CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The aim of this study is to investigate the social factors which influence adolescent drug abuse. The study was conducted at Magaliesoord Centre, hereafter referred to as the Centre. The Centre is run under the auspices of the Gauteng Department of Social Services and Population Development. The people who are referred to the Centre are those with a drug dependency problem and who are referred for long term treatment (12 to 16 weeks). A separate programme is followed for the young patients, and focuses on their specific needs.

Three Acts are used to refer people for the treatment of drug abuse, at the Centre, namely:

❑ The Prevention and Treatment of Drug Dependency Act 1991 (Act 20 of 1992).
❑ The Criminal Procedure Act 51 of 1977 which is used to refer people who are convicted for criminal offences and have been found by the court to have a substance abuse problem.
❑ The Child Care Act 74 of 1983 which is used to refer children under the age of 18 years who have a drug dependency problem and who are already dealt with in terms of this Act.

1.2 MOTIVATION FOR THE STUDY

A variety of factors are believed to play a role in the etiology of drug abuse. Van der Westhuizen and Fourie (1982:2), pointed out that many factors play a role in the indivi-

dual' use and abuse of drugs, and that any one factor is rarely the cause. O'Conner (1983:4), also found that there are a multitude of possible causes and further indicated that the problem is to identify the most significant agents which can be linked to the behaviour.

The positive outcome in the treatment of drug abuse depend, amongst others, on the therapists' understanding of the factors that influence dependence. The findings of this research will enable the team at Magaliesoord Centre as well as others involved in the field of substance abuse to carry out treatment with a deeper understanding of what role social factors play in influencing drug abuse and drug behaviour amongst adolescents. Factors that appear most often in the backgrounds of adolescents who are referred to the Centre include poor communication patterns in the family, poor home environment and peer influence.

Kaufman, in Lawson and Lawson (1992:60), has identified that family and peers play an important role in the genesis and perpetuation of substance abuse, and concluded that there is a need for more research in the area of adolescent drug abuse and implications for therapy. The White Paper for Social Welfare (1997:82), also suggests that problems of drug abuse should be evaluated through ongoing research.

A final source of motivation for the study is the researcher's personal interest in the subject because of her involvement with the youth at Magaliesoord Centre for the past four years.

1.3   PROBLEM FORMULATION

The problem which the researcher is investigating in this study is to establish the extent to which social factors influence adolescent drug abuse. According to Bandura (1977:46), much of social learning occurs through casual or direct observation of behaviour. Lawson and Lawson (1992:61), point out that parents are viewed as behavioural models for

their children, and that a breakdown of the family structure and family relations often affect the children's ability to adapt to their environment. It can thus be derived that, when parents fail to model positive behaviour to their children, this can lead to deviant behaviour, and that drug abuse is one such deviant behaviour.

Kandel (1985:139), observed that peers have been identified as one of the most influential factors in the use of illegal drugs by adolescents. The importance of peer and family influences on adolescent drug abuse are supported by a number of studies (see Connolly, Caswell, Steward and Silva, 1992:1030; Kandel, 1995:140; and Wilks in Fossey, 1994:34).

According to the White Paper for Social Welfare (1997:81), substance abuse is recognised as one of the greatest health and social problems in South Africa. It is estimated that approximately 5,8% of the South African population over the age of 15 years is dependent on alcohol. Youth and street children are found to be amongst high risk groups.

To conclude, the problem can be formulated as follows: exposure to poor family relationships, unstable home environment and association with drug abusing peers contribute to adolescent drug taking behaviour.

1.4   AIM AND OBJECTIVES OF THE STUDY

The study aims to explore the extent to which social factors influence adolescent drug abuse.

1.4.1   Objectives

❑   To explore to what extent poor family relationships influence adolescent drug taking behaviour.

- To explore the influence of home environment on adolescent drug abuse.
- To explore the influence of peer pressure on adolescent drug abuse.

1.5   RESEARCH METHODOLOGY

Toseland (1985:115), describes methodology as "a plan for the process of finding a solution to the research problem posed by a social worker".

1.5.1   Type of research

McKendrick (1990:249), distinguishes between two types of research, i.e. applied research which includes knowledge about the practice of social work, and basic research which is knowledge of a discipline about its subject. Bailey (1987:22), support this distinction, but is of the opinion that basic research involves developing and testing theories and hypothesis that is intellectually interesting to the researcher and might have social implications in the future, but might have no application to social problems at present times.

Schuerman (1983:9), points out that applied research is designed to provide information that can be utilised for some end. This study falls within the realm of applied research because the findings generated will contribute to the treatment of adolescents who are drug abusers.

1.5.2   Research design

Yegidis and Weinbach (1996:89), have defined research design as a plan for conducting research that is implemented to find answers to the researcher's focused questions. Leedy (1993:127), defines research design as a plan for the study, providing overall framework for collecting data.   Kelinger, in Tripodi (1985:23), describes research designs as plans, structures and strategies of investigations which seeks to obtain answers to various re-

search questions. The design which was used in this study is the explorative design. Grinnel and Williams (1990:150), maintain that the idea of exploratory research is to explore, nothing more, nothing else. The strategy of investigation was thus to explore into the field of adolescent drug abuse. The exploratory design was appropriate for this study in paticular because it aimed at identifying to what extent social factors influence drug abuse in adolescence. Exploratory research is also appropriate on a dissertation level, as it provides a stimulus for further, more extensive research.

1.5.3 Assumptions for the study

Grinnel (1993:136), maintains that an exploratory design does not require hypothesis since relevant variables cannot be specified. However, the following assumptions about the problem being investigated, were made:

- adolescents raised within dysfunctional families will resort to drugs as a form of escape from their family problems;
- parental drug use is associated with experimentation by adolescents;
- association with drug-using peers during adolescents can influence adolescent drug use.

1.6 RESEARCH APPROACH

Schurink, in De Vos (1998:242), explains that qualitative research seeks to understand phenomena, whilst quantitative research seeks to control phenomena. Royce (1995:284), points out that qualitative approaches provide details and add richness and depth to our understanding of phenomenon being investigated.

This study therefore fits within the framework of qualitative approach. The aim was to explore and understand the extent to which social factors contribute to adolescent experimentation with drugs.

1.7 RESEARCH PROCEDURE AND STRATEGY

The Oxford Advanced Learner's Dictionary (1992:991), defines procedure as a way of doing things. Strategy is defined in the same dictionary (1992:1270), as planning or managing any affair well. Arkava and Lane (1983:167), assert that most social work students use a survey as a technique for collecting research data. The two most widely used survey techniques for collecting data are the questionnaire and the structured interview. In this study data was collected using a structured interview schedule. The following procedure was followed:

1.7.1 Pilot study and pilot tests of instrument

Monette, Sullivan and De Jong (1990:11), have described a pilot study as a small scale trial run of all the procedures planned for use in the main study and therefore improves the validity of data collected. Yegidis and Weinbach (1996:191), explain that pilot testing provides information on different factors that relate to the quality of the data collecting instrument. They add by stating that the way the participants of the pilot study respond to questions, can enable the researcher to adjust questions to suit the information she wishes to collect.

Bless and Higson-Smith (1995:50), maintain that the pilot test allows the researcher to identify any difficulty with the method or material and investigate the accuracy and appropriateness of any instrument that has been developed.

Yegidis and Weinbach (1996:191), also pointed out that the way participants of the pilot study respond to questions, can enable the researcher to adjust questions to suit the information she wishes to collect.

The interview schedule was tested on two respondents who did not participate in the study. The purpose was to do away with uncertainties, ambiguities and lack of clarity, e.g. as a result of words that may carry double meanings or questions that the respondent felt uncomfortable with.

1.7.2 Literature study

According to Monette, D.R., Sullivan, J.J. & De Jong, C.R. (1990:86), the review of literature is an important part of the research process. They added that literature review is done to familiarize ourselves with the current state of knowledge regarding the research problem. For this reason, the researcher reviewed available literature on the following topics:

- ❑ the adolescent stage
- ❑ the adolescent and the family
- ❑ the adolescent and the peer group

1.7.3 Overview of feasibility of the study

Feasibility has to do with whether the study can be undertaken. Monette *et al.* (1990:92), have pointed out that the feasibility of a research study is centered around practical considerations of what can be accomplished within a specific time and within limited resources.

Considering the above, this study was conducted at the researcher's place of employment and as such accessibility to participants was achieved without difficulty. The study was on a small scale (being a dissertation of limited extent) and was therefore not costly.

1.8 DESCRIPTION OF RESEARCH POPULATION AND SAMPLING METHOD

The concept of universe and population refer to the individuals or groups that will be included in the study (Arkava and Lane, 1983:27). The universe in this study is defined as all the children who are in the youth drug programme at Magaliesoord Centre.

It is ideal to study the whole population as this gives more weight to the findings. However, it is sometimes practically difficult to study the entire population, and the sample is then studied (Bailey, 1982:81). The sample in this study consisted of all the male adolescent patients who were in the age category of 15-18 years and that point in time. Eleven respondents were thus identified.

1.9 DEFINITION OF KEY CONCEPTS

1.9.1 Drug abuse or drug addiction

The concepts of drug abuse and drug addiction are often used interchangeably by different authors. Van der Westhuizen and Fourie (1988:5), define addiction as a state of periodic or chronic intoxication produced by repeated consumption of a drug (natural of synthetic).

The World Health Organisation Bulletin, in Pattison and Kaufman (1982:9), defines drug dependence as a state of psychic or physical dependence or both, on a drug arising in a person following administration of that drug on a period or continuous basis. Drug abuse thus means an unhealthy choice of drugs for pleasure or as a coping mechanism.

1.9.2 Adolescence

The Social Work Dictionary (1988:4), defines adolescence as the lifecycle period between childhood and adulthood, beginning at puberty and concluding with young adulthood.

Lawson and Lawson (1992:11), defines adolescence as individuals in a process of change in every area of life and that these changes are not of the adolescent's own choosing but forced on them by biology and culture. Adolescence is thus a stage in a young person's life, between childhood and being an adult, that is characterised by rapid and intensive life changes and adaptations.

1.9.3 Family

The Social Work Dictionary (1988:53), defines family as a primary group whose members are related by blood, adoption or marriage and who usually have shared common residences, have mutual rights and obligations and assume responsibility for the primary socialisation of their children. A family is thus made up of a group of people who are closely related, especially father, mother and children.

1.9.4 Peer group

The Active English Dictionary (1982:325), defines peer group as a group of people of equal social status. A peer group is an association of people who share the same social status.

1.10 ETHICAL ISSUES

In undertaking this study, the following ethical issues were considered:

1.10.1 Informed consent by respondents and permission to carry out research

In this regard, the nature of the respondent's involvement in the investigation was explained to them. Their consent for involvement was asked once clarification was made.

Berg (1998:47), describes informed consent as the knowing consent of individuals to participate as an exercise of choice. Respondents were informed that they could withdraw from the interview at any point of time (see Annexure A).

1.10.2 Harm to the respondents

Schurink, in De Vos (1998:25), states that respondents should be informed beforehand about the potential impact of the investigation. For example, questions that may evoke feelings and emotions which the respondents have suppressed due to their painful nature. The researcher has twenty years experience as a social worker and had the knowledge and skills to handle catharsis where necessary. The respondents were informed at the start of the interview about the potential impact which the interview might have.

1.10.3 Violation of privacy

Schurink, in De Vos (1998:28), points out that the principle of confidentiality in research can be violated in a variety of ways, and it is imperative that researchers act with the necessary sensitivity where privacy of subjects is relevant.

In this study, however, the identity of the respondents was known to the researcher due to the fact that face-to-face interviews were conducted. In the research report, the identity of the respondent will not be revealed. The respondents were assured of this before the interviews were conducted.

1.10.4 Restoration of participants

According to Schurink, in De Vos (1998:33), debriefing sessions during which subjects get the opportunity after the study to work through their experience and its aftermath, are possibly one way in which the researcher can assist subjects and minimize harm.

In order to ensure the above, a debriefing group session was held with the respondents afer interviews were conducted.

1.10.5 Publication of findings

Schurink, in De Vos (1998:32), points out that report writing includes doing all one can to make sure that the report is as clear as possible and contains all information necessary for the readers to understand what has been written.

Shortcomings and errors of the investigation will be identified and reflected in chapter 4 in order to give a realistic picture of the research results. Recognition will also be given to the sources consulted and people who collaborated. The aim of the publication of findings is to render a more effective service to the adolescent drug patients, which as such reflects the ethical responsibility of the researcher. Referring to ethics, this will also include making the findings accessible to respondents.

1.11   CONTENTS OF THE RESEARCH REPORT

The research report consists of four chapters. The chapters are divided as follows:

Chapter 1
Introduction and orientation to the study. The chapter is divided into aspects such as problem statement, motivation, aim and objectives and research methodology.

Chapter 2
Literature study on adolescence, external factors relating to drug abuse and drug taking behaviour. This chapter gives and exposition of literature review on adolescence abuse

and drug taking behaviour. The chapter covers aspects of human development with emphasis on adolescence, family relationships, environmental factors and peer pressure.

Chapter 3

Presentation and analysis of the research findings. Chapter three focuses on the empirical study, analysis and interpretation of data. Statistics on findings have been provided in the form of tables and graphs.

Chapter 4

Summary, conclusions and recommendations. Chapter four outlines findings and recommendations. These are based on the empirical study and literature study.

CHAPTER 2

LITERATURE STUDY ON ADOLESCENT DEVELOPMENT, DRUG ABUSE AND DRUG BEHAVIOUR

2.1   INTRODUCTION

When investigating the issues around adolescent drug abuse, the researcher finds it necessary to begin by examining adolescence as a stage of development, and the significance of this stage on the young person.

The chapter looks at development during the adolescence period. It also focuses on adolescent behaviour and how the behaviour become influenced by external factors such as the following:

- ❑ poor communication
- ❑ environmental factors
- ❑ peer pressure

In conclusion, the chapter looks at the role played by the above-mentioned factors in adolescent drug behaviour.

2.2   ADOLESCENT STAGE

Rice (1975:30), points out that the word *adolescence* comes from the Latin verb "adolescere", which means to grow or to grow to maturity. The stage is defined as a period of growth between childhood and adulthood. Newman and Newman (1997:632), state that adolescence begins with the onset of puberty and ends around eighteen years of age. According to these writers, this stage is characterised by rapid physical changes, ransforming

a child into a full-sized adult with significant new cognitive abilities, emotional maturation, sexual awakening and heightened sensitivity to peer relations.

Edmonds and Wilcocks (2000:7), point out that physically, intellectually, emotionally and socially, man is never static. They add by stating that the most intensive or our phases is that of adolescence – one period of development defined by the exit of puberty, which is said to be completed when the individual reaches a stable sense of adult identity. Writers such as Hurlock (1980) and Neugarten (1984) as quoted by Jacobs (1988:32), emphasize that something unique occurs at any particular point in development and it is only at that particular point in the life cycle that certain skills can be optimally acquired, issues resolved and tasks mastered.

Edmonds and Wilcocks (2000) and Hivighurst (1972), in Jacobs (1988:32), have described more or less similar tasks that must be mastered during the adolescent years. These tasks are outlined as follows:

Edmonds and Wilcocks	**Hivighurst**
❑ the development of a sense of identity; ❑ the acceptance of and adjustment to physical changes and appearances; ❑ the development of a clear sense of sexual identity; ❑ the establishment of an appropriate level of intellectual and emotional independence; ❑ the acquisition of a solid and ethical base by which to measure appropriate behaviour; ❑ the refinement of intellectual skills to a competent level for occupational participation	❑ achieving new and more mature relations with age-mates of both sexes ❑ achieving a masculine feminine role ❑ accepting one's physique and using one's body effectively; ❑ desiring, accepting and achieving socially responsible behaviour; ❑ achieving emotional independency from parents and other adults; ❑ preparing for economic competence; ❑ preparing for marriage and family life; ❑ acquiring a set of values and ethical system as a guide to behaviour development

For the phase of adolescence to reach its optimum capacity, the above emotional tasks need to be completed effectively. Individuals who fail to achieve these tasks usually risk maladjustment and departure from the normal developmental sequence.

Edmonds and Wilcocks (2000:7), point out that the successful task completion is necessary within the framework of immense change within all parts of the individual. To achieve the above, the following processes will take place:

2.2.1 Physical development

The most obvious changes that take place in adolescence are the physical changes. Mussen, P.H.., Conger, J.J., Kagan, J. & Huston, A.C. 1984 (1984:464), refers to these changes as the adolescent growth spurt which describes the accelerated rate of increase in height and weight that occurs in puberty. The growth spurt according to the above writers, is due to natural hormonal changes in the adolescent which lead to rapid physical development and the appearance of secondary sexual characteristics.

Rice (1975:81), points out that one of the things adults notice about adolescents is that they are constantly eating. During this period of rapid growth the adolescent needs greater quantities of food to take care of bodily requirements. The development of good eating habits during adolescence is thus important to the young person's health if they are to achieve optimum physical development.

2.2.2 Emotional development

Newman and Newman (1997:652), point out that descriptions of adolescence often refer to increased emotional variability, moodiness and emotional outbursts. Emotions are regarded as important as they affect one's behaviour in relation to others. Rice (1965:118) points out that emotional growth and development refer to the develop-

ment of subjective feelings. According to this writer, the kind of feelings that develop, the intensity with which they are felt and the period of time they persist, are important.

Edmonds and Wilcocks (2000:7), have indicated that negative emotions frequently associated with physiological changes that occur, intensify and interchange at extreme speed with positive emotions. These situations are confusing and overwhelming both for the adolescent and everyone with whom he interacts. The behaviour of adolescents can thus be partly understood by developing an understanding of their emotions and feelings.

2.2.3   Mental growth

According to Mussen *et al.* (1984:476), the young person's cognitive abilities continue to develop both quantitatively and qualitatively during adolescent years. Cognitive changes play an important role in helping the adolescent to deal with complex demands. These writers add that other aspects of adolescent development also depend on cognitive advances in this period, for example, changes in the nature of parent-child-relationships, emerging personality characteristics, planning of future educational and vocational goals.

Piaget, in Newman and Newman (1997:644), have described this cognitive development in the adolescent as the formal operational stage. During this stage, the child has developed concrete operations. In this theory of cognitive development, Piaget has identified that new conceptual skills will emerge during the stage of formal operations. These skills include the following:

❑   Ability to manipulate mentally more than two categories of variables simultaneously

❑   Ability to think about changes that come with time

❑   Ability to hypothesize logical sequences of events

□ Ability to foresee consequences of actions

□ Ability to detect logical consistency or inconsistency in a set of statements

□ Ability to think in relativistic ways about self, others, and the world.

It seems thus, that if an individual acquires these skills, they can alter their interpersonal behaviour and will also have a positive social outlook.

2.2.4 Social development

Bigner (1994:325), points out that the experiences of adolescence are a struggle toward the eventual emancipation of a teenager from the family system. Rice (1965:182), is of the opinion that when the social development of the adolescent takes place, certain social needs have to be met. These include companionship, group acceptance and popularity, heterosexuality and dating. Edmonds and Wilcocks (2000:8), maintain that socially the adolescent begins to cast off his previously imposed values and belief system, and the people who gave it to him. Peer group relationship are characterised by phases of acceptance and rejection compounding the emotional conflicts already experienced. The support that adolescents receive when they expand their social network has an impact on their development. Through social development, the young person learns to know and to relate to others around him.

2.3 ADJUSTMENT PROBLEMS ASSOCIATED WITH THE ADOLESCENT STAGE

Effective conflict resolution skills are essential at each stage of life for harmonious relationships with others. The development of conflict resolution skills seems particularly important during adolescence. Crow, in Jacobs (1988:39), states that the adolescent who is experiencing conflict can approach the problem in one of three ways: he can launch a direct attack; he can attempt to compromise or he can avoid to solve the problem.

Sometimes the adolescent's conflicts and frustrations become so severe that they are unable to find ways to resolve the problems in a socially acceptable fashion. The result is that these behaviour become increasingly unacceptable to others. Berger, McBreen and Rifkin (1996:152), explain that the emotional turbulence of adolescence may precipitate a resurgence of unresolved conflicts in parents, many of whom are dealing with transitional crises of midlife.

Newman and Newman (1997:653), point out that adjustment problems in the adolescent stage can manifest in many different ways. The more common manifestations of these problem behaviour include delinquency, depression and drug abuse.

2.3.1 Delinquency

According to Shoemaker (1994:3), collectively, illegal acts which are committed by youth under the age of eighteen years are called delinquent behaviour. Young people going through the adolescent stage do become impulsive and react highly to any emotionally arousing environments and situations. For some adolescents, if this impulsiveness is not picked up early by adults and dealt with, the results are involvement in delinquent behaviour.

Gouws and Kruger (1994:134), point out that many factors are advanced for delinquency, and have identified the following as general causes:

- rejection by socially favoured groups;
- knowledge and association with others who have been similarly rejected;
- development of a socially meaningful group that meets the need for group identity;
- group's rejection of traditional societal methods for obtaining resources.

2.3.2 Depression

The number of challenges which adolescents face, often make them vulnerable to depression. Mussen *et al.* (1984:548), point out that the more serious form of depression in adolescence has its indications in repeated experiences of defeat over a long period of time. The adolescent may have tried to resolve problems and achieve personally meaningful goals, but without success.

Newman and Newman (1997:656), also found that adolescents have a wider circle of relationships through which they are exposed to more problems, expectations and disappointments. These problems may include excessive demands, social alienation, loneliness and unpopularity, academic challenge, romantic concerns and decisions about their future.

For some adolescents, when they cannot resolve problems meaningfully, they become convinced of their worthlessness and this may lead to social withdrawal from those they have been closely relating to, such as family or friends.

2.4 FAMILY FACTORS AND THEIR INFLUENCE ON ADOLESCENT BEHAVIOUR

The family consists of several members who interact with each other. Within the family, the members are interdependent. An action by one member will affect every other member, for example, if one member of the family leaves the family unit, an imbalance will prevail within that family. Jacobs (1988:45), maintains that although families are made up of sub systems or individuals and their relationships, how any one of the family members operates is determined by the abilities of persons within that family, by the nature of relationships established within that family and by the contacts that the family maintains with other systems.

2.4.1 The adolescent and the family

Thornburg (1975:480), points out that the active goal of the adolescent is to break the infantile ties which he developed during his earlier stages of development. As these ties are broken, some alternative relationship will take their place. At this point, most adolescents begin to desire for autonomous relationships with their parents and this desire for autonomy can be a source of misunderstanding. As a consequence, adolescents begin to feel qualified to run their own lives and prefer to be treated as adults.

Kimmel and Weiner (1985:224), point out that what adolescents want is autonomy, which is freedom to decide for themselves how to think, feel and act. The readiness of adolescents to become more autonomous and the encouragement they receive to do so result in increasing separation of children from their parents during teenage years.

Cobb (1992:192), points out that parents can either hinder or facilitate the growth of autonomy. She adds that as adolescents strive for a say in and eventual control over the decisions that affect them, some conflict with parents may be inevitable. Some parents are able to allow increasing responsibility to their children, whilst others threatened by bids for greater responsibility, react negatively.

Although it often happens that independency becomes difficult to achieve within some family structures, it should not be necessary for the adolescent to defy parents or to openly rebel against parents in order to gain independence. Jacobs (1988:49), points out that both adolescents and parents need to remember that gaining independence from one's parents is a normal developmental process. She adds that the complications of parent-adolescent interaction are compounded not only by the adolescent striving for autonomy, but also by the increasing importance of his peer group and changing social influences.

The adolescent may feel that his parents do not try to understand his problems. Both adolescents and their parents should bear the responsibility for increasing their communication. Parents may have to initiate new forms of communication. The healthy development of the adolescents' autonomy from parents will vary from the type of parental authority ordinarily found in the home. Hopkins (1983:211), in Gouws and Kruger (1994:113), describes three types of parenting styles of exercising authority. The three styles include the following:

2.4.1.1 Permissive parents

These are parents who allow adolescents virtually unlimited freedom to make their own decisions without parental constraints. These parents rarely make demands on the adolescent and there are no limits set. The adolescent growing up under such discipline are allowed to take decisions without taking account of the wishes, values and convictions of their parents.

Adolescents growing up within a permissive parenting style are not ready and mature enough to use their unlimited freedom wisely with the result that they often feel vulnera-ble. They are also often inclined to be impulsive and display a lack of self-reliance and self-control. Socially unacceptable behaviour such as drug abuse is also prevalent among adolescence of permissive parents, and when things go wrong, they are quick to blame parents for their uninvolvement and failure to provide guidance.

2.4.1.2 Autocratic parents

In this type of parenting style, parents tell children what to do and appear to produce the list amount of autonomy. They also leave little room for independent thinking by adolescents and have fixed and inflexible notions of right and wrong.

These parents expect total obedience from adolescents. There is also lack of room for dialogue about rules and the adolescents are hardly ever given the opportunity to state their own views. The result is that adolescents coming from such environments often revolt against parents' authority or question it and this attitude is met with punishment.

When adolescents grow up in an autocratic household, they tend to become moody, unhappy and irritable. They are also less self-reliant, less mature in moral judgement and have a negative opinion of their parents. The result is that they gradually become increasingly rebellious towards their parents' authoritarian parenting. This resentment is often expressed in negative and challenging behaviour that may culminate in serious conflict. Their revolt may also be extended to all forms of authority.

2.4.1.3 Democratic parents

Democratic parents are characterised by group discussions of issues and problems and decisions are taken by involving everyone. Clear limits are set and rules are categorically layed down but the atmosphere allows for discussion and the reasons for imposing them.

Communication is also encouraged, and the parents try to see the adolescents' point and listen to reasonable requests. The result is that parents who exercise this style of parenting experience the fewest disciplinary problems. Adolescents who grow up under such households are confident, responsible and independent. They have a positive opinion of their parents and view their parents as good role models.

2.4.2 Role differentiation between parents

Fathers and mothers play different roles in the course of bringing up children. These roles however should compliment each other. The behaviour of the adolescent is also influenced by this role differentiation, e.g.

❏ The traditional role of the father within a family is designed to prepare children for impending adult roles. The father teaches moral standards through sharing and through discipline.

❏ Mothers are perceived by adolescents as being more responsive and will most often resort to mothers for favours. The mother teaches household chores such as environmental and personal hygiene through direct instruction. By implication this means that if parents fail in playing these roles, the children could resort to drug abuse.

2.4.3 Environmental influences

When one or more members of a family are unable to fulfil their obligations, a break up in the family unit will result which will change the family structure. There are a number of environmentally induced factors which affect the lives of the adolescent child.

2.4.3.1 Divorce and separation

Children grow up to be healthy when they spend their childhood within a healthy and happy family environment. Schwartzberg, in Pagliaro and Pagliaro (1996:149), points out that the child from a divorced family, faces intensified problems associated with separation and problem of identification with parental figures. He also added that for the adolescent, divorce can become the most stressful life event and can lead to substance abuse. Jacobs (1988:60), points out that divorced parents make fewer demands for mature behaviour on their children and are less consistent in behaviour than parents in intact families. Cobb (1992:215), explains that the impact of divorce on adolescents will vary from one individual to another based on a host of conditions such as the family situation prior to divorce; the adolescent's coping skills; the degree of family conflict; the adolescent's age; the availability of social supports such as extended family and friends and whether the divorce involves economic hardships. Adolescents from divorced homes frequently have lower

academic self-concept than those from intact homes. She adds that divorced parents communicate less effectively with their children. They are also less likely to ask for their child's opinion than parents in intact families.

The divorced mother tries to control the adolescent child by being more restrictive and giving more commands, which the child ignores or resists. The divorced mother uses more negative sanctions than the divorced father. This attitude can contribute to an increased resistance by the adolescent.

The functioning of children from a divorced family is affected by the way the family functioned in the years before the divorce. Whilst some adolescents do recover and restabilise their lives after their parents' separation, there are those who do not manage to stabilise and often look for alternative ways of coping with the situation, and this may give rise to maladaptive behaviour such as drug taking.

2.4.3.2 Single-parent families

The primary responsibilities of providing for the physical, emotional and social needs of children are best met by both parents. Children who come from broken homes often have difficulties in adjusting.

Jacobs (1988:56), explains that although it is generally asserted that two individuals at the time of marriage make a lifetime commitment to each other, it is often the case that the commitment cannot be maintained. She adds that of concern is whether it is necessary to physically separate, or whether the couple should keep their home physically intact even though it is emotionally broken. The social-emotional adjustment of children is better in the long run in a physically broken home, than in a physically intact, and yet emotionally broken home.

Mothers and fathers play differing roles in the upbringing of children, and these roles compliment each other. The absence of one parent means that the remaining parent should assume a dual role. Most parents find it extremely demanding when they have to fulfil both roles, with the result that some roles are neglected.

Cobb (1992:217), points out that one of the most noticeable differences between adolescents from single parent families and those from intact homes is their economic well-being. Adolescents in single parent families often face the need to take on part time jobs. On the positive side is that these adolescents stand to gain in autonomy and independence through being more responsible. However, potential disadvantages can result when responsibilities exceed the adolescent's capabilities. The risk is also there that, because of the neglect of some of these roles, e.g. discipline control, adolescents might get involved in drug abuse.

2.5 COMMUNICATION BETWEEN PARENTS AND ADOLESCENTS

One of the most frequent complaints of adolescents is that their parents do not listen to their ideas, do not accept their opinions as relevant or even try to understand their feelings and points of view. These feelings stem from the fact that at this stage of development the young person begins to acquire different values and attitudes. They also develop different preferences about present life-styles. As a result they reject those values which their parents have been trying to inculcate earlier in their lives. The result is that conflict between the parents and the adolescent will arise.

According to Rice (1975:242), adolescents are basically saying that they want sympathetic understanding, an attentive ear and parents who indicate by their attitudes that their children have something worthwhile to say, and are willing to communicate with them. Parents who refuses to talk to their adolescent children and cut short any discussion with their adolescent children, close the door to effective communication.

Virginia Satir, in Rice (1975:243), explains that a key to harmonious parent-youth-relationships is communication. She reports that if families are to talk, they have to be together long enough to do so, and to develop openness between the generations.

The above has been confirmed by Damo, in Ambert (1997:50), when he points out that adolescents and parents spend very little time together, often not more than one hour per day of direct interaction.

2.5.1 Factors contributing to conflict between parents and adolescents

Ambert (1997:49), points out that parent-adolescent conflict generally pertains to daily routine events rather than key value issues. Jacobs (1988:55), also explains that several social factors combine to create conflict. Rice (197:239), describes five areas which lead to conflict between parents and adolescents.

2.5.1.1 Social life and customs

Parents and adolescents often argue about activities around the adolescent's social life. These activities may include the following: choice of friends, choice of clubs and how often he is allowed to gou out, where allowed to go and type of activity to attend, age allowed to date, choice of clothes and hair styles.

2.5.1.2 Responsibility

Adolescents, by their very stage of development, are expected to take greater responsibility in certain areas of their lives. Parents become most critical of adolescents who do not evidence enough responsibility. Areas in which parents expect adolescents to show respon-sibility include the following: performance of family chores, responsible spending of money,

use of telephone, care of personal belongings, clothes and own room and responsible use –of family property.

2.5.1.3 Values and morals

Parents are often concerned about the values and morals adolescents adopt as part of their life styles. The parents become concerned especially with the following behaviour; the use fo drugs, drinking and smoking, honesty and telling the truth, the use of language, sexual behaviour, obeying the law and worshipping.

2.5.1.4 Family relationships

Parents of adolescents are critical about the level of respect adolescents show to adults, quarrelling with siblings, as well as relationships with relatives, especially aged parents if they live in the same home.

2.5.1.5 School

One of the wishes parents have about their children is achievement in school. However, most adolescents are unable to maintain a balance between school performance and involvement in activities outside the school. As a result, school performance and behaviour at school and the adolescent's attitude towards school receive much attention from parents.

In conclusion, it can be said that family relationships and the family environment play an important role in determining the behaviour of an adolescent. Communication has been found to be the key factor in the relationship between the adolescent and his parents. Family environments which do not have a positive influence on the adolescent can lead to adolescent drug abuse.

2.6 THE ADOLESCENT AND THE PEER GROUP

Ausobel, in Jacobs (1988:41), stated that adolescent peer groups are spontaneously forced to serve the function of a social institution and to secure a status and social identity for the adolescent. Adolescents' relations with others of their age group assume increasing importance than relations with parents and others in their families. During adolescence, relations with peers become significant for the self-concept formation and for self actualisation.

Gouws and Kruger (1994:116), point out that the peer group constitutes a world with its own customs, traditions and sometimes language and dress. They add that the adolescent want to be accepted as part of this world, and will slot to a particular group by conforming to their demands. Kimmel and Weiner (1985:296), point out that the peer group also formulate codes of conduct on areas where young people are reluctant to rely on their parents' advice. They add that adolescent peer cultures prescribe language, dress, hair styles, music and leisure time activities that differ from adult tastes.

2.6.1 The functions of the peer group

The peer group plays a crucial role in the socialisation of the adolescent. Gouws and Kruger (1994:120), point out that the functions of the peer group are very distinguishable. These include the following:

2.6.1.1 Emancipation

Through the peer group, the adolescent realises the gradual attainment of independence from parents and are forced to stand on their own feet and make own decisions. They also begin to share their own feelings and thoughts with their peers more than with their par-

ents. The peer group also offers the security which the adolescent experienced earlier in the family environment.

2.6.1.2 Social acceptability and support

The peer group gives the adolescent an opportunity to practice social skills and to communicate with members of the opposite sex. It further serves to meet the young person's needs for friendship. Because of fear of loneliness, adolescents view acceptance by the peer group as highly important. The acceptance and support offered to adolescents by their peers is often in contrast to the disapproval from their parents and other adults.

2.6.1.3 Search for individual identity

The peer group offers the adolescent the opportunity to develop a status and serves as a source of feedback about the personality, appearance and behaviour. The peer group contributes to the adolescent's forming of his sense of identity. Acceptance by the peer group leads to a positive self-concept formation and self-acceptance. Rejection by a peer group can grossly affect the forming of an adolescent's self-concept and sense of identity.

2.6.1.4 The peer group as a reference and experimentation base

The peer group provides an environment where adolescents can test their ideas about all kinds of matters, particularly matters that are not discussed with adults. The peer group serves as a reference for the adolescent in that it helps them to find out how well or how badly they are doing in life. Within the peer group, the adolescent also gains the opportunity to learn new roles and to experiment with them. Members of the peer group try out behaviour patterns with the peer group as a reference and to shape these when feedback is negative.

As a reference group, the peer group also informally provides the adolescent with knowledge on matters such as drugs and sex, but can contribute to the development of behaviour which conforms to social rules and regulations.

2.6.1.5 Recreation and competition

The peer group offers the adolescent the opportunity of group participation in sporting activities and encourages spending almost all their leisure time with the group.   When forbidden to go out with their peer group, they feel isolated.   Within the peer group, the adolescent competes with members of their age group on an equal footing.   Healthy competition with peers is important preparation for adult life.

2.6.2 Role distribution in the peer group

Within a peer group, the adolescent assume particular roles which determine their position within the group.   These roles depend largely on such factors as popularity, conformity, acceptance and rejection.

2.6.2.1 Popularity

Kimmel and Weiner (1985:299), explain popularity as to how well-liked people are in the groups they belong.   They add that being popular means being regarded by others as someone whose company, friendship and esteem they would like to have.   Steinberg, in Gouws and Kruger (1994:123), says the main determinant of adolescents' popularity is their social skills.

Adolescents enjoy popularity to the extent that they possess attributes or characteristics which are admired by the groups to which they belong. This means that popularity will vary from one group setting to another. However, because of the variation, adolescents may experience different levels of popularity in different groups to which he belong.

2.6.2.2 Acceptance and rejection

Adolescents who are accepted by their peer group will show certain distinguishable traits. These characteristics, according to Gouws and Kruger (1994:122), include friendliness, cheerfulness, tolerance, initiative, self-confidence and naturalness. They are also the ones who will usually plan interesting and enjoyable group activities and also make others feel accepted and promote interaction within the group. Muuss (1975:225), points out that the criteria applied by the peer group for the evaluation of social acceptability vary from community to community and from group to group.

2.6.2.3 Conformity

As a result of the young person's need to be accepted, there will be an increase in his motivation to conform to the group's way of behaviour. Brown, Classen and Eicher, in Kimmel and Weiner (1995:297), have reported that the strongest type of peer pressure results from expectation of group involvement. They add that when the relationship between the adolescent and his parents is dysfunctional, the adolescent may turn to the peer group for support. Cobb (1992:258), maintains that friends draw adolescents into realms beyond the family that highlight differences between themselves and their parents. He adds that adolescents consider it a bargain to give up their individuality for the security that comes with belonging to a group. However, depending on the values that are upheld by the peer group to which an adolescent may belong to, the general behaviour of that group may either become socially acceptable or unacceptable –

socially unacceptable behaviours will include, amongst others, drug abuse and delinquency.

2.7   ADOLESCENT DRUG ABUSE

Bescher and Friedman (1979:10), explain that young people take drugs for many different reasons and under many different circumstances and conditions. They add that adolescent substance abuse is a broadly based and multiply determined phenomenon.

Drug use during the adolescent years is a social phenomenon which most often begin as a group experience with peers. It is considered by many youth as a way of growing up and leaving childhood and parental control behind. Pagliaro and Pagliaro (1996:138), point out that virtually all adolescents yearn for one thing and that is to be happy. They add that where happiness fail, developmental problems will prevail, and one such problem is drug abuse.

2.7.1   What is drug abuse?

Drug abuse means having an uncontrollable and abnormal desire for drugs.   Searll (1989:52), points out that many experts prefer to use the term drug dependence because it includes both physical and psychological dependence.

Erickson, Javors and Morgan (1990:2), define drug dependence as a physiological state of adaptation to a drug, often characterised by the development of tolerance to drug effects, and the emergence of a withdrawal syndrome during prolonged abstinence. Jaffe, Peterson and Hogson (1980:10), in their definition of dependence also point out to the biological changes that are produced by the drug, so that withdrawal symptoms appear when the drug is discontinued. Drug abuse is thus the unhealthy choice of drugs for pleasure or as a coping mechanism to cope with painful situations.

2.7.1.1 Physical dependence

Searll (1989:52), explains that physical dependence occurs when the body develops an ongoing need for a drug. She adds that the user will experience an intense craving for the drug of addiction, and will show physical signs of discomfort f he/she stops taking it or when the drug is withdrawn.

Ghodse (1989:10), supports the above by his description of physical dependence as an adaptive state manifested by intense physical disturbances when the drug is withdrawn. He adds that in the condition of physical dependence, the body becomes so used or accustomed to the drug that there is little, if any, evidence that the person concerned is taking it. However, the sudden withdrawal is followed by an array of symptoms which are collectively known as withdrawal symptoms.

2.7.1.2 Psychological dependence

Erickson, Javos and Morgan (1990:2), describe psychological dependence as a chronic drug taking behaviour presumably related to the reinforcing (rewarding) effects of the drug. The user begins to rely on the drug to produce a state of well-being and may reach a stage where he thinks that he cannot cope with life without the drug. In severe cases of psychological dependence, the user becomes obsessed with the drug and the results are that all his interest and activities become focused on getting the drug and using it. The user will periodically administer the drug to produce pleasure or to avoid discomfort.

2.7.1.3 Tolerance

Ghodse (1989:10), explains tolerance as a state of reduced responsiveness to the effects of a drug caused by its previous administration. He adds that for tolerance to develop and to be maintained, the drug must be taken regularly and in sufficient dosage. When

the user intercepts the administration of the drug, tolerance will be lost and the quantity which was previously tolerated without adverse effects becomes toxic as in a person who does not take the drug.

2.7.2 The conditions leading to addiction

De Miranda, in Searll (1989:55), states that the process of drug dependence is a complex one, involving an interaction of biogenetic, neurochemical and psychosocial factors. According to Beschener and Friedman (1986:47), adolescents use drugs for various reasons. They may include the following: to improve their self-confidence; to satisfy curiosity; to rebel against authority; to escape from a situation or to please their peer group. All of these reasons can, to some extend, be linked to either family factors, parent/child relationships or peer pressure. The length of time that it takes for the user to become dependent on a drug varies from person to person and from drug to drug. It also depends on the type of drug, the person who is taking it and the circumstances under which the drug is taken.

2.7.3 Stages in adolescent drug abuse– experimentation to dependence

2.7.3.1 Stage 1: Experimental use

According to Edmonds and Wilcocks (2000:13), this may start as early as the age of 10 or 11 with the experimental use of inhalants such as petrol, glue, eraser fluid and aerosols. They add that drinking usually starts from the age of 12 and dagga occurs around the same age.

Levant (1998:87), point out that in this stage, children get acquainted with alcohol, tobacco and other drugs to see what they feel like or taste like. Children's friends are usually the first ones to expose them to these substances. Experimentation is a classic example of submitting to peer pressure. At this stage, because tolerance to the drug is low, a quick and easy high is achieved.

2.7.3.2 Stage 2: Regular or recreational use

The person who uses a drug regularly finds that it establishes a sense of normal well-being, not just an initial high. The user will want to recapture the feeling that the drug produces. When used regularly, the drug becomes habit forming. Most young people become involved with drugs during social events such as the following:

❑ **Night clubs and raves**

Under age drinking will usually take place at night clubs. Here dagga smokers are also present and will provide supplies on request. The providers, who are usually dealers, might provide the drugs at no charge initially, and encourage experimentation in the hope of getting more business later.

❑ **Open parties**

Young people organise the parties themselves. Alcohol become part of the enjoyment, and this attracts young people to want to be part of the peer group entertainment.

❑ **Parties at home, supervised by parents**

Young people often, without the knowledge of the parents, bring alcohol during parties, and this is hidden in the garden. Dagga is also smoked in the garden. What the parents will suddenly realise is a change of behaviour during the party.

2.7.3.3 Stage 3: Dependence

Levant (1998:88), explains that the third stage include an overwhelming physical or psychological dependency on the drug. The user become addicted. The dependence stage is considered to be the problem stage in substance abuse.

2.7.3.4 Dependency characteristics

Heuer (1998), and Edmonds and Wilcocks (2000), all agree on the following characteristics of dependency:

❑ An increase in the amount of drug usage and frequency of usage.

❑ Inability to face the day without drugs or alcohol.

❑ Drugs or alcohol used to escape reality.

❑ Inconsistent behaviour with evidence of low frustration tolerance.

❑ Most friends are using drugs.

❑ Progression to main lining, where injection is also possible.

❑ Unable to recognise what normal behaviour is anymore.

❑ Changes in moods, swinging from elated to depressed and back again.

❑ Decrease in or dropping out of extra-curricular activities.

❑ Disciplinary problems at home and at school.

❑ Drops out of school or is expelled, or may even leave home.

❑ Involvement with the Justice Juvenile System for substance related offences.

❑ Deterioration of personal hygiene and appearance.

❑ Possible thoughts of suicide.

❑ Casual sex in a drug setting.

❑ Guilt feelings and feelings of self hate and despair increase.

❑ Dealing to support habit. Most money goes on drugs.

❑ Denial of problem.

- ❑ Physical and psychological dependence, no control over intake.
- ❑ Promises to stop are made, but cannot be maintained.
- ❑ Physical, mental and emotional deterioration.
- ❑ Daily drug usage and lengthy "highs"
- ❑ Impaired thinking and loss of memory.
- ❑ Admission of defeat with drug dependency.

2.7.4   The process of dependency

Edmonds and Wilcocks (2000:16), explain that dependence on drugs and alcohol is psychological. The user tries the substance and discovers that the effect is somehow beneficial. For most adolescents it may give them a feeling of belonging, of being part of a group and accepted by others.

When psychological dependence start showing, there will be an increase in the frequency of use, as well as an increase in the amount needed to get the effect. The drug is taken in order to get high or intoxicated. An increase in use result in the body learning to tolerate the drug and more is needed to get the desired effect.

With continued use, the body will begin to build up tolerance to the drug. To maintain the same equilibrium an increase in the amount taken will be needed. The presence of a high tolerance which is accompanied by withdrawal symptoms if the intake of the drug is discontinued, is evidence of physical dependence. Heuer (1998:46), points out that the effects of drugs on an emotionally and physically immature adolescent are much more rapid than on an older person.

2.7.5 The impact of drugs on the adolescent's development

Adolescence is a stage filled with conflicting emotions and confusion about oneself in relation to others. It is also a stage which signifies the completion of certain stages of development. Erickson, in Heuer (1998:48), explains that during their development, adolescents need to develop certain tasks, whose function is to move the adolescent closer to adulthood and to help him assume greater responsibility for his own actions and behaviour. The tasks in summary include the following:

❑ **Developing one's own individuality**

In this stage, the adolescent will explore the question of who he is, and also testing his changing self concept. Adolescents who experience difficulty with this task will be particularly susceptible to peer pressure whether positive or negative. This is a very difficult task for many adolescents to achieve.

❑ **Forming commitments**

During adolescence, young people learn to understand various cultures and people. During this process, the adolescent learn to experience accountability for his actions and for the impact it has on others.

❑ **Re-evaluating values**

In developing this task, the adolescent begin to question adult values, and the peer group becomes the source of information for decision making. Parents and other significant adults should play the important function of modeling appropriate behaviours at this stage.

❑ **Separation and autonomy**

This task is considered to be the most difficult task for the adolescents, as they move outside their immediate family to incorporate friends and their opinions. This process is often accompanied by conflict between the adolescent and his family.

❑ **Experimenting with physical and sexual maturity**

Through this task, the adolescents begin to assess the world around them and their part as sexual beings. This assessment will affect both their peer and their adult relationships

Heuer (1998:50), points out that adolescents who become involved with dependence producing substances arrest their growth in these stages of development, and do not move appropriately from one stage to another. This is so, because life goals become clouded by their addiction.

The results are visible in many ways. Heuer (1998:51), identified the following areas:

❑ **Intellectually**

Adolescents who are involved in drug taking display arrested development and retain only minimum knowledge and comprehension of material presented to them in the classroom. Their academic progress decreases and their commitment to education become insignificant as their addiction become more important.

❑ **Physically**

Drug usage often result in multiple physical consequences such as loss of memory and various physical scars and injuries resulting from falls or even motor accidents. Adolescents involved in drug abuse often engage in suicide attempts as well.

❑ **Emotionally**

The adolescent's development and growth may stop when he begins to take drugs. If an adolescent starts using drugs at the age of thirteen years, and continues to do so until sixteen, he will still think behave and attempt to solve problems on a thirteen year old emotional level.

Emotionally, adolescents with a drug dependency problem become increasingly resentful towards significant people in their lives, especially parents. Their emotional responses become unpredictable as they quickly fluctuate from happy to sad and back again. The long term effects of an addiction on the adolescent who are developing emotionally and psychologically can be seen in their lack of attention and interest in emotional health.

❑ **Legally**

Drug taking adolescents may enter the juvenile justice system for charges which are related to addiction e.g. drug dealing and violence.

❑ **Relationships**

Relationships are affected while the adolescent is engaging in drugging. As the dependency become pronounced, the behaviour of the adolescent grows more out of control, so do his relationships with family, teachers and peers. Communication will also deteriorate as the addicted adolescent break rules at home and at school.

❑ **Sexuality**

The adolescents who are dependent on drugs make fewer conscious and well-thought out decisions concerning their decision to become sexually active. These adolescents may enter into sexual relationships while under the influence and later feel guilty about their actions. Some adolescents may even use sexual activity to obtain drugs.

2.8 FACTORS INFLUENCING ADOLESCENT DRUG ABUSE

Bechener and Friedman (1979:10), point out that adolescent drug abuse is a multiply determined phenomenon which is imbedded in cultural and social structures. They add that no one factor, whether in pursuit or pleasure, relief from boredom, psychic distress, family problems such as a broken home or peer influence can adequately explain why young people become involved with drugs. Peer and family behaviour and standards are for most youngsters the sources of greatest influence. Casswell, Steward and Silva (1992:1029), also confirmed that family and peers have much influence on adolescent drug abuse. Adolescence by its stormy nature often lead youngsters to experiment and to rebel against authority. Most young people use drugs because they perceive taking drugs as an exciting experience to share with their friends and peers as a way of identifying with being accepted by a particular group.

Beschener and Friedman (1979:9), explain that involvement in drugs by the adolescent is a response to or an escape from some complex personal problem in their lives. They add that those for whom drug use serves these latter purpose, tend to be youngsters who use drugs in a more extreme, unbalanced and self destructive way. These adolescents may also be more likely to engage in behaviour which is erratic and disturbing to their families and others, and as a result may become socially dysfunctional.

Cornacchia, Smith and Bental (1978:335), suggest that young people may use drugs to achieve detachment from personal problems and trouble and to produce a state of wellbeing. In their efforts to achieve detachment from such problems, the adolescent will identify specific reasons for the use of drugs. Some of these will include a feeling of insecurity and a desire to escape from their unhappy situation.

Connolly, Casswell, Steward and Silva (1992:1029), have pointed out that of the environmental factors influencing adolescent drug abuse, two influences that have received

much attention, have been the influence of parents and peers. This notion has been supported by writers such as Kandel (1995:140), and Wilks (1994:34). Drinking by adolescents has been positively identified with the level of drinking by parents.

McNeil, Kaufman and Dressler (1999:26), have explained that one group of factors that influence adolescent drug abuse are those that relate to the social world of the adolescent, the nature of his social relationships, the degree of drug and alcohol use by family members, and the nature of parental supervision and discipline. These writers have also confirmed that this group of factors appear to have the most crucial influence upon adolescent drug and alcohol abuse.

2.8.1   Family environment and adolescent drug abuse

Rebeta-Burdtt, in Pagliaro and Pagliaro (1996:150), observed that alcoholism is not a spectator sport, eventually the whole family gets to play. This observation can probably be extended to all forms of substance abuse.

Stanton, in Drug Issues (1984:274), points out that drug addiction should be thought of as part of a cyclical process involving three or more individuals, commonly the addict and two parents. He adds that these people form an intimate, interdependent interpersonal system. Where at time the equilibrium of this interpersonal system is threatened, such as when conflict between the parents is amplified to the point of impending separation. Stanton points out further that when this happens, the addicted person becomes activated, their behaviour changes, and they create situations that will focus attention upon themselves.

Fawzy, Wellisch and Coombs, in Drug issues (1984:276), point out that the family should be seen to include nuclear and extended families as well as any other configurations whose members identify themselves as a family. They add that environment broadly should be viewed as including family structure and dynamics.

Griswold-Ezekoye, Kampfer and Bukoski (1986:689), have pointed out that drug dependent families have unique characteristics which can be distinguished from non-drug dependent ones. They add that these characteristics and their impact on the children are organised by their domain of influence which are environmental, emotional, behavioural, physical and sexual.

2.8.1.1 Environmental family characteristics

Kumpher and De Marsh, in Griswold-Ezekoye, S., Kumfer, K.L. & Buskoki, W.J. (1986:69), state that these families are often multi-problem families that have considerable stress in their lives, resulting from strains such as marital and family strain, financial strain; losses and transitions. Increased strains are seen as deriving from poor family management skills such as few rules, inconsistent discipline, disorganised households and lack of child supervision. Children need consistency and an environment which is predictable if they are to develop stable and responsible patterns of behaviour. Pagliaro and Pagliaro (1996:149), also add that lack of family stability is influenced by factors such as death, imprisonment, abandonment, neglect, divorce and separation. They view divorce as one of the most stressful life events in the adolescent's life, which can contribute to or can exacerbate their substance abuse.

Schwartzberg (1992:635), explains that the child of a divorce faces intensified problems associated with separation, problems of identification with parental figures, especially in families marked by enduring parental hostility, and problems associated with visitation, parent absence and remarriage.

2.8.1.2 Behavioural family characteristics

Chemically dependent parents tend to be lax or inconsistence in their discipline practices with their children. Often, these children get away with something one day and being

severely punished the next day when the parent is not intoxicated. This results in children in such families having fewer rules to follow and sometimes being disobedient both at home and in school.

Baumrind, in Griswold-Ezekoye *et al* (1986:76), has observed that drug abusing adolescents come from authorisation or permissive families, but more families characterised parent non-directiveness. He also found that these adolescents characterised their home environments as hostile, with weak parent-child relationships and inconsistent parental discipline.

Pagliaro and Pagliaro (1996:148), have pointed out that the absence of a maternal figure has reportedly been associated with adolescent substance abuse and several other developmental problems such as gang involvement. They have also observed that the absence of a father figure is also related to adolescent psychopathology including substance abuse. The absence of a father is as a result of factors such as illegitimacy, incarceration, divorce and death.

2.8.1.3 Emotional family characteristics

Griswold-Ezekoye *et al* (1986:71), have pointed out that one factor which distinguish families involved in substance abuse from other families is family cohesion and attachment. They have also noted that this appears to be a significant predictor of future alcohol abuse. The parents of these children are seen as not capable of meeting the children's needs for a number of reasons including chemical dependency, lack of parenting skills, feeling of being a failure as a parent, rejection by the child and/or lack of ability to empathise with the child.

Emotional neglect has also been reported in many substance abusing families. This is often so because parents from these families appear to be limited in their ability to involve

themselves meaningfully and emotionally with their children due to the fact that they spend significantly less time with their children.

Kumpfer and De Marsh, in Griswold-Ezekoye et al. (1986:72), noted in their study the number of family activities in which parents were involved with the children. Drug abusing parents were found to spend less time in planned and structured activities with their children. They explain that lack of quality time is indicative of poor parent-child relationships which has been correlated with adolescent drug abuse. They also found that dagga abuse was often preceded by estrangement from parents due to unrealistic expectations or withdrawal of love on the part of the parents.

Family conflict involving all members of a family has often been found to prevail where families are involved in drug abuse. The conflict is usaully manifested primarily in the verbal abuse and negative communication patterns.

2.8.1.4 Emotional impact of the adolescent

Adolescents from drug abusing homes often have more difficulty than other children in identifying and expressing their feelings. Their feelings also seldom become validated by their parents. This results in emotional disturbances such as depression which in turn can lead to drug abuse.

These adolescents have also showed difficulty in forming intimate relationships and survive mainly by relying on themselves. They also tend to learn the same inappropriate conflict resolution skills and anger management as modeled in their homes. The lack of parent-child attachment can also leave the adolescent child vulnerable to peer influence to use drugs.

2.8.1.5 Physical or sexual abuse within the family

Pagliaro and Pagliaro (1996:153), have noted that corporal punishment of adolescents by their parents has been associated with subsequent development of several significant psychological problems such as alcohol and drug abuse, depression and suicide. They add that other forms of abuse, particularly severe physical and sexual abuse during childhood and adolescence have been frequently reported as antecedent to behavioural problems including drug abuse.

Harrison in Pagliaro and Pagliaro (1996:155), has pointed out that boys in drug abuse treatment groups, who admitted to histories of sexual abuse, are characterised by psychological and social problems. They add that these children show psychological distress especially agitation and have abused alcohol and other chemicals regularlyand from a young age in order to self-medicate their distress. These youth have been found to be more in trouble with the law than their peers. Fawzy, Wellish and Coombs (1984:279) have described family dynamics as functional structures of families or the ongoing formal and informal interaction and influences within the family system. This include communication patterns, extend of involvement among family members, disciplinary procedures and parent and peer influences.

The quality of parent-child relationship has been observed to be one of the most significant factors in predicting whether drug use will become a problem for certain adolescents. Glassner and Loughlin (1987:199), explain that parents are always important in the world of adolescents. They add that the importance of parents seem to lie not so much in their ability to control or influence behaviour directly, as in their support for children's acceptance of themselves as competent and trustworthy persons.

2.8.2   Peer pressure and adolescent drug abuse

Adolescents become more independent in thinking and decision making as they move closer to adulthood. However, they remain susceptible to the behaviour shaping influences of their friends. Levant (1998:13), says that clinically defined peer pressure refers to influence from others who are about the same age. He adds that as children move towards their teen years, fitting in becomes a dominant influence in their lives.

2.8.2.1   Types of peer pressure

Levant (1998:13), explain that peer pressure can be divided into four categories, and all of them can have a powerful influence on an adolescent:

- Friendly pressure: A friendly offer to try something. This can range from anything form cigarettes to alcohol. For example: "Would you like to try some?"
- Teasing pressure: This refers to a strong pressure in which people tease to get young people to try a drug. For example: "Come on do not be a fool – try it.
- Indirect or tempting pressure: This refers to a pressure to use drugs without a direct offer. Statements like "my brother has dagga in his room" are very common.
- Heavy pressure: This refers to the strongest pressure used to influence a young person to do something. For example: "I won't be your friend if you don't".

2.8.2.2   Relations with the peer group

Gouws and Kruger (1994:117), point out that young adolescents' relations with children of their age assume increasing importance as they pass from primary school to adolescence. They add that adolescents spend a great deal of their lives with the peer group. The peer

group serves as a sounding board for their ideas, thoughts and concerns. The adolescent begin to feel free to discuss matters that cannot be discussed with parents such as personal problems, contraceptives, drugs and alcohol.

Searll (1989:127), points out that the desire to experiment with drugs is the prime reason why young people start using drugs. She adds that it is however rare that this desire arises spontaneously as in most cases young people are offered drugs mostly by friends. The adolescent readily agrees to give it a try and telling himself that everyone else in his peer group is doing it.

The need to conform to the norms and values of the peer group applies as much to drugs as in other activities such as fashion clothes and hair styles. Many adolescents are thrown in a predicament when offered drugs by friends or pressurised into trying them. Even when they do not feel comfortable to trying drugs, they desperately want to remain part of the group. Given the choice between being rejected by the group and taking drugs, many adolescents will choose the drugs.

2.9   SUMMARY

The chapter gave an exposition of literature study on adolescent drug abuse and drug taking behaviour. Specific focus was made on adolescent development and on external factors which influence the adolescent such as communication between parents and adolescents, the home environment and peer pressure.

The next chapter focuses on empirical study, analysis and interpretation on data.

CHAPTER 3

PRESENTATION AND ANALYSIS OF
EMPIRICAL FINDINGS

3.1   INTRODUCTION

This research study was designed to investigate the influence of social factors on adolescent drug abuse. Data was gathered at Magaliesoord Treatment Centre from the Youth Drug Unit. A total of eleven (11) respondents were identified from amongst the male adolescent patients who were receiving in-patient treatment for drug abuse. The ages of the respondents ranged between 15-18 years.

Out of the 11 respondents who were initially identified for the study, 10 participated in the interviews which were conducted by the researcher. One respondent declined to participate after the purpose of the interview was explained to him. This respondent expressed discomfort to discuss issues that are related to his drug abuse. The respondent's decision not to participate was respected by excluding him from participating.

The collection of data from respondents was made possible by the fact that the scope of the study was limited to patients receiving treatment at the Centre. Accessibility to respondents was therefore possible. Face to face interviews with respondents were conducted. An interview schedule was used as an instrument of data collection. Open as well as closed questions were asked. A rating scale was used to obtain certain information.

3.2 INTERPRETATION OF THE DATA RECEIVED FROM THE INTERVIEW SCHEDULE

Data collected will be discussed per question as they occurred in the interview schedule.

3.2.1 Age distribution (Question 1)

Table 1: Age distribution of respondents (N=10)

Age	No. of respondents	Percentage
15	1	10
16	4	40
17	4	40
18	1	10
Total	**10**	**100**

Discussion

The majority of the respondents were in the age group 16-17 years. Although only 10% respondents were in the age group 15 and 18 years, a three year difference could have had an influence on their responses, e.g. in terms of their emotional maturity. All the respondents can therefore be classified as adolescents.

3.2.2 How old were you when you started taking drugs? (Question 2)

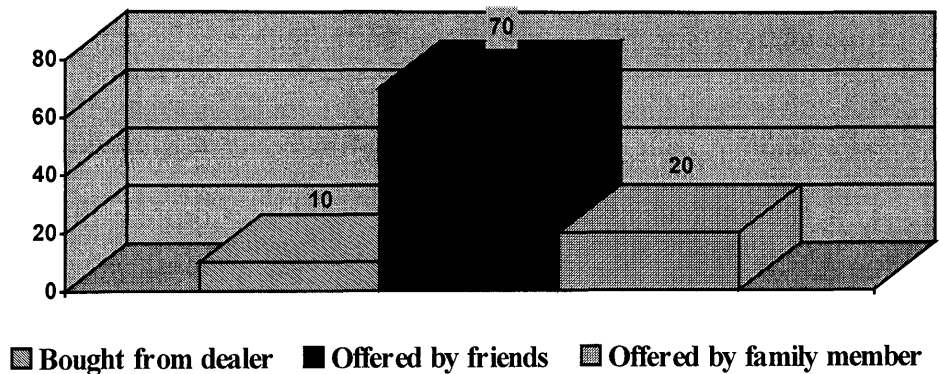Table 2: Age at which respondents started using drugs (N=10)

Age	No. of respondents	Percentage
12	5	50
13	2	20
14	1	10
15	-	0
16	2	20
17	-	0
18	-	0
Total	**10**	**100%**

Discussion

Table 2 indicates that the majority of respondents (50%) were introduced to drugs at an early age of 12 years. Pagliaro and Pagliaro (1992:132), explain that the experimental and other use of substances of abuse is increasing amongst the youth. They add that the initiation of alcohol and nicotine use occur on average at the age of eleven.

3.2.3 How were you introduced to drugs? (Question 3)

Figure 1: How respondents were introduced to drugs (N=10)

☒ Bought from dealer   ■ Offered by friends   ☒ Offered by family member

Discussion

A high number of respondents (70%) said that they were introduced to drugs by friends. Adolescents feel a need to belong to friends of the same age and many may begin to experiment with drugs in response to this need. However, because they also wish to conform to the norms and values of the group, they will do anything to order not to be left out.

Forrest (1983:20), points out that teenagers have to cope with various pressures at this stage of development. He adds that at this stage of their lives, they are especially vulnerable to peer pressure.

Searll (1989:127), also confirms the above by stating that children of all ages are placed under enormous pressure to conform to what others in the same age group are doing.

3.2.4   With whom do you usually take drugs? (Question 4)

Respondents could give more than one answer regarding this question. The majority of respondents (90%) explained that they mostly took drugs with friends in their neighbourhood; five (50%) said that they sometimes took drugs alone; four (40% said that they took drugs with friends at school; two (20%) said with friends at parties and one said with a family member.

Discussion

A large number of respondents preferred the company of friends away from home when they take drug, Lawson and Lawson (1992:442), explain that peer pressure to use drugs imply direct coercive play designed to force individuals to comply with group norms. They add that peer group pressure appears to influence the social meaning of drug use by associating the use of drugs with images of social recognition, independency, maturity, fun and a variety of other desirable play-offs.   Thus, drug use often occur in peer groups because young people reinforce each other's beliefs.

3.2.5   For what reason do you take drugs? (Question 5)

Respondents could give more than one answer to this question. Different reasons by the same individuals were given for taking drugs. The majority of respondents – seven (70%) – indicated that they took drugs in order to forget about family problems, five (50%) said that they took drugs because friends are taking drugs, three (30%) said drugs make them feel good and one (10%) said he wanted to experiment.

Discussion

Although the least number of respondents (30%) said that they took drugs in order to feel good, it is so that when young people feel bored, drugs are often an answer to their boredom. This also suggests that youth who are unmotivated and feeling isolated are very vulnerable to drugs.

Pagliaro and Pagliaro (1992:148), have pointed out that for a variety of reasons including neglect, separation or divorce, imprisonment and alcoholism in the family, many adolescents grow up without the stability which a traditional family provides. Lawson and Lawson (1992:32), explain that adolescents and children learn different coping skills to deal with stress, and that by way of observation they learn to make use of alcohol and other maladaptive behaviour because their parents escaped responsibility by abusing substances.

The family in 70% of the cases and friends in 50% of the cases, appear to have an important influence towards adolescents taking drugs. Children who are troubled or feel insecure at home are vulnerable to outside influences. Also given the choice between being rejected by the group and taking drugs, some adolescents will without hesitating choose drugs.

3.2.6 What do you look for when choosing a friend? (Question 6)

The majority of respondents, six (60%), have indicated that the attributes they look for in a friend are trust and sharing similar interests. Three (30%) respondents said that they will choose friends who take drugs. One respondent (10%) said that he will choose someone he/she can share problems with.

Discussion

As a result of adolescents' need to be accepted, there is usually an increase in their motivation to conform to what their peers are doing. Brown, Classen and Eicher, in Kimmel

and Weiner (1995:297), reported that the strongest type of peer pressure results from expectation of group involvement. Cobb (1992:258), explains that adolescents will give up their individuality for the security that comes with belonging to a group, which can be linked to the 60% who said they look for trust and sharing interests with a friend. He adds that depending on the values that are upheld by the group to which the adolescent belongs, the general behaviour of that group may either be socially acceptable or unacceptable. Socially unacceptable behaviour will include amongst others drug abuse, as indicated by 30% of the respondents.

3.2.7 What do you do to be accepted by friends? (Question 7)

Five respondents (50%) indicated that they will join friends in what they are doing in order to be accepted. Two (20%) said that they will take drugs and also gamble with friends. One (10%) indicated that he will hang around with and dress like friends to be accepted. One (10%) indicated that he will engage in stealing and commit acts of robbery in order to be accepted. One (10%) indicated that he will do anything to show that he identify with friends.

Discussion

Gouws and Kruger (1994:120), and Heuer (1994:5), point out that adolescents want to be accepted as part of the youth culture and will slot to a particular group by conforming to their demands. Use of drugs most frequently happens through the influence of close friends, and because the adolescent need to belong, he will find it difficult not to join in and will not risk the rejection.

3.2.8 Do any of your friends take drugs? (Question 8)

All respondents (100%) indicated that their friends also take drugs. The above is consistent with the stage of dependence in adolescent drug abuse as outlined by Edmonds and

Wilcocks (2000:15). Heuer (1994:44), also points out that friendships in adolescent drug abuse are characterised by increased association with peers from the drug sub-culture within the drug culture. Drug use is considered normal and is often associated with pop music.

3.2.9 How often do your friends take drugs? (Question 9)

Table 3: Frequency of drug taking by respondents' friends (N=10)

Duration	No. of respondents	Percentage
Daily	8	80
Very often	2	20
During weekends	0	0
Once in a while	0	0
Total	10	100%

How often do respondents take drugs? (Question 10)

Table 4: Frequency of drug taking by respondents (N=10)

Duration	No. of respondents	Percentage
Daily	9	90
Very often	1	10
During weekends	0	0
Once in a while	0	0
Total	10	100%

Discussion

The majority of respondents (90%) have indicated that they take drugs daily. This compares with that of their friends which is 80% daily use. The above indicates that the respondents' and their friends' lives are centred around drug behaviour.

Edmonds and Wilcocks (2000:16), point out that signs of psychological dependence on drugs are an increase in the frequency of use. The drug is used specifically to get high, and the need for the effect increases by the frequency of use.

3.2.10 How adolescents obtain their drugs (Question 11)

The majority of respondents, seven (70%) have indicated that they buy drugs from dealers. One respondent (10%) said that he obtain drugs from hostels, informal settlements and Hillbrow. Two respondents (20%) indicated that they obtain drugs **anywhere** in their neighbourhood as long as you are looking for them.

Discussion

According to the *SERVAMUS Community Edition on Drug and Occult related crimes,* drug dealing is a means to earn income and it promises an easy way to make wealth which the conservative economy currently fails to do. Drugs are also said to be available everywhere and it is only the types which differ according to the different communities. The fact that most of the respondents (70%) are able to obtain drugs from dealers within their communities indicates that drugs are easily obtainable within communities.

3.2.11 Places where respondents take drugs (Question 12)

Respondents could give more than one answer to this question. Eight respondents (80%) indicated that they take drugs away from home. Three respondents (30%) said that they take drugs at school, two (20%) respondents said they take drugs at home, another two (20%) said at parties. One respondent (10%) said he takes drugs in informal settlements, flats and hostels, and one said he takes drugs at his place of employment.

Discussion

Edmonds and Wilcocks (2000:13), point out that most young people take alcohol and drugs as a recreational activity and that the use thereof as a social activity promotes the formation of cliques and the entrance into the drug sub-culture. The most popular social events which are frequented by the adolescents for recreational purposes include open parties organised by the young people themselves, nightclubs and raves. A rave refers to an all-

night party where loud techno music is mostly played and drug taking is the rule and not the exception (SERVAMUS Community Edition on Drug and Occult related Crime).

3.2.12 How respondents support the drug habit financially (Question 13)

Five respondents (50%) indicated that they either steal, involve themselves in acts of housebreaking or robbery or engage in sexual activities in order to obtain money to buy drugs. Three respondents (30%) said that they use their pocket money to obtain the drugs, but also get the drugs from friends. One respondent (10%) said that he gambles to obtain money for drugs. One respondent (10%) said that he gambles to obtain money for drugs.

Discussion

Searll (1989:158), and the *SERVAMUS Drugs and Occult Related Crime Community* (edition 11) indicate that drug abuse may lead the addict to commit criminal acts including shoplifting, housebreaking, fraud, forgery, petty stealing and breaking into pharmacies which correlate with the 50% of respondents who indicated that they commit crimes such as stealing to obtain money to buy drugs.

Heuer (1994:65), explains that adolescents who are involved in harmful dependency become clouded with sexuality issues. He adds that most adolescents will just be starting to relate to the opposite sex, questioning their own values and decision making in the area of sexuality, but the dependent adolescent makes fewer conscious and well-thought-out choices concerning his decision to become sexually active. For some adolescent drug addicts, sexual activity is used as a bargaining tool to obtain drugs as indicated by some of the respondents. Males may as well enter into homosexual relationships solely to obtain drugs.
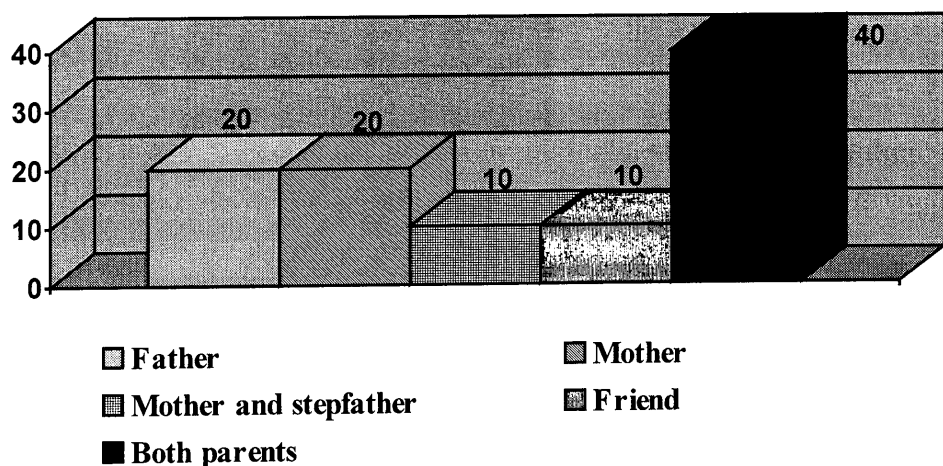
3.2.13 Use of free time (Question 14)

All respondents (100%) indicated that they spend their free time indulging with drugs. Three (30%) respondents said that they also watch TV, play soccer or listen to music during their free time. Two respondents (20%) said that they also engage in sexual activities (casual sex) during their free time, sometimes as a means to obtain the drugs.

Discussion

The lives of the respondents appear to be occupied with the use of drugs as they use their free time indulging in drugs. Heuer (1994:32), points out that the relationship with alcohol and other chemicals that the young people forms early in his usage can be compared to that of a friend. He adds that this friend is always there and a source of comfort, and for some young people the drug may be the best friend they heave ever had. The lack of emotional family ties, that is so often the case with adolescent drug abusers, may also lead to this need to belong.

3.2.14 Who do you live with? (Question 15)

Figure 2: Adults with whom respondents live (N=10)

- ☐ Father
- ▦ Mother and stepfather
- ■ Both parents
- ▨ Mother
- ▩ Friend

Discussion

For a variety of reasons, including divorce, separation, death, illegitimacy, imprisonment or separation, many adolescents grow up without the stability provided by a traditional family.

These sudden changes in the make up of the family can lead to an adolescent's use and eventual abuse of drugs. Pagliaro and Pagliaro (1992:149), point out that divorce is one of the most stressful events in an adolescent's life and can contribute or exacerbate their substance abuse. From the results it can be concluded that 60% of the respondents are from a divorced or separated parents but the 40% with both parents are also significant.

3.2.15 Relationship with family members prior to taking drugs (Question 16)

The majority of respondents (70%) said that they enjoyed good relationships with their families prior to their drug taking habit. One respondent (10%) indicated that his relationship with his mother was always poor due to his mother's drinking. One respondent (10%) said that he experienced rejection from his mother who chased him from home.

Discussion

The valuable finding was that the majority of parents do work towards creating an atmosphere where positive relationships will prevail within the home. However, when the parents themselves are involved in some negative life styles such as drinking or where there is an abuse of family members, relationships will become poor.

3.2.16 Extend to which relationships changed following drug taking behaviour by the adolescent (Question 17)

The majority of respondents (80%) said that their families were very disappointed, reacted with anger and also lost trust in them when they discovered that they were taking drugs.

One respondent (10%) said that his mother became very concerned that his medical condition (epilepsy) would deteriorate due to drugs. Another respondent (10%) said that his father started fighting with him about his drug taking behaviour.

Discussion

Forrest (1983:65) points out that the parents and family of the teenage drug abuser eventually resort to various forms of acting out. He adds that one primary acting out role of parents involves anger and rage. The parents become progressively more angry and act out these feelings of anger through cursing or even physically attacking the adolescent. Other children in the family may also act out their angry, hostile feelings towards the adolescent drug abuser.

3.2.17   Prevalence of conflict within the home (Question 18)

Table 5: Conflict within the home of the respondents (N=10)

Frequency	No. of respondents	Percentage
Often	1	10
Very often	6	60
Never	0	0
Sometimes	3	30
Total	10	100%

Discussion

Jacobs (1988:56) points out that families do reach a stage where members no longer feel any strong commitment obligations, but for various reasons the parents do not separate or divorce. She adds that violence and quarrels are very common and communication is kept to the minimum. Children in such families are usually starved for love and embarrassed when friends visit them, and feel ashamed to explain their parents' behaviour. Such children may resort to drugs to escape the home situation.

3.2.17 Source of conflict in the home (Question 19)

Seven respondents (70%) said that the conflict is about their drug taking behaviour and about stealing from home. The conflict involves both parents and the respondent. One respondent (10%) said the conflict is about his father's drinking and not providing for the family, one respondent (10%) said the conflict is between children and his mother about her drinking behaviour and her failure to care for them. One respondent (10%) said that the conflict is about his stealing from home.

Discussion

Nowinski (1990:86), explains that the drug abusing person is not the only one who is changed by addiction, the family members are also changed. The more substance abuse becomes the centre of the adolescent's life, the more his relationship with family members deteriorate. This often result in resentment, leading eventually to alienation and bitterness.

3.2.19 Handling of conflict in the home (Question 20)

Seven respondents (70%) said that their family sits together to discuss the problems surrounding the conflict to reach a conclusion on the conflict making sure that it does not re-occur. Two respondents (20%) said their families avoid dealing with conflict by going away and pretending that it does not exist. One respondent (10%) indicated that the family does not discuss conflicts as they see it as a waist of time because of his drugging.

Discussion

Beschner and Friedman (1986:187), point out that one of the most important elements in a family to counteract drug abuse is honesty. They add that parents should explore methods of fostering an atmosphere in which honesty is rewarded and communication with children is open. Parents who confront conflict situations in an open manner, talking about their fears and anger are more likely to gain the adolescent's trust and have some influence in

his drug taking. At times parents need to be persistent and tenacious in order to succeed in their attempts to resolve conflict with their children.

3.2.20 Dealing with conflict as an individual (Question 21)

Four respondents (40%) said that they deal with conflict by resorting to drugs. Three (30%) said that they prefer to avoid the conflict situation. Another two (20%) said they confront the situation to deal with it with the other person. One respondent (10%) said that he will share the problem with someone like his teacher.

Discussion

Although 40% of respondents in the study indicated that they deal with conflict by resorting to drugs, which is an escape strategy to dealing with a problem, Montemayor and Hanson in Berndt and Ladd (1989:83), have found that adolescents often resolve conflict by withdrawing from the conflict situation without resolution. This has been confirmed by 30% of the respondents. Other methods found to be more prevalent amongst adolescents included authoritarian methods particularly where the conflict is between the adolescent and a sibling or peers.

3.2.21 How often do you get rewarded for good behaviour? (Question 22)

Table 6: Frequency of rewards given for good behaviour by parents (N=10)

Frequency	No. of respondents	Percentage
Always	6	60
Sometimes	4	40
Never	0	0
Total	10	100%

Discussion

The majority of respondents (60%) said that they always get rewarded for their good behaviour and 40% said that they sometimes receive rewards. Patterson, in Lawson &

Lawson (1992:332), points out that reinforcement will increase the probability of desired behaviour. The use of positive reinforcement can help to develop an adolescent's self-worth and positive feelings about self. The fact that **none** of the respondents have indicated that they never get rewarded for their good behaviour, indicates that, in spite of their children's addiction problem, parents continue to appreciate their children's good behaviour.

3.2.22 How do you get rewarded for good behaviour? (Question 23)

Seven respondents (70%) said that parents praise them for their good behaviour and often couple this with pocket money or buying something special for them. Two respondents (20%) said that their parents thank them for their good behaviour. One respondent (10%) said that his parents give pocket money as an incentive for his good behaviour but he uses it for drugs which in return causes conflict.

It appears that most parents believe in material rewards as an gesture for good behaviour. Problems associated with this kind of rewarding behaviour, are that when the reward is not given, behaviour can become negative.

Discussion

The majority of respondents said that they get praised for their good behaviour and this is often coupled with something materially such as pocket money or an item. Lawson and Lawson (1992:330), point out that positive communication which people receive from significant others in their lives determines their view of self. This view is also held by Satir, in Rice (1975:243). It is unfortunate that when money is given as an incentive for good behaviour, it is often used to obtain drugs such as in 10% of respondents.

3.2.23 Do your parents communicate their disapproval of your behaviour? (Question 24)

Table 7: Extent to which parents communicate disapproval of respondent's behaviour

Frequency	No. of respondents	Percentage
Always	7	70
Sometimes	2	20
Never	1	10
Total	**10**	**100%**

Discussion

The majority of respondents (70%) have expressed that their parents always communicate their disapproval of behaviour which they consider not acceptable. Satir in Rice (1975: 244), points out that this attitude by parents helps to build up to a healthy relationship between parents and their adolescent children. By keeping open communication with children, this enable parents to give children feedback about their behaviour, even where behaviour is negative.

3.2.24 How disapproval of behaviour is communicated by parents (Question 25)

The majority of respondents (70%) have indicated that their parents verbally communicate their disapproval of their behaviour. One respondent (10%) said that he gets punished physically when his behaviour is disapproved of by his parents. One respondent (10%) said that his parents hold a family conference to communicate their disapproval of their behaviour. One respondent (10%) said that he gets confronted when his behaviour is considered not accepted.

Discussion

The majority of parents, as indicated above, talk to their children when they communicate their disapproval of their behaviour in order to guide them. Rice (19975:242), and Satir in

Rice (1975:243), both point out that adolescents want understanding and that the key to harmonious parent-youth-relationship is communication.

3.2.25 Knowledge about family members who take drugs (Questions 28 and 29)

Five respondents (50%) said they do know of someone in their family who take drugs. Of these five respondents two said that they know of their fathers, one said that he knows of his mother, three said that they know of their brothers and two said that they know of either cousins or uncles. Respondents could give more than one answer.

Discussion

Nowinski (1990:74), points out that there is a gathering body of evidence indicating that parental substance abuse places adolescents and children at risk on several levels. He adds that on the simplest level, parental use of alcohol and drugs is a problem because it models behaviour which gets adolescents into trouble. Lawson and Lawson (1992:33), also point out that parental modeling is of paramount importance in the development of adolescent drinking and drugging. Parental or sibling patterns of drug abuse can encourage adolescent drug abuse.

3.2.26 Attitude towards parents communicating their disapproval of use of drugs by their children (Question 26)

All ten respondents (100%) said that they agree that parents should communicate their disapproval of the use of drugs by their children.

Discussion

Searll (1989:136), and Edmonds and Wilcocks (2000:62), point out that parents are not to put up with unacceptable behaviour which involves the use of drugs by their children and that they should use their parental power to confront the situation. This in turn will enable

the child to understand where he stands in relation to his parents regarding negative behaviour such as drug abuse.

3.2.27 Parents' reaction to the use of drugs by respondents (Question 27)

The majority of respondents (80%) indicated that their parents first reacted with shock, and then expressed their disappointment which was followed by anger. One respondent (10%) said that they expressed frustration and anger. Another respondent (10%) said that his mother expressed anger and shouted at him about the embarrassment he has caused the family.

Discussion

Searll (1989:147), and Levant (1998:210), both state that it is quite normal to feel angry and that it would not be normal not to feel and express your anger. They add that the child should be made aware of how parents feel about their behaviour.

3.2.28 Do you feel free to communicate with your parents? (Question 30)

Five respondents (50%) indicated that they feel free to communicate with their parents. Four respondents (40%) said that they sometimes feel free to communicate with their parents. One respondent (10%) said that he does not feel free to communicate with his parents.

Discussion

It is interesting to note that some form of open communication does exist between most of the respondents and their parents, which could mean that parents are still interested in the wellbeing of their children. Forrest (1983:136), points out that parents' relationship with an adolescent drug addict will improve if they simply keep the channel open. He adds that this needs to be done regardless of intra-familial conflicts, interactions and feelings.

3.2.29 Who do you speak to when you experience personal problems? (Question 31)

Five respondents (50%) indicated that they discuss their personal problems with friends. Four respondents (40%) said that they discuss personal problems with their mothers. One respondent (10%) said that he prefers to keep his problems to himself.

Discussion

One of the most frequent complaints of adolescents is that their parents do not listen to their ideas, do not accept their opinions or even try to understand their feelings and points of view. Gouws and Kruger (1994:120), point out that the acceptance and support offered to adolescents by their peers is often in contrast to the disapproval from their parents and other adults. From the responses given, it is evident that friends are experienced as being more supportive than parents during the adolescent stage. The 40% is still significant for this target group mother is therefore an important roll player in rehabilitation.

3.2.30   Do you enjoy spending time with your family? (Question 32)

Table 8: Time spend with family considered enjoyable (N=10)

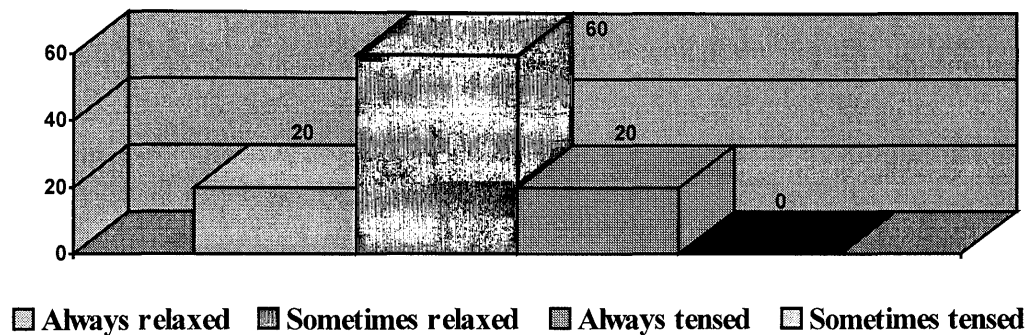| Frequency	No. of respondents	Percentage
Always	3	30
Sometimes	5	50
Never	2	20
Total	10	100%

Discussion

Half of the respondents (50%) have indicated that they sometimes do not enjoy spending time with their families. They have indicated that they prefer the company of friends because that is the place where drugs are enjoyable.

Conflict within the family has also been cited as a reason for spending time outside the home. Conflict within the home can lead to children feeling insecure and they might try to find the security in friends who are involved with drugs.

3.2.31 Which best describes the general atmosphere in your home? (Question 33)

Figure 3: General atmosphere in the home (N=10)

☐ Always relaxed ☐ Sometimes relaxed ☐ Always tensed ☐ Sometimes tensed

Discussion

Most of the respondents (60%) indicated that a more relaxed family atmosphere prevailed. A smaller percentage (20%) indicated that the home atmosphere is always tensed. A relaxed home environment will attrack the members of the family to one another and they will enjoy spending time together. On the contrary, when the atmosphere is tense, individual members will choose to spend time away from home, and for the adolescent this gives rise to exposure to negative influence outside the home.

3.2.32 Respondents' ratings about how respondents feel about themselves (Question 34)

A self-esteem scale was given to respondents to rate how they feel about themselves. The scale consisted of five statements, two of which were phrased positively and three were phrased negatively. The statements were rated on a four point scale ranging from never to always. The following tables (table 9– table 12) indicate the results.

Table 9: Respondents' feeling about good qualities about themselves (N=10)

Frequency	No. of respondents	Percentage
Never	0	0
Seldom	2	20
Often	6	60
Always	2	20
Total	10	100%

"I feel I have good qualities" was a positive statement. Two respondents (20%) responded in a very positive way and six (60%) responded in a relatively positive way. Only two (20%) respondents responded in a negative way. One possible way to explain this could be that people who do not feel good about themselves may need a way of coping with this feeling, and drugs could provide this coping mechanism. The fact that 60% of respondents experienced their home atmosphere as always relaxed could be reason why they feel good about themselves.

During the adolescent stage, the young person is vulnerable, as a result of conflict resulting from his struggle to adapt his childhood standards to the needs of maturity. It is also at this stage that anti-social behaviour such as drug abuse result.

Levant (1998:39), points out that nothing is more powerful than selfesteem in the battle against drugs. He dds that as children go through the physical, emotional and hormonal changes of puberty, they are trying to build a sense of self-worth and self-esteem. They simultaneously battle with a need to belong. The battle between self-esteem and need to belong can be a difficult one for the growing individual.

Table 10: Respondents' feelings about how satisfied they are about themselves (N=10)

Frequency	No. of respondents	Percentage
Never	0	0
Seldom	4	40
Often	5	50
Always	1	10
Total	**10**	**100%**

"I feel satisfied with myself" was a positive statement. Four (40%) of the respondents expressed that they seldom feel satisfied with themselves, which is a negative feeling about oneself. A higher number (50%) said they often feel satisfied with themselves and one respondent (10%) said he always feel satisfied with himself. Drug abuse is a coping mechanism for dealing with painful situations in one's environment or within the self. People who do not feel satisfied with themselves could resort to drug abuse as a way of boosting their self-esteem. Forrest (1983:41), points out that teenage drinkers usually feel inferior and worthless. This statement, however, does not correlate with the above. however,

Table 11: Respondents' feelings about failure (N=10)

Frequency	No. of respondents	Percentage
Never	0	0
Seldom	1	10
Often	2	20
Always	7	70
Total	**10**	**100%**

"I feel I am a failure", was a negative statement. Seven (70%) respondents said they always feel that they are a failure. Two (20%) said they often feel that they are a failure, and one (10%) respondent said he seldom feel that he is a failure. Searll (1989:129), points out that the majority of people who are dependent on drugs have a very low opinion of themselves and their abilities. Although respondents expressed feelings of failure about themselves due to the environment with drugs, they felt satisfied about themselves as indicated in table 10.

The fact that a large proportion experienced themselves as failures and resorted to drugs, could be due to the believe that drugs will help them cope with a feeling of failure.

Table 12: Respondents' feelings about lack of pride about self (N=10)

Frequency	No. of respondents	Percentage
Never	0	0
Seldom	1	10
Often	1	10
Always	8	80
Total	10	100%

"I feel I do not have much to be proud of" was a negative statement. The majority of respondents (80%) said that they always feel that there is not much to be proud of. Searll (1989:128), points out that young people who have a low self-esteem and a sense of inadequacy are vulnerable to drugs. Young people will resort to drugs as they believe that drugs will make them feel confident. The fact that the majority of respondents have expressed lack of pride about themselves could be due to the fact that they have begun to develop insight into their own behaviour which is influenced by their involvement in treatment.

Table 13: Feelings about how good respondents feel about themselves (N=10)

Frequency	No. of respondents	Percentage
Never	1	10
Seldom	1	10
Often	4	40
Always	4	40
Total	10	100%

"At times I think I am no good at all" is a negative statement. Four (40%) of respondents said that they always feel that they are not good at all. Another (40%) said that they often

feel that they are not good at all. One (10%) respondent said that he seldom feel that he is not good at all. Another one (10%) said that he never thinks that he is not good at all.

These responses should be linked with those previously given in Table 12 viz lack of pride about self. The respondents have begun to develop insight into their drug behaviour which is influenced by their involvement in treatment. The majority are beginning to realize that drugs have taken away their good qualities.

3.2.33 Description of other feelings about self (Question 35)

Other feelings expressed about self included the following: feeling depressed due to time wasted through indulging in drugs, feeling ashamed of self that family has been led down, feeling ashamed of being a drug addict in the family, feeling that others do not care about me because of being a drug addict, feeling that they can contribute meaningfully to own life if they stop taking drugs and respondents feeling that they have to take the blame for their current situation.

Discussion

The responses given indicate that respondents felt remorseful, guilty and shameful about their drugging behaviour. Because these adolescents were already receiving treatment for drug addiction (the majority were already over six weeks in treatment), they had begun to gain insight into their drug behaviour. A feeling of hope was also expressed, indicating that there was motivation to work on their addiction problem.

3.2.34 Other feelings experienced by respondent related to family and peers (Question 36)

Feelings in this regard expressed by respondents included the following: feeling that family and old friends were led down, blaming the family atmosphere for their drug taking

behaviour, feeling of remorse about drug taking behaviour, feeling bad about being irresponsible with sexual life, feeling that they are responsible for the family's loss of trust in them.

Discussion

Of significance in the above responses is the fact that respondents were able to reflect on how their behaviour affected their significant others, such as family and friends. The family atmosphere was also blamed for some of the respondents' drug behaviour. Respondents also acknowledged that they were responsible for their families' loss of trust in them.

3.2.35 Respondents' experience of being part of the interview (Question 37)

The majority of respondents (80%) expressed that the interview gave them an opportunity to reflect on their behaviour. Two (20%) respondents said that although it felt painful to talk about their drug life and how it affected their family, the interview enabled them to take responsibility for their situation, as well as their recovery process.

3.3 SUMMARY

The purpose of this chapter was to analyse and interpret data. The study was conducted to explore the influence of social factors on adolescent drug abuse. An interview schedule was used to collect data through face-to-face interviews with adolescents who were receiving treatment for drug abuse at Magaliesoord Treatment Centre.

Interpretation of data which was gathered indicate the following:

❏ The majority of the respondents started taking drugs at the age of twelve years, and were introduced to drugs by friends who were also taking drugs. However, most of

- the respondents only came into treatment between the ages of sixteen and seventeen years.

- The majority of respondents indicated that they experience conflict very often in their homes, and have described the home atmosphere as always very tense. Drugs were used by respondents in order to escape from the unpleasant family circumstances.

- All respondents have indicated that they spend their free time taking drugs. The majority of respondents have also indicated that they have been involved in crimes such as stealing, house breaking and robbery in order to support their habit.

- Respondents have indicated that they enjoyed good relationships with their families before they started taking drugs. However, relationships changed due to the respondents' behaviour resulting in conflict between them and their parents.

- The use of drugs by other family members of the adolescent drug addicts is a common factor.

- Drugs do impact negatively in the self-esteem of the drug user. This was confirmed by the majority of respondents who expressed feelings for failure and lack of pride about themselves.

CHAPTER 4

GENERAL SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This research report consists of four chapters viz:

- Chapter one which highlights the general orientation to the study;
- Chapter two examined literature on the adolescent stage and on external factors which influence the adolescent;
- Chapter 3 focused on the empirical study, analysis and interpretation of data; and
- Chapter 4 includes the summary, conclusions and recommendations.

4.2 GENERAL ORIENTATION

4.2.1 Summary

Substance abuse is recognised as one of the greatest health and social problems in South Africa. Youth are found to be amongst the high risk groups. The aim of this study was to explore the extent to which social factors influence adolescent drug abuse.

The objective of the study were the following:

- To explore to what poor family relationships influence adolescent drug abuse.
- To explore the influence of home environment on adolescent drug abuse.
- To explore the influence of peer pressure on adolescent drug abuse.

Applied research was used for the study. The researcher selected an exploratory design in order to gather more knowledge on the role played by social factors in influencing adolescent drug abuse. A face to face administered interview schedule was utilised as a data gathering instrument.

4.2.2 Conclusion

The exploratory design rendered an effective framework for collecting data for this study. Through this design, the researcher was able to explore the field of adolescent drug abuse.

The face to face structured interview schedule enabled the researcher to obtain responses from all the respondents who participated in the study.

Also, due to the sensitive nature of the questions included in the structured interview schedule, the researcher was able to identify if there was a need for debriefing after the study. One session was conducted with all the subjects after the study to work through their experience.

4.2.3 Recommendations

The following recommendations are made for future research:

❑ **Size of sample**
Owing to the small size of the sample included in the study, the researcher recommends that future research should include a larger sample or same schedule on more small samples to compare the findings.

❏ **Age of respondents**

The study only included children between the ages of 15-18 years. The researcher recommends that future studies should include children younger than 15 years and to compare the findings.

❏ **Gender**

Only male respondents were used in conducting this research. Future research could include female respondents in order to compare the findings.

❏ **Types of questions**

Future research should include questions which addresses other areas of the adolescent's social life such as the school for example involvement in extra curricula activities.

❏ **Literature used**

The literature used enabled the researcher to formulate questions relevant to the interview schedule. However, the researcher is of the opinion the inclusion of material from current journal articles could have given a larger scope for questions. Future research should include literature from current journal articles on the topic.

4.3 LITERATURE STUDY ON ADOLESCENT DEVELOPMENT, DRUG ABUSE AND DRUG BEHAVIOUR

4.3.1 Summary

❑ The stage of adolescence is characterised by rapid physical changes which transforms a child into an adult. This development is coupled with new cognitive abilities, sexual awakening and increased sensitivity to peer relations.

❑ The healthy development of the adolescent's autonomy from parents is determined by the parental style which exist in the home. Three parenting styles of exercising authority have been identified viz. permissive parents, autocratic parents and democratic parents. Communication between parents and adolescents is also influenced by the type of parenting style.

❑ Several environmentally induced factors including death of a parent, a break-up of the family unit, divorce, separation, imprisonment, can effect the lives of adolescent children.

❑ The peer group and peer culture serves a function of social institution, to secure a status and provides an environment for the adolescent's search for social identity and an opportunity for group participation. Adolescents conform to peer pressure in order to belong and to be accepted by peers.

4.3.2 Conclusion

❑ It is thus evident that communication is a key factor in building a positive relationship between parents and their adolescent children. When communication between parents and children is dysfunctional, children often resort to unacceptable behaviour such as drug abuse.

- ❏ Lack of stability in the home resulting from factors within the environment, do influence the behaviour of children and can lead to drug abuse as they try to escape the home situation.

- ❏ Peer affiliation should be considered a normal process of adolescent development.

4.4   EMPIRICAL FINDINGS ON ADOLESCENT DRUG ABUSE

4.4.1   Summary

In Chapter 3, empirical findings on adolescent drug abuse were presented and analysed. The data was gathered through the use of an interview schedule which was administered with adolescent patients at Magaliesoord Centre. A total of ten patients took part in the study.

4.4.2   The following were core findings

4.4.2.1 Findings regarding age at which children become involved with drugs

The average age at which children begin to experiment with drugs is 12 years. This early experimentation could be explained by the fact that children at this stage of development are very vulnerable to external influences. Findings also indicate that the average age of the children in the treatment centre is 16 years. This suggest that the problem is often not considered serious enough when children start experimenting and is left until late adolescence.

Recommendations

Parents should become aware of the activities in which their children are involved outside the home. This will enable them to be able to pick up external influences which will have

negative impact on the behaviour of children. Parents should be educated about the early signs of drug addiction as well as about places where they can find early intervention such as outpatient treatment clinics.

4.4.2.2 Findings regarding the role played by peers on adolescent drug abuse

Respondents indicated that friends played a major role in their drug taking behaviour. This confirms that friends and peers have a great influence on adolescent behaviour. Adolescents who are involved in drugs also prefer the company of drug using friends.

Recommendations

Parents should always know who their children associate with outside the home. They should also give guidance to their children regarding the selection of friends. Parents should create an environment for open communication with their children which will allow friendships outside the home. Parents should be positive models in their own selection of friends. Adolescents should be exposed to learning of life skills which will enable them to resist negative peer pressure.

4.4.2.3 Findings regarding the extent to which adolescent drug addicts engage in drug taking behaviour

Findings indicate that these adolescents spend 100% of their free time engaging in drug taking behaviour. They also choose drugs as a form of recreation, and are less involved in other forms of recreation.

Recommendations

Children should be encouraged at an early age to take part in extra mural activities such as sports, both at school and in the communities where they live.

Less privileged communities which lack recreational and sport facilities should be aided by sports organisations, government departments which are involved in sports and recreation, as well as municipalities to create such facilities. Schools should include sports and other extra mural activities in their curricula and adopt policies that will encourage learners to take part in one or more activities. This will enable more young people to take part in sports and recreation and in that way occupy them constructively.

4.4.2.4 Findings regarding communication within families of adolescents who are involved in drugs

Findings indicate that these families are often characterised by continuous conflict amongst the family members resulting in an ever tense atmosphere. Adolescents are driven out of the home by this unpleasant atmosphere and choose to spend their time away from home as an escape from the home situation.

Recommendation

Parents should strive to relate positively with each other in order to create a relaxed atmosphere within their home. This can be achieved through open communication.

4.4.2.5 Findings regarding discipline in families where adolescents use drugs

Respondents indicated that parents disapproved all negative behaviour including drug taking behaviour. Disapproval is communicated both verbally and through withdrawal of privileges. Findings also indicates that when the behaviour of these children improves, the parents resort to material rewards to reward such behaviour. However, when such rewards are withdrawn the children revert to negative behaviour.

Recommendations

Parents should engage in open communication with their children regarding the children's behaviour. This will enable the children to know where they stand in relation to their parents regarding their behaviour. This form of communication should be adopted equally by educators in schools and by other care givers such as child and youth care workers and social workers in institutions.

4.4.2.6 Findings regarding the abuse of drugs by other family members of the adolescent drug addict

Findings indicate that there is a high incidence of drug taking within the families of adolescent drug addicts by other family members.

Recommendation

Although the use of alcohol beverages is considered an acceptable social practice in many homes, adults should ensure that their intake of alcohol beverages does not lead to abuse. This will in turn model the balanced use of alcohol beverages within the home.

4.4.2.7 Findings regarding feelings adolescent drug patients have about themselves

Findings indicate that adolescents who are involved in drug taking behaviour have a low self-esteem about self. This is characterised by the following feelings:

❑ lack of good qualities about self;

❑ not feeling satisfied with self;

❑ feelings of failure;

❑ lack of pride about self; and

❑ not feeling good about self.

Recommendation

Programmes designed for the treatment of adolescent drug abuse should focus on helping the adolescent to regain their self-esteem which is often taken away by the drug taking behaviour. This can be achieved through empowering them with life skills e.g. resisting peer influence or developing assertiveness.

4.5   TESTING OF AIMS AND OBJECTIVES

4.5.1   Aim

The aim of the study was to explore the influence of social factors on adolescent drug abuse. The researcher has met this aim. Sufficient information was gathered through the use of literature study and empirical study with regard to influence of social factors on adolescent drug abuse.

4.5.2   Objective 1

To explore to what extent poor family relationships influence adolescent drug taking behaviour.

The findings from the empirical study confirms that poor family relationships, particularly poor communication between parents and adolescents, influence adolescent drug abuse.

4.5.3   Objective 2

To explore the influence of the home environment on adolescent drug taking behaviour.

Findings from the empirical study confirm that factors within the home environment such as divorce, death and imprisonment which can lead to a break up of the family unit and parental drug abuse do influence adolescent drug abuse.

4.5.4   Objective 3

To explore the influence of peer pressure on adolescent drug abuse.

Findings in this regard confirms that association with drug abusing peers does influence adolescent drug abuse.

4.6   TESTING OF ASSUMPTIONS

4.6.1   Assumption 1

Adolescents raised within dysfunctional families will resort to drugs as a means to escape from their family problems.

Findings from the empirical study confirmed that respondents were raised in families that are characterised by constant conflict and quarrels. This atmosphere deprives children of love, but also creates embarrassment for them.

4.6.2   Parental drug use is associated with experimentation by adolescents

Findings from the empirical study have not confirmed that parental drug use influences adolescent drug use. However, drug use by others outside the family such as friends appeared to have a greater influence. It can therefore be concluded that peer pressure is stronger than parental modeling.

4.6.3   Assumption 3

Association with drug using peers influence adolescent drug use.

Findings from the empirical study confirms that peers do influence adolescent drug abuse. The pressure to conform norms and values of the groups often compel adolescents to want to do anything that will make them to become accepted by the group.

4.7   LIMITATIONS OF THE STUDY

The study was carried out with a small sample of respondents due to the size of the Youth Unit at Magaliesoord Centre and the findings are therefore based on this group of respondents. Results can therefore not be generalised to the larger population of adolescents drug users.

In order to validate the findings, a similar study could be carried out with a larger sample, or same with more smaller same sized samples. Furthermore, as the study involved only male adolescents, future research could include both male and female adolescents.

4.8   CONCLUDING REMARKS

From the study, it is evident that adolescents are driven to drug taking behaviour by influences arising from their social environment.

When treating these adolescents for drug abuse, it is imperative that the treatment programme should be designed to include addressing these causal factors.

The findings in this research could be used when drawing a programme for the treatment of adolescents who are involved with drugs. The programme should be designed to include the following:

❑ involvement of families through joint sessions to empower them in communication skills;
❑ empowering adolescents on how to deal with conflict;
❑ empower adolescents with life skills, such as self-esteem.