adolescents. According to Jackson (2002) parent-child communication, parent-child relationship quality and parental monitoring as well as support, have been indicated as parental styles influencing adolescent substance abuse behavior. Owusu (2004) identifies these parental styles as including parental warmth, care, monitoring, decision making and discipline.

Disclemente, Wingood, Crosby, Sionean, Cobb, Harrington, Davies, Hook & Oh (2001) identifies two types of parental styles in which one promote growth and development and the other discourages it. These are authoritative and authoritarian parental styles. Authoritarian parents are controlling and demanding, and are not responsive and warm. Authoritative parents provide firmness in direction while also allowing the child the freedom to choose with some limits. They guide adolescents to

appropriate behavior, encourage negotiation and give reason behind decisions taken.

In a study by Jackson (2002) the adolescents who were parented in an authoritative style of parenting, were less likely to reject parental authority compared to those who experienced authoritarian parenting. The rejection of parental authority as in the case of authoritarian parenting was associated with higher substance abuse.

2.5.4. Environmental factors

Caudill and Kong (2001) assert that the social environment can have a powerful effect in the manner in which people use substances, since the abuse of substances occurs in social context. The decision to use or not to use substances is made within the context of the social group and community to which they belong.

The decision to use is profound in the adolescent years (Brown, Seraganian, Tremblay & Annis, 2002). Monti, Kadden, Rohsenow, Cooney & Abrams (2002) assert that the adolescent's decision to use or not use substances rests on whether substances are abused by his or her peers as well as the social attitudes of the substance. Intrapersonal factors such as poor will power may also be a factor as the adolescent decides to use or not to use substances.

Rotger, Morgenstern & Walter (2006) concurs with Monti et al (2002) in that the social attitudes of the substance have a strong influence on the adolescent decision to use or not to use. Rotger et al (2006) further argues that the stereotyped attitudes and views of society towards those who abuse substances, force substance users to form sub-cultures. This sub-culture would thus consist of substance uses who are involved with socially non-tolerated substances in an environment that they feel safe to do so, without being judged. It is thus important to understand how these attitudes develop.

2.5.4.1. Factors which influence social attitudes of substances

Hussong & Hicks (2003) identify five factors that influence social attitudes with regards to substances. These are: (1) the source from which the drug is obtained; (2)

the drug's legal status; (3) public familiarity with the drug's effect; (4) our familiarity with users; (5) and the reasons why the drug is believed to be used.

2.5.4.1.1. The source from which the drug is obtained

Hussong & Hicks (2003) assert that substances that are obtained from medical practitioners under the support of medical treatment are likely to be viewed as less dangerous and more socially acceptable compared to those substances that are not.

Rotgers et al (2006) points out that it is because high status associated with the medical profession bestows legitimacy on whatever medical practitioners choose to prescribe. It is only when the public awareness is increased about the possible dangers of these substances, that there is a growing disquiet from the public and thus the modifications in the practice of medical treatment.

2.5.4.1.2. The drug's legal status

Hussong & Hicks (2003) points out that the fact that socially disapproved substances are subjected to stringent controls, ultimately leads to negative attitudes with regards to its use. Presumably, if a substance is so controlled, that in itself is good evidence of the potential harm of the substance, which is also in the case of socially approved substances.

Society has thus labeled drugs in two categories: 'good drugs' and 'bad drugs' (Gossop, 2000: 53). Heroin and crack cocaine for examples are, regarded as the worst of the 'bad drugs'. Librium and Valium are 'good drugs', alcohol tends to be classed as a 'good drug' even though there is increasing knowledge with the risks that can be associated with its misuse: Tobacco is rapidly falling from the category of 'good' towards the every 'bad' category. Some substances escape the 'bad' classification altogether and are regarded as non-drugs – like tea and coffee. Society like to believe that our 'good' drugs are all safe, or at least comparatively safe, whereas the 'bad' drugs should have all have sinister and dangerous effects (Monti et al, 2002., Wallace, Kohatsu & Last, 2007).

2.5.4.1.3. Public familiarity with the drug's effect

The more people are familiar with the effect that a substance has on them, the more confident they become about its use. This is mainly the case with alcohol. Although people are aware of the physical and social harm that can arise from overindulgence, and although there may be strict measures to control it, there is no strong body calling for the prohibition of alcohol. Instead social concepts such as 'acceptable drinking' and 'problem drinking' are constructed and society becomes confident that we could always make the distinction between them (Morojele et al, 2006).

In contrast, most people are not familiar with the effects of heroin so as to evaluate the wilder claims of its destructive powers, thus we accept the face value and react accordingly (Parry et al, 2004).

2.5.4.1.4. Our familiarity with users

Most people fear what they don't know. Therefore the less people know of the true effects of drugs and have less contact with drug users; the easier it is to draw erroneous conclusions. This occurs more easily when users are thought to be members of already marginalized groups of society. (Loose, 2002).

2.5.4.1.5. The reasons why the drug is believed to be used

When a substance is believed to be used for relief or for physical or psychological distress, its use is likely to be less disapproved. If the substance is used for self-indulgent or hedonistic reasons, it is likely to be condemned (Caudill & Kong, 2001).

2.6. Conclusion

The findings highlight that the factors contributing to substance abuse are complex. These range from psychological factors, peer relationships, family functioning and social factors. These factors are confined and are interacting with each other.

The findings also draw attention to the need to understand the meanings that individuals attach to the substance they abuse, because it is this meaning that motivates the individual to continue with his or her abuse of the substance.

The adolescent stage was the focus of many studies. This is because it is in this stage that that the individual is in search for meaning in his or her life. It is also in the social system that the individual is situated in, that he or she draws meaning. The findings also indicate that the individual may have expectations of how the substance will affect him or her. This illustrates how the social context is powerful and the influence it has on the individual.

The following chapter outlines the research design and sample procedure. It also outlines the process of data collection and data analysis, the validity and reliability as well as the ethical considerations. The limitations of the study are also discussed.

Chapter Three: RESEARCH METHODOLOGY

3.1. Introduction

The choice of methodology was guided by the objectives of the study. This chapter outlines the research design, the sampling procedure and gives a description of the sample. It also outlines the process of data collection and the process of data analysis. It discusses the validity and reliability as well as the ethical considerations of the study. The limitations of the study are also discussed.

3.2. Research Design

The study used an exploratory design as it attempted to explore new insights into factors contributing to substance abuse by service uses at Newlands Park Rehabilitation Centre. Exploratory research can thus be viewed as a preliminary investigation into relatively unknown area of research. This approach is open and flexible as it looks for new insights into phenomena (Babbie & Mouton, 2001)

A qualitative research methodology was used. Qualitative research is a method of inquiry that aims to acquire an in-depth understanding of human behavior It also sought to understand the reasons that govern this behavior. (De Vos et al, 2005., Henning, 2004). This method of inquiry explores the why and the how of decision making. It is thus ideal for smaller sample populations. This research method best suited the study because it enabled the researcher to delve into deep and complex factors that contributed to abuse substances by service users at Newlands Park Rehabilitation Centre.

3.3. Sampling Procedure

Convenience sampling was used as a sampling technique. This is a non-probability sampling technique where the sample population is chosen because they are accessible and are in close proximity of the researcher (Flick, 2006., Polit & Beck, 2004). The sample population in this study was selected because they were ready available. There is a new a group of service users who enter their final phase of the rehabilitation program every two weeks. This is the sample group that was selected.

3.3.1. Selection of Participants

Ten participants were selected from a group of twenty service users who were in their last week of the rehabilitation program at Newlands Park Rehabilitation Centre. The sample group was randomly picked from a list that was provided by the rehabilitation centre.

In selecting participants in their final week of the program, it was hoped that they would have regained their physical health and would thus be able to participate in the study. These participants were also selected because at this stage of the rehabilitation program they had undergone counseling, and would be able to reflect on their substance abuse experience.

3.4. Data Collection

Semi-structured interviews were used as a primary technique for data collection (see attached Appendix 1). The reason for selecting this technique was that it allowed for some level of flexibility regarding how the interviews were administered as well as some structure over the content and parameters of the interviews (Bailey, 2007).

The interview schedule consisted of questions which explore the intrapersonal, interpersonal and environmental factors that contributed to the service users' abuse of substances. The interview schedule was tested in a pilot study. The people interviewed for the pilot study were not part of the study. This made the researcher aware of potential limitations of certain questions and helped to improve the manner in which the interview was conducted.

The participants were interviewed individually in a room which was designated for counseling. Each interview lasted approximately one hour. A recording device was used to record the interviews and was used to review the interviews.

3.5. Data Analysis

The data obtained through semi-structured interviews was analyzed using thematic analysis. According to Henning (2004) thematic analysis is a way of seeing. It emphasizes identifying and examining themes within data. These themes were

important in describing the factors that contribute to substance abuse and associated them to the research questions.

Thematic analysis suits the study as it uses a qualitative design. Thematic analysis is a process for encoding qualitative information. Qualitative researchers typically scrutinize their data repeatedly in search of meaning and deeper understanding (Polit & Beck, 2004).

The following steps were taken in analyzing data using thematic analysis. The steps are presented in the table below:

Table 3.1. Steps used in analyzing the data.

Step one
The interviews were transcribed into text.
Step two
The transcribed interviews were read. During the process major issues were noted. This assisted the researcher to acquire a sense of the various topics embedded in the data. The data was re-read and in the process the text was closely examined, line by line.
Step three
The data was coded using marking pens to highlight important themes in the data. These themes were arranged into similar topics. During the process the themes were kept simple in order to allow flexibility, in case were additional themes were indentified or in case themes needed to be re-defined. These themes were also sent to the researcher's supervisor with transcripts.
Step four
The data was revisited and examined. This was to examine how information was assigned to the current themes. Names and flexible definition were created for each emerging theme in this process.
Step five
After formulating the themes, each theme was re-examined against the original data that formulated that theme to see if the data would formulate the same theme. This process checked whether the relevance of the data was

overlooked or to check whether the data that was assigned to the theme is not contradictory.
Step six
This step focused more on the underlying meaning on the themes. The names, definitions as well as the supporting data were re-examined to construct final themes.
Step seven
The themes were finalized and named. Quotes from the transcripts were used to help communicate its meaning to the reader.

3.6. Validity and Reliability

A quantitative study would not be considered valid if it was not reliable (De Vos, 2005). In this study, a qualitative research methodology was used, and just like in a quantitative study, a qualitative study cannot be considered transferrable if it is not credible, and cannot be called credible unless it is deemed dependable (Babbie & Mouton, 2001).

The following steps were taken to ensure the credibility, transferability and dependability of the study.

3.6.1. Credibility of the study

- Persistent observation

  The data from the analysis was constantly revised and examined using thematic analysis. This was conducted to check if the relevance of the data was overlooked or misinterpreted. According to Babbie & Mouton (2001: 227) persistent observation is one of the ways in which the credibility of research findings can be attained. The process “searches for what counts and what does not count”.

- Peer debriefing

  Transcripts of the findings were sent to the research supervisor. The researcher’s perceptions and data from the findings were also discussed with the research supervisor to help guide the researcher. Babbie & Mouton (2001: 277) points out that

the process of achieving credibility should be done with a person who is not involved in the research study but however he or she must have an “understanding of the nature of the study”.

3.6.2. Transferability of the study

According to Babbie & Mouton (2001), transferability refers to the generalization of the research the findings beyond the sample population and setting of the research study. They assert that a qualitative researcher is not primarily concerned with generalizations, but rather he or she is should be concerned about demonstrating the transferability of the study to the reader.

This study demonstrated its transferability by using thick descriptions. The researcher transcribed the data received from interviews in full detail. This description also demonstrated in the findings of the study to allow the reader to make his or her own judgments about the transferability of the study.

3.6.3. Dependability of the study

A research study must show that if it was to be repeated with the same sample population and within the same setting, the findings of the study will be similar. This can be achieved by conducting an inquiry audit, in which the data, findings and interpretations of the study are examined (Babbie & Mouton, 2001).

In this study the data was also examined by the research supervisor. The research supervisor also examined the findings in relation to the themes and sub-themes that emerged under the process on analysis. This process also confirmed that the findings were in line with the research objectives of the study and not the biases of the researcher.

3.7. Limitations of the study

The study does not attempt to draw cause and effect conclusions. The researcher cannot control extraneous variables. The abuse of substances by service users can be attributed to many factors. At best, only tentative conclusions can be drawn which need more rigorous scientific investigations.

There were a number of limitations to the study and the results must be seen in relation to these. It is difficult to generalize from one case; it depends on the degree of variability in the population. In this study 10 participants was selected and interviewed using an interview schedule, with the hope that findings could be generalised, even tentatively, to highlight significant variables which would be put forward for further testing. However, this particular sample cannot be generalised to the entire population of the people who abuse substances. This sample group consisted of all males participants, this might act as a limitation to the research findings.

There is also the possibility of sources of data being biased. The data that would was collected in this study was based on self report, and there can be a possibility of distortion or falsification, as a result of either poor memory, respondents asserting their own agendas or as denial of their substance abuse problem, as some service users in the study were at Newlands Park Rehabilitation Centre on a committal basis by the Magistrate Court.

3.8. Ethical Considerations

The research was conducted with vulnerable people who were receiving rehabilitation for substance abuse problems. Every effort was therefore made to conduct the research in a sensitive manner that would not compromise the well being of the participants (see ethical clearance: Appendix 1). The following are the ethical considerations that the researcher used in this study.

3.8.1. Informed consent

According to Oliver (2003), participants of a study must be formally requested to indicate their agreement to participant in a study. They must be informed of the general purpose of the study as well as their rights.

A consent letter was presented and explained to the respondents. The consent letter explained the purpose of the study, the right to participate or not to participate, the

intention of the study and the university under which the study is undertaken (see Appendix 4).

Consent was also requested from the Department of Social Development: KwaZulu-Natal as this is a state Rehabilitation Centre administered by the Department of Social Development: KwaZulu-Natal (see Appendix 2). Consent to conduct the study at Newlands Park Rehabilitation was given by the Department of Social Development (see Appendix 3).

3.8.2. Right to withdraw

Participants have the right to withdraw at any given stage of the study (Oliver, 2003). The right of the respondents were explained to them prior interviews and in the consent letter which they signed. It was explained to the participants that they had the right to withdraw from the study at any stage for any reason and that there would be no negative consequences.

3.8.3. Confidentiality and anonymity

The real names of the participants should not be recorded. The research should use numbers or false names (Oliver, 2003). It was explained before interviews and in the consent letter presented to the respondents that their identities will be kept confidential.

Participants would not be identified by name. The researcher would respect the respondent's privacy and assured them of confidentiality and anonymity. Although the name of the rehabilitation centre is known, the period of time when the participants were at the rehabilitation centre is not specified in order to further protect their identity.

3.8.4. Debriefing

Oliver (2003) recommends that debriefing is conducted with each participant at the end of each interview to restore the participant to the state that he or she was before the interview was conducted. Guided by the needs of the individual participants, debriefing sessions were held with several participants who had had particularly

stressful life experiences. The participants also had access to continued counselling at Newlands Rehabilitation Park Centre, including individual and group counselling.

3.8.5. Respecting participants

The researcher ensured that the manner in which the interview was held and the question asked during interviews were not offensive. During each interview the researcher was aware of the different cultural, race and religions factors. The researcher ensured that the interviews were not stressful, upsetting or intrusive for the participants. A number of participants commented afterwards that they had enjoyed the opportunity of presenting their life stories.

3.9. Conclusion

This Chapter looked at the research design of the study, the sample procedure and gave a description of the sample population. It also outlined the process of data collection and data analysis, the validity and reliability as well as the ethical considerations that were considered by the researcher and how the researcher applied these considerations to this study.

The following Chapter presents the findings of the study. The chapter will presents the biographical profiles of the respondents. It also presents the themes and sub-themes that emanated from the process of data analysis.

Chapter Four: PRESENTATION OF FINDINGS

4.1. Introduction

The findings in this chapter emanate from interviews conducted with ten service users at Newlands Park Rehabilitation Centre. The respondents comprised of English and Zulu speaking adults aged 19 to 52 years of the same gender (male).

This chapter is divided into two sections. Section A presents the biographical profile of the respondents. Section B presents the themes and sub-themes that emanated from the process of data analysis as well as observation made during the course of the study. The following themes and sub- themes were identified:

1. Intrapersonal factors that contribute to the abuse of substances.

   1.1. Intrapersonal factors that initiated the abuse of substances.

   - Appeal of the substance
   - Respondents preconceived idea of the substance
   - Respondents curiosity about the substance
   - To cope with problems/ Escape
   - To help pass time from boredom
   - Lacking sense of belonging
   - Personal qualities
   - poor will power

   1.2. Intrapersonal factors that maintained the abuse of substances.

   - Feelings received from using the substance
   - To avoid pain

2. Interpersonal factors that contributed to the abuse of substances.

   - Peer influence
   - Negative parental attachments

3. Environmental factors that contributed to the abuse of substances by participants.
   - Availability of substances

4.2. Section A

Biographical Profile of participants

The study was conducted with adults above the age of 18 years old. The participants were within the age range of between 19 and 52 years, with 8 of them between 19 and 24 years. The other two participants were 36 and 52. This is reflective of the population at Newlands Park Rehabilitation Centre where the majority of clients are in the younger age group.

The majority of participants (8) were not married. One participant was married but does not live with his wife while one other participant is divorced. In this study, four of the participants were Christian, two were Hindu, one was Muslim, one belonged to the Shembe faith and the other two participants believed in ancestors.

The table highlights that the majority (8) of participants did not complete their schooling. There were only two participants that had completed Grade 12 and one of whom has a tertiary qualification. The table also highlights that the majority of participants (6) were employed prior to being admitted at Newlands Park Rehabilitation Centre. Four of the participants were never employed.

Table 4.1 Profile of participants

Partici-pant code	Age	Race	Gender	Marital status	Religion	Highest educational qualification	Occupation prior to being admitted at NPC
A	19	African	Male	Single	Christian	Grade 9	Packer at wholesale store
B	24	Indian	Male	Divorced	Christian	Grade 11	Unemployed
C	52	Indian	Male	Married [but separated]	Hindu	Grade 8	Factory Manager
D	19	African	Male	Single	Believes in ancestors	Grade 11	Unemployed
E	23	Indian	Male	Single	Hindu	Grade 10	Unemployed
F	36	African	Male	Single	Believes in	Grade 10	Security guard

					ancestors		
G	20	African	Male	Single	Shembe	Grade 9	Unemployed
H	23	African	Male	Single	Christian	Grade 11	Marketing (Sales) for clothing store
I	24	African	Male	Single	Christian	Diploma	Merchandiser for chain store
J	23	Indian	Male	Single	Muslim	Grade 12	Working for his father

4.3. Section B

Themes and sub-themes

The following are the contributing factors that led service users at Newlands Park Rehabilitation Centre to abuse substances.

4.3.1. Intrapersonal factors that contribute to the abuse of substances.

Interpersonal factors are factors that occur or exist within the mind or individuals self. Two sets of intrapersonal factors were identified: factors that initiated the abuse of substances and factors that maintained the abuse of abuses by service users at Newlands Park Rehabilitation Centre.

4.3.1.1. Intrapersonal factors that initiated the abuse of substances.

4.3.1.1.1. Appeal of the substance

The data reveals that some respondents were attracted to the substance because of the packaging of the substance. The packaging generated interest which the respondents opted to satisfy. According to Litman and Jimerson (2004) when an individual feels particularly deficient of information, he or she would engage in an activity to reduce or eliminate this deficiency.

Some respondents sought to eliminate this deficiency which was sparked by the packaging of the substance. For example Respondent B said: *"…it looked so sweet ek se, it was a branded brand, the next thing one day I just asked him, hey... can I have ...can I try a cigarette..."* and similarly Respondent F said: *"…they showed this box, it was a cigarette pack, and at the time it looked to me like it was something*

else, you know something nice, it [cigarette pack] got stuck in my head, and I wanted to taste you know how it tasted..."

The data further reveled that it was also the impression that the substance created that was appealing to some respondents. For example Respondent A said: *"…I just tried out cigarettes myself, coz... it just looked cool to smoke it..."* and in a similar vein Respondent B said: *"…so ...what he'll do when I'm jumping with him to go to the shop, he liked taking his twenty and putting it on the dashboard, taking a pull [smoking] while his driving, you know enjoying his driving and all, you know I love driving too, you know good guys... ah... it seemed so cool..."* . In conclusion it was evident that many respondents considered it "cool" to use substances.

4.3.1.1.2. Respondents preconceived idea of the substance

For some respondents the interest which was generated by the packaging of the substance first developed into a preconceived idea about the substance before respondents' initial use of the substance as indicated in the previous sub-theme.

An analysis of the data showed that the majority of respondents had developed a preconceived idea about the substance prior to the initial use of the substance. They had developed a preconceived idea that the intoxicating effect that the substance might give them would be pleasurable, and this acted as a motivating factor for the initial use of the substance.

For example Respondent F said: *"... I wanted to feel how it would feel when I was high, coz I always thought you get a lekker [nice] feeling from being high..."* and similarly Respondent I said: *"...I thought to myself like... let me taste, coz... like I thought it will give me a nice feeling you know, so... I had a pull [smoked] and I ended up being addicted to it..."*

Rhee et al (2003) also highlight that preconceived ideas about a substance can contribute to an individual's initial use of the substance. They assert that an individual may start to abuse a particular substance because he or she expects that the substance will have a pleasurable effect. This potentially pleasurable effect that

the individual thinks the particular substance may have becomes of interest to the individual.

The preconceived ideas formed by respondents are linked to how respondents hope the substance will make them feel. Abide et al (2001) states that these preconceived ideas are formed by what the individual want the substance to play in his or her life, and this may depend on the meaning that he or she has attached to the substance.

This can vary from one individual to the next depending on their needs and the individual's life situations at that particular moment. Some respondents in this study thought that the substance would give them some ability or enhance a particular aspect of their lives. Respondent G stated that: *"…I thought that smoking puts you like in this state of mind were you can do what other people cannot do... he [brother] smokes cigarettes and dagga, and... like... he excelled at school you know, so... I also thought like if I smoked I will be the same, I... will pass like him..."*

Similarly Respondent A said: *"...before I smoked like I believed that dagga makes you who you are, like... if you are happy it makes you happier, if... you are overweight... like when I was smoking, I gained weight, ya... you become who you are, it shows the true you and you cannot hide you're true self when you smoked it, ya..."*

On the other hand it was interesting to note that some respondents had developed preconceived ideas about the effect of the substance. The following two respondents believed that the substance was natural and thus not harmful.

For example Respondent D said: *"...because now this is something that... that grows on the soil... that grows like naturally you know, it is a plant that grows freely..."* and similarly Respondent I said: *"…the dagga [marijuana] is not the same like the cigarettes, it like stays longer in your system, it is a natural thing, not manmade like the other stuff..."*. In conclusion respondents developed preconceived ideas about a substance which acted as a motivating factor to their initial use of the substance.

4.3.1.1.3. Respondents curiosity about the substance

Curiosity is described by Doweiko (2006) as a desire to see, to know or to experience whatever that motivates one's exploratory behaviour in direction of acquiring new information. Litman and Jimerson (2004) hold that the acquisition of new knowledge or information is considered to be highly pleasurable and intrinsically rewarding to the individual.

The analysis of the results showed that some respondents started using substances because they wanted to experiment to satisfy their curiosity. For example Respondent D said: *"...I was like curious about this thing... and similarly Respondent C said: "...I was just being inquisitive... I wanted to try it out..."*

Some respondents were aware that their curiosity for the substance was fuelled by what they had heard about the substance. They sought to explore what they had heard about the intoxicating effect of the substance. For example Respondent A said*: "...and I heard other kids talking about it, so... I tried it, I guess I was curious..."* and similarly Respondent C said: *"...you know what you see from other people, and... what you hear, like... that's what I knew at the time, you know this thing, you hear people talk and staff like that, so... you want to try out, you want to see what the talk is about..."*

In conclusion, respondents sought to satisfy their curiosity which was driven by their desire to address their own preconceived ideas of the substance and to explore what they had heard about the intoxicating effect of the substance.

4.3.1.1.4. Lacking sense of belonging

It was interesting to note that there was no literature which made reference to sense of belonging as a contributing factor of substance abuse. However, from the data of this study sense of belonging emanated as one of the contributing factors that led respondents to the abuse of substances.

From the data it was learned that some respondents were lacking sense of belong. For example Respondent A said*: "...I felt that I did not belong... I felt lost..."* and

similarly Respondent F said: *"...coz I felt like I was losing it [sanity] like I did not have like a place of belong, coz my mother was there [on her own] and my father my there [on his own] I was divided..."*

Respondent G also had parents who lived separately, however he did not want to discuss how this had affected him. He stated that it made him uncomfortable and thus the interviewer did not persist. He was however emotional at the time when the interviewer asked him about his parents and as a way of closing the subject he said: *"...it is not a good thing for a child to live with like parents who are like separated and stuff..."*

It is interesting that he does not direct this to himself, more as if he was distancing himself from his feeling or how he felt about his parent's separation. It is thus evident that respondents had who had a lack of sense of belonging had family challenges or where not living with both parents. This contributed to respondents engaging in substance in order to close the void they were feeling. Respondents resorted to abusing substance in order to deal with this exclusion. This is linked to the discussion below, in which respondents used substances to escape or cope with their problems.

4.3.1.1.5. To cope with problems/ Escape

Maurice et al (2002) states that people want to feel physically and emotionally good, therefore abusing substances become their why of escaping how they truly feel. They are in pain and they want to numb the pain. The individual wants to escape the experience of feeling pain, and for a moment, the substance takes them away from the pain and thus they feel "better".

The analysis found that majority respondents resorted to using substance because they could not cope with the problems that they were experiencing. For example Respondent E said: *"...everything was moving fast, I needed something to calm me down... to help me cope you know"*. Respondent A also highlighted using smoking as a coping mechanism, he said: *"...smoking made me space out you know... it made me feel better, I could just be in my space and not have to think about things..."* and

similarly Respondent F said: *"...I also wanted to smoke to forget the things that were going on...".*

As oppose to coping, some respondents resorted to abusing substances in order to escape their life situations. For example Respondent G said*: "...the stress of everyday, like the arguments at home, my... father was not at the house most of the time, coz... he was spending it [money] with another woman, and there is no one like taking responsibility coz he and my mother are separated, you know.... the parents not getting along, I did not like that, when you smoke you don't think of this nonsense..."*

Respondent J also highlights smoking as a way of escaping one's reality. He said*: "...he [father] want me to be what he want me to be, not what I want you know, coz... now it is like he planned my whole future without consulting with me first, you know like talking to me about what I want and stuff, so... I have always felt that I had to please him and all, you know I told you I first smoked Zol [Marijuana] it helped me not think of this, it just become worse the moment I tried the Sugars..."*

In conclusion most respondents felt that the substance would provide them with the opportunity to cope with or escape from their problems. Hence, when they were under the influence of the substance, they did not worry or think about their problems. This is because according to Carpenter (2001) using the substance provides the individual with an instant gratification that other things cannot provide.

4.3.1.1.6. To help pass the time from boredom

Although this contributing factor is mentioned by several authors (Mason & Windle, 2002., and Hanna et al, 2001), no particular attention is placed on it. This contributing factor did however emanate from the data analysis in this study.

The results of the analysis revealed that some respondents started using substances because they needed to do something to pass the time. They would use the substances to help them pass the time from boredom. For example Respondent I

said: *"... I was just messing around you see... we were with the guys, nothing much to do..."*

Respondent I illustrates this well, he said: *"... I... wake up in the morning, I smoke by my friend's shack, he works, I don't, he goes in [work] at two [14h00], then I go back home, I... sometimes order a case of beer for another granny, then get five rand, then I smoke it, sit at home, eat... then sleep, I wake up, eat and smoke again..."*

In conclusion, my observation informs me that these respondents were not conscious of how their inactiveness opened room for them to initiate using substances.

4.3.1.1.7. Personal qualities

4.3.1.1.7.1. Poor will power

Baker (2004) identifies the adolescent stage as a phase in which the individual's personality traits are nurtured. It is also a stage in which the individual is vulnerable to influence because they are lacking will power. Their social image is an ambivalent one.

In exploring the personal characteristics of respondents, it was noted that some respondents had poor will power, and as a result they were easily influenced into abusing substances by other people. For example Respondent C said: *"...when I was a kid I was more like a person who... like... can easily be influenced you know..."*

Respondent E similarly said: *"...I would say I'm not really strong will you know, I... cannot refuse my bra's and staff, if you ask something from me like a bra, I'll give it to you, you give me something to smoke, I smoke too, even if I wanted to quit or I told myself that I was quitting that day, once you give me I'm back again, I had tried so many times before, I failed..."*

As opposed to Respondent C and E, who are aware of their poor will power and acknowledge it, it was interesting to note that Respondent D appeared to be not conscious of his lack of will power. He said: *"...I don't have a problem with anything*

and... I'm not picky you know, I flow with things, if you say we must drink beer I don't have a problem...". Respondent D sees his behaviour as that of a good person, because he is not a "picky person" as opposed to other people who are. He however does not seem to comprehend that his action are those of a person with a poor will power.

In conclusion it is evident the analysis shows that Respondents lack of determination and self-discipline enabled their peers to easily influence them to initiate substances.

4.3.1.2. Intrapersonal factors that maintain the abuse of substances

4.3.1.2.1. Feelings received from using the substance

It was interesting to note that in as much as there were factors that initiated the abuse of substances by respondents, there were also factors that maintained the abuse of substances. One such factor was the feeling that the respondents received from using the substance.

For example Respondent A said: *"...I liked the feeling it gave me..."* and similarly Respondent B said: *"...I took it and smoked it... it was the best thing I could not wait to hit [smoke] the next one... it is about the feeling that the drugs give you... you want to that feeling... to get it you smoke more and more..."*

Respondents had already initiated using substances. This is described by Muisener (1994) as a discovery phase. Respondents discovered that they liked the feeling that the substance gave them and wanted to explore this feeling. Muisener (1994) asserts that in this phase of substance use, the individual learns that ingesting a substance can change or alter his or her mood and emotions. The individual will therefore seek an intoxicating effect as well as to gain some sense of mastery over the experience.

The analysis shows that some respondents were aware of the intoxicating effect that the substance gives them. Respondent G illustrates this well, he said: *"... it is difficult to leave the staff coz I like how it makes me feel, you know like the high it gives you..."* and in a similar vein Respondent I said: *"...the dagga [marijuana] is not the*

same like the cigarettes, it like stays longer in your system, so... you can like go on for a long time high... then when you come down, you can have another one, then... you go up again..."

Aware of what intoxicating effect each substance provides Respondent E would use a particular substance to achieve a particular intoxicating effect. He said: *"...the zol I smoked one way, then I smoked the buttons, you know like I used the alcohol as a downer, then I used the rock as a downer once I discovered it, then... at a later stage the sugar came in and I tried it, so... I later on just used sugars, sometimes with rock if I want to get that feeling you know, coz... rock is different..."*

Some of these respondents had only experimented once or twice with a substance and could instantly recognise the feeling that the substance gave them. Respondents developed an awareness of the intoxicating effect that substance gave them and they thought they could gain some mastery over it. The intoxicating effect (which is pleasant in these responses) maintained the continued use of the substance.

4.3.1.2.2. To avoid pain

Pain avoidance is normally associated with physical dependence, which is produced after a period of regular use. Given time, the body would adjust to the presence of the substance and would thus adjust so as to continue functioning as normal as possible. However, if the substance is removed suddenly, the body would be thrown off balance, and it takes time for the body to re-establish that state of equilibrium again (Cantor, 2001).

From the data it was learned that some respondents maintain the use of substance because they wanted to avoid the withdrawal symptoms associated with the discontinued use of the substance. For example Respondent I said: *"...I just had it as much as possible, then I don't get pains..."*

Similarly to Respondent I, Respondent J describes this further, he said: *"...I'm now telling my friend you know what, I'm not feeling right, my stomach is twisting... he*

said the only thing you can do is rather just clap [buy] and smoke, I... said are you sure when I smoke this thing is gonna come right, the pain will go away and staff... like you stomach is cramping... soon as I wake up now... the first thing is where I'm gonna get fifteen rand..."

In conclusion, respondents therefore did not only use substances especially in the case of hard substances for the pleasant feeling it gave them, but also to avoid the unpleasant feeling (physical pain) associated with withdrawal symptoms. Respondents would thus ensure that they have a sufficient supply to avoid such withdrawal symptoms in which in turn acted as a one of the major contributors for their continued use.

4.3.2. Interpersonal factors that contribute to the abuse of substances

4.3.3.2.1. Peer influence

The adolescent stage is identified as a period in which peer influence is at its greatest. It is also a stage in which the adolescent is likely to experiment with substances in order to be accepted by his or her peers (Baker, 2004). Loose (2002) further argues that the adolescent may initially be subjected into abusing substance as a result of peer pressure and peer influence, but would eventually develop an acquired taste for the substance and learn to appreciate its intrinsic qualities.

The analysis found that the majority of the respondents started using substances as a result of peer influence when they were teenagers. For example Respondent C states that: *"...It was about the friends I chose, some were good friends, and... others were bad friends... the influence of the company... it was just one aspect of it, you know the influence is too much especially when you are a kid you know, growing up was tough and I think it is now getting out of control with these youngster now..."*

Similarly to Respondent C, Respondent H also identifies peer influence as a factor that contributed to his abuse of substance, he said: *"...so I used to stand with the guys at the corners, sometimes at night, sometimes during the day, we then smoke the green [marijuana], it give a kick the first time, you like... it was like a weekend thing turned into everyday kinda thing..."*

Some respondents went as further as stating that their peers' physically brought the substance to the respondents and encouraged the use of the substance which led to their initial use of the substance. For example Respondent A said: *"...I did it for the first time with my friends... I had like already heard about it... but my friends brought it... my first smoke was with my friends, and from there on that was it"* and in a similar vein Respondent D said: *"...I mostly smoked dagga in a group with friends, that's like how it all started, we were sitting with the guys having a cigarette, a friend of mean at the time came by, he... started fixing it in front of us, he had a pull and send it around, I tried it out..."*

Hanna et al (2001) asserts that adolescents are more likely to use substances either as a form of dealing with a crisis or in order to gain access to a particular social group or to be affiliated with which a social group. It was also interesting to note that for some respondents their initial substance use was as a result of them seeking approval or recognition from their peers, and as a result of this the respondents become accustomed to these substances. For example Respondent E said: *"...I smoked zol with these school friends of mine, it... became a regular thing every Friday, like you know, we hanged with the big guys, so we did what they did, that... thing, that zol lead to the others, it was like that was the beginning of things the moment I touched it"*

This is also similar to the experience of Respondent G, he said: *"...all of my friend's were smoking, so... I used to sit with them whilst they were smoking, and... they gave me to have a few pulls, I tried it out and then I got used to it after some time, it made me dizzy in the beginning, my friends laughed at me, but I wanted to show them that I can do it too, ya... after some time I just got like used to it..."*

The analysis also highlights that respondents used substances in order to ease social interaction. For example Respondent I said: *"...smoking was more of a thing that was done when you with the guys, you did not need to know someone, just... just that you guys smoke you just easily talk you what I'm talking about... it is just easy to talk to someone who smokes too than people who don't they kinda uptight"*

Respondent H similarly said: *"...it's just a way of life you know, everybody does it and when you don't you like an idiot you see, and... I have been with all these guys that is how I ended up sugaring [smoking sugars] too"*. Respondent I and H reported that being under the influence of a substance, made it easier for them to interact within a social setting.

What is further interesting in the responses of the respondents in relation to peer influence. When the respondents were asked whether they received any pressure from their peers to abuse substances, the majority of respondents viewed their abuse of substance as a problem that they initiated and not because of pressure from their pressures. For example Respondent A said: *"...we all smoked together, and... I also wanted to try it out, they just had it [substance] you know, they did not like force or anything"*

Respondent C also coincides with A, he said: *"...I am not blaming them [friends]... I wanted to try it... you know what I'm saying... you can't blame someone for your wrong doings now, you are the one who started all of this, and you have to find a solution to it, if you can't no one can help you now, so it's all about you"* and in a similarly vein Respondent G said: *"I... would not say pressure you know, like I didn't get pressure, they did not force me or anything you know, they just offered and I took it and smoked, so.... I can't like say it was pressure, coz... they did not force me to smoke, I also wanted to like try it out..."*

This coincides with what is stated by Baker (2004) he states that adolescents would seldom identify direct peer pressure as a contributing factor to their substance abuse. He further asserts that peer pressure works in various ways, for example by increasing perceptions that the use of substances is prevalent and normative. It can also be in the form of communicating a positive image of substance use amongst peers, or to provide access to the substance, in which some of the respondents stated that their peers physically made gave them the substance, or by providing a environment for substance use.

In conclusion the respondents reported that they were introduced to substances by their peers. They however point out that they were not forced in abusing these substances by their peers. The respondents do admit that they peers play a hand their abuse of substance, but feel that they were not pressurized by them to abuse substances.

4.3.3.2.2. Negative parental attachments

A substantial amount of research (Owusu, 2004., Jackson, 2002., Hayes et al, 2004) indicates parents play an important role in the lives of children and adolescents. Parent-child communication, parent-child relationship quality and parental monitoring as well as support, have been indicated as parental styles influencing adolescent substance abuse behavior (Diclemente et al, 2001).

Parental styles include parental warmth, care, monitoring, decision making and discipline (Owusu, 2004). Contrary to these positive parenting styles, the results from the analysis reveal that some respondents started using substances as a result of the negative relationships that they had with their parents. Some respondents reported they were rejected and neglected by their parent/s.

This broken relationship is well illustrated by Respondent A. He said: *"...he [father] then started not to support me... because he said I was not his son... my mother called him and told him I was feeling bad about what he had told me... how can you say something like that to a child, you know... we even took blood tests and the results said that he was my biological father... but he still continued... he had not accepted me... he used to come by the house and brag about his other children, how... they were doing well at school and listened to him, how... my failures proved that I was not his son, it made me feel stupid, like the smoking made me space out you know, I... tried out cigarettes, it give me a nice feeling, then dagga, then ungah, but... the more I smoked I wanted more coz it took more to get to that feeling that I want you know..."*

This quote highlights two issues that are of importance to Respondent A. Firstly he wanted to be accepted by his father. Secondly as he stated later in the interview he

wanted to be accepted by his father's ancestry. This was essential to him as this acceptance determines his identity, as it is believed in the Zulu culture that a child belongs to the paternal side of the family, and if parents are not married, a ritual should be done introducing that child to the paternal ancestry. This process was important to the respondent as it determined who he is, his roots, of which he can be proud of. The rejection he experience lead to a chain of events which lead him to the abuse of substances.

While Respondent A highlights parental rejection, Respondent F highlights parental neglect. Respondent F said: *"...I grew up with my mother and father you see, so... they were people who constantly argued, so it happened that we ended up leaving separately, I moved to stay with my father... I was ok when I was leaving at home with the both of them, my father passed away and uncle then moved in, he... was always busy... there was not really anyone who looked after me, so... with the influences of the friends were I now stayed, coz I could not just sit in the house... I started smoking then, my.... mother came to visit me, but... she was also busy working most of the time, then... I started drinking and I have been drinking ever since"*.

Respondent F felt that he did not receive the attention required by a child from his mother or uncle. He sought for comfort and attention from his friends who introduced him to substances.

4.3.3.3. Environmental factors that contribute to the abuse of substances

4.3.3.3.1. Availability of substances

Caudill & Kong (2001) assert that the social environment can have a powerful effect in the manner in which people use substances, since the abuse of substances occurs in social context. Monti et al (2002) further assert that decision to use or not to use substances is made within the context of the social group and community to which they belong.

The analysis of the results also shows that the environment where respondents grew up, had contributed to their abuse of substances. For example Respondent E said: *"... see when we were living at unit 19 in Phoenix, there I was smoking the green [marijuana], the rock, then... when we moved out to unit 17, the sugar was there, so... like I pay more attention to that then what I got in unit 19, but if I got a chance I would go there [unit 19]".*

Respondent E draws our attention to how his environment dictated which substance he used due to the availability of substances in the particular community that he was in. In a similar vein Respondent H elaborates on how his environment encouraged the abuse of substances. He said: *"...I stay in Mayville right, and... you know the guys are sitting in the road smoking, hey howzit, how's two pulls there, that's... how it started, if... you have been to Mayville, as soon as I came out of my house... the guys are sitting all over... those drinking there... others smoking there... there is no where I can go where boys do nothing, by nothing I mean like not doing bad things..."*

This normalisation of abusing substances is also referred to by Respondent A. The points out how substances would come to be normalised in the community he lives in. He said: *"...there was drinking everywhere you know, I think if you grow up like that, it becomes normal to you, cause even though I'm here [Newlands Park Rehabilitation Centre] I think of my drinking as not the same as taking drugs and staff like that..."*

Respondents clearly point out that substances are readily available in the communities in which that they live. They know how to access these substance and they know who uses and sell these substances. They also point out that their environment dictates what substances they use due to the availability of a substance in a community.

4.4. Conclusion

The results of the analysis also illustrates how interconnected these factors are. Respondents were attracted to the appeal of the substance, the impression it give

them. This led to respondents developing a preconceived idea of how they would feel it they were to use the substance. Respondents' preoccupation with the substance made them curious about the substances, the satisfaction of this curiosity led to them abusing substances.

The results highlighted how respondents were lacking a sense of belonging. Respondents resolved to using substances to close this void that they were feeling. To therefore cope or escape such and other feelings, respondents resorted to abusing substances. Respondents would resort to these substance because of the pleasant feeling the substance give the respondents. They would also be motivated by withdrawal symptoms that they were feeling, which were not pleasant. They would thus ensure that they have a sufficient supply to avoid such withdrawal symptoms in acted as a motivator for their continued use.

The results show that respondents also abused substances to pass the time because of boredom. This time is normally spent socialising with peers who because of poor will power, respondents were easily influenced into abusing substances by the peers. The respondents do admit that they peers play a hand their abuse of substance, but feel that they were not pressurized by them to abuse these substances.

The results of the study also show that respondents resorted to abusing substance because of negative parental attachment. They would therefore sought comfort with peers who introduced them to substances. The environment also played an important role. Substances were readily available in communities were respondents come from. Respondents also pointed out that their environment dictates what substances they use due to the availability of a substance in a community.

The following Chapter discuss summarises the research process and findings of the study. It also presents the recommendations for practice, policy and further research.

Chapter Five: SUMMARY AND RECOMMENDATIONS

5.1. Introduction

This chapter presents a summary of the research process and findings. The findings will be presented in relation to the research objectives. The study's implications and recommendations for practice, policy and further research will also be discussed.

5.2. Summary of research process

The theoretical framework guided the study to explore how informal or natural systems (such as friends, family, co-workers), formal systems (groups within communities) and societal systems (such as university, schools, and hospitals) had any direct or indirect contribution to the respondents' abuse of substances. '

It was helpful because the study is concerned with the factors that contributed to the service users' abuse of substance. The theoretical framework helped the study not only to explore the interpersonal and environmental factors, but it also drew attention to how these factors affected the respondents' and thus brought to light the intrapersonal factors that contributed to substance.

5.2.1. Sampling Procedure

The total number of service users at Newlands Park Rehabilitation Centre at the time of the study was Seventy Five. Ten service users participated in this study. The Ten participants were selected from a group of service users that were in last week of their rehabilitation programme.

The sample population was picked from a list that was provided by the Rehabilitation Centre. This sample provided useful data which helped to answer the research questions. Unfortunately no females participated in the study because there was no female service users' admitted at the time when the study was conducted.

5.2.2. Data Collection

Semi-structured interviews were used as a primary source of data collection. An interview schedule was used to help guide the interviewer. The respondents were interviewed individually in a room designated for counselling. Each interview took approximately an hour. A recording device was used to record the interviews and was used to review the interviews. The interviews provide useful information into the factors that contributed to the service users' abuse of substance.

5.2.3. Data Analysis

The interviews were first transcribed into text. The transcribed interviews were read during which major issues were noted. The data was re-read and in the process the text was closely examined line by line.

The data was then coded using marking pens to highlight the important themes. These themes were then arranged into similar topics. The data was revisited to examine how information was assigned to the current themes. The names and definitions were then created for each emerging them.

To check whether the relevance of the data was overlooked or whether the data was assigned to the theme a particular theme was not contradictory, each theme was revisited and re-examined against the original data that formulated that theme and was checked to see if it will formulated the same theme. The names, definitions as well as the supporting data were re-examined to construct final themes. These themes were finalised and named and the quotes from the scripts were used to help communicate its meaning to the reader.

5.3. Summary of findings

The summary of the findings is presented under each of the study's objectives. Intrapersonal factors are presented under objective one, intrapersonal factors are presented under objective two and environmental factors are presented in objective three.

5.3.1. Objective one

To investigate the intrapersonal factors that contributed to the abuse of substances by service users at Newlands Park Rehabilitation Centre.

The first objective of the study was to explore the intrapersonal factors that contributed to the abuse of substances by service users at Newlands Park Rehabilitation Centre. The data from the analysis highlighted a distinction between two groups of intrapersonal factors, (1) intrapersonal factors that initiated the abuse of substance and (2) intrapersonal factors that maintained the abuse of substances.

5.3.1.1. Intrapersonal factors that initiated the abuse of substances.

The data reveals that some respondents found the packaging of the substance appealing, which generated interest which respondents opted to satisfy. Some respondents reported that the substance created an impression which they found appealing. For example they considered smoking to be 'cool'. This impression led to respondents developing a preconceived idea of the substance.

It was noted however that some of the respondents developed these preconceived ideas based on a lack of knowledge about the substance. Some reported that they in turn became curios about the substance. Curiosity as described by Doweiko (2006) as a desire to know or experience whatever that motivates one's exploratory behaviour, opted respondents to initiate using the substance.

The data also revealed that some respondents lacked a sense of belonging which is linked to negative parental attachments because the respondents' sense of belonging was not fulfilled by their parents or family. Some respondents resorted to abusing substances as a method of coping with such and other problems. Some respondents resorted to abusing substances as a way of passing time as a result of inactivity.

5.3.1.2. Intrapersonal factors that maintained the abuse of substances.

The intoxicating effect received from using a particular substance acted as a motivator for the respondents continued use. Some respondents experienced an intoxicating effect that they anticipated. Some respondents continued using the

substance because they wanted to avoid the physical pain associated with the withdrawal symptoms of the substance.

5.3.2. Objective two

To investigate the interpersonal factors that contributed to the abuse of substances by service users at Newlands Park Rehabilitation Centre.

The second objective of the study was to investigate the interpersonal factors that contributed to the abuse of substances by service users at Newlands Park Rehabilitation Centre. Peer influence was identified by the majority of respondents as a major contributing factor to their abuse of substances. Respondents identified that this took place in their adolescent years. Some were aware of it and admitted that it was because of intrapersonal factor such as poor will power.

Baker (2004) describes the adolescent stage as a place in which peer pressure is prevalent, and as a stage in which individuals are likely to experiment with substances. The data from the analysis revealed that some respondents were physically introduced to substances by their peers. What was interesting to note is how the majority of the respondents viewed their abuse as a problem they started and not because of pressure from their peers.

The data also revealed that some respondents experienced neglect ad rejection by their parents. This attributed to their lack of sense of belonging, which they sought in their peers who later introduced them to substances.

5.3.3. Objective three

To explore the environmental factors that facilitated the abuse of substances by service users at Newlands Park Rehabilitation Centre.

The third objective of the study was to explore the environmental factors that facilitated the abuse of substances by the service users at Newlands Park Rehabilitation Centre. The findings indicate that the availability of substances contributed to the respondents' abuse of substances. Some respondents described how substances were normalised in their communities. They pointed out that their environment dictated what substance they used due to its availability

5.4. Conclusion

The findings of the study reveal that there are several factors that led respondents' to abuse substances. These are intrapersonal factors that both initiated and maintained the abuse of substances by respondents. The results from the study also show interpersonal and environmental factors that contributed to respondents' abuse of substances.

The findings also highlight how interconnected these factors are. In discussing the multifaceted nature of substance, Loose (2002) asserted that substance abuse involved biological, psychological as well as social factors. He further argued that to simply ignore how interlinked these factors are, is to elude from the proper understanding of the problem of substance abuse.

5.5. Recommendations

It is clear from the findings that substance abuse is multifaceted, thus the response to address this problem should be one that takes account of intrapersonal, interpersonal and environmental factors.

5.5.1. Practice

- **Prevention**

Substance abuse prevention strategies had adopted scare tactics in the past. This is by distorting or exaggerating the dangers associated with the abuse of substances. The minister of Social Development launched "Ke moja" on the 26th June 2003 and the programme was embraced by parliament in the same period. The United Nations Office on Drugs and Crime (UNODC) and the government of South Africa, with the Department of Social Development as lead, adopted "Ke Moja" as a national drug awareness and prevention programme that aims to mobilize against substance abuse.

This programme is both information and educational. However, such programmes should be adapted and expanded as the study indicates that trends in substance abuse constantly change. They should also be designed to target children and

adolescents as the study indicates that this is the stage where the individual decides to whether to abuse or not to abuse substances. Such programs should include:

- A life and social skills approach

  Drawing from the intrapersonal and interpersonal findings of the study, prevention programmes should be designed to include general life skills. These include coping skills, assertiveness and communication skills as well as resisting peer pressure. These strategies are based on the understanding that peer influence is at its greatest in the adolescent years and that first time users are initiate using substances because they are misinformed. These strategies should emphasise alternative ways to gain the social status that is often associated with substance use.

- Social and community approaches

  Substance abuse programmes should take place and make use of social environments such as families and community networks, as the study informs us that substance abuse takes place in the social context. Therefore community based initiatives to address the problem of substance abuse must be promoted because it is the community members themselves who understand the extent of substance abuse in their community.

➢ **Treatment**

The findings of the study emphasis that a one size fit all approach cannot be adopted when responding to a service user. The treatment program at Newlands Park Centre should understand the individual's substance abuse problem, by assessing the individual's substance use as well as other problems he or she might have. This can be done when the service user is referred to the Care Unit.

The service users' should be assisted to understand the link his or her substance use and other problems, as the study indicates that some respondents were not aware of this. This can also assist the person running the program to conduct a program based on individual needs as opposed to running a program that is prescriptive in its nature. Address the underlying factors that contributed to the

abuse of substances should be introduced in the relapse management program. This will assist service users' to understand how certain factors maintain their substance abuse behaviour, and the strategies to address this should come from them and not the program coordinator.

5.5.2. Policy

Current legislative framework provides the basis for addressing the problem of substance abuse in South Africa. Legislation such as the Prevention and Treatment for Substance Abuse Act, Act No. 70 of 2008. However, there are a number of issues that act as a hindrance to this framework, such as:

- The challenge of obtaining comprehensive and accurate statistics. Various sources have to be consulted for this information. The data on substances abuse should be consolidated and be published annually. This will inform prevention programs in respect of areas to target and provide information on new trends of substance abuse.

- The Prevention and Treatment for Substance Abuse Act, Act No. 70 of 2008 should make provision for the establishment of platforms in which policy makers, development agencies, donors, government and civil society share information and experiences in the field of substance abuse.

- The act should also take into account the limited resources and capacity to combat the problem of substance abuse.

- More funding should be made available to roll out prevention programs and develop treatment centres.

5.5.3. Further research

Future research should include quantitative research with a larger sample population so as to better generalize the results. Future research should explore the strengths and weakness of rehabilitation treatment models to ascertain were improvements should be done. Future research should conduct a similar study with female participants. This may provide us with new insight into the factors contributes to substance abuse.

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APPENDICES

Appendix 1: Ethical clearance

Appendix 2: Letter asking for permission from the head of Social Development: KZN

Appendix 3: Approval from the head of Social Development: KZN

Appendix 4: Consent letter for participants

Appendix 5: Interview Schedule

Appendix 1: Ethical clearance

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

7 October 2011

Mr J T Makoloi (204012444)
School of Social Work & Community Development

Dear Mr Makoloi

PROTOCOL REFERENCE NUMBER: HSS/0957/011M
PROJECT TITLE: An exploratory study of factors contributing to substance abuse by service users at Newlands Park Rehabilitation Centre.

In response to your application dated 4 October 2011, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.
PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....

Professor Steven Collings (Chair)
Humanities & Social Science Research Ethics Committee

cc Supervisor – G Suraj Narayan
cc Mrs. S van der Westhuizen

Professor S Collings (Chair)
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Appendix 2: Letter asking for permission from the head of Social Development: KZN

UNIVERSITY OF
KWAZULU-NATAL

FACULTY OF HUMANITIES, DEVELOPMENT AND SOCIAL SCIENCES
SCHOOL OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

24 March 2010

The General Manager
Department of Social Development
Durban Regional Office
Durban

ATT: Mr. W. Magwaza

Re: Permission to conduct substance abuse research at Newlands Park Centre.

I'm a student at the University of KwaZulu-Natal: Howard College Campus pursuing a master's degree in social work.

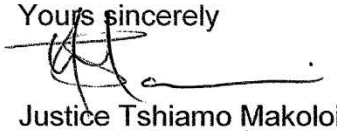
I'm conducting a research study on the topic **"An exploratory study of factors that contributed to substance abuse by service users at Newlands Park Centre".** I would like to request for permission to conduct this study at Newlands Park Rehabilitation Centre.

The purpose of this study is to investigate contributing factors of substance abuse. The study seeks to explore intrapersonal, interpersonal and environmental factors

that coerce individuals to abuse substances. It also seeks to explore the impact of substance abuse on addicts, identify challenges that they face as well as to identify areas that require attention in addressing the abuse of substances.

Yours favourable consideration will be highly appreciated.

Yours sincerely



Justice Tshiamo Makoloi

24/03/2010

Appendix 3: Approval from the head of Social Development: KZN

PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF SOCIAL DEVELOPMENT

Fax : 031 3323851/4
Telephone/ Ucingo /Telfoon : 031 3368700
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Durban Regional Office
PO Box 1503
DURBAN
4000

The Head of Department
Department of Social Development
Private Bag X 9144
PIETERMARITZBURG
3200

REQUEST FOR CONSENT TO UNDERTAKE RESEARCH ON SUBSTANCE ABUSE – MR JT MAKOLOI

Attached, please find correspondence from Mr JT Makoloi a Social Work Masters student at the University of KwaZulu-Natal requesting permission to undertake research at Newlands Park Centre on the effects of substance abuse on both individual and family life. Mr Makoloi's research will involve data collection from service recipients that have undergone the substance abuse treatment programme at Newlands Park Centre.

Mr Makoloi's request is thus being forwarded to you for further consideration.

Regards

GENERAL MANAGER: DURBAN CLUSTER **DATE:** 3.6.2010

Approved/~~Not Approved~~

Mr BL Nkosi
HEAD OF DEPARTMENT **DATE:** 22/06/10

Mrs Mpisi requested to follow & advise me

Appendix 4: Consent letter for participants

FACULTY OF HUMANITIES, DEVELOPMENT AND SOCIAL SCIENCES

SCHOOL OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

Dear Participants

I am currently enrolled in a Maters Program at the University of Kwazulu-Natal. In order to meet my academic requirements, I am undertaking a research study and my research topic is – An exploratory study of factors contributing to substance abuse by service users at Newlands Park Rehabilitation Centre.

Purpose:

The purpose of this study is to investigate contributing factors of substance abuse. The study seeks to explore intrapersonal, interpersonal and environmental factors that coerce individuals to abuse substances. It also seeks to explore the impact of substance abuse on addicts, identify challenges that they face as well as to identify areas that require attention in addressing the abuse of substances.

Participation:

Your participation in will be highly appreciated. Participants are not required to provide any identifying details of themselves or the organization that they represent. All responses will be kept highly confidential. The researcher will not at any point in the research study or report, identify any respondent.

At the completion of the study the data obtained will be destroyed. The research study will be undertaken under the guidance of the School of Social Work and Community Development at the University of KwaZulu-Natal (Howard College campus)

There will be no payments made for participating in the study. Your participation is voluntary, and you have the right to withdraw from the study at any stage and for any reason.

I agree to participate in the research study under the conditions mentioned above.

I _____ the undersigned understand the contents and conditions of the research and consent to participating.

Signature: _____
Date: _____

Thank you for accepting to take part in the study.

Appendix 5: Interview Schedule

SECTION A

Demographic data

1. Age

2. Sex

3. Marital status

4. Religion

5. Highest educational qualification

6. Occupation prior to being admitted at Newlands Park

SECTION B

History of substance abuse

7. Can we talk about your personal history of substance abuse?

- Probes: When did you start using substances?

  How did you start?

  What type of substance did you use?

  How often did you use it?

  At what stage did you think that you were addicted to it?

8. What was your understanding of the substance at the time?

SECTION C

Intrapersonal factors

We are now going to move into taking about some of your personal characteristics.

9. How would you describe yourself?

- Probes: Shy/ withdrawn/ reserved, outgoing/ sociable?

10. Did you ever suffer from a traumatic event(s)?

- Probes: When?

  What sort of a trauma?

  How do you think this affected you?

11. Did this traumatic event contribute to your abuse of substances?

- If yes: How do you think it had contributed to your abuse of substances?

12. Do you suffer from stress or anxiety?

- If yes: How long?

  When do you think it started?

  Do you think that the stress or anxiety become a contributing factor in you abusing substances?

SECTION D

Interpersonal factors

Peers

13. Did you receive pressure from your peers to abuse substances?

- Probe: In what way do you think they influenced you?

14. How did you deal with this pressure from your peers to abuse substances?

Family

15. Describe your relationship with your parents?

16. Describe your relationship with your siblings?

17. Is/was there a history of substance abuse in your family?

18. Did your family's history of substance abuse contribute towards your addiction?

- if yes: how did your family's substance abuse history contribute to your addiction?

19. How did your family react when you first stated using?

20. What was their reaction when your substance abuse escalated?

Environment factors

21. Describe the area you lived in when the substance use began?

22. Describe the level of availability of substances in your community?

Recommendations

23. What recommendations would you give regarding:

● The rehabilitation program at Newlands Park Centre?

● Efforts to combat substance abuse in your community?

● Government policy on substance abuse prevention and rehabilitation?

Closing question

Taking into account our discussion

24. Is there one thing that you can identity which had a significant contribution to your abuse of substances?