

# **Exposure to substance use in the social environment: the experiences of adolescents in the Tshwane Metropole**

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## **ABSTRACT**

The premise of this study is that if exposure to substance use in the social environment of adolescents is understood, macro interventions could be recommended to promote adolescents' right to live in a safe and sustainable environment. The aim of the study was to explore adolescents' experiences of exposure to substance use in their social environment, other than the home. A qualitative research approach was adopted and 40 semi-structured interviews were conducted. Adolescent participants, of both genders between 11 and 18 years, were recruited across the Tshwane Metropole. The Social Learning Theory underpinned this study as it offers concepts and principles for understanding how social environmental factors impact on adolescents' behaviour. Key findings indicated that exposure to substance use is highly prevalent amongst adolescents in the Tshwane Metropole and could be normalised in their social reality. Recommendations are offered for appropriate macro interventions in line with a developmental approach.

**(148 words)**

**Key words:** social environment, adolescence, substance use, Social Learning Theory, Tshwane Metropole

## **INTRODUCTION AND PROBLEM STATEMENT**

Compared to other life stages, adolescence is a period characterised by an increased likelihood for behaviours that could have potentially harmful outcomes, such as substance use (sometimes interchanged with the concept drug use). Adolescence is identified as the greatest window of vulnerability for risk across the life span (Schmied & Tully, 2009). Substance use refers to the use of a licit (e.g. alcohol) or illicit drug (e.g. dagga) (Fisher & Harrison, 2013) and should not be confused with substance abuse which is the “[p]ersistent or periodic excessive use inconsistent with or unrelated to acceptable medical practice” (Department of Social Development [DSD], 2013:7).

The increase in substance use, which could result in substance abuse and potential substance dependence amongst adolescents, is cause for growing concern in society, with South Africa being no exception (Patrick, Palen, Caldwell, Gleeson, Smith, Wegner, 2010). Substance dependence means “[a] person is dependent when it becomes very difficult ... to refrain from taking the substance without help ... The dependence may be physical or psychological or both” (DSD, 2013:7). Substance abuse amongst adolescents is associated with numerous social problems such as crime and other antisocial activities, high risk sexual behaviour, impairment of academic performance, and an increased risk of suicide, accidents, contagious diseases and psychological distress (Onya, Tessera, Myers & Flisher, 2012; Pretorius, Van den Berg & Louw, 2003).

The social context in which adolescents live can have a significant influence on substance use behaviour and the potential abuse of substances (Mennis & Mason, 2011). Social context, or social environment, “... encompass the immediate physical surroundings, social relationships and cultural milieus within which defined groups of people function and interact” (Barnett & Casper, 2001:456). Numerous factors in the social environment such as peers, parents or family, socio-economic conditions, the school (including the under stimulation of adolescents in the school environment), the social media, a lack of healthy recreational activities and easy access to and the widespread availability of alcohol and other drugs in the neighbourhood could fuel substance use and abuse during adolescence (Masitsa, 2007; Onya et al., 2012; Patrick et al., 2010; Prinsloo, Ladikos & Nesar, 2005; Steen, 2010).

Increased risk for substance abuse amongst adolescents could also result from adverse environmental conditions such as socio-economic challenges, poverty and family instability; all of which are characteristic of many neighbourhoods in South Africa (Duncan, Duncan &

Strycker, 2002; Nkowane, Rocha-Silva, Saxena, Mbatia, Ndubani & Weir-Smith, 2004; Visser & Routledge, 2007). The legacy of Apartheid left many South African adolescents, in contrast to their peers in more affluent countries, with negative neighbourhood risk factors such as poverty, unemployment, HIV and AIDS and violent crimes, which increase their risk of exposure to and experimentation with drugs (Burlaw, Johnson, Flowers, Peteet, Griffith-Henry & Buchanan, 2009; Steyn, Badenhorst & Kamper, 2010). In this article 'experimentation with drugs' means that an adolescent used a licit or illicit drug to experience the bio-psychological effect(s) of the substance and to have fun, or to cope with a problem without any negative emotional or legal consequences (cf. Casa Palmera, 2009).

Within the South African environment, including the Tshwane Metropole where this study was conducted, adolescents tend to experiment, use and ultimately abuse an array of substances, such as alcohol and nicotine ('cigarettes') as licit drugs, and illicit drugs including anabolic steroids, dagga ('ganja', 'pot'), ecstasy ('E', 'love drug'), heroin ('smack', 'skag'), LSD ('black star', 'superman'), mandrax ('mandies', 'buttons'), and amphetamine ('tik') (Booyens, Beukman, Bezuidenhout, 2008; Hoberg, 2003; Matsitsa, 2007; Nkowane et al., 2004; Swanepoel, 2014; Taiwo & Goldstein, 2006; Visser & Routledge, 2007). Due to the growing concern about the increased substance abuse amongst adolescents, this topic continues to be widely researched (Steen, 2010; Taiwo & Goldstein, 2006).

The places outside the home where adolescents spend their time are key to understanding substance use and abuse amongst adolescents (Mennis & Mason, 2011). Previous studies in Tshwane, for example Nkowane et al. (2004), were conducted at the turn of the century and, amongst others, surveyed actual substance use among the youth (10-21 years) and exposure to drugs by significant others. With exposure to substance use being one of the major factors conducive to adolescent substance abuse (Pretorius et al., 2003), this study attempted to explore adolescents' experiences of exposure to substance use in their social environment, other than the home. Research on the onset of substance use amongst adolescents reveals that exposure to negative neighbourhood risk factors increases the likelihood that they will engage in substance use themselves (Burlaw et al., 2009). In the context of this study, 'exposure to substance use' either refers to *indirect exposure* whereby the adolescent saw someone (other than a person at home) using licit or illicit drugs, or *direct exposure* by being offered a drug to experiment with (cf. Burlaw et al., 2009).

One of the key themes of a developmental approach to social welfare, as adopted in South Africa, is the macro-micro divide (Patel, 2005). This entails, amongst others, that social welfare services should ideally target communities to prevent or manage social ills. By attempting to understand adolescents' exposure to substance use in their social environment as a contributing factor to the onset of substance use, this study adopts a preventative stance, in line with a developmental approach, and as guided by the *Integrated Service Delivery Model* (DSD, 2006) and the *National Drug Master Plan 2013-2017* (DSD, 2013). Therefore, the rationale of this study was to describe adolescents' exposure to substance use in their social environment in order to propose appropriate macro interventions in line with a developmental approach as to protect their constitutional right to live in a safe and sustainable environment.

Consequently, the following **research question** guided this study: “*What are the experiences of adolescents in Tshwane of exposure to substance use in their social environment other than the home?*” This article aims to report on the following **research objectives**:

- To describe exposure to substance use during adolescence as a life phase.
- To explore the nature of exposure to substance use during adolescence.
- To explore the extent to which adolescents are exposed to substance use in their social environment.
- To determine adolescents' reactions to exposure to substance abuse.

The discussion in this article will provide a brief overview of the theoretical framework underpinning this study, that is, the Social Learning Theory; the research methods; the research findings and a discussion thereof; conclusions and recommendations.

## **THEORETICAL FRAMEWORK**

The premise of this study is that if exposure to substance use in the social environment of adolescents is understood, macro interventions could be recommended to promote adolescents' right to live in a safe and sustainable environment. Various theories could be employed to explore adolescents' experiences of exposure to substance use in their social environment. This study is underpinned by the Social Learning Theory (SLT). Lee, Akers and

Borg (2004) assert that SLT offers a useful and empirically supported set of concepts and principles for understanding how social environmental factors have an impact on adolescents' behaviour. SLT is different from other behaviourist theories as it incorporates the social environment into the learning processes of people and posits that a person learns from both people and the media (Williams & McShane, 2010). Thus, the general culture and structure of society, communities, groups, and other contexts of social interaction provide learning environments in which norms define what is approved and disapproved. Within these contexts behavioural models and other stimuli entail different reinforcing or punishing consequences for individuals' behaviour (Lee et al., 2004). Various scholars support SLT to be an appropriate framework to explain substance use and non-use among young people (Lee et al., 2004; Peralta & Steele, 2010).

SLT consists of four major explanatory concepts, namely differential association, definition, differential reinforcement and imitation (Akers & Jensen, 2006). *Differential association* is considered the most important source of social learning and refers to behaviours that people learn through intimate social interactions, either favourable or unfavourable, for example with friendship networks, peers and the social media (Burke, 2005; Peralta & Steele, 2010). *Definition* explains that human behaviour corresponds with the appraisal of situations or behaviours as either acceptable or unacceptable (Burke, 2005; Peralta & Steele, 2010). As an example, young people might not regard substance use as antisocial behaviour and may therefore condone the use of drugs. *Differential reinforcement* implies that actual or anticipated consequences could predict behaviour (Akers in Peralta & Steel, 2010). For example, young people tend to present with behaviour which they perceive will be rewarded, and refrain from behaviours associated with punishment. *Imitation*, or modelling, involves learning through the copying of observed behaviours of others, such as peers (Williams & McShane, 2010). The choice to imitate behaviour depends on the status of the person being observed, the actual behaviour and observed consequences (Burke, 2005).

Akers (in Burke, 2005) proposes that the four central concepts, as discussed above, underpin the learning of antisocial or potentially harmful behaviour such as substance use and abuse. The learning of antisocial behaviour starts with differential association with others who have favourable definitions of the particular behaviour. These individuals serve as models to be imitated and can provide social reinforcement for the behaviour (Burke, 2005). Thus differential association, definition, imitation and social reinforcement could be used to

explore adolescents' exposure to substance use in their social environment and their experimentation, use and potential abuse of substances.

## **RESEARCH METHODS**

Applied research was conducted with the research purposes being exploratory and descriptive (Babbie, 2007). A qualitative research approach was adopted in order to answer the research question. The research study was guided by the collective case study design, as the researchers compared cases in terms of adolescents' experiences of exposure to drugs in their social environment (Creswell, 2013).

The population of this study included adolescents who resided across the Tshwane Metropole ranging from townships (e.g. Hammanskraal and Shosanguve) to inner-city areas (e.g. Sunnyside), neighbourhoods (e.g. Akasia, Garsfontein, Wonderboom) and nearby rural towns incorporated in the metropolis, e.g. Cullinan and Rayton. Access to the population was obtained through Tshwane-based NGOs who are providing drug prevention programmes to adolescents. According to *Census 2011* the population between 10 and 19 years in Tshwane was estimated at 419 929 (Ganief & Thorpe, 2013). In line with qualitative research, purposive sampling was employed to recruit potential research participants (Rubin & Babbie, 2011; Strydom & Delport, 2011) as the researchers were interested in rich data rather than the representivity of adolescents who reside in Tshwane. Adolescents who met the following criteria were included in the research sample:

- Participants between the ages of 11 and 18 years, both males and females, irrespective of race.
- Participants had to be exposed to substance use in their social environment, excluding the home, during the two years prior to the study.

Semi-structured interviews, based on seven predetermined questions, were conducted to collect the data (Greeff, 2011). Apart from gathering information to compile a biographical profile of participants, open questions were asked. The following illustrate examples of the questions: “*How did you react when you saw a person using drugs?*” and “*What do you think will help young people to say no to drugs?*” After 40 interviews the interviewers realised that data saturation was reached as the same information was repeated by participants (cf. Creswell, 2014). The data were open coded and analysed according to the thematic analysis

process of Creswell (2013). Although some researchers quantify qualitative data (i.e., reporting numbers on the themes), the authors concur with Brown and Clarke (2013:259) that “it is typically not good practice” and will therefore refrain from such practice in this article. The trustworthiness of this study was ensured through member checking (each interviewer confirmed the analysis of the data with at least one participant), multiple coders (the coders coded independently and compared codes and thereafter agreed on the themes/sub-themes), and the acknowledgement that findings cannot be generalised (Nieuwenhuis, 2007; Lietz & Zayas, 2010).

Ethical considerations, such as the avoidance of harm, informed assent by adolescents, informed consent by legal guardians, voluntary participation, no deception of participants, and privacy and confidentiality informed the research (Strydom, 2011). Before data collection, the researchers obtained written permission from the Tshwane-based NGOs to recruit adolescents attending their programmes, as well as ethical clearance from the Faculty of Humanities at the University of Pretoria, South Africa.

## **RESEARCH FINDINGS**

In order to contextualise the research findings and discussion, a brief biographical profile of the participants will be provided. Thereafter, the research findings will be presented as themes and sub-themes.

### **Biographical profile of participants**

Forty adolescents, 20 female and 20 male, participated in this study. The participants were between the ages 11 and 18, with most between the ages 11 and 14. The majority of participants identified themselves as black South Africans, with about a quarter who were white. Twenty-three participants lived in townships, 13 in the inner-city, two in the previously exclusively white neighbourhoods and two in nearby rural towns which form part of the Tshwane Metropolis.

## Research findings

Figure 1 depicts the themes and sub-themes identified in the data.

[Insert Figure 1]

### **THEME 1: EXPOSURE TO SUBSTANCE USE IN THE SOCIAL ENVIRONMENT**

#### **Sub-theme 1.1: Types of drugs exposed to**

All the participants were exposed to licit and illicit drugs in their social environment. Licit drugs included alcohol, cigarettes and hubbly bubbly (a type of water pipe often smoked with flavoured tobacco). However, most of the participants also reported exposure to illicit drugs such as dagga, cocaine, heroin, *tik* and *nyoape* (a mixture of dagga, heroin, and anti-retroviral drugs (ARVs)). In addition, a large number of participants indicated that they were exposed to domestic products used for their psychoactive properties, for example board chalk, glue and benzene.

#### **Sub-theme 1.2: Places/location of exposure**

Most of the participants reported that they observed the use and abuse of drugs in public spaces with the local park, open or sport fields, schools, shopping malls and street corners being most prominent. A limited number of participants reported observing substance use at the homes of friends, during parties, or at clubs. The following quotes represent on their responses:

*“Behind the shopping complex ... but you see these days you see things at school, people do it to fit in.”*

*“Mostly where people catch taxi’s, at street corners ... vendor stalls.”*

*“At the park ... they smoke it there. It is also where they sell it ... at the café, at the petrol station.”*

#### **Sub-theme 1.3: By whom were adolescents exposed to drugs?**

In this study, it became evident that exposure to substance use was not uncommon among the participants. People within the closer social network of young people, e.g. friends and



extended family members (outside the home), were mostly responsible for adolescents' exposure to drugs. An almost equal number of participants were exposed to substance use by strangers in the social environment. The following serves as confirmation:

*Closer social network: "I have friends that are smoking weed ... the people that I go to school with ... I have seen people that I grew up with ... smoking nyaope ..."*

*Strangers: "I saw boys, they were sitting there ... smoking and doing drugs ..."*

#### **Sub-theme 1.4: Direct/indirect exposure to substance use**

Adolescents were exposed to drugs both directly or indirectly. Direct exposure was more prevalent amongst the age group 14 to 18 years, with indirect exposure more pertinent amongst younger adolescents. The following describes an incident of direct exposure:

*"... we were writing exams. So a boy came ... He asked me, did you read (the school work)? So I told him that I didn't read. ... we went to the back of the school. He told me that we are going to smoke weed and after that you are going to read, you won't forget."*

Indirect exposure was described in the following manner: *"The benzene they have it in a bottle and put it on a cloth; put it in front of mouth and inhale ... also sniff glue"* and *"... there is an open field ... there are people sitting and using drugs and I see it every day ... They always hide the drugs under the grass when the police arrive."*

### **THEME 2: PERCEPTIONS OF SUBSTANCE USE**

#### **Sub-theme 2.1: Motivation for substance use**

The participants were of the opinion that adolescents normally resort to substance use to deal with socio-emotional challenges, e.g. to relieve stress, gain self-confidence, forget about problems, or in reaction to peer pressure. The following two quotes encapsulate the sentiments of the participants:

*"Self-confidence, they do not have confidence, they do not believe what they can do. They just want to please friends or family or someone, or maybe at your background you are poor you cannot afford many things."*

*"People use it to get rid of their problems, but the following day it (the problem) is there again and it is even bigger."*

## **Sub-theme 2.2: Consequences of substance use**

The consequences of substance use were described with reference to antisocial behaviour, deterioration in health, and poor school performance. The following quotes from the participants shed some light on this sub-theme:

*“They are ruining their lives ... they even end up stealing ... to buy their drugs.”*

*“The smoke damages their brains and lungs.”*

*“It makes you do poorly in school ... so you do poorly in maths, writing, spelling and reading.”*

*“They act very weird, they don’t act normal.”*

## **THEME 3: BEHAVIOURAL AND EMOTIONAL REACTIONS TO EXPOSURE TO SUBSTANCE USE**

### **Sub-theme 3.1: Behavioural reactions to exposure to substance use**

The participants declared that they presented with three distinct behavioural reactions to exposure to substance use in their social environment, namely to walk away from the situation, to challenge drug users about their negative habits, and being tempted to use drugs in order to be accepted by friends.

The participants indicated that they merely declined offers to use drugs and walked away. On the other hand, when the friends of participants, rather than strangers exposed them to substances, the participants were more likely to either challenge their friends, or were tempted to experiment with drugs. The following opinions serve as examples:

*(Telling friends) “... many people are suffering from nyaope [sic]. At the end you will go to steal to get money. You will leave your parents and you will be caught by police. Please protect yourself from such things.”*

*“I saw my friends mam, they were better than me when they were smoking ... they have strength ... they can do all those things.”*

*“Like you see someone smoking a jog you don’t even like ... you don’t even like notice it because you like get used to it [sic].”*

If the participants declined the drugs being offered, rejection was a common reaction from their friends: *“... they didn’t like me ... they were not playing with me.”* Furthermore, many adolescents indicated that their safety and that of significant others were threatened if they

would disclose substance use by the group, as portrayed in the following quote: “... *they can do something bad to me, so I kept quiet, I couldn't tell anybody.*”

### **Sub-theme 3.2: Emotional reactions to exposure to substance use**

Emotional reactions to exposure to substance use centred around three main emotions, namely fear, anger and sadness. A considerable number of participants felt scared when exposed to people using drugs, mainly based on the perceived negative consequences of drug use, e.g. being a rape victim or becoming addicted. The following quotes support their views: “... *let's say I get high ... and then after maybe he try to rape me ...*” and “*I was scared that if I use it, I would be addicted.*” Other participants indicated that they reacted with anger when being exposed to substance use. One participant said “*I was angry ... I felt annoyed*” while another expressed anger that drugs are openly used in public: “*Angry and sad because they at streets using drugs [sic].*” Some participants said that they were sad about the drug situation in their social environment; voicing the following sentiments: “*Sad, because they ruin their lives*” and “*I feel sad for them because ... they said they want to be doctors and what what [sic], but they end up using nyaope.*”

## **THEME 4: FACTORS ENABLING ADOLESCENTS TO RESIST SUBSTANCE USE**

### **Sub-theme 4.1: Personal protective factors**

A number of participants pointed to personal protective factors that enabled them to be resilient in the face of substance use in their social environment: assertiveness, personal principles and choice of friends.

The quote “*Be assertive. When you say no, mean no [sic]*” indicates that some of the participants presented with assertive behaviour and managed to resist experimentation with drugs. Many of the participants declared that their personal principles enabled them to avoid substance use, for example:

*“There is nothing that you are going to gain; you are actually losing a lot of things. Like yourself, your time. Let's say you were good at something, when you start using drugs, you forget about those things and concentrate on the drugs.”*

The choice of friends was seen as a prominent protective factor against exposure to substance use in the social environment. The following quote encapsulates the participants' views: *"They (adolescents) should stay away from the wrong kind of friends. They force one to do it (use drugs) and if you do not do it, it feels as if you don't fit."*

#### **Sub-theme 4.2: Environmental protective factors**

Participants suggested a number of environmental protective factors that could curb drug use in their communities. Their suggestions included effective law enforcement, the establishment of recreational activities and centres, awareness campaigns and professional intervention.

The participants suggested law enforcement on school premises, as well as in communities, for example *"Get someone at school to guard them, like security"* and *"I think the police should start being ... powerful about drugs because it is really getting out of hand ..."*

Many of the participants indicated that substance abuse could be prevented if their communities provided more opportunities for pro-social recreational activities and community centres, as indicated in the following suggestions:

*"The other thing that the government or the community people can do is picking sport games ... like netball and soccer ... the thing that entertains us is soccer ... to give kids opportunity to play soccer and help them to grow in soccer until they grow up ..."*

*"Build a community centre and say youth come to what you want to do. You can start a choir, do auditions and studios. They will be interested."*

The participants believed that awareness campaigns, for example in the media, could safeguard young people against drug use. Participants motivated this strategy as follows:

*"Maybe show it on TV ... or radio ... maybe teenagers act (about) drugs ... like not to use ... that drugs are wrong."*

*"The media... make interviews documenting people who are using drugs, and what are their experiences and what are the things that they have lost due to drugs, make campaigns and movies ..."*

It was noteworthy that a number of the participants indicated that professional intervention could curb drug abuse. Examples are that *"[s]ome social worker should come talk to them and give them some knowledge"* or *"... they must take (them) to rehab [sic]."*

## **THEME 5: RISK FACTORS ENTRAPPING ADOLESCENTS INTO SUBSTANCE USE**

The participants regarded peer pressure as a risk factor to entrap adolescents into substance use. In addition, the following risk factors were identified during the interviews: poor parental guidance, the media, and easy access to drugs.

The overwhelming influence of peer pressure becomes apparent in the following quote:

*“... peer pressure. They will tell you it is nice, then you feel pressured to take it. It is the reason why most people take drugs because they go with friends ... To a stranger you can simply say no I don't do drugs, but you'll try to impress your friends.”*

The participants emphasised that weak parental control could result in adolescents abusing drugs. They had the following to say “... *there must be discipline ... they must know it is wrong*” and “*What are their parents doing?*”

Just as the media could be used to prevent substance use, it could also promote drug use amongst adolescents, as one participant eloquently stated:

*“... the media also has a big impact ... I was watching a movie ...this girl ... she is so cute and she was holding the cigarettes and all that ... you think it (is) sexy seeing people smoking drugs. You think it is a good thing ... and you end up doing it, not knowing the outcomes of the substance you will be using.”*

Lastly, the accessibility of drugs in the environment was seen as promoting substances abuse. The following responses represent the participants' views on accessing drugs: “*They know where to buy the dagga and the nyaope, making it easier for them to smoke*” and “*It's the lifestyle ... because like every day ... you see someone smoking a jog ...*”.

## **DISCUSSION**

The discussion, conclusions and recommendations that follow are within the confines of qualitative research, limited to the views of the research participants who all resided in the Tshwane Metropole. However, the authors argue that social workers could find the outcomes of this study valuable to structure services for adolescents in Tshwane, as well as in other metropolitan areas of South Africa.

The findings of this study reiterate that the participants' exposure to substance use was extensive, both in terms of the types of drugs and location. The participants of this study were

exposed to multiple substances of abuse, as confirmed by previous studies (Masitsa, 2007; McVie & Norris, 2006). Further, as found by Mennis and Mason (2011) certain locations, amongst others, street corners, local shops and public spaces, were identified as having a higher risk for exposure to substance use. It was disturbing that schools which are supposed to have a zero tolerance for drug use, were often the environment where participants were exposed to and offered drugs. This finding correlates with national and international trends (Masitsa, 2007; Neser, Ovens, Van der Merwe & Ladikos, 2003).

The peer group was the primary source of exposure to substance use in this study, as also acknowledged in the literature (Allen, Chango, Szweide, Schad & Marston, 2012; Pretorius et al., 2003; Prinsloo et al., 2005). Strangers who used drugs were an additional source of exposure to drug use in public spaces. Such public exposure and easy access to drugs in the social environment could lead to social norms that normalise substance abuse (Hoberg, 2002; Steen, 2010).

Many adolescents living in South Africa are often confronted with daily risks, such as stress, peer pressure and violence (Lambert, Brown, Phillips & Ialongo, 2004; Steyn et al., 2010) that could lead to substance use as a coping mechanism. This was confirmed in the present study and can be explained by the SLT concept *differential reinforcement*, which indicates that adolescents could use drugs in an attempt to cope with life (Bezinović & Malatestinić, 2009; Peralta & Steele, 2010).

The participants' knowledge and observation of the harmful consequences of drug use, e.g. poor academic performance and antisocial behaviour, correlated with reports in the literature (Bezuidenhout, 2008; Florence & Koch, 2011). Their *definition* of drug use as being harmful could have influenced the participants' emotional and behavioural reactions to exposure to substance use (Burke, 2005). Participants' most common behavioural reaction was to distance themselves from the substance use in their social environment by walking away. However, some of the participants indicated that they were tempted to use drugs and were fearful of social exclusion from the peer group should they decline the offer to use drugs. Fear of intimidation by friends and strangers who use drugs, led to participants being reluctant to disclose exposure to substance abuse.

Amidst the numerous personal protective factors that could safeguard adolescents from drug taking behaviour, for example a good self-esteem and a strong parent-child bond (Hoberg, 2003; Ladikos, Prinsloo & Neser, 2003; Simons-Morton & Farhat, 2010), the present study

found choices in life and assertiveness as the most prominent protective strategies employed by the participants. Apart from the choice to distance themselves from substance use, as indicated earlier, the participants emphasised the choice of friends as a key protective factor. The participants were of the view that these strategies helped adolescents to avoid exposure to substance use. These strategies could be effective given the strong role of *differential association* in social learning and therefore on the onset of substance use (Burke, 2005; Peralta & Steele, 2010). Furthermore, the participants identified strong personal principles as important guidelines in life to resist substance use. Simons-Morton and Farhat (2010) confirm that personal norms are closely related to protective behaviours in relation to substance use.

The literature reports an array of services that could protect adolescents against drug abuse. Such services include prevention strategies provided within the educational environment by teachers and social workers, social skills training, peer counselling services, law enforcement, policies restricting access to substances, and equipping parents/care-givers with skills for effective parenting (Bogart, Collins, Ellickson & Klein, 2007; McVie & Norris, 2006; Steen, 2010; Onya et al., 2012; Van Wormer & Davis, 2013). In the present study the participants regarded the following as important external protective factors: law enforcement, recreational activities and centres, awareness campaigns and professional services. These factors should be considered as direct recommendations from the target group, i.e., adolescents, in terms of potential effective preventative strategies to curb exposure to substance use in the social environment.

An interesting finding in the present study was that two key developmental characteristics of adolescence that could contribute to risk taking behaviour, namely peer influence and the quest for autonomy (Hoberg, 2002; Pompili, Serafini, Innamorati et al., 2012; Van Wormer & Davis, 2013), was also indicated as risk factors for substance abuse by the participants in this study. Participants highlighted peer pressure and poor parental control as risks for substance abuse during adolescence. The glamorised media images of alcohol and cigarette use which could entice adolescents into experimentation with drugs (Matsitsa, 2007), was confirmed in this study. *Differential association*, a concept of SLT, could lead to favourable perceptions of substance use by adolescents (Peralta & Steele, 2010) especially if role models in the media have a high social status. The concept of *imitation* proclaims that adolescents tend to imitate models that are perceived as admirable (Burke, 2005). In this way adolescents could start using drugs because the media portrays the behaviour as “cool”. Easy access to drugs was

also emphasised as an entrapping factor by the participants and is confirmed in the literature (Evans et al., 2006; Mennis & Mason, 2011).

## CONCLUSIONS

Adolescents in Tshwane were exposed to both licit and illicit drugs in social spaces which are naturally believed to be safe and free of drugs, e.g. school premises and public parks. Exposure to drugs often happens through substance use by strangers in public spaces, which highlighted the widespread availability of drugs in the social environment of the participants, as well as in so-called 'safe spaces' such as schools. Therefore, it seems that legislation to regulate substance use in public is not effectively enforced. Adolescents in this study tended not to disclose incidences of drug use in their social environment to care-givers and the authorities because they were concerned about their own safety and that of their significant others.

The participants in this study were of the opinion that adolescents resort to substance use in order to cope with life challenges. Their personal protective strategies to resist drug use seem to be limited to distancing themselves from substance use activities and choosing friends wisely. The participants were aware of services that could be established to curb exposure to drugs in the social environment, e.g. awareness campaigns and professional services.

However, factors such as *imitation* of role models who use drugs in the media were identified as potential triggers to experiment with and use drugs by the participants. Media images seem to contribute to the normalisation and glamorisation of drug using behaviour through positive reinforcement.

It is concluded that many factors that are regarded as conducive to adolescent drug use were confirmed in this study. These factors included high levels of exposure to drug use, easy access to and widespread availability of drugs in the community, as well as inadequate recreational facilities. With regards to the participants' reactions when exposed to substance use, it is concluded that the personal connection to the person who exposed them to substance use determined their behavioural and emotional reactions to the exposure. When the participants had a personal connection to the person using drugs, they were more tempted to experiment with drugs to a larger extent and were more distressed by the situation. Contrary



to this, exposure to strangers who used drugs made it easier for participants to resist the substance and to emotionally distance themselves.

## **RECOMMENDATIONS**

Based on the research findings, discussion and conclusions the following recommendations are proffered:

- Adolescents should be empowered with life skills to resist substance use in the face of high exposure to drugs in their social environment. From a SLT perspective, life skills training should ideally shape adolescents' definition of drugs and enable them not to imitate drug use behaviour. To achieve these outcomes, drug education programmes could be presented by means of mass media, socio drama in communities and school contexts and educational group work.
- Parenting programmes should be offered at schools, community centres or churches to educate parents/care-givers on the risks related to substance use and to equip them with skills to guide adolescents on how to deal with exposure to drugs.
- Schools constitute a prominent part of adolescents' social environment and should develop and implement anti-drug policies to create safe, drug-free school environments.
- Law enforcement to curb the public availability and accessibility of drugs should be prioritised, for example visible policing. Effective law enforcement could create safe social environments, without exposure to the dangers associated with drug use, to which all South Africans are constitutionally entitled.
- The fact that adolescents revert to substance use to cope with life challenges places an onus on local and provincial government to provide opportunities and facilities to address adverse social circumstances. These opportunities and facilities could include sport and recreational activities, services by community-based centres and mentorship programmes.
- As voiced by the participants, the following services are regarded as key to safeguard them against substance use in the social environment: awareness campaigns and individual and group counselling by social workers.
- Drug awareness programmes could engage celebrities serving as positive role models who oppose substance use. SLT posits that through *differential association* adolescents could

learn through social interaction and the social media to view substance abuse as unfavourable and define it as unacceptable.

As the increase in substance use in South Africa is a growing concern, the authors propose that extensive research be conducted on this phenomenon. A similar study could be conducted on a national level. Further studies could also focus on the perceptions and experiences of parents/care-givers and educators regarding the prevalence of substance use and interventions to curb this social ill.

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