FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONGST YOUTHS AT MAKEKETELA VILLAGE, LIMPOPO PROVINCE

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DEDICATION

This dissertation is dedicated in the memory of my late father Matlakala Ephraim Kgohlo Mogashoa. Your memory kept me going and you will live on, forever in my heart.

DECLARATION

I **LEMEKOANE ESTHER MANTSHA** declare that **FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONGST YOUTHS AT MAKEKETELA VILLAGE, LIMPOPO PROVINCE, SOUTH AFRICA** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted for any other degree at any institution.

Signature: 

Date signed: 07/09/2015

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ABSTRACT

The aim of the study was to determine factors contributing to substance abuse at Makeketela village, Polokwane Municipality, Capricorn District, Limpopo Province, South Africa. A non-experiential quantitative descriptive research approach was used to conduct the study using questionnaires to 200 respondents. Total of 55% males and 45% females participated in the study. The study shows that peer pressure was the main contributory factor of substance abuse at 30,5% in age group distribution of respondents of 18-19 years at 58,5%, followed by accessibility of drugs at local taverns at 44% and money spent on substances was also a contributory factor at 58,5%. The study concluded that factors contributing to substance abuse were not enough and it was therefore recommended that social workers and psychologists should be involved in the issue of peer pressure and assist youths who are trapped in peer pressure to get out of such groups as most of them indicated fear of victimization if they stop abusing substances. Furthermore recreational facilities should be developed at Makeketela village to keep the youths away from substance abuse. Parents and guardians should also reconsider the issue of pocket money as respondents have indicated to be using lot of money to buy substances.

Key Concepts: Youths, Substance abuse, Substance, Drugs, Prevalence and Binge drinking.

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DEFINITIONS OF CONCEPTS

Binge drinking

According to (General Household Survey, 2006) binge drinking is defined as excessive alcohol consumption.

Dagga

According to (Oxford Business Dictionary for Learners, 2010) dagga is defined as green, grey mixture of shredded leave stems, seeds and flowers of a plant.

Drug

Drug is a substance which when introduced into the body will alter the normal biological and psychological functioning of the body, especially the central nervous system (Escandon & Galvez, 2006).

Illicit drug

A psychoactive substance, the production, sale or use of which is prohibited by law such as cannabis, cocaine and heroin (United Nations Office on Drugs and Crime, 2009)

Licit drug

A drug that is legally available by medical prescription in the jurisdiction in question or, sometimes a drug legally available without medical prescription (United Nations Office on Drugs and Crime, 2009).

Marijuana

According to (Webster & Webster 2005) marijuana is defined as dried leaves and flowering tops of the hemp plant and is smoked as cigarettes and has an intoxicating effect.

Nyaope

Nyaope is a mixture of dagga and cheap heroine that is destroying the lives and families in the world (Webster & Webster, 2005).

Prevalence

According to (Gamm & Hutchison, 2010) prevalence is the percentage of a population that is affected by particular disease at a particular given time.

Substance abuse

Substance abuse is defined as a maladaptive pattern of substance use that contributes to a myriad of health problems and for certain individuals, leads to increased incidence of violence and accidents (Gamm & Hutchison, 2010).

Substance

A substance is a chemical used in the treatment, cure, prevention or diagnosis of disease or to enhance physical and mental well-being (Rice & Dolgin, 2008).

Tik

Tik usually appears as a white or semi-transparent, odourless; bitter tasting crystals or powder which may have slight colour variations depending on the chemicals used in its manufacture it is often sold in cool drink straws (United Nations Office on Drugs and Crime, 2008)

Tobacco

Tobacco is a substance smoked in cigarettes and pipes that is prepared from dried leaves of a particular plant (Centre for Drug and Alcohol, 2011).

Youths

Youths in this study is defined as young people aged 12-21 years old (Oxford Business Dictionary for Learners, 2010).

ACRONYMS AND ABBREVIATIONS

AIDS-Acquired Immune Deficiency Syndrome

ATOD- Alcohol Tobacco and Other Drug

CDA-Centre for Drug and Alcohol

CDC- Centre for Disease Control

DALYs-Disability Adjusted Life Years

GHS-General Household Survey

HIV-Human Immune Virus

ICSUS- Indian College Substance Use Survey

IPRC- Indiana Prevention Resource Centre

INCB- International Narcotics Control Board

IQ- Individual Quality

MEC-Member of Executive Council

MCDS- Ministerial Council on Drug Strategy

NACADA- National Campaign Against Drug Abuse

NAFDAC- National Agency for Food and Drug Administration Control

NCADAA- National Campaign Against Drug Abuse Authority

NDMP-National Drug Master Plan

ONDCP- Office of National Drug Control Policy

SA- South Africa

SACENDU-South African Community Epidemiology Network on Drug Use

SAMHSA-Substance Abuse and Mental Health Services Administration

SANAB- South African Narcotics Bureau

SANCA-South African National Council on Alcoholism

SAPS- South African Police Services

STI- Sexually Transmitted Infections

UNODC-United Nations Office on Drugs and Crime

UNODCCP- United Nations Office of Drugs Control Crime Prevention

UNIDCP- United Nations International Drug Control Programme

USA- United States of America

OTC-Over The Counter

WHO-World Health Organization

YRBS-Youth Research Behaviour Survey

Chapter One

1. Introduction and background

Substance Abuse amongst youths is a problem that affects everyone in the world (Myers, 2007). It is reported in the world that violence such as theft, hijacking, rape, brutal killing and school drop-out is increasing (Myers, 2007) and as a result youths engage themselves in risky behaviours due to substance abuse.

An estimated 10 million people in England drank a harmful or hazardous levels (General Household Survey, 2006); 2, 9 million drank harmfully (higher risk) and 6, 8 million drank hazardously (increased risk) (GHS, 2006). The United Nations International Drug Control Programme (UNIDCP) and the World Health Organization (WHO) Global Initiative Project on Primary Prevention of Substance Abuse contributed to the prevention and reduction of psychoactive substance abuse among young people, through community mobilisation, development and dissemination of good practices (UNODC, 2009).

Use of substances robbed young people of their childhood and left them little chance to have a healthy lifestyle in the future (UNODC, 2009). Globally, the United Nations Office on Drugs and Crime estimated that between 149 and 272 million people, or 3, 3% to 6% of the total world's population aged 15-64 years, had used illicit substances at least once in the previous year (UNODC, 2009). There were 12-14 million people reported to be using heroin in the world and the price of Pakistan annual heroin market was reported to be 1.2 US $billion dollars in 2010 Cannabis was reported to be the main abused substance which was consumed between 125-203 million people in 2009, followed by Amphetamine Type Stimulants, opiates and cocaine (UNODC, 2009).

In the study conducted by UNODC (2005) youths in African towns and cities abused cheap and legal substances like inhalants (mainly glue and fuel) among others. The World Drug Report (2005) indicated that since 1999 abuse of substances like cocaine and heroin has increased mostly among young people in South Africa as they had money to purchase such substances. The World Drug Report (2005) further indicated that the increase of substance abuse put pressure on the economy in Africa and that lead to dysfunctional family support as previously family supported individuals to attain their desired goals in a good way. The World Drug Report (2005) also indicated that most countries have incurred substantial costs caused by substance abuse amongst youths. The World Health Organization (WHO) has estimated that 1,1 billion people above the

age of 15 years, used tobacco in the form of cigarettes, 800 million of these people live in developing countries (WHO, 2004). The World Drug Report 2011 indicated that on the 23 June 2011 the Secretary General Ban Ki- moon reported that 200,000 people died from using narcotics more than half from fatal overdoses.

In Pakistan for example, the share of those who started heroin use at 15-20 years of age had doubled to almost 24%. A survey in the Czech Republic UNODC (2005) showed that 37% of new drug users were teenagers between 15 and 19 years old. In Egypt UNODC (2005), drug use in particular heroin use was becoming a serious problem and nearly 6% of secondary school students admitted to having used drugs. Substance abuse amongst youths continued to be a concern worldwide and South Africa and its provinces are not an exception as reported in a study conducted by UNODC (2009). The global status report by the WHO indicated that many school children consumed alcohol before the age of 12 years and the WHO therefore encouraged member states to implement effective strategies to delay the onset of alcohol use (WHO, 2004).

A study conducted by CDC (2004) indicated that substance abuse impacted negatively on the education of secondary school students in Nigeria. The health of substance users in Nigeria was affected and that resulted in them showing behaviours in public therefore predisposing the substance abuser to crime and contagious diseases including HIV/AIDS, (CDC, 2004). Substance abuse has become an increasingly problematic in Nigeria to date, given its negative impact on education and future leadership of Nigerian country, innovations and human resources (CDC, 2004). Secondary school students in Nigeria were particularly at risk given that they were in their formative years of education and developing their careers to have better standing position in the community and to be known through their innovative skills social standing in the community. The officials from Bayelsa State (which is a major local government area in Nigeria) report, suggested that students were using alcohol and nicotine, at an increased rate that caused concern in the Nigerian Education sector (CDC, 2004). Despite National Agency for Food and Drug Administration and Control (NAFDAC) and other organization-based interventions, drug abuse was on the rise with over 40% of students abusing various types of drugs in Nigeria in 2004. Drug abuse appeared to be a well-entrenched behaviour among secondary school students in Nigeria (CDC, 2004). The study conducted by (NACADA, 2007) indicated that substance use between in and out- of – school consuming alcohol has diminished largely in ages.

The study by Ministerial Council on Drug Strategy (2005), in Australia indicated that abuse of substances was delaying the developments of the country as students were no longer performing

well in their lessons and this was as a result of poor policies controlling substance supply and demand reduction was not attended to by people with powers to implement policies in the community. Some of the youths died at an early age because of substance abuse as indicated by Doll (2004).

The Youth Research Behaviour Survey (YRBS, 2008 in Reddy et al., 2010), conducted among secondary school students in South Africa reported an increase in the prevalence of having ever used alcohol, alcohol use and binge drinking in the preceding month across gender and age groups from the first Youth Research Behaviour Survey in (YRBS, 2008 in Reddy et al., 2010). In a study conducted by Reddy, Panday & Swart (2004), it was found that female students abusing alcohol increased whereas the coloureds and white students were found to be using alcohol more than their black students counterpart. In 2002, and 2009 Kwazulu Natal youth research behaviour survey reported the prevalence for alcohol use and binge drinking were higher than the national rates. Binge drinking was reported in other students of both sexes (Parry et al., 2004; Reddy et al., 2010).

The study conducted by Limpopo Province Department of Social Development (2013) found that historically youths were not allowed to consume alcohol and therefore alcohol consumption was under control. Further, Limpopo Province Department of Social Development (2013) indicated that these shift in patterns of alcohol use highlight the need to identify risk factors for adolescent alcohol use in the region thereby developing evidence based alcohol prevention programmes. Other drugs which are abused by youths are Nyaope and Taiwan which were reported as emerging drugs by Limpopo Province Department of Social Development (2013). A study conducted by Van der Bijl (2004) in the Western Cape Province of South Africa, indicated that substances were abused not only in affluent societies but also in poor communities. A study of substance abuse trends found alcohol to be the second most commonly abused preceded by marijuana/ dagga among adolescents patients admitted in rehabilitation centre in Durban Kwazulu Natal (Parry et al., 2004).

1.2. Problem Statement

Substance abuse poses a significant health risks to the youths and the community at Makeketela Village. The village has 1 bar lounge, 2 bottle stores, 2 taverns and 8 foreign owned spaza shops that could contribute to availability of alcohol and cigarettes. Youths engage themselves in risky behaviours such as stealing and gang violence as observed and are likely to drop out of school and some of them might end up in jail due to substance abuse. The study conducted by Njuki (2004), indicated a continuous issue of substance abuse amongst youths. This study is designed to determine factors contributing to substance abuse amongst youths at Makeketela Village.

1.3. Purpose of the study

The purpose of the study is to determine factors contributing to substance abuse at Makeketela village, Polokwane Municipality, Capricorn District, Limpopo Province, South Africa.

1.4. Objectives of the study

1.4.1. To determine the accessibility of drugs amongst youths in the community.

1.4.2. To establish the spread of drug usage amongst different genders

1.5. Research questions

1.5.1. What are the factors contributing to drug abuse amongst youths at Makeketela village?

1.5.2. What is the impact of drug abuse amongst youths at Makeketela village?

1.5.3. What is the impact of drug abuse on environmental factors such as social, educational, and economic factors?

1.5.4. What is the prevalence of drug abuse amongst different gender amongst the youths at Makeketela?

1.6. Research methodology

Polit & Beck (2008) defines research methodology as the manner in which the researcher wishes to structure the study, collect and analyse data. This chapter will discuss study site, population, methods and tools used to collect and analyse data. This is the summary of what will be more detailed and outlined in chapter 3.

1.6.1. Research approach

Quantitative research methodology is used in the study. Quantitative research is defined as a formal, objective systemic process in which numerical data are used to obtain information about the world (Burns & Groove, 2009).

1.6.2. Study site

This study is conducted at a local high school in Makeketela village, Polokwane Municipality, Capricorn District, in the Limpopo Province of South Africa. Makeketela Village is situated at Eastern side of Polokwane in Limpopo Province.

1.6.3. Research design

A non-experiential descriptive research approach is used. Descriptive designs are used in studies where more information is required in a particular field through the provision of a picture of the phenomenon as it occurs naturally (Brink, 2009). The descriptive design was chosen to enable the researcher to achieve the objectives of the study.

1.6.4. Population

Population means the entire group of persons or objects that is of interest to the researcher, in other words, that meets the criteria which the researcher is interested in studying (Brink, 2009). The study population is all youths at a specific local high school in Makeketela village. The population of youths at Makeketela village is 405 as given by the local high school in 2014.

1.6.5. Sampling

Sampling is referred to as the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2009). Simple random sampling is used in this study; this type of sampling is the easiest of the sampling methods where each individual case in the population theoretically has an equal chance of being selected for the study (De Vos, Strydom & Fouche, 2011). Sample size is 200. The researcher used the Raosoft sample size calculator to determine sample size.

1.6.6. Inclusion Criteria

All youths at a local high school in Makeketela village aged 12-21 years old.

1.6.7. Exclusion Criteria

All youths who were above 21 years and also youths who participated in pre-test were not included in the study.

1.7. Data Collection Method

A self-developed questionnaire was used to collect data from youths at a local high school in Makeketela village. The researcher, with the help of two trained volunteers from the local high school distributed questionnaires by giving each participant. The researcher read instructions and clarified possible uncertainties to all participants as outlined by (Burns & Grove, 2009).

1.7.1. Pre-test

The questionnaire is pre-tested on youths who are also attending high school at Gakama Village which is opposite to Makeketela Village. The pre-test assisted to find out if the questions were relevant and in line with the research objectives. The results from pre-test helped in restructuring and validating the questionnaire.

1.7.2. Data Analysis

Data were analysed using SPSS (Statistical package social science software) version 12 with the assistance of university's statistician. The findings and the results were presented using tables and graphs. According to Burns & Groove (2009), quantitative data analysis is a diverse and complex process; it became relatively easy, with clear step-by-step process and the aid of computerised data analysis software.

1.8. Bias

In this study bias is avoided by addressing questionnaires to the sampled population using similar instructions to all participants and treated received information as anonymous and important. The researcher did not lead the participants in any manner because that way the researcher will be biased. Any influence that produce a distortion in the results of a study or that strongly favours the outcome of a particular finding of a research study is regarded as bias (Brink, 2009).

1.9. Ethical considerations

An ethical clearance and permission to conduct study was obtained from University of Limpopo, Medunsa Research and Ethics Committee and permission was obtained from the Department of Education Limpopo Province, Capricorn District, Mankweng Circuit and Principal of the local high school in Makeketela village. Refer to the appendixes.

1.10. Significance of the proposed research

The findings of this study could help to improve and create recreational facilities that will assist youths and win them from abusing drugs and could also help the youths in refraining from substance abuse and be involved in community development programs. The researcher hopes to add to the body of knowledge on factors contributing to substance abuse amongst youths and the recommendations based on the results is made available to Limpopo Province Department of Education hoping to influence substance abuse guidelines and policies.

1.11. Conclusion

This chapter outlines the introduction wherein the researcher indicated the background of substance abuse, problem statement, purpose and objectives of the study, research questions, research methodology, data collection method, ethical consideration and significance of the study. The next chapter which is chapter 2 outlines literature review that relates to factors contributing to substance abuse from all areas, the effects of substance abuse such as mental illness, other medical conditions and the challenges faced by youths.

1.12. Chapter outline

Chapter One: Introduction and background

This chapter outlines the introduction, problem statement, purpose and objectives of the study, research questions, research methodology, data collection method, measures to ensure reliability and validity, ethical consideration and significance of the study.

Chapter Two: Literature review

This chapter reviews the literature on the subject matter presenting a critical assessment of what has been done previously in the given topic, regarding the revision of and reconsiderations.

Chapter Three: Research methodology

This chapter outlines the research methodology, research designs, sampling and data collection methods that were followed in carrying out this study.

Chapter Four: Data analysis and presentation of findings

This chapter outlines detailed analysis and interpretation of the findings of the study.

Chapter Five: Discussions

This chapter discusses the findings of the study.

Chapter Six: Recommendations, limitation and future recommended study

The recommendations, limitations and future recommended study were outlined in this study.

CHAPTER TWO

Literature Review

2.1 Introduction

Literature review is a critical summary of previous research studies done on the topic of interest in order to put the research problem into context (Polit & Beck, 2008). This chapter will review literature from all areas of the world and in South Africa on factors contributing to substance abuse amongst youths as it is a worldwide scourge. The chapter will also indicate challenges faced by youths on substance abuse.

2.2. Prevalence of substance abuse

According to Botvin & Griffin (2011) the most frequently used drugs in American colleges are alcohol, tobacco and marijuana. The study conducted by (Botvin et al., 2011) reported 84% of alcohol and tobacco usage in 2010, about 68% in 2010 and also 3,6% and that shows college students consume alcohol mostly and is worrisome that needs all stakeholder's intervention (Botvin et al., 2011). According to (CDC, 2000), the overall health of the user is affected negatively and likely results in contagious diseases including HIV/AIDS. The study by (CDC, 2012) indicated that 90% of youths in America consumed alcohol. The study further indicated that the affordability and easy availability of alcohol and the fact that binge drinking is not always addressed well in clinical fields contribute to the acceptability of excess alcohol use. Indiana Prevention Resource Centre (IPRC) conducted a study of Alcohol, Tobacco and Other Drugs (ATOD) use and high risk behaviours on Indiana Grade 6^{th} to 12^{th} leaners and found that about 5, 8% of Indiana youths are already binge drinking in grade 6 and rising to about 26, 4% in grade 12 (IPRC, 2011), higher than the national rate which is 23, 2% (IPRC, 2011). The Indiana College Substance Use Survey (ICSUS, 2011), indicated that 29% of the students consumed alcohol and 13% of the students engaged in risky sexual behaviour as a result of alcohol consumption (ICSUS, 2011).

According to (CDC, 2009), alcohol abuse promotes opportunities for risky sex which increase chances of contracting HIV/AIDS. In the study conducted by CDC (2009), early age sexual initiation, unprotected sex and older sex partners were identified as sexual risk factors for contracting HIV/AIDS (CDC, 2011). The National Youth Risk Behaviour Survey (YRBS, 2008 in Reddy et al., 2010) also reported that 24, 2% of youths are binge drinkers. This increases the risk of HIV/AIDS contraction (YBRS, 2008, in Reddy et al., 2010). In another study by (Jenness et al.,

2011), it was indicated that HIV is highly transmissible, incurable but preventable. The study suggest that being drunk makes one more vulnerable to unprotected sex as they are unlikely to make rational decision or even pass-out (Jenness et al., 2011).

In the USA, much of drug policy focused on stopping the flow of drugs costs approximately $26 billion per year, (Dave, 2004). A single gram of cocaine can cost as much as $100 (Office of National Drug Control Policy, 2004).The study conducted by (Delaney-Black et al., 2004) in California indicated that teachers have reported behavioural problems in children aged 6 and that most problems were related to motor skills like writing and speech and disoriented to the environment within which these children live. These motor skills findings were found among cocaine exposed boys compared to not exposed boys (Delaney-Black et al., 2004). In another study conducted by (Linares, 2005) found that children staying in a substance abuse exposed environment tend to adopt the lifestyle of disruptive behaviour of substance abuse as they have copied from the environment they live in. The study by (Linares et al., 2005) further indicated that foster parents or adoptive parents indicated that cocaine exposed children have more externalized behaviour than those living with biological with relatives or biological parents. Furthermore, using the Dominic Interactive (DI), a child self-report measure, 6-year old cocaine exposed children living in a foster or adoptive care arrangement reported more externalizing symptoms than same-aged exposed children in biological or relative care and children without prenatal exposure (Linares et al., 2005).

According to (Bellamy, 2010; Gamm, 2010 & Hutchison, 2010), the abuse of alcohol spans across geographic, demographic, social, and economic boundaries. In South Africa, an estimated 15,1 million people abuse alcohol with too much drinking among adults remaining relatively constant since 1988 (Gamm et al., 2010). The prevalence of binge drinking is reported in the 18-25 years old group at 32% of this age group (Gamm et al., 2010). The study further reported that among 12 to 20 years old, alcohol is the drug of choice, with 28,5% of this age group reporting having used alcohol (Gamm et al., 2010). The study by (Gamm et al., 2010) found that the prevalence of illicit drug use among youths reveals 14, 4% in rural areas, 10, 4% in countries with small metropolitan areas and 10, 4% in large metropolitan areas. Substance abuse was considered a problem mostly taking place in urban areas (Gamm et al., 2010), growing evidence suggests not only a convergence in substance abuse patterns, between metropolitan and non-metropolitan areas but for other places such as alcohol, methamphetamines, and inhalants usage rates by youths are actually higher in rural than urban areas of the United States of America (Gamm et al., 2010). Cocaine and marijuana usage among youths are higher in urban areas, whereas methamphetamine

use is higher in rural areas (Gamm, et al., 2010). The annual prevalence of methamphetamine use among rural youths is 3, 5% versus 2, 2% in urban areas of the United States of America (Gamm, et al., 2010).

A study conducted by (Shaughnessy & Jones, 2001) reported that, over 20% of youths smoked cigarettes in United States of America, alcohol usage was also reported at 48,8%. Lifetime usage of 21% cocaine was reported in United States of America, with 20% being methamphetamine and 50% marijuana also reported, (Shaughnessy & Jones, 2001). The study by (SAMHSA, 2011) data revealed that on an average per day, 3,2 million young adults used marijuana, 57,304 used heroin, 51,319 used cocaine, 46,179 used hallucinogens, and 17,868 used inhalants in Columbia, United States of America. Even more concerning, this number includes 9 million underage drinkers aged 18 to 20. Underage drinkers drank on average 5.7 days per month and consumed an average of 4.8 drinks per day on the days they drank (SAMHSA, 2011). Further, (SAMHSA, 2011) data reveals that daily, thousands of young adults experienced illicit substances for the first time, this includes 2,470 first uses of marijuana, 1,754 some of these youths use pain relievers as substances than using them for their desired work which is medical use, 1,561 first uses hallucinogens, 1,200 first uses of cocaine, 850 first uses of stimulants, 566 first uses of inhalants, 258 first uses of heroin, and 174 first uses of methamphetamines, this data indicates prevalence of substance use amongst many young people said SAMHSA Administrator Pamela S. Hyde.

The SAMHSA Administrator further indicated that effective prevention and treatment programs are available to help young adults make the right choices, SAMHSA Administrator Pamela S. Hyde, (SAMHSA, 2011). The (SAMHSA, 2011)'s Treatment Episode Data revealed that there were 403,756 admissions of youths to substance use treatment programs. The data collected from SAMHSA's Drug Abuse Warning Network reported that in 2011 there were 488,937 hospital emergency department visits by youths that involved illicit drug use, alcohol in combination with other substances, or the misuse or abuse of pharmaceuticals which are not supposed to be taken that way (SAHMSA, 2011).

In a study conducted by Wallace and Bachman, 2003, drinking has been found to be more prevalent among white Americans than among people of other races. Research indicates that drug use is generally lower than average among black and Asian youths. Black and white female youths have same rates of heavy drinking, but black males have a higher rate of heavy drinking compared with white males. The study conducted by Van Ours, 2006 indicated that after studying the relationship between gender and employment on drug use, the study finds that being female

has no negative effects on finding job when using drugs, and finds that being male has a negative effect on being employed when using drugs. As in other countries, drug abuse in the United States of America (USA) often starts with the innocent use of addictive substances which can be classified as light substances such as cigarettes, which is seen by society as acceptable behaviour which has no negative impact on youths or the community whatsoever. Individuals start to become addicted to substances such as alcohol by using it on a regular basis and the smoking of cigarettes, which is available and acceptable to buy and use. According to (Drammond, 2001), in the USA about 79, 1% of teenage students drink alcohol. In the USA, marijuana is the most widely used illicit drug among America's youths and the number of teens using marijuana doubled between 1991 and 2001 from 1 in 10 to 1 in 5 (Mvubelo, 2001).

In the study conducted by (Fishburne, 2003) the marijuana users also tend to become younger and not much of new marijuana users in the USA each year are between 12 and 17. The study (Fishburne, 2003), shows that an estimated 1, 5 million Americans, 12 years and older use cocaine daily. In addition, many youngsters have been attracted to the inexpensive, high purity heroin that can be sniffed. Drug use among youths has increased and these youths start at a very young age which is below 12 years. In another study by (Bachman & O' Malley, 2004) reported that although tobacco, alcohol and marijuana are the substances mostly tried, the use of heroin, cocaine, amphetamine and inhalants is also increasing (Bachman et al., 2004).

According to (Herrel & Roberts, 2003) the study examined a wide range of variables from biogenic to environmental factors to determine what makes youths to continue using drugs, the study found that no single factor accounts for all known causes, consequences and patterns of drug use rather, interacting biological (genetic influences), psychological (depression and learning problems), social (family instability), and environmental (street violence) factors, sexual and physical abuse, gang membership, neighbourhood drug trafficking and poverty appear to put adolescent at risk (Herrel et al., 2003).

The study conducted by (Scalnon, 2001) added that due to socio-economic status, developing countries often tend to have more complex problems with the abuse of substances like alcohol, tobacco smoking, use of cannabis and the sniffing of glue and other volatile substances. With economic and social development, however this picture tends to change and the rise in technology also has an influence in drug accessibility. The type of drugs abused in the developing and developed countries also differs. Drug abusers in the developing countries start and often continue a lifetime of drug abuse with legal drugs, such as alcohol and tobacco smoking, the abuse of

cannabis, whereas abusers in developed countries might start with the abuse of alcohol and cannabis but quickly move to more dangerous drugs or even start with the more addictive drugs like ecstasy and cocaine wherein they start selling and buying illegal drugs and get arrested for such actions United Nations on Drug Control & Crime Prevention (UNODCCP, 2001).

In the study conducted by (McGee & Rogers, 2003; Henningfield & Mason, 2001) agree that drugs affect every country. If the amount of cannabis seized in the Southern African countries from 1999 to 2001 was used to judge the drug problem, it is clear that the abuse of cannabis in particular is a big problem in this region and most youths get caught at airport trying to cross countries with illegal drugs, nevertheless, these statistics should also be seen in context, looking at South Africa (SA), have had the biggest hauls of cannabis seized in the borders and at airports. This does not necessarily mean that the SA has a more serious problem than the other countries in this region (Rogers et al., 2003).

Herrel & Roberts (2003), reported that substances like drugs and alcohol abuse affect the physical wellbeing of a person's physical, intellectual, and economic resources of each individual as well as their families, communities and countries who can often least afford it that in turn affects the world. According to (Rehn, Jenkins & Cristal, 2001) developing countries of the world fall in the middle range in terms of hazards associated with their drinking patterns. These countries include the SA, South East Asia, Central and Eastern Europe. The hazards of intoxication prevalent in these countries include casualties (all types of accidents), violence such as domestic violence and social problems, such as teenage pregnancies, that can often be attributed to adolescent alcohol abuse (Rehn et al., 2001).

Njuki (2004) pointed that substance abuse issue in Africa is not given full attention as compared to other social issues like HIV/AIDS problem wherein strategies are drawn to prevent further spread of the disease. Both illicit drug trafficking and substance abuse are increasing in Africa namely cannabis, methaqualone, heroin and alcohol is included among the drugs used across the African continent. Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists in the continued spread of HIV/AIDS (Njuki, 2004). Dandala, 2004, is also in agreement that the fight against alcohol and drug abuse has not been given the same attention as the fight against HIV/AIDS, yet the two are partners as alcohol in some cases predisposes one to have unprotected sex and even worse sleeping with multiple partners. The researcher emphasises the breakdown of culture, urbanisation and increasing use of the continent as a transit point in international drug trafficking and that the church and other stakeholders must

embrace its role and ministry to persons and communities burdened by the ill effects of drug abuse (Dandala, 2004).

According to James, as cited in (Mazibuko, 2000), a major concern is that children seem to be targeted as the new market for the drug industry globally. In economic terms, both licit and illicit drugs are viewed as consumer goods that are traded in a competitive global market. Illegal drugs account for at least US $400 billion of world trade making it more than the global iron and steel industries. Minister of Police in South Africa reported that about 230 million people, or 5% of the world's adult population, are estimated to have used an illicit drug at least once in 2010, 27 million people internationally who use drugs to an extent that their health is at risk and might later develop chronic conditions such as liver diseases, hypertension, heart diseases and diabetes mellitus.

Alcohol consumption has been deeply embedded in European culture; the current volume of alcohol consumption in the (EU) European Union has been stable for several years at a high level and is still more than double the global level (Laslett et al., 2010). Patterns of drinking vary, with more irregular heavy drinking occasions in Nordic, Central-Eastern and Eastern European countries (Laslett et al., 2010). In the EU in 2004, estimates of alcohol consumption indicate that almost 95 000 men and over 25 000 women aged between 15 and 64 years died of alcohol-attributable causes total 120 000, corresponding to 11.8% of all deaths in this age category. This means that 1 in 7 male deaths and 1 in 13 female deaths in this age category were caused by alcohol. Partial estimates indicate that in 2004, over four million Disability-Adjusted Life-Years (DALYs) years of life lost due to either premature mortality or to disability were caused by alcohol consumption in the EU, corresponding to 15% of all DALYs in men and 4% of all DALYs in women (Zatonski et al., 2010).

Alcohol consumption is responsible for a substantial health burden within the EU. There are additional social and economic burdens resulting from the effects of alcohol consumption on the individual, family, work and society (Zatonski et al., 2010). Many of these burdens affect people other than the drinker, and while full quantification of the harm to others is difficult, the data available for Europe suggest that there is a large impact. In the EU in 2004, over 7000 deaths and 200 000 DALYs were caused by harm to others attributable to alcohol consumption in Central-Eastern and Eastern Europe (Zatonski et al., 2010).

Countries such as (Bulgaria, Czech Republic, Stonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia) are relatively new in the EU and have, on average, lower economic power than the rest of the EU. Alcohol consumption is, on average, higher than in the rest of the EU in most countries, a higher rate of unrecorded consumption and a pattern of irregular heavy drinking occasions (Popova et al., 2007; Zatonski et al., 2008). Traditionally, spirits were the alcoholic beverage of choice or played a relatively large role in most of these countries (WHO, 2004), even in central European beer-drinking countries such as the Czech Republic and Slovakia, and in more wine-drinking countries such as Bulgaria, Hungary, Romania and Slovenia, (WHO, 2004).

In Central-Western and Western Europe countries such as Austria, Belgium, France, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom, alcohol consumption, beer has been the preferred beverage in all countries with the exception of France (Room, 2010; Room & Mäkelä, 2000). The drinking pattern have overall been similar to the Mediterranean style, both in frequency of drinking and lack of acceptance of public drunkenness, with the exceptions of Ireland and the United Kingdom which are closer to the Nordic countries in this respect (Room, 2010; Room & Mäkelä, 2000). It should be noted that there were times in the past of different drinking styles and much more acceptance of intoxication in Germany. The pattern in the Nordic countries such as Denmark, Finland, Iceland, Norway and Sweden relies on drinking spirits, and is traditionally found in the Northern and North-Eastern parts of Europe.

The use of spirits in recreational drinking spread only after 1500 and thus has a substantially shorter tradition than wine-drinking in the Mediterranean region (Room, 2010; Room & Mäkelä, 2000). The traditional pattern of drinking spirits in these countries can be characterized by non-daily drinking, irregular heavy and very heavy drinking episodes such as during weekends and at festivities and a higher level of acceptance of drunkenness in public (Room, 2010; Room & Mäkelä, 2000). The overall volume of alcohol consumption in Nordic countries has been lower than the EU average. Even though this drinking pattern can still be observed today, spirits are no longer the dominant alcoholic beverage and there are some differences between the countries involved, with Denmark having a more Central-Western and Western style of drinking (Mäkelä et al., 2001).

The countries of Southern Europe such as Cyprus, Greece, Italy, Malta, Portugal, Spain have a Mediterranean drinking pattern (Anderson & Baumberg, 2006). In the south of the EU wine has

traditionally been produced and drunk, characterized by almost daily drinking of alcohol often wine with meals avoidance of irregular heavy drinking and no acceptance of public drunkenness (Anderson & Baumberg, 2006). The overall volume of consumption has traditionally been high, except in Cyprus and Malta, but it has been falling over recent decades (WHO, 2004 & 2011).

Pavlodar which is the city in Asia is the large industrial centre of northern Kazakhstan with a population of 300,000 inhabitants in the city and over 700,000 in the Oblast (Mustafin, 2005). The information on drug abusers treated in Pavlodar has been provided by the Republican Scientific-Practical Centre of Medico-social problems on drug abuse and the Regional Narcological Dispensary (Mustafin, 2005). A total of 1,074 drug users were treated in the drug treatment facilities in Pavlodar previously. However, the annual number of treated drug users has been decreasing from 2003 when it was reported as 386, then 362 in 2004 and 326 in the year 2005. Comparing this with the drug users registered in Pavlodar, in 2005 the drug users treated comprised 17 % of those registered while these were around 25% in 2003 and 2004. The mean age of drug users treated was 27 years, which was also the same for Opioid users, whereas a younger population which is 15 years was treated for Inhalants 15 years and Cannabis use 22 years in Pavlodar (Mustafin, 2005).

Almost 70 % of the drug users in treatment were between 21 to 30 years old. Most of the drug users seeking treatment 90% were male. Among the female drug users almost all had been in treatment for Opioid use (Asanov, 2005). Almost half of the drug users had been living with their parents, while one third had been living with their families, and a small proportion of 5% had been living alone prior to their current treatment. Among the inhalant users one third were reported to have lived in somewhere prior to their current treatment episode. Two thirds of drug users had secondary education between 6 – 10 years, while 16% had higher and around 6% primary or less education these were mostly Inhalant users (Mustafin, 2005).

Similarly, 66% of the drug users were reportedly unemployed, while 14 % reported casual work and 11% were regularly employed. More than half of the drug users reported in treatment was ethnic Russians, one third were Kazakhs and the remaining from different ethnic groups such as Tatars, Ukrainians and Germans. Pavlodar, the overwhelming majority 96% of drug users were treated for Opioid dependence, Heroin 65% and Opium or Khanka 24% (Asanov, 2005). Although this may not entirely reflect the market dynamics and availability of Heroin or other Opiates in the local market, in 2003 almost 60% of the drug users treated had been using Heroin

and 38% Opium/Khanka as their primary drug, in 2004 there was a mix of Heroin 40%, Khanka 30% and Other Opiate users, 24% primarily Morphine, whereas in 2005 almost all the drug users were treated for Heroin dependence (Asanov, 2005). A very small proportion 8% of drug users in Pavlodar was reportedly using a secondary drug, which was mainly Hashish. The mean age of first time Opioid use was around 21 years. Almost all the Opioid users were primarily injecting these substances regularly 98% - either daily 75% or between 2 to 6 days a week. Most of the females reported in treatment were also dependent on Opioids. More than one third of all clients had used Opium or Khanka which is the local homemade concoction obtained by boiling opium straw, while 14% reported using Heroin as their first drug (Asanov, 2005).

The reported mean age of first ever use of Cannabis was around 16 years. For the majority of drug users in treatment 40%, this was also the first substance they had used. All the Cannabis users were smoking, with a frequency of use ranging between daily and two to six days a week (CDC, 2005). The reported mean age of first time use of Inhalants was around 13 years. The inhalant users were mostly sniffing the substances with a reported frequency of once or less than once per week for the majority 44%, followed by one third who were daily users and the remaining using inhalants between two to six days a week. Almost all the drug abusers in treatment had ever injected drugs at 96%, while lesser proportion 80% had ever shared their drug injecting paraphernalia (CDC, 2005).

2.3. Prevalence of substance abuse in Africa

The estimated numbers of past-year users aged 15–64 years in East Africa ranged between 21,630,000 and 59,140,000 for cannabis, from 150,000 to 1,790,000 for opioids, and from 140,000 to 1,300,000 for opiates, with minimal or no use for cocaine, amphetamines, and ecstasy. The overall prevalence rate of cannabis is estimated between 1.7% and 6.5% of the population in East Africa. The prevalence rate of opiates in Kenya is 0.73%. Kenya is the main country in East Africa where cocaine features with a prevalence rate of 12% (Kasirye, 2011). East Africa is biggest producer of the Cannabis plant, commonly known as Marijuana. An anecdotal report from East Africa shows that Cannabis poses the biggest problem among drug of abuse and also in terms of seizure (Kasirye, 2011). In Rwanda for instance it was reported that in 2009 alone 2,890.179 kilogrammes of cannabis were tracked and 1,671 people arrested. Again in 2010 in January 563,988 kilogrammes of cannabis had been seized and 999 people arrested. Drug abuse relates offences were number one. Increasing use and smuggling, weak laws and challenges in

enforcement are highlighted as some of the critical issues needing attention (Kasirye, 2011). Kenya has a coordinating body (NACADAA) National Campaign Against Drug Abuse Authority which coordinates all actors in the fight against drug abuse. The NACADAA responses in Kenya have increased response drug law enforcement, prevention and treatment as well information management compared to other countries (Kasirye, 2011).

Zanzibar's health authorities have regularly reported the incidence of drug abuse and how HIV due to substance abuse is impacting the island. They do warn that the HIV infection rate among drug injectors and sex workers is much higher than in the general population (Kasirye, 2011). A 2006 study of 508 injecting drug users found that 26% were HIV positive and that addicts were more likely to make their sexual debut as teens; to have multiple, concurrent sexual partners; and to engage in unprotected sex, further increasing their risk of contracting HIV (Kasirye, 2011). Zanzibar's AIDS burden could swell as drugs become more widely available: local police report that 3% of the adult population use illegal drugs and the numbers are growing (Kasirye, 2011).

In Uganda, Drug abuse has been described as a problem especially among marginal groups, who are unemployed. Cannabis is mainly abused by street and school- going-youths, as well as by soldiers; heroin tends to be consumed by urban and street youths; cocaine abuse is prevalent among high income groups. An increase is reported in the abuse of opiates and cocaine, as well as in the abuse of cannabis and volatile solvents (Kasirye, 2011). Some increase in the abuse of benzodiazepines, some decrease in the abuse of barbiturates, and a large decrease in the abuse of amphetamines. According to the 2009, Uganda annual Police crime report, there were 2,034 reported and investigated narcotics cases, which led to 2,274 arrests compared to 2,542 in 2008. The trend has been attributed to inadequate laws and weak border controls (Kasirye, 2011). The increase in the abuse of cannabis, hard drugs and volatile solvents is attributed to unemployment, social upheavals, family disruptions as well as high rates of drop-outs from school. Increased production and trafficking of cannabis has led to increased availability of the drugs. Opiates and sedatives are mostly injected. Some sedatives are also ingested and some opiates smoked. Hallucinogens and amphetamines are ingested (Kasirye, 2011).

In Nigeria drug abuse is a national concern affecting negatively on education, innovations and human resource of the country (Ekpenyong, 2012). The students at Nigerian high school are at high risk as they are at risk stage as they try to shape their future through social skills, career development, and identity formation and that put their future at stake (Ekpenyong, 2012). In

Bayelsa State, education officials indicated that the rate at which students consume alcohol and nicotine is worrisome (Ekpenyong, 2012). Despite National Agency for Food and Drug Administration and Control (NAFDAC) and other organization-based interventions, drug abuse is on the rise with over 40% of students abusing various types of drugs. Drug abuse appears to be a fixed problem among secondary school students in Nigeria (Ekpenyong, 2012).

The drugs affect the normal functioning of an individual thus the normal biological and psychological functioning of the body; especially the central nervous system will be highly affected thereby resulting in strange behaviour such as domestic violence and other unlawful actions (Escandon & Galvez, 2006). Drug includes all substances that can negatively impact on functioning of the brain. Legal or licit drugs and substances are socially accepted and their use does not constitute any criminal offence as long as they are taken moderately and under great care.

Prescription and over the counter drugs are abused when taken for no medical condition or for any medical procedure (Rew, 2005). Some of these drugs can be mood elevators, pain killers or antidepressants (Rew, 2005). A study by (Rew, 2005) found that drugs such as phenobarbitone and diazepam (psychoactive substances can produce feelings of too much energy, and feeling of more than excitement, stimulation, depression, relaxation, hallucinations, a temporary feeling of well-being, drowsiness and sleepiness and that predisposes a person to acting strangely. Their (diazepam and phenobarbitone) misuse often leads to physical or physiological addiction (Rew, 2005). A report by (NAFDAC, 2008) noted that the abuse of licit and illicit drugs is forming a student sub-culture in Nigeria. Further, the study is in agreement that when a drug is abused or wrongfully used, it causes injury to the brain and often irreversible alterations in the central nervous systems. When psychoactive substances destroy several thousand neurons, the consequences are fatal and a number of students have died from drug overdoses in Nigeria (NAFDAC, 2008).

Families in which children have a good relationship with their parents, parental control efforts are effective means in preventing children from involving in problem behaviours because children will be copying all the good things their parents are doing towards the fight against substance abuse (Der Vorst, Engels, Meeus, Dekovic & Vermulst, 2006). This means that good parenting skills towards the child promote the good upbringing of the child in that particular community (Der Vorst et al, 2006). Parents need to monitor their children and talk openly with their children and explain every step of life, (Der Vorst et al., 2006).

The study conducted by (Sherkart, 2007) shows that students who are committed to their studies and are substance free they are unlikely to be victims of crime and bad behaviour, the study further indicates that students who participate in religious groups have made a choice about social commitments and in most cases they are viewed as youths who are channelled by their parents to act in that way. Being active in religion prevents other types of social ties, particularly the ones which might cut against the prescriptions and enemies of religious traditions. If a student is going to church, he/she is unlikely to be found at the bar. Commitments to religious groups also prevent negative behaviours like going home for the weekend, or taking unplanned road trips. Connections to positive social groups promote conformity, (Wood, Read, Mitchell & Brand, 2004).

Primary school learners are engaged in organized crimes and disrupt class proceedings while secondary and tertiary activities of secret cult are known to be source of threat to lives and property wherein people get killed and property destroyed as a result of substance abuse. According to (Aluede, 2000), ritual killings are at the peak outside the campus in Nigeria. The impact of drug abuse among Nigerian youths has been a hallmark of a morally bankrupt, and loss of our societal values and ideals. The situation is very disturbing to extent that everyone knows about it. Majority of the Nigerian youths ignorantly depend on one form of drug or the other for their various daily activities – social, educational, political because they believe the drugs give them the power, Such drugs include: Tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates, Amphetamines (Aluede, 2000).

The study conducted by (Oshikoya & Alli, 2006), identified dependence and addiction as one of the major consequence of drug abuse, characterized by compulsive drug craving seeking behaviours. These changes are maladaptive and inappropriate to the social or environmental setting, thus predisposing the individual at risk of harm. Youths use drugs for many reasons, including curiosity, feeling good, to reduce stress, or to feel grown up. Using alcohol and tobacco at a young age increase the risk of using other drugs later (Oshikoya et al., 2006). According to (Fatoye, 2003), in a study among secondary schools students in South Western Nigeria, 13% of students reported current alcohol use while 26% had ever consumed alcohol.

The most extensive research in Ghana on substance use among the youths was done by the Ministry of Health/World Health Organization (MOH/WHO, 2003) which indicate that the average age at first use of substances ranged between 14-19 years, with extremes of 6 and 23 years. The findings indicate that substances most commonly used by the youths included alcohol,

cigarette, cannabis, cocaine, tranquilizer and heroine and more common either at the school or at home (MOH/WHO, 2003). Some of the reasons given for alcohol and drug use among the youths centred on the perceived benefits, such as enabling them to study, to do hard work, to get rid of shyness, and to forget about their problems; for curiosity, for fun, and due to peer pressure (MOH/WHO, 2003). Other reasons included the lack of parental control and rebelling against parents. In previous studies conducted in some other African countries and in Ghana researchers seem to indicate that lifetime prevalence rates of alcohol, cigarette, and cannabis are significantly greater for boys compared to girls (Adu-Mireku, 2003). Further, (Lamptey, 2005) indicates that the importance of family cohesion plays a role in youth substance abuse in Ghana and the chances of substance abuse are less when the adolescent stays with both parents rather than others. Parents of abusers often are divorced, separated, or never married.

The study by (UNODC, 2011) indicates that cannabis is the primary drug of abuse as it is affordable and easily accessible with prevalence rate of 3.9-9.8%. However, little is known about the use of drugs that have the potential to be injected such as opiates, cocaine, and Amphetamine-Type Stimulants (ATS) (UNODC, 2011). While the regional prevalence rate for opiate use is estimated to be 0.1% for the population, amphetamine-related problems have been reported in South Africa, Zambia, and Zimbabwe (UNODC, 2011; World Health Organization, 2011).

The prevalence of lifetime marijuana or glue use among school-going adolescents in Harare, Zimbabwe, was 9.1% in 2001 with males accounting higher prevalence of 13.4% than females 4.9% (Gwede et al., 2001). The study further indicated the use of marijuana or glue among school-going adolescents at 12.1% which is high. Illicit drug use among adolescents is associated with poor academic performance and may be a risk factor for cigarette smoking and unsafe sexual behaviours (Gwede et al., 2001). The prevalence of health-risky behaviours associated with adolescent illicit drug use has attracted growing international recognition. Reports from school surveys in countries across Africa show that the use and abuse of alcohol and drugs by adolescents start with alcohol and cigarettes (Obot, 2004; Odejide, 2006). A study by (Peltzer, 2009) on substance use among school-going adolescents in six African countries (Kenya, Namibia, Swaziland, Uganda, Zambia, Zimbabwe) indicates 6.6% of students surveyed engaged in risky alcohol use (two or more per day for at least 20 days or more in the past month) and 10.5% engaged in illicit drug use (three or more times ever). Peltzer, 2009 further reported that school truancy, loneliness, sleeping problems, sadness, suicidal ideation, suicide plans, mental distress, lack of parental, peer pressure and poverty were associated with substance use (tobacco,

alcohol, illicit drugs), while school attendance, parental supervision, and connectedness were protective factors for substance abuse (Peltzer, 2009).

2.4. Prevalence of Substance Abuse in South Africa

South Africa is made up of 9 provinces namely; Western Cape, Gauteng Province, North West Province, Northern Cape Province, Mpumalanga Province, Kwazulu Natal Province, Free State Province, Eastern Cape Province and Limpopo Province. Prevalence of substance abuse is outlined per province respectively below.

2.4.1. Prevalence of Substance Abuse in Western Cape Province

Palitza, 2010, further reported that researchers believe the teenage alcohol consumption is alarming. In a study conducted by (Visser & Moleko, 2008) in Western Cape, 27% of learners reported to have taken alcohol once in their life. Only 2% of the participants believed it was acceptable to drink alcohol at the age they are in and this shows that this problem is far from over. The same study found that 8% of the participants had friends who are drinking. The study by (Visser et al., 2008), found marijuana to be less used at 7% and 4% smoked dagga in Western Cape Province in South Africa.

The study conducted by (CDA, 2011), indicated that 65% of women admitted to have drug user at their home surveyed both in rural and urban areas The most frequently used drugs were alcohol, cannabis, tobacco, and glue (CDA, 2011). Glue was the drug of choice by children under 12 years in Cape Town as they believed it fills up their tummies (CDA, 2011). The study further indicated that only 40% of the respondents were aware of it or had any knowledge of support services regarding substance abuse issue.

According to (CDA, 2011) the factors that people felt increased abuse were availability, family history, poverty, unemployment, influence, and lack of good parenting. There was no scientific research to show a link between family history and drug abuse (CDA, 2011). In the very same study respondents, the ideas to address the drug problem identified improved parenting skills, recreational facilities for young people, spiritual values were also highlighted as an important influence to combat drug use as the spiritual value can highly assist in counselling and teach youths the value of their own life and the effects of substance abuse (CDA, 2011).

Types of substances abused in Western Cape Province

2.4.1.1. Alcohol

The study conducted by (Townsend et al., 2004), found that there is a correlation between cigarette use and school dropout, although the exact causal relationship is not clear, and there are many other factors that contribute to school dropout. This is consistent with research internationally, which also concludes that there is a correlation between the use of other substances and dropout (Townsend et al., 2004). The study recommended that: (i) interventions to reduce the extent of school dropout should include substance use, and interventions to reduce the extent of substance use should include dropout and (ii) interventions should not just address the use of alcohol and illicit drugs but also the use of tobacco among adolescents. Finally, there are associations between substance use and psychopathology. In another study conducted by (Shisana et al., 2006) found that hazardous or harmful drinking and binge drinking were related with having more than one regular partner and with having irregular partners.

2.4.1.2. Tik

The study conducted by (Simbayi et al., 2006) found that tik users were (i) more likely to have exchanged sex for money or drugs, (ii) were more likely to have multiple sex partners, and (iii) were more likely to have had unsafe sex while having multiple partners than non-tik users. Similarly, (Wechsberg et al., 2006) reported that tik users were (i) significantly less likely to have used a condom during the last time they had sex, (ii) significantly less likely to have spoken to their partners about using a condom when having sex, and (iii) more likely to trade sex for tik if they could not afford to buy it compared to individuals using drugs other than tik. (Parry et al., 2005) also noted inconsistent condom use among tik users. The study conducted by (Plüddemann et al., 2006) concluded that tik use was linked with psychological wellbeing, aggression and depression in the Western Cape, (Plüddemann et al., 2006).

Apart from tik's association with sexual risk behaviour (and the threat this poses to the spread of HIV in the province), tik is also associated with increased risk for mental health problems and violent behaviour (Plüddemann, 2006). The study further indicated that tik impacts negatively on the justice sector and health sector of the province (Plüddemann, 2006). The study conducted by (Parker, 2005) found that learners who were on tik had greater risk of depression than those using other substances than tik. The study also found an association between mental health problems

and tik use among a sample of patients in a psychiatric hospital in the Western Cape (Parker, 2005).

The use of methamphetamine tik is escalating in Cape Town (Plüddemann, 2007). By 2007, the proportion of patients admitted for treatment reporting tik as primary or secondary substance of abuse had increased to 49% in Cape Town reported by (Plüddemann, 2007). Treatment data from South African Community Epidemiology Network on Drug Use (Plüddemann, 2007) indicate that use of tik as a primary drug of abuse is the highest in the Western Cape at 35% (Plüddemann, 2007).

Selling drugs in some instances is integrated into the community and creates gang structures and leaders that will use their power to get employment and temper with law enforcement efforts (Myers, 2007) has found that relying on drug trafficking for survival increases the prevalence of unemployment makes it not simple to control the supply and break the chain of drug dealers, 98% of tik addicts who seek help in South Africa come from the Western Cape. The highest user level is found among those who are under 19 years old. The link between tik use and risky sexual behaviour has been outlined by the Medical Research Council. It is reported that tik users are more likely to have sex whilst under the influence of a substance or substances (alcohol and/or drugs), they are more likely to have multiple sexual partners at a very young age and can even trade sex for drugs when they are really in need of drugs, (Myers, 2007).

2.4.1.3. Cannabis and Cannabis/ Mandrax

According to (Shisana et al., 2005), cannabis remains one of the most frequently used illicit drugs reporting cannabis prevalence rate of 6.8% for males and 2% for females. The household study found that less than 1% of males and females reported the use of cannabis (Shishana et al., 2002). The household surveys are however likely to underestimate the usage of all illegal substances, especially those deemed most problematic and stigmatized within communities. Data from the Medical Research Council's South African Community Epidemiology Network on Drug Use Project (SACENDU) reveals that the proportion of persons reporting for treatment with cannabis as a primary substance of abuse dropped from 12% in 2000 to 10% in 2007 and the proportion reporting for treatment with cannabis/mandrax as a primary substance of abuse decreased from 23% to 2,7%, indirectly decreasing in the prevalence of cannabis and cannabis/Mandrax-related problems in the Western Cape Province. These findings however, do not suggest that cannabis and cannabis/mandrax should be ignored in treatment settings as they have negative impact on youths in the province. Data from the SACENDU project reveal that when cannabis and

cannabis/mandrax are considered as both primary and secondary substances of use, the proportion of patients reporting the use of these substances increased to 31.7% for cannabis and 12.6% for the cannabis/Mandrax combination for the first half of 2007. As mentioned previously, cannabis and cannabis/Mandrax are often used to reduce the effects of stimulants, such as methamphetamine/tik (Plüddemann, 2007).

The study conducted by (Myers, 2007) indicated that cannabis use was more prevalent recording weekly lifetime use in Black/African than in Coloureds communities in the Western Cape Province whereas study conducted by (Wechsberg et al., 2006) reported significantly higher rates of lifetime, monthly and weekly cannabis use among Black/African female substance users than among coloured women. In another study conducted by (Kalichman et al., 2006) the level of cannabis use was higher among Black/African persons than other racial groups.

The study conducted by (Shisana & Simbayi, 2002) found mandrax use among coloured persons in the Western Cape. Yet (Kalichman et al., 2006) reported equal proportions of Black/African and Coloured persons use mandrax. Nevertheless, more recent community-based studies have reported higher levels of mandrax use among Black/African persons. Based on these findings, it seems that mandrax is fast becoming entrenched in Black/African communities as a substance of abuse, most persons accessing treatment for cannabis and cannabis/mandrax-related problems were male (Plüddemann et al., 2007). Community-based studies confirm that the rates of lifetime, monthly and weekly cannabis and mandrax use appear higher among male substance users relative to their female counterparts (Myers, 2007).Cannabis and cannabis/mandrax impact negatively on the Western Cape's health, social development, criminal justice and economic sectors as all these sectors are highly affected by the negative outcomes of cannabis and mandrax (Myers, 2007).

2.4.1.4. Cocaine

The study conducted by (Shisana et al., 2002) indicates that, cocaine is one of the less frequently used illicit drugs in Western Cape Province, and reported population prevalence rates for the use of cocaine of less than 1% (Shisana, 2002). Treatment admissions for cocaine abuse in Cape Town have decreased from 8% in 2000 to 3.9% in 2007. Studies have reported higher prevalence rates for cocaine use among men relative to women (Myers, 2007; Shisana et al., 2005). Studies conducted in the Western Cape have found associations between cocaine use and risky sexual behaviour (Parry et al., 2008); sexual assault (Kalichman et al., 2004); and crime, especially property crimes such as cars and household appliances (Parry et al., 2004).

2.4.1.5. Heroin

Heroin is one of the less frequently used illicit drugs with prevalence rates of 0, 2% in Western Cape Province (Shisana et al., 2005). Despite this low prevalence rate, a study conducted in 2004 estimated the size of the heroin using population to range between 15 000 and 18 000 persons in Cape Town alone (Plüddemann et al., 2008). According to (Plüddemann et al., 2007) heroin use is more prevalent among Coloured persons than Black/Africans though it was challenged community based studies have challenged this assumption. The study investigating HIV-related risk behaviour, injecting drug use practices and other health consequences among heroin users in the City of Cape Town (Plüddemann et al., 2008) expressed concern about the sexual and other HIV-risk behaviours of heroin users. In this study, 67% of participants reported the inconsistent use of condoms and 24% reported re-using and/or sharing needles thus predisposing the user to HIV/AIDS (Plüddemann et al., 2008).

2.4.1.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary substance of abuse is OTC/prescription medication are older, with the average age of those patients ranging from 39-44 years (Myers et al., 2003).

2.4.2. Prevalence of Substances abused in Gauteng Province

According to (SANCA, 2000), the study has reported that less than 16 years children are on substance abuse in Tshwane. This is according to the South African National Council on Alcoholism and Drug Dependence's (SANCA, 2000) Castle Carey clinic in the city, which recently released a report on the staggering extent of drug abuse among the youths. The SANCA report of 2000 further indicated that Nyaope-dagga mixed with mandrax is becoming more popular among children, especially in townships to the north of the city. June 26 is the United Nations' International Day Against Drug Abuse and Illicit trafficking. In 2006 UN agency has

chosen "Drugs are no child's play" as their theme, and that was selected looking at alarming additions in substance abuse across the world in children aged 4-10 years old.

SANCA recently released national statistics that indicated that over 8,500 patients were treated at clinics around the country with a third of them younger than 21(SANCA, 2000). The report given by (Nthite, 2006), indicated that parents should act appropriately when they suspect that their children are on drugs and that will help both parents and the children to deal with that social problem because if parents leave the problem unchallenged then the children will not get any help and they will therefore see substance abuse as normal activity which does not pose any danger to their future. It is also advisable that children should sit down with their parents and talk openly regarding any issue that concerns both of them thus parents should build a rapport between themselves and their children. Vista Clinic's (Gauteng) drug unit also said there had been an alarming increase in the number of children using drugs in the city and across Gauteng (Nthite, 2006).

The head of the reintegration centre at Vista Clinic's drug unit, Erwin Lass, said it was reported that in the year 2006, 30% of primary school children had already experimented with some form of drugs; not just dagga and alcohol, but heavier drugs like heroin and cocaine. Sunnyside in Pretoria was seen as the drug area and it got a bit too comfortable for dealers. The drug dealers have opened branches and are moving to Centurion, Capital Park and other areas in an attempt to target younger children (Nthite, 2006). The report further said preventative measures had to be put in place in schools and seemingly no one seems keen to be part of implementing that measures and therefore the problem will continue and the future of the country is placed under too much pressure if not attended to (Nthite, 2006).

Types of drugs abused in Gauteng Province

2.4.2.1. Alcohol

Alcohol was reported to be the primary drug of choice at 44% intake (Nthite, 2006). In Johannesburg and Pretoria which consists of metropolitan areas it was reported that 2684 youths were admitted at 17 treatment centres in 2010, out of that 2684 people 27% were admitted because of alcohol related dependence (Nthite, 2006).

2.4.2.2. Cannabis

Cannabis is the second most commonly used drug in Gauteng Province at 27% (Nthite, 2006). According to (Masita, 2007) cannabis use by females has historically been considered taboo amongst black people Gauteng. In addition, the study conducted by (Visser & Moleko, 2008) in Atteridgeville found that some learners had used cannabis while still at primary school. The finding is particularly concerning as a younger age of initiation of illicit substance use has been found to increase the risk of illicit substance abuse at a later stage (Visser & Moleko, 2008).

2.4.2.3. Cocaine

Cocaine is considered the secondary substance and in most cases is snorted and crack smoked at 15% (Nthite, 2006). Most youths have used cocaine and as a result they became dependant on the drug and admitted at rehabilitation centres (Nthite, 2006).

2.4.2.4. Heroin

Heroin is another primary substance preferred by most youths in Pretoria (Nthite, 2006). The study conducted by (Dada et al., 2013) indicated a high 12% of patients in the treatment centres abused because of heroin

2.4.2.5. Tik

Unlike other drugs ecstasy and methamphetamine intake were very low in Gauteng Province. Very few have reported to have used ecstasy at 0, 01% (Nthite, 2006).

2.4.2.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary substance of abuse is OTC/prescription medication are older, with the average age of these patients ranging from 39-44 years (Myers et al., 2003).

2.4.3. Prevalence of Substance abuse in North West Province

According to the study conducted by (Berk, 2007), adolescents attending secondary schools in the Zeerust District in the province are between the ages 12 and 20 years in grade 7-12. Most of these adolescents are performing poorly in their studies and as a result, the district is performing below required percentage because of substance abuse. Some adolescents drop out of school before completing matric as a result of substance abuse. The majority of adolescents are from poverty stricken home environments, which is linked to family and peer contexts that promote drug use (Berk, 2007).

Types of substances abused in North West Province

2.4.3.1. Alcohol

Alcohol use amongst youths was reported to be accounting to North West Province 13%. According to the study conducted by (Plüddemann et al., 2007) alcohol is still the most common primary substance of abuse accounting 62% among patients seen at specialist treatment centres in the North West Province. The mean age of patients whose primary substance of abuse was alcohol ranged from 36 to 41 years across all sites. Most youths admitted in the treatment sites were younger than 20 years in the province.

2.4.3.2. Cannabis

Cannabis is found to be the second most common substance used among patients under 20 years in treatment centres in the North West (Plüddemann et al., 2007). Frequent use of cannabis might lead to mental illness (Plüddemann et al., 2007).

2.4.3.3. Cocaine

The majority of patients with cocaine/crack as their primary substance of abuse are still Whites in most sites. Generally, few adolescent patients report cocaine as their primary substance of abuse, the highest rate of 5% in the North West Province (Plüddermann et al., 2009).

2.4.3.4. Heroin

The study conducted by (Dada et al., 2013) indicated the rate of 3% of patients in the treatment centres abused because of heroin.

2.4.3.5. Tik

According to (Plüddermann et al., 2009) the rate of tik in the province is very low rated at below 1% intake.

2.4.3.6. Over-the-counter (OTC) and prescription medication

The study conducted by (Plüddemann et al., 2007), indicated that there is also a considerable abuse of over the counter and prescription medicines such as slimming tablets, analgesics, tranquilisers and cough mixtures.

2.4.4. Prevalence of Substance abuse in Northern Cape Province

The 2010/11 crime statistics show a shocking increase in drug related crimes in the province from 2371 in 2009/10 to 2418 in 2010/11; a staggering and shocking 20% increase (YRBS, 2008 in Reddy, 2010). The survey further indicated that crime in the province was a serious concern that needs to be attended to (YRBS, 2008 in Reddy, 2010).

Types of substances abused in Northern Cape Province

2.4.4.1. Alcohol

The National (YRBS, 2008 in Reddy, 2010), conducted nationally amongst 1147 youths, including participants in 22 schools across the Northern Cape (NC) found that: The NC had the highest proportion of learners who have used alcohol on school property previously during school time. The police in the Province recorded use of alcohol by the victim in 73% of murder cases and 33% of rape cases (YRBS, 2008 in Reddy, 2010). The alcohol consumption rate is 12% in Northern Cape Province (Plüddemann et al., 2007). In the Northern Cape alcohol was the most common primary substance of abuse reported by the 642 patients treated at five centres in 2010, accounting for 65% of all admissions in the treatment centres. Northern Cape Province has over 60% of patients treated for alcohol related problems and such patients are also more likely to be male (YRBS, 2008 in Reddy, 2010).

2.4.4.2. Cannabis

The (YRBS, 2008 in Reddy, 2010) further indicated that Northern Cape had the highest prevalence of learners who used cannabis before the age of 13 at 92%. Northern Cape Province also has highest prevalence of learners having used dagga on school property, with coloured learners and children who are 13 and below, and increasing.

2.4.4.3.Cocaine

It is reported that Northern Cape Province had the highest prevalence of learners who have used cocaine 10,4% when compared to other provinces and a national average of 6.7% (YRBS, 2008 in Reddy 2010).

2.4.4.4. Heroin

The study conducted by (Dada et al., 2013) indicated the rate of 3% of patients in the treatment centres abused because of heroin.

2.4.4.5. Tik

The study conducted by (Plüddemann et al., 2009) found that is low at a rate of 1% in the sites of Northern Cape.

2.4.4.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary substance of abuse is OTC/prescription medication are older, with the average age of these patients ranging from 39-44 years (Myers et al., 2003).

2.4.5. Prevalence of Substance abuse in Mpumalanga Province

Mpumalanga has recorded an alarming increase in substance abuse, with Emalahleni District in the west of the province reportedly having the second highest rate of drug abuse in the province. The study conducted by (Plüddemann et al., 2013), found that 42% of drug abuse cases in the province were recorded in Emalahleni. Marita Botha of the South African Council on Alcoholism & Drug Dependence's Lowveld Alcohol and Drug Help Centre in Nelspruit, said that the facility had increased patient intake (Dada et al., 2013).

Types of substances abused in Mpumalanga Province

2.4.5.1. Alcohol

Alcohol accounted for 27% of admissions Mpumalanga Province. The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse ranged from 35 years to 39 years across sites. Such patients are also more likely to be male. The proportion of patients with alcohol as the primary substance of abuse who were female recorded 14% Mpumalanga (Plüddemann et al., 2009).

2.4.5.2. Cannabis

Cannabis was the most common primary substance of abuse among patients seen at specialist treatment facilities in the Mpumalanga Province, accounting for 45% of all patients (Plüddemann et al., 2009).

2.4.5.3. Cocaine

Cocaine use was recorded at a very low rate of below 1% (Plüddemann et al., 2009).

2.4.5.4. Heroin

The study conducted by (Dada et al., 2013) indicated a high 29% of patients in the treatment centres abused because of heroin.

2.4.5.5. Tik

Very few patients reported methamphetamine as their primary or secondary drug of abuse in the treatment centres at 1% in Mpumalanga Province (Plüddemann et al., 2009).

2.4.5.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary

substance of abuse is OTC/prescription medication are older, with the average age of these patients ranging from 39-44 years (Myers et al., 2003).

2.4.6. Prevalence of Substance abuse in KwaZulu-Natal Province

According to the Member of Executive Council (MEC) (Kwazulu Natal MEC of Community Safety and Liaison, 2010,) many rural youths are increasingly using illicit drugs, mainly mandrax and dagga, but more recently, ecstasy and cocaine (Kwazulu Natal MEC of Community Safety and Liason, 2010). There is also an increase in alcohol consumption among rural youths. In Paddock Ezinqoleni Municipality, Ugu District, youths frequenting taverns are known to become violent both at the taverns as well as when they return home. Rural youths start consuming alcohol from a young age and some have been found to be drunk while at school (KwaZulu Natal MEC of Community Safety and Liaison, 2010).

Illicit drug trafficking occurs in the community. Some are masterminds who drive flashy cars and are respected in the community. Critically, young people are recruited by these masterminds for housebreakings, shoplifting, armed robberies and car hijackings (Kwazulu-Natal MEC of Community Safety and Liaison, 2010). There have been reports of youngsters from KZN who get arrested overseas and a young lady from the Wentworth Township was executed overseas for drug trafficking, which is an indication that KZN has been rapidly integrated into the global drug trade. The two harbours, Richards Bay and Durban, within the province's boundaries as well as the state-of-the-art Dube Trade Port which boasts an Agri-zone, a Cyber-port, a cargo terminal as well as the King Shaka International Airport, are used as easy access to the world especially for drug traffickers (Kwazulu-Natal MEC of Community Safety and Liaison, 2010).

Types of substances abused in Kwa Zulu Natal Province

2.4.6.1. Alcohol

The study indicated that 72% of young patients' dominant substance of abuse in KwaZulu-Natal was alcohol. The study indicated that treatment for alcohol-related problems amongst youths had been increasing (Plüddemann et al., 2007).

2.4.6.2. Cannabis

In the study conducted by (Plüddemann et al., 2007) cannabis was more dominant in the Province as the land is good for such plants. Treatment for cannabis addiction had decreased in the province though the province was highly associated with cannabis as Kwa-Zulu Natal was regarded as the home ground of cannabis (Plüddemann et al., 2007)

2.4.6.3. Cocaine

In KwaZulu-Natal the abuse of "sugars" (a mix of low-quality heroin, cocaine and dagga) was on the increase. Treatment for dagga addiction had decreased in the province though the province was highly associated with dagga as Kwa-Zulu Natal was regarded as the home ground of dagga (Plüddemann et al., 2007).

2.4.6.4. Heroin

Substance abuse trends have changed over the years, with a large increase in treatment for heroin abuse. In KwaZulu-Natal heroin is smoked, but in other provinces like Gauteng the drug is also injected. The admission for heroin is on the rise among young Indian men in Durban (Plüddemann et al., 2007). The study conducted by (Dada et al., 2013) indicated 6% of patients in the treatment centres abused because of heroin.

2.4.6.5. Tik

Treatment admissions for tik as primary drugs of abuse are low in Kwa-Zulu Natal. Across sites only 1% to 5% of patients had tik as a primary or secondary drug of abuse (Plüddemann et al., 2009).

2.4.6.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary

substance of abuse is OTC/prescription medication are older, with the average age of these patients ranging from 39-44 years (Myers et al., 2003).

2.4.7. Prevalence of Substance abuse in Free State Province

According to the National Police Commissioner Ms Phiyega in the (SAPS) (South African Police Services annual report 2013/2014), there has been a reduction of ,7,5 % of crime in the Free State from 1023 in 2012/13 to 946 in 2013/14 and this is a great improvement as crime caused by youths on substances has reduced amicably. The National Police Commissioner further said it is important to report all sorts of crimes irrespective of their broadness. The Police Commissioner indicated that most of the crimes that are not reported like common assault. On statistics for attempted murder, Phiyega said Free State was the only province that recorded a decrease in attempted murder due to substance abuse. Free State Provincial Police Services recorded 911 cases of attempted murder in 2013/14, which showed a 3.8% decrease from 947 cases of murder, were reported in 2012/13 for both men and women higher rates of current drinking were recorded in urban areas.

Types of substances abused in Free State Province

2.4.7.1. Alcohol

In the Free State Province the study conducted by (Moodley et al., 2012) alcohol is the substance most commonly used by the learners, followed by cigarettes and cannabis. It was reported that 51.4% of learners have consumed alcohol and that 51.4 are reported to be binge drinkers thus drinking more than 5 drinks in a day. When substance use was stratified by grade and gender, the highest prevalence rates among the participants for lifetime alcohol, cigarette and cannabis use was found among grade 11 males. For all grades, males had higher lifetime alcohol, cigarettes and cannabis prevalence rates than females (Moodley et al., 2012). When substance use was stratified by grade and gender, the highest prevalence rates among the participants for lifetime alcohol, cigarette and cannabis use was found among grade 11 males. For all grades, males had higher lifetime alcohol, cigarettes and cannabis prevalence rates than females (Moodley et al., 2012). For both men and women, persons with either low or high levels of education are more likely to drink than those with moderate education (Standards 4 - 9). For males the highest current drinking levels were reported in the Free State (50% or more). For female highest level of drinking were reported in the Free State Province by South African Police Services (SAPS, 2013/2014).

2.4.7.2. Cannabis

The use of cannabis in the province is at 26% which is very high amongst youths (Plüddemann et al., 2009).

2.4.7.3. Cocaine

Cocaine in the province amongst youths is at 6% which is worrisome as the outcome of the drug is bad (Plüddemann et al., 2009).

2.4.7.4. Heroin

The study conducted by (Dada et al., 2013) indicated the rate of 3% of patients in the treatment centres abused because of heroin.

2.4.7.5. Tik

Tik use in the province is very low accounting 1% admissions in the treatment centers (Plüddemann et al., 2009).

2.4.7.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary substance of abuse is OTC/prescription medication are older, with the average age of these patients ranging from 39-44 years (Myers et al., 2003).

2.4.7.7. Nyaope

First use of Nyaope most commonly occurred at 17 years of age in Free State Province (Moodley et al., 2012). Nyaope is in the province is the new drug that most youths prefer due to its availability (Plüddemann et al., 2009).

2.4.8. Prevalence of substance abuse in Eastern Cape Province

Substance abuse is serious problem in EC and Port Elizabeth is the highest town in the province with the problem of substance abuse and the crime related to it (Plüddemann et al., 2009).

Types of substances abused in Eastern Cape Province

2.4.8.1. Alcohol

Alcohol is still the most common primary substance of abuse among patients seen at specialist treatment centres across all treatment centres accounting for 52% in the Eastern Cape (Dada et al., 2013).

2.4.8.2. Cannabis/ Mandrax

Cannabis was reported as the primary substance at 14%, in 20% of patients in the Eastern Cape (EC). The EC had the highest proportion of patients reporting Mandrax as their primary substance, remaining at 9%. It was found that 16% (EC) of patients whose primary substance was cannabis were female. The proportion of Black/African Mandrax patients appears to be increasing in the Eastern Cape (Dada et al., 2013).

2.4.8.3. Cocaine

According to (Dada et al., 2013) the proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack further decreased in the Eastern Cape from 12% to 8% in this period. Cocaine powder is primarily snorted, and crack is smoked. This indicates that cocaine is also commonly a secondary substance of abuse. In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 29 to 33 years. In the EC 26% of patients whose substance of abuse was cocaine were female (Dada et al., 2013).

2.4.8.4. Heroin

The study conducted by (Dada et al., 2013) indicated the rate of 2% of patients in the treatment centres abused because of heroin.

2.4.8.5. Tik

The use of tik in the EC accounts for 4% in the treatment centres (Plüddemann et al., 2009).

2.4.8.6. Over-the-counter (OTC) and prescription medication

According to (Dada et al., 2013) between 1% and 7% of patients seen at specialist treatment centres from January – June 2009 had OTC and prescription medicines listed as their primary substance of abuse, the substance mostly abused included benzodiazepines, analgesics, codeine products and sleeping pills (Dada et al., 2013). Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse.

2.4.9. Prevalence of Substance Abuse in Limpopo Province

The study by (Ondieki & Mokua, 2012), indicated that the issue of drug use has been in existence for many years. It is an integral part of most societies. Currently, drug abuse is a problem experienced by both young and old, although its impact tends to be particularly intense among the young people as they still have a long way to go with life, starting a new family and all good things one can think of (Chesang, 2013) also agree that drug abuse is one of the top challenges facing the nation today especially among the youths. Furthermore, drug abuse is not meant for certain people from certain society or from certain socio-economic backgrounds it affects everyone (Chesang, 2013).

Types of substances abused in Limpopo Province

2.4.9.1. Alcohol

The South African Community on Drug Use also indicated an increasing number of young patients being admitted to rehabilitation and treatment centres for alcohol and other drug related problems Keynote address speech by (Limpopo Province MEC of Health and Social Development, 2011). The MEC is in agreement with other researchers that alcohol and other drugs cause social problems like road accidents and other family disorganisations, interpersonal violence and various injuries. The study conducted by (Madu & Matla, 2003) indicated that alcohol is highly abused at a rate of 39, 1%.

2.4.9.2. Cannabis

Cannabis was the most used substance and the mean age for the first time users was 14-89 years, Limpopo Province was also known to be the home of cannabis (Madu & Matla, 2003). The study conducted by (Plüddemann et al., 2009) indicated that 63% of youths under the age of 20 years use cannabis.

2.4.9.3. Cocaine

Treatment admissions for cocaine-related problems had shown a decrease previously amongst patients younger than 20 years at less than 2% (Dada et al., 2013).

2.4.9.4. Heroin

The study conducted by (Plüddemann et al., 2009) indicated that 29% of patients in the treatment centres abused heroin which is increasing as the very same study in 2013 revealed 32% use as primary or secondary substance of abuse.

2.4.9.5. Tik

The use of tik in Limpopo Province accounts for 0, 2% admissions which is low as is not used like other substances (Plüddemann et al., 2009).

2.4.9.6. Over-the-counter (OTC) and prescription medication

Local and international data on the prevalence of licit medicine abuse is minimal (Myers et al., 2003). The SACENDU project collects limited information on treatment demand related to OTC and prescription medication abuse. Over the last seven years there has been very little change in the proportion of persons admitted to treatment centres with OTC/prescription medication abuse accounting for 1-3% of all admissions. According to SACENDU findings, 72% of patients admitted to treatment centres in the Western Cape with OTC/ prescription medicines as their primary substance of abuse were female. The data also shows that patients whose primary substance of abuse is OTC/prescription medication are older, with the average age of these patients ranging from 39-44 years (Myers et al., 2003).

2.4.9.7. Nyaope

It was further indicated that the government is concerned that Bela-bela is one area in the Province with high rate of Nyaope (Limpopo Province MEC of Health and Social Development, 2011). Nyaope is an emerging drug at 2% in the province destroying the future of the youths (Dada et al., 2013).

2.5. Factors which contribute to Substance Abuse among Youth (Risk Factors)

Knowledge of the kinds of drugs being used and the role they play in particular individuals, communities sub-cultures or groups is vital for any prevention programme (WHO, 2002a; WHO, 2002b; & WHO, 2003). Drug related risk factors are those which increase the possibility of an individual's engaging in drug use/abuse. As a general rule, the greater the number of risks the child or young person experiences, the greater the likelihood of drug use problems occurring (WHO, 2002a; WHO, 2002b; & WHO, 2003).

2.5.1. Peer pressure

In the study conducted by (Masese, 2012), the study indicate that few people start using drugs on their own. The interest and expectations of their peer groups have an important bearing on whether or not a person will try a dependence producing drug. Friends are likely to know where drugs can be found and their allegeable effects in that fact some youths do drugs even if they know and have detailed information that the drug has some serious negative impact in their lives. Consumers need approval for their behaviour from their peers by attempting to persuade them to join them in their habit and to make it a point that they well fit in the group. When an individual associates themselves with a group of consumers, the chances are that they may be hooked for life. According to (Sempe, 2007), adolescents tend to copy the behaviour of their friends and in that case they believe they will fit perfectly in the group (Sempe, 2007).

2.5.2. Availability of drugs

Masilo, 2012 revealed that the environment in which learners go to in school can contribute to their engagement in drug use as there were many taverns or, for that matter, bar lounges within reach of the school premises and scholars were easily tempted to go to such areas rather than focusing on their school lessons and in some cases the liquor restaurants play loud music as they have the system in place that play music unstoppably and the music is even louder and is the kind of music that youths like the most. In addition, learners were not only able to access alcohol but also dagga as some of the learners would smoke dagga in the school toilets at lunch time. In Kisumu, Kenya, the Big Issue a magazine in the Wednesday Standard team identified shops at the Kisumu bus stop and schools within the town centre as the best known places in which drug trafficking occurred (Masese et al., 2012).

2.5.3. Curiosity

Curiosity is one of man's outstanding characteristics in the sense that people especially youths really want to explore and experiment life be it in a good or bad (Masese et al., 2012). It appears in life and leads to extensive exploratory behaviour (Masese et al., 2012). It is not surprising that many young people will wish to try some drugs to experience the outcomes on their own WHO in (Masese et al., 2012). In substantiating this, (Masilo, 2012) indicates that young people always want to explore adult ways of behaving and satisfying needs and the challenges and the risk adults experienced and they are so anxious they want to try it for themselves (Masilo, 2012).

2.5.4. Family environment

The study by (Tlhoaele, 2003) defines socialisation as a process by which one acquires social skills to participate effectively in the society in which one lives and through which one feels accepted and special. The way in which children relate to other socialising agencies is partly influenced by the family of which the child is part (Tlhoale, 2003). (Bezuidenhout, 2004) indicates that adolescents with substance abusing parents experience a higher rate of parent and/or family problems than adolescents whose parents do not abuse substances and in that case it is still of paramount importance to have good family foundation wherein children will copy the best behaviour from their parents in line with the (National Drug Master Plan, 2006-2011).

2.5.5. Gang Affiliation

A legal definition of gangs is a group of three or more people that is characterized by criminal behaviour (Tharp-Taylor, 2009). The literature reveals a significant positive association between gang affiliation and substance use, which has shown to exceed the influence of typical deviant peer groups (Tharp-Taylor, 2009) specifically, higher rates of alcohol and marijuana use have been reported among gang members than among those who are affiliated with a group of deviant peers (Tharp-Taylor, 2009). Gangs promote the cycle of substance use, as the appeal of delinquent behaviour can attract adolescents to a gang, once membership is established, participation in the gang can foster further deviant behaviours and substance use (Tharp-Taylor, 2009).

Familial factors have also been shown to have influence on gang involvement in the sense that if parents fight in front of children then the children will copy exactly that and put it into practice (Tharp-Taylor, 2009). Risk of substance use as facilitated by involvement with a gang has been shown to decrease in the presence of positive parent-child relationships and authoritative behavioural parenting (Tharp-Taylor, 2009).

2.5.6. Emotional Abuse

Research shows that experiencing emotional abuse can lead to increased risk for adolescent substance use, though it does not have as much influence as experiencing physical or sexual abuse. It has also been found that witnessing violence can increase an adolescent's risk for developing a substance use disorder with alcohol, cigarettes, marijuana, or hard drugs by as much as two to three times (Walker, 2004). This is likely because witnessing violence creates great stress, especially in the case of a child witnessing domestic violence in the family or at the neighbours. Therefore, substance use becomes a coping mechanism. It has also been speculated that, in some cases, substance use may precede witnessing violence because such acts of violence may occur within the context of a delinquent peer group where substance use is prevalent. However, there is comparatively little literature that focuses on emotional abuse, including witnessing violence, and its relationship to adolescent substance use and abuse, (Walker, 2004).

2.5.7. Neglect

Walker, 2004 provided information that child neglect includes any situation where a child's guardian does not provide basic human needs, including protection, clothing, health care, and/or food and schooling needs and other basic needs as stipulated in the child rights act. It is further indicated that if those stated basic needs are not fully met then it is regarded as child neglect (Walker, 2004). All most all children undergo developmental changes and if in this period children are neglected that can lead them to engage themselves substance abuse as there is no one looking after them and their basic needs. Because children in adolescence are undergoing developmental changes, neglect during this period can have long-term effects (Walker, 2004).

The study by (Libby, 2005) indicated that female who have problem in the household are at an increased rate of substance abuse than males and this is so because female are reported to be having low coping stress mechanisms compared to males and in most cases they keep the stress to themselves and only talk about the problem when the problem has gone too far and in some instances be hard to reverse. Females don't cope with situation and therefore coping mechanisms is not is affected in a way which can heighten depression and lead to substance use, whereas males are often more directly confrontational (Libby, 2005).

2.6. General Challenges faced by youths

The study by (Cheng & Lo, 2011) indicates the disadvantages such as poverty and single parenthood can increase drug use among young people as the poverty comes with so many effects such as drop out of learners from school leading to substance abuse. (Cheng & Lo, 2011) also note that parents who use drugs put their children at risk of using drugs because the children will not be seeing any problem in using drugs, while positive parent-child bonding that talks talk to their children freely about substance abuse and setting good example to the children and protecting them from using drugs.

Moreover, as children grow older, they spend less time with their parents and more time with their friends or peers, resulting in less opportunity for parental oversight or control and more opportunity to be lured into drug use by their friends (Coie et al., 2002) as cited in (Bagwell et al., 2000). It is not all single-parenting that predisposes children to substances because there are some single parented children who are well groomed and they know that substances are not good at all and in that case they will use it in any way unless of course prescribed by professional who believed it will help in curbing certain disease but it will also be in doses not like consuming the whole substance.

Farrington, 2004 states that having antisocial siblings with unwanted behaviour increases a youth's likelihood of antisocial behaviour and, that the influence of siblings and peers are much more stronger when the siblings or peers are of the same age as the good children will turn to bad children because of the influence from their peers so it is better to tell the children every stage of life and never hide the truth from them, the parent need to give support throughout the stages of life to their children and thus promoting bonding (Cheng & Lo, 2011), however, emphasise that parents' good behaviour on young people's behaviour may diminish the possibility of the latter yielding to negative influences within the contexts within which daily lives such as the workplace, school and tertiary educational institutions and indulge in drug use (Farrington, 2004).

2.7. Consequences of Substance Abuse amongst youths

The impact of drug use on adolescents and youth is not only associated with or confined to anti-social behaviour or risky behaviour, poor school and work performances, absenteeism and other forms of volatile behaviour, the impact and effects can also extend to the health conditions such as HIV/AIDS. Various scholars (Bisika, Konyani, Chamangwana & Khanyizira, 2008; Olisah, Adekeye, Sheikh & Yusuf, 2009) argue that risky behaviours associated with drug use are among

the main contributors to the spread of HIV/AIDS. They further indicate that drugs can change the way the brain operates through disrupting the parts of the brain that people use to weigh risks and benefits when making decisions. They further note that drug use by any route, not just injection, can put a person at risk of contracting HIV (Bisika et al., 2008).

Drug intoxication affects a person's judgment and can consequently contribute to the drug user engaging in unsafe sexual practices and contracting or transmitting HIV. Daily substance abusers among young people have been associated with a tendency towards engagement in high-risk sexual behaviours such as having multiple sex partners and (unprotected) intercourse with high-risk partners (e.g. injection drug users, prostitutes). (Olisah, Adekeye, Sheikh, & Yusuf, 2009) consequently argue that as drug users are more likely than the general population to contract HIV as they are prone to having unprotected sex due to substance abuse. Finally, it is important to bear in mind that drug use exposes young people to different types of abuse ranging from rape, physical abuse, abduction, human trafficking and other forms of abuse (Olisa et al., 2009).

2.8. Conclusion

This chapter has reviewed and outlined the literature that relates to factors contributing to substance abuse from all areas, the effects of substance abuse such as mental illness, other medical conditions and the challenges faced by youths thereof. The next chapter is research methodology which will outline how the study was conducted.

CHAPTER THREE

3. Research Methodology

3.1. Introduction

Polit & Beck, 2008 defined research methodology as the manner in which the researcher wishes to structure the study, collect and analyse data. This chapter has discussed study site, population, methods and tools used to collect and analyse data.

3.2. Purpose of the study

The purpose of the study was to determine factors contributing to substance abuse at Makeketela village, Polokwane Municipality, Capricorn District, Limpopo Province, South Africa.

3.3. Objectives of the study

3.3.1. The objectives of the study were to determine the accessibility of drugs amongst youths in the community.

3.3.2. The objectives of the study were to establish the spread of drug usage amongst different genders

3.4. Research approach

Quantitative research methodology was used in the study. Quantitative research was defined as a formal, objective systemic process in which numerical data were used to obtain information about the world (Burns & Groove, 2009). According to De Vos et al., (2011) quantitative research was a systemic collection of numerical information often under conditions of considerable control and use of statistics to analyse data. Descriptive research approach was used because it was easier to analyse numeric data from the questionnaires (Brink, 2009).

3.5. Research design

A non-experiential descriptive research approach was used. Descriptive designs are used in studies where more information was required in a particular field through the provision of a picture of the phenomenon as it occurred naturally (Brink, 2009). The descriptive design was chosen to enable the researcher to achieve the objectives of the study which in this study were to determine the accessibility of drugs amongst youths in the community and to establish the spread of drug usage amongst different genders. The non -experiential descriptive design was also concerned with conditions or relations that existed; practices that prevailed; beliefs, points of

view, or attitudes that were held; processes that were going on; effects that were felt; or trends that were developing (Brink, 2009).

3.6. Population

Population was defined as the entire group of persons or objects that was of interest to the researcher, in other words, that meets the criteria which the researcher was interested in studying (Brink, 2009). The study population was all youths at a local high school in Makeketela village. The population of youths at Makeketela village was 405 as given by the local high school in 2014.

3.7. Sampling

Sampling was referred to as the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2009). Sample size used in this study was 200 and the sampling method used was simple random sampling this type of sampling was the easiest of the sampling methods where each individual case in the population theoretically has an equal chance of being selected for the study (De Vos, Strydom & Fouche, 2011).

3.8. Sample size

To determine the sample size the researcher used the Raosoft sample size calculator. The Raosoft calculator is statistical software that enabled the researcher to determine the sample size given the margin of error, confidence level, response distribution and population size (Raosoft, 2004). In calculating the researcher the sample size the researcher used 95% confidence level, a response distribution of 50% and a margin of error of 5%. The population size was 405 as given by the local high school in Makeketela village. The Raosoft sample size calculator gave recommended sample size of 200 respondents.

3.9. Data Collection Method

A self-developed questionnaire was used to collect data from youths at a local high school in Makeketela village. The researcher, with the help of two trained volunteers from the local high school distributed questionnaires by giving each participant questionnaire personally at school. The questionnaires took 15 minutes to be completed and were translated from Sepedi to English and from English to Sepedi version with the help from University of Limpopo faculty of humanities officials before the data collection and there was no loss of information during translation as the process was done by knowledgeable people in that faculty. The researcher read

instructions and clarified possible uncertainties to all participants as outlined by (Burns & Grove, 2009). The researcher with the help of two trained volunteers from the local high school collected the answered questionnaires and put them in the box. The questionnaires comprised of closed ended questions and were divided into 3 sections A, B and C.

Section A addressed the demographic and socio-economic information.

Section B addressed Lifestyle history

Section C addressed knowledge of effects of substance abuse.

3.10. Data Analysis

Data were validated, edited, coded, entered and cleaned before analysis was done with the help of university's statistician. According to Coakes (2005) the above mentioned steps are very crucial before data were analysed. Data were analysed using SPSS version 12. The results were presented using tables and graphs. According to (Burns & Groove, 2009), quantitative data analysis was a diverse and complex process and became relatively easy, with clear step-by-step process and the aid of computerised data analysis software.

3.11. Advantages of questionnaires in this study

3.11.1. Large amount of communication was collected from a large number of people in a short period of time and in a relatively cost effective way

3.11.2. Questionnaires were carried out by the researcher with limited affect to its validity and reliability

3.11.3. The results of the questionnaires were quick and easily quantified by the researcher and university's statistician through the use of statistical software package

3.11.4. When data has been quantified, it was used to compare and contrast other research and was used to measure change (Barribeau, 2005).

3.12. Disadvantages of questionnaires in this study

3.12.1. It was not easy to notice any change in emotions, behaviour and feelings from respondents

3.12.2. There was no way to tell how truthful a respondent is being when responding to the questionnaire

3.12.3. There was no way of telling how much thought a respondent has put in when responding to the questionnaire (Barribeau, 2005).

3.13. Measures to ensure reliability and validity

3.13.1. Reliability

According to (De Vos Strydom & Fouche, 2011), reliability was when an instrument measured the same thing more than once and the results in the same outcome. Reliability was also ensured by giving the supervisor of this study to review the questionnaires for question phrasing and sequencing, and also by consulting the university statistician. The fact that open ended questions were minimised also ensured reliability of the questionnaires and pre testing the questionnaires and the results were the same.

3.13.2. Validity

According to (De Vos, Strydom & Fouche, 2011) validity was described as the extent to which an empirical measure adequately reflected the real meaning of the concept under consideration. Validity was attained by training two volunteers from local high school on how to administer, observe and assists the respondents with questionnaires before commencing with data gathering. The researcher chose two trained volunteers from local high school who understood both English and Sepedi in order to promote trust and prevent misunderstanding. Validity was ensured by basing questionnaires on current scientific knowledge regarding the research theme, obtained through literature review and presented the questionnaires to a panel of experts in the field to validate that it was appropriate, accurate and representative (Burns & Groove, 2009). The university statistician was also engaged to carry out statistical tests on the validity of the questionnaire and the results were positive. The questionnaire was pre tested before it was used to collect data and comprehensive literature review was done. Large sample (far greater than 40) and a margin of error of not more than 5% with a confidence interval of 95% also ensured validity.

3.14. Ethical Considerations

3.14.1. Ethical clearance and permission to conduct study

An ethical clearance was obtained from University of Limpopo, Medunsa Research and Ethics Committee and permission was obtained from the Department of Education Limpopo Province, Capricorn District, and Mankweng Circuit and Principal of the local high school of Makeketela village. Refer to the appendixes.

3.14.2. Informed consent

The respondents were given the detailed information about the study to be conducted; this included the type of the study and the reasons why the study was to be conducted. This whole information was made available in the language that was well understood by the respondents and all the risks and benefits were made available to the participants before the commencement of the study (Brink, 2009; Burns & Grove, 2009). Consent forms were given to respondents who were below 18 years old to give parents at home to sign for them the day before data collection and all the consent forms were brought back on the day of data collection by respondents.

3.14.3. Principle of Justice

The researcher treated the respondents fairly by selecting them for a reason directly related to the study problem. The researcher also respected the rights of the subjects by letting them determine the extent to which their private information will be shared with others (Brink, 2009; Burns & Grove, 2009).

3.14.4. Respect of participants

The researcher handed over written consent form to all the respondents before been engaged in the study. The researcher has let the respondents decide whether or not to take part in the study, without the risk of any penalty / prejudice. The researcher also explained to the participants that they have the right to withdraw from the study at any time, to refuse to give information or to ask for clarification about the purpose of the study. The researcher did not use any form of coercion (Brink, 2009; Burns & Grove, 2009).

3.14.5. Autonomy and Confidentiality

The researcher kept the respondent's identity a secret by labelling the questionnaires using numbers not names and kept the collected data in a safe place where there was access code under very tight security which was only known by the researcher. When seeking subject's informed consent, the researcher has included that the possibilities of data to be published for the benefit of other researchers on the consent form (Brink, 2009; Burns & Grove, 2009).

3.14.6. Beneficence

The researcher avoided harming the respondents by carefully structuring the questions and monitoring the respondents for any signs of distress (Brink, 2009; Burns & Grove, 2009).

3.15. Conclusion

This chapter has discussed research approach, study site, research design, population, sampling, data collection method, data analysis and the ethical clearance. The next chapter is data analysis and it shows presentation of results through graphs and figures in this study.

CHAPTER FOUR

Research Results

4.1. Introduction

In this chapter, the results of the study are presented using tables and graphs alternatively to explain the results better. The researcher with the help of two trained volunteers from local high school administered structured questionnaires and was answered by 200 youths regarding factors contributing to substance abuse. The SPSS software was used to analyse the results. The results were presented in sections as on the questionnaires.

SECTION A: DEMOGRAPHIC AND SOCIO-ECONOMIC INFORMATION.

4.2. Interpretation of results

4.2.1. Age of respondents

It was important to ask for age of the respondents so that the researcher can determine the age group that has large number of respondents in the study. Figure 4.2.1 below depicts age of the respondent.

Figure 4.2.1. Age of respondents

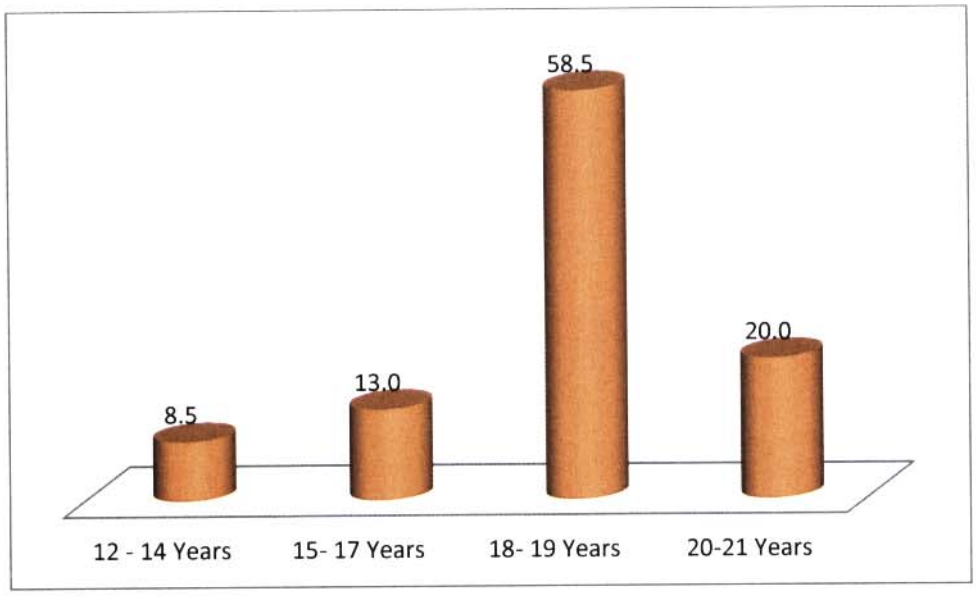

Figure 4.2.1 above indicates age group distribution of respondents, the results show the largest were 18-19 years at frequency of 117 (58,5%), 20-21 years at frequency of 40 (20,0%), 15-17 years at frequency of 26 (13,0%) and the lowest group was 12-14 years at frequency of 17 (8,5%). The findings of this study can back up the study conducted by Leslie (2008) & Parrot et al., (2004) wherein it was indicated that youths who were between 12 and 15 years of age abused substances and it was also confirmed by previous studies that the mean age for the onset of substance abuse is 12 years (Leslie, 2008; Parrot et al., 2004).

4.2.2. Education of respondents

To effectively determine the impact of substance abuse on youths, it was crucial to seek the educational level of the respondents to enable the researcher to determine the level of understanding of participants. Figure 4.2.2 below depicts education of the respondents.

4.2.2. Figure 4.2.2. Education of respondents

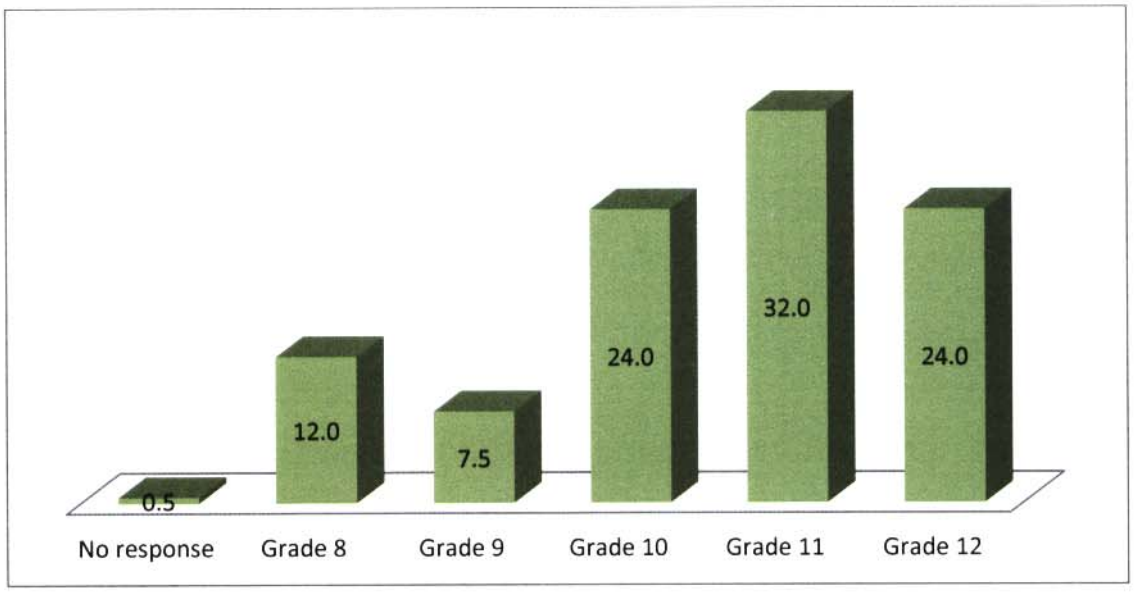

Figure 4.2.2 above presents the education of the respondents in the study. The results show that the largest respondents were in grade 11 at frequency of 64 at (32,0%), with grade 10 and 12 at the same frequency of 48 at (24,0%), grade 8 at frequency of 24 at (12,0%) grade 9 at frequency of 15 at (7,5%) and no response for grade frequency of 1 at (0,5%). Using Pearson Chi-square test, education factor has no impact on substance abuse because P value was 6, 59 which was more than the required P value of 0, 05.

Figure 4.2.3. Religion of respondents

It was important to ask for religion of the respondents so that the researcher can find out if the respondents belong to any religion. The figure below depicts religion of respondents.

Figure 4.2.3. Religion of respondents

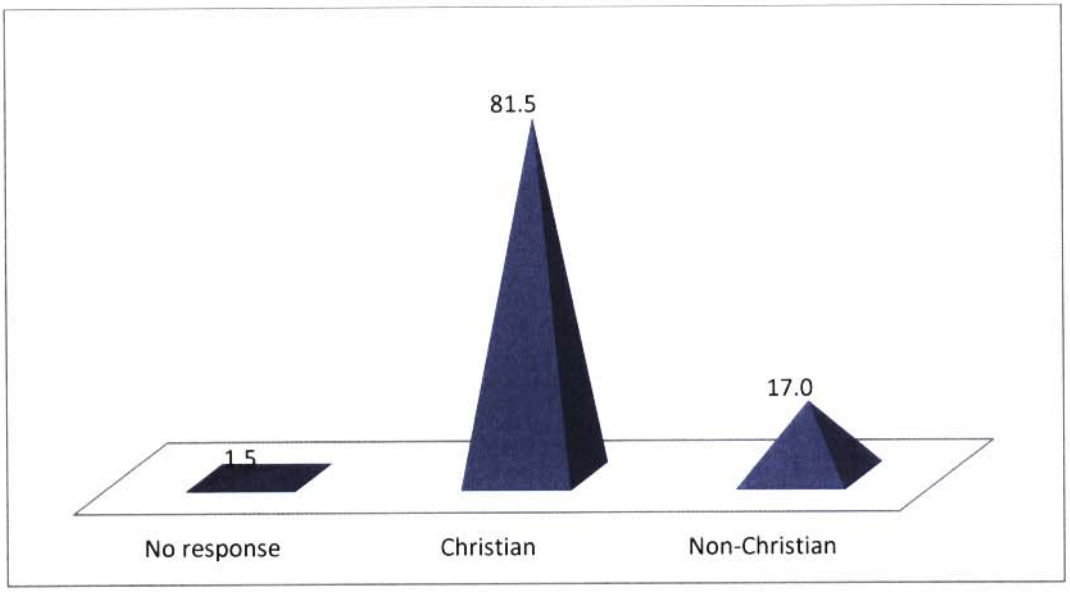

Figure 4.2.3 above indicates the results of religion of the respondents in the study. The highest respondents were Christians at frequency of 163 at (81,5%), with non-Christian respondents at the lowest frequency of 34 at (17,0%) with no response of 3 at (1,5%). Pearson Chi-square test indicated that religion has impact on drug abuse because the P value was 4, 75 which was more than the required 0, 05.

4.2.4. Gender of respondents

It was important to ask for gender of the respondents so that the researcher can find out the gender that was higher than the other in this study. Figure 4.2.4 below shows the gender of the respondents in the study.

Figure 4.2.4 Gender of respondents

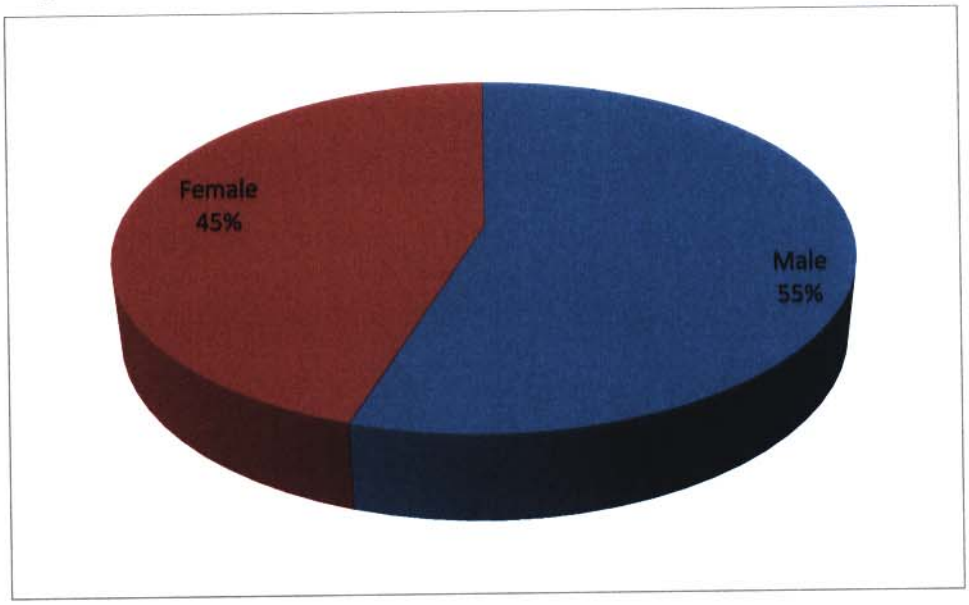

Figure 4.2.4 above indicates gender of respondents in the study. The highest respondents were male at frequency of 110 at (55%) and female respondents at frequency of 90 at (45%). Pearson Chi-squared indicated that P value was equal to 0,000 which was less than required p of 0, 05, therefore these results indicate that gender have significant impact on social factor such as crime, disease and school dropout. This study can support the study conducted by Flisher et al., (2006) whereby the proportion of grade 8 learners of males and females respectively who had used alcohol were 25,9% and 14,8%; who had used tobacco were 31,5% and 18,2%; and who had used cannabis were 17,2 and 5,2%. There was some evidence that the rates of use of alcohol, tobacco, and cannabis substances may be increasing.

4.2.5. Race of respondents

It was important to ask for race of the respondents so that the researcher can find out the race that was higher than the other in this study. Figure 4.2.5 below depicts the race of the respondents.

Figure 4.2.5. Race of respondents

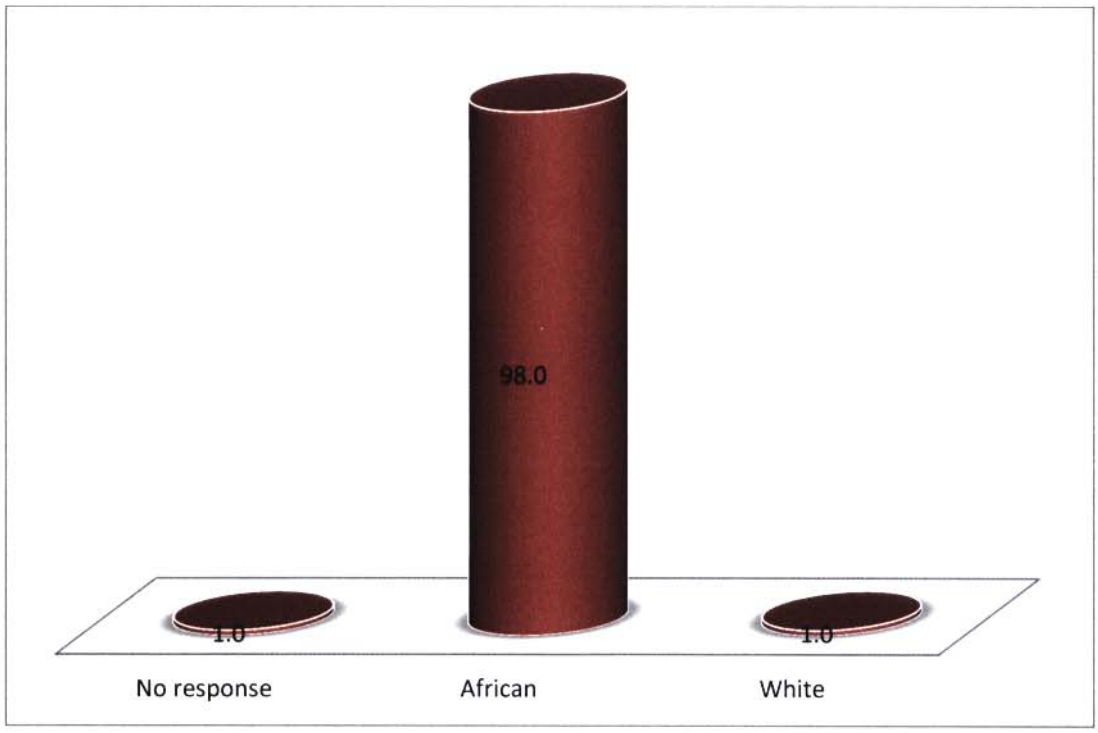

Figure 4.2.5 above indicates the results of race of the respondents in the study. The highest respondents were Africans at frequency of 196 at (98%), White at frequency of 2 at (1,0%) with no response frequency of 2 at (1,0%).

4.2.6. Language of respondents

It was important to ask for language of the respondents so that the researcher can determine the language that was mostly used in this study than other languages. Figure 4.2.6 below depicts the language of respondents.

Figure 4.2.6. Language of respondents

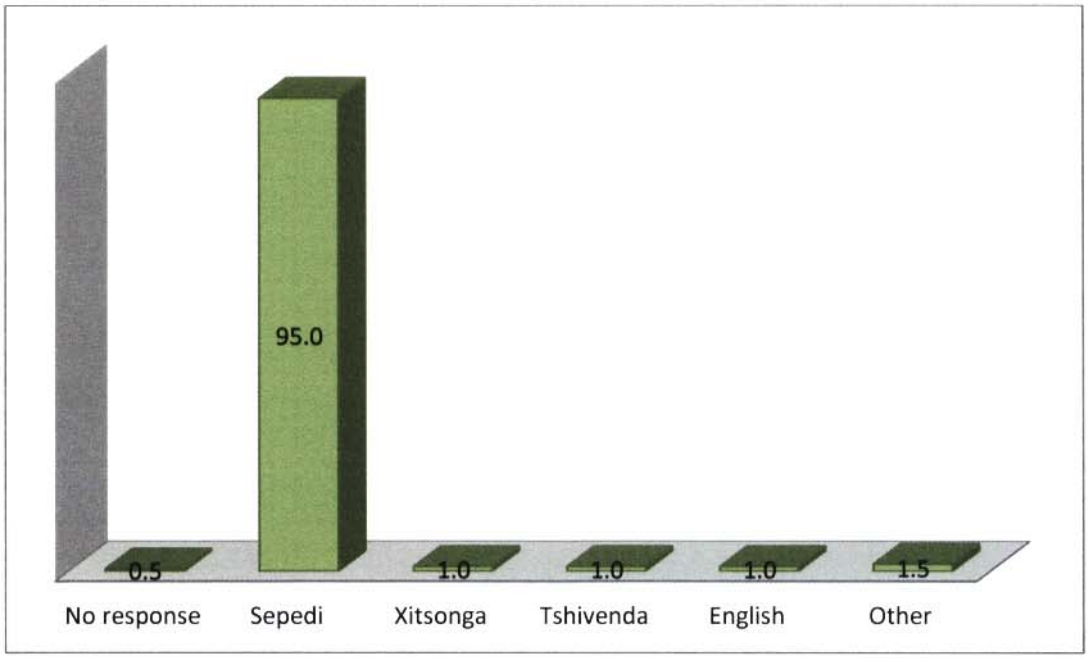

Figure 4.2.6 above indicates the results of language of the respondents in the study. The highest respondents were Sepedi at frequency of 190 at (95,0%), followed by Xitsonga, Tshivenda and English at frequency of 2 each respectively at (1.0%) with other languages at frequency of 3 at (1,5%) and no response at frequency of 1 (0,5%).

SECTION B: LIFESTYLE HISTORY

4.2.7. Smoking responses of respondents

It was important to ask for smoking responses of the respondents so that the researcher can determine if the respondents were smoking. Figure 4.2.7 below depicts if respondents were smoking.

Figure 4.2.7. Smoking responses of respondents

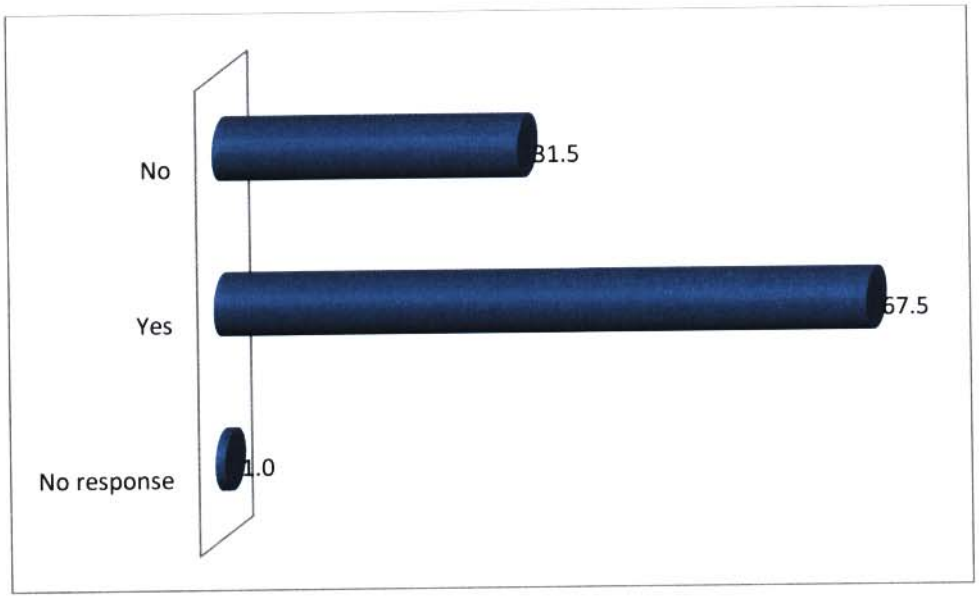

Figure 4.2.7 above indicates the results of lifestyle and history of smoking of the respondents in the study. The highest respondent was Yes at frequency of 135 at (67,5%), followed by lowest respondent of No smoking at frequency of 63 at (31,5%) and no response to smoking at frequency of 2 at (1,0%).

4.2.8. Number of cigarettes per day of respondents

It was important to ask for the number of cigarettes per day of respondents in the study to enable the researcher to determine the number of cigarettes smoked per day by respondents. Table 4.2.8 below depicts the number of cigarettes smoked by respondents per day.

Table 4.2.8. Number of cigarettes per day of respondents

No. cigarettes	Frequency	Percentage
1	45	22.5
2	40	20.0
3	18	9.0
4	8	4.0
5	4	2.0
6	3	1.5
10	3	1.5
11	1	0.5
12	1	0.5
14	1	0.5
19	1	0.5
20	3	1.5
33	1	0.5
44	1	0.5
45	1	0.5
83	1	0.5
Total	132	66.0
None	68	34.0
Total	200	100.0

Table 4.2.8 above indicates the number of cigarettes smoked per day by respondents in the study. The highest was recorded at frequency of 45 at (22,5%), followed by higher frequency of 40 at (22,0%), followed by high frequency of 18 at (9%), with low frequency of 8 at (4%), and low frequency of at 4 (2%) frequency of 3 at (1,5), and the lowest frequency of 1 at (0,5%).And no response frequency of 68 at (34%).

4.2.9. Alcohol consumption of respondents

There was a need to ask for alcohol consumption of respondents to enable the researcher to find out if the respondents were consuming alcohol. Figure 4.2.9 below depicts alcohol consumption of respondents.

Figure 4.2.9 Alcohol consumption of respondents

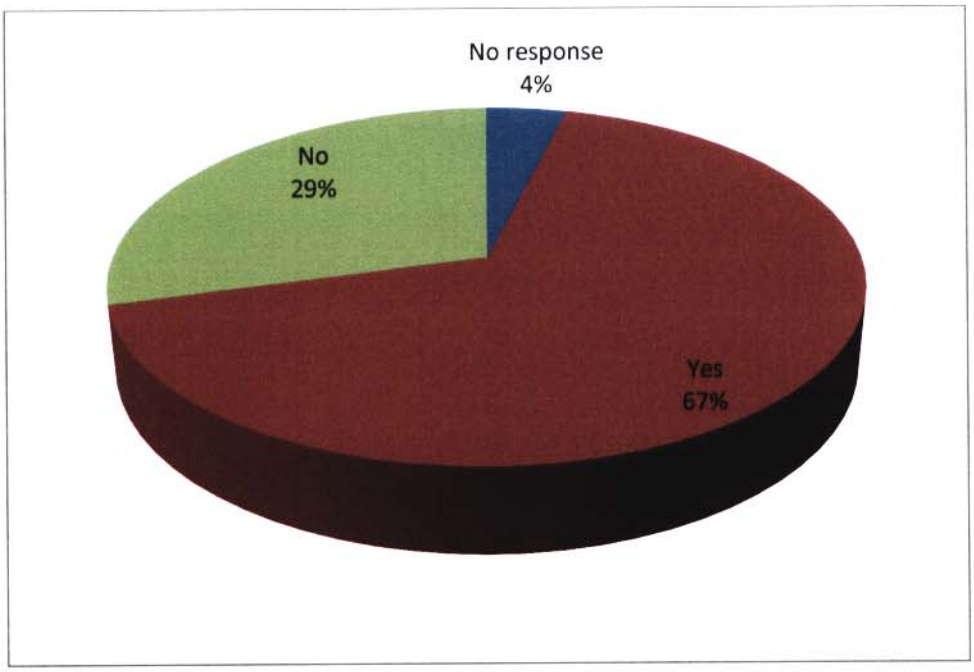

Figure 4.2.9 above indicates alcohol consumption of respondents in the study. The highest alcohol consumption was at Yes frequency of 134 at (67%) followed by No frequency of 58 at (29.5%), followed by no response frequency of 8 at (4%).

4.2.9.1. Alcohol consumption days of the week of the respondents

There was a need to ask for this information from respondents to enable the researcher determine the days of the week the respondents were consuming alcohol in the study. Figure 4.2.9.1 below depicts the days of the week the respondents consume alcohol per day.

Figure 4.2.9.1. Alcohol consumption days of the week of the respondents

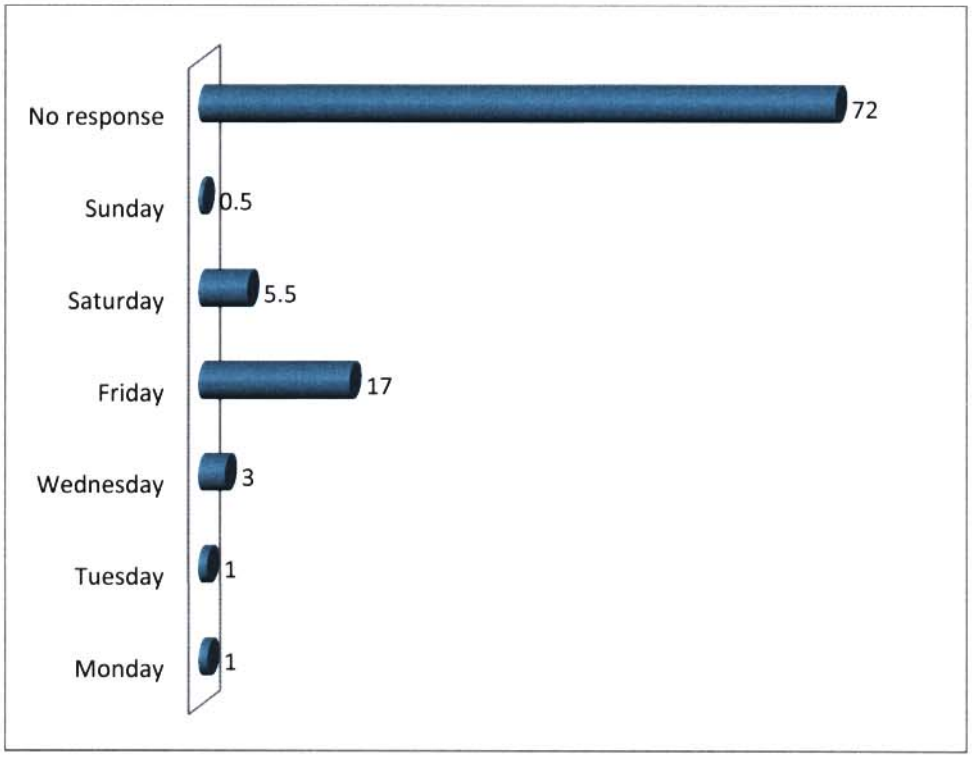

Figure 4.2.9.1 above indicates smoking days of the respondents in the study. The highest response in the study was no response at frequency of 144 at (72%), Friday was the highest day of smoking with frequency of 34 at (17%), followed by Saturday at frequency of 11 at (5,5%), Wednesday at frequency of 6 (3%) and Monday and Tuesday at frequency of 2 each respectively at (1%) each and the lowest smoking day was Sunday at frequency of 1 at (0,5%).

4.2.9.2. The number of drinks per day of respondents

There was a need to ask the respondents the number of drinks per day in this study to enable the researcher determine the number of the bottles of alcohol the respondents were drinking per day. Table 4.2.9.2 below depicts the number of drinks per day consumed by respondents

Table 4.2.9.2. The number of drinks per day of respondents

Bottles	Frequency	Percentage
1	2	1.0
2	2	1.0
3	6	3.0
5	34	17.0
6	11	5.5
7	1	0.5
8	1	0.5
9	1	0.5
10	5	2.5
11	1	0.5
12	40	20.0
14	5	2.5
15	3	1.5
16	1	0.5
18	1	0.5
19	2	1.0
20	1	0.5
22	1	0.5
24	12	6.0
34	1	0.5
40	1	0.5
43	1	0.5
45	1	0.5
73	1	0.5
Total	135	67.5
None	65	32.5
Total	200	100.0

4.2.11. Different drugs taken than tobacco and alcohol response of respondents

There was a need to ask for this information in this study to enable the researcher to find out different drugs the respondents have taken other drug than alcohol and tobacco. Figure 4.2.11 below depicts different drugs taken by respondents other than alcohol and tobacco.

Figure 4.2.11. Different drugs taken than tobacco and alcohol response of respondents

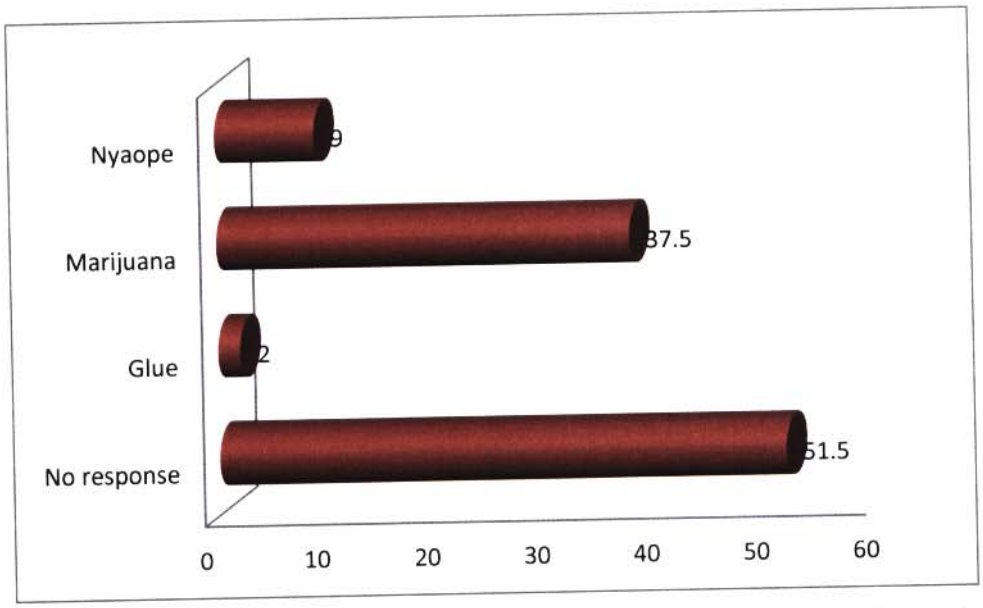

Figure 4.2.11 above indicates the drugs taken by respondents than alcohol and tobacco. No response to other drugs response was the highest at frequency of 103 at (52%), followed by higher response of marijuana at frequency of 75 at (38%) and high of Nyaope at frequency of 18 at (9%) and low response of glue at frequency of 4 at (2%).

4.2.12. Money of respondents spent per month

It was very important to ask for this information from respondents to enable the researcher determine the money spent by the respondents per month. Figure 4.2.12 below depicts money of respondents spent per month.

Figure 4.2.12. Money of respondents spent per month

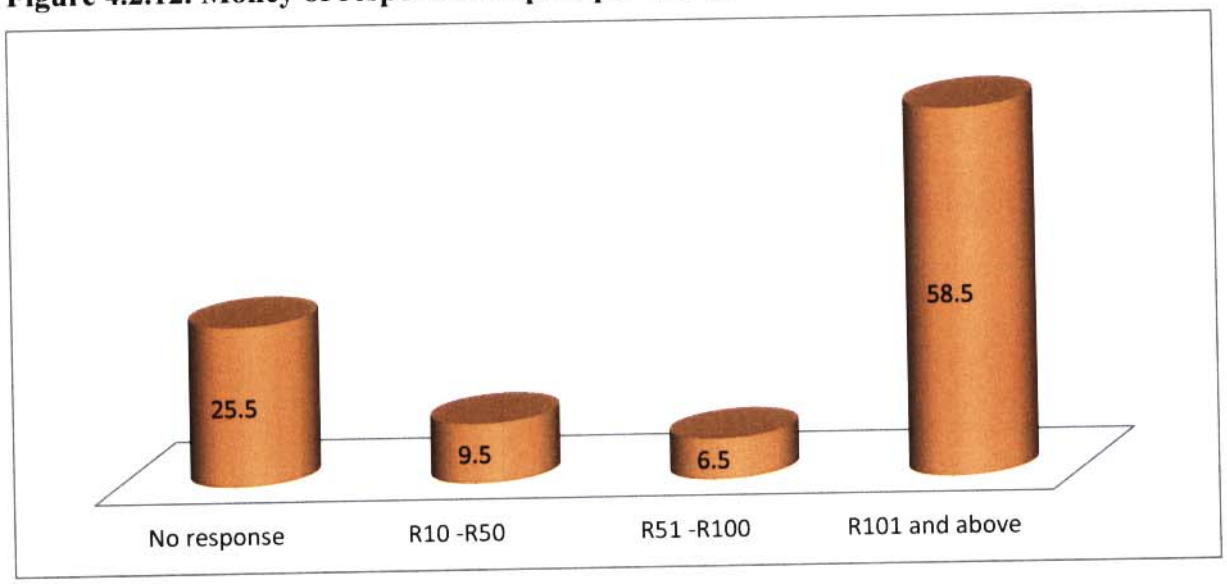

Figure 4.2.12 above indicates the money spent on substance abuse by respondents in the study. The more money used was at frequency of 117 at (58,5%) followed by frequency use of 19 at (9,5%) and less money used at frequency of 13 at (6,5%) and no response frequency of 51 at (25,5%).

4.2.13. Feelings response of respondents after taking drugs

There was a need to ask for this information in this study to enable the researcher find out the feelings of respondents after taking drugs. Figure 4.2.13 below depicts feelings after taking drugs.

4.2.13. Figure Feelings response of respondents after taking drugs

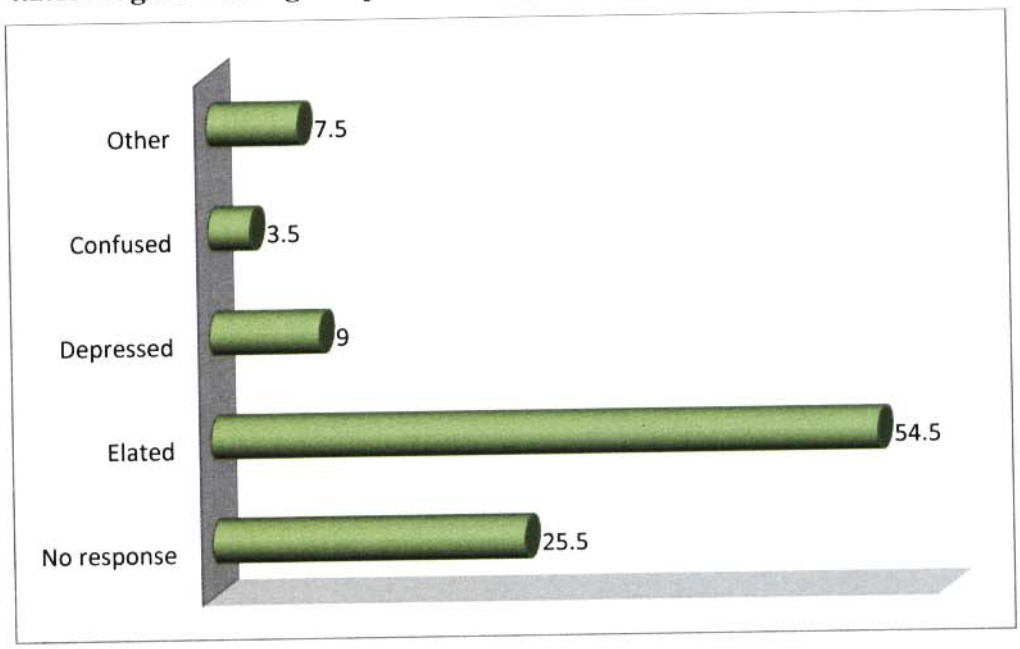

Figure 4.2.13 above indicates the feelings of respondents after taking drugs in the study. The respondents were highly elated at frequency of 109 at (54,5%), followed by feeling of depression by frequency of 18 respondents at (9%) lowest at confused feeling frequency of 7 at (3,5%) and other at frequency of 15 at (7,5%) and no response frequency of 51 at (25,5%).

4.2.14. Alcohol and friends of respondents

It was important to ask respondents this information to determine if respondents have friends who consume alcohol. Figure 4.2.14 below depicts if respondents have friends who are consuming alcohol.

Figure 4.2.14. Alcohol and friends of respondents

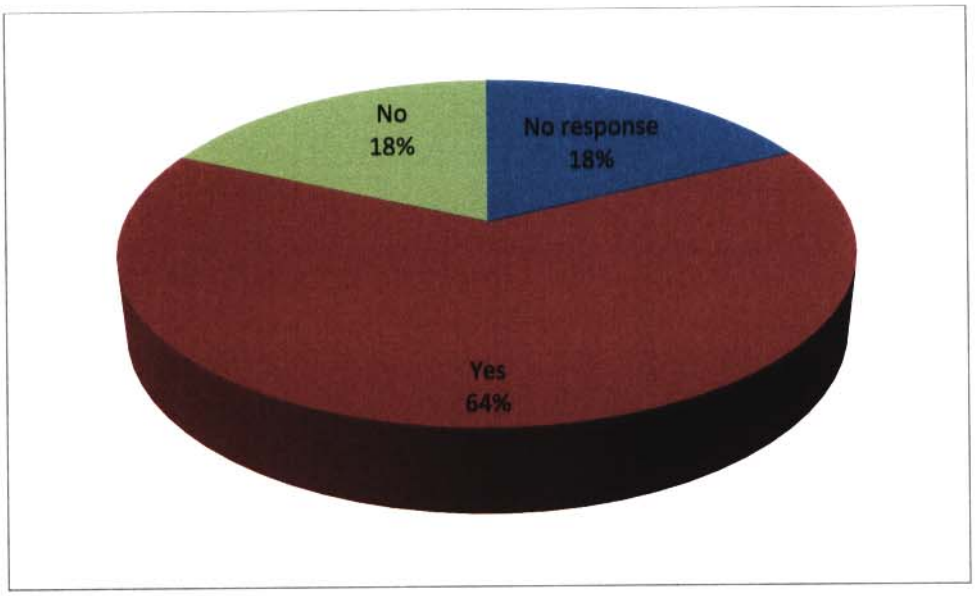

Figure 4.2.14 above indicates to the respondents if they have friends who take drugs such as alcohol and drugs in the study. The respondents indicated to have friends who take substances at frequency of 128 at (64%) followed by those that do not have friends at frequency of 36 at (18%) and lastly those who did not respond at frequency of 36 at (18%).

4.2.15. Behaviour of friends on drugs of respondents

There was a need to ask for this information from respondents to assist the researcher find out the behaviour of friends who are on drugs. Figure 4.2.15 below shows behaviour of friends on drugs of the respondents.

Figure 4.2.15. Behaviour of friends on drugs of respondents

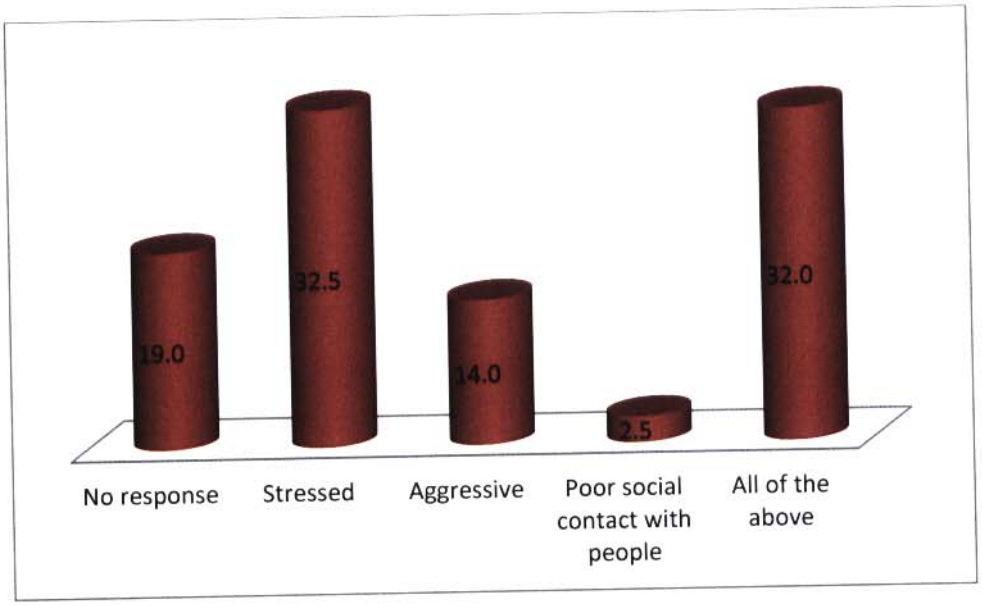

Figure 4.2.15 above indicates the response of respondents to reaction after taking drugs. The respondents indicated stressed frequency of 65 at (32,5%), aggressive frequency of 28 at (14,2%), no response frequency of 38 at (19,0%), poor social contact frequency of 5 at (2,5%) and all of the above frequency of 64 at (32%).

4.2.16. Accessibility of drugs to respondents

It was very important to ask the respondents this information to enable the researcher determine accessibility of drugs to the respondents. Figure 4.2.16 below accessibility of drugs to respondents.

Figure 4.2.16 Accessibility of drugs to respondents

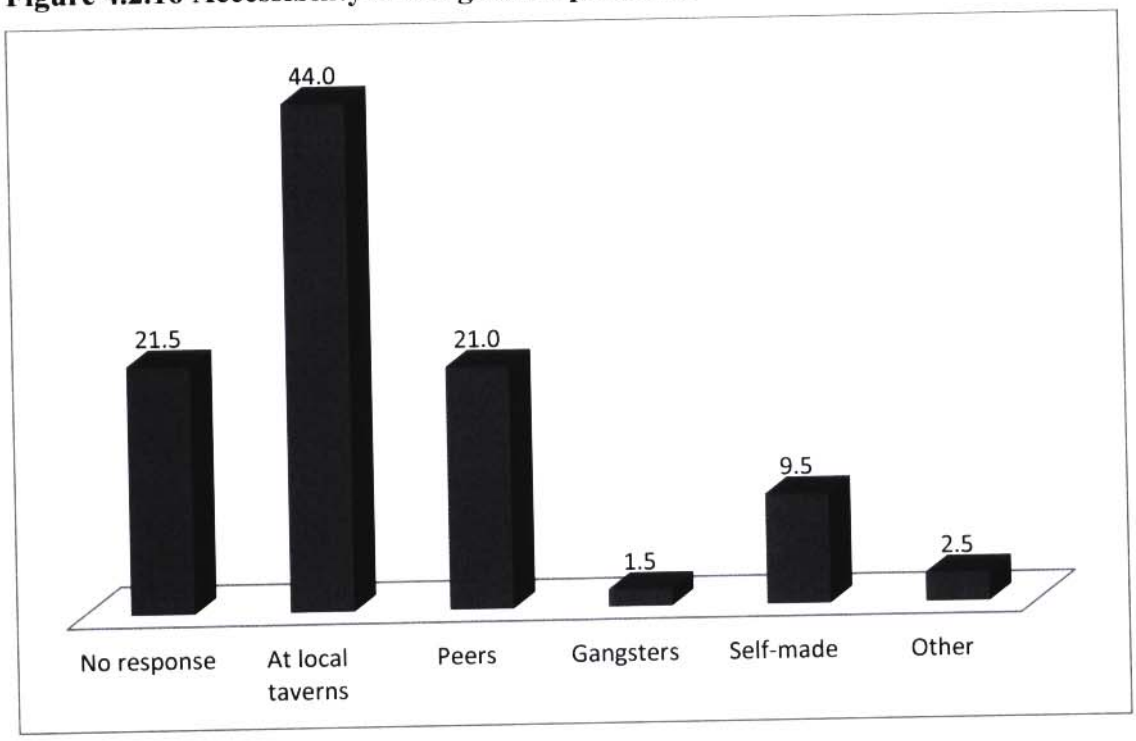

Figure 4.2.16 above indicates accessibility of drugs to respondents in this study. The respondents indicated that accessibility of drugs was highly at local taverns at frequency of 88 at (44%), followed by no response at frequency of 43 at (21,5%), followed by accessibility by peers at frequency of 42 at (21,0%), self-made accessibility frequency at 19 at (9,5%) and last but one indicating other methods of accessibility at frequency of 5 at (2,5%) with gangster accessibility of drugs reporting frequency of 3 the lowest at (1,5%). Pearson Chi-squared test whereby P value is 0,003 which is less than the required P value of 0,05, therefore gender does not have impact on accessibility of drugs.

C. KNOWLEDGE OF THE EFFECTS OF SUBSTANCE ABUSE

4.2.17. Side effects and drugs of respondents

It was very important to ask this information from respondents to enable the researcher find out if the respondents have knowledge on side effects of drugs. Figure 4.2.17 below depicts side effects of drugs of the respondents.

Figure 4.2.17. Side effects and drugs of respondents

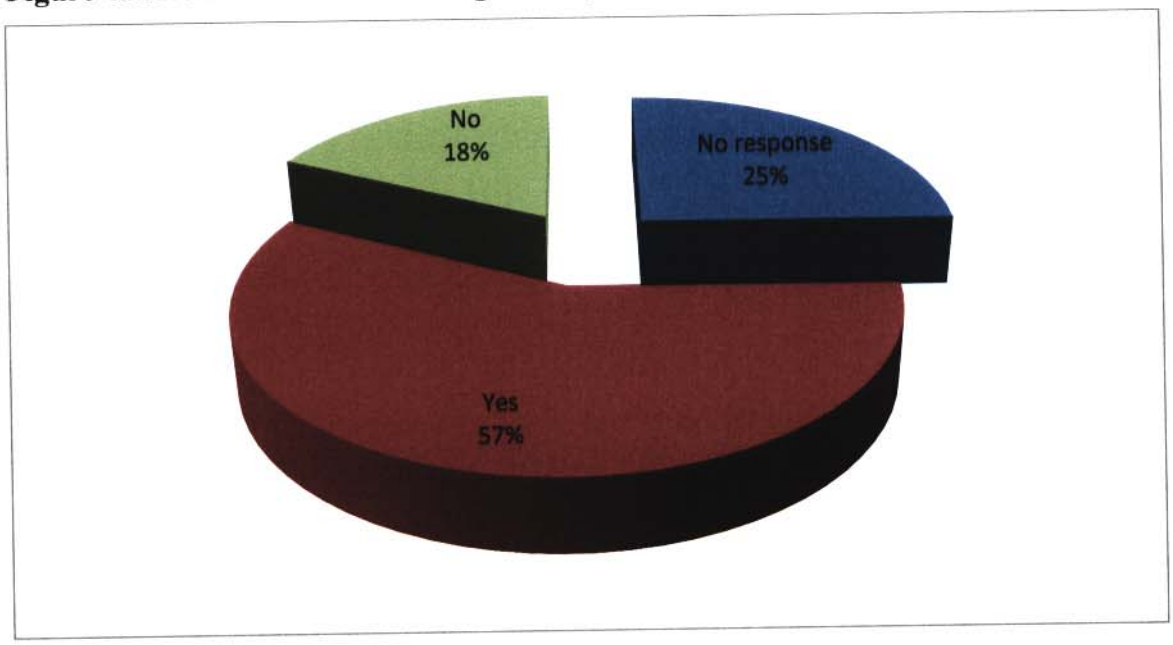

Figure 4.2.17 above indicates the side effects of drugs. The respondents in this study indicate higher frequency of 115 at (57%) in respondents who have had side effects while using drugs and low (those that did not have) frequency of 36 at (18%) and finally with no response frequency of 50 at (25%).

4.2.18. Management of side effects of drugs of respondents

It was very necessary to ask respondents for this information to enable the researcher determine knowledge of management of side effects of drugs of the respondents. Figure 4.2.18 below depicts management of side effects of drugs of the respondents.

Figure 4.2.18. Management of side effects of drugs of respondents

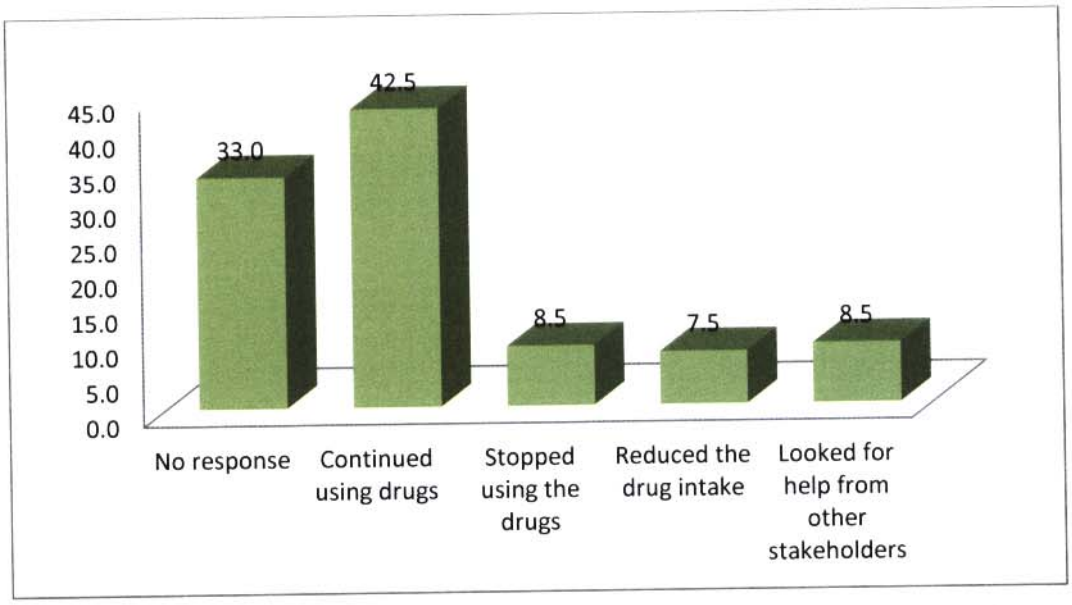

Figure 4.2.18 above indicates the management of side effects of drugs in this study. The response of respondents in the study indicate highest frequency of 85 at (42,5%) continued using drugs followed by no response frequency of 66 which is higher at (33%), followed by respondents who stopped using drugs and those who looked help from other stakeholders at the same frequency of 17 at (8,5%) respectively each and the lowest response from respondents was frequency of 15 at (7,5%).

4.2.19. Knowledge of side effects of substance abuse of respondents

It was very necessary to ask respondents for this information to enable the researcher determine knowledge of side effects of substance abuse of respondents. Figure 4.2.19 below depicts knowledge of side effects of substance abuse of the respondents.

Figure 4.2.19. Knowledge of substance abuse of respondents

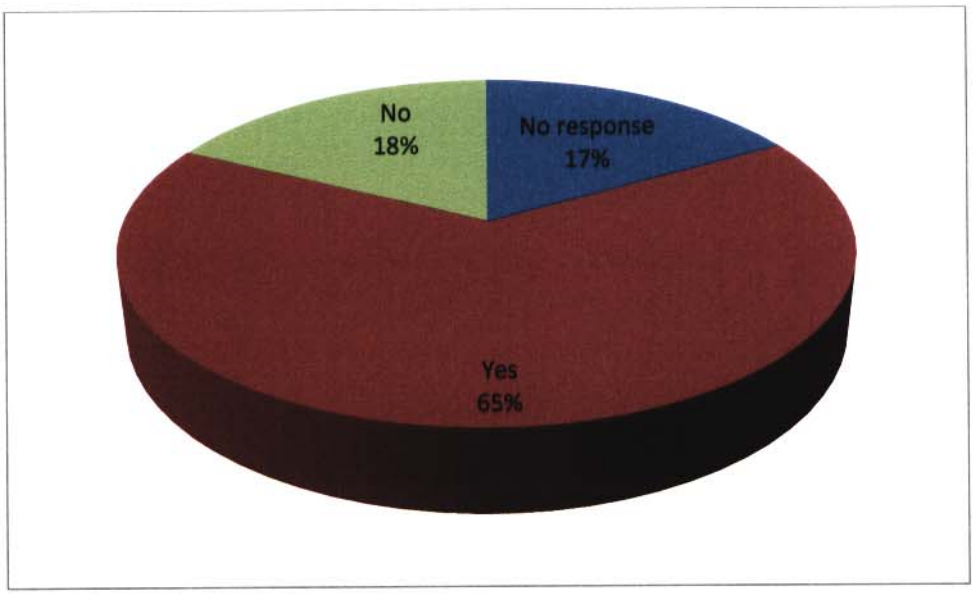

Figure 4.2.19 above indicates the side effects of drugs in this study. The respondents indicated to be having more knowledge on the side effects of drugs at frequency of 131 at (65%) and indicated less or no knowledge on the side effects at frequency of 35 at (17,5%) with no response being the lowest at frequency of 34 (17%).

Figure 4.2.20. Side effects of substance abuse of respondents.

There was a need to ask for this information from respondents to assist the researcher find out the knowledge of side effects of drugs of the respondents. Figure 4.2.20 below indicates side effects of substance abuse of the respondents.

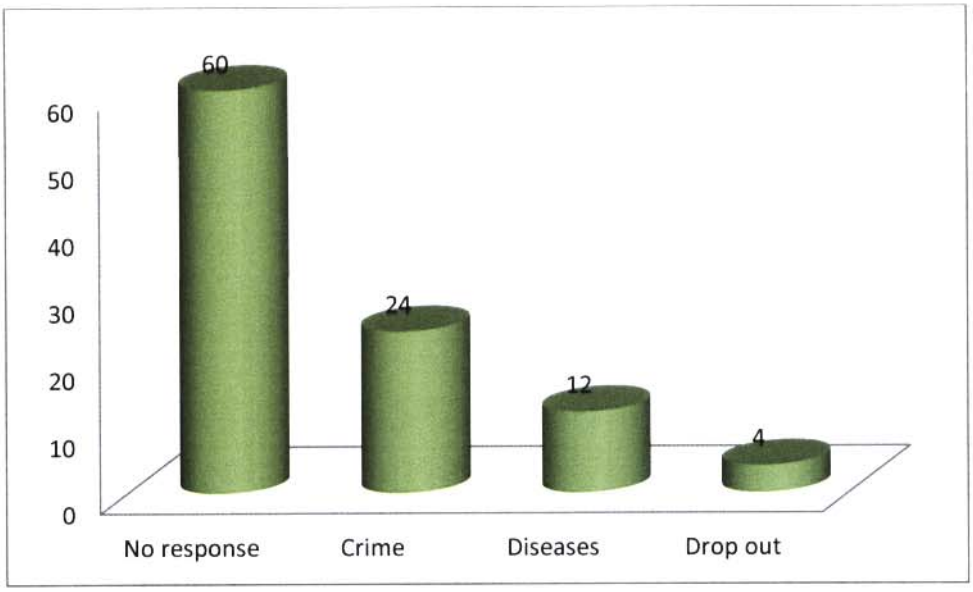

Figure 4.2.20 above indicates the types of side effects/outcomes of substance abuse in the study. The respondents indicated highest frequency in crime at frequency of 48 at (24%) followed by higher illnesses frequency at 24 (12%) and high school dropout frequency of 8 at (4%) and no response to knowing side effects at frequency of 120 (60%).. If these adolescents are not monitored, they end up getting involved in criminal activities such as robbery, theft, rape and murder (Department of Social Development, 2006; Donald, et al., 2007; United Nations Office on Drugs and Crime, 2008).

4.2.21. Reasons for continuation of drugs of respondents

There was a need to ask for this information from respondents to enable the researcher find out the reasons for continuing with drugs by respondents. Figure 4.2.21 below indicates reasons for continuation of the respondents.

Figure 4.2.21. Reasons for continuation of drugs of respondents

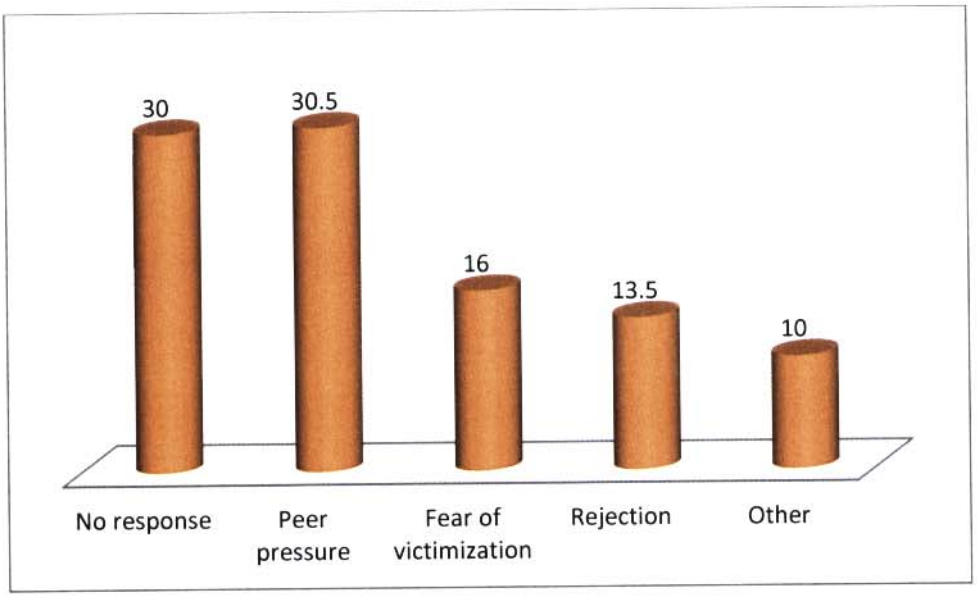

Figure 4.2.21 above indicates the reasons why the respondents continued using drugs if they know the side effects thereof. The respondents indicated the highest frequency of 61 in peer pressure at (30,5%) followed by frequency of no response at 60 at (30%) followed by fear of victimization at frequency of 32 at (16%) which is higher and rejection at frequency of 27 at (13,5%) high and the lowest reason is other reason at frequency of 20 at (10%). This study can back up the study conducted by (Alloy et al., 1996; Butcher et al., 2004; Carson et al., 2000) wherein substances abuse by adolescents has a negative impact on the welfare of society. If these adolescents are not monitored, they end up getting involved in criminal activities such as robbery, theft, rape and

murder (Department of Social Development, 2006; Donald, et al., 2007; United Nations Office on Drugs and Crime, 2008).

4.3. Conclusion

This chapter presented the results of the study using tables and figures. The results were analysed using the SPSS software. The next chapter discusses the results of major findings and recommendations given.

CHAPTER FIVE

Discussions

5.1. Introduction

The focus of this chapter is to discuss the results of the research that was conducted to determine factors that contribute to substance abuse amongst youths at Makeketela Village, Polokwane Municipality, Capricorn District, Limpopo Province, South Africa.

5.2. Discussion section A. Demographic information

The research sample included 200 youths who are residents of Makeketela Village. The demographic information required was age, education, religion, race and language. All the 200 youths have participated in the study. The findings of this study indicated that youths at a local high school in Makeketela village reported using substances at the age of 12-14 years. The findings indicated that males aged 18-19 years old were engaged in substance abuse and most of them were non-Christians in grade 11. This study can back up the study conducted by Leslie (2008) & Parrot et al., (2004) wherein it was indicated that adolescents who were between 12 and 15 years of age abused substances and it was also confirmed by previous studies that the mean age for the onset of substance abuse is 12 years (Leslie, 2008; Parrot et al., 2004). In addition, this study found that two adolescents began using substances at an even earlier age of 11 while still in grade 6. The participants exposed their developing body to substances at an earlier age than normally expected (Leslie, 2008; Parrot et al., 2004). School-based studies have also reported high levels of substance use among adolescents. Among Grade 8 students Flisher et al., (2006) reported that the proportions of males and females respectively who had used alcohol were 25,9% and 14,8%; who had used tobacco were 31,5% and 18,2%; and who had used cannabis were 17,2 and 5,2%. There is some evidence that the rates of use of alcohol, tobacco, and cannabis substances may be increasing.

5.3. Discussion section B. Lifestyle history

The findings of this study indicated that 67% of youths at a local high school in Makeketela village were smoking and consuming alcohol and have also indicated to be taking other substances other than alcohol and tobacco. The findings further revealed that respondents used 58,5% of money on substances and indicated to have mixed emotions after taking those substances. The respondents indicated that they have friends using substances and it was very

easy for them to access drugs because of the number of shops and liquor restaurant at the village that sell cigarettes and alcohol. This study can back up the study conducted by (Kawaguchi, 2004; Liddle & Rowe, 2006) whereby one may assume that there are too many outlets that sell alcoholic beverages and other substances and those youths have the means to buy these substances. Furthermore, it implied that laws prohibiting the sale of substances to minors are not implemented and adhered to in rural areas. This then contradicts government strategy of providing services to previously disadvantaged areas and ensuring that all policies and laws protecting the rights of children and minors are adhered to at all times (Kawaguchi, 2004; Liddle & Rowe, 2006).

5.4. Discussion section C. knowledge of effects of substance abuse

The respondents indicated to have knowledge of side effects of substance abuse to a point wherein they indicated those side effects and continued to use them because they feared to be victimised by their fellow substance users. This study can back up the study conducted by (Alloy et al., 1996; Butcher et al., 2004; Carson et al., 2000) wherein substances abuse by adolescents has a negative impact on the welfare of society. If these adolescents are not monitored, they end up getting involved in criminal activities such as robbery, theft, rape and murder (Department of Social Development, 2006; Donald, et al., 2007; United Nations Office on Drugs and Crime, 2008). Their use of substances was likely to endanger the lives of both their families and other people in their communities and thus become dangerous to everybody (Donald et al., 2007). These youths are likely to be rejected by the very society that was supposed to nurture and guide them. That implies moral decay. These adolescents might end up being arrested for their criminal activities and add to the already existing high rate of inmates in prisons (Butcher et al., 2004; United Nations Office on Drugs & Crime, 2008).

Furthermore, they will have criminal records even before completing matric; that puts them at risk of being expelled from schools, not being accepted in tertiary institutions or securing employment because of criminal record. Their future may therefore be doomed due to their substance use. These criminal activities also undermined democracy, good governance and have a negative impact on our country as mentioned in the previous section. Furthermore, this study proves that there were no youth centres or recreational facilities in rural areas where adolescents meet and discuss the challenges that they face. This implied that the only recreation facility that was available to teenagers in this study is taverns. Thus the health of these teenagers was at risk (Berk, 2007; Donald et al., 2007; Rice & Dolgin, 2008). Furthermore, educational psychologists and

social workers may be required to assess and refer learners who indulge in substances to rehabilitation centres. That may be costly, since admission to rehabilitation centres is expensive (Plüddermann et al., 2007; United Nations Office on Drugs and Crime, 2008). In addition, money may be required to empower adolescents to refrain from substance abuse, through campaigns such 'Ke Moja, No thanks, I am fine with drugs', and support structures such as Teenagers Against Drug Abuse (National Drug Master Plan, 2006).

5.5. Conclusion

This chapter covered the main results, explained and discussed how this study can back up previous studies. Factors contributing to substance abuse were discussed in this chapter.

CHAPTER SIX

Recommendations, limitations, future recommended study and conclusion

6.1. Introduction

This chapter provides an outline of the researcher's findings and comments that are made to assist in further research. The chapter further provides an overview of the findings and measures of corrections in areas that are of concern to the researcher. The findings of this study highlighted a few issues that should be attended to in order to address substance abuse among adolescents. In this chapter, limitations, recommendations and the conclusion of this study are presented.

6.2. Limitations of the study

The results of the study cannot be generalised for that area as the study was conducted in that particular area only, therefore further research studies are recommended to advance change that will be desirable and in favour of substance abuse amongst youths. This study did not address the support structures that can be developed to assist youths during this challenging stage of their lives. Furthermore, this study only focussed on the youths attending local high school in Makeketela village. Youths who do not attend school were not included in this study. That also limited the findings of this study and only questionnaires were used as the main tool for acquiring information from participants.

6.3. Recommendations

Based on the results and conclusion as drawn from the study, the following recommendations were made by the researcher:

- Social workers and psychologists should be involved in the issue of peer pressure and assist youths who are trapped in peer pressure to get out of such groups as most of them indicated fear of victimization if they stop abusing substances.
- Recreational facilities should be developed at Makeketela village to keep the youths away from substance abuse.
- Parents and guardians should also reconsider the issue of pocket money as respondents have indicated to be using lot of money to buy substances.

6.4. Future research

This study recommends further research undertaking regarding parental support during youth stage. In addition, this study calls for research on substance abuse monitoring devices that can be used in schools to curb substance abuse behaviour. There is a need for recreational facilities in rural areas in order to curb the rate of substance abuse among youths (Parliamentary Monitoring Group, 2000; Reitzes, 2009). Availing recreational facilities in rural areas may help to keep youths active in constructive ways and take them away from abusing substances. Comprehensive

information about substances needs to be covered during Life Orientation lessons, substance abuse awareness campaigns and workshops need to be implemented. Where possible, site visits to hospitals and rehabilitation centres need to be arranged for youths so that they can witness the hardships of people who abuse substances. Abstinent substance dependents may be used to encourage youths not to use substances. Youths need to be taught refusal and coping skills when encountering difficult situations in their lives (The partnership for a drug free America, 2009).

Furthermore support groups should be established in rural areas to provide care and support to youths and their parents. Additionally, parents and educators need education in recognising and intervening with youths who abuse substances. Parents need to be supported by experts such as social workers, psychologists, and health practitioners on how to improve their relations and communication with their children. Substance abuse peer education programmes should be implemented in schools, for example, Teenagers Against Drug Abuse (National Drug Master Plan, 2006). Support structures like that can be effective when they employ interactive techniques such as peer discussion groups and role playing. This allows for interactive involvement in learning about substance abuse and reinforces skills (National Institute on Drug Abuse, 2003). This will provide an opportunity for youths to discuss their challenges with trained peers and learn from them, since youths are more willing to discuss their challenges with their peers than with their parents (National Institute on Drug Abuse, 2003).

6.5. Conclusion

This chapter outlined the recommendations made by the researcher, the limitations and future recommended study based on the findings of this study.

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APPENDIX A: INFORMED CONSENT FORM

MPH Student of University of Limpopo (Turfloop Campus)

Lemekoane Esther Mantsha

Student Number 200304759

PO BOX 449

Sovenga

0727

015 267 4255

Date…./…../……

Dear Sir/ Madam

I Lemekoane Esther Mantsha undertake a project to determine the prevalence of substance abuse amongst youths at Makeketela village. I therefore request that you complete the following questionnaire regarding the factors contributing the prevalence of substance abuse amongst youths. The questionnaire will take roughly 20 minutes of your time. Your response will be highly helpful in this study.

Please answer all the questions and remember all the information given remains strictly confidential. The researcher will only record the number on the form not the name of the respondents to ensure anonymity. If you have any queries or questions or would like to have more information about the study please contact Lemekoane E.M. on telephone number 015 267 4255 or 071 361 0017.

Thank you for your cooperation

Yours sincerely

Lemekoane E.M.

……

I agree to participate in the study

Name…… ……..

(Name in block letters) (Signature)

Date……..

APPENDIX B: QUESTIONNAIRE (ENGLISH)

PLEASE ANSWER THE FOLLOWING QUESTIONS BY PUTTING A TICK ON THE APPROPRIATE BLOCK.

SECTION A: DEMOGRAPHIC INFORMATION

1. Age

12-14 years	1
15-17 years	2

18-19 years	3
20-21 years	4

2. Educational level

Grade 8	1
Grade 9	2
Grade 10	3
Grade 11	4
Grade 12	5

3. Religion

Christian	1
Non-Christian	2
Other specify	3

4. Gender

Male	Female

5. Race

African Black	1
White	2

Coloured	3
Indian/ Asian	4

6. Language

Sepedi	1
Xitsonga	2
Tshivenda	3
English	4
Other specify	5

SECTION B: LIFESTYLE HISTORY

7. Do you smoke?

Yes	No

8. If yes how many cigarettes do you smoke per day?

_____

9. Do you drink alcohol?

Yes	No

9.1. If yes which day of the week do you drink?

Monday	Tuesday	Wednesday	Thursdays	Friday	Saturday	Sunday

9.2. How many drinks do you take per day?

---

10. Do you take other drugs than alcohol and cigarettes?

Yes	No

11. If yes specify

_____

12. If you take drugs how much money do you spent per month?

R10-50	1
R51-100	2
R101 and above	3

13. How do you feel after taking drugs?

Elated	1
Depressed	2
Confused	3
Other	4

14. Do you have friends who take drugs such as alcohol and other drugs?

Yes	No

15. If yes how do they behave after or during?

Stressed	1
Aggressive	2
Poor social contact with people	3
All of the above	4

16. How do you access these drugs?

At local taverns	1
Peers	2
Gangsters	3
Self-made	4
Other	5

SECTION C: KNOWLEDGE OF EFFECTS OF SUBSTANCE ABUSE

17. Did you have any side effects while using drugs?

Yes	1
No	2

18. If yes, how did you manage them?

Continue using	1
Left them	2
All of the above	3

19. Do you know the side effects of drug abuse?

Yes	1
No	2

20. If yes what are they?

_____

21. Why do you continue with the use?

Peer pressure	1
Fear of victimization	2
Rejection	3
Other reasons	4

22. If you continue using drugs write down and explain the reasons for the question in 21 above

.....

THANK YOU FOR PARTICIPATING

APPENDIX D: PERMISSION LETTER FROM DEPARTMENT OF EDUCATION (HEAD OFFICE)

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

Enquiries: Dr. Makola MC, Tel No: 015 290 9448. E-mail: MakolaMC@edu.limpopo.gov.za

HOUSE NO 298

SOVENGA

0727

LEMEKOANE EM

RE: Request for permission to Conduct Research

1. The above bears reference.

2. The Department wishes to inform you that your request to conduct a research has been approved- **TOPIC: FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONGST YOUTH AT MAKEKETELA VILLAGE, LIMPOPO PROVINCE.**

1. The following conditions should be considered

   1.1 The research should not have any financial implications for Limpopo Department of Education.

   1.2 Arrangements should be made with both the Circuit Offices and the schools concerned.

   1.3 The conduct of research should not anyhow disrupt the academic programs at the schools.

   1.4 The research should not be conducted during the time of Examinations especially the fourth term.

   1.5 During the study, the research ethics should be practiced, in particular the principle of voluntary participation (the people involved should be respected).

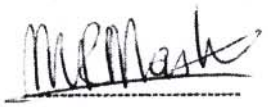
   1.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

2. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

5. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



01/08/2014

Dederen K.O **Date**

Acting Head of Department