HARMFUL USE OF NYAOPE AMONG YOUTH IN ETWATWA: A SOUTH AFRICAN PASTORAL CHALLENGE

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Dedication

This thesis is dedicated to my mother Nomaxabiso Princess Zabeko. To my lovely wife Nwabisa, and my boys Lubabalo and Luzuko Likiwe Zabeko. To my sisters Nosipho and Sonto as well as my sister-in-law Nomonde Gongxeka to all my cousin brothers and sisters. My young brother Slumko and his wife Nophelo, my late big brother Amon and his children and lastly to my late grandmother Libase Elmina maXaba Zabeko.

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This study would not have been possible without the cooperation of the youth and their parents or guardians as well as the pastors and the Methodist people in the Etwatwa community, who all willingly participated in this study.

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this thesis is my own work. Where other people's work has been used (either from a printed source, Internet or other source), this has been properly acknowledged and referenced in accordance with department requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.

Student Number: 13301480

Signature :…….

DATE :……

Supervisor : Professor Maake J Masango

Signature :……..

DATE :……..

Ethics Statement

1. I have obtained for the research described in this work, the applicable research approval.
2. I have observed the ethical standards required in terms of the University of Pretoria's code of ethics for researchers and policy guideline for the responsible research.

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SUMMARY

The researcher dealt intensively with the concept of pastoral care to the harmful of use nyaope among youth. Harmful use of nyaope is one of the top challenge confronting South Africa today especially among youth in Black Township. Incidences of "nyaope" use or addiction and related anti-social behaviour have tremendously increased in recent years. Nyaope it is highly harmful and many young people who smoked it found themselves addicted to it. The researcher works as the church minister in Etwatwa Township, many families have reported to him that young people, who are using it, tend to lead chaotic lives that revolve around getting money to buy nyaope, which could include prostitution and stealing valuable assets at home.

The behavioural and social effects lead to socially deviant behaviour, involvement in criminal activities, violent and aggressive behaviour, compulsive lying and manipulation. The criminal activities by nyaope addicts, more often than not, result in a trip to prison, which in turn result in addicts missing a lot in schools due to prolonged absences. The violent and aggressive behaviour also manifest in addicts physically and emotionally terrorizing other youth in the church, which results in youth being afraid to attend church because nyaope addicts they become rejected and isolated.

The researcher believed that by using Wimberley and Gerkin interchangeable in this way, a model for healing negative feelings that young people are having about themselves was shepherding. In his method of story-telling, Wimberley showed us how Jesus overcomes His shame as well as the shame that people placed on Him by employing a particular strategy. Wimberley’s teaching is how to become resilient and victorious in the face of challenges and pain through re-telling biblical stories.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
DSD	Department of Social Development
GDCS	Gauteng Department of Community and Safety
LGR	Local Government Report
LWD	Living Without Drugs
HIV	Human Immunodeficiency Virus
MCSA	Methodist Church of Southern Africa
NA	Narcotics Anonymous
NACC	National AIDS Control Council
NIDA	National Institute on Drug Addiction
NPO	Non-Profit Organisation
UNICEF	United Nations International Children's Emergency Fund also Known as United Nations Fund
UNAIDS	United Nations Programme on HIV/AIDS
USAID	United State Agency for International Development
WDR	World Drug Report

DEFINITION OF KEY TERMS

- **Youth**: youth is defined as those between the ages of 18-30.
- **Minister**: the title refers to a member of the ordained clergy who leads a congregation, and such a person may also be called pastor or presbyter. It also refers to a person authorized to perform religious functions in a Christian church i.e., a member of the clergy family.
- **Pastoral care**: will be used according to the understanding of Van der Ven, who says, "This is a sub-discipline of practical theology and is also referred to as shepherding and soul care" (1993:37). In other words, it deals with Christians caring for one another.
- **Pastoral counselling**: according to Waruta and Kinoti "it is the art and skill of helping individuals and groups to understand themselves better and relate to other people in a mature and healthy manner" (2005:2).
- **Church**: the word refers to the community of believers, i.e., people who are called by God, in order to acknowledge Jesus as Lord (1Cor 12:3). For the purpose of this study, the church denotes the body of Christ.
- **Nyaope**: is a drug with a mixture of heroin and dagga and is sold in a tiny packet for R30. The most popular way of using this drug in South Africa is smoking, traditionally called 'chasing the dragon.'
- **Drug**: Any product other than food or water that affects the way people feel, think, see, and behave. Such a substance affects physical, mental and emotional functioning. It can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection.
- **Addiction**: involves craving for something intensely, loss of control over its use, and continuing involvement with it despite adverse consequences. It changes the brain; first by subverting the way, it registers pleasure and then by corrupting other normal drives such as learning and motivation.

- **Christian**: a follower of Jesus; someone who believes Jesus is the Christ or Messiah. The New Testament mentions that the followers of Jesus were first called Christians within a few years after his death.
- **Family**: a group of people who are made up of partners, children, parents, aunts, uncle, cousins and grandparents.
- **Parents**: The idea or concept is based on a father or mother; i.e., one who begets or gives birth to or nurtures and raises a child, or a relative who plays the role of guardian.

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CHAPTER ONE

1.1. INTRODUCTION OF THE STUDY

A Christian family that the researcher ministered to had a younger boy by the name of Thembelihle (not real name) who was raised by this Christian family and was very active at church from a very young age. His journey of faith started with children's ministry and moved to confirmation as a full member of the youth wing of the church. He has a passion for playing church instruments like drums during the church worship. In one of the services, the minister noticed some disorder, as he was beating the drum in an abnormal way and did not even realise what he was doing. The minister approached him in order to discuss the matter and he was sorry at what was pointed out to him.

The following day his mother came to my office and she told me that she was a victim of theft by her son who was using and addicted to nyaope drug. She said her lifestyle and culture has been changed and she ended up putting the burglar-proof security in her bedroom, to keep the groceries and other assets safe from her son.

The researcher met with the family and they jointly tried to resolve the issue by referring Thembelihle to the rehabilitation centre, in other words, passing the challenge to an institution. However, the rehab centre management denied him access, saying that they could only consider him if the decision came from Thembelihle, not the pastor and family because he was above 18 years old. The researcher was deeply moved by this situation, especially because he realised that he was inadequate to journey with this person, which

forced me to research in order to accumulate a good methodology of helping and journeying with them.

The above story had challenged researcher's pastoral ethos, which ranged from prosperity faith to rape and abuse of alcohol and drugs by the young people. For the researcher, those issues caused severe pain and religious dent for the future of the church. The churches in Ekurhuleni area, just like other churches in the broader area of South Africa, which are challenged and are expected to be relevant to the societal ills in general, especially the harmful use of nyaope among youth between 18 and 30 years of age. As this societal ill disfigures the "image of God", in the youth, it has gradually begun to make the society's moral fibre to disintegrate.

The researcher in this study focused on the harmful use of nyaope among youth, in Etwatwa Black Township. Nyaope is harmful to the user as an individual; it is harmful to the parents and harmful to youth at large in townships. In black townships of South Africa, this presently affordable nyaope drug on the market and is a combination of heroin and dagga it is offered for R30 a packet. Mokwena states "that it is an extremely addictive substance and many young people who tried it out, discover themselves addicted to it. Young people who are addicted have a tendency to lead chaotic lives that revolve around getting preserve of the drug and quite a number of ways of getting money to purchase it, which should include prostitution and stealing" (2015:34).

1.2 BACKGROUND OF THE STUDY.

The above-shared story raised issues of caring for those who are affected by harmful use of nyaope in Ethwathwa Township and Ekurhuleni district Municipality. This research is undertaken by a minister of the Methodist Church of Southern Africa with the focus on the Etwatwa black township. The above story reveals a challenge to that he is inadequate to journey with this person, which forced him to research in order to accumulate a methodology of helping and journeying with them.

Harmful use of nyaope among the youth in the Church has become a serious challenge, especially affecting members of the community and the country. In a district where the researcher ministered, nyaope use among the youth within the church has become a challenge. This issue made the researcher ask questions, which will help him, research this issue. The researcher wonders how many churches are being affected. In addition, this has brought on the researcher to start to set his thinking in order to research as to what are the issues that make young people to use nyaope?

Why many young people are using nyaope and what is the role of the church in this challenge? These questions will assist the researcher to achieve understanding in order to come to a perception of youth involvement and help their need, with regard to the harmful use of nyaope in the black township. It was on this premises that the researcher embarked on a research of this magnitude so that he creates a pastoral method of caring for youth and their

families. Harmful use of nyaope among young in Ekurhuleni, Etwatwa Black Township is a problem, which affects people from all walks of life. This study was conducted within the context of pastoral care and practical theology.

1.3. PROBLEM STATEMENT

The problem is that this young person in story is causing harm to the family by stealing and selling assets to get nyaope. The women give him money sometimes to buy nyaope because the community wants to kill him for stealing. The story of Thembelihle raises several questions such as what causes the youth in the church to be involved in nyaope. Is it the challenge from their families or communities or is it their involvement with other youth in the world? Which drugs do these young people use? Which socio-cultural factors contribute to the harmful use of nyaope among youth in the Church?

The following are further questions raised which will help the researcher focus on the project

a) What are the primary reasons for nyaope use among youth in Church?
b) What is the role of the church in developing nyaope use prevention?
c) What strategies can be embarked upon regarding the impact of nyaope use among youth in Etwatwa township?
d) How effective are the pastoral methods used by families and clergy in order to address the harmful use of nyaope among youth?

1.4. THE SIGNIFICANCE OF THE STUDY

The significance of the study is to explore the complexities of nyaope addiction among the youth in churches in Ekurhuleni District at Etwatwa Black Township.

Furthermore, the significance of the study is to investigate the issue of harmful use of nyaope and attempt to establish what the youth know about nyaope and its effects.

1.5. THE STUDY AIMS

The study aims were to design a model for caring, which would assist or support pastors and the youth to deal more effectively with the challenge of harmful use of nyaope among youth. This researcher was undertaken through a methodology that is within the scope and parameters that are in the area of pastoral care.

1.6. The study objectives were as follows:

- To assess the impact and the harmful use of nyaope among the youth in Church.
- To examine the ways in which families operate or cope when they are confronted with the challenges of nyaope.
- To explore the needs of the family regarding harmful use of nyaope among youth.
- To design a model for the church to be able to journey with youth that is affected by use of nyaope.

1.7. RESEARCH GAP

An undertaking was made to find the scope and previous researches in this area. The researcher found out that, studies in psychological and sociological has researched on this topic of substance abuse. However, there is Vicentia Kgabe's PhD thesis, which focuses on the abuse of alcohol by Anglican clergy

from a pastoral perspective. This shows that the church concentrated on elderly people with critical roles and neglected the youth, which is not the area of focus of this research. This study explores or wants to deal intensively with harmful use of nyaope among the youth in *Etwatwa* Black Township from a pastoral perspective. The aim is to help pastors to support the youth and deal more effectively with nyaope addicts.

This way of caring may rebuild the concept of *Ubuntu* in the black township. In support, the above Mbiti says, "it takes the whole village to care for a child" (1991:64). Mucherera argues that "Traditionally the community used to provide (through the elders, aunts, grandmothers and grandfathers) emotional, spiritual, and mental development for young people" (2009:91). In essence, the community provided a place for life transitions. During our present times, the pastors can once again rely on this research work as the pastoral care tool in the community to provide direction for caregivers.

1.8. RESEARCH METHODOLOGY

According to Welman, Kruger and Mitchell "the methodology explains the logic behind the methods and technique employed in a research study" (2010: 16). Mouton on the other hand elaborates, "that research methodology focuses on the research processes and the kind of tools and procedures to be used on the study" (2001:56). This research process was embarked on Methodology and how it was used in the project being undertaken. When the researcher saw that there are commodities that are getting lost and the young people within the church are also doing harm by rejection and isolating this young person. He then decided to look at the theory that will help me to enter into the space of this young person who is using nyaope and affecting the family.

He then chose to follow a narrative theory of Edward Wimberley the storytelling and connect it to Charles Gerkin's shepherding model. The researcher will first explain the narrative theory, Wimberley introduces a way the story effect and impact on people, which connect to the African way of life as we are people of telling stories from one generation to another that is why it is attractive to me. Wimberley narrative storytelling seeks to illustrate how Jesus sought to engage the world in a bid to transform what was not God intended way of life. In this kind of storytelling the initially suppressed and silent voices are accorded consideration. He furthermore emphasizes the necessity of telling contemporary stories with an intention of helping people to begin to visualize how the mind of Jesus can begin to work for them. Because the young person is bringing the story of hurt, rejection, shame and isolation, the narrative will help me to enter into that space to understand what Wimberley is doing. In storytelling, he uses the model of Jesus Christ to enter the space of life of the people that are troubled, without judging them at all, but to begin to open up a new way in which they will be brought to the centre from the periphery. Because of that story, once he knows the story of a young person he will then bring Gerkin to enter as a shepherd to this young person as we journey together and as he unfolds his storytelling will be able to use them to heal the family and him. Gerkin's methodology of shepherding, which implies the tribological structures of priests, prophets, wise men and women and is based on an understanding of the way in which these individuals collectively took authority for shepherding Gods people in the Old Testament. Gerkin portrayed "that t*he depiction of Jesus as the Good Shepherd, who knows his sheep and is known by his sheep, has painted a meaningful, normative portrait of the pastor of God's people"* (Gerkin 1997: 42).

His method of pastoral care will be applied as the methodology for this study because it is all-encompassing. This method is ideal in helping young people who are in need of pastoral care, or therapy, especially among nyaope addicts. Gerkin state that "a good shepherd is concerned about each member of the flocks and patiently ensures that each one of them is safe and cared for accordingly" (1997:67). The above pastoral care model will allow the researcher to care for the needs of young people who are harmed by use of nyaope in *Etwatwa.* The relationship of the priest as a shepherd to the youth opens an avenue into the family space when they face the issue of harmful use of nyaope and its impact. When the researcher entered the space of their stories the mentorship open up a way for pastoral care.

However, the shepherding model falls short, especially when it comes to reconstructing the lives of the young people due to the harmful use of nyaope. Gerkin is not able to enter deeply into traumatic issues that affect drug addicts. Therefore, the researcher was embarking on the positive deconstruction theory, which would be allowed him to deconstruct and re-construct lives of addicted youth. According to Pollard the theory of positive deconstruction to change the worldview that students at colleges and universities had, in order to make them see the need to believe: which made them want to accept Christ. After identification, their worldview was analysed, the truth in it affirmed, and lastly, they discovered their error in their worldview. Pollard explains "this process is positive because this deconstruction is done in a positive way in order to replace it with something better" (Pollard 1997:44). The aim is to create the model for pastors to deal more effectively with nyaope use among the youth in Black Township and to get more knowledge of all the steps and procedures involved. This method would allow the researcher to

reconstruct the lives of drug addicts in a pastoral care approach thereby developing a new way of caring for the youth in the church.

The literature was investigated sources related to theology, psychology, sociology and law. The literature was drawn from unpublished and published works relevant to research, including primary and secondary sources. The researcher will be careful to use the material that is scholarly credible and easily verifiable. The aim is to arrive at a holistic understanding of all causes involved in drug addiction among the youth in the church. The researcher also acknowledges the relevance of empirical research. Kinoti defines empirical research as an "organised process of study that produces new information, findings, ideas or explanation. He continues to say that, "compared to other sources of knowledge, empirical research is found to be more efficient and reliable" (1998:5). However, its strength depends on ensuring that the findings will help to avoid generalisation of the phenomenon of the research as it presents contextual information about the phenomenon. Osmer affirms that "empirical study proves especially helpful in allowing interpretive guides to a better understanding of the people who participate in the study" (2008:41). It also helps with recognising social trends that impact people's lives. In this study, the empirical research method played a significant role in understanding the situation of harmful use of nyaope among the youth in the church. The narrative storytelling and shepherding model will connect in going to qualitative and help me to ask questions.

For the purpose of this study, a qualitative interview was embarked upon in order to allow the study to acquire first-hand information from the participants. According to Osmer, "quantitative research is particularly helpful in discovering broad statistical patterns and relationship" (2008:50). According

to Holliday, “qualitative research refers to any kind of research that produces discovering now not arrived at by means of statistical approaches of quantification” (2007:28). Kothari argues that “it is concerned with the assessment of attitudes, opinions and behaviour, as well as with finding out what people feel and think about their world” (2004:5). Through this approach, the participants would be able to describe their daily experience about the harmful use of nyaope among the youth. This approach also allowed the researcher to probe more into the participants’ world. This qualitative research approach would provide the researcher with an opportunity to assemble a detailed description of the social reality from the participants. The interview with the pastors was settling around to see whether they can journey with youth addicts because if they are not my theories that I introduce may help them to do the work. The parents were to get the information about the impact and what this harmful use of nyaope is doing to them. The young person I am journeying with him to understand the reason of using nyaope and what are the effects of it.

1.9. DATA COLLECTION METHODS

Data collection was analysed and interpreted differently about each participant in their environment and understanding. The aim was to get to the facts and knowledge that its meaning could lead to creating tools or programs to help, heal and restore damage caused by this harmful use of nyaope on parents, user, and young people within the church. According to Ritchie and Lewis "the notion “data collection”, primarily based on the researcher’s understanding, can be described as a process of collecting data from which conclusions can be drawn (2005:57). The researcher began the process of preparing the participants, purposely selected for the process of data

collection, by making contact with the participants individually at his office. The researcher, in addition, requested the participants to voluntarily take part in the study, from different disciplines such as psychology, sociology, once he had knowledge them in details about the motive of the research, the criteria for the inclusion of participants and that their rights were not going to be jeopardised in any way. Written consents were obtained from those participants who agreed to participate in the study. See appendix A for further information. Families who had experienced drug addiction among the youth were interviewed.

Creswell state that "participants were informed that the contents of the data compiled would be used for an academic reason with the researcher's supervisor at the University of Pretoria (UP). Also, that the hermeneutical interpretive contents of the report will be published for new knowledge. Participants will also be informed that they would remain anonymous and that the researcher would use codes so that they cannot be linked to the contents of data collected in any way. Confidentiality is a key component of the research in preserving the identity of the participants" (2006:95).

Creswell maintains "that data collection steps include setting the boundaries for the study, collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials, as well as establishing the protocol for recording the information" (2006:96). The above was a way of seething steps of how to conduct the research. Merriam argues "that the most common form of interview is the person-to-person encounter: where one person elicits or obtains information from another. In every form of

qualitative research, some data, and occasionally all of the data are collected through interviews" (1998:69).

For the purpose of this research study, semi-structured interviews were used for data collection method. This is a mix or more structured questions. However, interviewing in qualitative investigations is more open-ended and less structured for the most part. See appendix B for questions. Less structured formats assume that individual respondents define the world in unique ways. Thus, questions need to be open-ended and less structured in that interview.

Merriam states that "in a semi-structured interview, either the entire question is more flexibly worded, or that the interview is a mix of more and less structured questions. Usually, specific information is desired from all the respondents, in which case there is a highly structured section to the interview" (1998:71). However, "the largest part of the interview is guided by a list of questions or issues to be explored, and neither the wording nor the order of the questions is determined ahead of time" (Merriam 1998:74). Merriam says that "this format allows the researcher to respond to the situation at hand, to the emerging worldview of the respondents, and to new ideas" (1998:74-75). The questions that were asked with interviews that were held during this study are semi-structured. In other words, some questions were predetermined or planned, while the room was prepared also to suit the relevant questions that may arise during the interview. The research is in scope and parameters of the area Etwatwa black township, approximately 21Km from Benoni City in Ekurhuleni Municipality in Gauteng Province of South Africa. According to Ekurhuleni District Municipality Report, "the greatest challenges in Etwatwa community is the shortage of land for people to settle on. The township of Etwatwa is made up of sections, the first section has got

basic services available in one-roomed houses, which are divided accidentally by municipality. The second section includes basic services available yet it is a bit bigger with two bedrooms houses. The third section in this township is an informal settlement without basic services. Many youths in Etwatwa Township tend to engage in risky behaviours such as drug abuse, sexual intercourse and crime, which often result in violence and murder. It is important to note that there are few recreational facilities in this township of Etwatwa, hence this pattern of risky behaviours. Most of these youth stay on their own, or with single parents and extended families, where most adults are using drugs. The family background of these young people tends to be a risk factor for drug abuse because it becomes part of this deviant culture which is being embraced as a normal culture. In addition, drug abuse in Etwatwa creates an environment which leads to HIV/AIDS" (2017-2018:34).

1.10. PRELIMINARY CONCLUSION

The researcher in this chapter gave an outline of the study, made up of the problem statement, the background of the study, methodology, and definition of terms. The researcher broadly outlined the extent to which drug addiction challenges South Africa and Black townships. The fact that the youth is involved in harmful use of nyaope is of great concern to the church and families. This is a need for intensive intersectional strategies to prevent nyaope addiction before it spread even further.

The following chapter will highlight the literature review. Various sources were being presented to express different opinions upheld by various scholars. The researcher, in a likewise manner, made his own submission as he compares the dialogues from different sources.

CHAPTER TWO

Review of literature

2.1 Introduction

According to Holiday "a literature review provides a meaningful context of a project within the universe of already existing research" (2007:56). Through a perusal of several literature sources, the researcher has observed that the line of the topic under research is bordering on the psychology and sociology frame of reference. However, the researcher intends to deal with the topic from practical theology in general and pastoral care perspective in particular. It is the opinion of the researcher that it brings a pastoral challenge to the church and the community at large. This chapter elaborates addiction in a context and begins with defining the term addiction from a variety of perspectives. This chapter reviewed the literature understanding of harmful use of nyaope, with a focus on the youth. Harmful continues to emerge as a strategy among the youth addicts to cope with the problems of unemployment, poverty, neglect and violence. This chapter elaborates on how peer influence, environment and family relationships contribute to nyaope addiction among youth. The researcher compared the Western and African scholar's views on nyaope addiction.

2.2. Historical overview

The addiction term has its origins from the Latin: *advice*, which means to assign. Alexander states "that the addict comes from an obsolete English adjective, meaning bond or devoted. In Roman society, addiction referred to a legal process whereby a person was formally handed over to a master"

(2000:503). Harris points out “that it usually arose when a person could not pay a debt and thus lost their freedom to the person to whom they were indebted” (2007:167). Alexander argues that “the history of the word resonates with the common understanding of the term, addiction, which means that a person has surrendered his or her control of self, or he or she is bound to a substance” (2000:504). Harris’s link to “the disagreements regarding the terminology is the debate as to whether addiction is an illness and concerns regarding the application of the medical model which is seen as being deterministic and limiting and failing to take into account the broader social context within which addiction develops” (2007:168). The researcher, in this study, has decided to use the term 'addiction' primarily because it is the most widely accepted term by all role players.

2.2.1. Definition of addiction

According to Mouton “literature review indicates that there are many definitions and understanding of addiction. Different authors’ definitions reveal a variety in the scope and provide differing epistemologies that exist in understanding this complex phenomenon” (2001:78). A few pertinent definitions of addictions are as follows:

- Alexander says “that it denotes compulsivity and an absence of fuller psychosocial integration rather than merely an annoying habit contained in otherwise normal life” (2000:503).
- Nakken states “that it is an illness in which people believe in and seek spiritual connection through objects and behaviour that can only produce temporary sensations” (1996:5).

- Flores points out “that it is a disorder of attachment, a dysfunctional way of self-regulation through looking for something out there that can be substituted for what is missing in her” (2004:7).
- Harris claims “that it is a multi-faceted and insidious process of erosion leading to social exclusion” (2012:45). “The threshold of addiction is culturally set, dependent on factors such as social values, norms and the law” (2007:42).
- Leshner points out “that addiction comes about an array of neuroadaptive changes and lying down and strengthening of new memory connection in various circuits in the brain. It involves inseparable biological and behavioural components. It is the quintessential bio behavioural disorder” (2001:75).

Ritchie’s definitions “in the literature from focusing on the role of the brain (biological focus), to the behavioural expressions of addiction and to the existential and spiritual issues presumed to underlie addiction, (the psychological dimensions), as well as the social aspects of addiction” (2005:60). Some definitions focus exclusively upon substances, whilst others incorporate the behavioural addictions.

2.2.2. The Rewards of Addiction

McCauley notes “that the results when the person’s ‘pleasure centre’ is rewired to priorities the addiction over all other activities and commitments in the person’s life” (2009:76). The literature lists four rewards of addiction. Milkman and Sunderwirth state that “what they all achieve is the compelling urge to feel wonderful” (1987:106). These rewards are:

- Arousal and Pleasure. Blum points out "that stimulant drugs, gambling, risk-taking, co-dependent relationships and criminal behaviour are cited as examples of substances or activities able to produce this effect. This reward encompasses using the drug or behaviour to engender a feeling of being active, powerful, euphoric, or with an enhanced ability to focus" (2012:78). Milkman and Sunderwirth argue "that people seeking this reward do so to mark an overwhelming sense of helplessness and to protect themselves against an environment that they see as frightening" (1987:108).
- Fantasy or escape. "This reward relates to a feeling of unreality and a dream-like state that is obtained through hallucinogens or fantasy-based relationships, for example, compulsive romance and internet-based fantasy games. Carnes believes that the reward enables the users to avoid the feeling of helplessness by escaping into their reality" (2008:56).
- Goodman says "that this reward is commonly obtained through the use of depressant drugs, particularly the opiates, through binge or over-eating and excessive television watching. This reward numbs stress and tension and can also protect the person against their feeling of rage and helplessness" (2009:63). Carnes argues "that there is a strong correlation between persons with a history of trauma and seeking this reward in addiction" (2008:102).
- Deprivation. Carnes believes "that this is a reward based on ground-breaking which showed that compulsive deprivation can also activate the brain's reward pathways. The research demonstrated that self-starvation resulted in endogenous opioids being released resulting in a high which can, with repetition, become addictive. Other behaviour can

> active this reward's pathway, for example, compulsive avoiding pleasurable activity, such as not spending money and avoiding sexual intimacy in a manner that is destructive to the person" (2008:102).

Bradshaw states "that the reward can occur simultaneously or over some time as part of a binge/purge cycle, for example, a person alternately binge eating and starving themselves. Each addiction can yield more than one reward, and the addictions can, within their unique expressions of their illness, use a combination of these rewards to produce powerful mood-altering experiences, thereby avoiding painful issues or conflict" (2005:135). Backer notes "that there are sexes based differences in reasons for the initiation of drug use. In males, drug use usually begins for stimulation and excitement, whereas females are more likely to initiate drug use as self-medication for stress or trauma" (2012:99). Blum *et al* are clear "that people become addicted to the effects of the drug, rather than the specific agent of addiction" (2009:80).

Having examined definitions of addiction and its rewards, it is important to look at factors generally acknowledged as playing a role in the development of addiction.

2.2.3. Important factors in the addiction

Shaffer *et al* classify "causes into three main groups which are firstly individual vulnerability including family, trauma and the social environment. This section of the review discusses factors acknowledged in the literature as playing a significant role in the development of the illness of addiction" (2007:76). The second antecedent is object exposure, for example, "availability of drugs, gambling etc. and the person's environment is crucial in making the object available for acceptable" (2007:76). This review focuses on the individual's vulnerability, starting with family and factors relating to its role in causing addiction, followed by an examination of trauma which plays an important role in addiction, both as a cause and a consequence.

2.2.4. The role of families in addiction

According to Bradshaw "the family is generally acknowledged as playing a pivotal role in raising healthy, well-adjusted young people" (2005:23). "The issues involved in the family's role in addiction firstly is genetic influence, secondly attachment style that forms and persists throughout life, thirdly the quality of family relationships and, lastly parental influence which incorporates the roles and circumstances of these caretakers. These factors include broader structural factors such as poverty, unemployment and lack of access to decent housing, healthcare and education which impact negatively upon the family's ability to nurture its members. Each of these areas, ranging from the biological inheritance, through to the child's ability to develop healthy attachments to the social dynamics inherent to family

life and the broader social factors impacting on the family, combine in complex either to protect against or increase an individual's susceptibility to developing the illness of addiction" (2005:23).

Carnes states "that addiction is a family illness and notes that it is essential for the addict to come to terms with family of origin issues because events from childhood continue to exert a tremendous influence as an adult unless these problems are acknowledged and treated" (2008: 104). Many addicts will 'act out' with their addiction in response to painful childhood memories and they could also unconsciously re-create scenarios from childhood. The shame felt from addictive behaviour can connect the addict to shameful childhood memories thereby reinforcing their addictions.

a) Genetics

Blum *et al* state that "genetics and the precise role played by genetic inheritance remains the subject of much research" (2012:93). McCauley, "despite some of the literature being critical of the research methods employed, reasons out that there is a consensus that genetics contribute significantly to the development of addiction and this could constitute as much as a 60% liability" (2009:78). Specifically, about "alcoholism, if a person has one alcohol dependent parent, their risk for developing alcohol dependency is three to four times greater than in general population. The literature generally agrees that genetics does play a role in increasing the risk of developing an addiction" (McCauley 2009:79).

b) Attachment

According to Bradshaw "family is the place where the child forms his/her first attachments. To secure attachment in childhood is linked to positive development outcomes and occurs when caregivers are consistent and able to mirror and contain the child's emotions" (2005:45). Asgari and Pasha argue "that to secure attachment are linked to individuals who are better able to regulate their emotions in childhood and through into adulthood (2011:113)". They further say that "children who are not adequately nurtured in their families of origin are at risk of forming a disordered attachment style. Young people deprived of consistent nurturing, in addition to developing attachment styles, are not allowed to develop adaptive coping strategies. Hence, they characteristically rely on more primitive coping skills, such as avoidance, aggressive acting out and dissociation which further compromises their potential to develop into healthy, well-adjusted adults" (2011:113). Poor parenting results in the child dependency needs being unmet over a significant time, placing them at risk for a poor self-image and learning that others are not trustworthy and cannot be relied upon for nurture.

According to Liddle "a child with a poor self-image and inadequate skills to process emotions is at risk for looking for a 'quick fix' to deal with overwhelming feeling, setting up vulnerability for addiction" (2009:43). Flores argues that "addiction is a disorder of attachment and states that this inability to form healthy, loving bonds predisposes the child to find other sources of nurture, such as drugs, sex and gambling" (2004:89). He says "young people from families where fathers addicted to substances showed a significantly higher degree of insecure-avoidant attachment style and this

attachment style is directly related to family functioning and the emotional availability of the parents. Also, vulnerable youth whose families cannot meet these needs are at greater risk of developing behavioural problems like drug use" (2004:89). Poor attachment style develops within a family system that is, in and of itself, likely to have pathological relationship styles, which is now the focus of this review.

c) Family Relationship

Carnes states "that family pathology can result in child feeling unworthy and unlovable which will increase their risk of searching for something to repair this faulty sense of self and can lead to addiction" (2008:34). Bradshaw argues "in his study that family dynamics link certain pathological characteristics to the development of addiction" (2005:24). Liddle states "that an assessment of and treatment of the family is essential in addressing drug addiction among youth" (2009:44).

Hall and Webster argue that "the child will develop a shame-based identity and view him or herself as unacceptable, bad, and unlovable, leading to the development to the addict's core belief system, which is at the heart of all addiction. How do these family dynamics affect the growing child and potential addict? It is noted that lacking communication skills will fail to meet the youth dependency needs satisfactorily to enable him or her to develop a healthy self-image" (2007:80). These beliefs are critical, as they form the basis of the impaired thinking which, in turn, is the springboard for the addict's preoccupation and compulsive acting out.

2.2.5. Parenting influences

According to Bhana and Bachoo "single parenthood is raised as a risk factor for parenting children. Mothers are traditionally the caregivers with whom the child forms his/her first emotional. Branstetter points out "that mothers have been found to play a significant role in preventing or reducing drug use among youth" (2011:56). "A healthy relationship with the parents and open communication with them is listed as a protective factor in reducing the risk of drug use among youth. Growing up with a single mother is found to reduce the level of parental monitoring which increases the child's vulnerability to engage in risky behaviour" (2011:56).

Peleg-Oren *et al* state "that fathers are mentioned in the literature as a significant factor in the development of drug addiction in young people. In particular, rigidity on the part of the father was directly related to increased risk-taking behaviour in youth" (2008:101). Opitz *et al* "found out that poor bonding with the father was reported by women with sex addiction reported poor binding with the father" (1999:60). By contrast, a close relationship with father was discovered to serve as a protective factor for both genders in delaying the young people the first use of drugs and in preventing them from being alcohol addicts.

2.3. The social effects of drug addiction

Ward and Matzopouls argue "that the drug addiction to repealed colonial laws and the apartheid system that was replaced by the new dispensation of freedom, as much as structural systems have changed, a complete transformation of societies has not politically, socially nor economically

improved the lives of the poor" (2014:76). "Colonialism, perceived in this context, is an imposition of foreign rule over indigenous traditional political setting and foreign dominance and subjugation of African people in all spheres of their social, political, cultural and religious civilization. One of the most profound consequences of colonization has been how political and economic rape of the colonies has also led to what sometimes seems to be an unbridgeable cultural gap between the nations that were the beneficiaries of colonization and those that were the victims of the colonial assault" (2014:77).

According to Peltzer, "with Africans subjugated and dominated, the Western and European mode of civilization began to thrive and outgrow African heritage. Traditional Africans cultural practices paved the way for a foreign way of doing things as African became fully 'westernized'. Western culture is now regarded as front-line civilization. African ways of doing things became primitive, archaic and regrettably unacceptable in the public domain. It is appalling to note that two hundred years or so of colonization were not only destructive in terms of cultural heritage and values for which Africa was famous before colonialism of self-development, opportunities of self-government, and opportunities of self-styled technological developmental pace" (2010:112).

McKay and Deshingkar explain "that there are unconscious motivations and conflicts within some individuals that are manifested by lack of self-control when faced with difficult life experiences such as poverty and unemployment" (2014:23). Brady and Sinha argue that "compulsive drug use as a response results in an imbalanced life due to addiction and inability to function responsibly as the pleasure derived from the substance is short-lived and needs continuous maintenance" (2014:34). Patterns of drug addiction differ

with the country's social influences, culture, drug availability, acceptance and tolerance of the behaviour and the characteristics of the user. Bennett and Campillo suggest that "cultural rituals illuminate patterns of drug use for traditional ceremonies in India, Mexico and Africa and social activities in Australia" (2013:87).

The influential environments and policies controlling distribution and use, specifically of drugs, clarify cultural trends and their impact over time. Also, international and local border control policies and practices have weak surveillance systems for drug control measures. For example, according to Carete and Sanchez "Afghanistan mobilised drug markets have accessed entry into Africa by using organised criminal group members as traffickers through commercial planes and later in 1980, permeated South Africa using the Indian Ocean route" (2013:71). The sales of these drugs targeted the economically productive young people in recreational environments and negatively subjected them to dependence and altered their mental wellbeing while reducing the economic gains of the country from related health and crime costs.

The greatest concern is how the extent of drug addiction lures the future investment of society, young people. The culture of intoxication is nested within the social class beliefs and desperate desire to have the rewards of getting high. Central to this problem, the behaviour is the enabling means, the money to buy the drugs, which is not an issue for the affluent while the poor engage in harmful and risky criminal activities to find ways of feeding their addiction.

2.3.1. Drug addiction and crime

According to Drew and Knapp “the psychological harm is the direct result of inequalities created by the social structures that denied the working class opportunities of securing social expectations of success resulting in limited resources to sustain their life” (2012:78). The human response to these social blockages led to deviation from the set social control norms to restore their tarnished image by using illegitimate ways of behaviour that entails violence. The socio-economic influences indirectly created violence that is associated with criminal activities. The question is what makes those committing crime violent? Looking at the associated harm and injuries linked to the behaviour is the colonial history, unemployment and poverty, mental ill-health or geographical location for drug dealers' syndicates.

According to Goredema “the perpetrators of this behaviour resonate from diverse socio-political histories of inequalities despite the cognition transformation and are reflected by the growing separateness of the rich and the poor, especially those who have little or non- educated, resulting in them being either unemployed or working in low paying jobs, that is not enough to cater for their family needs leading to identity and self-esteem problems” (2013:71). “This encourages drug addicts to become criminals to seeking power, control, authority, dignity and recognition through aggression” (Goredema 2013:71).

There are disturbing revelations from the study conducted in Israel on factors that drive youth to engage in violent crime while under the influence of drugs. Brook and Morojele indicate that “there is a growing population of young women inmates who had conflict relationships within their families resulting in homelessness, and to survive in the street life they have engaged themselves

in stealing and drug use" (2011:76). Some of these incarcerated young people have committed crimes while defending themselves from abusive partners, others have developed hostile behaviour because of the harmful environments at home experiencing non-acceptance by their significant others with the outcome of poor relationships.

Guata and Chen point out that "due to lack of money they worked with organized criminals trafficking drugs that demand violence. Statics show that 74% of these young people who have been victimized are from the poor sectors of the society, lack of education, suffer from psychological disturbances due to trauma and have used drugs to self-medicate and heal their injured ego" (2015:34). The South African context, they recognised to have inherited the culture of violent behaviour from its historical political regime which is identified among drug users antisocial. Now the country is faced with a burden of mortality and morbidity, arising from accidents and violent behaviour that is drug addiction related.

2.3.2. Drug addiction and Poverty

Leibbrandt and Argent point out that "the definition of relative deprivation is the material standard of living independent of that of others, unequal access due to social class of economic and other resources as the key driver of health inequalities because it deprives people of contemporary standards of living" (2010:67). Kehler argues that "this definition is interconnected to the one for the poverty, the incompetence to attain a minimum standard of living measured in terms of basic needs such as nutrition and shelter or income using the South African Index of Multiple Deprivation" (2013:45). This measurement was used to evaluate deprivation in the former homelands of South Africa

twenty years post amalgamation of these to the country. Zembe and Wright have findings indicating that "there is gross deprivation especially among the youth headed household, in-spite of the changes that the country has undergone causing concern" (2014:16). This trend has been noted, some young women live with seven family members and only one person is working and providing food and other needs in the household. These conditions are an obstacle that indirectly excludes and deprives the unskilled or illiterate unemployed to gainfully find employment resulting in anxiety and depression.

Kehler maintains that "Africa is a dynamic continent with spirited efforts at democratizing and developing. Africa is not a monolithic concept; there is a degree of differentiation in Africa measurable in terms of governance and identity. For instance, few countries (like Senegal, Namibia, Ghana, South Africa, Botswana) that are doing well in Africa in terms of good governance and democratic consolidation have begun to make exceptions to the definitions of Africa as a failed state. Also, cultural heterogeneity of Africa has started to play out as countries in North Africa (Morocco and Tunisia for instance) see themselves as part of Arab rather than being African. So, there is a lot of disparities on the continent" (2013:46).

The democratic political transformation in South Africa has been unable to bridge the socio-economic disparities and people's lives have not improved by far as the ability to qualify for scarce resources is based on social class and educational skills. Kehler states that "the most affected are those in peri-urban and rural areas" (2013:46). Social stratification, though blurred, still plays a major determining factor for housing in which people live. Shisana and Zuma argue that "income level, wants, health, government care and human rights and being poor mean inaccessibility to basic needs for survival, to date 25%

South Africans are still without jobs partly due to discrimination of disclosure of the HIV status coupled with less educated and are just not searching for jobs out of despair as they do not have corrupt networks to offer works and 41% of these are the youth that ends up with drug uses" (2013:33). The concern is that there are no promising opportunities for employment as the country is focusing on increasing its economic growth through import and exportation revenue and this deepens the plight of poverty. These structural barriers subject the poor to vulnerabilities, helplessness and mental instability as they are voiceless.

The South African constitutional rights, as opposed to the Croatian structural policy that disregards human rights regarding basic needs provision, outlines that the socio-economic status of all citizens shall improve, yet to date, this dream has not materialized as one-third of the population still live in poverty especially in peri-urban and rural areas impacting on youth as evidenced in the studies. These young people, if working, cannot guarantee their employment status because of their ethnicity, gender and low education that renders them less valuable than men and women in the workplace that makes them temporal workers. Kehler argues that if the employer experiences hardships, young people are the first to be retrenched yet they are also heads of their families. Losing jobs disempowers these young people and they strive to survive against the odds, they become depressed due to feelings of inadequacy, inferiority and rejection. In their desperation to find means to survive, poverty-stricken members of the population living in the informal settlements are forced to seek work away from their homes, migrate temporarily to developed societies to improve their income levels.

Collins points out "that this movement may benefit their families while having negative health outcomes for the breadwinner who may encounter adverse circumstances that subsequently motivate drug use and risky behaviour in their place of work; this predisposes them to mental ill-health" (2013:63). Young people encounter challenges of ill-health when migrating to better their life, trying to break the chain of family poverty against the backdrop of the country's adversities. Noble *et al* state that "South Africa has an economy that has the first-world infrastructure in some parts of the country, where the affluent enjoy the fruits of available resources alongside the severely poverty-stricken population residing in the grossly underdeveloped sector of the country, the peri-urban and the rural former Bantustan" (2014:45). Shinn argues that "the South African context is interrelated to both Europe and America that promote dependence on social welfare by the poor, with the outcome of homelessness and anxiety, while increasing wealth is accumulating by the elite" (2010:63).

Lund *et al* point out "that the financial rewards from partaking in drug selling and consumption are short-lived because of addiction sets in resulting in mental ill health that is noticeable mostly in low middle-income countries, such as schizophrenia, depression, anxiety, and the intellectually challenged" (2013: 45). These labels, unfortunately, cause individuals to be discriminated and stigmatized, thus preventing them to access work and have an income to buy a house, support their families or have a stable relationship and this leads to poor life and poverty among youth and families. This internalized stigma elicits suicidal thoughts. Funk *et al* state that Epidemiological studies indicate that in the UK, the US and Australia four out of ten people suffer mental illness due to drug use and live in grossly under-resourced areas, compared to the rich in

Brazil and India" (2012:43). These findings concur with the statement that there is an interrelation of poverty and mental disorders.

Lund claims that "poverty is internalized and endures through generations. People living in poorly resourced environments are at risk of internalized emotional stress outcomes" (2013:46). Furthermore, the stigma of being perceived as poor destroyed people's self-concepts, resulting in them being poor role models for family members, which can then indirectly cause emotional stress and drug use and may result in mental ill-health. The families in the selected research setting live in a disadvantaged neighbourhood that is plagued by financial hardships, poverty, crime, drug and insecurity. Therefore, from the aforementioned context, these individuals may suffer from psychological stress. The poverty degrades the poor living in marginalized sectors of society, subjecting them to becoming the targets of drug-related crime because of their financial constraints, violence when needing money for drug or when high and aggression that yields fatalities and decreases productivity. Loss of productive life elicits feelings of depression, dejection, disempowerment, stress and strain that increases mental illness. The stigma attached to mental illness means fewer job opportunities as they are deemed unfit and unable to withstand the expectations of work, which will entrap them in poverty.

In addition to occupational accident mentioned in health-related costs, drug addiction also the earning power of the addicts and thus the economic viability of his or her family. Evans and Sullivan state that "the industrial sector is faced with the challenge of decreased productivity due to absenteeism as workers on illicit drugs are constantly absent from work" (2014:56). There are several possible results of employing a drug addict, firstly, retrenchments of skilled

and knowledgeable employees may result in paying out packages. Secondly, as a result of accidents related to drug addiction and employer assistance programme that require intervention before retrenchment or dismissal the employer may be compelled by labour laws to pay health benefits for injuries caused and sustained by the drug addict's negligence. This results in employers being reluctant to employ a known drug addict and this impact of the economic viability of the addicts and his or her family, and unemployment decreases. Therefore, it is very clear that the economic cost of drug addiction can be staggering.

2.3.3. The factors of drug addiction

According to Funk *et al "*, the drug addiction is associated with the interconnectedness of environmental factors that degrade human rights, living in poor physical infrastructure with no proper sanitation, families overcrowded in a small housing with no human space for privacy and occupants having no legal means of verbalizing their concerns due to poverty" (2007:56). The other motivating factors are driven by the learnt culture of the community behaviour contributing to normalizing availability and misuse of drugs, coupled with the internal biological human behaviour associated with genetic factors, neurobiology and psychological development within the unstable context of lawlessness. Sura and Curry argue that "family members experiencing harsh circumstances are subjected to a reduced healthy coping mechanism that renders them vulnerable to the hopelessness that drives them to risky behaviour, such as drug addiction" (2012:87). These individuals tend to disregard effective to have problem-solving skills and externalizing their

distress in drug addiction behaviour, reducing the emotional stress in a harmful manner that increases the risk of dependence.

The other factors of excessive use of drugs among the economically disadvantaged families are problems occurring within the household. These obstacles range from drug-related domestic violence or from being discriminated ethnically and misplacement by the social system or family conflicts to homelessness, with no access to desired goals due to lack of education resulting in frustration and status inconsistency. These factors lead to stress and subsequently excessive drug use.

Jacobs and Jacobs state that "historically South Africa was dominated by the colonial masculine leadership powers economically and politically dividing social classes racially using exclusionary militant social systems and crafted inequality" (2013:44). This was the exploitation of the working class who were removed from their indigenous places of living to the cities to work in mines and create wealth for the elite. Morrell believes "that the continued oppression drove the employed youth to depression and indirectly drug addiction" (2012:31). The post-apartheid government diverted this leadership style and promoting unity, but because of the inherited economic inequalities previously disadvantaged people remain unemployed and poor.

According to Soyka and Pagarell "the behaviour is an intrinsic individual characteristic of borderline personality and is attributed to risky drinking and suicidal tendencies when faced with adverse life situations where a person feels abandoned and lonely after divorce or widowhood with poor support systems" (2015:102). Hunt and Milani argue that "the repetitive drug use is therefore reinforced by the response and satisfaction obtained after use, that of getting high indirectly becomes the main driver in the stimulus-response

process, resulting in leads to dependence" (2009:81). This learnt behaviour is further perpetrated by the availability and accessibility of drugs within the community leading to family members making choices that are detrimental to their social life as it reinforces inappropriate culture which later causes insecurity and instability in family and communities. Manning believes that "there are various reasons given for drug use ranging from cultural ritual to recreational use, the clubs that are fertile grounds for the introduction of illicit drugs to cement newly developed social relations through this deviant practice resulting in dangerous consequences" (2013:87).

2.3.4. The impact of drug addiction on families

i. Hardship experienced by family members:

Le Cook and Alegria state that "the hardship experienced by family members are the product of the stressors within the vulnerable social environment in South Africa that are pertinent to inequalities" (2015:45). The disregard of family values by the person addicted to drugs may not only be due to hardships in life but may be driven by the personal attributes such as antisocial behaviour, elicited by the adverse home environment and living in socially disadvantaged neighbourhoods. People are sometimes motivated by the type of upbringing, the culture, perceptions, values, needs, aims and personality to follow certain behaviour in life, based on the knowledge that they have. Thomas and Moore postulated that "addiction derives from the interplay of early development crisis and non-conducive family experiences that may be psychological, physiological and social in nature" (2014:66). They further say that psychologically, if the person does not conform to group culture norms and behaviour because of maltreatment and high family expectations, feelings of inferiority, inadequacy, fear of rejection, development coupled with the

negative criticism for failure, resulting in low self-esteem and worry about social isolation. This emotional vulnerability influences the person to adopt the imitative behaviour to overcome being physically alone and withdrawn, by using illicit drugs to redeem the altered relationship with the family. This decision results in loss of control in using the drug with negative consequences of dependence.

ii. The occurrence of fear and anxiety:

Nduna and Jewkes insist that "indications are deviant behaviour that evokes the psychological stress and strain is also precipitated by the structural factors that deprive the young people of power and self-esteem" (2012:102). Fear and anxiety also occur were conditions within the family environment lack provision of warmth and cohesiveness that are culturally expected because parents are not spending enough quality time with the family members due to certain commitments, or are also drug addicts themselves. Parents who are addicted to drugs pose a negative influence on their family members because they not only learn the behaviour but the role reversal occurs when they have to care for adults, which is a stressor. Families from the research setting have their intergenerational blueprint, the culture that has been passed from lineage links, which entails interrupted education, unemployment, poverty and substance abuse due to boredom and helplessness which indirectly is a precursor for mental illness.

iii. Attitude producing disunity:

Aclarke and Fey observed that "an addiction has also been seen among the young people who find themselves isolated and emotionally distanced from the family due to experiences of physical, sexual and psychological abuse by the family members especially those without parental support, motivating the person to run away from the adverse family context and opt to live in the streets for safety" (2012:67). To survive from the street culture, sex work becomes an alternative, this entails drug use because of the nature of the type of work that needs a calm mind for coping with aggressive behaviour in the industry, depriving them of future life opportunities such as aggressive behaviour in the industry, depriving them of future life opportunities such as education and employment resulting in mental disturbances. Brook and Morojele argue that "this non-caring and distressing attitude produces disunity among family and an alternative comfort may be finding comfort in the company of the available and loving friends who will lure the dejection person in uplifting their morale and lowered self-esteem through drug use" (2011:103). Family members have been presumably driven by structural influences affecting their adverse developmental stage, life experiences, and misused substance to deal with hardships of deprivation and being raised by an unemployed single parent living on social welfare.

David and Nava point out that "this life challenge promotes drug use and do not warn families and communities of the negative effects that these factors have on their future" (2013:87). Some of these harsh influences such as living in units close to each other contribute to antisocial behaviour that is associated with aggression. The risk factor for violent behaviour may be related to loss of parents in early life and resulting in the internalized post-traumatic situation.

Duncan and Johnson suggest that "despite the loss of parents, drug use may be due to biological factors, where there is a known family history of excessive alcohol intake that is linked to monoamine oxidase processes and alcoholism due to neuronal damage caused by either an increase or decrease in serotonin dopamine and norepinephrine and is presumed to be genetic" (2012:112). This behaviour is detrimental as parents are the role models unto which young members of the family look up for guidance and good behaviour is imitated resulting in mental disturbance. Other consequences of the modelled and learned behaviour result in the break-up of kinship ties due to poor parenting as they are frequent users of drugs and have less or no time to see the needs of their children but only give them ill-treatment attitude. Miller and Teicher argue that "the stress experienced by these young people leads to a maturational crisis that is exhibited by conduct disorder and an increased risk of using the drug" (2013:90). Also, social factors such as generational economic disadvantage increase the vulnerability of drug addiction as a means of coping through self- medication against struggles in life.

iv. Escaping the dilemma of informal settlement:

Neighbourhoods are not just places where people make independent decisions and are obliged to set norms or are empty vessels that are dictated to by the external structures. This is an indicator of the quality of human life that endures overtime reflecting on the connection between the past and the future, which of economic inequality resulting in the creation of a salient unpleasant family setting that decreases and impairs close-knit family relationships. Sampson state that "this hostile environment leads to depression and hopelessness that drives individuals to numb the emotional

pain with drug use" (2013:45). The behaviour was peer-influenced and highlighted the need for supportive family systems to deal with stressors at home and in the neighbourhood. Mokwena and Morojele argue that "the unpleasant environment exposes individuals to high levels of drug use to escape their dilemma of informal settlement because of their low economic status, inadequate education that deprived them of knowledge of the dangers of drug addiction but instead are encouraged by their beliefs to consume various available drugs that decrease their quality of life" (2014:87). The rationale or environments for excessive drug addiction are related to poverty, family breakdown, enjoyment and curiosity and the results are negative effects on families who become psychologically traumatised and subjected to mental illness.

Drug addiction becomes a burden and causes the family to continues emotional stress because it breaks the bond and unity formed during the socialization process. Oxford *et al* explained that "instead of family members supporting conformity to expectations of the ecological process, they find themselves caring for the burdensome user, worrying about the negative outcomes of drug addiction" (2013:133). Furthermore, it impedes the functioning of the family and disturbs the social and recreational life resulting in a financial crisis as money is spent on drug-related problems. Recurrent arguments change the communication patterns, leading to the pain and withdrawal of non-users.

v. Positive expectations on the person:

There is a great challenge when living with the drug addicts because the individual, the family and society feel the negative consequence that leads to

disequilibrium and failure to maintain the normal family functioning. Finding out that family member is addicted to drugs chocking, caused anger and frustration because they had positive expectations on that person. The confusion and fear set in as they worry about the shame that is associated with such behaviour. This fear leads to the problem being hidden from close friends and extended family while trying to deal with the situation on their own. The feeling is the socialization process was a failure on their side, but they choose to suffer in silence as they cannot alter the social ills and drug availability that have turned their home life into a nightmare, especially when this addiction is coupled with gender-based power relations and domestic violence after drug use.

The stress develops from the pain of seeing a deeply rooted family relationship replaced by aggression, shouting, deceitfulness and disagreement if not isolated and less participation in family gatherings or obligations. The fights make the presence of the addict in the house uncomfortable as the lack of trust means family members have to watch the addict's movements to safeguard their possessions. Feelings of anger develop when things are stolen, gifts are sold for drug money, and the user continues to deny any knowledge of any theft. Disregard of family ties and responsibility by the user is of concern for close relatives as they see the person losing touch with reality as a result of their drug addiction. They stop paying attention to job demands resulting in decreased productivity and spending money inappropriately while accumulating debt. This becomes a concern for all family members. They choose to become isolated, to avoid social situations out of embarrassment and fear. The demand for drug payments depletes the limited resources within the household and drives families to a state of poverty and emotional stress.

Fear also prevails about the user's safety, particularly if they are often driving while under the influence of drugs.

vi. Uneasiness caused by the breakdown in communication:

Cox et al state “that the uneasiness is also identified by the breakdown in communication that is characterized by lack of trust, violence that is gender power-based, and the arguments caused by the constant demand for money and drug use by household funds for drugs” (2013:48). When the addicts are out late at night, worry and uncertainly about safety set in, and they may fear their loved one is involved in criminal activities or indulging in drugs that will put them in a deep financial crisis. The family is relieved when the user returns home and is safe, but conflict soon ensues when trying to warn the addict of the effects of the drug addiction and of the bad company they find themselves in. Dependence makes the family feel angry and let down as it creates a tense atmosphere due to disagreements on how to deal with this predicament. Some feel the addicts must be subjected to tough love and thrown out, while others stand between the fighters, fearing they may kill each other.

The fights destabilize the unity and cohesion between family members, resulting in disturbed interpersonal relationships. This causes some people to withdraw, preferring not to deal with the social ill. This kind of withdrawal has seen other needy family members neglected due to a lack of social interaction. Reactions to life problems differ from person to person. Some family members see that there are problems, but decide to put up with the deviant behaviour for cultural reasons or because of powerlessness or lack of assertiveness within the family structure. Moriarty and Stubbe point out that “they engage in activities that direct their attention away from the negative setting, either

travelling or leaving home and starting a new away from the dynamics of the unhealthy place as a way of coping" (2011:77). Stress and uncertainty about the future increase when one recognizes the deteriorating quality of family life that is complicated by the suffering and loss of an ideal family member to drugs. Families miss doing the things they used to do together with this affected person, not taking into consideration the added stress of being poor and struggling to raise their offspring.

vii. The cost of living with an addict:

The cost of living with an addict is high, both financially and emotionally. Lost job opportunities put a strain on other family members who have to cater to the addict's needs, often at the expense of their own. They are also expected to provide support and care when the addict is physically and mentally ill and pay for hospitalization and treatment in rehabilitation institutions. If the addicts are unemployed and steal from their family for drugs, this causes conflict as stolen items need to be replaced and damaged ones repaired. Limited financial resources are further depleted by the need to have counsel. Martin and Nelson- Gardell state that "stealing at home and in the neighbouring can lead the addict in trouble besides ruining the trust and interconnectedness of the family with neighbours" (2009:56). The family then has to pay legal fees which are beyond their means. Discussions on how to raise the money further disrupt family relations as arguments arise over whether they should provide the funds or whether the addicts should stay in jail, while other families may form a renewed bond. Renewed family cohesion is essential because communication between family members is of utmost importance. Moving away as a means to escape unresolved issues impedes

personal growth as it leaves deep emotional scars and may lead to depression, loneliness and anxiety.

According to Palen “the use of the drug is seen as a social problem because it tends to prevent people from leading responsible, self-controlled life. Those drugs which are thought to produce the greatest psychological damage and dependency, are viewed most harshly. Although the term addiction is still commonly used, the World Health Organization in 1969 suggested that a better description would be physical and psychological dependence. Today, as a rule, the term addiction is used to refer to compulsive usage resulting in physical dependence” (2000:91). Uddin points out “that addiction has to be defined concerning the impact the drug has on the behaviour of a person's functions socially. She observes that addiction is a bio-psycho-social process and defines addiction in the following terminology: addiction is the compulsive use of the substance with loss of control and continued use of that drug regardless of negative consequences” (1997:89).

Uddin maintains “that the young persons throughout the world have become the most group and easy victims of drugs addiction. They are by far the largest drug addicts section of the population of any country. And it is also the youth who shape and influence the living environment of their fellow youth” (1997:89). Johnson stated “that the main factors responsible for the spread of drug addiction are as the followings:

a) The increase in drug addiction mostly by youngsters is now a worldwide phenomenon. The youth emerge as the most risk-prone group in whom the illicit-drug-trade makes its deepest impression. The curiosity and quest for new experiences motivate the young people also to try the new 'drug experience', particularly when it is accessible and available.

Another contributing factor to drug addiction is peer-pressure. Young people in school, colleges, factories and farms sit, eat and work together. New ideas and experiments keep circulating in these groups influencing behaviour patterns and attitudinal changes. Many young people turn to drugs out of a sense of alienation. Youth is a period of psychological uncertainty.

b) A changing social environment is one of the main factors responsible for the spread of 'drug addiction' among youth. The family structure plays a vital role in providing role models and conditioning attitudes and conduct.

c) Alistair pointed out that the main social influences towards drug addicts relate to minority group state, parental loss, separation, disharmony or illness, low income, divorce, failure in love, a state of deprivation, peer group influence towards deviant sub-cultural activities, restricted opportunities for acceptable socialization, defective socializing influences, and easy drug availability" (2006:81).

viii. The great role played by the family environment in drug addiction behaviour:

Singh states "that the family environment plays a great role in drug addiction behaviour. The study reveals that the drug addict person, in general, hailed from families where at least one or two persons are affected by chain-smoking or drug use" (1978:67). Khan illustrates that "several research finding referred to earlier bring out differing views on drug-users" (1985:34). "Some report that drug-users are creative while others infer that they are under-achievers. Likewise, while some observe that they are adequately integrated into the social group, others observe that they are

some sort of ‘drop-outs’. In other words, drug-users are outstanding and also not out-standing” (1985:34).

According to Jayachandran “to prevent the problem of drug addiction, some scholars want to reduce the traditional methods of treatment of drug-addicted persons” (1990:123). “They emphasized the psychotherapeutic approach, personality development and process of adaptation and adjustment with the environment of the drug addicts. The worst aspect of the drug trade is that it affects the vulnerable the most. The youth, who are struggling for an independent identity and who have the innate curiosity and urging for experimentation so essential for going ahead in the world, fall easy prey to drug addiction" (1990:123).

Ahuja points out that “drug is a chemical substance associated with distinct physical or psychological effects” (2003:89). “It alters a person's normal bodily processor functions. But this definition is too broad. In the medical sense, a drug is a substance prescribed by a physician or manufactured expressly to treat and prevent disease and ailment by its chemical nature and its effect on the structure and functions of the living organism. More precisely, it refers to 'any chemical substance which affects bodily function, mood, perception, or consciousness which has potential for misuse and which may be harmful to the individual or the society'. In terms of this definition, the frequent use of the drug is considered so dangerous and sometimes even immoral and anti-social that it arouses a variety and indignant and hostile sentiments on the part of the general public” (2003:89).

Ahuja maintains “that drug addiction has a growing threat to humanity. The drug poses complex problems for law enforcement agencies, while drug

traffickers and mafias play havoc with the social structure of the country by wielding enormous power with ill-gotten wealth and influence" (2003:90). "Drug addicts who take drugs to seek instant remedies to their depression, frustration and anger suffer physically, economically, emotionally as well as socially. Drug addicts directly affect four or five other people (wife, parents, children, siblings, close friends, co-workers), the problem affects millions of people in the country. Families of drug addicts among youth suffered the most" (2003:90).

Lisam points out "that drug injection itself does not cause HIV infection. It is only through sharing of needles and syringes, and other injection works that the person is infected with HIV. Another possibility is through unprotected sex. Poverty, social disintegration, lack of perspectives access to education, health and leisure services and youth employment opportunities put young people at high risk of developing drug addiction problem" (2004:45). According to Pruthi "needle sharing by IDUs is the major cause of HIV transmission by blood transmission. By needle sharing it occurs because an IDU will draw blood into the syringe to be sure that the needle has penetrated in a vein" (2006:7).

2.4. What is drug dependence?

Searll states that "many expect to use the term drug dependence because it includes both physical and psychological dependence" (1989:52). Erickson *et al* state "drug dependence as a physiological state of adaption to a drug, often characterized by the development of tolerance to drug effects, and the emergence of a withdrawal syndrome during prolonged abstinence" (1990:12). Jaffe and Hogson's definition "of dependence also points out to the biological

changes that are produced by the drug, so that withdrawal symptoms appear when the drug is discontinued" (1999:103). "Drug addiction is thus the unhealthy choice of drugs for pleasure or as a coping mechanism to cope with the painful situation" (1999:103).

2.4.1. Physical dependence

Searll says that "the 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 addiction, and will show physical signs of discomfort when he/she stops taking it or when the drug is withdrawn" (1989:52).

Ghodse supports the above by his description "of physical dependence as an adaptive state manifested by intense physical disturbances when the drug is withdrawn" (1989:25). He says 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" (1989:25). However, the sudden withdrawal is followed by an array of symptoms which are collectively known as withdrawal symptoms.

2.4.2. Psychological dependence

According to Erickson and Morgan "psychological dependence as a chronic drug-taking behaviour presumably related to the reinforcing (rewarding) effects of the drug" (1990:70). "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" (1990:70). Erikson states "that in severe cases of psychological dependence, the addicts become obsessed with the drug and

the results are that all his interest and activities become focused on getting the drug and the results are that all his interest and activities become focused on getting the drug and using it (1990:71). The addicts will periodically administer the drug to produce pleasure or to avoid discomfort.

2.4.3. Tolerance

According to Ghodse “tolerance as a state of reduced responsiveness to the effects of a drug caused by its previous administration” (1989:26). He further says that “for tolerance to develop and to be maintained, the drug must be taken regularly and insufficient dosage” (Ghodes1989:26). Ghodes says “the user intercepts the administration of the drug, tolerance will be lost and the quality which was previously tolerated without adverse effects becomes toxic as in a person who does not take the drug” (1989:27).

2.4.4. The conditions leading to drug addiction

According to Searll “the process of drug dependence is a complex one, involving the interaction of biogenetic, neurochemical and psychosocial factors” (1989:76). Beschener and Friedman, state that “young people are addicted to a drug with various reasons” (1986:47). “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 group” (1986:47). All of these reasons can, to some extent, be linked to either family factors, parent/child dependence on a drug varies from person to person and from drug to drug. Beschener and Friedman maintain “that it also depends on the

type of drugs, the person who is taking it and the circumstances under which the drug is taken" (1989:47).

2.4.5. The causes that influence drug addiction

Bechener and Friedman, emphasize that "the drug addiction among youth is a multiply determined phenomenon which is embedded in cultural and social structures" (1989:62). "They add that no one factor, whether in pursuit of 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 areas for most youngsters the sources of greatest influence" (1989:69). Casswell *et al* suggest "that family and peers have much influence on youth drug addiction" (1992:1029). "Youth by its stormy nature often lead youngsters to experiment and to rebel against authority. Most young people are addicted to 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" (Casswell and Silva 1992:1029).

Beschener and Friedman, "strongly believe that the involvement in drugs by the youth is a response to or an escape from some complex personal problem in their lives" (1979:69). "They say that those, for whom drug use serves this latter purpose, tend to be young people who are addicted to drugs in a more extreme, unbalanced and self-destructive way. These young people may also be more likely to engage in behaviour which is erratic and disturbing to their families and others, as a result, may become socially dysfunctional" (1979:69).

Cornacchia, Smith and Bental, suggested that "young people may be drug addicts to achieve detachment from personal problems and trouble and to produce a state of wellbeing" (1978:335). "In their efforts to achieve detachment from such problems, young people 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" (1978:335). Connolly, Casswell and Silva, "have pointed out that of the environmental factors influencing youth drug addiction, two influences that have received much attention, have been the influence of parents and peers" (1992:1029).

Kaufman and Dressler, argue "that one group of factors that influence youth drug addicts are those that relate to the social world of the youth, the nature of his social relationships, the degree of drug addicts by family members and nature of parental supervision and discipline. These writers have also confirmed that this group of factors appears to have the most crucial influence upon drug addiction among youth" (1999:26).

2.4.6. Environment and drug addiction

Stanton emphasizes "that drug addiction should be thought of as part of a cyclical process involving three or more individuals, commonly the addict and two parents" (1984:274). He further states "that these people form an intimate, interdependent interpersonal system. Where at the time the equilibrium of this interpersonal system is threatened, such as when the conflict between the parents is amplified to the point of impending separation" (1984:274). 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" (1984:274).

Fawzy, Wellisch and Coombs, say “that the family should be seen to include nuclear and extended families as well as any other configurations whose members identify them as a family” (1984:276). They say “that environment broadly should be viewed as including family structure and dynamics” (1984:276). Kampfer and Bukoski maintain that “drug-dependent families have unique characteristics which can be distinguished from non-drug dependent ones” (1986:687). “They say “that these characteristics and their impact on the children are organized by their domain of influence which is environmental, emotional, behavioural, physical and sexual” (1986:687).

2.4.7. Family environment and characteristics

Kumpher and De Marsh explain “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” (1986:69). “Increased strains are seen as deriving from poor family management skills such as few rules, inconsistency discipline, disorganized 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” (Kumper and De Marsh 1986:69). Pagliaro and Pagliaro state that lack of family stability is influenced by factors such as death, imprisonment, abandonment, neglect, divorce and separation” (1996:149). “They view divorce as one of the most stressful life events in the adolescent’s life, which can contribute to or can exacerbate their drug addiction” (1996:149).

According to Schwartzberg “the child of 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 separation, problems associated with visitation, parent absence and remarriage" (1992:635).

2.4.9. Family behavioural and characteristics

According to Baumrind "chemically dependent parents tend to be lax or inconsistent in their disciplinary practices with their children (1986:76). "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" (1986:76).

Baumrind believes "that drug addiction among youth comes from the authorization or permissive families, but more families characterized parent non-defectiveness" (1986:76). "He also found that these young people characterized their home environment as hostile, with weak parent-child relationships and inconsistent parental discipline" (1986:76).

Pagliaro and Pagliaro believed "that the absence of maternal figure has reportedly been associated with drug addiction among youth and several other developmental problems such as gang involvement" (1986:71). They have also observed that "the absence of a father figure is also related to drug addiction among youth. The absence of a father is as a result of factors such as illegitimacy, incarceration, divorce and death" (1986:71).

2.4.9. Family emotions and characteristics

According to Griswold "the factor which distinguishes families involved in drug addiction from other families is family cohesion and attachment. They have

also noted that this appears to be a significant predictor of future of drug addiction" (2007:98). "The parents of these children are seen as not capable of meeting the children's feeling of being a failure as a parent, rejection by the children or lack of ability to empathize with the child" (2007:98).

Griswold explains "that emotional neglect has also been reported in many drug addiction 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 because they spend significantly less time with their children" (2007:99).

Griswold- Ezekoye *et al* described "that number of family activities in which parents were involved with the children. Drug addiction parents were found to spend less time in planned and structured activities with their children" (2007:102). "They explain that lack of quality time is indicative of poor parent-child relationships which have been correlated with drug addiction among youth. They also found that drug addiction was often preceded by estrangement from parents due to unrealistic expectations or withdrawal of love on the part of the parents" (2007:102). Schwartzberg state "that family conflict involving all members of a family has often been found to prevail where families are involved in drug addiction. The conflict is usually manifested primarily in the verbal abuse and negative communication patterns" (1992:623).

2.4.10. Physical or sexual abuse within the family

According to Pagliaro and Pagliaro "corporal punishment of youth by their parents has been associated with subsequent development of several

significant psychological problems such as alcohol and drug addiction, depression and suicide" (1989:155). "They say that other forms of addiction, particularly severe physical and sexual abuse during childhood and adolescence have been frequently reported as an antecedent to behavioural problems including drug addiction. They further state that boys in drug addiction treatment groups, who admitted to histories of sexual abuse, are characterized by psychological and social problems" (1996:155). Wellish and Coombs argue "that children show psychological distress especially agitation and have abused alcohol and other chemicals regularly and from a young age to self-medicate their distress. These youths are more in trouble with the law than their peers" (1984"279). Wellish and Coombs, "they described family dynamics as functional structures of families or the ongoing formal and informal interaction and influence within the family system. This includes communication patterns, the extent of involvement among family members, disciplinary procedures and parent and peer influence" (1984:279).

Glassner and Loughlin explain "that the quality of the parent-child relationship has been observed to be one of the most significant factors in predicting whether drug addiction will become a problem for certain youth" (1987:199). "They maintain "that parents are always important in the world of youth. They further argue that "the importance of parents seems 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" (1987:199).

2.4.11. Peer pressure and youth

According to Kendel "youth 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. He argues "that clinically defined peer pressure refers to influence from others who are about the same age" (1985:103). He further says "that as teen years move towards their youth, fitting in becomes a dominant influence in their lives" (1985:103).

Kendel maintains "that the young people wasted a lot of their lives with the peer group. The peer crew serves as a sounding board for their ideas, thoughts and concerns. The young people begin to feel free to discuss matters that cannot be discussed with parents such as personal problems, contraceptive and drug addiction challenges" (1985:104). Searll argues "that the desire to experiment with drugs is the prime reason why young people start using drugs" (1989:127). "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 youth readily agrees to give it a try and tell him that everyone else in his peer group is doing it" (1989:127).

Searll explores "that the need to conform to the norms and values of the peer group applies as much to the drug as in other activities such as fashion clothes and hairstyles. Many young people are thrown in a predicament when offered drugs by friends or pressurized into trying them" (1989:128). "Even when they do not feel comfortable to try drugs, they desperately want to remain part of the group. Given the choice between being rejected by the group and taking drugs, many young people will choose the drugs" (Searll 1989:128).

Kandel articulates “how the three following concepts relate: behavioural homophily, active selection and reciprocal socialization” (1978:89). “He said the term behavioural homophily refers to the trend towards similarity in various attributes among people affiliated with each other (friends, clique, and crowd). The fact that boys and girls who are part of the same groups have similar habits (behavioural homophily) has traditionally been considered evidence that youth is a period of conformism” (1978:89). Kendel found “that in general, they select friends who share social characteristics congruent with their own identity, those with whom they best fit. He showed two different processes that cause the similarities that we have chosen friends, people gravitate towards those who most resemble them. Even today some studies speak of conformity when similarities in the behaviour of a group of youth are observed” (1978:89). Kendel maintains “that Once a friendship is formed by those who from the beginning have characteristics in common, they mutually socialize or reciprocally influence each other through the relationship, such that with time, they grow increasingly similar. The explanations about the influence of the group are normally circular and therefore irrefutable. That is, similitude between individuals explained from influence is the result of one or more persons (the others). Nevertheless, that ego is also capable of joining (the others) and vice versa, and therefore is the one who influences/ pressures instead of the pressured” (1978:90).

According to Cohen, “the two processes, the active selection, whereby individuals choose as friends those who are most similar to them in attributes considered important and reciprocal socialization, whereby individuals influence one another regardless of initial similarities, have been steadily documented in the scientific literature” (1990:145). Mitchel and West state “that behaviour and the influence of peers on it, boys who did not want to

smoke chose friends who did not smoke, non-smoking social contexts and even left friends who started to smoke" (1996:87). Kandel specifies "that a third process: the deselection or inclination to withdraw from friends whose attitudes and activities diverge from the path of similarity or if similarity weakens" (1978:101).

Kendel concludes "that when looking for friends, youth look among those who look like them, and have attitudes towards life, values and norms that they find suitable. And thus, we return to the family context. It is in the family where boys and girls learn norms; acquire moral values and more or less healthy habits" (1978:102). Miller *et al* concluded, "that among all the indices analysed on family relationships and the influence on consumption are warm and positive parenting practices, adequate monitoring of behaviour, and communication about drugs, the existence of clear norms and a system of precise values against the use of such substances" (2001:45). "The lack of supervision and frequent conflicts act, meanwhile, as risk factors for drug addiction. In this manner, youth with drug addiction may do so simply because the consumption is motivating in itself and they have not learned to perceive the harmful effects of the drugs. The family that educates in a system of values contrary to drug addiction will give rise to its children mixing with friends who have value systems similar to their own, consider consumer behaviour dangerous and consequently, do not engage in it" (2001:45).

According to Berndt y Keefe, "friends, on the other hand, do not always exert pressure towards negative behaviour such as drug use" (1996:123). "In general, it is more often than they exert pressure towards behaviours considered socially positive, like studying or good behaviour in school. The consumption of harmful substances it is shown that the influence of peers is

exerted as much to begin chewing snuff or to continue said behaviours, as to cease the mentioned conduct" (1996:123).

Miller *et al* point out "that youth choose friends who are similar to them and the pressure the group exerts is more positive than negative, we must not forget that it is in the environment of the group of friends where there is access to drug addiction and that it is in the group, emboldened by the heat of the moment or adapting to unwritten rules, where youth begin to experiment with different drugs. It is not the role a villain and several good guys, but rather company at the time of transit through the period that is growing up which we have named youth" (2001:46). Therefore, it becomes important that parents have created, before the arrival of youth, a climate of trust and mutual respect that will lead youth to share their fears and concerns with their parents, including those about drug addiction.

2.5. Family and Drug Addiction

According to Andrew "within the various psychosocial factors that have been discussed in the literature on family influence on the substance use of youth, the drug use by parents themselves stands out. In effect, the boys and girls who grew up in an environment where drug use is habitual and allowed seem to have a higher predisposition to drug use themselves. This is so for different reasons. On the one hand, young people have an adult body but are not considered as such by society" (1994:88). "That is youth is defined as a stage that society creates so that boys and girls learn to be adults. In this learning, their primary models are the adults with whom they live (i.e. parents and older siblings). Although the intuitive picture of a family in which there is substance use is that of constant disputes, neglect and lack of affection. This is not

necessarily so, because there are various degrees of drug use" (1994:90). Andrew claims "that in a family where both father and mother are addicts indeed, the problems will multiply, as any addiction affects working and personal relationships as well as those of any other nature" (1994:91). However, "a family where the parents have a few beers with friends daily and, occasionally have one too many and come home drunk, can work effectively with complete normality" (1994:91). There is evidence that drug use of parents and older siblings have more influence on the young people if the relationships within the family are loving and close.

Fernandez and Secades point out "that drug use is not considered harmful to health at a practical level in the daily routine of the family. Moreover, regular drug use within the home leads to young people perceptions of normality, in these cases, a perception shared by the whole family. For example, it has been found that in many cultures, "families do not believe drug use is problematic when the drug users are adults, although they are more reluctant about drug use by youth. In any case, weekend drug use is not considered to be so negative, as there is a belief that it will not affect youth in the future" (2003:79).

2.5.1. Parenting style

According to Fletcher and Jefferies "traditional parenting style finds that families that deploy an authoritative parenting style in which affection and communication are high (i.e. explicit display of affection, parents talk frequently to their children and arguments are often resolved through dialogue, while at the same time they exercise their role as responsible adults and demand autonomy and maturity in the child, set rules are explained, but

that must be followed) have more well-adjusted children in general and regarding that what concerns them on this issue who use drugs more moderately and responsibly" (1999:56). "They continue to say in authoritarian parenting style families, in which punishment avoidance rules, without being explained, are imposed, the parent-child relationship is based on the authority of the first opposite obedience of the second and where explicit displays of affection may even be considered a weakness, or simply not deemed necessary, will have youth more prone to drug use than those of authoritative parenting style families. These children have not internalized the rules and their meaning, rather they simply abide by them to avoid punishment, which is why they let loose and engage in all those behaviours that have been prohibited when that authority figure is not present. The difference between the authoritarian and authoritative parent lies in the communication and affection they give to their children. In the authoritarian parenting style, the parents' needs take precedence over those of the children, while just the opposite occurs in the authoritative parenting style, where the child's needs prevail over those of the parents" (1999:57).

According to Blatt "the authoritarian and the authoritative share the fact that they place limits on their children, demanding autonomy and rule-following. For this reason, they are the two parenting styles that give rise to the best-adjusted children to adult norms, and consequently the boys and girls who consume the least substances" (2003:77). "Parenting style characterized by the absence of these requirements are called permissive, distinguishing between indulgent (parents who do not require compliance with standards for their children while at the same time are affectionate with them) and neglectful, which is the parenting style characterized as much by the absence of rules and limits as by the absence of explicit affection, love or complicity in the parent-

child relationship" (Blatt 2003:77). Blatt says that "children of permissive styles are those more prone to drug use. They have grown up without clear rules and without adults to guide and set limits for them in their quest for autonomy. Boys and girls who grow up in families with negligent parenting styles have not received the attention and affection of their parents, so they have not learned basic social skills in the family context, neither have they received the necessary autonomy stimulation or behavioural control characteristic of relationships between parents and children. These children are those who have a worse adjustment in general" (2003:78).

2.5.2. Comparing scholars' views on drug addiction

Most of the studies from West and Africa agree that one of the worse aspects of the drug problem is that it affects primarily those who are most vulnerable, such as youth. The transition from adolescence to young adulthood is a crucial period in which experimentation with drugs in cases begins. Drugs may have a strong appeal to young people who are beginning their struggle for independence as they search for identity. Because of their innate curiosity and thirst for new experience, peer pressure, their resistance to authority, sometimes low self-esteem and problems in establishing positive interpersonal relationships, young people are particularly susceptible to the drugs. However, youth around the world do not all have the same reasons for drug addiction.

Studies suggest and agree that drug addiction continues to emerge as a strategy to cope with problems of unemployment, neglect and violence. Marginalized youth are particularly susceptible to the enticement of drugs. Furthermore, the number of marginalized young people is increasing, in particular in the urban areas of developing countries where street life and all

its aspects, including drug addiction, is becoming the norm for the growing numbers of young people. In many studies, a significant minority of young people experiment with drugs during a phase of rebellion or as part of the search for identity and independence then give them up to spontaneously when a particular stage of maturity has been reached, without any apparent permanent damage being done. However, since young people are less able to evaluate the dangers and to judge the likely consequences of their behaviour, the coping mechanism or problem-solving resources of the individual become crucial. When such coping skills are not developed, for whatever reason, the individual is likely to be more vulnerable to drug addiction.

African scholars differ from the above views and suggest that western civilization is the cause of drug addiction among youth in Africa. The issue of family relations, studies say that the extended family that was a wonderful instrument like a social verve, social security in our community has given way to the nuclear family. Little wonder that there is no more respect for age, no more respect for values that we held sacrosanct in Africa, younger ones now find it very difficult to greet elderly ones. The individualism, we now have children of single parents, a phenomenon that is identifiable with America. People are no longer communalized; nobody wants to be anybody's brother's keeper. The researcher agrees on the African studies' views, that education in traditional African society was regarded as essential for the social development of the young since it prepared them for the divine roles they would play as adults. The education of the youth was the responsibility of all members of society. Other members of the society were involved in the education of youth whenever opportunities arose. The elders, for example, were responsible for the youth's formal education during initiation rites. The value system was clearly defined and measures of guarding it specified. The morals expected of

the young people were guarded by the adults as well as by the age group. Any youth who violated the moral code was punished by the age group.

Western education, involving literacy and the mastery of European languages, became the condition for entry into the modern sector. For most of the colonial period, education was in the hands of the Christian missions, who sought not only to convert Africans but also to inculcate Western values. Christianity challenged the traditional belief system and promoted the diffusion of new ideas and modes of life, in particular, it sought to impose monogamy and the nuclear family as the norm. The researcher supports the idea that these changes have left many young people confused as they were swept from one system of education to another. Yet there has been little or no provision for guidance and counselling to ensure a smooth transition for these victims of change. Drug addiction among youth from society is possible under such circumstances.

In traditional society, youth were prepared for the occupation they would take on becoming fully functioning members of their society. In contrast in modern African society, youth are given an academic education before they are trained for an academic occupation. The attitude of the youth has been observed to be geared to blue-collar jobs. Farming, which is the mainstay of most African people, is shunned as a job for illiterate people. There is a prevailing belief among young and parents alike that all that is needed is the pursuit of academic education and the blue-collar job will materialize. Unfortunately, the academic pursuit of the majority of the youth is aborted before they complete their schooling. They are knocked out of the academic struggle by the selective national examinations. Yet they still have hopes of getting a blue colour job with all the modern amenities of life. For this reason, young people flock into

urban arrears only to find no employment at all, especially not the job of their dreams, and this circulation will lead them to drug addiction.

2.6. Preliminary conclusion

In this chapter, the researcher gave an exposition of literature study on drug addiction among youth. The peer crew serves as a sounding board for their ideas, thoughts and concerns. The young people started to feel free to discuss matters that cannot be discussed with parents such as personal problems, contraceptive and drug addiction challenges. Drug addicts directly affect four or five other persons (wife, parents, children, siblings, close friends, co-workers), the problem affects millions of people in the country. Families of drug addiction among youth suffered the most. The next chapter will focus on methodology and relevant aspects thereof.

CHAPTER THREE

RESEARCH METHODOLOGY

3. Introduction

This chapter focuses on the methodology and the data analysis of empirical research. The purpose of the empirical research is to elaborate that in *Etwatwa* Township, harmful use nyaope among youth is a pastoral care challenge. This information is essential for verification of the central idea of this study, which emphasizes the relevance of pastoral care as a response to nyaope *a*ddiction among youth in Etwatwa Township. This will empower pastors and caregivers with the skills that they need to care for the drug addicts among youth and families who are affected. In this chapter, the researcher has also created the methodology and the exposition of the model of pastoral care.

In this study, the researcher uses these three sources, Edward Wimberley, Charles Gerkin and Nick Pollard complementarily to buttress each other and enhance the researcher's quest. The researcher uses "the method of storytelling by Edward Wimberley's which employs experiences in the life and ministry of our Lord (1999). Wimberley seeks "to illustrate how Jesus sought to engage the world in a bid to transform what was not God's intended way of life. In this kind of storytelling, the initially suppressed and silent voices are accorded consideration" (1999:34). He furthermore emphasizes the necessity of telling contemporary stories to help people to begin to visualize how the mind of Jesus can begin to work for them. The researcher embarks on Gerkin's "shepherding model of caring ministry which assumes and gathers momentum with the coming of Jesus, who according to John's Gospel, identifies himself as the good shepherd and the shepherding image takes its place as a primary

grounding image for ministry" (1997:34). The researcher uses these sources complementarily to buttress each other and enhance his quest.

3.1. Wimberley's storytelling

Wimberley "is confident that he has constructed a model by using narratives that speak to people's emotional, spiritual, interpersonal, marital and family needs" (1999:35). Wimberley is using bible stories to explore.

- "How Jesus came to grips with the shame and humiliation, He faced in his own life and how we can imitate His manner of handling shame.
- How Jesus dealt with the shame that others brought to Him and how we can overcome shame by internalizing and re-enacting Jesus' stories in our lives.
- And how the parables of Jesus can help us reconstruct our lives to live none-shame based values in our reality" (1999:35).

The researcher believed that Wimberley's storytelling showed us another way in which one can use the scripture to pursue healing. This research will now move into Wimberley's first proposed model.

3.1.1. Jesus facing shameful situations

According to Wimberly, "shame is a terrible condition whereby one experiences a feeling of not being loved or cared for by others like most of the youth drug addicts in the findings. Shame undermines self-confidence and has a way of holding on in our lives" (1999:36). He maintains "that shame is like a satanic force which tries to prevent us from moving constructively within our

lives and seeks to draw us back into the shame-based world" (Wimberley 1999:36).

Wimberley “insists that the care for shame is to find significant relationships with others, which might help to nature and build self-esteem” (1999:36). Through this, he believes that the Spirit of God works on our behalf to help us view ourselves as being worthwhile and valuable by experiencing God's forgiveness and by expressing forgiveness. He views forgiveness as a gift from the Spirit which only the Spirit can bring about since our human nature is weak and fallible. This is a process which needs to be engaged in prayerfully; hence his caution to resist premature forgiveness. His advice is to ask God, in prayer, to show us where He is at work in our lives, bringing healing to shame and emotional wounds.

Another term Wimberley use to describe people experience shame and emotional wounds are “relational refugees”. According to him, relational refugees are persons not grounded in nurturing and liberating relationships. They are detached and without significant connections with others who promote self-development. They lack warm relational environment in which to define and nurture their self-identity. He states that "As a consequence, they withdraw into destructive relationships that exacerbate rather than alleviate their predicament.

The researcher view, relational refugees as people running away from a past hurt. They avoid significant contact with others for fear of similar devastations. Such people become insecure, develop low self-esteem and become fatalistic ending up being drug addicts. Wimberley explains “that in most of the cases, they even blame themselves for their situations because they find themselves adrift in life without an anchor or a life jacket. Wimberly believes “that in our

quest to deconstructing the negative feelings, we have internalized of ourselves, we need to keep or focus on Jesus and how He handled shameful situations" 1999:38).

3.1.2. How Jesus felt about himself

Wimberly is certain "that Jesus felt positive about himself because he stayed focused on the task and mission that He believed He had in life. No matter what He faced in life, He kept his mission and purpose in mind. The researcher's view is that; this is where we differ significantly from Jesus. We allow ourselves to become derailed, to be steered off cause very quickly and too easily" (1999:41). "The derailment might be in the form of painful experience, sin and wickedness or even temptation. This deviation from the course might be of our own doing or perpetuated by others, but the results are the same" (1999:41).

Wimberley maintains "that it leaves us with shame, feelings of being unloved, isolated or rejected. It leaves us as relational refugees who are not confident enough to enter into significant relationships but resort to avoid people and to be left alone. Storytelling, especially the narratives of Jesus victories' and conquering power is quite helpful to those who seek ways to overcome their shame and low-self-esteem" (1999:43).

3.2. Exploring Gerkin's shepherding model

The long story of the care of God's people has been shaped not only by Wisdom, important as that has been. People have found the care of God and God's people communicated to them in the richness of ritual practice as well

as in wise guidance. Gerkin points us towards "a recognition that, in the long history of the people of God, the metaphor of care has multiple origins. Its meaning embraces many roles within the historic community and varying emphases, which from time to time have asserted themselves as primary care of God's people in particular situations" (1997:24). Pastoral care has focused primarily on the wise men and women of the early Israelite history as root models of pastoral care practice. Four models of care e.g. guidance, healing, reconciliation and sustaining carry the primary connotation of wise care of an individual or the family.

3.2.1. An inclusive pastoral care approach

Gerkin reminds us of our need to reclaim all the three old testament models namely priestly, prophetic and wisdom as primary guides for the caring ministry of the Christian community, it also focuses on its leadership by interpreting and examining the long history of this pastoral care, because it grounds the faith and practice of the life of the people of God" (Gerkin 1997:26). However, Gerkin alerts us to four valuable assertions in connection with our dealing with these roles, he says;

We need to achieve a new and creative balance among the three roles. *We need to modify some of the practices from the past to respond to the changing needs of the people" (1997:79).*

The example, of the old model of pastoral counselling, has employed two models i.e. forgiveness and discipline. It emphasized healing with secondary attention to guiding. The revised model aims at utilizing four strands of

pastoral care traditional, functions which are *healing*, *sustaining*, *guiding* and *reconciling" (1997:30).*

Heasman argues "that healing, sustaining and guiding are not confined to the person-to-person relationship of pastoral care, but they also need a group within which a person can become a part of and a group which will receive him/her as one of them. This implies a therapeutic community which is ready for those who have been finding life difficult and who, as the result of successful counselling, are trying to establish themselves in society" (1969:70).

3.2.2. Healing

This pastoral action helps a hurting person to endure and to transcend circumstances in which restoration to his former condition or recuperation from his/her malady is either impossible or so remote as to seem improbable.

3.2.3. Sustaining

The pastoral action helps a hurting person to endure and to transcend circumstances in which restoration to his former condition or recuperation from his/her malady is either impossible or so remote as to seem improbable.

3.3.4. Guiding

This pastoral action assists perplexed persons to make confident choices between alternative courses of thought and action, where such choices are viewed as affecting the present and future state of the soul.

3.3.5. Reconciling

This pastoral action seeks to re-establish broken relationships between fellow human beings and between human and God. Historically, reconciling has employed two modes of pastoral action, namely forgiveness and discipline.

The four steps will help the researcher to journey with affected by nyaope addiction in Etwatwa Township.

Gerkin argues that “it is important to keep the preservation of these practices as they have shaped the tradition of what it means to be faithful pastors of God’s people” (1997:79). We also need to give 'substantive attention about the modes and methods of pastoral care' that sprang from the wisdom, priestly and prophetic ancestral models. This is a major problem facing youth who are expected to be good shepherds in future, and it is a challenge to pastoral care. Because of the above, let us now analyse the role of shepherding. This means an adequate understanding of the function of each model to avoid the mistakes of those pastors in past eras who distorted the image of the pastor as Christ the Shepherd, assuming the authority that rightfully belongs to Christ Himself.

3.3. The African perspective of a shepherd

It has already been noted in this work that the Psalmist depicts the Lord God as a shepherd (Psalm 23). The reason for such a comparison can be understood when one thinks of what an Israelite shepherd's work entailed and for the African context, such a comparison is better understood as shepherding” (1997:80). It is very common and still practised in both urban and rural areas. The shepherd's responsibility is to take the flock out of the homestead to a

place where there is enough grazing and water. Very often the shepherd has to walk a long distance over the rocky dry ground in search of grass for his flock. This means leading his sheep through dark and narrow places, and to lead from the front to show the way, and to protect the live-stock from thieves and wild animals such as hyenas and jackals that might pounce upon them. Shepherding is one of the oldest professions, beginning some more than 6,000 years ago. Sheep were kept for their milk, meat, especially, wool. Some sheep were integrated into the family along with other animals such as pigs and some chickens.

To maintain a large herd, however, the sheep must be able to move from pasture to pasture; and this required the development of a profession separate from that of the farmer. The duty of shepherds was to keep their flock intact and protect them from wolves and other predators. The shepherd was also to supervise the migration of the flock and ensure they made it to the market areas in time for shearing. In ancient times, shepherds also commonly milked their sheep, and made cheese from this milk; a few shepherds still do this today.

In many societies, shepherds were important for the economy. Unlike farmers, shepherds were often wage earners, being paid to watch the sheep for others. Shepherds also lived apart from society, being largely nomadic. It was mainly a job of a solitary male without children, and new shepherd thus needed to be recruited externally. Shepherds were most often the younger sons of a farming peasant who did not inherit any land. Still, in other societies, each family would have one of their members to shepherd its flock, often a child, young or an elder who could not help much with harder work; these shepherds were fully integrated into society. Shepherds normally work in groups either looking

after one large flock, or each bringing their own and merging their responsibilities. They would live in small makeshifts, often shared with their sheep. Shepherding is dangerous work, as many shepherds are armed with sticks, as depicted in 1Samuel 17:34 ff, where we read of David who was looking after the flock and had a lion and a bear to protect his flock. A shepherd's concern is to make sure that he does not lose any of the flock. If that happens, he leaves the ninety- nine in the wilderness and goes after the one that is lost until he finds it (Luke 12:4). The shepherd cannot return home without being able to account for the flock that has been entrusted to him.

Keller clearly describes the work of a shepherd folding sheep is another way of saying a shepherd is managing his flock with maximum skill. It is to say that he (sic) handles them with expertise, moving them from field to field, pasture to pasture, range to range to benefit them as much as he can, as well as to enhance his land" (1983:23). He further sees the intense devotion and affection that is shown by the *Masai* people of East Africa to their stock as deeply moving. He says that, out in the grazing lands or beside the watering places, they come to the shepherd called to be examined, handled, fondled, petted and adored. This is the abundant life the good shepherd wants for his flock. Keller described "this as the graphic picture our Lord had in His mind when He stated that, He had come so that we may have life and have it in more abundance, the good shepherd gives his life for the sheep" (1983:50). Maluleka agrees with Killer "that the church should understand that the chief purpose of Jesus coming on earth as recorded in John 10:10, is to give people abundant life" (1999:11).

The shepherd model will be employed therapeutically in assisting youths who are addicted to drug nyaope as an individual or as a group. The models of healing, sustaining, guiding and reconciling will be applied, this will, again, help youth to be reintegrated back into the community of faith.

3.4. The shepherding model

The study uses the methodology that draws from the shepherding model inculcated by Gerkin in his work; An Introduction to Pastoral Care (1997) and refers to the pastor as a caring leader and shepherd. In this model, care is viewed as the central metaphor of life in the Christian community. The pastor regarded as the shepherd and the Christians are flocks that need to be cared for. This methodology needs to be located within the hearts and souls of the addicts. In terms of the present study, this meant that the researcher needed to utilize this method effectively in helping families and youth who are addicted to drugs with the experience of hopelessness, and shame. The researcher was convinced that this shepherding method would play a pivotal role in approaching challenges faced by drug addicts among youth in Township.

The prophetic, priestly and wisdom models of caring ministry we inherit from the Israelite community are not only biblical images with which the pastors have to identify. Another, in certain was more significant in the model of a caring leader as a shepherd. According to Gerkin, “the shepherding motif, originated as a metaphor for the role of the king during the monarchical period of Israelite history” (1997:27). However, in reality, this role of the leadership began with the beginning of ancient Israel under the Patriarchs.

Gerkin alluded “that the motive of the shepherding leader is most clearly captured in the imagery of Psalm 23. Here, the Lord God is depicted as the good shepherd who leads the people in the path of righteousness, restores the soul of the people, and walks with them among their enemies and even into the valley of the shadow of death” (Gerkin’s 1997:23). Pastoral care wishes that the church leaders and caregivers to help the youth who are the drug nyaope addicts. However, Gerkin evidence is lacking that the shepherding model ever attained a place of significance equal to those of the prophetic, the priestly and the wise guide in later Old Testament literature; probably it lacked an institutionalized role. It is with the coming of Jesus that the shepherd image takes its place primary grounded image for ministry.

The study borrows from Waruta and Kinoti’s work, *Pastoral Care in African Christianity,* whilst complementing that with Nick Pollard's theory of positive deconstruction. This process was used to reconstruct the lives of those young people who are addicted to nyaope.

This study uses these sources complementarily to buttress each other and enhance the researcher’s quest. According to Gerkin “the pastor needs to function as the caretaker of individuals. Although emphasis has fluctuated from time to time, the ordained pastor’s care for individuals has usually been given a dominant emphasis” (1997:92). Gerkin goes on to say that, in the recent history of pastoral care, in large part because of the influence of individualism and psychotherapeutic psychology. The organizing conceptualization of pastoral care has focused on the individual care of the pastor for a person.

Waruta and Kinoti argue about the highlight the essence of the communal element while acknowledging the importance and the place of individual

counselling. “Counselling in the traditional society takes a communal approach where …the immediate family community is deeply involved…Individual counselling though it has its place ignores the communal element which is necessary for particularly mediating forgiveness and reconciliation" (Waruta and Kinoti 2005:93).

Gerkin goes on to say asserts that for it to be worthy of its name, the church has a mandate to confront human suffering and the conditions that cause it” (1997:92). Gerkin’s view is that, with Jesus Christ as the model example “the church in its role as ‘shepherd of God’s flock must address herself to this situation by alleviating suffering and enabling the realization of God’s Kingdom. She must administer healing that will resolve harmony in the lives of individuals, community and the environment…The pastoral work of the Church is thus to be seen in terms of healing, guiding, sustaining and reconciling the people of God” (Gerkins 1997:92). Kinoti and Waruta argue that “empirical research helps to avoid generalization of the phenomenon under the study and provides contextual information about the phenomenon” (1998:34). “Consequently, empirical research produces new findings, ideas and explanations. In the present study, the empirical research is focused on investigating” (Kinoti and Waruta 1998:35). What causes young people to use harmful nyaope?

One of the key pastoral care activities that the church can implement to respond to the nyaope addiction among youth it is a situation of pastoral counselling. Waruta defines pastoral counselling as a type of counselling that seeks to nurture people emotionally, physically and spiritually with acceptance and compassion and the love of the shepherd to his flock. In pastoral counselling, people are not viewed as patients but as human beings who are

created in God's image. This study points out that pastoral counselling should reflect a Christian vision of life. Thus, it should include the supernatural destiny of the counselee and depends wholly on the power of divine grace to achieve it. As such, Biblical and Christian spiritual recourses such as prayer and Christian rituals are employed when providing pastoral counselling.

Gerkins' main source is, of course, the Bible. The Bible is the first source of pastoral theology, in so far as it portrays the ideal Priest, Teacher, and Pastor. It has handed down to us Jesus Christ's ideas for the care of souls. Pastoral care is whenever we bring the presence of our church, our faith, our God into our life. Pastoral care, above all, is 'pastoral' in its 'caring,' which means very simply that it is shepherding. The shepherd metaphor of pastoral care represents the way which God cares for and supports the people in distress" (1997:87). This is depicted in what Jesus Christ says in the Gospel of John: *I am the good shepherd lays down his life for his sheep. The hired hand is not the shepherd who owns the sheep. So, when he sees the wolf coming, he abandons the sheep and runs away. Then wolves attack the flock and scatter it" (1997:87).*

The man runs away because he is the hired hand and cares nothing for sheep. I am the good shepherd, I know my sheep and the sheep know me. Just like the father knows me, I know the father- and lay down my life for the sheep (John 10:15). Gerkin's shepherding model provides a great challenge to pastors wh serve youth who are the drug addicts with different problems in their congregations.

Gerkin's approach "appreciates and embraces the individual and family and addresses the needs accordingly. He brings to our attention models of pastoral care practices of times gone by. Pastoral counselling, as a ministry of the

church, illustrates the contours of the paradigm for the field of pastoral care. And this has been evident in the prophetic, priestly and wisdom models of pastoral care" (Gerkin 1997:47). He states "that while the focus may be somewhat different, the underlying common factor in the three models is such that we are called to care not only Christianity but pastorally as well. He says the prophetic, priestly, and wisdom models of caring ministry we inherit from the Israelite community are not, to be sure, the only biblical images with which we pastors have to identify. Another image, in certain ways more significant, model is that of the caring leaders as a shepherd" (Gerkin 1997:48).

Gerkin embarks "on a shepherding model of caring ministry which assumes and gathers momentum 'with the coming of Jesus, who, according to John's Gospel, identifies himself as the good shepherd, and 'the shepherding image takes its place as a primary grounding image for ministry" (1997:49). This will help youth to be cared for through the influence of Jesus' ministry" (Gerkin 1997:49). Gerkin states that the shepherding image incorporates not only the wisdom expressed in certain parables and the Sermon on the Mount, not only his priestly leadership with his followers but also the elements of a prophecy such as are found in the story of Jesus cleansing the Temple and his confrontations with the Pharisees and Sadducees" (1997:50). Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model sine qua non for pastoral relationships with those immediately within our care and those strangers we meet along the way. This way of caring opens up a way of journeying with families and youth in their challenge of drug nyaope addiction.

Gerkin is not able to help the researcher to reconstruct the lives of these drug addicts, but this is where Pollard will help. Pollard's explains "theory of

positive deconstruction has to do with helping people break down into parts, their belief, analyse it and throw away what is not needed. In this way, you help them to see shortfalls in their beliefs and discover Jesus, and in that way, they replace their belief with what is better. This is a positive search for truth. What is true in their belief will be affirmed but the challenge is the fear to do deconstructive evangelism and see it as the answer" (1998:67).

This approach is not easy but it works with prayer, teaching and love. Pollard argues "that Jesus gives solutions. Other religions believe that suffering is there due to our being attached to the world but the Bible teaches us that suffering is not part of God's plan" (Pollard 1998:68). Pollard suggests "that we have faith that ultimately God will restore the world, and create a new perfect world like His kingdom. We shall also be forgiven and enter heaven (Rev 21:1 and 21:27). God is patient; there is no need to ask when He will? He answers at His own time. While waiting God does respond positively to some of our prayers and there are areas where the world changes for better.

3.5. Exploring Pollard's positive deconstruction model

In order to help people, we have to spend time with them and build a meaningful relationship with them. We need to demonstrate the love and the power of Jesus with them. We also have to be able to help them to think again about the ideas and beliefs they have picked up. Pollard believes that we are to reach people and help them, we need to understand their worldview, a term which has recently become a buzz word among many Christians; the question he poses is whether those who use this term do understand what it means. The term appears to be used in two rather different ways, which could be characterized as *bottom-up* and *to-down*

3.5.1. The bottom-up worldview model

Here the term 'worldview' is used to describe the conclusion that a person comes to after looking at the world and asking the most fundamental question about it. Questions such as, who am I? '*What is wrong with the world?*' and *'what is the remedy?*' Everyone asks these questions at some time and in some way in their lives, then they take the answers derived from these fundamental questions and combine them to form their world view.

3.5.2. The top-down worldview model

Pollard points out "that the other way of using the term worldview, is what it is not seen as the conclusion at which people arrive (destination), but rather as the point from which they start (departure)" (1997:32). On this definition, "a worldview is not a view of the world derived from particular answers to the fundamental questions, but rather a way of viewing the world which brings about those particular answers" (Pollard 1997:32). What the researcher derived from the use of the term, is that people will give particular answers to the fundamental questions because they hold a certain worldview, rather than holding that worldview because they have given a particular answer to the fundamental questions. Some people hold a view that the young people that are in the church represent Jesus in a community of faith and their conduct and morals should reflect that of Jesus. The idea that Christian youth can be drug addicts makes them lose faith in the church and to some extent lose faith in Jesus too.

Some young people hold a worldview that they too are human and that they, just like other human beings have needs. And in some instances, they will act

on those needs and wants. For some, taking drug *nyaope* beverage is a human thing. Some prefer to take it in the privacy, others in the public view of everyone, others only take it with trusted companions. Each of them has their worldview on this matter.

3.5.2.1. What is positive deconstruction?

Pollard's theory of "positive deconstruction is made up of two processes, the first processes are 'deconstruction' which means that it helps people to deconstruct what they believe to look carefully at that particular belief and analyse it. Secondly, the process is 'positive', which means that this deconstruction is done positively, to replace it with something better; this is a positive search for the truth" (1997:53). The process of positive deconstruction recognizes and affirms the elements of truth to which an individual already holds, but also helps to discover for themselves the inadequacies of the underlying worldview they have absorbed.

Pollard alert us to two mistakes one could make with positive deconstruction: and the first danger is to assume that positive deconstruction is not needed. He says it is very simple to say 'all we need to do is pray for people' in this case it will be nyaope among youth. The second mistake is to think that the positive deconstruction is all that is needed" (1997:56). All that is needed is a range of gifts, abilities and strategies that can help different people in different ways. At different times and positive deconstruction is simple one way doing these.

3.5.2.2. Elements of positive deconstruction

The process of positive deconstruction involves four elements and these include; *identifying the underlying worldview, analysing it, affirming the elements of truth which it contains and finally discovering its errors.* The researcher will analyse the above in the following.

3.5.2.3. Identifying the worldview

Most people seem unaware of the worldview they have absorbed, which now underlines their beliefs and values. That is the reason most people find it difficult to articulate a worldview. Some express a belief or live in a certain way, without knowing or even thinking about the worldview from which their belief or behaviour derives.

3.5.2.4. Analysing the worldview

Once we have identified a particular worldview, we can now move to the next process, which is to analyse it. The following questions are asked, 'is it true?' is it coherent? Does it correspond with reality? and does it work? these questions will help the pastor to help therapeutically when answering the above questions.

3.5.2.5. Affirming the truth

Pollard says that "it is vitally important that we affirm the truth in other worldviews, even though we do not subscribe to them. Truth must be affirmed

wherever it is and knowing that ultimately all truth is Gods truth and all worldviews contain elements of this truth" (Pollard 1998:83).

3.5.2.6. Discovering the error

Pollard analysis is that "a worldview using the third criteria of truth, we are attempting not only to affirm truth but also to discover those errors. It is a prerequisite that worldviews be identified, it is necessary to analyse it if it is valuable to affirm the truth it contains, but it is also vital for its errors to be discovered. It is only then that we shall be able to help people see this error for themselves so that they become uncomfortable with their current view" (Pollard 1997:56). The above structures will help work with the youth who are addicted to nyaope in Etwatwa Township.

3.6. Qualitative research approach

According to Dudley "the qualitative methods are an approach to data collection that attempts to discover the quality of something i.e. its peculiar and essential character. These methods are inductive in nature and attempt to discover new explanations" (2005:27). He further elaborates that "qualitative approaches have a flexibility that allows the researcher to gather data on topics not initially identified. These methods are more useful when little is understood about the phenomenon and flexibility is needed in the method used. Also, these methods involve more semi-or unstructured searches. They ask questions or observe behaviours that are more likely to be open-ended. Open-ended questions do not have a defined set of response categories from which participants choose their answers" (Dudley 2005:27). According to

Denzin, Lincoln and Patton, how qualitative research differs from qualitative research:

- "A focus is on meaning, rather than on quantitative phenomenon
- Qualitative research is based on a collection of much data on a few cases, rather than a little data on many cases.
- Qualitative researchers study in-depth and detail without predetermined categories or directions, rather than an emphasis on analysis and categories determined in advance.
- The researcher in qualitative research is an instrument rather than the designer of the objective instrument to measure particular variables.
- Qualitative research is sensitive to context, rather than seeking universal generalizations.
- In qualitative research, attention is paid to the impact of the researcher and other values in the course of the analysis, rather than presuming the possibility of value-free inquiry" (2009:88)

According to Creswell, "the qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (2006:71). "The qualitative research studies typically begin with a more flexible plan, one that allows the research procedures to evolve as more observations are gathered. Qualitative methods may be more suitable when flexibility is required to study new phenomenon about which we know very little, or when we seek to gain insight into subjective of complex phenomena to advance our conceptualization of them and build a theory that can be tested in future studies" (Cresswell 2006:71).

According to Cresswell "quantitative research is linked to positive whereby reality is seen as stable, observable and measurable. Quantitative research

seeks causal determination, prediction, and generalization of findings. It focuses on collecting numeric data which is then analysed statistically" (Cressel 2003:45). Strauss and Corbin say that "some research believes that qualitative and quantitative research approaches can be effectively combined in the same research project. Using both quantitative and qualitative data can give insights that neither type of analysis could provide alone. Quantitative data may be utilized in a way which supports or expands upon qualitative data and effectively deepens understanding" (Strauss and Corbin 1990:39). "The purpose of using quantitative methods in this study was to describe, explain and predict the phenomenon of drug addiction by establishing its causes and its effects on youth behaviour. Quantitative research was based on pre-determined variables and research questions, which the researcher investigated independently. Data collected through quantitative research is predominantly objective and this was obtained through structured questionnaires. Objectivity ensured a high degree of reliability of the results" (1990:39).

Cresswell concludes "that based on the aforementioned descriptions of qualitative research and its characteristics, the researcher concluded that the qualitative research methodology is flexible and non-sequential and therefore suitable to answer the research question (2003:34). It is even more suitable when working with people, especially if the researcher (as in the case of this study) acted as an active listener, whilst the interviewees shared their experiences regarding drug *nyaope*.

3.6. Qualitative research approach

According to Dudley, the "research designs are plans and the procedures for research that span the decisions from broad assumptions to details methods of data collection and analysis. In this study, the researcher used an explorative, descriptive and contextual research design to gain an understanding of parents" (2005:134). The following description explains how the researcher utilised this research design to achieve the goals of the study.

3.6.1. Explorative research

According to Engel and Schutt "the explorative research seeks to learn how people get along in the setting in question, what meanings they give to their actions, and what issues concern them" (2010:10). Kumar also states that "exploratory research is used to investigate a phenomenon where little knowledge exists" (2007:11). In this study little was known about the families' experience and support needs regarding the nyaope addiction among youth.

3.6.2. Descriptive research design

In a descriptive study, the researcher observes and then describes what observed. In qualitative studies, descriptive is more likely to refer to a thicker examination of phenomena and their deeper meanings. According to Rubin and Babbie, "qualitative descriptions tend to be more concerned with conveying a sense of what it is like to walk in the shoes of the people being described-proving rich details about their environments, interactions, meanings, and everyday lives-than with generalizing with precision to a larger population. In a descriptive study, the researcher observes and then describes

what was observed. In qualitative studies, descriptive is more likely to refer to a thicker examination of phenomena and their deeper meanings" (2010:42). Descriptive research typically involves the gathering of facts. The researcher also employed a descriptive strategy of inquiry to describe parents' experiences and support needs regarding drug *nyaope* addiction among youth.

3.6.3. Contextual research design

According to Kayrooz and Trevitt, "contextual research seeks to gather evidence of participants according to the large context in which they occur" (2005:10). The concept of contextual relates to the understanding of events against a specific background or from a specific context and how such a context gives meaning to the events concerned. The participants were interviewed individually by the researcher at his church in *Etwatwa* Township. The context shared by the participant in this study was as follows: the families' experiences and support they need regarding drug *nyaope* addiction among youth.

3.6.4. Population and sampling

According to McMillan and Schumacher, "the concept population is a group of elements or cases, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalize the results of the research" (1997:169). Rubin and Babbie agree "that the concept population is the theoretically specified aggregation of study elements from which the sample is selected. Qualitative sampling is concerned with information richness, for which two key considerations should guide the sampling methods

appropriateness and adequacy. In other words, qualitative sampling requires the identification of appropriate participants, being those who can best inform the study. It also requires adequate sampling of information sources to address the research question and to develop a full description of the phenomenon being studied. Qualitative researchers purposively or intentionally seek out participation for inclusion in the sample because of their knowledge of and ability to describe the phenomenon or part of the phenomenon under study" (Rubin and Babbie 2010:135).

According to Dudley "there are two general kinds of sampling approaches i.e. probability sampling and non- probability sampling. Probability sampling is a sampling in which every person in the population has an equal chance of being selected" (2005:150). In other words, based on probability theory, it is probable that nyaope in the population can be selected to be in the study. A sampling that is selected by probability sampling is considered to be a representative sample and can be generalized to its population with some small degree of error. "Non-probability sampling is sampling in which we do not know if every person in the population has an equal chance of being selected. Non-probability sampling is often used because the intent of the study is not generalizing the findings. Both probability and non-probability sampling have specific approaches or strategies" (2015:150). Based on the aforementioned descriptions of sampling, the researcher concluded that non-probability sampling was suitable for this study. Dudley states "that non-probability sampling is suitable for studies in which the researcher does not know much about the population, such as its size or its demographic characteristics" 2005:154). Examples of such populations might be parents whose children are addicted to drug *nyaope.* At times it may not be easy to

identify such populations because of intentional concealment to protect themselves.

Rubin and Babbie indicate “that sometimes purposive sampling is used not to select, but atypical ones. They further elaborate that this approach is commonly used in qualitative studies that seek to compare opposite extremes of a phenomenon to generate hypotheses about it” (2010:135). Creswell suggests “that the idea behind qualitative research is to purposefully select participants or sites that will best help the researcher understand the problem and answer the research question” (2009:178). This does not necessarily suggest random sampling or selection of a large number of participants and sites, as typically found in qualitative research.

3.6.5. Recruitment of participants

According to Whittaker “recruiting participants, the researcher assessed all possible ways that a potential research participant might feel undue influence to participate. These included a personal appeal, a financial incentive, and the status of being part of a special group, other tangible or intangible benefits, or simply the fear of repercussions” (2009:43). Based on this assessment, the researcher considered that the code of ethics includes standards that mandate researchers to obtain consent to participate and without offering inappropriate rewards for their participation. The researcher started the process by going through his caseload to get more information (i.e. names of the potential participants who met the inclusion criteria for possible inclusion in the study). The researcher proceeded to contact the potential participants telephonically to secure an appointment with them individually. During face-to- face contact with the potential participants, the researcher reintroduced

himself to them, explained the purpose and the criteria for inclusion and pointed out to them what their participation in the study entailed. They were informed that their participation in the study was voluntary and that they had the right to refuse to participate in the study. It is because safeguarding the individual's right to freely participate or not to participate in a research study is critical to ethical research conduct in addition to the validity and the ability of the data collection to be generalized.

According to Whittaker, "there are some advantages to recording the interviews. He explains that when the researcher is recording the interview he/she will be able to give the participants his full attention rather than dividing it between writing and listening. It was also pointed out to them in clear, simple terms that should they not participate, they will not be discriminated against on the grounds of their refusal to participate. The potential participants were also informed that the contents of the data collection will be discussed with the researcher's supervisor and that the contents of the report might be published in a journal as an article" (2009:43). The protection of participant's identities is the clearest concern in the protection of their interest and wellbeing in survey research. Furthermore, the researcher went through the questions that were going to be asked during the interview. He mentioned that the interview would be digitally recorded and also sought their permission in this regard, should they consent to participate.

Duddley state "that after sharing all the information verbally the researcher proceeded by giving each of the potential participants a letter detailing all information mentioned thus far as an informed consent form (Appendix A) for them to read in their own time and also to give them time to decide on whether or not to participate in the study. A follow-up appointment was then

made for the potential participants to answer whether they agreed or disagreed to participate and for the interview to be conducted. During this contact and based on the participant's decisions to participate, the researcher once again went through the letter requesting their participation, and the consent form allowed the potential participants to ask questions" (2005:129). Upon completion of this session, the researcher requested them to sign the consent form as proof that they were comprehensively informed about the study and based on the information provided contented to participate voluntarily in the study. The third contact was the collection of data through the use of a face- to- face semi-structured interview held at the office of the researcher.

3.7. Data collection

The researcher used a semi-structured interview with the aid of an interview-guide as a data collection method. Grinnell and Urau state that semi-structured interview schedule may include some specific items, but considerable latitude is given to interviewers to explore in their way matters about the research question being studied" (2011:75). According to Rubin and Rabbie an "interview guide as a qualitative measurement instrument that lists in outline form the topics and issues that the interviewer should cover in the interview, but it allows the interviews to adapt the sequencing and wording of questions to each particular interview" (2010:104). The interview guide ensures that different interviewers will cover the same predetermined topics and issues, while at the same time remaining conversational and free to probe into unanticipated circumstances and responses.

Dudley argues that “it is important for data collectors to understand the principles and strategies of the qualitative research methods they will use, such as semi-structured interviews” (2005:229). Dudley explains the "principles of conducting a structural interview as outlined when he mentions the following:

- *Being non-judgmental:* The researcher created a safe atmosphere for the interviewees to openly disclose all kinds of information, including private thoughts and feelings, in the process of striving to be non-judgmental. An important way of encouraging openness is to be non-judgmental about what the interview says and does. As the interviewer, the researcher reassured participants that what they said is accepted, particularly when what they said was embarrassing or very personal. Non-verbal expressions of acceptance, such as a nod of empathy, went a long way to communicate and a non-judgmental attitude
- *Letting people talk*: the researcher listened well and conveyed this to the interviewee. Being comfortable with silence and allowing the interviewee to discuss things not relevant to the study often helped in letting people feel comfortable when talking. As the conversation flowed, sympathetic gestures and relevant questions were used to bring the interview back to relevant topics.
- *Paying attention*: the researcher paid genuine attention to what the interviewee was saying and did not let his mind drift. Good eye contact, supportive nods and other gestures that reveal attentiveness were displayed. Attentiveness is also very important to ensure that comments are recorded accurately.
- *Being sensitive*: being sensitive on how to behave and what to ask are also important. For example, the researcher was friendly but not ingratiating,

sympathetic but not patronizing: asked probing questions but not intrude in the area that should be left untouched" (Dudley 2005:229).

Grobler argues "that a minister or pastor by profession, followed the above-mentioned principles, as they are also familiar and similar to the principles of our church laws and discipline. The researcher applied the skill of active listening during the interviews. Active listening is closely related to active attentiveness. It is a process of observation and listening and a prerequisite for all other communication skills and precedes all other skills" (2003:117). Grobler maintains "that listening can be defined as the active process of receiving auditory stimuli, attaching meaning to what we hear, and making sense of the raw vocal symbols are received. Attentiveness may be described as how the facilitators orientate themselves physically and psychologically towards clients so that the clients will feel sufficiently at ease to share their experiences, ideas, and emotions" (2003:117).

The researcher was able to gain an understanding of families' experience and support needs regarding the drug *nyaope* addiction among youth by allowing participants to answer the following research questions:

- How do you cope with drug *nyaope* addiction in your family?
- Please tell me about this young person who is a drug *nyaope* addict. (When and how did it start and how did the family come to know about it?)
- What effects does drug *nyaope* addiction have in your brother/ sister or child?
- Tell me about your experience as a family in living with a young person who is a drug nyaope addict?
- What effect does the drug *nyaope* addiction among youth have in your family?

- What have you done thus far as the family to assist your brother/sister or child?
- How would you like to be supported?

3.7.1. Pilot Study

According to Rubbin and Babbie "a pilot study is one of the mechanisms in qualitative research that is used to avoid or alleviate practical pitfalls before the research study being undertaken. The pilot study is used to assess the feasibility of the study, identity, logistical problems, to collect preliminary data, to test the adequacy of interview questions, to assess proposed data analysis techniques to uncover potential problems and to train the researcher in as many elements of the research processes as possible" (2010:205). Mohasoa argues that "conducting a successful pilot study is no guarantee for the success of the large scale study" (2013:145). "There is a possibility of making inaccurate predictions and assumptions based on pilot data. The researcher transcribed the interviews and discussed them with his supervisors before he proceeded with data collection. It was then decided that the method of data collection and the research questions asked were indeed suitable to answer the research question" (2010:206).

3.7.2. Data analysis

According to Schutt "qualitative data analysis is an interactive and reflexive process that begins as data collection rather than after data collection has ceased. He further elaborates that carrying out this process successfully is more likely if the analysis reviews a few basic guidelines when starting the processes of analysis qualitative data" (2009:346). He also provides the

following useful eight steps for qualitative data analysis which the researcher followed step by step:

a) The researcher read all the transcriptions carefully. He wrote down some ideas as they came to mind.
b) He picked one document (i.e. on the transcribed interviews) the most interesting one, the shortest, the one on the top of the pile, read through it, asking himself, what is this about? He wrote the thoughts in the margin.
c) On completion of this task for several participants, he made a list of all topics and clustered together with similar topics. These topics were then placed in columns arranged as major topics
d) He then took this list and went back to his data and searched for abbreviations for the topics as codes and wrote the codes next to the appropriate segments of text. He tried this preliminary organizing scheme to see if new categories and codes emerge.
e) The researcher found the most descriptive wording for his topics and turned them into themes. He looked for ways of reducing the total list of categories by grouping topics that related to each other.
f) He then made a final decision on the abbreviation for each category in one place and alphabetized the codes.
g) The researcher assembled the data material belonging to each category in one place and performed a preliminary analysis.
h) Where he deemed necessary, he recorded existing data and on completion commenced with reporting the research findings" (2009:347).

3.7.3. Data Verification

Guba's model "of ensuring the trustworthiness of qualitative data was applied as a data verification method for the study. The four characteristics to ensure trustworthiness are truth-value, applicability, consistency and neutrality" (1991:214).

- **True- value**

According to Krefting "the truth-value is concerned with whether the findings of the study are a true reflection of the participants" (1991:222). Truth-value is established by the strategy of credibility" (1991:222). In this study, the issue of credibility was addressed by interviewing eight families from Etwatwa Township to explore their experiences and support needs regarding their youth addiction to the nyaope.

3.7.4 Applicability

Krefting defines "applicability as the degree to which the findings can be applied to other contexts and settings or other groups. Application is established through the strategy of transferability" (1991:216). To achieve transferability, the researcher provided a dense description of the research methodology employed. Since this study seeks to explore the experiences and support needs of parents from Etwatwa Township whose youth are drug *nyaope* addicts, it may be possible to transfer or generalize these study findings to similar settings in which the researcher may work. Direct quotes from the interviews with the participants were included.

3.7.5. Ethical consideration

Nachmias says “that ethical consideration was pertinent to this study because of the nature of the challenge, the method of data collection and the kind of persons serving as research participants i.e. young participants who are the drug addicts. While carrying out this study, cognizance was taken of the fact that this study would be investigating very sensitive issues that were likely to elicit hostility, insecurity or concealment of the real data required from the participants.. participants were informed of the nature of the study and allowed to choose whether to participate or not. There is wide consensus among social scientists that involving human participants should be performed with the informed consent of the participants” (Nachmias 1996:81). “It also involves the extent to which personal attitude, beliefs, behaviour and opinions are to be shared with or withheld from others during and after completion of the study. Asking participants not to write their names on the questionnaires during the research also helps ensure anonymity. A participant is considered anonymous when the researcher or other person cannot identify particular information with a particular participant. (Nachmias 1996:81).

3.7.6. Informed consent

According to Rubin and Babbie “a major tenet of research, ethics is that participation must be voluntary. They further state that participants must not be forced to participate and must be aware that they are participating in a study, be informed of all the consequences of the study, and consent to participate in it” (2010:256-257). As alluded to in chapter 1: for the participants to make an informed decision whether or not to participate, the researcher ensured that all participants were adequately informed about the goal of the

research, what their participation would involve, their rights and what would happen with the information shared. This information was provided in writing (see Appendix A) and verbally. After being adequately informed and upon agreeing to participate, the participants were requested to give their consent in writing.

3.7.7. Privacy/anonymity/confidentiality

According to Maithya "the right to privacy refers to the freedom of the individual to pick and choose for him or herself the time and circumstances under which to participate in the research" (2009:56). The privacy should also involve the extent to which personal attitudes, behaviour and opinions are to be shared with or withheld from others during and after completion of the study. The researcher also made sure that the participant's identity was withheld. Furthermore, the researcher also made sure that the interview venue was private.

3.7.8. Release or publication of the findings

Grinnell and Unrau state "that it is desirable to present the findings to subjects as a form of recognition and to maintain a future good relationship with the community concerned. The researcher will submit an article for possible publication with his supervisor as co-author. The researcher made sure that all participants who took part in the research study were informed about the publication of the results. This aspect was also included in the informed consent letter" (2011:88).

3.7.9. Debriefing of participants

According to Grinnell and Unrau "debriefing involves explaining the true purpose of the research study when completed, along with why the deception was necessary" (2011:89). They further elaborate that "if there is psychological distress as a result of having been deceived by the study, participants must be offered adequate means of addressing this distress" (2011:89). The researcher made sure that the participants underwent the debriefing session directly after the interview session. This was more focused on going through the experiences and emotions they went through during the process.

3.8. Preliminary Conclusion

This chapter addressed the aim of the research, the qualitative research design, research design, data processing procedures and ethical considerations applicable to the study. The qualitative research studies typically begin with a more flexible plan, one that allows the research procedures to evolve as more observations are gathered. This chapter points out that pastoral counselling should reflect a Christian vision of life.

The researcher will practically be a prophet, pastor and priest for the substance users and their families in applying Gerkins' pastoral care model. He will practically illustrate how the good shepherd takes nurtures those under his care. He will also employ counselling which takes the communal approach where the immediate family is deeply involved as purported by Waruta and Kinoti. In this, he will indicate that individual counselling, though it is good, does, however, ignore the communal element of reaching out holistically to the counselee.

The researcher will further help the substance users to deal with shame by internalising and re-enacting the Jesus stories of how he dealt with shame as explicitly portrayed by Wimberly in his model on how to deal with shame. In this instance, he will encourage substance users to embrace their real stories and own them without shame as a methodology of seeking help in their plight.

In the final analysis, the researcher will be instrumental in assisting the substance users to deconstruct their shameful conduct to positively reconstruct their lives according to Pollard's positive deconstruction model. He will assist them to disentangle their current and past situations to build on the new desired and positive way of living. They will be encouraged to let their past be left behind as they forge on a new way of establishing a distinctly new identity. He will integrate all these models to bring a synthesis of his own recommended model.

The picture drawn here includes the supernatural destiny of the counselee and depends wholly on the power of divine grace to achieve it. The pastoral work of the Church is thus to be seen in terms of healing, guiding, sustaining and reconciling the people of God. The next chapter will present the findings and what the literature is saying compared to the findings.

CHAPTER FOUR

The meaning of substance use

4. Introduction

The researcher in this chapter will look at the causes of drug addiction. To understand the cause of a phenomenon such as a drug addiction, the researcher needs a theory. A theory is simply an explanation for a general category of the phenomenon, that is, any set of events or conditions. To most people, then, a theory of drug use would be an explanation of why the youth are addicted to drugs. However, not all the theories that have been proposed address this particular issue. Most theories do not attempt to explain the entire spectrum of use, while some are more narrowly focused. While some theories deal with initiation into drug use, several focus on continued or habitual use. Most theorists admit that the factor they focus on, in combination with others, influence drug-taking. All this means that most theories of drug use are not contradictory or in competition with one another but complement one another. Most, in their analysis, cover different aspects of the same phenomenon and may be regarded as complementary. Of course, even within each broad type, there is a range of specific theories.

At the same time, some sociologists do promulgate more individualistic explanations; in this chapter, the researcher will encounter a few. Since most of these theories explain only a piece of the puzzle, most of them are complementary rather than contradictory. Sociologists tend to make broader, structural factors the focus of their theories. For most sociologists, the crucial factor to be examined is the situations, social relations, or social structures in which the individual is or has been, located. More specifically, it is the individual located within a specific structure. In the next section, the

researcher was given an overview of the theoretical framework of drug addiction.

4.1. The theoretical framework of substance addiction

To explore the level of knowledge and attitudes of youth towards drug addiction and the factors that are most significant to drug addiction, one needs to understand various existing aetiology on drug addiction. The field of sociology proposes five partially overlapping sociological theories to help explain drug addiction: (1) Social control and self-control theory, (2) Subcultural theory, (3) Selective interaction/socialization, (4) Social learning theory and (5) Conflict of drug addiction. The overlap among these theories is sufficiently great that some of the theorists who endorse one of them also support one or all of the others.

4.1.1. Social Control and Self- Control Theory

According to Bandura “the two major theories whose adherents attempt to explain deviant and criminal behaviour and, by extension, drug addicts are social control or bonding theory and self-control theory or the general theory of crime” (1976:213). “Both are individualistic theories, and not group or structural, which is the approach adopted by most sociologists. These two theories make extensive use of the concept of control and focus on why some people conform to society’s norms and laws. Both assume that deviance and, by extension, drug addicts do not need to be explained. It left to their own devices, everyone would deviate, break the law, use the drug, and get high; they would simply be doing what comes naturally. What needs to be explained

is why some people do not deviate from norms, violate the law, use drugs or get high" (1976:213). However, they differ considerably in the emphasis they place on the dynamics of deviance, crime and drug addiction, and the relevant explanatory period.

According to Craig "social control theory, what causes drug addiction, like most or all deviant behavioural, is the absence of social controls encouraging conformity. Most of the young people do not engage in deviant or criminal acts because of strong bonds with or ties to conventional, mainstream persons, beliefs, activities, and social institutions" (2003:134). Craig argues "that if these bonds are weak or broken, we will be released from society's rules and free to deviate and this includes drug addiction. It is not that drug addicts are tied to an unconventional subcultural practice and dependence on drugs, but their lack of ties to conforming frees them from the bonds keeping them free from using drugs. The absence of these bonds explains illicit, recreational drug addiction" (Craig 2003:134).

Bandura states "that social control theory emphasizes the actor's stake in conformity. The more we have 'invested'- concerning time, emotion, energy, money and so on- in conventional activities and involvements, the more conventional our behaviour is likely to be. Bandura says that "a stake could be anything we value, such as a loving relationship, good relations with our parents, a family, children, and education, a satisfying job, and /or career" (1976:254). He says "someone who has invested in these positively valued, reward-laden enterprises is less to engage in behaviour that threatens or undermines them than is someone who has no such investments. One or more stakes in conformity tend to act to keep us in line, away from the potential clutches of drug addiction" (Bandura 1976:254).

Jackson argues "that the more attached we are to conventional others – parents, teachers, clergy, employers- the less likely we are to break society's rules and use drugs. The more committed we are to conventional institutions family, school, religion, work the less likely we are to break society's rules and use drugs" (2006:96). He continues to say "the more involved we are in conventional activities familial, educational, religious, and occupational the less likely we are to break society's rules and use drugs" (Jackson 2005:96). Also, "the more deeply we believe in the norms of conventional institutions again, family, school, religion, occupation the less we break the rules and use drugs. Drug addiction is contained by bonds with or adherence to conventional people, institutions, activities and beliefs. If they are strong, recreational drug use is unlikely. Control theory has a kind of commonsensical flavour to it, and it has a loyal following in the fields of criminology, sociology of deviance, and the sociology of drug addiction" (Jackson 2005:96).

According to Zastrow "the self –control theory represents another explanation of drug addict and other unconventional, deviant, and/or criminal behaviour. He says self-control theory sounds a great deal like the social control theory we just looked at; however, the two are very different" (2000:103). "Self- control theory does share with social control theory the assumption that drug addicts and crime are doing what comes naturally that is, in the absence of control, most people would engage in them" (Zastrow 2000:103). "What is necessary to explain, then, is how controls come to be absent. However, here, the two theories diverge. To begin with, the proponents of self-control theory conceive of crime as including not the only crime itself but also a variety of other illegal, illegitimate, deviant, and self-interested actions" (Zastrow 2000:103).

Craig *et al a*rgue that "drugs and crime are similar activities because both provide immediate, easy, and certain short-term pleasure. Crime and drug use are the same sort of behaviour" (2003:154). He continues to say "they represent grabbing …what not someone wants without regards for the social or legal consequences. Getting high is fun why not do it? Stealing gets you what you want, go ahead, do it. Both behaviours manifest low levels of self-control. Compared with the law-abiding citizens and nonusers, criminals and drug addicts are impulsive, hedonistic, self-centred, insensitive, risk-taking, short-sighted, nonverbal, impulsive, inconsiderate, and intolerant of frustration" (2003:154). Briefly, "the general theory of crime's explanation of drug use is that some people find drugs attractive because they lack self-control. Drug addicts take the easy, self- indulgent route; they are impulsive and pleasure-oriented. They do not think about the consequences of the possible harm to themselves or others in using drugs or anything else. They take shortcuts; they do whatever yields immediate gratification" (2003:154). "Drug addiction is a simple manifestation of their general orientation toward life. They do whatever gets them what they want, whatever feels good, regardless of whether their actions harm others or even, in the end, themselves. The usual controls that keep the rest of us in check are simply not operative in their lives" (Craig 2003:154).

What causes low self-control? Here again, social control and self-control theories diverge. According to Jackson "a lack of self-control is caused by inadequate parental socialization" (2005:87). He continues to say that "the parental socialization is a factor that operated in the past but exerts a lifetime influence, whereas social control is a factor that operated in the past but exerts a lifetime influence, whereas social control is a factor that operates only in the present" (Jackson 2005:87). "Parents who are lacking in strong affection

for their children are unable or unwilling to monitor their children's behaviour, and in failing to recognize that their children are engaging in wrongdoing, they are more likely to raise offspring whom both engage in criminal behaviour and indulge in drugs" (2005:87). Hence, as we have seen, self-control is caused by a factor that takes place very early in one's life, whereas social control can operate more or less throughout one's lifetime.

Smith argues that "the most important reason why self-control theory and social theory are incompatible or contradictory is that, for the forces of social control to operate, someone must have attained a certain level of achievement, to begin with, and that requires self- control" (1995:32). In other words, "if individuals lack self-control, they cannot get to the point where social control is relevant. Social control theory says that persons with a stake or investment in conformity such as a house, a marriage, children, or a college education are more likely to conform to society's norms. However, can persons who lack self-control achieve such a stake? The fact is, they cannot, their lack of self-control makes it difficult if not impossible for them to purchase a house, hold down a job, sustain a meaningful marriage, have a rewarding relationship with their children, or do well enough in church and school to enter, stay in college, and graduate. Self -control is before and more pervasive than social control" (Smith 1995:32).

Once again, as with all other factors or variables, self-control is a continuum, a matter of degree. The theory would predict that self-control and drug use are inversely or negatively correlated with one another the lower the level of self-control, the greater the likelihood of drug addiction, the higher the self-control, the lower that likelihood is. It does not argue that all drug users lack self-control, only that they are less likely to be governed by self- control.

Further, it would predict that the experiment is more likely to possess self-control than the occasional user, and the occasional user more than the regular user, that the weekend marijuana smoker is more likely to possess self –control than the track or heroin addict and so on" (2006:87). As with all sociological theories or explanations, self-control theory makes comparative or relative rather than absolute statements the greater the self-control, the lower the likelihood of drug addiction. In the next section, the researcher will explain a subcultural theory.

4.1.2. Subcultural Theory

According to Backer "the subcultural theory is that involvement in a particular social group with attitudes favourable to drug addicts is the key factor in fostering the individual's drug use, whereas in a group with negative attitudes towards drug addiction tends to discourage such addiction" (1973:203). Drug use is expected and encouraged in certain social circles, an activity discouraged and even punished in others. Although the subcultural theory has certain parallels with the differential association, there are crucial differences as well.

Backer was not concerned with issues of aetiology or with cause and effect explanations, the traditional question of why someone uses marijuana and someone else does did not capture his attention" (1973: 203). "His focus was not so much on the characteristics that distinguish the addict from the non-addict; what it was about was the addicts that impelled him or her to the drug but rather on how someone came to use and experience marijuana in such a way that it continued to be used to achieve pleasure. For this to take place, three things must happen, according to Becker's model. *First,* one must learn how to use marijuana so that the drug is capable of yielding pleasure, that is,

one must learn the proper technique of smoking marijuana" (1973:204). He says the "*second* since the effects of the drug are subtle and ambiguous, one must learn to perceive them. One must learn that something is happening to one's body and mind and that it is the marijuana that is causing the effect. Third, one must learn to enjoy the effects. By themselves, the sensations that drug generates are not inherently pleasurable. Without knowing what is happening to one's body, the feelings attendant upon ingesting marijuana may be experienced as unpleasant, unseating, disorienting, uncomfortable, confusing, and even frightening. The drug's effects must be conceptualized, denied, and interpreted as pleasurable. Where this participation is intensive, the individual is quickly out of his feeling against marijuana use" (1973:2006).

Shaw argues that "learning to enjoy marijuana is a necessary but not a sufficient condition for a person to develop a stable pattern of drug addicts. Marijuana addicts are, after all, a deviant and criminal activity" (2002:311). "The individual must also learn how to deal with social control that exists to punish users and eliminate use. Deviant behaviour can flourish when people are emancipated from controls of society and become responsive to those of a smaller group, that is, a subculture. He further says "to continue smoking marijuana, users must have a reliable supply of the drug, keep their use secret from relevant disapproving others, and nullify the moral objections raised by mainstream society. These three processes, again, require normative and logistic support from marijuana using subculture" (Backer 2002:311).

Backer maintains "that the individual's involvement with the marijuana-using subculture is the key factor in use. People do not begin using the drug on their own, individualistic theories cannot account for use. The characteristics of individuals count for nothing in the absence of social circles whose members

explain use to the novice, supply the drug, and provide role models" (2002:311). It is only through contact with other users, Backer reminds us, that use, especially regular use, can take place.

According to Bouser "the subculture theory does not include any discussion of a specific individual or group characteristics that are compatible with use. His theory is very close to a pure subcultural model, discussing the processes and mechanism of the socialization of novice and only concerning the use of the drug without mentioning the fact that only certain types of individuals and members of only certain groups are likely to be attracted to marijuana use" (Bouser 2014:68). He was uninterested in the fact that "people who have certain attitudes, beliefs, and personality characteristics, or who engage in certain forms of behaviour, are much more likely to be attracted to subcultural groups that use drugs. This model seems to presuppose almost random recruitment into drug subcultures. The researcher will describe a selective and socialization theory in the next section.

4.1.3. Selective interaction/Socialization

According to Jonson "the term "selective interaction" refers to the fact that potential drug users do not randomly "fall into" social circles of users; they are attracted to certain individuals and circles subcultural groups because their values and activities are compatible with those of current users" (1988:256). "There is a dynamic element in use: Even before someone uses a drug for the first time, he or she is "prepared for" or "initiated into" its use or, in case, socialization in advance because his or her values are already somewhat consistent with those of the drug subculture" (Jonson 1980:256). "As a result, the individual chooses friends who share these values and who are likely to be

attracted to use and to current users. Once someone makes friends with those who use drugs, she or he becomes socialized by using a subcultural group, both into those values compatible with the use and by values consistent with use. This is why this model is called selective interaction/socialization" (Jonson 180:256).

Bandura made "use of both the subcultural and the socialization models. He demonstrated that drug addicts occur because youth are socialized into progressively more unconventional groups" (1976:312). He further argues "that the more youth are isolated and alienated from the parental subculture, and the more involved they are with the young people peer subculture, the greater the likelihood that they will experiment with the use of a variety of drugs" (Bandura1976:313). "The peer subculture provides a transition between the parental and the drug subcultures. "For the most part, the parental generation is conventional and antidrug and opposes several other unconventional and deviant activities" (Bandura1976:313).

Bandura states "that young people who are strongly attached to, influenced by, and committed to the parental subculture tend to adhere more closely to its values and follow its norms of conduct. As a consequence, they are more likely to abstain from drugs than the youth who are isolated from his or her parents and involved with peers, who favour more unconventional norms and therefore is more likely to accept certain forms of recreational drug use, especially marijuana smoking" (Bandura1976:314).

According to Kandel "one has marijuana using friend, one tends to use marijuana; if one does not have marijuana-using friends, one tends not to use marijuana" (1980:257). "The more marijuana-using friends one has, the greater the likelihood of using marijuana regularly, buying and selling

marijuana, and subsequently using hard drugs. Also, having marijuana-using friends and using the drug regularly tend to be strongly related to sexual permissiveness, plans to drop out of college and engagements in delinquent acts" (Kandel 1980:257).

Kandel claims "that several different agents socialize young people. Socialization theorists locate four main agents of socialization: parents, peers, school, and media. Two are tightly related to drugs use – parents and peers. Young people tend to internalize definitions and values of agents of socialization depend on the values and behaviour in question. For broader, long-term values and behaviour, such as religion, politics and lifetime goals, parents tend to be most influential; for more immediate lifestyle behaviour and values, peers are most influential" (Kandel 1980:257).

Kandel argues that "the parental influence on the drug use of teenagers is small but significant: Parents who use legal drugs (alcohol, tobacco, and prescription drugs) are more likely to raise children who both drink hard liquor and use illegal drugs than are parents who abstain from drugs completely" (1980:260). "In the earliest stages, a parental example will influence substance use in the form of beer and wine and a bit later on, hard liquor. However, peer influence on drug use is even more formidable. Youth, especially older ones tend to associate with one another partly based on similarities in lifestyle, values, and behaviour and drug use or non-use are one of those similarities. Friend typically shares drug-using patterns: users tend to befriend with users, and friends with nonusers. Of all characteristics that friends have in common aside from obvious use social and demographic ones like age, gender, race, and social class their drug use or non-use is the one they are most likely to share.

4.1.4. Social learning theory

According to Akers "social learning holds that behaviour is moulded by rewards and punishment, or reinforcement. Past and present rewards and punishments for certain actions determine the actions that individuals continue to pursue. Reward and punishment structures are built into specific groups. By interacting with members of certain groups or social circles, people learn definitions of behaviours as good or bad. It is in this group setting, differentially for different groups, where reward and punishment take place and where individuals are exposed to behavioural models and normative definitions of certain behaviours as good or bad" (Akers 1992:342).

Radosevich argues that "social learning theory has a clear-cut application to drug addicts: it proposes that the use and addicts of psychoactive drugs can be explained by differential exposure to groups in which use is rewarded" (1980:160). He further says that "the social learning theory, proposes that the extent to which drugs will be used or avoided depends on the extent to which the behaviour has been differentially reinforced over alternative behaviour and is defined as more desirable" (1980:160).

According to Jackson "social learning has been considered as to how societies transmit their acquired cultural capital and also as the study of the human mind" (2005:61). He argues that "the social learning theory states that behaviour is moulded by rewards and punishment or reinforcement" (Jackson 2005:61). "This theory explains that the environment, social groups and social interactions play an important role in drug addicts. Isom asserts, "Individual, especially youth, learn aggressive responses from observing others, either personally or through the media and environment" (1998:20). The researcher

believes that individuals do not inherit knowledge or attitudes, but that they learn them from others. He believes that "an individual's knowledge of a particular thing or behaviour is influenced by the reinforcement of family members, the media, and the environment. These are constitutional (based on mechanisms that are present during socialization and vary from one person to another), and environmental" (1998:20). Stoolmiller & Blenchman argue that "the genetic make-up of individuals predisposed them towards drug use" (2005:64). "However, some youth continues to be involved in drug addiction, to receive social attention from the community. These young people are also prone to the lack of knowledge because there is no one to educate them on the danger of drug use and there is lack of support from the dysfunctional community" (2005:64).

Blenchman "takes into consideration the above-mentioned theory as it best suits the understanding of the level knowledge of the phenomenon as the level of knowledge and attitudes of drug addiction differ from age to age. This is so because the social learning theory operates in all domains of knowledge and attitudes. In the view of the social learning theory, an individual can only function well if properly reinforced. For example, youth can only know the impact of drug addiction when they gain enough knowledge of it. The researcher also wants to explore the level of knowledge and attitudes of youth towards drug addicts. The next section will describe a conflict theory" (Blenchman 2005:65).

4.1.5. Conflict theory of drug addiction

This perspective is distinctly “macro” in its approach: it examines the big picture large, structural factors, forces that influence not merely individuals but members of entire societies, cities, neighbourhood, and communities. Zastrow argues that “conflict theory applies more or less exclusively to the heavy, chronic, compulsive abuse of heroin and crack, only marginally to the use of alcohol, tobacco, and marijuana” (2000:116). Hence, conflict theory explains a portion of the drug addiction picture. My own opinion is that it is not a complete explanation of drug addiction, nor explanation can be that but one that addresses the issues that much of the public finds most troubling.

According to Smith “the proponents of conflict theory hold that the heavy, chronic abuse of crack and addiction to heroin is strongly related to social class, income, power, and locate. A significantly higher proportion of lower and working-class inner-city residents addicted to hard drugs than is true of a more affluent member of society. More importantly, this is the case because of the impact of some key structural conditions, conditions that have their origin in economics and politics. Specifically, several key economic and political developments over the past three decades or so bear directly on differentials in drug addiction” (Smith 1995:93).

Smith explains “that a crucial assumption of the conflict approach to drug addiction is that there are two overlapping but conceptual distinct forms or types of drug use. The first, which accounts for the vast majority of illegal users, is "casual" or "recreational" drug addicts. It is engaged in by a broad spectrum of the class structure, but it is perhaps most characteristic of the middle class. This type can be characterized as "controlled" drug use for pleasure, drug use that takes place experimentally or, if repeated, once or

twice weekly, once or twice weekly, once or twice a month, it is drug use in the service of other pleasurable activities. This type of drug is caused by a variety of factors, unconventionality, a desire for adventure, curiosity, hedonism, willingness to take risks, sociability, and as we saw, involvement with a subcultural group. Relatively few of these drug users become an objective or concrete problem for society, except for the fact that they are often targeted or singled out as a problem" (Smith 1995:93).

Zastrow believes that "the second type of drug use is addictive, compulsive, chronic, or heavy drug use that often reaches the point of dependency and addiction; it is usually accompanied by social and personal harm" (2000:124). "A relatively low percentage of recreational drug users progress to becoming drug addicts. For all illegal drugs, there is a pyramid-shaped distribution of users with many experimenters at the bottom, fewer occasional users in the middle, and a small number of heavy, chronic addicts at the pinnacle. This second type of drug use is motivated by despair, hopelessness, alienation, poverty, and community disorganization and disintegration. By addiction drugs, users are harming themselves and others, including the community as a whole. Use results in medical complication, drug overdoses, crime, violence, imprisonment, and even a trip to the morgue. Theorists argue that moving from the first type of drug use to the second addiction is far more likely to take place among the impoverished than among the affluent, by residents of disorganized rather than intact communities (Zastrow 2000:124).

From all the above theories, the researcher chooses the subculture, social and cultural theory for this study. The reason is that the subculture theory sees drug addiction as a peer generated activity. This is more relevant because the age group targeted by this research is the youth where peer pressure is most

powerful. The subculture theory talks about peer group leader, which is practically happening among youth in *Etwatwa* Township. Most peer groups in church and schools have members who are more popular than others are. These members can dictate the terms and conditions of membership to the whole group. A member or prospective member will have to do, talk, behave and sometimes dress exactly like the rest of the group to be accepted. At this particular age group, acceptance is of primary importance. A young person will do almost anything, even if it is against his or her better judgment, just to be accepted. If one of the conditions of acceptance is drug-taking, the youth will feel they have no choice but to oblige, just to have a sense of belonging. This is precisely what is happening among youth in Etwatwa Township.

The theory touches on peer group members attempting to solve problems as a collective. The social classes come into focus on this perspective. Most youth who are addicted to drugs come from a poor social background. These young people face the same social problems, namely poverty and having society look down upon them for the sole reason that they are poor. In many social circles, more often than not, people are not respected because of their character, but because they have a lot of money and power. This misguided social attitude applies also in Etwatwa Township. Since those coming from poor households are unable to achieve any respect within their community, the use of the drug becomes more attractive as a way of sharing the same pain and rejection they feel subjected to by their community. This behaviour, no matter how negative, will surely attract the more desired attention.

Considering that a large number of the youth in *Etwatwa* Township comes from this lower and poor background, suffering from low self-esteem, it is easy to understand why *nyaope* has taken epidemic proportions in this area. The

youth are somehow trying to collectively overcome their common feeling of emptiness and avoid thinking about a future that looks already bleak to them even at this very young age in their life. For the above reasons, the researcher feels that subculture, social and cultural theory will be more appropriate for this study.

4.2. Definition of Drugs Broadly

According to Buddy, “drug and addictive behaviour are related to other basic terms. It first involves distinguishing between the use and addiction of a substance. We understand drug addiction to be drug consumption that does not negatively affect health. Drug consumption becomes addictive at the appearance of dependence, which is defined as the set of physiological, behavioural and cognitive manifestations in which the use of the drug is a priority for the individual. This term is usually linked to tolerance, or the need to consume more of a substance to achieve the effects of previous consumption.

When a dependent person does not consume, withdrawal syndrome appears. Buddy says that “it is a cluster of symptoms that affect an individual who is suddenly deprived of any toxin or drug on which he/she is physically dependent and which previously had been consumed regularly" (2011:87). “The number of symptoms, as their intensity and duration will depend on the type of drug, the length of time the person has consumed the drug and his/her physical and psychological state at the time of withdrawal” (2011:87).

According to Schonfeldt “the addicted person does not consume, withdrawal syndrome appears. It is a cluster of the syndrome appears” (2007:167). “It is a cluster of symptoms that affect an individual who is suddenly deprived of any

toxin or drug on which he/she is physical discomfort (tremors, chills, insomnia, vomiting, pain in the muscles and bones, etc.) when consumption of the substance is stopped. This same physical discomfort occurs when the action of the drug on the organism is influenced by drug designed to block its effects. Psychological dependence refers to the situation in which a person feels an emotional need and urges to consume a drug regularly to feel good, be satisfied although he/she does not need the drug physiologically" (Schonfeldt 2007:167).

Addictions go beyond drug use. There are the so-called non-toxic addictions, which involve dependency behaviour with an evidence syndrome of psychological withdrawal. There is, for example, an addiction to gambling or pathological gambling.

4.2.1. Addiction and substance types, classification and common aspects

The substance addiction problem is as old as humankind and the literature dealing with it almost just as old. However, the world of drugs is full of over changing, continuous new inventions by drug dealers to keep their industry alive, as well as keep their customers forever curious to try out the latest inventions. This is true of the new invention called *"nyaope"*. Even though nyaope is new in the drug market, it belongs to the nyaope cocktail and is the cheap form of heroin. Masline asserts that "narcotics are a small family of drugs being delicate, which is to relieve pain. Besides relieving pain, narcotics also reduce anxiety and increase the feeling of euphoria. He further says "since tolerance to narcotics develops over time, larger and larger doses are required to get high. However, the dosage is tricky, and overdose can result in death" (2000:46).

Buddy states “that addiction research has existed for a relatively short period in comparison to the length of time humans have been engaging in addictive behaviour. Towards the early 19th century, the term addiction, which is still controversial and heavily debated, came to be defined as ‘a disease of which personal loss of control was the major symptoms a state that reduces the capacity for voluntary behaviour” (2011:88). Clark argues that “currently, it is not only attributed to a dependency on drugs but has shifted towards other behaviours that are potentially addictive, such as exercise, sex, gambling, video games, shopping and internet use” (2011:59).

Although there are various types of addictions, one of the main concern in this review is drug addiction, such as heroin addiction. Drug addiction consists of intense, often uncontrollable drug cravings, together with compulsive drug seeking and use, which persists despite facing devastating consequences. NIH “it creates many problems for an individual as it affects various brain circuits, such as those involved in reward and motivation, learning and memory and inability to control one's behaviour” (2012:25). This is the reason they call an addiction to brain disease. Some people are more vulnerable to becoming addicted than others, but it may depend on a combination of factors, such as their genetic make-up, age of exposure to drugs and other environmental influences.

There are various conceptual models or constructs of addiction, but professionals have yet to agree on one model of what causes addiction as the moral model, the medical model, as a psychological construct, the sociological construct and the biopsychosocial model.

- *Clark states “that the moral model is said to be an unscientific perspective rooted in religion” (2011:45). “It views addiction as arising*

because the addict is morally weak, that those who fall into addiction do so out of choice, and so can overcome a compulsion to use with will power. It also implies that addicts should be punished (criminalizes the addict), not treated and therefore, has little therapeutic value" (Clark 2011:45).

- *Clark believes "that the medical model (the disease model), looks to an inescapable biological source for addiction, but also implies a genetic cause to it, although the evidence for this is currently inconclusive" (2011:58). This model views addiction as a disease of the brain, as being just like any other disease or illness, and not a symptom or manifestation of any other underlying psychological or physical process, therefore any problems that occur are a result of the disease, and not caused by it. The addict is seen as a victim of the disease and addiction can never be cured but the person can have a lifelong remission if they take certain steps e.g. the 12-steps e.g. the groups such as Alcoholics Anonymous. This is the official position held by NIDA, which funds the majority of addiction research worldwide" (Clark 2011:58).*
- *Clark says "a psychological construct (psychodynamic model), addiction is viewed as self-medication" (2011:51). "Drug addiction is understood as a symptom of underlying psychological problems and is used as a maladaptive psychological coping strategy. Fisher and Reget say "that the addiction behaviour is acquired through socialization within the family, the peer group, the media and subcultural affiliation and the adoption of a deviant role" (2009:83). Drug use, therefore, could be understood as a maladaptive relationship negotiation strategy.*
- *They further say "that, the bio-psycho-social model, each person's drug use is a result of some aspects or other models" (2008:85). "Treatment*

and recovery require addressing the body, mind, social environment and spiritual/ cultural needs of an individual and take on a development approach to recovery" (2008:86).

Rice and Doglin say "that the continued use of drugs leads to addiction. The user will continue using the drug despite the physical and psychological harm that may result from it" (2008:23). "The physical or biochemical component of drug addicts usually, but not always, consists of the development of tolerance to the drug, that is increasing amounts are needed to have the required effect and withdrawal symptoms can occur for several reasons. The process of drug addicts is a complex one, involving the interaction of biogenetic, neurochemical and psychological factors (2008:23). De Miranda argues that "for these reasons, its onset is unpredictable and therefore no one who uses and at time addicted psychoactive drugs is ever able to say, this cannot happen to me" (1987:78). "The process of addiction entails an uncontrollable urge to satisfy a need. Because of the repetitive use of a drug, there is impairment of functioning that is physical, emotional and social and this affects the individual (1987:78).

The physiological or biochemical component of drug addicts usually, but not always, consists of the development of tolerance for the drugs. Rice and Dolgin say that "the larger volumes are required effect and withdrawal, for example, signs of shock and physiological deprivation, occur when the drug addict is withheld" (2008:91). Davison argues "that the pattern of drug dependence commonly observed in drug addiction among youth includes the following: experimentation and first-time use, occasional or social use, regular use and addicts" (2004:109).

Donald states that “occasional or social use occurs when the person does not actively seek out the drug but passively accepts it when offered by friends as being part of acceptable peer group behaviour” (2007:45). Youth often believe that experimentation with drugs is safe even normal.

Regular use occurs when a drug addict actively seeks out his drug and makes sure he can maintain ready supplies. Use is typically regularly once or twice weekly. De Miranda argues that “addiction at this stage will constitute the primary part of the person’s life and any effort to separate the person from the drugs will be met with substantial resistance” (1987:69). Donald says during this stage “youth who use drugs, not only suffers progressive physical and psychological deterioration, but also loses the psychological, social, and even economic ability to break out of the cycle” (2007:88). “Drug addiction, unless treated, is a fatal, progressive illness. Persons on drug addiction often cannot quit by themselves and must receive treatment to help them stop using drugs” (Donald 2007:88).

The next section presents brief descriptions of various drugs and their effects. Drugs that are discussed include alcohol, cigarette, cannabis, cocaine, heroin, *nyaope,* ketamine and crystal amphetamine. These drugs are known to be used in South Africa:

Alcohol is a central nervous system depressant with effects similar to those of sleeping pills or tranquillizers. Butcher *et al* say “large doses of alcohol distort vision, impair motor coordination and slur speech” (2004:91). “Other common physiological changes include damage to the endocrine glands and pancreas, heart failure, erectile dysfunction, hypertension, stroke and caterpillar haemorrhage, which are responsible for the swelling and redness in the face, and especially the nose, of chronic alcohol addicts” (2004:92). Short-term

abuse of alcohol may affect the cognitive performance of alcohol addict's students. Davison further says that “there is an increased probability of engaging in high-risk sexual behaviours, placing the user at risk for both unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS” (2008:93).

According to Dollgin “while intravenous drug use (IDU) is well known in this regard, less recognized is the role that drug addicts play more generally in the spread of HIV, the virus causes AIDS by increasing the likelihood of high-risk sex with infected partners. Drug addiction can also worsen the progression of HIV and its consequences, especially in the brain. Injecting drug users are at risk of contracting HIV/AIDS, anyone under the influence of the drug, including alcohol is at heightened risk. This includes IDU's who share contaminated syringes or injection paraphernalia, as well as anyone who engages in unsafe sex, for example, with multiple partners, unprotected sex or transactional sex” (Dollgin 2008). Dollgin says that “long-term habitual use of alcohol increases tolerance but eventually causes damage to the brain” (2008:91).

Youth with alcohol addiction are more likely to think of faking their lives. Thus, youth who are alcohol addicts are likely to do things that they might later regret. They end up dying because of alcohol. Hoeksema says “that about one-third of these deaths occur as a result of respiratory paralysis, usually as a result of a final large dose of alcohol in people who are already intoxicated” (1998:107). Furthermore, excessive use of alcohol leads to loss of consciousness, disability and death induced by alcohol-related traffic accidents. Carson argues that “alcohol users may gradually build up a tolerance for the drugs so the ever-increasing amounts may be needed to produce the desired effects” (2000:67). Excessive use of alcohol is linked to the use of other

drugs. The following section is the drug addictions that are common e.g *Nyaope,* Tobacco, Cannabis, Heroin, Cocaine, Ketamine and Crystal methamphetamine

- **Nyaope**

Nyabadza and Hove-Musekwa state that “the use of heroin has increased in the past decade and, as of late 2000, entered the South African market, specifically the black townships under the guise of area-specific street names” (2010:45). Plüddemann *et al* explain that “Heroin is mixed with a variety of substances and is called *"Nyaope"* in Pretoria, "Sugars" or *“Whoonga”* in Durban, "Ungah" in the Western Cape and "Pinch" in Mpumalanga” (2006:43). Hookins says that “*nyaope,* is a Sotho word meaning, “You are going nowhere,” has become the “drug of choice” among thousands of youth across South Africa” (2014:67). Gosh described “the *nyaope* epidemic in South Africa as “worse than the current unemployment, HIV and AIDS crisis put together” (2013:71).

Mahole states “that this cheap and effective drug cocktail (Figure 2.9), which is available for about R30 to R45 for one hit, by and large consists of 10-70% third-grade heroin” (2014:63). Hookins says “that it is estimated that a seasoned addict will smoke about four times a day (one in the morning, one at lunchtime, one in the evening and one to go to sleep) which, at R120 per day, is 10 times the average amount a person lives on in a day in these poor areas” (2014:56). Although the cost to buy *nyaope* can be regarded as low (when compared to other drugs), the fact that addicts need several doses a day makes it expensive for the user as most users are typically too poor to afford

the drug out of their legal income. Tau argues that “as with all other drug addicts, these adolescents often become involved in crime as most of the school children that use the drug are three times more likely to be involved in violent crimes” (2013:76). Their disorganized lives revolve around getting hold of the drug where they cannot think rationally and forget who they are in terms of their values and beliefs as they lie, cheat, steal and turn to prostitution just to be able to get their next hit.

According to Ntswane, “the substance is sold like bags of white powder to which dagga is usually added and is smoked as a joint, cigarette-like roll (or Rizler) or by inhaling the fumes after placing it on metal that is heated” (2013:44). “The initial rush and euphoria of contentment and relaxation last for approximately four hours and users feel warm when cold, calm when angry and satisfied when hungry” (2013:45). Ntswane concludes “that after 6 to 24 hours the distressing withdrawal symptoms set in, which include severe abdominal and backache, sweating, chills, anxiety, insomnia, restlessness, depression, nausea, diarrhoea, a painful stomach, muscle cramps and a general feeling of being ill” (2013:49). The only way to relieve the symptoms is by taking the next, stronger dose. Tau states that “this is because the heroin in *nyaope* forces addicts to use increasingly stronger mixtures of the drug to get "high," until they are physically heroin-dependent” (2013:66). Matuntuta argues “that because once inhaled, nyaope quickly enters the bloodstream moving fast to the brain, triggering the feel-good reaction, it has been claimed that by using nyaope once a person can get hooked, although the reactions depend on the individual” (2014:80). Grelotti *et al*, says “that the users also report that, when using nyaope, they can go for days without eating, losing a lot of weight, which in turn weakens their immune system making them

vulnerable to infections. The side effects are meaningful indicators of how out of touch *nyaope* users become during learning in the classroom. After using *nyaope,* these young people may be as good as confused visitors instead of being active participants among their sober peers in the learning and teaching environment. This factor contributes tremendously to the dropout and high failure rate that is prevalent among *nyaope* addicts in *Etwatwa* Township" (2013:62).

- **Tobacco**

Tobacco is smoked, chewed or ground into small pieces and inhaled as snuff. Nicotine is the addicting agent of tobacco. Davison argues that "the most probable harmful compose in the smoke from burning tobacco are nicotine, carbon monoxide and tar (2004:81). Cigarettes discolour teeth; affect skin colour and makes breath, body and clothes, smell unpleasant" (2004:81). Cicchetti says "smoking increasing heart rate, constricts blood vessels, irritates the throat and deposits foreign matter in sensitive lung tissues, thus limiting lung capacity. The tobacco addiction can lead to premature heart attacks, lung and throat cancer, emphysema and other respiratory diseases" (2007:123). Craig says "that even moderate smoking shortens a person's life by an average of 7 years. Withdrawal of nicotine produces nervousness, anxiety, lightheadedness, headaches, fainting, constipation or diarrhoea, dizziness, sweating, cramps, tremors, and palpitations. Smokers also become tolerant of nicotine" (2001:145). Rice argues that "when the supply of tobacco is curtailed, smokers show unreadable, antisocial behaviour similar to that of heroin addiction" (2008:61). Rice maintains "that the health hazard of smoking is not restricted to those who smoke. The smoke coming from the burning of cigarette, so-called second-hand smoke, or environmental tobacco smoke,

contains higher concentrations of ammonia, carbon monoxide, nicotine and tar than does the smoke inhaled by the smoker" (Rice 2008:61).

According to Davison "the environmental tobacco is blamed for more than 50 000 deaths each year. Non—smokers are also at great risk of developing cardiovascular disease and lung cancer" (2004:86). Cigarettes remain an alluring symbol of maturity to some youth despite overwhelming evidence that cigarette smoking is a serious health hazard and the increasingly negative image associated with smoking in the minds of many youths. Cigarettes smoking is a highly addictive habit that is difficult to break.

- **Cannabis**

Cannabis is made from the dried and crushed leaves and flowering tops of the hemp plants cannabis Sativa. It is most often smoked, but it may be chewed, prepared as tea, or eaten in baked goods. Buthcher says that "the intoxicating effects of cannabis, like those of most drugs, depend in part on its potency and the size of the dose" (2004:93. Smokers of cannabis find it makes them feel relaxed and sociable. Davison argues "that the short-term somatic effect includes bloodshot and itchy eyes, dry mouth and throat, increased appetite, reduced pressure within the eye and somewhat raised blood pressure. The drug poses danger with already abnormal heart functioning, for it elevates heart rate, sometimes dramatically" (Davison 2000:112). Kring says "that the short-term effect of cannabis also includes problems with memory and learning, distorted perception of sight, sound, time, and touch, trouble with thinking and problem-solving. Long-term use of cannabis causes lung cancer (2007:146). According to Nolen- Hoeksema "scientific evidence indicates that cannabis interferes with a wide range of cognitive functions. Large doses have

been found to bring rapid shifts in emotion, to dull attention, to fragment thoughts and to impair memory. The researches revealed intellectual impairment in those under the influence of cannabis. Because cannabis is intoxicant, it impairs memory and concentration. It also interferes with a range of intellectual tasks in a manner that impairs classroom among student users" (1998:97).

Rice argues that "youth with good and excellent academic records who become heavy cannabis users begin to have difficulty in paying attention or remembering what they read in class. Some find it difficult to read aloud or speak in class and generally stop participating in the learning process. When not being disruptive, they are often inattentive, lost in daydreams or mindless staring and frequently 'nod off'. They cut classes regularly, with very little regards for the consequences of their actions" (1992:34). Butcher says "extremely heavy doses have sometimes been found to include hallucinations, extreme panic, sometimes arising from the belief that the frightening experience will never end" (1998:45).

Carson says "that cannabis can lead to psychological dependence, in which a person experiences a strong need for the substance whenever he or she feels anxious and tense. Withdrawal symptoms can occur following discontinuation of high-dose chronic administration of cannabis. These symptoms include irritability, decreased appetite, sleep disturbance, sweating, tremor, vomiting and diarrhoea. Several studies have demonstrated that being high on cannabis impairs complex psychomotor skills necessary for driving. Highway fatality and driver- arrests figures indicate that cannabis plays a significant proportion in accidents and arrests" (2000:44).

Carson states “that the effects of *marijuana* include problems with memory and learning, distorted perception, trouble with thinking and problem-solving. Smoking cannabis is highly correlated with youth use of other dangerous substances such as heroin” (Carson 2004:45).

- **Heroin**

Heroin is produced from morphine by a simple chemical process. It is usually injected for maximum effects, although it can also be sniffed, smoked or taken orally. Heroin affects the central nervous system, causes respiratory depression, nausea and vomiting. In addition to the effect of the drug itself, street heroin may have addictive’s that do not dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidney or brain. This can cause infection or even death of small patches of cells in vital organs. With regular use, tolerance develops. This means that the addicts must use more heroin to achieve the same intensity or effect” (Rice 2008:122). He believes that “addicts usually lose their appetite for food, which leads to malnutrition. They neglect their health, suffer chronic fatigue and are in a general devitalized state. An additional problem now associated with intravenous drug use is exposure through sharing needles to HIV/AIDS. Use of heroin can lead to death from homicide, suicide or accidents and from overdosing of the drug” (2008:123).

Mokwena state “that *nyaope* addicts also experience cloudy mental function because heroin suppresses the central nervous system. Heroin depresses the activity of the brain's respiratory centres, thus causing the user to breathe at a slower rate. The above effects are a clear indication that *nyaope* users are more often than not feeling enough to attend classes, hence the prolonged absence rate from school among nyaope users in *Etwatwa* Township” (Mokwena 2015:55).

- **Cocaine**

According to Davison “cocaine is extracted from the leaves of the coca plant. It is available as an odourless, fluffy, white powder and can be swallowed, sniffed or injected” (2000:113). “It is highly addictive in any form. The main undesirable effects are nervousness, irritability and restlessness, mild paranoia, physical exhaustion, mental confusion, loss of weight, fatigue or depression when coming down and various afflictions of the nasal mucous membranes and cartilage. Cocaine affects the brain. Users of cocaine become confused, anxious and depressed. Frequent users of cocaine might experience a ‘cocaine psychosis’ consisting of hallucinations and delusions among others of insects crawling under their skin. Other known risks of cocaine use include death from stroke, heart attack, or respiratory failure” (Davison 2000:99).

According to Banyard “the cocaine increases sexual desire and produces feelings of self-confidence, well-being and fatigability” (2002:178). “Ceasing cocaine can take hold of people with as much tenacity as do other addictive drugs. Cocaine cause cognitive impairments, such as difficulty paying attention and remembering. Crack cocaine is linked to the transmission of HIV/AIDS because some users engage in prostitution to support their habit. Also, unprotected sex with multiple partners is routine in 'crack houses'. Cocaine dependence is extremely difficult to break, leading to a high relapse after treatment. Users who take larger doses may die of an overdose, often from a heart attack” (Banyard 2002:178).

- **Ketamine**

Ketamine is the street names or slag names are forms of the next category of drugs. Although it is manufactured as an injectable liquid, in illicit use ketamine is generally evaporated to form a powder. According to Moodley *et al,*

"ketamine is odourless and tasteless, so it can be added to beverages without being detected and induces amnesia. The substance is sometimes given to unsuspecting victims and used in the commission of sexual assaults referred to as 'drug rape'. Ketamine is the street name or slang name for the next category of drugs" (2012:312). "Although it is manufactured as an injectable liquid, illicit ketamine is generally evaporated to form a powder. Ketamine can cause dreams like states and hallucinations. Users report sensations ranging from a pleasant feeling of being separated from their bodies. Low dose intoxication from ketamine results in impaired attention, learning ability and money. In high doses, ketamine can cause delirium, depression and potentially fatal respiratory problems" (Moodley *et al* 2012:312).

- **Crystal methamphetamine**

According to Jackson "crystal methamphetamine is often referred to as 'crystal meth' or 'ice'. Methamphetamine can be taken orally or intravenously. It can also be taken intranasal, that is snorting" (2005:78). "Craving for methamphetamine is particularly strong, often lasting several years after use. Several studies conducted indicated that chronic use of methamphetamine causes damage to the brain, affecting both dopamine and serotonin systems. Immediately after smoking or injecting the drug, the user experiences an intense sensation, called a 'rush' or 'flash' that lasts only a few minutes. Snorting or swallowing methamphetamine produces euphoria, a high, but not rush" (2005:79). "Other possible effects include wakefulness and insomnia, decreased appetite, irritability, aggression, anxiety, nervousness, convulsions, and heart attack. Methamphetamine is addictive and users can develop a tolerance quickly, needing larger amounts. Methamphetamine can also cause

strokes and death" (2005:79). From these theories, it is evident that drugs harm the lives of young people. Since drugs do not only affect the individual users, the next section will explore the social effects of drug addiction.

4.3. Effects of Drugs

As already mentioned, drug act on the central nervous system (i.e. they affect the individuals neurological functioning). The physiological correlates and effects vary according to each drug, there are specific mechanisms that involve precise receptors for each substance type. Barners argues that "when a drug enters the body it first affects the neuronal receptors, which are structures located within a neuron or in its membrane and are characterized by selective binding to a drug and the physiological effect that accompanies the union.

The presence of the substance in the body affects the presynapse, altering the production/release of neurotransmitters. During the next step, the drug affects the synapses, by increasing the presence of neurotransmitters in the synaptic space. There can be reuptake inhibition, blockage of reuptake channels, or inhibition of degradation. The activity of the drug in the body over a period compromises the process of absorption, distribution, localization in tissues, biotransformation and excretion. Physical dependence emerges as the need to maintain certain levels of a drug in the body. Therefore, it involves the development of drug-organism link and neuroadaptation process.

4.3.1. Individual factors of substance addiction

According to Leggett "among individual factors related to drug addiction, genetic variables stand out the most. Is addiction transmitted from parent to

child? The relationship generated much controversy over whether the intergenerational transmission of drug addiction is due to biochemical or genetic factors or, in addition to biological environmental in character. Most data from studies focused on alcohol consumption and very few studies have been done about other types of drugs" (2002:143).

Studies with families indicate that alcohol subjects are usually more likely to have a previous history of alcoholism among parents or siblings. These kinds of studies present significant methodological difficulties that hamper the generalization of results and limit their conclusions.

4.3.2. Depression or Anxiety Drug addiction

The relationship between depressive symptoms and/or anxiety and drug addiction is not entirely clear. Parry says "that drug addiction is one of the methods used to alleviate emotional problems, although its effects are not effective in the long term because it fosters depressive symptoms. Drug addiction is strongly related to mental health problems among youth who have other risk factors. Studies indicate that individuals who have problems that are more emotional and are socially isolated consumed more alcohol, marijuana and other illegal drugs" (2007:123).

Parry *et al*, states "that in the relationship between anxiety disorders and drug intake, it has been found that social phobia, panic attacks, generalized anxiety, agoraphobia and separation anxiety constituted problems implicated in the intake of drugs. Young people diagnosed with social phobia describe drug addiction as escape behaviour in the face of their high degree of anxiety in interpersonal situations. On the contrary, pro-social, assertive and socially

skilled youth are less inclined to exhibit behaviours risky to health such as drug addiction" (2007:123).

4.3.3. Personality Traits

According to Barners "the characteristics such as poor control of motions and social withdrawal appeared associated with the escalation in drug addiction. The personality variables most related to the drug addicts are extraversion and emotional instability. Largely, extraversion and antisocial behaviour were related to the drugs addicts" (2011:45).

4.3.4. Antisocial Personality

It has been found that irritable, easily distracted children who displayed frequent tantrums and fights with their siblings and were involved in the development of pre-delinquent behaviours, were more prone to drug addiction in youth stage than those who do not exhibit such behaviour.

Myers *et al* maintain "the aggressive behaviour in children seems to be a sign of later antisocial behaviour. In any case, early aggression is not invariably followed by serious antisocial behaviour in adulthood" (2002:78). If aggressive behaviour continues until the beginning of the youth stage, it can be considered a powerful predictor of drugs and aggressive behaviour in the later youth years. Also, drug addiction seems to be more likely if antisocial behaviour persists and becomes more varied in early youth, including fights and bad behaviour in school" (2002:78. There is a relationship between the consumption of alcohol and illegal drugs such as cannabis and cocaine and

antisocial behaviours as young people who engaged in this type of conduct reflected such behaviour more than those who did not take drugs.

4.3.5. Family Unrest

According to Parry "marital problems (e.g. quarrels, divorce, etc.) can harm upbringing models and parenting guidelines, facilitating the emergence of problems in youth, such as oppositional defiant behaviour, antisocial behaviour or drug addiction. Scant attention from parents to their children has been associated with higher rates of drug addiction and especially the earlier onset of substance consumption" (2007:145).

4.3. Global Social impact of Drug addiction

The impact of drug addiction on Distribution and illicit trafficking. Pederson *et al*, the illicit drug trafficking takes place in most countries of the world. Recognition of illegal importation and distribution, a criminal activity frequently involved foreigners, is politically less troublesome than purely domestic illicit production or consumption. The involvement of outsiders makes smuggling or illicit dealing appear less of a home-based problem. Few countries are immune to drug addiction problems" (2013:144). Indeed, in most countries, what was formerly thought of as safe places; religious, penal or educational institutions have now been found to have some form of drug problems for example; illicit traffic in drugs is now common in prisons because a significant percentage of inmates are drug addicts.

According to Buddy "individuals acting alone do not usually move significant quantities of drugs; hence the focus on control of supply is normally on

organized groups or cartels. Traffic patterns tend to follow drug types and country of origin" (2011:98). "Cocaine trafficking, for example, begins in the Andean region and spreads northward through Central America, Mexico and the Caribbean region to end in North America, Europe and elsewhere. Major heroin trafficking originates in South-west and South-east Asia with final processing of the consumable product close to the point of origin. The route of distribution may involve many countries and territories, such as Malaysia, Thailand, Hong Kong and China" (2011:98).

Hosken explains "that the interdiction and seizure of illicit drugs are the classic law enforcement control measures to reduce the supply of drugs. Drug smugglers make detection more difficult by converting opium into morphine and heroin (or coca leaf into cocaine) in or near the producing areas. This transformation process reduces the sheer bulk and weight of the goods to be transported. Refining stations are usually located in more remote and secure areas" (2011:90). In remote rural areas, movement of precursors and chemicals needed for processing the harvest plants (e.g. acetic anhydride) can take place with less potential for discovery. Methods of concealing drugs are constantly changed to avoid capture and seizure.

4.4.1. The impact of drug addiction on family and community.

Flisher *et al,* says that "the fast-paced social, economic and technological changes present a challenge to the stability and influence of the family. The family is often viewed as the basic source of strength, providing nurturance and support for its members as well as ensuring stability and generational continuity for the community and culture" (2010:249). In reality, the family is far more complex. At least four conceptual views of the family have been

identified. First, it may be seen as protecting and sustaining both strong and weak members, helping them to deal with stress and pathology while nurturing younger and more vulnerable members. Secondly, the family may be a source of tension, problems and pathology, influencing weaker members in harmful ways, including destructive drug addiction. Thirdly, it may be viewed as a mechanism for family members to interact with broader social and community groups, such as peer groups, schools, work colleagues and supervisors and persons associated with religious institutions. Fourthly, the family may be seen as an important point of intervention a natural organizational unit for transferring and building social and community values.

Du Plessis *et al* says "families can have a powerful influence on shaping the attitudes, values and behaviour of youth but how do they compare with peers in terms of influence on drug addiction? The influence of peer groups, which is usually strong during formative years of youth, maybe stronger than that of parents in some cases" (2013:144). Friends are more similar in their use of marijuana than in any other activity or attitude. In this situation, drug use by peers may exert a greater influence than the attitude of parents. Peer and parental influence are synergistic, with the highest rates of marijuana use being observed among youth whose parents and friends were drug addicts. Other scholars, however, have found that peers have a high degree of influence only when the parents have abdicated their traditional supervisory roles. Hence, the impact of parents exercising traditional family roles may be to help the youth with the correct attitude towards drug addiction.

4.4.2. Substances affect health

According to Myers, “health problems impair family life and productive employed, diminish the quality of life and may threaten survival” (2014:123). “He believes that a comprehensive picture of worldwide health implication of drug addiction is not available” (Myers 2014:123). “The broader context of drug addiction including *nyaope,* marijuana, cocaine, mandrax, heroin. All of these drugs have several important characteristics in common. They alter the function of the human brain and have an impact on behaviour, they are widely used throughout the world, and they burden society by increasing social and economic costs for productive enterprise and by drawing upon limited government services. The most widely used addictive drugs like cocaine and heroin are harmful with extensive damage to the individual, family and the community” (Myers 2014:124).

Coppelo states “that the availability, cost, and chemical contents are all factors that may play a key role in determining how harmful the individual drugs are in any given case. The most widely used controlled drug, cannabis could be associated with some fatal accidents despite its low acute toxicity. Concerning chronic use, there may be greater risks of damaging the lungs by smoking drugs. The damage from drug addiction is not limited to the individual involved, others also suffer indirectly because of drunk driving, fires, passive smoking, and drug-related crimes and violence. Drug addicts may be influenced by the social-cultural milieu, the degree to which a person is part of a structured environment, his or her characteristics as well as the specific drug involved and the circumstances of addiction” (2010:87).

4.4.3. Impact of substances on education

Youth is a time when enormous changes take place in the process of normal development. In many cultures, it is, according to one observer, a time for developing a person's sense of self-identity, a process that involves separating from parental attachments and values and establishing new social ties, values and ideals. In separating from parents, the youth needs to form other meaningful relationships. According to Myers sometimes the peers with whom the growing youth associates him or her to adopt substances as part of their social behaviour" (2008:177). However, the effect of drugs may not be to enhance social relationship and self-identity. Rather, the drugs may cause the growing girl or boy to become apathetic and emotionally detached and consequently, to face problems of establishing social bonds, with the result that the youth becomes increasingly isolated emotionally and socially.

Jiloho says "that the effect of cannabis, the most widely used illicit drug, has been reviewed by many authors. The use of cannabis may result in the preoccupation with the immediate present, impairment of short-term memory and other mental functions, impaired tracking ability in sensory and perceptual functions, adverse emotional and social development of youth and impaired classroom performance" (2009:190). The degree of impairment follows the dosage amounts used, everything else being equal. Drug addiction can decrease cognitive operations, making it difficult for the youth to develop a functional set of values and ideas. Reduced cognitive efficiency also leads to poor academic performance and maimed self-esteem, contributing to the instability of the individual's sense of identity. Drug addiction may preoccupy and come to dominate the person's thinking as providing a solution to

problems that need, in reality, non-drug solutions. Youth may take drugs to deal with problems, which cannot be resolved by such substances.

4.4.4. The impact of drug addiction on crime

Crime and drugs may be related in several ways, none of them is simple. First, illicit production, manufacture, distribution or possession of drugs may constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes occurring. Thirdly, drugs may be used to make money, with subsequent money laundering. Fourthly, drugs may be closely linked to other major problems, such as the illegal use of guns, various forms of violence and terrorism.

Craig says “that a continuum exists about accepted social status and crime. At one end are law-abiding behaviour and the other, criminal activity. Between these two extremes found deviant behaviour and delinquency. Many marginal persons who use drugs do not go on to become delinquents or criminals. If progression along this continuum does not take place within a country, the concept of progression is even considered part of the mainstream in another” (2001:89).

Substances addiction and delinquent behaviour are often related, especially as either substance use or delinquency become more serious. Early sexual activity is strongly related to delinquency and drug addiction. Girls who have been pregnant report increased before the use of drugs. Youth who do not feel a strong attached to their parents are more likely than others to use drugs and become delinquent are.

4.4.5. The influence of youth behaviour on the family

According to Barnard "in Western cultures, the importance of parenting behaviour following the authoritative parenting model has been proven" (2005:78). Authoritative parenting promotes the best academic achievement, best sense of self-confidence, internal attributions and low drug use. Despite this, the fact remains that the behaviour of youth also influences the way their parents act. Certain young people favour the authoritative educational style better than others do. In this sense, a young person who tells her affairs to her parents abides by family rules, gets good grades, etc. She will appreciate her parent's authoritative style, while a girl who uses drugs, on the contrary, hides her activities from her parents and gets low grades. She will provoke a tighter parental control of her behaviour. They will directly confront her without waiting for her to tell them herself. They will try to establish the reasons for her emotional deterioration. This will lead them to exercise an authoritarian parental style" (Barnard 2005:78).

4.4.6. Family and Peers

Some young people grow up in environments with parents who are neglectful or simply unavailable for their children. Coppelo *et al* state that "it is in this environment where the children often turn to peers for the advice and support they are not getting at home and precisely in these cases where is more likely that the group they turn to is a deviant one. This group will exert a negative influence on the adolescent on various levels, which would be interesting to analyse" (2010:98).

Brook *el al* defined cohort "by groups that have approximately the same age. This large group can affect the idea of what is appropriate in the reference age. Studies indicate that the perception of what is appropriate in the cohort correlated with the adolescent's drug use much more than the acceptance of addiction on part of parents or siblings" (1990:113). "Also, youth tend to systematically overestimate the degree of drug use and the acceptance of said use by their reference cohort" (1990:114).

Coppelo *et al* they continue to say that "*reference group, crowd.* It is a group based on reputation, with certain stereotypes with which individual's identity (e.g., clowns, nerds or athletes). Young people who identify with delinquent groups tend to show higher levels of drug addiction" (2010:102). "The groups called druggies, losers or reject engage in greater consumption of alcohol, and other drugs have significantly higher levels of delinquent behaviour" (Coppelo 2010:102). "They conversely, groups of athletes or intelligent youth tend to reject substance consumption as a common element of leisure" (2010:102)

Brook *et al* explain that *"small group of friends or clique.* They are small, cohesive groups (five to ten members) of young people who share attitudes, thoughts, and sometimes drug use" (1990:114). "They say members of these groups often have the same age and socioeconomic status. Within these groups, drug addiction can play an important role in in-group identification. They believe that this group tends to develop a consensus on where, when and what type of drugs can be consumed. Within this group, the pressure to conform to group norms is exercised by offering desirable rewards such as the position of status within the group and applying undesirable sanctions such as exclusion based on the acceptance of group norms" (1990:114).

4.5. An overview of drug addiction in Africa

According to the Drug Commission, "the most used drug in Africa is cannabis, which gives over 34 million users. Cannabis is a plant, which is planted and transported illegally. Cocaine is mostly used in urban and in most tourist centres within the South and West African countries. In spite of laws, use in Africa heroine still fetches people who inject themselves or sniff it. Also, drugs meant for human beings (including, pethidine and diazepam), continue being stolen from the legal purposes and in turn enter into the illegal users. There is a high demand for amphetamines users in Southern Africa as exhibited by illegal transportation of this drug from China to South Africa" 2. Also, in South Africa, there is more use of the stimulant drug (Ecstasy) and in Egypt, there is a laboratory responsible for the production of such stimulant and in 2004, Egypt justified the beginning of production and use of ecstasy drug in Northern Africa" (Report from Drug Commission 2015:19). "Khat is abused by chewing the stems and is reported to be produced in Democratic Republic of Yemen, Djibouti, Kenya and the United Arab Emirates. Also, some parts of East Africa produce khat. Long-distance lorry drivers and some students who want to read for longer periods to keep them awake commonly use it. Uganda common drug addiction by youth is "kuberi" and cigarette and the reason for them is due to imitating from other pupils who are drug addicts and availability and lack of law enforcement" (Drug Commission report 2015:14).

4.5.1 Substances in South African

Peltzer *et al* say, that "the widespread misuse of psychotropic drug emerged in South Africa in the 1960s and 1970s with globalization facilitating the introduction of potent addiction drugs such as heroin, cocaine, and ecstasy

into the country" (2010:34). "Heroin (an opioid) specifically was a relatively unknown drug in South Africa during the 1980s and was illegally imported" (2010:41). In South Africa, heroin users preferred smoking it with cannabis or inhaling the vapour called chasing the dragon'; however, in the third middle 2000s, snorting and injection use appeared to increase in popularity.

Perry *et al* say "the high prevalence of drug abuse in South Africa, including an increase in the use of cannabis, cocaine and crystal methamphetamine, which is also known as 'tik' has been well documented" (2004:51). South Africa is thus known as one of the drug capitals of the world and it is estimated that 11% (5.7million people) of the population will experience an addiction disorder in their lifetime, which highlights the seriousness of the prevalence of drug abuse in South Africa.

The past decade and a half have seen an increase in easy access and use of nyaope, as well as the devastating impact on the users. The uniqueness of nyaope is that it is a South African phenomenon, and is almost limited to black young people. Literature has identified many reasons that are contributory to drug addiction and these include experimenting, peer pressure, ease of availability of drugs, lack of recreational activities, poverty, unemployment, being surrounded by drug users and low self-worth as contributory drug addicts. Gosh says once started, "users of nyaope find it very difficult to stop because of the addictive nature of the drug" (2013: 43). Nyaope has been identified as one of the most addictive drugs ever to be experienced in South Africa. Many users resort to stealing anything they can lay their hands on, which they sell to get some money to support their habits" (2013:43).

Mosoa and Fourie say "that drug addiction among the youth continues to constitute a major problem facing the world, particularly in South Africa

(2012:30). This is evident as many townships and street corners are crowded with nyaope users daily. This has increased the burden of mental health across communities. South Africa is experiencing an increase in the use of various illicit drugs, to the extent that the United Nations World Drug Report (2010: 78) identified the country as one of the drug centres of the world.

In South Africa, expert perception is that there is some increase in the use of heroin and methamphetamine and some decrease in the use of crack cocaine, with use of other drugs being stable (UNODC 2014:14). Treatment facilities report that dagga remains the most common illicit drug used, particularly among young people. Almost half of the admissions at treatment centres were primarily related to dagga use disorders. Grant says that "heroin, methamphetamine and dagga are some of the drugs that are contained in nyaope (2014:14). In the Western Cape, the most common primary drugs addicts reported by 28 treatment centres were alcohol, and heroin, together comprising 93% of all admissions.

4.5.2 Factors influencing youth on drug addiction

According to Bechener and Friedman, "drug addiction among youth is a multiply determination phenomenon which is embedded in cultural and social structures" (1979:110). They say that "no one factor, whether in pursuit of pleasure, relief from boredom, psychic distress, family problems such as a broken home or peer influence can adequately explain why youth become involved with drugs. Peer and family behaviour and standard are for most youngsters the sources of greatest influence" (1979:110). Casswell, Steward and Silva argue "that family and peers have much influence on drug addiction among youth. Youth by its stormy nature often lead other youngsters to

experiment and to rebel against authority" (1991:1029). "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" (1991:1029).

Beschener and Friedman say "that the involvement in drug 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 purposes, tend to be youngsters who used drugs in a more extreme, unbalanced and self-destructive way" (1979:109). "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" (1979.109).

Cornachia, Smith and Bental suggest "that young person may use drugs to achieve detachment from personal problems and trouble and to produce a state of wellbeing" (1978:335). "In their efforts to achieve detachment from such problems, the youth 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" (1978:335).

Connolly *et al* have pointed out "that of the environmental factors influencing youth drug addiction, two influences that have received much attention has been the influence of parents and peers" (1991:335). McNeil, Kaufman and Dressler "have explained that one group of factors that influence drug addiction among youth are those that relate to the social world of the youth, the nature of his social relationships, the degree of drug use by family members, and the nature of parental supervision and discipline" (2001:131).

These writers have also confirmed that this group of factors appear to have the most crucial influence upon drug addiction among youth.

4.5.1. Family environment and drug addiction among youth

Stanton in the drug issue “drug addiction should be thought of as part of the cyclical process involving three or more individuals, commonly the addict and two parents” (1984:274). He adds that “these people form an intimate, interdependent interpersonal system. Where at the time the equilibrium of this interpersonal system is threatened, such as when the 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” (1984:274).

Fawzy and Coombs argue “that the family should be seen to include nuclear and extended families as well as any configurations whose members identify themselves as a family. They add that environment broadly should be viewed as including family structure and dynamics” (1989:276). Griswold and Bukoski “have pointed out that drug-dependent families have unique characteristics, which can be distinguished from non-drug dependent ones. They say that “these characteristics and their impact on the children are organized by their domain of influence, which are environmental, emotional, behavioural, physical and sexual” (1996:87).

4.5.2. Youth views on drug addiction

Various perceptions exist regarding substance addiction in South Africa and around the world. People perceptions of what a drug is can thus be influenced by the context of the society they live in. The behaviours, such as substances

addiction, are significance by the context in which people live. A decrease in perceived risk to substance addiction is evident today, and that this is coupled with an increase in substance addiction.

According to Pedersen “the likelihood of young people starting to use drugs can be linked to their reduced perception of the risk involved in drug addiction and the perception that many of their peers at school or in their communities are using drugs are at high risk of starting to use smoke as well” (2009:25). “Youth who abstain from using any drug perceive this behaviour as high risk and they condemn its use, while youth who use drugs are more tolerant towards it, view it as relatively harmless and are supportive towards the legalizations of drugs. Resko states that “the asserts that the levels of perceived risk and perceived disapproval of smoking drugs is still declining. Therefore, more youth start experimenting and using drugs” (1999:123).

Pedersen suggests "that the perceptions and attitude towards drugs and specifically towards drug vary widely, from those who have never used it and who view it as high-risk behaviour, to those who see it as low-risk behaviour. Some recognise it for having medical benefits and are prone to the use of the drug for medicinal purposes. The changing of the South African context consequently plays a significant role in youth perceptions of drug and subsequently contributes to the increase in drug addiction among youth” (1999:123).

4.6. The effects of substance addiction

Drug addiction has profound health, economic and social consequences. The negative consequences of drug addiction affect not only individuals who are addicted but also their families and friends, various churches and government

resources. He says “drug addicts have grave consequences for existing social systems, affecting crime rates, hospitalizations, child abuse and neglect, and rapidly consuming public funds” (1990:34). The exact effect of a drug will depend on the drug used, how much is taken, in what way, and on each individual’s reaction. Drugs can be extremely harmful and it is relatively easy to become dependent on them.

4.6.1. The social effects of drugs

According to Clark “an addiction to any drug is damaging to the individual as well as to society. Drug addiction does not only affect the individual, but it also affects the family, friends and other members of the community” (2011:213). “Youth addicts may become withdrawn, moody, irritable or aggressive. That often leads to deterioration in family, peer group, and church relationships. These young people’s academic performance drops and truancy often increase and they end up being expelled from school due to their behaviour. Furthermore, youth addicts often suffer from impairment of short-term memory and other intellectual faculties, impaired tracking ability in sensory and perceptual functions, preoccupation with acquiring drugs, adverse emotional and social development and thus generally impaired classroom performance. Reduced cognitive efficiency leads to poor academic performance, resulting in a decrease in self-esteem and the adolescent may eventually drop out altogether. This contributes to instability in an individual’s sense of identity, which, in turn, is likely to contribute to further drug consumption, thus creating a vicious circle” (Clark 2011:213).

Barners argue “that the more youth uses drugs, the more likely they will perform poorly in any duties that are expected of them. Furthermore, youth

addicts are less likely to value academic achievements; they expect less academic success and do obtain lower grades. They also become destructive and aggressing among family members and other people. Some drugs are expensive, thus a need to sustain the dependence may lead to theft, involvement in violence and eventually even to the organization of organized drug related crime. Some youth after dropping out from school, get involved in crimes such as robbery and gang-related activities to support their addiction" (2005:210).

Clark states "that the effect of these drugs are the general inhibition of impulses, and social justice is often distorted. Involvement in other social problems such as impulsive violence, casual or exploitative sex, racial and other forms of intolerance or abuse may result. It is believed that over half of all murders are committed under the influence of drugs including as rape, assault and family violence. This will lead to the youth being harmful to the others. Drugs can trigger violent reactions and users can harm themselves or others. Furthermore, drug addiction issues are encountered at every level of the criminal justice system, from the international trade in substance and the use of the proceeds of that trade for corrupt ends to driving under the influence of drugs" (2012:214).

Barners argue "that the high cost of drugs means that dependents must have their great wealth or acquire money through illegal activities, such as theft, prostitution or the selling of drugs" (2005:211). "The correlation between opiate addiction and criminal activities is thus rather high, undoubtedly contributing to the popular notion that drug addicts per se cause crime. Drug use affects the criminal justice system, with evidence of links between drinking at risky levels, committing a crime, or being a victim of crime. Most drug-

related crimes, however, are the culmination of a variety of factors. That is a personal situation, cultural and economic. When the youths are addicted to drugs to deal with daily stresses, they fail to learn responsible decision-making skills and alternative coping mechanisms. These young people show adjustment problems, including chronic anxiety, depression and antisocial behaviour that are both the cause and consequences of taking drugs. They often enter into marriage, childbearing and the work world prematurely and fail at them. These painful outcomes encourage further addictive behaviour. Thus, drug use does not only affect the youth using them, but it also affects the family members. The next section presents the effects of drug addiction among youth on the family" (2005:212).

4.6.2. The effects of the substance on family

Brown found that "children with stepparents or single parents are more likely to be troubled by behavioural and emotional problems than those who are born by a couple in a traditional marriage relationship" (2014:96). Past longitudinal studies further pointed out that "youth who did not reside with both parents had a higher likelihood of developing drug addiction problems, whereas such difference of drug prevalence was not evident in those who live with foster parents and biological parents" (2014:95). However, the impact arising from the family structure on youth drug addiction behaviour may not be conspicuous when other family variables are also taken into consideration. The predictive effect of family structure on behavioural problems of children, but the effect is shown to be confounded by other variables like economic status and mother psychological functioning.

According to Morejele “the risk of youth drug addiction is not necessarily the same among families, which exhibit disrupted relationships” (2009:190). “For instance, girls who live only with their fathers. Also, a strong bonding with the mother serves as a stronger protective factor for youth drug addiction than that with the father” (2009:190).

These two findings suggested that the gender of parents would pose a moderation effect on the relationship between family structures and drug addiction among youth. This result corresponds with the maternal hypothesis that youths who live with mothers and cultivate a closer relationship with mothers are less likely to involve in delinquent behaviour than those who live with fathers. Although there has never been consensus on the gender that would provide better parenting to children, these findings have highlighted the fact that while the disrupted family structure is a risk factor for youth drug addictive, parenting style and the parent-child relationship could serve as strong moderating factors.

4.6.3. Family substance addiction

According to Beyever, “the young people who grew up in an environment where drug use is habitual and allowed seem to have a higher predisposition to drug use themselves. This is so for different reasons. On the one hand, the youth, by definition, has an adult body but is not considered as such by society. That is, youth is defined as a stage that society creates so that boys and girls learn to be adults” (2009:131). “In this learning, their primary models are the adults with whom they live (i.e. their parents and older siblings). Although the intuitive picture of a family in which there is drug use is that of constant disputes, neglect and lack of affection. This is not necessarily so, because there

are various degrees of drugs. In a family where both father and mother are the addicts, indeed, the problems will multiply; as any addiction affects working and personal relationships as well as those of any other nature. However, a family where the parents have a few beers with friends daily and, occasionally, “have one too many” and come home drunk, can work effectively with complete normalcy. There is evidence that drug use of parents and older siblings have more influence on the youth if the relationships within the family are loving and close (Beyever 2004:131).

4.6.4. Family relationships

Further to the conclusion just drawn, numerous studies have found that the effect of disrupted family structure on youth drug addiction is indeed confounded by the quality of the family relationship. A better relation between couples and more parent-child discussion has been found to reduce the influence of marital disruption on youth drug addiction. Children who exhibit stronger bonding with parents would also have stronger protection against youth drug addiction. In contrast, children in families with a high degree of conflict and low family bonding are more prone to have drug addiction experiences. Moreover, hostile parent-child relationships pose a direct impact on children's problematic behaviours.

4.6.5. Parenting practices

In particular, positive parenting practice has been identified as an important protective factor against youth drug addiction. Adequate parenting monitoring on children's behaviour mediates the effect of the parent-child relationship on

children's problematic behaviour. Specified behavioural expectations from parents and parent's reinforcement by praise and encouragement also reduce the risk of youth drug addiction. Also, effective supervision and monitoring in middle childhood by parents or guardians might induce a delay or prevent the onset of drug addiction among youth. However, a low level of parental monitoring is a strong risk factor for initiation of drug addiction. As a result, despite parents' close monitoring on children's behaviour, drug addiction due to peer influence within the social network is hardly avoidable.

As opposed to positive parenting practice, negative parenting practice would lead to a higher risk of youth drug addiction. Aggravation in parenting, such as experiencing feelings of hardship when taking care of the children as well as feeling bothered by the children's behaviour, predicts behavioural and emotional problems of children. A local-scale study found that youth who experienced physical punishment by family members were more likely to be current users of psychoactive substances and heroin.

4.7. Risk and protective factors of drug addiction in South Africa

Substances addiction among youth should not be viewed in isolation. The context of modern society, specifically in a multifaceted country like South, needs consideration. According to Bezuidenhout, youth from all racial, cultural and economic sections in South Africa are experimenting more than ever before with drugs addiction (2012:195). Youth decisions regarding substances addiction are influenced by a variety of factors on different levels. These factors can either protect youth or make them more vulnerable to engage in high-risk behaviour such as using drugs.

Beyever defines “a risk factor as a variable that forecasts a high likelihood of criminal activity. In other words, it can be seen as any contributor that makes it more probable for youth to engage in delinquent behaviour. On the other hand, protective factors include any individual characteristic or factor in a youth environment that mediate the impact of risk factors. The most significant risk and protective factors that may have an impact on youth probability of drug addicts are discussed below. These factors could affect youth behaviour relating to drug addiction, but cannot be seen in isolation because variables like peer influence also play a significant role” (Beyever 2004:140).

4.7.1. The effects of nyaope among youth

The nyaope concoction comprises cheap heroin, which is highly addictive in nature, and strychnine, which is a well- known rat poison as well as many other impurities. Addicts sprinkle this deadly cocktail on top of cannabis as a base from which to smoke it. The different agents in the mixture have different ill effects on nyaope users. The presence of all these impurities makes the users more vulnerable to casualties, which might even lead to death. There are many ill effects of nyaope on the physical side, the psychological side, as well as the behavioural and social effects. On the physical aspects, nyaope use leads to lack of sleep, vomiting, watering of the nose, the heart function slowed down, insomnia, loss of appetite and weight, follow, and breathing is severely slowed down. Hookins suggests “that the ill effects all create a picture of a youngster who, because of all the above-mentioned side effects, can hardly drag himself to wake up in the morning, eat a healthy breakfast without vomiting and have enough energy to go to school” 2014:45). It is easy to comprehend that these

youths are just feeling too sick to go anywhere, except perhaps to go back to the drug dealers to get the next fix, hence the prolonged absences from church among nyaope users in Etwatwa Township.

Mokwena state "that on the psychological side, *nyaope* smoking leads to irritability, lack of concentration, depression and frustration. The heroin, which is present in the nyaope concoction, is a nervous system depression. It depresses the activity of the brain's respiratory centres. The addict experiences cloudy mental function because heroin depresses the central nervous system. This refers to this cloudy mental state as on the nod where the addicts alternate between a wakeful and drowsy state" (2014:89). When analysing these side effects, it is not difficult to understand that school is the last place *nyaope* addicts would like to be. Schoolwork requires a great amount of concentration, this will result in addicts getting frustrated and depressed because, on top of not feeling well physically, their mental state is nowhere near able to absorb a large amount of work required to do well in church.

The National Institute on Drug Abuse (NIDA) points out that research has shown that marijuana's negative effects on attention, memory and learning can last for days or weeks after the acute effects of the drug wear off. These side effects include the distorted perception that is problems with sight, sound, time and touch. Masemola maintains "that marijuana users also have trouble with thinking and problem-solving. As dagga is used as a base from which to smoke nyaope, addicts are to experience all these side effects. A person who smokes dagga daily may be functioning at a reduced intellectual level most or all of the time. It is not surprising therefore that, compared to their non-smoking peers; nyaope addicts get lower marks and are more likely to fail at the end of the year" (2006:67). The above revelation leaves no doubt

in our mind that nyaope addicts are in no way prepared to deal with a classroom situation. If they have a problem with thinking and solving problems, then clearly the classroom appears to them to be the wrong place to be since the major purpose of attending class is to work hard using their thinking and problem-solving skills. Also, the distorted perception and memory loss add to the already confused state of mind in the life of nyaope addicts.

Ghodes argues "that the behavioural and social effects lead to socially deviant behaviour, involvement in criminal activities, violent and aggressive behaviour, compulsive lying and manipulation. The criminal activities by *nyaope* addicts, more often than not, result in a trip to prison, which in turn result in addicts missing classes due to prolonged absences. The violent and aggressive behaviour also manifests in addicts physically and emotionally terrorizing other youth in the church, which results in youth being afraid to attend church because nyaope addicts are bullying them" (2013:89). Teachers and families are constantly disappointed by the poor quality of work presented by addicts, and addicts in return regard teachers as their enemies because they always want their work, making school further undesirable to them.

Masemola explores "that although dependence is both physical and psychological, experts say physical dependence is easier to treat than psychological dependence. This makes it very difficult to stop using the drug because the mind has to be ready to quit, even if the body is healed of withdrawal symptoms before the addicts become completely free of the deadly grip of nyaope. All the side effects combined are crucial pointers to the hopeless plight of nyaope addicts in regards to their learning, attending classes and even being in the school environment itself" (2006:70). This is because schools have rules to be followed, and in their weakened physical and mental

state, addicts may not even remember any of those rules or understand what is being taught in class. This state of feeling out of place in the school environment contributes considerably too long absences and school dropout, which are prevalent among nyaope addicts in Etwatwa Township. At this point in the nyaope addict's life, it completely overpowers them. Their thoughts and actions are controlled by them. Finding the money to get the next fix becomes a permanent job, which results in addicts sometimes leaving school early and long absences from school in search of money to buy the next fix, and they sometimes find themselves involved in crime, getting arrested, dropping out of school and even dying.

4.7.2. Peer- related factors

According to Fisher "peer association is one of the major, well-established predictors of drug addiction among youth. Gauteng Department of Community and Safety, says most young people who are drug addicts develop a desire to fit in and to be accepted by peers" (2003:87). Youth seem to respect the opinion of the members of their peer group and they would rather discuss their problems with their peers than with anyone else. This makes them susceptible to their negative or positive influences.

Masemola states "that young peoples' behaviours could thus be influenced by modelling and social reinforcement by their peers. The norms and values of the peer group have an impact on the individual youth who seeks approval from them. If the group engages in delinquent or antisocial behaviour, the individual could be coerced to engage in similar behaviour" (2006:78). Fisher maintains "that peer pressure has therefore proven to play a significant role in youth behaviour. Although young people tend to experiment with drugs

addiction to gain respect among their peers, their behaviour cannot simply be attributed to external factors, such as peer pressure" (2003:88). Peer pressure plays a big role in drug addiction among the youth, but there is uncertainty regarding the degree and scope to which the correlation between peer pressure and drug addiction among youth connects. It is therefore proposed that peer pressure about individual and other factors such as the school context should be considered.

4.7.3. School-related factors

According to Boat and Warner, "several school variables considered as risk factors for youth engaging in behaviour such as drug use include disorganized conditions in the school, the role of youth, the role of the educators and the role of parents about the school. Disorganized conditions such as downgraded facilities for youth misbehaviour are considered. This poses the contrast between a downgraded and unsafe school facility and an independent school with many luxuries, which may create a sense of relative deprivation. This can lead to negative self-esteem among youth making them vulnerable to high-risk behaviour such as drug addiction. Also, class sizes and limitation of available space are mentioned under disorganized school conditions, as a youth in large classrooms tend to have less of a social relationship and less interaction with the teacher. This results in reduced cooperation and more disruptions, thus making youth prone to antisocial behaviour, such as drugs use" (2012:167).

Boat and Warner "list the following as risk factors contributing to the drug among youth: failure at school, low commitment to school, accessibility or availability of drugs in schools, associating with drug-using peers, and school norms favourable to drug addiction" (2012:167). "These factors can often be

linked to gang formation and activities, which point out a significant impact on youth behaviour. The youth gangs are associated with drug addicts, and in fact, being a member of such groups often necessitates the use of different drugs" (2012:167).

Fisher believes "that another risk factor relating to the school context is the dynamics between parents and teachers. Parents believing it is the responsibility of the teacher to discipline their children, while teachers are often too scared to confront youth because of violence in schools, further reinforces negative or high-risk behaviour among youth. The school context is thus also influenced by the role of the family" (2003:83). Also, various aspects of the environment and the family are interrelated and may have an effect on each other and ultimately put youth at risk. The family-related risk will subsequently be discussed.

4.7.4. Family-related factors

According to Jackson, the "family plays a vital role in socializing young people, teaching them the laws of society and taking action so that they will adhere to these laws. Parenting and parenting style can have a significant influence on children and youth behaviour. Youth who do not have a strong bond with their parents are more prone to be pulled into peer groups who are involved with drug and other delinquent behaviour. Such parents probably do not provide adequate supervision and monitoring and are not adequately involved with their children" (2006:125).

Jackson maintains "that parents who model drugs or who have favourable attitudes towards drugs can be risk factors for drug addiction among youth.

Parental drug addiction, therefore, increases predictability of drug addiction among youth" (2006:125). Family violence is also considered as an aggravating factor, which contributes to drug addiction among youth. The youth family structure can undoubtedly be considered a significant factor contributing to the risk of the youth starting to use drugs. Families play an important role in youth risk behaviour, but the family functions in the context of larger societal risk and protective factors are elaborated on below.

4.7.5. Societal- related factors

Youth who come from single-parent households tend to be relatively more prone to resource deprivation, and are inclined to receive less monitoring, which makes them more prone to delinquent behaviour such as drug addiction. Hemovich and Crano, says that "youth, who come from families where parents are not able to provide for their physical needs, that are characterized by poor housing, and are subjected to large families, are more susceptible to becoming involved in criminal behaviour" (2009:210). The lack of parental supervision or monitoring, often due to parents, who have to work to support families, increases the likelihood of drug addiction among youth.

Mokwena states that "poverty may also be an indicator of drug addiction among youth because they want to use the drug as a coping strategy to deal with the daily pressure associated with poverty. The morale loss and social degradation associated with poverty are significant risk factors regarding drug addiction among youth. Additionally, homelessness, which often stems from poverty, is another critical factor contributing to drug addiction among youth. On the other hand, when considering the protective societal factors of drug addiction, there is no guarantee that high socioeconomic status removes the

risk of delinquent behaviour" (2015:56). The increase in materialism and the rising of living costs that parents have to deal with implying that they are forced to work longer hours and therefore do not have time to form strong attachments with their children or to enforce rules and boundaries, rendering these young people at high risk of delinquent behaviour. Various influences can, therefore, be seen as either risk or protective factors that influence drug addiction among youth. To gain an understanding of the high incidence of drug addiction in South Africa, an exploration of youth view of dagga is necessary.

4.8. Preliminary Conclusion

This chapter focused on a literature review with nyaope addiction among youth in Etwatwa/ Ekurhuleni. The researcher in this chapter looked at the causes of drug addicts. To understand the cause of a phenomenon such as drug addicts, the researcher needed a theory. A theory is simply an explanation for the general category of the phenomenon, that is, any set of events or conditions. According to social control theory, what causes substances use, like most or all deviant behaviour, is the absence of social controls encouraging conformity. Most of the young people do not engage in deviant or criminal acts because of strong bonds with or ties to conventional, mainstream persons, beliefs activities, and social institutions.

Although there are various types of addictions, one of the main concern in this review is substances addiction, such as heroin addiction. Substances addiction consists of intense, often uncontrollable substance cravings, together with compulsive substance seeking and use, which persists despite facing devastating consequences. The nyaope addicts also experience "cloudy" mental function because heroin suppresses the central nervous system. Heroin depresses the activity of the brain's respiratory centres, thus causing the user to breathe at a slower rate. The above effects are a clear indication that nyaope users are more often than, not feeling enough to attend classes, hence the prolonged absence rate from school among nyaope users in Etwatwa Township.

CHAPTER FIVE

Interviews of the participants

5. Introduction

This chapter tabulated how the challenge of harmful use of *nyaope* affects young people. It is about the difficulties that the pastors confront in trying to respond to and cope with the changes that the nyaope addiction brings about for sons and daughters, brothers and sisters. The initial plan was to collect data from nyaope users who are youth members in the local churches in Etwatwa Township, but because many young people who are nyaope addicts quit the church, we had to collect even to the ex-members of the church. However, some of these nyaope addicts in the church were eager to tell their stories, but the families had a fear of stigma and being expelled by the church leadership. The study settings were expanded to include young people that were recruited from where they usually assemble (e.g. street corners, parks, taxi rank and old unused houses etc.) even though they are no longer going to church.

This study took place in Etwatwa Township, over a period of (2018 - 2020) and was 45 minutes to an hour-long. Semi-structured interviews were carried out with harmful use of *nyaope* among youth, and its impact on parents and pastors. They were thirty-three people who were interviewed and they fall under the following categories:

- 15 nyaope users or addicts (3 out of 15 were rehabilitees)
- 10 were family members (3 out of 10 were males and the rest were females)

- 8 pastors (6 pastors were from mainline churches and 2 from Pentecostal churches)

The in-depth interview and focus group guide were constantly modified during data collection process by adding probes and follow-up questions. The permission was gained from the participants see Appendix B, C and D to participate in the study. The researcher explained that complete confidentiality would be maintained and Consent forms were explained and then signed by both parties. Participants were encouraged to ask for a better explanation if the questions were unclear.

5.1. Profile of the participants

The majority of the participants were between the ages of 19 and 30 years. Two participants were female and the majority were males. All of these young people were single and had dropped-out at school between Grade 8 and 12 and two had some form of tertiary education and all of them were coming from the Christian religion. The majority of participants were unemployed and were responsible for their financial support. The financial implications for nyaope treatment were not an option for most of them. The average age of starting to use substance was 15 years of age. The majority of the participants were using nyaope with their friends, their family members and some were smoking it alone. When they were asked about their first experience with nyaope the majority were ignorant of the fact that they were smoking nyaope and some were not aware what they were smoking was nyaope. Some participants had been arrested due to nyaope, trying to get money unlawfully to support their addiction. Several participants indicated that they tried to stop using nyaope before but all of them relapsed after some time.

The following is the profile of the youth participants who are the nyaope addicts see table 5.1

Table 5.1 Profile of the participant

Participant	AGE	GENDER	EDUCATION	RELIGION	EMPLOYMENT	LANGUAGE
1 Participant	29	Male	Tertiary	Christian	Unemployed	IsiZulu
2. Participant	23	Male	High School	Christian	Unemployed	IsiZulu
3. Participant	19	Male	High School	Christian	Unemployed	IsiZulu
4. Participant	30	Male	High School	Christian	Self-employed	IsiXhosa
5. Participant	23	Female	Primary	Christian	Unemployed	IsiPedi
6. Participant	23	Male	High School	Christian	Unemployed	IsiXhosa
7. Participant	19	Male	High School	Christian	Self-employed	IsiXhosa
8. Participant	27	Male	Tertiary	Christian	Unemployed	IsiZulu
9. Participant	25	Male	High School	Christian	Unemployed	IsiZulu
10. Participant	29	Female	High School	Christian	Unemployed	IsiSwati
11. Participant	21	Male	Primary	Christian	Unemployed	IsiZulu
12. Participant	21	Male	High School	Christian	Unemployed	IsiZulu
13. Participant	26	Female	Tertiary	Christian	Unemployed	IsiPedi
14. Participant	23	Male	High School	Christian	Unemployed	IsiZulu
15. Participant	22	Male	High School	Christian	Unemployed	IsiZulu

5.1.1. Reasons why youth are addicted to drug nyaope.

The question was asked as to what participants think are the reasons why they are addicted to nyaope. The following is the list, which consists of reasons, such

as *nyaope ease access*, *exclusion from the system*, *peer influence*, *unemployment*, *and family involvement in drugs*. The participants were also allowed to add any reasons not mentioned by the researcher. The questions were subdivided into themes or topics, therefore the responses will be reported on in that fashion. The findings are as follows:

a) The ease and cheap access of nyaope

This theme refers to the ease with which the *nyaope* is accessible and that various people in the community can provide *nyaope*.

> **Participant**: *"Anyone like a grown man, to an old woman who have families, even young guys even grandmothers, friends and the police can supply to an addict."*
>
> **Participant**: "*Right now nyaope is everywhere; there is not a place where it is not available in the township.*"

The ease and cheap access also means that addicts even have options regarding the dealers as the quality is not the same across dealers, as shown by the following statement:

> **Participant**: *"We find out from the word of mouth like who sells the best and we go there and buy".*

b) Exclusion from the system

Participants said that one of the reasons is the fact that young people are excluded from the system which leads to youth not getting the necessary support in their personal development. Having few or no opportunities for

education or demonstrating poor school or church attendance has been shown to contribute to a higher risk of using substances. Youth who are homeless or have a tenuous home connection often adopt a high-risk lifestyle, which can include substance addiction. Situations, where there are few or no job opportunities, have been associated with the risk of substances addiction.

> **Participant**: *"In Etwatwa township there is a lack of rehabilitation centres and a lack of programmes"*.

> **Participant**: *"Youth in the township do not have resources and that leads to harmful use of nyaope and drop out in many things."*

c) The peer influences

This theme refers to the extent to which peers and friends (some from church) influenced the participant's initial and consequent use of *nyaope.* The role that their friends and peer group was playing in the initiation of nyaope addicts among the participants came out very strongly, as indicated by the following quotations:

> **Participant**: *"I started smoking dagga with friends and as time went on nyaope came into fashion and I started to smoke it, for me to smoke it was because of I saw my friends smoking it."*

> **Participant**: *"I found new friends who were smoking nyaope and so I started smoking with them and became addicted."*

> **Participant**: *"My friends told me that dagga is not strong, I should try something different that was when they offered me nyaope since that day I became addicted to nyaope".*

> **Participant**: *"I started smoking nyaope when I was at school with my friends. At school there are groups, there are cool guys and there are the nerds so we were the cool guys at school. We use to smoke dagga peacefully but there came a time that dagga no longer hit us as hard as it used to. Some people smoked nyaope at my school but they were few. We started befriending the nyaope smokers and we started asking them for a taste of what they were smoking".*

However, in some cases, peer pressure attempted to persuade youth who tried to stop taking drugs, but the addiction was stronger.

> **Participant**: *"I don't have friends, not even one. I feel like a bad person because they were always begging me 'please friend leave those things alone, they don't suit you'. I ended up having no one. They warned me before they left me".*

Some *nyaope* substance users even experienced some form of rejection from their non-smoking friends.

> **Participant**: *"Friends will not trust you if you smoke nyaope but they don't smoke it. Most of my friends don't smoke it so it is even difficult for them to walk with me. They don't want to be seen walking with me because people will also think that they smoke. You know what they say birds of a feather flock together so that is why they keep away from us because they will be seen as one of us".*

d) Unemployment

Some participants see lack of employment as a determinant of nyaope addicts. While nyaope addicts are caught in a circle where unemployment is contributing to drug addiction, it is increasing their chances of losing their jobs. The participants expressed the view that should they find employment, they would be able to stop using nyaope.

> **Participant**: "*I prefer to get a job and work full time, live with my parents again and things are normal the way they were before. If I can get a job, I can stop smoking nyaope completely.*"

> **Participant**: "*When you have a job you will be focusing on the job and you will not have time to focus on drugs. If you have nothing to do you get bored and you just find something to keep you busy like smoking to keep your minds working".*

e) Family involvement in drugs

Five participants mentioned that family involvement in drug use was another reason. Aaron stated "that parents who are involved in drug use can also be a reason why youth start using drugs. The researcher believes that not all parents who use drugs mistreat their children. The studies suggest that parental drug addiction can adversely affect attachment" (2003:89). He maintains that "the first accounts from adults who have grown up with such parents and are recalling their experiences and emotions at a distance and the second source springs from accounts gained from children themselves in the present or recent past. Such risk would include family divisions, incompetence care, criminally and drug addiction in the family" (2003:89). The researcher

mentioned that youth whose parents that are drug addicts are possible to also become addicted because of genetic inheritance.

> **Participant**: "*The example that parents set are not positive and resulted into youth following them and because mothers are using drugs when they are pregnant it happened that these young people born with the signs of fetal (sic)drug problem, which is the reason why they cannot make true growth at school and get involved in drug addiction.*

> **Participant**: "*It is very difficult to change their minds because most of their parents or family members are addicted too."*

5.1.2. The knowledge about drug *nyaope* addiction

I. What are the ingredients of drug *nyaope?*

Because nyaope is a cocktail drug, the content varies and sometimes significantly. This question refers to the variability of the drug as perceived by the addict. The variability occurs because often distributors and even sellers add a variety of additional ingredients, both as a way of increasing the potency of the drug and also the quality. As a result, the exact composition of nyaope varies greatly and is not known, as depicted by the following:

> **Participant**: "*We will never know"*

> **Participant**: "*Everyone is coming with their recipe"*

The only thing that the addicts seem to agree on is that base mainly consists of heroin to which other ingredients like ARVs, tile adhesive and rattex (rat poison) are added to increase the quality. The fact that there are so many

variables that also causes problems for the addicts as the potency of the concoctions are different, as explained below:

> **Participant**: *"You can find that there are ten different kinds of drug nyaope with ten different highs. There is one which has a potent smell of vinegar and the other one smells like Grandpa, which can tell you from the potencies are different from each other"*

> **Participant***: "Nyaope also come in a brown or a blue bag "the brown one is stronger than the blue one"*

The addicts also seem to have a way of increasing their chances of getting the best value for the money:

> **Participant**: "*We compare with high that last longer. If the one lasts for two hours and the other high lasts for six hours we continue from the same dealer who sells the nyaope that last longer"*

II. How drug *nyaope* is consumed?

This theme refers to the explanation of how drug *nyaope* is consumed by addicts as they all have their preferences of how to take *nyaope.* The initial and conventional way of taking *nyaope* is to smoke it, but some are now injecting it as described:

> **Participant**: *"I smoke this with dagga. I mix it in the dagga. Some inject it with a syringe. The first mix it with water, drag it into the syringe then they block their veins and then they inject it"*

III. What is the monetary cost of *nyaope?*

This theme refers to the monetary cost of drug *nyaope* and how addicts make plans to obtain the money. Although the price of *nyaope* is relatively cheap (when compared to other drugs), with prices ranging from R30 in Etwatwa, Daveyton to R45 in Tembisa, because addicts are smoking many times a day, *nyaope* is expensive, especially for an unemployed person. As money is the main determination for obtaining *nyaope*, some addicts have developed means which consist of pooling their money (compare) to buy a fix.

> **Participant**: *"When you have R30 you can go and buy if you have R15 you can compare with someone and go and buy, that's how we live and get by".*

The costs also result in the addicts engaging in criminal activities, showing to what lengths an addict will go to get money, as explained by these quotations:

> **Participant**: *"If you do not have finance you have to go begging and stealing even from your folks. The main thing that makes it difficult to smoke nyaope is financial issues"*

> **Participant**: *You can even kill your parents if you know that there is a safe at home or that your father keeps his gun in the house. It is so easy for you to kill him so that you can get money for the drug nyaope"*

IV. What is the health impact on drug *nyaope* addiction?

This question refers to the perceived health impact of drug nyaope, from the views of the participants. Although most of the participants admitted that they had used other drugs in the past they thought that the effects that they were experiencing with nyaope were different. There are claims that a person can get addicted to nyaope after smoking it once and then when they try to stop,

they experience the devastating and debilitating side-effects of nyaope, which forces them to smoke again. Nyaope addicts also experience visible side–effects and being a nyaope addict contributes to the spread of tuberculosis as explained in the following quotations:

> **Participant**: "*Nyaope it is exceptionally interesting to me how something so small can be so controlling, it just makes you take every sense that you had to have out of you it just makes you numb*"
>
> **Participant**: *Sometimes it causes diseases for some of us. It's because we share the drug, one person will smoke and pass to another and as this happens every smoker leaves a bit of their saliva and some of us are sick. That is how diseases spread among us, we all end up suffering from the same disease. Right now there are about seven or ten of our friend who has died because of the same disease".*
>
> **Participant**: *"Nyaope is very addictive; its addictiveness is abnormal with a high that is higher than any drug that the addict has ever smoked".*
>
> **Participant**: *"This thing affects the brain, self-esteem, manhood, trust, behaviour, this thing is bad, and it destroys everything. The downs become too much, you crave it too much and that's how you go in deeper into smoking it"*.
>
> **Participant**: *"Unfortunately we didn't know the side effects it causes".*
>
> **Participant**: "*Some of the guy's hands turn grey and some of them they turn black, their mouths turn black and you end up bleeding with your mouth because nyaope has damaged your stomach inside".*

V. The criminal side of nyaope addiction

For a nyaope addict, their main concern is to get money to buy the next fix. This theme refers to the criminal activities the addicts resorted to where they would be involved in petty crimes like stealing items like cell phones, money from the family, neighbour's shoes, taps, etc., while females were involved with prostitution. As explained:

> **Participant**: "*The crimes we do are not similar, others they steal clothes, I steal cars, others they do housebreaking just to get the amount of money so that they can keep smoking".*
>
> **Participant**: "*The girls go where there is money that's where you will find them. They even rob their clients' money they run with their clients' money sometimes. Girls who smoke nyaope cannot help people get in the taxis and they cannot work to wash cars so the job that they do for money is to sell their bodies".*
>
> **Participant**: "*Anything that I would see would give me money I would take it. I would not care what I do or what I get as long as I got money to smoke".*

VI. The lifestyles of a *nyaope* addict.

The lifestyle of a nyaope addicts as people whose focus in life is to get the next fix. This urge for nyaope changes their life priorities and defines their everyday activities.

> **Participant**: "*Nyaope becomes a priority, everything else is no longer a necessity, and it shifts your mind so that you make it a priority. It makes an individual to lack in school and if you were part of some sport activity*

you start lacking in that too. Even hygiene becomes something that is not necessary anymore. It kind of brainwashes you into making it a number one priority in your life because even the types of crime it pushes us to do makes you not care if you live to see the next day".

Participant: *"I am tired of the corrupt life that we live, fighting with my family all the time and every time you are in the community they call you with names. You don't communicate with people well, your parents and the people who support you always blame you if something goes wrong".*

Participant: "*After smoking, I do not feel the guilt nor do I even think of the consequences of the actions I committed to getting the nyaope. However, the typical user also regrets how the addiction of nyaope has impacted on his life and destroyed family relationships".*

Participant: "*When you are using this staff the only thing that you need to worry about is where you going to get next fix from. That's the only thing that is in your mind".*

The following section was focused on the effects of drug *nyaope* on youth.

5.1.3 What are the effects of *nyaope* on youth?

This is the representing components such as the effect of nyaope on the individual, personal matters such as the addict's mental health state and behavioural problems influencing their quality of life. The church and school environment, with the influence of peer pressure as well as the interpersonal relations between the addicts, their friends and the people closely related to the individual, will be covered in this section by the following six themes that were identified:

a. The health

This theme refers to the perceived effect of nyaope on the mental function of the addict. This theme gives evidence of the emotional, psychological and social well-being of a nyaope addict and how they think, feel and act during the situations that they feel are stressful. For many of the participants, the use of nyaope became a way to relieve stress and a way to help them to function optimally in society as indicated by the following responses:

> **Participant**: *"I want to escape the reality of reality. I don't want to be in reality. I am afraid of responsibility. I am terrified of reality as I have just said I am scared of the world I have never lived in it before".*

> **Participant**: *"It has this stress free element that it releases out in you that you do not have to worry about the world or any other situation happening around you. It creates this false hope of freedom that is non-existent that it is for a short time.*

> **Participant**: *"I was under pressure at home, school and my girlfriend's place so my friends told me that they can give me something that can help relax and clear my mind so that I can think".*

> **Participant**: *"When I smoke I have energy and confidence. I can talk to people at home and the way we talk I can confront them and tell them anything I want to say".*

Participant: "*Every time I had smoked I would feel like everything is simpler, I would feel like I no longer had problems and all sorts of troubles, I would feel like I was just with no problem"*

Participant: "*I thought maybe if I smoke nyaope my life will be better. It makes me forget my problems, all the time".*

b. The church environment

This theme describes the impact of church and the development of the addicts. Participants admitted that they were constantly thinking about getting *nyaope*, and this made it difficult to concentrate at church. Some were past members from the church and left because of their addiction to *nyaope,* while others quit church due to their fear of being expelled by the church leadership after committing a criminal act. These views are depicted in the following quotes:

Participant: "*I was in the executive of the youth wing in church, I was at church when I heard that the police are looking for me and my friends, I ran out of the church, so when the police came to church to look for me they never found me and that was the last day I went to church".*

Participant: "*Nyaope does not go together with the church. When you are at church your mind will not be concentrating on what you are being taught, all you are thinking about is how you are going to get nyaope."*

Participant: *"I quitted the church because I wanted to, but I ended up being expelled at church because I was using the drugs and they said I will end up condemning other young people."*

Even though the church environment is also a place where the youth are warned about the dangers of drugs, regretfully these warnings and teachings are not taken seriously, as explained:

Participant: *"The funny thing is that throughout our church workshops we have been taught not to do drugs and stay in church but I think there needs to be some form of enforcement that creates awareness that this is real."*

Participant: "*Leaving church was one of my biggest mistakes*".

c. The community factors

This theme refers to the impact of *nyaope* on the community of the addicts. Because nyaope addicts steal from their neighbours and the community, the community also reacts by blaming them for anything that disappears, while some addicts get beaten up and chased away:

Participant: *"Being addicted is not nice because the community hates you. Because they know that you smoke nyaope, you are always stealing and getting beaten up."*

Participant: *"People hate us because we are smoking, even our neighbours blame us when things go missing. It is because we have bad luck or people hate us".*

Participant: *"The community says it's me when things disappear. I have seen and heard that the community does not want me. I saw that I will die in people hands".*

Participant: *"I started having a bad relationship with the community even though I was not arrested but the community was not happy with me".*

However, participants in this study also blamed the community and environmental factors as contributing to their drug nyaope addiction. They felt that nyaope dealers were not prosecuted and the high rate of unemployment in the community was a contributing factor to their addiction. Being nyaope dealer they also provided them with the means to be able to use nyaope freely:

Participant: *"So people who sell nyaope are many; it is like if you don't work the best thing is to sell nyaope and you will be like a working person who has a job. So it makes more income for those who don't work. It is easy for them to sell because they make a lot of income".*

Participant: *"In the street, I live in there are drug dealers so I find it difficult to stop".*

Participant: *"What made it easier for me to get it was the fact that I was the one selling it. That is what made me get closer to it, I sold it in the township"*

Participant: *"I think the environment we live in makes it easier for us to get it because people chase us away saying we are addicts but they do not chase away the dealers because they are their*

mothers, fathers, brothers, sisters and their neighbours. If we come to buy they are happy because they know that they benefit. The money that we buy with, they use to feed their families."

d. The functional use of the drug *nyaope*

This theme refers to addicts' need to use the substance daily to perform optimally. The evidence of the functional use of nyaope as a means to enable the addicts to perform ordinary daily tasks and recreational use, where nyaope was used to help them overcome their social inhibitions, was evident with these quotations:

Participant: *"Nyaope is like your breakfast after you have smoked it that is when you can face the day. Once you are addicted there is nothing you can do or achieve without having nyaope".*

Participant: *"The first thing when you wake up you need to smoke so that you can face the day, without smoking there is nothing that you can do".*

Participant: *"After sleeping with the girl I felt like a boss because I had satisfied her very much so every time I was with this girl I felt that I have to use this nyaope, so that is how I got addicted."*

e. The law enforcement

This theme refers to the view that the current drug addiction mitigation policies are ineffective in curbing the use of nyaope in communities. As part of the enforcement activities of South Africa, the police should be conducting

substance busts against at a large scale between sellers and buyers in public places, the police are the ones getting arrested as per the following quotations:

> **Participant**: *"Please stop blaming guys like us who are the drug smokers or addicts, but blame the suppliers. When you come raiding the township don't raid us in our shacks go to the dealers and makers of drugs."*
>
> **Participant**: "*This is what the police are doing, they arrest us the smokers but they let go of the dealers which also promote crime of which when they allow the nyaope to get into the country. The dealers give whoever is responsible a lot of money for a bribe".*

Additionally, the participants are of the view that the law enforcement officers are part of the problem:

> **Participant**: "*Even if the cops come to the dealer to arrest him or her they give police a brown envelop of bribe at the end of the day you see him or her back again selling the stuff again.*"
>
> **Participant**: "*You cannot cut the leaves of the tree and think that the tree will stop growing, you need to cut the roots so that it doesn't grow anymore".*

f. The support for the addicts

This theme refers to the participants' views about the help that would be appropriate for them. Many of the participants were of the view that they would not be able to stop using nyaope on their own, acknowledging that they do need support groups. But although professional support is available in the

form of rehabilitation centres, the nyaope addicts also find it difficult to access this support.

> **Participant**: "*Since 2012 I was trying to stop but I didn't know where to get help because I did not have money to go and pay rehab.*"
>
> **Participant**: *"You can't stop using drug nyaope on your own. You need to get serious help"*.
>
> **Participant**: *We do need help but the help is slow. We did fill forms and applied for help but they don't call us."*

In the next category, the researcher had been looking at the impact of nyaope on Parents.

5.2. The profile of the participants

The profile is given in terms of the participant's age, gender, employment status and marital status. The ages of the participants ranged from 40 to 70 years. The six of the participants were between the ages of 40 to 55 years. The remaining four were between the ages of 56 to 70 years. The majority of the participants were women. The total number of the participants was ten out of the eight were women and two were the man. It may be assumed that women are normally more involved with the welfare of the children as compared to the man.

The majority of the participants were employed. Out of the ten participants, seven were employed. Only three of the participants were unemployed. The employment status of the participants indicates that their absence from home results in a lack of supervision. Etwatwa Township is situated on the outskirts of the Benoni area and most people travel a long distance to and from work, thus increasing the hours that parents spend away from home. From the interviews, it

could be established that due to the use of public transport parents had to leave home as early as 5 am to the bus, taxi or train and to return around 7 pm. This means young people are without parental supervision for the whole day. Young people can decide not to go to school and the parents may not be able to notice.

All of these parents were married. That suggests that young people are not the drug addicts because are being raised by single parents this confirms that young people from the stable nuclear families also used substances even though they had a father figure in their family. It would have been expected that since all the participants were married, the children would be more stable as they enjoy the presence of both parents. However, this cannot be taken for granted as having two parents does not necessarily constitute a stable family.

Table 5.2.1. The Profile of the Participants

PARTICIPANTS	AGE	GENDER	EMPLOYMENT STATUS	MARITAL STATUS
Participant	50	Female	Employed	Married
Participant	49	Female	Employed	Married
Participant	53	Female	Employed	Married
Participant	57	Female	Unemployed	Married
Participant	46	FEMALE	Employed	Married
Participant	40	Male	Employed	Married
Participant	66	Female	Unemployed	Married
Participant	55	Female	Unemployed	Married
Participant	61	Male	Employed	Married
Participant	45	Female	Employed	Married

5.2.1 Presentation and discussion of results from the interview

The discussion that follows is a narrative of the results that emerged from all the interviews that were conducted with ten participants living in Etwatwa Township. The following themes, which gives findings information related to the change of friendship, stealing, poor academic performance, poor appetite and weight loss, poor personal hygiene, family withdrawal, conflict and fights, parental support and religious support. The following was the findings according to the participant views:

5.2.2. What are the signs of *nyaope* addicts among youth?

A. Change of friends

The participants reported that it was after they observed their children's unusual behavioural patterns that they suspected that they might be using nyaope. This started by the regular change in friends and spending increasing time on the streets. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path. The following storylines substantiate more about the parents' observation regarding their children's behaviour change:

> **Participant**: "*He started spending more time with new friends who were unknown to me".*
>
> **Participant**: "*He is always in the company of friends that I don't know"*.
>
> **Participant**: "*He started having lots of new friends."*
>
> **Participant**: "*My son was always having a lot of new friends."*

Participants reported that their children were spending increasing time with new friends who were unknown to them. It can be assumed that these young people

were doing this to conform to standards and behaviour limits set by their peer group. Unfortunately, in some other cases, this new set of standards and behaviour limits set by the peer group tend to clash with those of their parents, since parents usually encourage youth to choose their friends from peers with the same value orientation that they have established in the home.

B. Stealing

The participants started to observe that their children had taken to stealing things in the house as family members continuously complained about missing items. All participants indicated that they had been victims of theft by their children. They further indicated that not only was money stolen from them but also items such as clothes, cell phones and other valuable assets at home. This gave them an indication that their children were stealing to get money to buy the nyaope, which is highly addictive. Their experience was that they could not trust their children at home, and made home feel like an unsafe place to be. This was expressed in the following utterances:

> **Participant**: "*He started stealing money from me, stealing some items, my cell phones, CD's in the house and small items that he can sell. He advanced to taking more expensive items such as clothes, computers and anything valuable that he can carry".*
>
> **Participant**: "*He will just steal anything at this disposal at that time. You can't put anything at home: he will just steal everything"*.
>
> **Participant**: "My *boy stole everything that he could get hold of in the house. I could not keep anything safe in the house because the next day it will be gone.*"

Participant: *"He stole money, cell phones and any valuable item at home. At school, I consistently got calls that he stole from teachers and other children".*

C. Academic performance

The participants sadly and tearfully indicated that their children's academic performance had dropped. They also mentioned that this is because they have been bunking classes and at times, they will be pretending to go to school but never reach the school. The normal common scenario in the township is that parents leave home as early as 5h00 to 6h00 to catch a train or bus to work leaving these young people still in bed, and they come back very late. With the absence of a parent for the whole day, it is easy for a child to abscond from school without the parent's knowledge. This was a painful experience for parents as it indicated that their children will not have a bright future and will thus remain dependent on them for the rest of their lives. The parents saw education as one factor that could restore dignity to their children. This was expressed in the following utterances:

Participant: *"He was also very disruptive in the class. Teachers and the principal will always call and report to me that my boy is misbehaving and not attending school regularly."*

Participant: *"My son started by not performing well at school and discovered that he was playing truancy. He changed school regularly. One year he was completely out of school"*

Participant: *I was happy my child was doing very well at school, later he started bunking classes he dropped out.*

D. Poor appetite and weight loss

The participants mentioned that their children's appetite changed drastically. For example, participants indicated that their children did not eat food at home, as they used to. They also mentioned that their children would wake up early in the morning and immediately disappear to look for their dose of nyaope without eating anything. Furthermore, they indicated that their children lost a lot of weight because of their poor appetite. They continuously worried about their children's health as they did not eat well, they were concerned about sexually transmitted diseases, and they worried whether their children would still be alive the next day. This lead to a parent developing a sense of despair, giving up and feeling frustrated, resulting in grief and depression. These feelings were expressed in the following words:

> **Participant**: *"He didn't eat food like he used to. You will find that food is still like you left it and he lost a lot of weight. To me as a parent, this is the worst thing that can happen to the child."*
>
> **Participant**: *"I started noticing that he lost a lot of weight. His appetite dropped drastically. He will only eat brown bread at times. His focus is not on food anymore."*
>
> **Participants**: *"His appetite was very poor; I had to force him to eat"*.

According to the reports from other parents, these young people were leaving home early in the morning to work as taxi marshals, car guards or pushing trolleys at shopping centres, to earn money to buy nyaope. One participant was quoted as saying "*he turned to become a taxi marshal so that he can generate money to feed his habit. This makes me feel sorry for him because I had better hopes for my child, I feel defeated."*

E. Poor personal hygiene

The participants felt that their children did not listen to them anymore when they complained about their poor hygiene and this made them feel as if they had not done well in raising them. Participants also indicated that their children would always wear dirty clothes and completely lost interest in their hygiene. Participants expressed this as follows:

> **Participant**: "*He started not to be neat, he was careless and his bedroom was dirty. I do not know what else to say or do. I feel like giving up, but the love for my child makes me keep on trying. I cannot give up on him."*

> **Participant**: "*He could not take care of himself any more like he used to, I had to follow him up to take a bath or to eat his food. He never listens to me; he ignores all that I say."*

> **Participant**: "*He was always untidy, he was careless and his bedroom was always dirty.*"

F. Family withdrawals

The participants indicated that their children were spending less time with their family. Parents indicated that they could not stop crying over losing their children to the streets and dislodging themselves from the family. Participants also confirmed that their children withdrew themselves from family relationships. The signs of youth substances addiction are loss of interest in family activities and disrespect for family rules. This may also be because these young people may want to quit from substances addiction or maybe preoccupied with where to get the next dose of nyaope. This leaves parents with

a sense of grief and depression. They were worried about their children's safety while on the streets and the fact that they were continuously absent from the rest of the family. To them, this was a sense of loss hence the crying, grief and depression. This was expressed in the following words:

> **Participant**: *"He was always spending less time at home with the family and coming back home very late. I tried my best to talk to him to stay home but I don't seem to succeed."*
>
> **Participant**: *"My child started spending less time in the family and spend most of his time on the street. He would come late and leave early the following day."*
>
> **Participant**: *"I hardly see him or spend time with him as he is never at home. He avoids me at all cost and this is too painful for me to bear"*.

Participants indicated that nyaope had negative effects on their addicted youth. One of the fundamental characteristics associated with youth is the pursuit of independence. Despite a close bond between parents and children, which may have existed for many years, the day comes when every youth becomes independent. The increasing search for independence is an indication that individuals are beginning to feel secure that they can stand on their own. Participants indicated that their addicted youth were dependent on them for accomplishing basic tasks. They also mentioned that they had to regularly force them to eat food and constantly remind them about the importance of personal hygiene. Parents found themselves with the burden of looking after young people as if they were taking care of a child. To the parents, this was draining, depressing and made them feel inadequate as parents.

G. Conflict and fights

Participants indicated that their children's addiction is causing much conflict and many fights among the family members. The participants further indicated that family members would physically fight amongst themselves due to frustration and anger over the compulsive stealing behaviour of the addicted young people. Often the participants indicated that they were caught in the middle of the conflict between other family members and the child concerned. Participants are quoted as they are saying:

> **Participant**: *"My child's behaviour has caused a lot of conflicts as he will always use his manipulative mechanism to ensure that he creates a lot of fight among us as a family so that he continues to be uncontrollable".*
>
> **Participant**: *"As a parent, I was always caught in the middle of the conflict and fight between other family members and my addicted child".*
>
> **Participant**: *"There is always a conflict and fight within the family because of his behaviour"*.
>
> **Participant**: *"My child's addiction has caused a lot of problems in my marriage and we fight a lot and I am scared that my marriage will come to an end".*

5.2.3. How would you like to be supported?

1) Parental Support

The participants expressed the fact that they have been trying different means to help their children to be rehabilitated from nyaope addiction. They also indicated that they found it difficult to cope irrespective of how much they tried to give parental support. As parents, they continued to give parental advice and

show love and understanding but found that this did not help in any way. The parents indicated defeat and feeling overwhelmed as expressed below:

> **Participant**: *"when I spooked to my children, I always mentioned that using the drug it the end of someone's carrier and future. I also told my son that if he continues to live that kind of life he will end up becoming a street child."*
>
> **Participant**: "*After I discovered that he is using drugs, I spoke to him and provided advice to him"*.
>
> **Participant**: "*I tried to provide him with parental support, but always hit against the wall. I ask myself where I went wrong."*

Parents are very disappointed with their children for making the choice to indulge in nyaope. They feel angry with themselves for not being better parents. They end up being addicted, as worrying about their children's addiction becomes a serious problem.

2) Church support

The general feeling of the participants was that, as parents, when they realised that their children's addiction problem was persisting despite talking to them, they tried to get religious support from the churches with the community. The churches found that they had to respond to more families under stress and living with nyaope addiction. The majority of the participants indicated that they took their addicted children to church for counselling. However, the churches were unable to provide help; some of the churches had an attitude towards young people who are the drug addicts even though they are also the members of the church. This restricts the element of seeing help to the pastors. Most of the churches continue to view substances addiction as the immoral therefore it is

not easy to create a space for support or awareness in church. This was expressed in the following utterances:

> **Participant**: *"I went to church with them because I believe that one day they will receive Christ. But they went there and I could see that they were always bored and always sleeping while we were at the church. They ended up not going to church anymore"*.

> **Participant**: *"I took him to church with the belief that he will be born again and change his drug addiction problem. But despite everything, he chose to continue with his addition."*

> **Participant**: *"I took him to church because I am a spiritual person; I believe that God will help us. He stayed at the church for healing but there was no luck"*.

The participants felt that their children's addiction problem was associated with being possessed by an evil spirit or witchcraft. Therefore, they took their children to church in the belief that the possession by an evil spirit that nyaope addiction would be removed through prayers to God. They further indicated that despite taking their children to church, the situation persisted. The following is the profile of the pastors who participated during the interviews:

5.3. Profile of the participant pastors

The eight participants were selected because they are a full-time pastor in Etwatwa Township, Ekurhuleni District and are daily confronted with youth who are addicted to nyaope. All eight participants were able to reflect on their experiences in their own words and from their perspectives. From working in the church, the researcher has gained personal experience and became aware of the fact that pastors face certain challenges when pastoring to nyaope addicts

among youth. Three participants have between 9-14 years of experience as pastors in this community, four have between 5-8 years of experience. The pastor's role in church and community is primarily about deciding other people's safety and well-being. These decisions made by individuals and groups have the potential to significantly impact on the future of vulnerable people and their families for better or worse. The following narratives indicate how participants view training in the drug addiction field.

> **Participant**: *"I think there must be a lot more training in our church and that must be a specialized area because it is a big problem."*

> **Participant**: *"I think more attention should be given to drug addiction because it is the cause of most problems in our communities. Pastors need to be trained regularly to stay aware of new developments."*

Table 5.3.1. Profile of the participants

Participants	Years of experience	Highest Qualification	Training in Drug addiction
Participant	7 years	B.Th. degree	No
Participant	11 years	Theology Diploma	Yes
Participant	5 years	Theology Diploma	No
Participant	9 years	Honours degree	No
Participant	14 years	B.Th. degree	No
Participant	6 years	Theology Diploma	No
Participant	12 years	MA degree	Yes
Participant	8 years	Certificate	Yes

5.3.1. Reasons why youth are addicted to drug *nyaope*?

A question was asked as to what participants think are the reason why youth are drug addicts. A list, which consists of reasons, such as personal characteristics, family involvement in substances addiction, peer group, exclusion from systems, criminal exposure was provided and participants could choose more than one reason. They were also allowed to add any reasons not mentioned by the researcher. The findings are tabled below:

i. Personal characteristics

Five participants said that personal characteristics are possible reasons why young people are drug addicts. They feel very strongly that they should make their own positive decision and cannot allow others to decide for them irrespective of the home circumstances or irresponsible parents. Individual factors include low self-esteem, poor self-control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events. It is generally the case that in the majority of countries more men than women are drug addicts. Being young is a possible reason why young people are drug addicts. When one is young, one is often constantly struggling as part of their search for an identity. They may use substances in order to define and affirm identity. In the course of this process, young people often start experimenting as part of their search for an identity. They may use substances to define their belonging to a particular group or to relieve the feeling of anxiety or stress in this search for the self. However, while the transition, instability and change, which characterize youth may well make the youth vulnerable to some degree, it is dangerous to think of youth as being the cause of substances addiction.

The following had been the views from pastors:

Participant: *“Some youth are more capable to be exposed to drugs and I think it all depends where you stay”.*

Participant: *"I believe that youth should use their mind and do what they know is right. They must not allow others to decide or influence them. One always can stand up for oneself".*

According to Watson and Kedge, they state that everyone has to make choices and decisions in life. As you grow up you have to start taking responsibility for yourself (2004:46). Sometimes decisions are easy and sometimes they are hard. However, youth have to make up their minds; the choices are in their own hands.

ii. Peer pressure

They were six participants who felt that peer pressure is the greatest reason why youth are drug addicts. The most important reference groups for young people in society are often his peers. The social interaction with friends and peers may thus provide opportunities for substance addiction or may encourage or support this type of behaviour. Part of the transition during youth involves moving from reliance on the family to individuality. Here peer pressure comes to replace family as a social support mechanism, which can be a turbulent emotional time. According to Leah and Kranzler in some cases, peers were found to have had a great influence on learners initiating substance use than the family, school and media among learners (2012:192). Anyone can become addicted at any time of their lives, but the young people who are the most vulnerable, not only to social pressure to experiment with addictive substances, but also more vulnerable to the damage those substances can cause. Their mind and bodies are still developing, so substances use among youth can progress into addiction faster than in adults.

Participant: *"I believe that youth are more attached to their friends than to their family that's why I say peer pressure".*

Participant*: "It is quite difficult to attest to this because the young people influence each other."*

Participant*: "Peer group pressure leads to drug addiction"*

iii. Church and school quitting

Participants agreed that the reasons for leaving are substances related because some youth are nyaope addicted therefore lose interest in church and school. They are awake late at night and lose track of time, which results in them not to attend church regularly or the school for that matter. They also sell substances on school premises, which caused them to expelled from school. The use of substances also causes behavioural problems, which cannot be controlled by the parents, pastors and school members. From the findings, it is very clear that when young people become drug addicts, they leave church, school and families.

Participant: *"Pastors and parents cannot control young people who are addicted to the drug nyaope."*

The young person who is becoming addicted to nyaope is likely to show some other behavioural and attitude changes. There is likely to be deterioration in church service, employment and academic achievements. They will show extreme mood swing and often exhibit more aggression than usual. Nyaope is linked with dropping out of school and subsequent unemployment, social welfare dependence and an overall feeling of inferior life satisfaction. The following are the views of the participants:

Participant: *"they leave school, church and employment because of their addiction, they are not willing or motivated to go anywhere".*

Participant: *"Young people were expelled from church because of the church discipline and also they could not concentrate due to drug nyaope addiction".*

Participant: *"they lost interest in many things because after using the drug nyaope they don't sleep at night thinking about getting another one."*

iv. Prevention programmes

The participants indicated that they do prevention programmes at church. Cannabis or dagga prevention efforts are critical because it is legal to use it in South Africa, and young people start by using dagga and end up with nyaope. Preventing substance use before it begins not only makes common sense it is also cost-effective. Prevention programmes should enhance protective factors and reduce risk factors. Prevention programmes should be localized and community-specific, addressing the actual problems and nyaope risk factors.

The views of the participants are stipulated below:

Participant: "*What I do is to refer members to rehabilitation centres and I also do prevention programmes or workshop."*

Participant: "*I wished to facilitate a Prevention workshop at church, but the board of the church refused because the drug nyaope addicts steal."*

v. Aftercare programme

Participants indicated that they wish to render an aftercare service.

> **Participant**: *I do not stop sending them to the Rehab, because in our church we are not yet allowed to start an aftercare programme for the drug nyaope addicts, but if they return I monitor them, by doing home visits to see how they are doing.*
>
> **Participant**: *"I sometimes support these young people by looking for a job and that is all that I can offer so far".*
>
> **Participant**: *"I think aftercare programmes are very important when the addicts come back from the rehabilitation centres. I think it is important that young people participate in aftercare programmes*."

The prevention of and treatment for drug addiction Act 70 of 2008 describes aftercare as ongoing professional support to the client after formal treatment has been completed and is aimed at enabling the members to maintain sobriety and personal growth and enhance his self-reliance and proper social functioning. Aftercare is designed and carried out with the assumption that treatment does not end with the completion of the formal treatment programme.

vi. Motivation or hope

Participants think that youth are not motivated to work on their substances addiction problem. According to the participants, young people do not trust easily. Participants said that young people have been told about the dangers of substances, but after they leave the church workshops, they start using it again. They are not motivated enough to make sacrifices.

The following narratives indicate how participants view training in the substances addiction field

> **Participant**: *"I think there must be a lot more training in our church and that must be a specialized area because it is a big problem."*

> **Participant**: *"Most of the pastors are not trained for pastoring to the people whom the drug addicts. I think it is important that pastors must be trained because drug addiction is involved in all aspects of our work."*

> **Participant**: *"I think more attention should be given to drug addiction because it is the cause of most problems in our communities. Pastors need to be trained regularly in order to stay aware of new developments."*

Youth addicts may fail or refuse discipline. Their lifestyle changes can be annoying and disconcerting to family members. They may violate and even defy the church and parental rules and treat parents with belligerence and disrespect when confronted. They may even run away from home and for extended periods cause parents to worry about their whereabouts and health. The young people might see the pastors as just another authoritative figure.

vii. Family support

Participants said that the parents of young people are not involved in the programmes and their lives. Parents do not have insight and knowledge about substances addiction, and it's very difficult to support youth who are drug addicts. Young people have been found running away from their home because of family practices.

> **Participant**: *"And the parents, I think they show this kind of behaviour, because of the lack of knowledge from these parents need to come to support group.*

Participant: *"The support to these young people who are the drug nyaope addicts is very challenging because there is no one who wants to be associated with them due to their behaviour".*

Participant: "*Even the family don't want to put their lives at risk, because the community always want to punish them claiming that they have lost viable stuff for drugs.*

viii. Resources within the communities

Participants said that lack of resources is also a challenge. Young people have to go back to the same community after a program. South African youth are increasingly regarded as needing care. The families in Townships are increasingly challenged by financial problems and poverty. Socio-economic factors, such as family income and living conditions, influence youth development. Many young people come from deprived homes and communities and consequently, their parents do not have the means to provide them with skills and development. Poverty can, therefore, be viewed as a factor contributing to youth in need of care. Thus, an economic disadvantage may decrease their opportunities for peer companionship and hamper their opportunities for learning many of the social skills necessary to maintain positive peer relations.

Participant: "*Young people need to go back to college so that they can start where they dropped and finish their studies, things will get back to normal again and they will earn the trust from the families and the church.*

Participant: "*We need the churches and the community hall to open their doors so that they can be used for training and educating young people about the effects of drug nyaope on them and the families at large."*

Participant: *"There are not rehabilitation centres in Etwatwa and the rehabilitation centres in Benoni are full and too expensive for young people who are coming from deprived families.*

ix. Community environment

Participants mentioned that the community is not rehabilitated and the young people need to go back to the communities where they come from after rehabilitation programmes.

Participant: *"After rehabilitation, the youth needs to go back to the same community where they were taught to use the drug nyaope".*

Participant: *"There is a lot of pressure from community members regarding the use of drugs. Young people even use drugs in the school area and it is affecting young people that are not using drugs. So it also affects the safety of other student and siblings at home."*

Participant: *"Youth can be rehabilitated, but the community where they are staying is not rehabilitated that means the environments will always influence the young people. So the community also needs to be rehabilitated to reduce negative influence on the youth.*

Participant: *"We need to eliminate the accessibility of the drug nyaope so that it can be very difficult to get it, which can also eradicate the portion of the crime in our black townships. I think the biggest thing is to eliminate it where it comes from like the source".*

The findings are consistent with various authors that peers were found to have had a great influence on the youth in initiating nyaope addiction than the family. Anyone can become addicted at any time of his or her lives but the youth period is perhaps the most critical time in a person's life. The findings are in line with

Smith and Estefan that women often carry the full responsibility of child-rearing homemaking, which over time, result in neglect of their own needs and identity (2014:422). Women often seek to emulate "normal" mothering behaviours to maintain the appearance of a normal family, while men might work long working hours, limiting their involvement with the family.

The finding indicated that the youth who is becoming drug addicts are likely to show many other behavioural and attitude changes. The researcher agrees with Masemola that when a young person is addicted to nyaope he or she does not see the need to wash, eat properly, or do anything normal (2006:45). Instead, they spend more time playing dice, smoking, eating junk food and causing trouble. The cravings for the nyaope drive the addict existence their focus being to obtain the substances at all cost.

5.3.2. The Interviewees Position about Faith, Church and God.

The researcher will love to dissect the empirical research about the interviewees' experiences under the following sub-headings.

i) Their Experiences about Faith.

The interviewees indicated a great need for the application of their faith in matters related to the substance use. They showed hunger and a need for help from a source more powerful than they were.

ii) Their Experiences about the Church.

The interviewees believed that the church as an institution had failed them in that it did not manage to bring about the desired solution to their plight.

iii) Their Experiences about God.

Each of the interviewees displayed a very deep-rooted experience in God. Though they were disappointed by the fact, that the church could not deliver the redemptive service, their hopes in God remained very high.

5.3.3. Preliminary Conclusion

The participants expressed many wishes of what they see as possible solutions to their addiction challenge that would help them to stop using nyaope. Their responses could be grouped under five themes, which cover the need for medication, the wish to be busy with some form of activity, the need to finish their education as well as to be educated about the dangers of substances. They acknowledged that they need help in a form of rehabilitation and aftercare, but they also asked for support from community, church, family and friends.

The majority of the participants indicated that they took their children to church for spiritual counselling. However, pastors were not passionate about that aspect due to the fact they lacked skills and churches are also known to have been judgmental in their attitude towards substance abuse or addiction. The pastors indicated that they are not trained and are not capacitated enough to work these young people. It was evident that there is a lack of support in churches, as well as resources. From the findings, it is clear that there is a huge need for pastors to be trained in the field of drug addiction.

Chapter six will be looking at the proposed healing methodology. The researcher is going to employ the data collected from literature and the interviewees conducted to establish his own proposed healing methodology.

CHAPTER SIX

The Proposed Pastors Care Healing Methodology

6.1. Introduction

This chapter focuses on presenting a pastoral intervention strategy in situations of traumatic care. The proposed pastoral intervention is based on findings from the study concerning chapter four and five. The strategy is intended to be used by the church, particularly by pastors and caregivers trained in ministering to drug addicts. The strategy of caring should be used for substance prevention, drug addicts, relapse prevention or aftercare. This will ensure that the care for the youth addicts and related issues are responded to in the best way according to the ability of the church. The chapter, therefore, fits into the aim of this research and will be undertaken to present a pastoral approach strategy that the church may use to respond to the care of the nyaope addicts. The researcher will be using Wimberley and Pollard to create a model for healing; Gerkin will then help pastors with the shepherding model. This chapter connects well with the previous chapter in that the subject matter of the previous chapter informs the way different approaches in this new chapter will be used to create the researcher's pastoral care model.

The methodology will draw the strength from the discourse revolving around the reasons why youth are addicted to nyaope. The variable of ease of access to nyaope will also be instrumental to inform the methodology. Factors such as the role of peer influence, the status of the addicts' unemployment, exclusion from the system, which is detrimental and causal to the addiction conduct and the family's involvement in substances, are the mainstay of the healing methodology the researcher contemplates constructing.

Based on the findings that the youth who is becoming drug addicts are likely to show some other behavioural and attitude changes the researcher views the drug

addict as a patient and as such agrees with Holst says, “The health crisis and life-threatening incidents have either a positive or a negative impact on the patients” (2006:8). It is, therefore, necessary to create a pastoral model that will be considerate and accommodate the drug addicts as patients awaiting healing.

6.2. Healing Method

The researcher will, in detail investigate Wimberley’s theories concerning the re-telling of biblical narratives. As alluded to in Chapter 3, Wimberly’s re-telling of biblical stories will be employed. It was indicated that this methodology can bring healing to people who are experiencing shame, guilt and unworthiness. Wimberley then believes that, in the re-telling of the narratives, the help-seeker should identify with Christ’s temptations and become encouraged by His victories. By implementing this theory, the help-seeker will be in a position to emulate Christ’s victorious strategy. The researcher believes that this particular strategy will immensely help him to create a model for healing especially to young people who are addicted to nyaope.

Wimberley believes that our reality is often thought of as being created or constructed primarily by the language, we use and by the stories, we hear. Wimberley argues that each person and community has an orientation to the reality that is deeply ingrained and that the "beliefs and convictions that inform people's behaviour, attitudes, feeling and relationships are fairly well-formed" (1999:15). He maintained that these beliefs and convictions of people, which construe their reality, could be changed through storytelling. The researcher's view, in storytelling, can be used as a powerful tool to change negative perceptions that people might have of themselves. By allowing, a person to re-tell his or her story creates an opportunity for the person to see alternatives and

new possibilities in the same story. This is the support and guidance that the caregiver should give during counselling sessions.

The researchers view, the way we speak about our reality is by making use of stories and by changing a person's view of reality and that, this requires the skill to allow people to create alternative stories that are pleasant. By doing so, the person is happy, confident and hopeful that she or he dealt with the problem-saturated story of his/her life.

Wimberly is confident that he has constructed a model by using narratives that speak to people's emotional, spiritual, interpersonal, marital and family needs. By doing so, he is using bible stories to explore.

- "How Jesus came to grips with the shame and humiliation, He faced in his own life and how we can imitate His manner of handling shame.
- How Jesus dealt with the shame that others brought to Him and how we can overcome shame by internalizing and re-enacting Jesus stories in our lives.
- And how the parables of Jesus can help us reconstruct our lives to live none-shame based values in our reality" (1999:25).

The researcher believed that Wimberly is showing us another way in which one can use the scripture to pursue healing. This research will now move into Wimberly's first proposed model.

6.2.1. Jesus facing shameful situations

According to Wimberley, shame is a terrible condition whereby one experience a feeling of not being loved or cared for by others like most of the youth drug addicts in the findings. Shame undermines self-confidence and has a way of holding on in our lives. He maintains that: "shame is like a satanic force which

tries to prevent us from moving constructively within our lives and seeks to draw us back into the shame-based world" (1999:36).

Wimberley insists that the care for shame is to find significant relationships with others, which might help to nature and build self-esteem. Through this, he believes that the spirit of God works on our behalf to help us view ourselves as being worthwhile and valuable by experiencing God's forgiveness and by expressing forgiveness. He views forgiveness as a gift from the Spirit, which only the Spirit can bring about since our human nature is weak and fallible. This is a process which needs to be engaged in prayerfully; hence his caution to resist premature forgiveness. His advice is to ask God, in prayer, to show us where He is at work in our lives, bringing healing to shame and emotional wounds.

Another term Wimberley use to describe people experience shame and emotional wounds are “relational refuge”. According to him, relational refugees are persons not grounded in nurturing and liberating relationships. They are detached and without significant connections with others who promote self-development. They lack warm relational environment in which to define and nurture their self-identity. As a consequence, they withdraw into destructive relationships that exacerbate rather than alleviate their predicament” (2000:20).

The researcher's view, relational refugees are people running away from a past hurt. They avoid significant contact with others for fear of similar devastations. Such people become insecure, develop low self-esteem and become fatalistic ending up being drug addicts. In most of the cases, they even blame themselves for their situations because they find themselves "adrift in life without an anchor or a life jacket" (2000:22). Wimberley believes that in our quest to deconstruction the negative feelings, we have internalized of ourselves, we need to keep or focus on Jesus and how He handled shameful situations.

6.2.2. How did Jesus felt about himself?

Wimberly “is certain that Jesus felt positive about himself because he stayed focused on the task and mission that He believed He had in life. No matter what He faced in life, He kept his mission and purpose in mind” (1999:87). The researcher's view is that; this is where we differ significantly from Jesus. We allow ourselves to become derailed, to be steered very quickly and too easily. The derailment might be in the form of painful experience, sin and wickedness or even temptation. This deviation from the course might be of our own doing or perpetuated by others, but the results are the same.

It leaves one to be relational refugees who are not confident enough to enter into significant relationships but resort to avoid people and to be left alone. Storytelling, especially the narratives of Jesus' victories and conquering power is quite helpful to those who seek ways to overcome their shame and low-self-esteem. Wimberly maintains “the narrative of Jesus’ temptations to show us how Jesus stayed focused on his task and mission in the face of Satan’s onslaught. He did not allow Satan to derail Him.

Mucherera has this to say: Most African and other indigenous communities believe that the roots of an individual's identity are rooted in the community to which one belongs, thus the common saying, "I am because we are since we are, therefore, I am.” Individuals see him or her in light of either the community to which they belong to their communal relationship. The saying, "it takes a village to raise a child," also points to the involvement of the community in giving individuals an identity. No human can survive as an island without relationships” (2009: 81).

Take from Wimberley's theories of Relational Refugees, the researcher believes that there many instances in which Jesus also felt like a Rational Refugee. Take

for instance the narrative of His rejection in Nazareth. Jesus was practically chased out of the village because in the minds of the Nazarenes "what good can come out the Nazareth?" Jesus was declared useless and a person with no worth. However, the rejection of Jesus did not end there. Somehow, He could bounce back. The researcher believes that Jesus had this ability to develop a profound resistance and resilience in dealing with this shame by remaining focused on His mission, not to allow these things to affect Him personally. Maybe He saw it as a means to test His character, the stories His parents told him about his birth and possible embarrassment and how they dealt with it. The young people in the research can easily identify with pain and rejection.

Feeling of disappointment and concern for the *nyaope* using family member later is replaced with the feeling of anger and a "…don't care…" attitude due to the stress and the burden that the family displays because of nyaope addicts. This is evident in the two quotations below: participant *"I chased him out of the house and I don't care what happens to him".* The other participant says *"I keep chasing him away but he comes back. I don't want him near the house anymore! Even he knows that."*

The above findings are an expression of "...*chasing him away… or chased him out*…" it reveals that the *nyaope* addicts are regarded as a hindrance that requires to be moving or leaving out. It also reveals that there was a force and that there was no mutual agreement with the nyaope addicts to leave the house. The nyaope addicts are forcibly removed from the family. In participant's description, the nyaope addict keeps returning which explains that he has not realized that he is a hindrance to the family even though participant describes that the nyaope addict knows that he is no longer wanted in the house. The participants explained that she removed the nyaope addict

once and he adapted to the request. It is clear then that the nyaope addict could no longer see himself as a part of the family.

Based on the definition of a household above, it is a common dwelling for a group of persons. From the descriptions above, there is an indication of how power and position can have an impact on family dynamics. The household which is owned by the older generation of the family (which could be the mother, grandmother or father of the house) has a sense of entitlement for the owners and it provides the power to dictate what can be done for their properties. The sense of possession from the older generation gives them the ability to request the nyaope addicts to move out over or even to forcibly remove him from their property.

The family members are then in a position where they no longer see the need of having the nyaope addict at home and they no longer put in the effort of having a healthy relationship with him. Based on the description of what a family is, above, the family members are given certain responsibilities, which work at the functionality of the family. Each family creates a structure. This structure and the responsibility that each of the family members has is, therefore, creating a description of what a family is, above, the family members are given certain responsibilities which work at the functionality of the family. There is a structure that each family creates. This structure and the responsibility that each o the family member has, therefore, disrupting the operation of the family. The family, over time, sees that the nyaope addicts are no longer needed in the operation o the family as he is no longer useful. Through their actions of "…*chasing away*…" and not caring what happens to the nyaope addicts, there is a clear understanding that the nyaope addict is not welcome at home and he is not a legitimate part of the family anymore. They realize that the wellbeing and

the functioning of the family are disrupted by the nyaope addict and put measures in place to ensure that little impact is acquired from him.

Wimberley argues that Jesus had this ability to separate His view of things from those affecting others and would not be absorbed into the expectations of others. This demands a fair amount of self-esteem and awareness of one's own inner motivation and aspiration. In reaction to his rejection at Nazareth in this self-differentiation means that Jesus did not need to make excuses for their rejection, and did not take it personally. He respected their views which show a great deal of spiritual maturity. The researcher's view is that this is what Jesus distinct in human form from us ordinary human beings. This model of resilience clearly shows His Sovereignty in human form, which we will never get right. But it is good to be aware of it and to always strive to emulate that side of His character. This information is very important because the researcher believes that, by deconstructing the negative feelings of the young people in the research, one will help them to dismantle the internalized feelings of pain, rejection and shame they experienced. Nyaope addiction is reported by participants to often disrupt the functioning and creates new and unfavourable dynamics for the family. The wellbeing of the family is, therefore, put at risk by the addiction of nyaope. The nyaope addicts often become violent and they threaten their family members. For example, as reported in the following quotation:

Participant: *"My brother once took the knife and threatened to kill me while we were fighting as I was no longer willing to let him disrespect our parents"*. Based on this quotation which one can see that the *nyaope* addicts had continuously threatened and disrespected the family, particularly the parents. The use of the expression *"no longer*" shows that there comes a point when there is separation in the family as the members unite to protect themselves

from the violence and the threats of *nyaope* addicts. In the above participant's situation, he feels the need to protect his mother as a male figure in the house, since his father is deceased.

Participant's expression that, "…while we were fighting …" explains that the relationship between the siblings was tense and negatively impacted by the *nyaope* addiction. Based on the expression, one realizes that this was a physical fight. Physical fights or any form of fighting in African families are seen as a sign of negative relationships, it is even worse when siblings or family members fight because there is a strong emphasis on unity and harmony within the family. The fighting could also be seen as a way of the family members protecting themselves and trying to stop the continuous disruption that is caused by the *nyaope* addicts.

There is a clear indication that other avenues of trying to stop the *nyaope* addicts from disrespecting or treating the family have been used and that fighting was seen as an option when all the other avenues have failed. Such incidents are most likely to change the relationship between siblings and other family members. It changes the intimacy of the family and disrupts the stability that the family has created over a period. The continuity of the threats, the violent acts and the changed behaviour of the *nyaope* addicts create a distance between the addicts and the rest of the family.

The use of the expression 'no longer' by the participant in the above quotation further explains that the disrespect that the nyaope addict had was often and other family members were continuously trying to control this, but it was not working. In African families, the members respect and have a love for each other. When it gets to a point where the family members are now fighting and there is the use of weapons such as knives that the *nyaope* addict was

threatening participants with, these are extreme cases that are very rare and when they happen it means that love between family members is now weakened. It is also unheard-of in normal African families that the elders are disrespected, especially at a level of a grandparent. When it happens, it suggests death to family relationships, especially in the case where there is an external factor such as nyaope.

Wimberly believes that "once the shame of the person is told, the pastor or caregiver needs to introduce the transforming aspects of the story. By doing so, the hearer can firmly plant in her/his mind new possibilities for dealing with her/his shame

The researcher believes that new possibilities for the youth and others who are struggling with shame and guilt might be:

- Encouraged to realize that God sees them as a person with worth and value despite their situation because of His love for them. In other words, nothing can take away God's image in a person who is humiliated.
- Every person is unique in God's eyes, because we have been created in the image of God, and He has a plan for us all in this life. The person needs to become motivated and excited to fit into God's plan and become co-creators with Him.
- It is encouraging to know that Christ, our role-model, also faced the challenges we are now facing if not more but He could overcome and be victorious. The same strategy that Christ used to become victorious can be taught to help seeker and this is where Wimberly is much helpful with his method of story-telling. He is advising us to encourage help seekers to develop the mind of Christ" (1999:45).

Wimberley is clear that the key to telling the story is to make sure that the alternative to shame is told dramatically so that the hearer can see the point of new self-expectations. The researcher supports Wimberley's argument and emphasizes once more the crucial role that pastors and care-givers play in restoring, transforming or healing of a troubled person from the feeling of guilt to that of worth and value. Mucherera states that "in most indigenous contexts, there is much reliance on faith in the Creator and a great sense of interdependence with other individuals. To choose to go through life alone without the Creator, the family and the wider community is similar to choosing death, or to die a lonely death" (2009:63). These that belong has always been the key to Africa survival children are brought up with a belief that a person must never walk the journey of life unaccompanied. To have life is to have one's story unfold in the community. Individuals understand the fullness of their individual story through interpersonal relationships within their community of embedded. Essential a theology of life for most African's is founded on their relationship with God, as well as their community.

Based on the participant's expression, one could argue that the nyaope addict is still a part of the family but there is a new ascribed role for him based on his behaviour. The nyaope addict is considered a troublesome child that needs consistent watching over. The family realizes at this point that having the family member around is a burden. Mokwena states that "the stealing is part of the behaviour of the nyaope addict" (2016:65). Based on this assumption, one would argue that it is, therefore, the responsibility of the primary caregiver to take care of the family members including the nyaope addict. But the findings, in this case, the mother, as described above have little regard about the wellbeing of the nyaope using a family member. In this study, the mothers were the predominant participants and the actions of the mothers or

primary caregivers in the study reflect that they are no longer seeing themselves as responsible for the nyaope addict and his wellbeing.

In the African context, one's life and stories unfold within the community, and it is therefore acknowledged that it is within community relations that health can be achieved. In an indigenous context, it is hard to perceive one as independent from the family community but rather is best to view healthy interdependence as the goal. In other words, the only independence that a young person could easily achieve is through a healthy interdependence with and within the community in which the child is embedded. This applies not too young people but to all people of all ages. Where Wimberley is falling short in the creation of a model for healing, the researcher will consult Nick Pollard and use his theory of positive deconstruction.

6.3. Pollard's positive deconstruction

Pollard "model came to him after he reconstructed his old car into a new one. When he was still an undergraduate student, he bought his first car, which was an old vehicle. The bodywork was still good but other parts were worn out. Pollard discovered another car of the same model, make and bought it. Very cleverly, he had two cars from which to build a good new car. By taking apart both cars completely, he only used the good parts of both. What could not be used, he threw away. In his own words, this was not the negative deconstruction of a mechanic" (Pollard 1997:35). The above concept or model could be used in therapy to help people who have internalized negative feelings about themselves. We need to assist them to take apart what they are feeling, find the reasons why and to guide them to see new possibilities or alternative outcomes.

The researcher believes that, if one has to follow Pollard's process on positive deconstruction, one needs to listen to the story of the young people who are addicted to nyaope to encourage them to concentrate on their feelings throughout. The researcher believes that feeling informs worldview and beliefs. Once we have discovered their worldview, we will then analyse it and look at the causes of drug addiction among them. Pollard suggests that the next step would affirm the elements of truth, which their worldview contains, but also to point out the errors. The element of truth is that they have been created in the image of God and He loves them. The errors are the bad feeling they have about themselves resulting from the rejection and shame. The next step will be to make use of the Wimberley story-telling method. Maybe to use the story of Jesus rejection at Nazareth or perhaps use stories in the Gospel which describe His physical torture, suffering and torments before the Crucifixion. The researcher's view is the re-building process by helping them to positively deconstructive the negative story feeling using the Wimberley story-telling method. In the re-telling of the stories, they need to see their pain of addiction, rejection, suffering not only through Jesus pain but also in His victories in order for them to realize alternative possibilities in changing their addiction situation.

The researcher believes that by using Wimberley and Pollard interchangeable in this way, a model for healing negative feelings that people are having about themselves can be reconstructed. In his theory of storytelling, Wimberley is showing us how Jesus overcomes His shame as well as the shame that people placed on Him by employing a particular strategy. Wimberley's teaching is how to become resilient and victorious in the face of challenges and pain through re-telling biblical stories. Pollard, on the other hand, is also encouraging the storytelling and he emphasizes a model called positive deconstruction. By doing so, we will be able to guide them to see new possibilities then thicken the new

story. Taking apart also refers to the dismantling of the negative feelings that people have internalized and then comes Wimberley's theories of the re-telling of biblical narratives. Wimberley and Pollard complement each other in the researcher model for healing. Wimberley's teachings guide the person to identify with the struggles and victories of Christ while Pollard wants us to encourage the person to talk, to tell her story and that the caregiver should assist the help seeker to dismantle the negative feelings and always to be on the outlook and for the new possibilities. As indicated at the beginning of this chapter, the researcher referred that Gerkin's shepherding model will be used in order to close the gap.

6.4. Gerkin's shepherding model

Gerkins remind us that a pastoral theologian must survey pastoral history in order to care for troubled souls. He traced pastoral care from the Old Testament through to the twentieth century. He says this of his survey, pastoral care as we know it today did not spring forth out of shallow soil of recent experience. Rather, it has a long history… The history of that care like a family genealogy reaches back as far as the collective memory of the Christian community can be extended" (1997:23). Some of the practices of the past were preserved and modified to shape the present tradition of what it means to be a faithful herder of God's people. The above is important when applied to shape the way pastors should care for *nyaope* drug addicts and other troubled souls.

From his reflections on the pastoral practice of the past, Gerkin proposes a pastoral practice. This practice perceives the pastor as playing the role of shepherding God's people to give care to them. The pastor in, executing these

pastoral care functions, is able to journey with the deceased family during their period of bereavement" (1997:79). Gerkin state "the functions or roles from the shepherding model that were employed are:

- Pastor as a shepherd,
- Pastor as a prophet,
- Pastor as a ritualistic leader,
- Pastor as an interpretative leader, and

The focus of this research will now shift from a wounded person to the role of the pastor and caregiver in the process of healing" (1997:79). Gerkin argues "that the success of human healing is depending on Divine intervention" (1997:87). His view is that "caregivers, whose aim is to heal damaged souls, need to rely on God and the work of the Holy Spirit will remove the focus from the caregiver, a mere human being, to God, the Almighty" (Gerkins 1997:87).

6.4.1. Pastor as a shepherd

The pastor as the shepherd of Christ's flock imitates Christ as the main shepherd. The pastor also acts as a shepherd to the deceased parents. In order to care for the young people during their pain of drug addiction Gerkin, when using the metaphor of the shepherd, notes. In more recent times, the shepherd metaphor has been widely appropriated as a grounded metaphor for a care-giving pastor. The image of a shepherd, in Psalm 23, depicts God as the shepherd" (1997:23).

Gitari says "the Good Shepherd will be to find the straying, to rescue the lost, to feed and tend the whole flock, giving particular attention to the weak and ailing members" (2005:13). The shepherd pastor will feed the *nyaope* drug

addict youth with the relevant scriptures which will sustain them in their situation. As the family is supported using scripture, the nyaope drug addicts will manage to endure and triumph over their situation with God as their shepherd in this desirable relationship. Jesus says, "I am a good shepherd; I know my sheep and my sheep know me" (John 10:14). Gerkin claims that the close relationship of the pastor as a shepherd to the drug addict youth opens an avenue into the family's personal space when they face the reality of drug *nyaope* addiction and its impact.

6.4.2. Pastor as a prophet and ritualistic leader

Lartey states "that a pastoral caregiver needs skills in both comforting and challenging people to encourage growth. The prophetic pastor would seek to comfort the family and challenge their growth in love and faith with the authority of the word of God. The ancient communities of Israel were, pastorally taken care of by three classes of leadership. These classes were the priests, the prophets, and the wise guides" (200378). The focus in this section is on the leadership that is rendered by the prophets. The prophets were God's servants who cared for them. They reminded the people of Israel of God's word and God's will. As a prophet, the pastor would seek to nurture the spirituality of the drug addicts during their pain and loss.

Gerkins explain "that the pastor, as a ritualistic leader, seeks to understand the emotional reactions that had been experienced by the bereaved family. They will seek to restore the troubled souls of the drug *nyaope* addicts' youth (1997:50). David reflects on God as his shepherd, and says, "He restores my soul." (Psalm 23:3). "This restoration of the soul means that the shepherd maintains the strength of the sheep. The ritualistic pastor or leader acts as a

guide. Guiding is about enabling people through faith and hope, to draw out that which lies within them, thus restoring their troubled souls" (Gerkin 1997:50).

6.4.3. Pastor as an interpretive leader

Gerkin concluded that the life of a congregation has five dimensions. He speaks of the congregation as a community of language, a community of memory, a community of inquiry, a community of mutual care, and a community of missions" (1997:122). He notes the following concerning the role of a pastor in such a congregation, the caring pastor is one who gives leadership to the congregation's exercise of all five of these dimensions of its life" (1997:122). "The caring pastor who nurtures the congregation, to fulfil these five dimensions is called an interpretive leader. Gerkin puts it this way, the pastor nourishes and engenders a climate of mutual care in the community for which he or she seeks to provide interpretive leadership" (1997:127). An interpretative leader guides the process by organising, providing training and supervision to the congregation, and by caring for one another. The next section is the program for the drug addict's therapy or caring method that is used in Etwatwa Methodist Church.

6.5. Living without Drugs program

Living without drugs is a non-profit organisation of men and women for whom drugs had become a major problem. The Living without Drugs (LWD) fellowship with the youth are held weekly at the local Methodist church. Initially, all present meet in a large group where they pray and worship together. In these

fellowships after the worship and prayer time, the youth are divided along gender lines, with the girls meeting with the female caregiver and the boys with the male caregiver. The Living Without Drugs meetings take place every Wednesday. The LWD is depending on the number of people participating, the girls and boys would be divided into smaller groups of about ten to twelve members, or they would all remain in one group, similar to group counselling.

During the process after people are settled and have shared formal greetings, the caregiver or facilitator opens the meeting by telling those at the LWD that here they are in a safe place to share, and then asks if there are any joys or concerns. The facilitator can ask general questions, such as, "what joys or problems do we have to share today?" If there is a specific problem already known to the facilitator, the facilitator may open the meeting by saying, "a problem or crisis is being experienced by one or more people in the circle that we have to help resolve." The use of "we" gives ownership to all those gathered at the LWD to tackle the problem, hearing "we" help them to hear that the problem or crisis is no longer just their "burden to carry" but is shared by those in the circle.

According to Anonymous “facilitator also asks the first open-ended question to the person with the crisis or problem: what problem, crisis or narrative brings you to the palaver group today? The emphasis is on the problem rather than the person. The goal here is to try to create an environment for all gathered to view the problem as a problem, not the person. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using. There are also some things religious communities can learn from 12 steps and other recovery support groups. These generally relate to realities like acceptance, humility, non-judgmental behaviour, equality of all

group members, support system, and using one's own experience to help others struggling with similar experiences" (2015:17).

Narcotics Anonymous (NA) program "works a miracle in our lives. We become different people. Working the steps and maintaining abstinence gives us a daily reprieve from our self-imposed life sentences. We become free to live. What a change from what we used to be! We know the NA program works. The program convinced us that we needed to change ourselves, instead of trying to change the people and situations around us. We discovered new opportunities. We found a sense of self-worth. We learned self-respect. This is a program for learning. By working the steps, we come to accept a Higher Power's will. Acceptance leads to recovery. We lose our fear of the unknown. We are set free" (2015:17).

6.5.1. How does the step work?

According to NA "if you want what we have to offer, and are willing to make the effort to get it, then you are ready to take certain steps. These are the principles that made our recovery possible" (Narcotics Anonymous 2015:18).

1. "We admitted that we were powerless to overcome our addiction; that our lives were unmanageable
2. We came to believe that a Power greater than ourselves could restore us to sanity
3. We decided to turn our will and our lives over to the care of God as we understood Him
4. We made a searching and fearless moral inventory of ourselves
5. We admitted to God, to ourselves and other human beings the exact nature of our wrongs

6. We were entirely ready to have God remove all these defects of character
7. We humbly asked Him to remove our shortcomings
8. We made a list of all the persons we had harmed and became willing to make amends to them all
9. We made direct amends to such people wherever possible, except when to do so would injure them or others
10. We continued to take personal inventory and when we were wrong we promptly admitted it
11. We sought prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs" (2015:18),

The researcher used storytelling as a powerful tool to enter the space of negative perceptions and shame that people might have of them. We have created a system in which I take narrative storytelling very seriously of what Wimberley has done and I have created a group. The support group is called 21 days of restoration and we used the positive methodology, we receive them not criticizing them and this is happening on Tuesday and Thursdays within the church premises, many of the users come to the support group to fight this challenge. Let me explain what nyaope is, because it is the township problem.

6.6. Preliminary Conclusion

Wimberley believes that in our quest to deconstruct the negative feelings, we have internalized of ourselves, we need to keep or focus on Jesus and how He handled shameful situations. The researcher believes that by using Wimberley and Pollard interchangeable in this way, a model for healing negative feelings that people are having about themselves can be reconstructed.

Wimberley believes that once the shame of the person is told, the pastor or caregiver needs to introduce the transforming aspects of the story. By doing so, the hearer can firmly plant in her/his mind new possibilities for dealing with her/his shame. The close relationship of the pastor as a shepherd to the drug addict youth opens an avenue into the family's personal space when they face the reality of nyaope addiction and its impact.

The researcher's discourse centres on the fact that the addicts need to be shepherded with the mercy and care inherent in Psalm 23 as postulated by Gerkins. He further opines that the positive deconstruction methodology of Pollard, synthesized with Wimberly's re-telling of stories constitute a sound healing methodology which is recommendable for the wellbeing of nyaope addicts. In the next chapter, the researcher will share the findings and recommendations.

CHAPTER SEVEN

Findings, Recommendations and Conclusions

7.1. Introduction

This chapter aims to present the findings from research that was conducted about nyaope addiction among youth in Etwatwa/Ekurhuleni-a pastoral challenge. The recommendation that could potentially improve pastoral care to the youth who are addicted to drugs and the guideline to pastors and caregivers is presented. A final recommendation for further research will also be made that stemmed out of the findings of the previous chapter as far as possible is related to the findings and conclusions of this research study. Possible areas for further research are also proposed.

7.1.1. Peer influence

The findings of this study have shown that the undesirable peer influence was another key deciding factor for most if not all participants to start using substances. Their curiosity was also part of the problem. The influence of peer pressure is well documented as friends and acquaintance play a big role in misbehaviour on young people. Many of the participants admitting that they were influenced by their friends to start using nyaope. Using nyaope while in school causes a vicious circle where drug addiction can influence academic performance and poor academic in turn can put a child further at risk for drug addiction. Both nyaope and dagga are easily available in Etwatwa Township, even to primary school, which raises a concern of drug addiction interfering with academic performance at an early age. In some cases, peer pressure attempted to persuade to stop the addicts to stop nyaope, but the addiction was stronger than the influence of the peers and friends. Some nyaope drug addicts

even experienced some form of rejection from their non-smoking friends.

7.1.2. Ignorance among youth

The findings of the study highlighted that ignorance was among the major reasons of youth participants choosing to use nyaope. All the participants admitted that before nyaope addiction, they did not have the idea of the effects of nyaope and how difficult it would be for them to do away with the addiction of nyaope. The socio-economic background of the participants is different, but the experience with ignorance is the same among all the participants. All the participants were even more ignorant about how negatively the use of nyaope would affect their learning.

The findings have revealed that the participants' learning has been deeply affected negatively. The findings have depicted a near-impossible situation for participants to even present themselves in class, let alone be able to mentally concentrate and absorb what is being learned in class, not to mention the impossibility to remember what was learned in class. The participants sadly and tearfully indicated that their children's academic performance had dropped. They also mentioned that this is because they have been bunking classes, and at times, they will be pretending to go to school but never reach the school premises. Nyaope has had an impact on the educational status of the participants. Although most of the participants had some form of education, some had no formal schooling, only a few had some form of education. Only two participants had a tertiary education, which could increase their likelihood of finding employment.

7.1.3. The criminal side of nyaope

The participants (family members as well as parents) indicated that they had been victims of theft by their children. They further indicated that not only was money stolen from them but also items such as clothes, cell phones and other valuable assets at home. This gave them an indication that their children were stealing to get money to buy the nyaope. Their experience was that they could not trust their children being at home alone, and they made home feel like an unsafe place to be.

When living in a community that is plagued by nyaope, the situation is worse as it is a well-known fact that a nyaope addicts will steal just about anything to support their habit. Some participants had been arrested because they were trying to get money unlawfully to be able to buy substances. A significant number of respondents openly admitted that they were engaged in community crimes. While drug addiction, in general, does have a criminal element, it is important to note that nyaope, in particular, has an increased element of criminality because it tempts drug addicts to be involved in petty crimes, like stealing, as it is a direct way of providing money for more nyaope. After young people were being rehabilitated they go back to the same community where they live and are tempted to start all over again in substances, as a result, they relapse.

7.1.4. Family background

All of the parents interviewed were married. That suggests that young people are not involved in substances because single parents are raising them. This confirms that young people from nuclear families also used substances even though they had a father figure in their family.

The normal common scenario in the township is that parents leave home as early as 5h00 to 6h00 a.m., to catch a train or bus to work, leaving these young people still in bed, and they come back very late. Therefore, they are not able to spend quality time with their young ones. The absence of a parent for the whole day, it is easy for a child to abscond from school without the parent's know about this unless being told by their teachers. Participants also confirmed that their children withdrew themselves from family relationships. The signs of youth drug addiction such as loss of interest in family activities and disrespect for family rules. This may also be because these young people may want to quit from drug addiction or they may be preoccupied with where to get the next dose of nyaope. This leaves parents with a sense of grief and depression.

The majority of the participants indicated that they took their addicted children to church for counselling. However, the church was unable to provide help, because some of the pastors are not trained to deal with drug addicts. Some of the churches had an attitude towards young people who are in substances even though they are also the members of the church. Most of the churches continue to view drug addiction as immoral; therefore, it is not easy to create a space for support or awareness in church. The researcher is a pastoral caregiver who believes in God or higher power as a motivation to deal with the challenge such as nyaope addiction. This process is also covered under the “Twelve-step program” or “Spiritual principles” of sobriety as the guiding principle of Narcotics Anonymous. Practising spiritual principles in their daily lives leads to a new image of themselves. These are some of the struggles experienced by young people.

7.2. Summary of findings:

i) Nyaope addicts develop a dependence syndrome such that they relapse after rehabilitation.

ii) Addicts stem from families with single, as well as those with both parents.

iii) Ministers do not seem to be adequately knowledgeable about the treatment of nyaope addicts.

iv) Addicts cost the happiness of both their families and their neighbours by stealing from them.

v) The combined healing methodology of Gerkins, Wimberly and Pollard is a necessary tool to unravel the problem posed by nyaope addiction.

7.3. Recommendations

The key recommendations from the findings of nyaope addiction study were conducted in Etwatwa Township. The findings reveal a lack of understanding of the world in which young people are living. As the results of the above, Pastors should be empowered with the knowledge and skills on how to handle the youth behavioural and social challenges of the youth who are addicted to drugs in church. Substance abuse training at Seminaries should be broader and more intensive and should start from the first year of the academic studies of pastors, and not wait until last year.

The Church should also offer opportunities for members of the congregation to share during worship their recovery stories, in order to help in reaching out to others who may need assistance. This process of allowing them to participate

will become educational to others. Church programmes need to address the issue of drug addiction in such a way that the youth does not feel confronted.

Drug addiction is still a subject that is not well understood by the majority of people, workshops, meetings and open days must be held where the community, parents and children should be educated on the dangers of drug addiction, ensuring them that drug addiction is a preventable disease.

More interventions with families are needed, in order to explain the role of the parents in the life of the youth. More parenting training is needed. The parents and community have to be empowered and educated to enable them to provide proper support for the nyaope affected youth when they come home from support groups and rehabilitation programmes.

Aftercare facilities need to be established in churches. Nyaope awareness should be integrated into the schooling system and prevalence of nyaope addiction in school to be measured and monitored as the resulting dropping- out from school to nyaope addiction affects the education of a whole generation of young people. Prevention programmes are of utmost importance, in order to make youth aware of the consequences of addiction before they have been exposed to drugs.

7.4. Summary of Recommendations:

i) The researcher recommends that there should be an amalgamation of scholars to compile a comprehensive guide or manual on the subject of caring for nyaope addicts.

ii) There should be a manual for the recovery process tailor-made for nyaope addicts.

iii) Health institutions should have a section dedicated to the care of nyaope addicts since the plight of nyaope addiction has exceeded alarming proportions.

iv) The school environment should have trained counsellors who will address the issue of nyaope addiction at that level.

v) The healing methodology proposed in Chapter 6 should serve as a guideline to caregivers across the board.

vi) Someone should undertake to carry a study on the creation of a Post Stress Traumatic Disorder instrument to help the rehabilitates to be able to adjust to a new life.

7.5. Limitations of the study

A relatively small sample was used in this study and therefore the findings cannot be generalised. The study only took place in Etwatwa Township/ Ekurhuleni District and therefore the findings can also not be generalized, even though Nyaope is a problem faced in many townships. Pastors were interviewed in this study as one of the goals of the study was to determine the church support on young people who are addicted to nyaope. Furthermore, as the study involved pastors, parents and youth, future research could include adolescents who are still in Sunday school or children's ministry.

7.6. Conclusion

This study aimed to create a model for caring which will assist pastors and youth to deal more effectively with the challenge of nyaope addiction. The objectives were to explore ways in which the family functions when confronted with the challenge of nyaope addiction.

It is evident from the research that nyaope addiction is determined by both the existence of risk factors (e.g. availability of substances, stress, peer pressure media advertisements and lack of role models). Other factors are the individuals' social and physical environment (e.g. attachment to people like family members and peers, life skills, performance capabilities that help people to succeed and availability of resources). Any educational programme aimed at addressing drug addiction among youth should, therefore, be holistic and address both the risk and protective factors.

The proposed programme should use the protective and risk factors approach, in order to help the youth understand how to cope with the problem of substances, addiction, and the factors that lead to them being depended on it. Apart from universal prevention programmes, the church is also being used to deliver selective prevention programmes targeting youth considered to be at risk for drug addiction. Such groups include youth from lower-income families and those with a poor academic background even when they do not show signs of involvement. Also, intervention programmes should be designed to halt addiction among those who are already addicted and among those who show early signs of behaviour that could lead to addiction such as depression and defiance.

This study determined that one of the major reasons for drug addiction among youth is the easy availability of drugs from the community especially in the low economic areas, slums and townships. Given that the fight against drug

addiction is a serious and complex community problem, which requires community responses, the government can no longer be the sole agency responsible for solving the problem. It is the role of the church and community members, starting with the family to instil moral values among the youth to help them become useful members of the community. This is because, in traditional African society, the upbringing of children is a communal role and not only that of the immediate family.

When congregations engage in efforts to increase awareness and education of the facts and realities concerning addiction, not only does the congregation benefit but also so does the larger community. As congregation participate in the workplace, the neighbourhood and other gathering places of the larger community, new knowledge, understanding and compassion can become the basis for addressing the individual, family and community concerns.

The church should be a caregiving helping institution that has access to the greatest number of families including the youth. Its ministry must be exercised each weekend and on other days of worship. To address drug addiction among youth, the church should embrace the inclusion of those who have been drug addicts and respond to their problems in a positive, helpful and loving way. Although some pastors need more training according to the findings in research in dealing with pastoral care for drug addicts.

The power of sport is far more than symbolic. A variety of sport is available in South Africa for youth, both at school and community levels, for example, informally and formally organized individual and team sports. These different types of sport can have a positive effect on individuals and societies in many different ways. The Church should be involved in sports, which will help youth to move away from drugs. Thus, it will participate in the area of prevention and intervention, of drug addiction, these are known to be "protective factors" or personal assets that can help young people to avoid a range of problems, and

including involvement in sport has many other benefits. For example, sport can relieve boredom by giving structure to free time, promote socialization by introducing rules to be followed, help one to set goals and cooperate with others to achieve these goals, make friends and strengthen relationships with others, and enable a person to realize and express his or her talents.

The pastor and leaders who are concerned with the welfare of the youth, especially student, the community and church should advocate and present sport as an option to prevent drug addiction. The emphasis should be on developing strengths and skills among the youth who have decided not to use substances. The parents, pastors and teachers can also facilitate the development of life skill such as communication, decision-making, assertiveness, anger and stress management all of which can enhance the tendency of sports programme to prevent drug addiction.

In the final analysis, the researcher believes that institutions of learning should have chaplains who will guide the learners and thereof agrees with Mc Cormic (2014) who states that the chaplain is a helpful resource in providing or arranging for rituals that are important to patients under circumstances. He strongly recommends the inclusion of chaplains in the learning environment. He further believes that the consideration of drug addicts as patients is an appropriate nomenclature.

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APPENDIX A

CONSENT FORM FROM CO- RESEARCHER

NtsikeleloZabeko

Theology Student

University of Pretoria

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073 123 6510

Supervisor

Rev. Prof. M.J. Masango, PHD.

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012 420 2669

TITLE: HARMFUL USE OF NYAOPE AMONG YOUTH AT ETWATWA: A SOUTH AFRICAN PASTORAL CHALLENGE

Dear Research Participant

I am a PHD student in Theology at the University of Pretoria. This course requires us to gain applied (pastoral skills) experience in designing and conducting research. As such, I have designed a research project in order to study how to care for the drug addicts among youth.

During this study, you will be asked to answer certain questions, i.e., face-to-face interview concerning your personal experience as a drug addicts. You will

also be asked to share your thoughts and insights on how such experiences have affected you in your present situation. Your participation will require approximately 45 minutes of your time. You will be given time to read the questions of the interview in advance, in order to familiarize yourself with them, before the recording of your responses. Should there be a need; a follow- up interview may be arranged for clarification and any additional information that may be needed, in order to get more information about the issue of drugs. The interview will be conducted at your time and place of convenience.

There is no harm associated with your participation in the study. None of the findings will be used against you in any way whatsoever. The potential benefits are that the research will come out with a helpful methodology that will help Pastors to deal with their experiences so that they can be effective pastoral careers.

Confidentiality will be observed, and your identity will not be used indirectly in any of the records and therefore your anonymity is guaranteed. All records of participation will be saved electronically, manually and I will make CD's and hand the data to the supervisor at the completion of the study. The thesis will be electronically kept in the library of the University, for Purpose of helping other caregivers as well as addicts. If you decide to withdraw your participation in the study, your data will be immediately destroyed. The results from this study will be reported in a written research report and oral report during class presentation. Information about the project will not be made public in any way that identifies individual's participants or their names.

Your participation in this project is voluntary. It may be discontinued for any reason without explanation and without penalty. Feel free to contact my supervisor or me at any time using the above contact details.

Thanking you in advance for your participation.

CONSENT

I have read the above letter, understand the information read, understand that I can ask questions or withdraw at any time. I consent to participate in this research study.

…… ……

Participant's signature Researcher's signature

On the (date)…… At (Place)……..

APPENDIX (B) Questionnaire for youth

The following questions will be used as a guide in the interview for research study:

- Will you kindly share with me your youth addiction to nyaope? (I.e. When and how did it start, how did you come to know about it or what did you observe?).
- How did it affect your youth life?
- Looking back at yourself and friends how this effect has, does nyaope have on you as a youth and on the family as a whole? In addition, how do you react?
- What have you done thus far in order to assist yourself and other youth from the nyaope addiction?
- What is your experience and feelings regarding nyaope addiction among youth?
- How do you cope during this difficult time?
- Given this experience, what will you need as a way of support?

APPENDIX (C) Questionnaire for Parents

1. Tell me about the harmful use of nyaope. (When and how did it start, how did you come to know about it)?
2. What feelings do you experience in relation to your child's addiction to nyaope*?*
3. What are the effects of harmful use of nyaope on you as parent?
4. What are the effects of nyaope on the family and how does the family cope?
5. How would you like to be supported?

APPENDIX (D) Questionnaire for Pastors

1. What do you believe to be the reasons for nyaope use among youth in church?
2. How often do young people come to your church for help?
3. How often does your congregation get involved in supporting nyaope addicts to get out?
4. Have you encountered young people with nyaope addiction?
5. What is the role that the church can play in support of the nyaope addict among youth?

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Theology
Department of Practical Theology

To whom it may concern

June 11 2018

Greetings

The Rev NTSIKELELO ZABEKO, STUDENT NUMBER: 13301480. Zabeko is enrolled at the above university, working on his Ph.D., under practical Theology. His research topic is "Drug "nyaope" addiction among youth in Etwatwa/ Ekurhuleni: An African/South African Pastoral Challenge. In order for Him to continue with his research, he needs to conduct interviews, which will help him to engage in his work. Kindly allow him to conduct interviews in your congregation so that he may be able to develop a methodology that will help deal with the problem faced by youth. His work will benefit clergy, learners and those involve in Pastoral care. Material of interviews will be treat with care, especially the issue of confidentiality. There is no economic benefit for this research. He is conducting this research under my supervision.

If there is any further information needed, please feel free to contact me at maake.masango@up.ac.za Or 0721958063

Yours Truly

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