

**ADOLESCENTS AND SUBSTANCE ABUSE:
EXPLORING THE EFFECTS OF SUBSTANCE ABUSE ON
CARE GIVING AND FAMILY WELL-BEING
IN MITCHELL'S PLAIN**

A full thesis submitted in the fulfilment of the requirements
for the degree of Master in Social Work, in the Department of Social Work,

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ABSTRACT

Substance abuse has become a serious global problem affecting individuals, families and communities. The effects of substance abuse devastate both the user and their families. This study aimed to describe the adverse effects that substance abuse has on the levels of care giving and well-being of families. The study explored family members perceptions of the ways in which an adolescent's substance abuse affects family care giving and well-being. The study was conducted within a qualitative approach in order to gather an in depth understanding of the family's experiences. Furthermore, the study was aligned with Family Systems and Bowens Family Theories, which served as reference points to allow the researcher to discern how substance abuse influences family roles, dynamics and functioning. The researcher used the case study design which focused on an issue of concern (such as adolescent substance abuse) and thus selected one case to elucidate the issue i.e. a single case study. The case would be the family members of substance abusing adolescents in Mitchells Plain. The population of interest were the parents and siblings of adolescents who abused substances. Purposive sampling was used to select families with participants who had the specific qualities and experiences needed for the study. The study sample consisted of 12 participants, seven parents (mothers) and five siblings. The participants were female which corresponds with literature, as females are perceived as more willing to share and speak about their experiences. Individual semi-structured interviews were used for data collection through the use of interview schedules. Data verification methods ensured credibility (member checking), transferability (using thick, rich descriptions), dependability (an inquiry audit), and confirmability (using researcher reflexivity). The data was analysed in the form of qualitative thematic analysis achieving data reduction by seeking themes, sub-themes and categories of data. Four themes emerged from the findings, namely, (1) parents/sibling reactions to discovering the substance abuse, (2) the effects of substance abuse on the parents/siblings living with a substance abuser, (3) effects on family communication, and (4) measures used to assist the substance abuser. Each theme was further delineated into 12 sub-themes and 23 categories which were based on both predefined and emergent codes. Permission to conduct this study was obtained from the university's Faculty of Community and Health Sciences Ethics Committee by its Humanities and Social Sciences Research Ethics Committee (HSSREC); and by the Department of Social Development's Research Ethics Committee. Ethics compliance was assured through confidentiality and privacy, securing and handling of confidential information, and debriefing opportunities to ensure that emotional harm is minimised together with sensitive interviewing techniques.

Key words:

Adolescence

Care giving

Family

Parents

Substance abuse

Well-being



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ACRONYMS

CADMS	Canadian Alcohol and Drug Monitoring Survey
COCT	City of Cape Town
CT	Cape Town
DSD	Department of Social Development
FST	Family Systems Theory
MET	Motivational Enhancement Therapy
MI	Motivational Interviewing
MRC	Medical Research Council
NCADP	National Council on Alcohol and Drug Dependency
NDARC	National Drug and Alcohol Research Center
NDMP	National Drug Master Plan
NIDA	National Institute on Drug Abuse
NSDH	National Survey on Drugs and Health
OSDUHS	Ontario Student Drug Use and Health Survey
SA	South Africa
SACSSP	South African Council for Social Service Professions
UNOCD	United Office of Crime and Drugs
UNODC	United Nations Office on Drugs and Crime

DEFINING KEY WORDS AND CONCEPTS

Adolescence

McNamara (2000) describes adolescence as the phase of transition from childhood to maturity with universal changes in morphology, physiology and cognitive ability. It is considered by rapid processes of change in social and psychological functioning and marked physical growth. Few developmental periods (excluding infancy) feature the same degree of change on many levels. These levels include changes due to pubertal development, changes in emotions, values and behaviour, self-image, school transitions and emergence of sexuality.

Care giving

“Caregiving involves emotional supportiveness; setting boundaries; and consistent and responsive disciplining which are related to positive educational, social, emotional and cognitive developmental outcomes for children” (DeVore & Ginsburg, 2005; Winsler, Madigan & Aquilino, 2005, cited in Dykes 2014 :140).

Family

Amoateng and Richter (2007) assert that there is broad consensus that families are societal groups that are related by blood (kinship), marriage, adoption, or affiliation with close emotional attachments to each other which occurs over time and go beyond a physical residence.

Parents

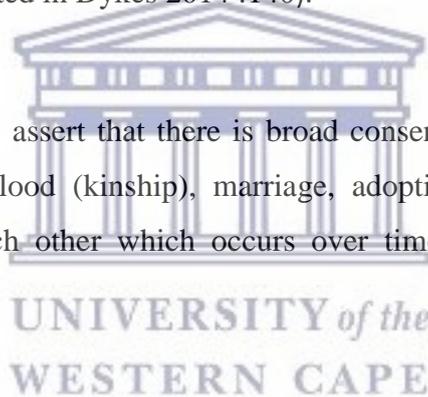
Parents are defined by UNICEF (2015) as the main caregiver of a child; they are not limited to biological or legal parents, or, indeed, even to parents.

Substance abuse

According to the World Health Organization, (2011) substance abuse can be defined as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

Well-being

The Office of National Statistics (2013) define well-being as feeling good and functioning well, it includes an individual’s experience of their life; and a comparison of life circumstances with social norms and values.



DECLARATION

I declare that the study entitled ‘Adolescents and substance abuse: exploring the effects of substance abuse on care giving and family well-being in Mitchell’s plain’, is my original work; that it has not been submitted for any degree or examination at any other University, and that all the sources I have used, or quoted, have been indicated and acknowledged by complete references.

RIEFQAH CASKER

DATE: 7 May 2019

Signature *Parker*



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I dedicate this study to every mother, every father, every sister and every brother that has been held captive by the abuse of substances.



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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Prior to the first democratic elections, drug substances such as alcohol, cannabis and methaqualone were primarily misused in South Africa (SA). With South Africa's transition to democracy and subsequent opening of its borders, there has been an influx in substances and a growing burden of harm associated with illicit substance abuse (Herman, Stein, Seedat, Heringa, Moomal & Williams, 2009). Post-apartheid SA has been combating numerous environmental stressors; including the transition from apartheid, poverty, high crime, violent rates and the HIV pandemic. These stressors have contributed to the strong influence of illicit substance use (Brook, Morojele, Pahl & Brook, 2006). Alcohol and substance dependency are complex, problematic phenomena which are increasing progressively worldwide (Schafer, 2011). According to the National Drug and Alcohol Research Centre (NDARC) (2012) there are approximately 200 million people globally who use illicit substances such as marijuana, hashish, cocaine, crack, heroin, hallucinogens, inhalants and illegal prescriptions drugs each year. Substance use and abuse among young people is of significant concern. Furthermore, according to the National Survey on Drugs and Health (NSDH) (2006) two decades after transition, 15 million adolescents were meeting the criteria for substance use and abuse. The escalation of substance use continued. In the year 2011, reports of more than 23 million young individuals above the age of 12 years old were found to be addicted to alcohol and drugs (National Council on Alcohol and Drug Dependence, 2011). Winters, Botzet and Fahnhorst (2011) theorise that adolescents are at greater risk of substance addiction, due to the physiological and psychological effects of drugs on the developing adolescents' brain. Adolescent's substance use ranges from early stage experimental use, to compulsive and problematic drug abuse which in turn is compounded by various social problems such as relationship problems, family difficulties and challenging peer to peer relationships.

In the capacity of a practising social worker employed by the Department of Social Development (DSD) and deployed in the sprawling township of Mitchell's Plain, the researcher has had many opportunities to observe the effects of substance abuse on parents and the user through professional engagement with both parties. Mitchell's Plain is a densely populated area of Cape Town (CT), which falls under the umbrella of a desolated area known as the Cape

Flats. Mitchell's Plain was established in the 1970s, during the notorious apartheid era as a township racially designated under the Group Areas Act 1950 for the coloured community. The area has evolved into a community battling with crime, gangsterism, unemployment, overcrowding, substance abuse and poverty.

The researcher identified Mitchell's Plain as the area in which the research was conducted. The reason was because the area is beset with high levels of crime and substance abuse-a rich source of data for the researchers to use to explore and describe the effects of drug misuse on the community. This community is a low socio-economic community; it is situated among many other poorly resourced socioeconomic communities. These communities are plagued by major social issues such as poverty, unemployment and gangsterism (Florence & Koch, 2011; Standing, 2003).

1.2 LITERATURE REVIEW: A BRIEF OVERVIEW

The following section provides an overview of the literature on the effects of substance abuse on family well-being. This section also contains a description of the issue of substance abuse both internationally and nationally, followed by the effects of substance abuse on the family. Policies and legislation which play an important role in the field of substance abuse, is thereafter followed by the role of social work in substance abuse.

1.2.1 International prevalence

Globally, the United Nations Office of Crime and Drugs (UNOCD) (2014), estimated that in 2012, 3.5 % to 7.5 % of the world's population aged 15-64 years old had abused an illicit substance. An estimated 22.6 million Americans aged 12 years old and older, have used an illicit substance (NSDH, 2010). The National Institute on Drug Abuse (NIDA) (2013) identified that by the time adolescents attend secondary school, 70 % will have experimented with alcohol, 50 % will have taken an illicit drug and more that 20 % will have used a prescription drug for non-medical purposes. An American study monitoring tobacco, alcohol and drug use of students in grades 8-12, revealed that daily marijuana use has increased to its highest point in 30 years. In 2011, the Ontario Student Drug Use and Health Survey (OSDUHS) (cited in Paglia-Boak, Adlaf & Mann, 2011) reported that 22 % of students in Grade 7-12 used marijuana, 14 % used non-medical prescriptions, while 8.7 % used tobacco. The Canadian Alcohol and Drug Monitoring Survey (CADMS) (2011) reported that almost 80 % of

Canadians aged 15 years and older had experimented with alcohol, with 8 % of the youth reporting an alcohol and dependency problem.

1.2.2 National prevalence

In SA, the prevalence of substance abuse is twice the global average and the Western Cape (WC) is particularly disturbing with the highest prevalence of alcohol and drug use (Kadalie & Thomas, 2013). The Medical Research Council (MRC) (cited in Madavanhu, 2013) indicated that there were about 200,000 methamphetamine users in CT with 70 % of those less than 20 years of age and the majority of users were teenagers between the ages of 13-17 years old. The United Nations Office on Drugs and Crime (UNODC) (2012) reported that in SA, alcohol is the most common used substance with a usage rate of 42 %, cannabis directly following with a usage rate of 5 %, heroin and cocaine with both usage rates of 0.4 % and 0.5 %, respectively. According to Visser and Routledge (2007), adolescent substance abuse within SA continues to be one of the most significant health and social problems.

The UNODC (2012) described SA as one of the main producers of certain substances, for example, heroin and marijuana and methamphetamines. SA is also on top of the world's main alcohol consumption, with a large number of people who misuse alcohol and drugs. In SA, substances have increasingly become readily available and substance use, especially among children and youth, have increased sharply (Gouws, Kruger & Burger, 2000). The MRC also revealed that heroine, methamphetamine, ecstasy and LSD were the primary drugs of choice, resulting in institutionalisation in treatment facilities in the WC (Pluddemann, Parry, Bhana & Fourie, 2008).

1.2.3 Substance abuse, the adolescent and the family

Substance abuse often develops in the transitional phase of adolescence, a time when puberty and physical growth are occurring and when a young person seeks independence. Gilvarry (2002) confirms that an adolescent tends to start looking towards their peers for guidance as opposed to their family and become less subjected to parental control. Feldstein and Miller (2006) further emphasised that adolescence is also the time for experimentation with risky behaviours. According to Viner and Taylor (2007) substance use during adolescence can continue into adult years, increasing the likelihood of dependency on the drug. Consequently, Velleman, Templeton and Copello (2005) assert that an individual's addiction may have countless implications not only for the abuser but also for members within the family and the

larger community. Sims (2002) contends that parents often feel uninformed and unprepared upon discovering that their child has a substance abuse problem. The manner in which a family copes or manages the addiction issue has a profound effect on the way others experience the problem, as well as the course and severity of the problem. In addition to the family management of their child's addiction, Vimpani and Spooner (2003) argue that the family also has a significant role in the origin of problem behaviours such as substance abuse. Substance abuse has a devastating effect not only on the individual, but on the family system as well. Once substance abuse is introduced into the family, the family system becomes unstable and inconsistent. The presence of substance abuse is often linked to physical, psychological and social problems experienced by the family. One of the many problems experienced by the family is the change in interaction patterns between family members, many conversations would result in fights or the substance abuser would talk less to their family members (Gruber & Taylor, 2006).

1.2.4 Effects of adolescent substance abuse on caregivers and caregiving

There is a dearth of studies conducted on how a child's substance abuse affects his or her parents. However, it is a complex challenge for any parent to acknowledge or deal with their child's substance abuse. According to Barnard (2005) families were thrown into shock by the knowledge that one or more of their children abused substances. In a research study, one parent described their experiences as "being in hell" (Barnard, 2005). In a study conducted by Jackson, Usher and O' Brien (2007) the above-mentioned authors found that an adolescent's substance abuse had a significant effect on family functioning, touched every member of the immediate family, and highlighted every aspect of family life. Parents found it demanding, overwhelming and very stressful. Furthermore, parents particularly reported developing health problems as a direct result of living with their substance abusing child. Health problems emanated from the exhaustion of their demands, constant arguments, and worrying about the health and well-being of their child (Barnard, 2005). Parents worried about the unpredictability of their child's behaviour, due to the influence of substance abuse. This meant not really knowing where they were, if they were coming back home, the kind of trouble he or she may be in and whether the knock on the door would bring the police or drug dealers in search of payment (Barnard, 2005).

1.2.5 Policies and legislation

The following substance abuse policies, legislation and strategic plans in SA are pertinent to this study in terms of social work practice. The National Drug Master Plan (NDMP) was

established in 1992 and then revised in 2006. This plan intended to bring about the reduction of substance abuse and its related harmful consequences in five risk areas, namely, crime, youth, community, health and welfare and lastly, research and information dissemination and international involvement (Ellis, Stein, Thomas & Meintjies, 2012). The National Policy on Drug Abuse Management in Schools 2002, was created to prevent, manage and treat drug use, misuse and dependency in schools (Ellis et al., 2012.) Lastly, the Prevention of and Treatment for Substance Abuse Act, 2008, provided a comprehensive national response for combating substance abuse (Ellis et al., 2012).

1.2.6 The role of social work in substance abuse

According to Owoyomi (2018), social workers render counseling services in a variety of settings to drug users, which include hospitals, drug treatment facilities, mental health clinics and welfare services. With reference to the above Galvani (2015) asserts that social workers conduct identification and assessment services and they work directly with clients suffering from substance abuse. On a micro level of intervention, social workers provide individual counseling using the casework approach (Owoyomi, 2018). On a meso-level of intervention, social workers provide group counseling using the group work approach, and on a macro level of intervention, social workers are expected to render services on a community level.

The section above provided a brief introduction and overview of the literature and legislations, which will be discussed at length in Chapter Two.

1.3 THEORETICAL FRAMEWORKS

For this study, two frameworks were employed to assist in the interpretation of information collected viz. (1) the Family System theory and (2) Bowen's Family theory.

1.3.1 The Family Systems Theory

The Family Systems Theory (FST) is a contemporary theoretical approach with the purpose of comprehending how the relational patterns of family members are affected by circumstances internal and external to the family unit, but also the family's potential for growth within these various systems (Adelson, 2009; Walsh, 2013). Furthermore, the family is viewed as a set of interconnected individuals that emphasises the developmental properties of the family (Adelson, 2009). The FST postulates that all parts of the family are interrelated. Thus an individual is not viewed in isolation, but instead in relation to the interactions of family functioning within the individual's family (Sigelman & Rider, 2009). Although every family

is unique in its membership and structure, most families transition through the same phases of development as they change and grow (Adelson, 2009). According to Wagner, Duan, Unger, Ritt-Olson, Chou, Pokhrel, Baezconde-Garbanati and Soto (2010), the family system has the greatest influence on an individual throughout his/her lifespan.

Aspects of care giving and family well-being such as cohesion, communication and family conflict are among the most powerful predictors of substance abuse and the effects of substance abuse on the family. Similarly, Saatcioglu, Erim and Cakmak (2006) state that a system has to adapt to stress and be capable of arranging, adjusting, and re-stabilising itself. If the family system has learnt to perform its function well, it will become less affected by substance abuse as it learns to address these challenges. In addition, Steinglass (cited in Adelson, 2009: 4) states that “the family’s response pattern is a critical marker of the degree to which it is accepting or resisting an alcoholic identity”. Therefore, functional families could experience minimal effects of substance abuse and report lowered incidences of substance abuse if an “alcoholic identity” is resisted by families. However, if the family system is unhealthy, it could promote substance abuse and negatively effects all family members. In considering the interaction of family systems within the individual’s environment, a holistic understanding of the effects of substance abuse on the family can be achieved.

This theory provided a context for the study, in that it provided a framework to make sense of the workings of the family system, as the family deals with the changes that became necessary to maintain homeostasis in the face of substance abuse and individual life cycle development (Adelson, 2009). Therefore, the FST was invaluable in understanding the findings of this study and the effects of substance abuse on the various components of family life. The theory also structured the specific recommendations for family well-being, especially from a social work perspective in terms of assessment and intervention services and micro, meso and macro strategies.

1.3.2 Bowen's Family Theory

According to Swartbooi (2013), Bowen's family theory proposes that one cannot be fully understood in isolation from one's surroundings, however family forms a system which consists of independent individuals who can only be understood in relation to their broader system. Brown (1999) asserts that the core function of this theory focuses on the patterns which emerge in families to defuse anxiety. Swartbooi (2013:29) explains that "anxiety is brought about by current levels of external stress and sensitivity". Brown postulates that anxiety happens when a perception of either too much closeness or too great a distance in a relationship persists.

Adelson (2009) asserts that Bowen's family theory relates to the adjustments and accommodations, which families put in place in order to keep a sense of normality in the face of substance abuse. Furthermore, this theory also highlights the importance of functional roles and emotional relationships between families. According to Swartbooi (2013:29), "each family member fulfils a specific role such as 'father or brother'. In addition to the mentioned roles, each member within this system also takes on additional roles as a peacekeeper or the emotional one". Bowen's theory has been useful in this study, as it assisted in understanding how the family is viewed as an emotional unit. The theory has demonstrated how families have a profound effect on their family member's thoughts, feelings and actions.

1.4 PROBLEM FORMULATION

According to Hoeck and Van Hal (2012), substance abuse places an excessive burden on the parents of the substance abusers. Alcohol and drug addiction have been found to have a significant effects on family well-being, however very little research has focused on the effects on the family when an addict is an adolescent (Swartbooi, 2013). Most research studies in the area of substance abuse emphasised the experiences of adolescents, while not taking into account the experiences of their parents (Swartbooi, 2013). Generally, the effects encompasses family disarray, ineffective control of substance abusing behaviours and increasing helplessness against the substance addict.

Few studies within SA were conducted on the effects of substance abuse on family well-being when the substance user is an adolescent. One particular study, conducted in the Cape Flats focused on the experiences of the adolescent's substance abuse (Swartbooi, 2013). The particular area in the Cape Flats was not mentioned. Likewise, the current study also focused on the Cape Flats because of its significant levels of substance abuse, with specific focus on

Mitchell's Plain. The area is regarded as a high-risk area with high crime rates and is associated with high gang related activities (Berg, 2005). According to a study conducted by Benjamin (2005) children residing on the Cape Flats are succumbing to the pressure of abusing substances at a younger age, as it is more accessible and readily available.

The knowledge gap was thus identified that there are not many studies on the effects of adolescent substance abuse on family well-being and parental experiences within the context of SA. Therefore, this study explored the experiences of parents and families regarding the effects of substance abuse on family well-being. The effects of the adolescent's substance abuse on the family and, specifically on parents, is a complex and important research topic that is researched minimally.

1.5 AIM OF THE STUDY

The aim of the study is to explore and describe the effects of adolescent substance abuse on care giving and family well-being within Mitchell's Plain, Cape Town.

1.6 RESEARCH QUESTION

What are the effects of adolescent substance abuse on caregiving and family well-being in Mitchell's Plain, Cape Town?

1.7 RESEARCH OBJECTIVES

The research objectives for the study were:

- 1) To explore and describe the effects of adolescent substance abuse on the relationship between the substance abuser and care-givers and the dynamics of caregiving within the environment of substance abuse.
- 2) To explore and describe the effects of adolescent substance abuse on notions of family well-being, especially the communication and engagement patterns between the substance abuser and care givers, family members and the broader community.

1.8 RESEARCH METHODOLOGY

The following section will discuss the methodology which was utilised for this study. The discussion will include the research design, sampling, data collection approach, data collection instrument, data analysis, limitations and ethics statement.

1.8.1 Research approach

The researcher selected the qualitative approach due to the nature of the topic that focused on participants' experiences. The study aimed to gather qualitative descriptive information from caregivers, parents and family members in order to gain an in depth understanding of their experiences. According to Willig (2009), qualitative research is mainly concerned with meaning and with how people make sense of their world and how they experience events. The qualitative research approach was used, as it allowed the researcher to obtain information in a more detailed and comprehensive way which inevitably led to a greater understanding of the research questions. The approach directly links with the research aim and objectives, the researcher was able to explore the effects of substance abuse on family well-being and learn about the participants experiences in a more profound and personal way, therefore providing a richness of detail in relation to the study.

1.8.2 Research design

According to Babbie and Mouton (2010: 74), research design is defined as a “plan or structured framework of how the researcher intends to conduct the research process in order to solve the research problem”. For the purpose of the study, the researcher opted to conduct a case study. A case study design involves an exploration of a bounded system which is used to study a situation within a specific context and a period of time (Babbie, 2016; Creswell, 2007; Denscombe, 2014). The researcher used the single instrumental case study (Creswell, 2013, 2007; De Vos, Strydom, Fouche & Delpont, 2011). The researcher focused on an issue of concern (such as adolescent substance abuse), and thus selected one case to elucidate the issue. The case was the family members (parents and siblings) of adolescents abusing substances in Mitchell's Plain.

1.8.3 Population and sampling

A research population means “the kinds of people, events, or items” that will supply optimal data in response to the research question and objectives (Denscombe, 2014: 20). De Vos et al.

(2011), clarifies that ‘population’ is an umbrella term related to the sample of the entire group of persons, events or organizations relevant to the study. With regards to this study, the population was the parents and siblings of adolescent substance abusers within five areas in Mitchell’s Plain, and these are: Tafelsig, Eastridge, Beacon Valley, Portlands and Lenteguur. These areas represent a cross section of communities in Mitchell’s Plain, where rich data could be obtained. Additionally, these areas also typify common socio-economic statuses and levels of unemployment, crime, and substance abuse which are relevant to the study.

1.8.3.1 Sample choice and size

Purposive sampling was used to select participants as they had the specific qualities and experiences needed for the study (Denscombe, 2014). This means that by selecting a specific sample, it will provide the most relevant information due to its knowledge of the topic (Babbie, 2016; Denscombe, 2014). The sample choice would consist of families who have an adolescent using substance. The intended sample size was 10 families, namely, 10 parents and 10 siblings with a total of 20 participants. This total would depend on a saturation level being reached i.e. when no new information is forthcoming (De Vos et al., 2011). The researcher realised after the 12th interview that she had reached data saturation. Consequently, the sample eventually was reduced to seven parents and five siblings who have a substance abusing family member.

1.8.3.2 Sample procedure

Participants for the study were recruited from an existing parent and family support group within Mitchell’s Plain. The researcher consulted with the coordinator regarding the recruitment for the study and was advised that the researcher needed to gain permission from the Department of Social Development’s Research Directorate. There were 20 participants in the group and consisted of parents, siblings and extended family members. In accordance with purposive sampling and the significance of selecting participants based on certain criteria and characteristics (De Vos et al., 2011), participants were selected from the aforementioned group based on the following criteria:

- Participants needed to reside in Mitchell’s Plain in the designated areas.
- The participants needed to have a family member who started using substances during the adolescent stage.
- The adolescent family member of the participants needed to start using substances between the ages of 13-21 years old.
- All participants had to be over 18 years of age.

1.8.4 Data collection method and procedures

According to Silverman (2000) an interview is used to explore the views, experiences, beliefs and/or motivations of individuals on specific matters. Qualitative methods, such as interviews, are deemed to provide a ‘deeper’ understanding of social phenomena, than that which would be obtained from purely quantitative methods such as questionnaires. Thus, interviews are most suitable where little is already known about the study phenomenon, or where detailed insights are required from individual participants. Silverman (2000) asserts that interviews are a form of data collection that is particularly appropriate for exploring sensitive topics, where participants may not want to talk about such issues in a group environment.

1.8.4.1 Data collection tool

In order to obtain detailed responses from participants, a semi-structured interview schedule was used as a guide. The semi-structured interview is a set of predetermined questions on an interview schedule. However, the interview was guided by the schedule, rather than dictated by it (De Vos et al., 2011). This method allowed the researcher and participants more flexibility and allowed for continual communication between the researcher and the participants.

1.8.4.2 Data collection procedure

As previously indicated in section 8.3.2, the researcher firstly obtained permission from the coordinator of the support group for the recruitment and data collection. Thereafter, the researcher obtained permission from the DSD Research Directorate. The researcher also had to inform the Regional Director of Metro South area of the DSD about the study. Once the study was discussed with the regional director, DSD’s research directorate gave permission.

Each participant was provided with consent forms and their permission was obtained prior to the commencement of data collection. Once the participants were recruited, participants were interviewed in accordance of availability and time, until all were interviewed. The researcher eventually interviewed 12 participants for the purpose of this study to enable the findings to be meaningful.

1.9 TRUSTWORTHINESS OF STUDY

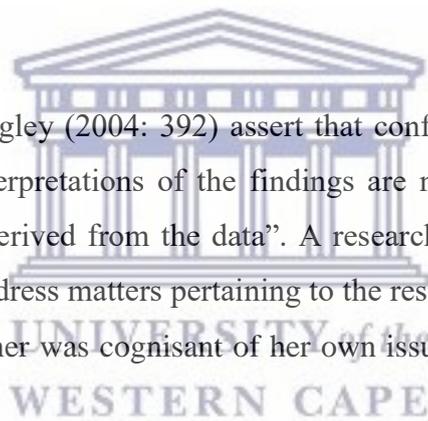
According to Babbie (2016: 148) validity is defined as “the extent to which an empirical measure accurately reflects the real meaning of the concept under consideration” (also see De Vos et al., 2011). The following principles and strategies were used:

Credibility: Data had to be verified on the basis of credibility i.e. that the data appropriately represented the phenomena that was expected to represent. In order to prove data credibility, the researcher had to ensure that she asked the participants whether or not their realities have been represented appropriately. The researcher also confirmed whether the final data analysis is believable within their understandings and experience of the challenges. This is known as member checking.

Transferability: This referred to whether the findings could be transferred or generalised to other populations (De Vos et al., 2011). For the study, transferability was tested by comparing the findings with the literature review as well as other studies conducted on the same topic.

Dependability: According to Bitsch (2005:86), dependability refers to “the stability of findings over time.” For this study, dependability was done by undertaking an inquiry audit in which accurate and detailed records were kept of the research methods and strategies in data collection and analysis.

Confirmability: Tobin and Begley (2004: 392) assert that confirmability is “concerned with establishing that data and interpretations of the findings are not figments of the inquirer’s imagination, but are clearly derived from the data”. A research journal was kept during the course of data collection to address matters pertaining to the researcher’s reflexivity. This was significant so that the researcher was cognisant of her own issues and how they could affect the research process.



1.10 DATA ANALYSIS

According to Babbie (2016, 2014), qualitative data analysis can be defined as non-numerical examination and interpretation of observations, for discovering underlying meanings and patterns of relationships. The data was analysed significantly from a qualitative thematic analysis. Marshall and Rossman (2006; 107) state that a thematic analysis involves a strong identification of “salient themes, recurring ideas or language, and patterns of belief that link people and settings together”. Therefore, the researcher paid particular attention to patterns of beliefs or themes, while investigating the undercurrent themes that stood out from the information and the important ideas that emerged from the text. For example, the researcher paid particular attention to how parents or siblings felt when they discovered their loved ones were abusing substances. Creswell (2003) emphasises the importance to get a sense of the entire interview transcription, before clustering themes (See Appendix E). Marshall et al.

(2006) emphasised that the process of data analysis is often tedious, as accurate data analysis can only be fruitful if the data is re-read several times. This allows the researcher gathering the data to gain an in-depth understanding of the recorded information. After this process, it will then only be appropriate to highlight different themes in different color codes to begin the process of analysis (Creswell, 2003). Through this process, the researcher tried to read and re-read the information to grasp a better picture of what had been discussed. The data collected was analysed according to the eight steps of Renata Tesch (Schurink, Fouché & De Vos, 2011):

- 1) The first process involved the researcher transcribing the individual interview and analysing it.
- 2) During analysis, the researcher began to discern patterns and used a colour to highlight the notes, keeping the research objectives in mind and in accordance with the principles of frequencies, magnitudes, structures, processes, causes, and consequences.
- 3) Once the labelling had begun, the researcher grouped labels under a main theme and categories of that theme.
- 4) The researcher further refined the themes and developed a scheme that set out the main themes and categories of those themes.
- 5) The scheme was then refined and flowed logically.
- 6) Once satisfied with the scheme, the researcher used it as a foundation for discussing the findings within the theoretical approach.
- 7) In the discussion, actual quotes were used to illustrate the themes and categories.
- 8) In order to provide a critical analysis, the researcher compared and contrasted the research findings with other studies in the literature review.

This section above addressed the methodology which was used in the research. The section briefly discussed the research approach, population and sampling, data collection method and procedure and lastly the process of data analysis. Chapter Three will present and discuss the methodology in more depth.

1.11 LIMITATIONS AND ASSUMPTIONS

The limitation of the study was that the findings are applicable to the context of this study, but could also be of value to areas of similar context. The assumptions of the study were that substance abuse negatively influences how family members function, with regards to the nature of family relationships and communication patterns among family members. Further assumptions were that Mitchell's Plain was the area where common social challenges, including substance abuse, occurred most frequently.

1.12 ETHICS CONSIDERATIONS

The researcher firstly needed to obtain ethical clearance from the Faculty's Higher Degrees and the selected university's Research Ethics Committee to conduct the study. The researcher also had to gain ethical clearance from DSD's research directorate. The researcher needed to ensure the following (Babbie, 2016; Denscombe, 2014):

- *Informed consent*: Participants were well informed about the nature and aim of the research through the participant's information sheet that was provided to each participant.
- *Voluntary participation*: The researcher ensured that the participants were not coerced or forced to participate in the study and the information sheets and informed consent forms made mention of these clauses. Participants were made aware of the right to terminate the research process at any time and that no consequences would be incurred.
- *Confidentiality and privacy*: The researcher assured that anonymity of all participants will be upheld by keeping the names of the participants confidential through the use of pseudonyms. Privacy was ensured by saving the information onto a hard drive which contained a password.
- *Minimising emotional risks*: The research did not pose any physical harm to the participants, but the possibility of some emotional discomfort due to narrating stories of substance abuse and the effects on themselves and their families could be experienced. The researcher used brief reflections after the interview to be able to ascertain if there was a need for debriefing. Debriefing services were offered by an acknowledged counsellor in the event that the interview uncovered traumatic and emotional incidents which may have affected participants.

1.13 CHAPTER OUTLINE

This research report comprises five chapters, as follows:

CHAPTER 1:	INTRODUCTION AND STUDY OVERVIEW Chapter 1 provides insight into the background and rationale of the research study and briefly introduces the theory which was used. The overall aim of the study and the objectives are also outlined in this chapter.
CHAPTER 2:	THE LITERATURE REVIEW This chapter reviews literature related to the subject of research. It presents various themes pertaining to the effects of substance abuse on family well-being, policies and legislation concerning the use of substances in South Africa, and provides a theoretical model that represents a deeper understanding of the research topic.
CHAPTER 3:	RESEARCH METHODOLOGY This chapter discusses the methodology used in this study and explores the ethics considerations and limitations of the study.
CHAPTER 4:	RESEARCH FINDINGS Chapter 4 presents the findings that emerged through the process of analyzing the data. A literature control is presented to compare previous findings to the findings of this study.
CHAPTER 5:	CONCLUSIONS AND RECOMMENDATIONS This chapter presents the main conclusions and recommendations of the study in line with the objectives of the study as outlined in Chapter 1.

1.14 VALUE OF STUDY AND POPULATION BENEFIT

The study aspired to make an important contribution to the understanding of the effects of substance abuse on family well-being. In SA, not many research studies have been conducted on the effects of substance abuse on the family well-being. Subsequently, family members are not aware of how to appropriately respond to their adolescent child who abuse substances. Overreacting or ignoring their children's drug behaviours, could escalate the substance abuse. The study contributes to social work assessment and intervention on the effects of substance abuse on the family, by exploring the consequences of substance abuse, on family relationships, communication, role structure, and financial well-being. The study will also contribute to

policy and program development, concerning the effects of substance abuse, the substance abuser and the well-being of the family.

1.15 CONCLUSION

Chapter one served as an introductory chapter to the research study. The chapter provided an overview of the research study. It described the aims and objectives of the study and provided a brief introduction to the theoretical framework within which the study was conducted. The chapter further consisted of a Literature review, which described the effects of substance abuse on family well-being. In the next chapter, the literature review that underpins the study will be further discussed.



CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In Chapter One, an overview was provided on the rationale and motivation for the research topic, emphasizing the research problem, research question and the goals and objectives which established the direction of the study. Further focus was also placed on the research methodology, which introduced the chosen research design and the means of collecting and analyzing the data, as well as the trustworthiness and ethics considerations. Although Chapter One provided a brief overview of the literature pertinent to the topic and a discussion of the theory relevant to the study, these aspects required a more in-depth deliberation.

Chapter Two consists of the literature relating to the topic and objectives of the research study. The research objectives for the study were:

- 1) To explore and describe the effects of adolescent substance abuse on the relationship between the substance abuser and their care-givers and the dynamics of caregiving within the environment of substance abuse.
- 2) To explore and describe the effects of adolescent substance abuse on the notions of family well-being, especially the communication and engagement patterns between the substance abuser and their care givers, family members and the broader community.

These objectives will add direction and focus to the literature review in order to represent an in-depth analysis of the information. According to De Vos et al. (2011), the purpose of a literature review is to place the researcher's efforts into perspective and to also position the topic within a larger knowledge pool. Grinnell and Unrau (2005, cited in De Vos et al., 2011) asserted that a literature review creates a reference or good setting for the intended study as the literature is based on existing related knowledge. Grinnell and Unrau (2005, cited in De Vos et al., 2011) refer to four purposes of conducting a literature review:

1. To guarantee the readers that the researcher understands the current issues related to the researcher's topic.
2. To make the researcher aware of other studies which may be similar or different from other studies that have been conducted.
3. To position the researcher's study into the jigsaw puzzle of present knowledge.

4. To connect and conceptualise the variables (or constructs) that will be used throughout the study.

The literature review will therefore present the various aspects pertaining to the effects of substance abuse on family well-being, and the policies and legislation which frame the use of substances in South Africa. Finally, this chapter explores the theoretical model pertaining to the research which will provide deeper understanding of the effects of substance abuse on the family, indeed the broader community as well, and which will guide and inform the data collection and analysis process.

2.2 SUBSTANCE ABUSE IN A SOUTH AFRICAN CONTEXT

During the 1960's and 1970's, substances were widely abused in SA (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010). In the same way, globalisation has facilitated the introduction of more addictive substances into the country. According to Legget (2002, in Ellis, Stein, Thomas & Meintjies, 2012), prior to 1994 substances such as heroin and cocaine were not readily available in South Africa.

However, with South Africa's democracy and the reintegration into the global society, the country was being used for the purpose of illicit drug trafficking. Ellis et al. (2012) argue that the end of apartheid, increased SA's vulnerability to illicit drug trafficking. Furthermore, the country's geographic location, permeable borders, and ever-growing trade links have increased drug trafficking and drug use (Ellis et al., 2012). Prior to 1994 and the first democratic elections; alcohol, cannabis and methaqualone were the primary substances of abuse in SA. With SA's transition to democracy and the subsequent opening of borders, there has been an influx of illicit drug use and associated harm to communities (Herman et al., 2009).

Post-apartheid South Africa has been combating numerous environmental stressors, including the transition from apartheid, poverty, high crime, violent rates and the HIV pandemic. There is the perception that ever since the first democratic elections and subsequent re-entry into the global economy, South Africa has experienced an increase in illicit substance use and trafficking (Brook et al., 2006).

According to the UNODC (2003, cited in Ellis et al., 2012), in 1997 the inappropriate use of substances was estimated to cost countries between 0.5 % and 1.3 % of their annual GDP. In South Africa, this amounted to approximately R2.4 and R6.3 billion. Substance abuse has been

identified by the NDMP as a contributing factor to the troubled family life and subsequent breakdown of family units. The above family troubles extend across social, racial, cultural, language, religious and gender barriers and affects all South Africans directly or indirectly (Ellis et al., 2012). The World Mental Health Survey identified South Africa as having one of the highest life time prevalence's of substance abuse disorders. In South Africa, alcohol has been identified as the most common substance abused across all age groups (Van Heerden, Grimsrud, Seedat, Myer, Williams & Stein, 2009). In recent years, there has also been an increase in the consumption of substances such as methamphetamine and heroin (Parry, Myers, Morojele, Flisher, Bhana, Donson & Pluddemann, 2004).

Substance abuse in South Africa has become an alarming cause or contributor to numerous social, health and economic problems afflicting the population. The statistics in the World Drug Report (2014) demonstrate that the use of substances (cannabis, cocaine, and methamphetamine) in South Africa is twice the global average and thus far the highest in Africa. The average age of drug abuse in South Africa is 12 years and is decreasing. For every 100 people, 15 have a drug problem and for every R100 in circulation, R25 is linked to the substance abuse problem. The main drugs being abused are cannabis, methamphetamine, heroin and cocaine. Jointly, these three drugs accounted for over 86% of all cases treated for drug abuse in 2012 in SA (World drug report, 2014). According to the Christian Addiction Support (2016) 38% of the individuals treated for substance abuse were treated for cannabis abuse followed by methamphetamines at 23%, heroin at 19% and cocaine at almost 6%. As indicated by the above statistics, the key substances of choice were cannabis, cocaine and amphetamine stimulants. A study was conducted at five trauma units in Cape Town, Durban and Port Elizabeth, where it was established that all units had similar trends. It was noted that 14% of the patients tested positive for white pipe (combination of cannabis and metaxalone), 33% for cannabis and 15% for metaxalone.

The Soul City literature review on substance abuse (Soul City for Social Justice, n.d.) places emphasis on the escalating issue which South Africa is challenged with regarding substance abuse, specifically among the youth. This review exposes how the issue of substance abuse prevents the young population from participating in the socio-economic development of the country. The youthful population of South Africa, which amounts to 13 million (aged 15-24 years), should occupy a platform of opportunities, creativity, innovation, talents and energy, but sadly such opportunities will remain completely unharnessed due to substance abuse. In

general, substance abuse is more pronounced among males than females. According to the Soul City review (Soul City for Social Justice, n.d.) there has been an increase in the abuse of heroin amongst male users and a decline in the use of methamphetamine and cocaine (Soul City for Social Justice, n.d.).

The World Drug Report (2014) indicates that treatment centres in South Africa report that cannabis remains the most abused substance. The usage of different substances in SA is graphically represented below (Figure 2.1):

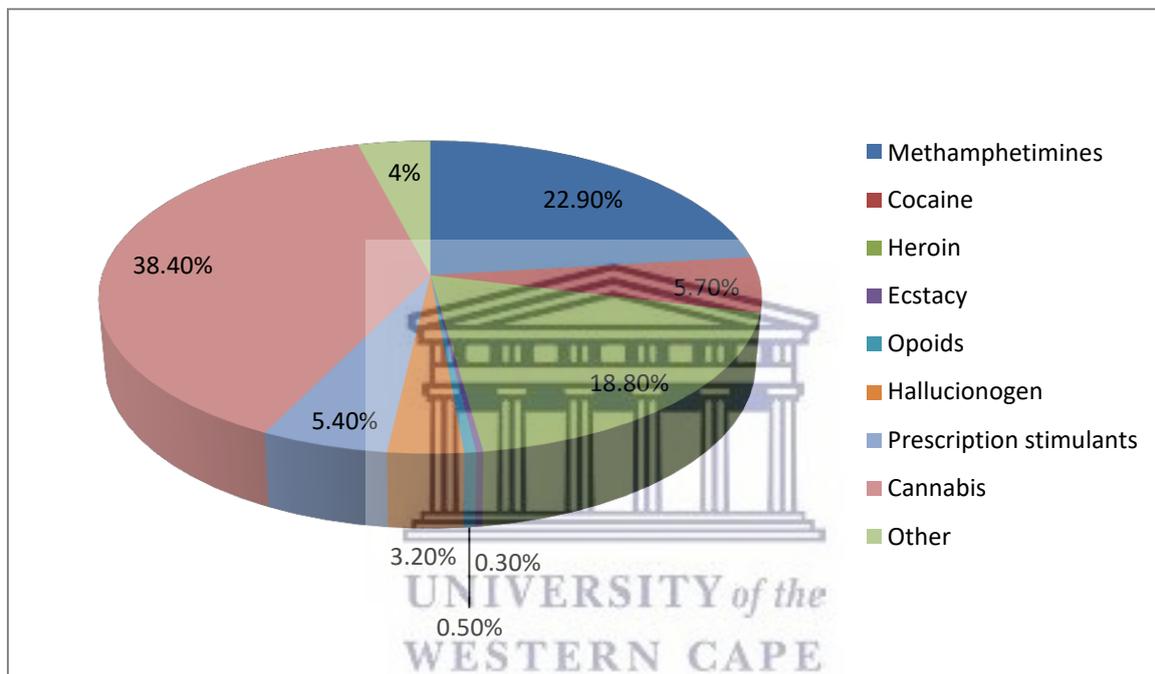


Figure 2.1: Substances used in South Africa
Source: Christian Addiction Support (2016)

Figure 2.1 presents the most common used substances. The main substances abused are cannabis, methamphetamine, heroin and cocaine. In 2012, these three substances collectively accounted for 86% of the cases treated for substance abuse. The individuals treated for cannabis amounted to 38% which was followed by methamphetamines at 23%, heroin at 19% and cocaine at almost 6%. The percentages presented provide insight into the most common to the least common substances used and treated for. This section provided insight on the context of substances abused in South Africa, the data represented the substances most commonly abused and the substance of choice among South African citizens.

2.3 SUBSTANCE ABUSE, THE ADOLESCENT AND THE FAMILY

Zimic and Jackic (2012) assert that the impact substance abuse has had on the family and on the individual family members merit attention. Lander, Howsare and Byrne (2013:1) maintain that “family members are affected by the individual misusing substances. However, each individual is affected differently together with, but not limited to, having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress and sometimes violence being perpetrated”. As a result, only treating the substance abuser is ineffective in providing a solution, as family members are also affected the by the abuse of substances.

According to Yurgelun-Todd (2007), adolescence is a period of fast brain development, in addition to associated dramatic changes in cognitive development. Decision making ability, social skills, foresight and abstract reasoning are developed during this period. However, these areas of executive functioning, attention and social cognition are precisely affected by substance abuse. A study conducted by Jackson and Mannix (2003) revealed that mothers and siblings experience the most forms of abuse from their substance abusing family member; parents and siblings would often encounter verbal and physical intimidation from their substance abusing adolescent, resulting in mothers and siblings feeling fearful of the substance abuser which often resulted in siblings leaving the home. Jackson et al. (2007) and Usher et al. (2007) reported similar findings within their studies, arguing that mothers especially were distressed by the substance abuser’s theft and other destructive behaviors which caused feelings of mistrust and betrayal. Familial relationships are also negatively affected by the stress associated with the adolescent’s substance abuse.

Lander et al. (2013) asserts that the family is the primary foundation of attachment, nurturing and socialisation for individuals in society. According to Templeton, Zohhadi and Velleman (2007), as substance abuse develops, the emotional reactions of family members worsen in families where substance abuse is prevalent. Families tend to experience considerable stress-related difficulties including insomnia, anxiety and depression. Copello, Templeton and Powell (2005) further contend that isolation and suicidal ideation, betrayal and resentment from family members occur. Substance abuse is regarded as an illness of the entire family, not just the substance abuser but includes the suffering of other family members as well. Thus, substance abuse is viewed as a ‘family disease’ which affects most, if not all family members (Klostermann & O’Farrell, 2013). In a substance-abuse affected family, functional family roles

are often missing or distorted (Gruber & Taylor, 2006). In relation to the Wegscheider-Cruse model (cited in Vernig, 2011) that depicted family roles in substance abuse families, members of the family do not only experience the effects of substance abuse, but also play an active role in supporting this pattern of behavior. Wegscheider-Cruse (1989) classified family members into five well-defined and generally non-overlapping roles: enabler, hero, lost child, mascot and scapegoat (Table 2.1).

Table 2.1: Roles in substance-abusing families

Role	Function/responsibility	Personal cost
Enabler	The enabler is known to protect the addict from consequences of behaviour.	Martyrdom
Hero	The hero is usually known as the family's self-worth Family counsellor. The eldest child is often the one who takes on this role.	Compulsive drive
Scapegoat	The scape goat would divert attention from the substance abuse problem by displaying unsuitable behaviour.	Self-destructive behaviour (often addiction)
Lost child	Escape by emotional and physical separation.	Social isolation
Mascot	The mascot is known to lure attention away from the drug problem by humour.	Immaturity and/or emotional illness

Source: Kaslow (1996: 453)

Table 2.1 describes the key family roles which family members adopt when having a substance abusing family member. According to Ferguson (2011) each family member can be branded by a precise repetitive behavior. These survival behaviors are personally costly. Respectively, each individual pays a high price when acting out these survival roles. The roles can continue further than the primary substance abuse cycle into a new family of choice as the children mature and marry. Ferguson (2011) asserts that survival roles can continue into later generations, through modelling and learning. Family members may play one role in a family context and another role in different family contexts. A common example given by Ferguson (2011) is the family hero who marries an addict, and takes on the role of the chief enabler.

2.4 THE EFFECTS OF SUBSTANCE ABUSE ON THE FAMILY

Butler and Bauld (2005) found that in South Africa, much focus is on the understanding of the epidemiology of adolescent substance abuse; while there is relatively little known about how

substance abuse impacts on the lives of family members and specifically parents. Parents of adolescents with a substance abuse problem often experience high levels of stress which significantly compromises their health and subjective well-being (Jackson et al., 2007). When substance abuse is introduced into the family system, interaction patterns in the family become distorted. A study conducted by Husaarts, Roozen, Meyers, Van De Wetering and McCrady (2011) investigated the experiences of substance abuse patients and their significant others (parents, grandparents, partners, spouses, children and other family members), in terms of quality of relations, psychological problems, physical distress and quality of life. Their study reported that globally, substance abuse has had an impact on families that can be compared to other chronic diseases. The study also found that the daily life of significant others was compromised, as they experienced physical and psychological distress at the hands of the substance abusing family member (Hussaart et al., 2011). Jackson et al. (2007) further contended that betrayal and violence in previous loving relationships were often the consequences of substance abuse. Substance abuse in the family results in families feeling overwhelming loss, grief and shattered dreams which threatened parental mental health and family well-being (Usher, Jackson & O'Brien, 2007). According to Saatcioglu et al. (2006), parents are frequently left feeling divided, confused, concerned, conflicted, worried and uncertain. Parents of substance abusers often speak of family relationships as shattered, fractured and damaged (Usher et al., 2007). An essential part of interaction in families is communication. Family communication patterns focus on the manner in which individuals perceive their communication with other family members (Keating, Russell, Cornachione & Smith, 2013). Family communication patterns are internal working models or “knowledge structures that represent the external world of the family and provide a basis for interpreting what other family members do” (Fitzpatrick & Ritchie, 1994, cited in Keating et al., 2013: 276)

2.4.1 Physiological effects

A study conducted by Percy, Thornton and Mc Crystal (2008) reported that 90% of parents strongly condemned the use of substances amongst their children. According to Barnard (2005), families especially parents are thrown into shock by the discovery that one or more of their children abused substances. In the Barnard study (2005: 6) one parent described it as “a living hell, a real living hell”. Jackson, Usher and O-Brien (2006) found that an adolescent’s substance abuse has an intense impact on family functioning; it affected every member of the immediate family and emphasized each characteristic of family life. Parents specifically found

it demanding, overwhelming and very stressful. Many parents in the Barnard (2005) study described developing health problems as a direct result of living with their substance abusing child. Reports of angina and stress-related problems were common among parents who became exhausted by the demands of their substance abusing child, constant arguments and worrying about the health and well-being of their child (Barnard, 2005).

Barnard (2005: 14) asserts that “Parents were always worried about the unpredictability of their child’s substance abuse, which meant being clueless regarding their child’s whereabouts, if they were coming back home, the kind of trouble the substance abuser may be in or whether a knock on the door would bring the police or drug dealers in search of payment”. Parents described that substance abuse in the family resulted in families being torn apart and that they conflicted in wanting to provide for their substance abusing child or wanting to guarantee a stable environment for their other children whose home was affected (Jackson et al., 2006). In certain cases, the substance abuse in the family resulted in parents to taking a firm stance requesting their substance abusing child to leave the family home (Jackson et al., 2006).

2.4.2 Emotional effects

Substance abuse is a stigmatised activity which aggravates the stress on families (Jackson & Mannix 2003). Pearson (2000) asserts that families experience high levels of stress and violence, and that families facing substance abuse typically deal with it in one of three ways: either engaging directly with the problem, tolerating the problem, or withdrawing from the substance-abusing family member (Pearson 2000). A study conducted by Barnard (2005) regarding family members of substance abusers in the United Kingdom, established that substance abuse has adverse effects on non-using family members. Families tend to experience feelings of loss, anger, disappointment and shame, as the substance abuse destroys the family roles and normal functioning. Perkinson (2008:242) describes that people “who live in addicted homes live in a whirlwind”. Perkinson (2008) further alludes that these environments spiral out of control and things turn out to be unmanageable for the non-using family members, as they become preoccupied with the substance abuser and their destructive behavior. They are left with no time for themselves and their own needs, whilst obtaining a number of maladaptive skills to cope. Matsimbi (2012:5) and Hitzeroth and Kramer (2010:76) point out that “South African families of substance abusers are often left with feelings of helplessness, disappointment, frustration and doubts, all of which contribute to increasing anger and hostility”. An example of this would be the case of the Lavender Hill mother in Cape Town who murdered her son who was abusing methamphetamine. Ellen Pakkies reported that she had

strangled her son to death as a reaction to the verbal and physical abuse she had tolerated at the hands of her substance abusing son (Thesnaar, 2011). Ellen's response to her son's substance abuse was powerful; the anger, hopelessness, and devastation she felt relate to the experiences of mothers and siblings in this study. According to Thesnaar (2011:26), Ellen reported that her son, "when euphoric and experiencing cravings or withdrawal had been tormenting her for several years, and although she had made attempts to seek formal assistance and personal protection, she did not receive the support that she needed. The lack of support, feelings of hopelessness, angry and resentment were the drivers of Ellen's maladaptive response to murder". Ellen represents one among thousands of parents who are driven to extraordinary extremes because of the substance abuse of their child.

2.4.3 The effects of substance abuse on non-substance abusing siblings

Schultz and Alpaslan (2016: 90) assert that in a family where substance abuse is present, "the non-substance abusing sibling considers themselves to be their brother's keeper, as the challenge with substance abuse is something that rarely occurs in isolation". Avis (2003:10) "emphasizes that substance abuse does not only affect the person abusing substances". Individuals struggling with substance abuse are usually involved in a number of relationships such as with members of the immediate and extended family. Family members, including siblings, who share a strong bond with the person battling with substance abuse are sorely affected by this abuse (Denning, 2010:166; Jesuraj, 2012:36; Kieber, Weiss, Anton, George, Greenfield, Kosten, O'brien, Rounsaville, Strain, Ziedonis, Hennesy & Connery, 2007:48). In reporting on the effect of siblings' substance abuse on non-using siblings, Webber (2003) reported that while the concerns and treatment of the substance abuser take preference, the worry of the sibling living with a substance abuser take second place. Howard, Heston, Key, Mccrory, Serma-Mcdonald, Smith and Hendrick (2010) elucidate that siblings are frequently overlooked in studies on substance abuse, but individuals who abuse substances have been studied at great length.

2.4.4 Communication in a substance abusing environment

A family caught up in dependency is perceived as a "damaged family" (Gudzinskiene & Gedminiene, 2010:163) or a "fractured" or "split family" (Jackson et al., 2006:323) because of the ongoing negative behavior of the substance abuser. The lifestyle led by the substance abuser is known to have an intense effect on the family's functioning; "the affects cut to the core of

every family member and influences every aspect of the family's life" (Jackson et al., 2006:321). Family members endure many difficulties in relation to the functioning of the family, particularly within the domains of cohesion, communication, support and organisation (Burstein, Stanger & Dumenci, 2012). In such families, individual family members appear to become limited in articulating their needs, feelings and wishes.

Olson and Gorall (2003), assert that a family who has positive communication will be well prepared to change their cohesion and flexibility to meet developmental and situational stresses that could arise. Family systems with poor communication are inclined to have lower levels of functioning with regard to cohesion and flexibility. According to Schrodts (2005), family communication also has an effect on patterns of conflict avoidance behaviours, conflict management styles, interpersonal skill in romantic relationships, and cognitive flexibility and resiliency behaviours in a family. Families with better communication have higher levels of functioning compared to families with low levels of communication. Schrodts (2005) had similar views stating that positive communication is a facilitator of family function.

2.4.5 Parenting styles

Parenting is a process whereby children understand what appropriate or inappropriate behaviour is. During parenting, children learn the difference between right and wrong choices, they learn skills and through parenting, children understand the roles and norms of a community (Carr & Springer, 2010; Ford, Davenport, Meier & McRee, 2009; Pérez & Cumsille, 2012). Baumrind (1971) assert that parenting has a big influence on child socialisation in terms of providing an early understanding of the self, and establishing an environment which encourages and support the goals and ambitions of children. According to Grolnick (2003), family and specifically parents, have a crucial role in contributing to environments which either improve or delay the satisfaction of the basic psychological needs, well-being and personal growth of children into well-adjusted adults (Soenens, 2006).

Parenting can be described as two components viz. parental responsiveness and demandingness (Fletcher, Walls, Cook, Madison, & Bridges, 2008). Karavasilis, Doyle and Markiewicz (2003:91) differentiate between the two components as follows: "Parental demandingness is the degree to which parents set guidelines for their children, and how their discipline is built on these guidelines. Parental responsiveness refers to the emotional characteristic of parenting. Responsiveness would refer to the manner in which parents support their children and attend

to their children's needs". Both parenting responsive and demanding has been linked to secure attachment in children to their parents (Karavasilis et al., 2003). Diana Baumrind, a well-known developmental psychologist acknowledged for her research on parenting styles, identified three primary styles of parenting, namely, authoritative, authoritarian, and permissive. Two critical factors she paid attention to during her research included how responsive parents were to their children and the demands which they placed upon their children.

2.4.5.1 Authoritative parenting

Authoritative parenting is a mixture of demandingness and responsiveness; authoritative parents are known to make reasonable demands, set limits and demands on children's compliance. However, at the same time, they are warm, accept their children's point of view, and encourage their children's input in decision making and they would frequently obtain their children's opinions in family considerations and decisions (Berg, 2011; Weiss & Schwarz, 1996; Zupancic, Podlesek, & Kavcic, 2004). This type of parent monitors and disciplines their children fairly, while being very supportive at the same time (Baumrind, 1971).

2.4.5.2 Authoritarian Parenting

The authoritarian parenting style is demanding and unresponsive. They engage in slight joint interaction with their children and expect them to accept adult's demands without any questions. According to Zupancic et al. (2004), authoritarian parents use the following power-assertive techniques of socialisation:

- Threats
- commands
- physical force
- love withdrawal

Authoritarian parents are inclined to set high standards and guidelines where obedience is required. Authoritarian parents connect love with success and are not as nurturing as the other two styles of parenting (Berg, 2011).

2.4.5.3 Permissive Parenting

Baumrind, Larzelere and Owen (2010) describe permissive parenting to have high levels of responsiveness and low levels of demandingness. Permissive parents act in an affirmative manner toward their child's impulses, desires, and actions, while consulting with the child

about family decisions (Baumrind et al., 2010). In addition, permissive parents fail to set rules; they avoid engaging in behavioral control, and set few behavioural expectations for their child. Interestingly, permissive parents reduce their monitoring when their children have reached adolescence, and these children increase their levels of externalizing behavior (Luyckx, Tildeley, Soenens, Andrews, Hampson, Peterson & Duriez, 2011). Querido, Warner and Eyberg (2002) reported that adolescents from permissive families report a higher frequency of substance use, school misconduct, and are less engaged and less positively orientated to school compared to individuals from authoritative or authoritarian families.

Baumrind (1991) referred to parental control as the degree to which parents manage their children's behaviour—from being very controlling to setting few rules and demands. The author discusses parental warmth as the state to which parents are accepting and responsive of their children's behaviour as opposed to being unresponsive and rejecting. Indulgent parents (also referred to as "permissive" or "nondirective") tend to be more attentive than insistent. They are known "as non-traditional and lenient, they do not require mature behaviour, allow considerable self-regulation, and avoid confrontation" (Baumrind, 1991:62).

In a substance abusing environment, Jackson et al. (2007) reported that parents are frequently uncertain as to whether they should offer support to their substance abusing child, while trying to create a stable environment for their non-substance abusing children. Tensions in the household tend to escalate as parenting styles differ between the mother and father. Orford, Velleman, Copello, Templeton and Ibang (2010) found that mothers are the ones who confront the worrying issues; whereas fathers are the ones who tend to avoid the conflict. A study undertaken by Usher et al. (2007) and Jackson et al. (2007) revealed that mothers prefer to distance themselves from family members and the substance abuser as a way to protect the family from the substance abusers destructive. Often, one would find that the mother is the one who suffers in silence and wears the mask of motherhood to disguise the parenting difficulties they are faced with. According to Jackson and Mannix (2004) in the socially accepting role of ensuring the health and well-being of their offspring, mothers are often held accountable for the children's substance abusing behaviour. Butler and Bauld (2005) argued that accountability weighs heavily on mothers and for many, is the basis for non-disclosure when struggling with their substance abusing adolescent.

2.5 The effects of substance abuse on health and well-being

There is sufficient evidence that families with substance abusing relatives are frequent users of the health care system; where they present with physical and psychological stress symptoms including depression, anxiety and trauma (Casswell, Yu & Huckle, 2011; Copello, Templeton, Orford & Velleman 2010; Mertens & Weisner, 2009). Previous studies have established that individuals from families with a history of substance abuse were using more health care services than usual and had more mental health problems than the general population (Lander et al, 2013). According to Copello et al. (2010) the severe and long-lasting negative effects of substance abuse on families are similar (across families) extensive and wide spread with significant costs to families, society and health care resources. Usher et al. (2007) confirm that parental disagreements regarding adolescent substance abuse were often reported as combative and blaming which affected the marital relationship of parents, leaving them conflicted about how to respond to their family problem. Hoeck and Van Hal (2012) argue that parental conflict is often caused by disagreements on how to deal with the adolescent's substance abuse behaviour. Therefore, Choate (2011) indicated that parental conflict is often associated with much attention given to the adolescent, while family relationships were being neglected.

In a mixed method feasibility study, Templeton et al. (2007) described parents' difficulty in focusing on their own needs and that they felt that all their attention should be focused on the substance abusing adolescent. Isolation combined with a lack of parental self-care contributed to emotional and psychological problems, which resulted in parents compromising their ability to effectively cope with the substance abuse problem arising within the family (Bamberg, Toumbourou & Marks 2008). The effects of substance abuse and the overwhelming feeling of helplessness leave the affected family in crisis and feeling susceptible to psychological illnesses. There are numerous factors that contribute to parental stress which include the substance abusers' misconduct, family conflict, financial burdens and disruptive relationships. Jackson and Mannix (2003) argue that adolescent misconduct is characterized by threatening and pilfering which adolescents may engage in while abusing substances. The financial implication of substance abuse on the family is hard to establish, some direct costs could be identified in the literature such as those associated with theft and unemployment (Jackson et al., 2007; Jackson & Mannix 2003; Usher et al., 2007). The elusive costs related with emotional distress, pain and suffering are hard to measure, when the individual abusing substances is an adolescent, and much of the financial constraints fall on the parents. Parents are required to pay

for the substance abusers rehabilitation, medical visits and general living costs (Masombuka, 2013). The literature further proposes that these stressful life events frequently create feelings of hopelessness, guilt, self-blame, shame, humiliation, anxiety, depression and resentment (Groenewald & Bhana, 2016).

The above section provided an understanding of the effects of substance abuse on the well-being of families. Specific emphasis was on the mothers and siblings of the substance abuser and how they faced the daily struggle of residing with a substance abuser. The literature provides insight that substance abuse is not only caused by one person, however there are numerous factors contributing to the abuse of substance such as family, peers, and community. The literature has also given great depth in terms of the negative and positive effects of substance abuse on family.

2.6 POLICIES AND LEGISLATION

In 1994, in President Nelson Mandela first opening address to Parliament, he made emphasis on the alcohol and drug abuse challenges that needed to be fought. Substance abuse is known to be a major outcome of crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as AIDS and tuberculosis (TB), injury and premature death. Its scope of influence spreads across social, racial, cultural, language, religious and gender barriers and directly or indirectly affects everyone (National Drug Master Plan, 2006-2011).

The following section explores the policies and legislation related to the use of substances in South Africa, on a National and provincial level.

2.6.1 The Prevention of and Treatment for Substance Abuse Act No. 70 of 2008

The Prevention of and Treatment for Substance Abuse Act 70 of 2008, serves as the guiding legislative document which addresses the substance abuse problem in South Africa. The Act makes provision for the establishment of the Central Drug Authority (CDA) to offer a function in the implementation of the Act, and is responsible for the development of the National Drug Master Plan (NDMP) to develop a comprehensive approach to addressing the substance abuse problem (Government Gazette, 2009). The objectives of the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 are to:

- (a) combat substance abuse in a coordinated manner;
- (b) provide for the registration and establishment of all programmes and services, including community based services and those provided in treatment centers and halfway houses;
- (c) create conditions and procedures for the admission and release of persons to or from treatment;
- (d) provide prevention, early intervention, treatment, reintegration and after care services to deter the onset of and mitigate the effects of substance abuse;
- (e) establish a Central Drug Authority to monitor and oversee the implementation of the National Drug Master Plan;
- (f) promote a collaborative approach amongst government departments and other stakeholders involved in combating substance abuse; and
- (g) provide for the registration, establishment, deregistration and disestablishment of halfway houses and treatment centers.

According to the Prevention and Early Intervention of Alcohol and Other Drug Use Policy (2013), the Act under discussion allows local government to facilitate a role in the prevention of and treatment for substance abuse. In addition, it further offers guidance on prevention, brief intervention, treatment and re-integration programmes and outlines local government's role to establish a Local Drug Action Committee and the development of an action plan aligned to that of the Provincial Forum. Although this Act does have good intentions, it by no means has succeeded in addressing the scourge of substance abuse and sufficient treatment centres.

2.6.2 The National Drug Master plan 2013-2017

The National Drug Master Plan (2013-2017) serves as the country's blueprint for preventing and reducing alcohol and substance abuse, and its associated social and economic consequences on South African society. According to Carelse (2018: 90), the "purpose of the NDMP is to develop laws, policies and to guide and coordinate strategies for ensuring a substance-abuse-free society". The NDMP (2013–2017) is intended at promoting the agenda to address substance abuse. In addition, the NDMP (2013–2017) aims to fight substance abuse by comprehensive and cost-effective strategies, whilst monitoring the resources and services available to national and provincial government departments. In addition, the NDMP (2013-2017) is a strategic document that strives to guide government in terms of its national response to drug control over a 5-year period.

In 1997, the Minister of Welfare (now referred to as Social Development) appealed for the Drug Advisory Board to draft a National Drug Master Plan (NDMP) for South Africa. South Africa's first NDMP (1999-2004) was completed in 1999; the NDMP allows collaboration amongst Government departments and stakeholders in the field of substance abuse and drug prevention. As discussed by delegates at the 2nd Biennial Anti-Substance Abuse Summit, non-government organizations have had a significant role in delivering substance abuse services, however, non-government organizations lack financial resources and the relevant capacity and training to accomplish this (DSD, cited in Whiting 2014:58). Regardless of these limitations to implement initiatives and programmes, the NDMP outlines the “role of coordinating structures and government departments in fighting the scourge of drug abuse” (Department of Basic Education 2013:15).

This section provided insight into the different policies and it’s functioning in SA; particularly paying attention to substance abuse. The Prevention of and Treatment of Substance Abuse Act 70 of 2008 serves as guiding document in terms of how services can be rendered and how to implement certain programmes on the different intervention levels.

2.7 THEORETICAL FRAMEWORK

This study was located within the framework of Family Systems Theory and Bowen’s family theory. The theories are in line with the aims and objectives of this study, as the researcher wanted to gather an understanding of the effects which an adolescent’s substance abuse has on family well-being. This theory permitted the researcher to comprehend the way a family member’s substance abuse hindered important relationships within the family system.

2.7.1 Family Systems Theory

According to Smith (2016) during World War II and decades thereafter, scientists from multiple disciplines started to work together in unprecedented ways. A multidisciplinary team met at several conferences funded by Josiah Macy to establish and study the science of cybernetics. At the same time a few research teams working independently across the United States, primarily with hospitalized, emotionally disturbed people, came across –seemingly by accident or at least vaguely– onto the study of interaction within the family as the context within which severe behavioral and emotional symptoms emerge. As has often happened in the history of science, similar research into the family context of emotional and behavioral problems was taking place in a few locations independently of one another. Smith (2016) asserts that some groups were studying a range of psychiatric problems and other researchers worked with hospitalized

schizophrenic patients, such as Gregory Bateson, Don D. Jackson, Jay Haley, John Weakland, and William Fry, at the Menlo Park Veteran's Hospital in Palo Alto, California; Murray Bowen, and his group at the National Institute of Mental Health (NIMH); Lyman Wynne and his coworkers also worked at NIMH; and Ivan Boszormenyi-Nagy and coinvestigators at the Eastern Pennsylvania Psychiatric Institute in Philadelphia. Others, such as Charles Fulweiler, worked with adolescent delinquents and their families, while Salvador Minuchin and team worked with families of the poor in New York City. According to Janardhana, Raghunandan, Naidu, Saraswathi & Seshan, (2015) to study the patient directly regarding his/her parents and siblings, various teams of psychiatric researchers started to bring emotionally disturbed patients and their family members together for interviews and to observe them together over a period. When these research teams started to talk directly to the patients conjointly with other family members, family systems theory and treatment began to develop. Ultimately FST emerged out of the research of these investigators, all of whom share a basic orientation toward understanding and treating the family as a unitary system.

Lander et al. (2013) explains that the FST proposes that an individual cannot be fully understood in separation from those around him or her, but rather that the family establishes a system which consists of independent individuals who can only be understood in combination with their broader system. Adelson (2009) suggested that this theory is concerned with the changes and adjustments which families set in place in order to preserve a sense of normality in the face of substance abuse. In addition, it also accentuates the significance of functional roles and emotional relationships among members of the family. For example, each member within a given family fulfils a specific role such as father or brother. In addition to these roles, each member within this system also takes on additional roles such as the peace keeper or the “emotional one”. Individuals within the family have a significant role in the resolution of family strife and stresses. This theoretical framework has been used by studies done by Saatcioglu et al. (2006) which intended to explore the role which family plays in alcohol and substance abuse. This framework was used as a point of reference to explain the functioning of a family system affected by substance abuse, and the roles which parents and families adopt in order to cope with substance abuse.

2.7.1.1 Key principles of the family system theory

The following represent the key principles of FST theory:

Homeostasis: The principle of homeostasis is important in understanding the consequences of substance abuse on the family, in that each family member tends to function in such a way that keeps the whole family system in balance, even if it may not be in the best interests of certain

individuals. An example of homeostasis is a sibling covering up for another sibling abusing substances, by cleaning up after the user has made a mess if they got sick, assisting them into getting into bed after passing out and minimizing the issue of the substance abuse to their parents (Lander et al., 2013).

Equilibrium: This represents a perceived state of balance. The efforts described above permit substance abuse to continue with partial consequences for the substance abuser and assist to preserve the family system at relative equilibrium by reducing conflict within the family. Lander et al. (2013), argues therefore that regardless of adaptation keeping the family system in a state of equilibrium, it also contributes in maintaining the problem.

Feedback: According to Sharf (2000) feedback functions as the principal way by which homeostasis is preserved and can be defined as one or the other positive or negative. Contrary to the traditional understanding of *positive* and *negative*, and in line with this theory, these concepts have very different meanings. Positive feedback, in this sense, refers to a change that has happened in the system, and this could have a destructive effect on the family itself (Sharf, 2000). On the other hand, *negative feedback* denotes when equilibrium is attained. Therefore, in systems theory “positive and negative feedback are related to changing the system or maintaining stability in the system, respectively” (Sharf, 2000: 505).

2.7.1.2 The Components of Family Systems Theory

The FST functions within unified elements and structure. The members of the family are known as the elements and each element has its own characteristics, there are relationships between the elements, and the relationships function in an interdependent manner. All of these create a structure, or the sum total of the interrelationships among the elements, including membership in a system and the boundary between the system and its environment. According to Morgaine (2001), the components of FST are as follows:

- *Interacting in patterns:* There are probable patterns of communication that develop in a family system. These repetitive sequences assist in maintaining the family’s equilibrium and offer clues to the elements about how they should function.
- *Boundaries:* Boundaries can be viewed as a continuum from open to close. Every system has ways of including and excluding elements so that the line inside and outside of the system is clear to all. If a family is permeable with vague boundaries, it is considered “open.” Open boundary systems allow elements and situations outside the family to influence it. It may even welcome external influences. Closed boundary

systems isolate its members from the environment and seem isolated and self-contained. No family system is completely closed or completely open.

- *Composition Law*: The composition law says that the whole is more than the sum of its parts. Every family system, even though it is made up of individual elements, results in an organic whole. Overall family images and themes are reflected in this holistic quality. Unique behaviours may be ascribed to the entire system that does not appropriately describe individual elements.
- *Messages and rules to shape members*: Messages and rules are relationship agreements which prescribe and limit family members' behaviour over time. They are rarely, if ever, explicit or written down. They give power, they induce guilt, they control or limit behaviours, and they perpetuate themselves and reproduce. Most messages and rules can be stated in one or a few words. For example, 'be responsible', and 'be perfect' are all examples of messages/rules.
- *Sub-systems*: Every family system contains a number of small groups which are usually made up of 2-3 people. The relationships between these people are known as subsystems, coalitions, or alliances. Each sub-system has its own rules, boundaries, and unique characteristics. Membership in sub-systems can change over time.

Saatcioglu et al. (2006) describe FST by explaining it in terms of boundaries, forcing and sub-systems. These parts are more or less fluid and function together as a basic structural unit or nucleus for family members. An effective part of the system has an influence on other parts, thus operating to cause re-organisation of the system in a continuous manner and attempting to achieve relative stability. Saatcioglu et al. (2006) regards substance abuse as a symptom of a dysfunctional family system because an addicted individual reveals the familial identity of a system. Development of dependency, and related within a family, became a complementary part of the system which provides help in the explanation of roles, formation of boundaries, and development of sub-systems. Abuse of alcohol and substance became a crucial part of family vulnerability.

2.7.2 Bowen's Family Theory

According to Rabstejnek (2009), Murray Bowen, developer of the Bowen Family Systems Theory, was a pioneer of family psychotherapy. Bowen's work at Menninger Clinic in Topeka, Kansas (1946–1954) focused on enmeshed relationships amongst patients with schizophrenia and their mothers. Bowen moved his research to the National Institute of Mental Health (1954–1959), where all the families lived on the ward with the patient. Observation of relationship patterns of

these families led to the development of family theory. Bowen completed the live-in project at NIMH and focused on the development of the family systems theory, concluding, 'It was clear that all families were pretty much alike' (Bowen, 1978: xv). Bowen continued to develop his theoretical concepts and improved his theory at Georgetown University Medical Center and founded the Georgetown Family Center in 1975. Each family has an emotional system, which seeks ways to reduce tension and maintain stability.

Bowen (1913-1990), developed his family theory based on the idea of the family as a system and the importance of that system in the development and life of all human beings. According to Rasheed, Rasheed & Marley (2011), central to Bowen's theory is his belief that one's family has a significant influence on present day functioning. Bowen believed unresolved emotional issues with parents will continue to have an influence on how one interacts in everyday life and within families of procreation. Symptoms among family members indicate unsolved issues in the family of origin which could continue and appear in later generations (Rasheed et al. 2011). His work continues to evolve through the Bowen Center for the Study of the Family at Georgetown.

2.7.2.1 Key theoretical concepts in Bowen's theory

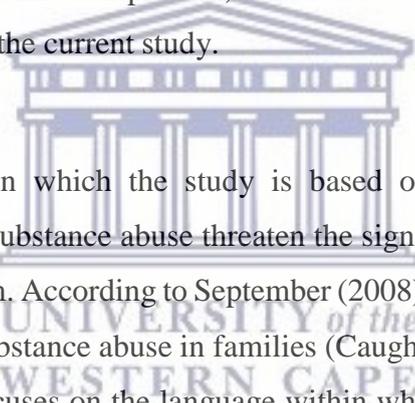
Bowen identified eight theoretical concepts describing how the relationship of forces functions in families and influences the ability of the individual and the family to adapt successfully in life, namely: differentiation of self, triangles, nuclear family emotional system, family projection process, emotional cut-off, sibling positions, multi-generational transmission process, and societal emotional process. These concepts are interconnected, and a thorough understanding of each may be necessary in order to understand the others (Winek, 2010).

- (1) Differentiation of self: According to Winek (2010), differentiation is the central concept in all of Bowen's theoretical work, whilst its definition is the most elusive. Klever (2005) defines differentiation by how well individuals can uphold a sense of self in the midst of pressure from relationships, and how well one is able to maintain cognitive functioning in the middle of emotional pressure.
- (2) Triangles: "...triangles are a systematic theoretical approach in understanding emotional function and dysfunction in families" (Rasheed et al., 2010:174). Triangles exist in all families; Bowen asserts that triangles are the basic building blocks in the family's emotional or relational system and refer to dyadic relationships that are dysfunctional. Bowen proposed that the third person becomes involved in a dyad when there is a great sense of tension.
- (3) The nuclear family emotional process: "Bowen viewed the nuclear family as the most

basic unit in society” (Winek, 2010:89). The nuclear emotional family system consists of the extent to which emotional fusion can occur in a family system. This concept further describes the mechanisms which could be utilised when a family is faced with anxiety (Rasheed et al., 2011). Bowen identified four patterns within the nuclear family which attempts to absorb the level on un-differentiation.

- a) Firstly, emotional distance occurs in a fused family, where there are high levels of anxiety. “As a result of the close fusion and elevated levels of anxiety, a family member can create more distance than they actually would want as a means of handling emotional reactivity” (Bowen, cited in Rasheed et al., 2011).
 - b) Secondly, marital conflict is recognised as a symptom of tension in a relationship or in the family. The degree of conflict in a marriage is generally a function of the degree of fusion in the relationship and the intensity of the underlying anxiety.
 - c) Thirdly, transmission of the problem to a child is influenced by the basic level of differentiation and level of chronic anxiety (Rasheed et al., 2011:178). As a result, children within the family develop physical, emotional and social symptoms. Walsh and McGraw (2002) assert that mothers are inclined to focus more of their energy onto a child, whereas a father would distance himself.
 - d) Lastly, dysfunction in a spouse is a process which involves the manner in which spouses react to one another.
- (4) Family projection process: “Bowen theorized that the family projection process is the passing on of the parent’s level of differentiation to one or more of their children.” (Rasheed et al., 2011:179). Children are inclined to adopt problems that may be obvious in their parent’s marriage or in their family functioning (Brown, 1999). Bowen suggested that this concept signified the manner in which levels of differentiation is transferred from a parent to one or more children. As a result of this projection process, the child may end up being either more, less or equally as differentiated as his or her parents (Rasheed et al., 2011).
- (5) Emotional cut-off: describes the manner in which individuals handle the emotional force that occurs between generations and the manner in which individuals handle their unresolved emotional attachment to their family. These unresolved emotional issues generally centre on unresolved attachment and differentiation of self. Individuals use separation, withdrawal, running away and denial as a means of handling unresolved attachment (Rasheed et al., 2011).
- (6) Sibling positions: Bowen highlighted “sibling position as a factor in determining personality” (Winek, 2010:87). Bowen argued that sibling position can offer valuable

- information in understanding the roles which individuals tend to take in relationships.
- (7) Multi-generational transmission process: refers to the manner in which patterns, themes and roles are transferred from generation to generation by means of parent-child interactions. Brown (1999), states that the effect will be different for each child, considering the depth of social triangles which they have with their parents.
- (8) Societal emotional process: According to Schiff (2004:59), the concept of societal emotional process “extends beyond the locale of the family to the greater family or society at large.” Bowen asserts that anxiety in society creates discomfort and more anxiety in families. Bowen (cited in Rasheed et al, 2011) states that the emotional process in society influences the emotional process in families. According to Kerr and Bowen (1988), the lower the family’s level of differentiation, the more prone the family’s emotional process will be to the influence of societal emotional processes. The concepts of nuclear family emotional system, family projection process, multigenerational transmission process, emotional cut off and sibling positions are particularly salient to the current study.



The theoretical frameworks on which the study is based on, allowed the researcher to understand the ways in which substance abuse threaten the significant relationships which are formed within the family system. According to September (2008), the family system theory was frequently used in studies of substance abuse in families (Caughlin & Malis, 2004; Slesnick & Prestonik, 2004). The study focuses on the language within which the family constructs their experiences (past and anticipated), and how these explanations demonstrate the degree of family thinking (Barnes, 1998).

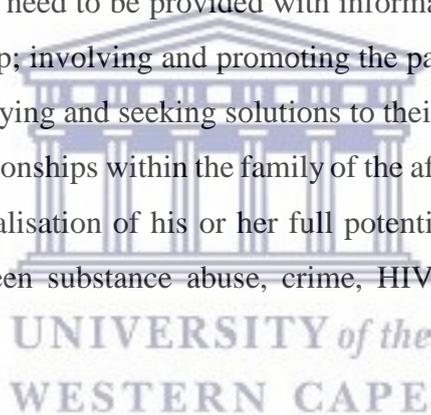
2.8 THE ROLE OF SOCIAL WORK IN SUBSTANCE ABUSE

According to Galvani (2015:5), “the field of social work aims to assess, support and care for people who are in need of a helping hand, for some this is a short-lived moment, for others the care needed is intermittent or a for a longer term”. The SACSSP asserts that the core of social work practice is a set of values and principles; values that social workers work with and those who care for them are dependent on them. De Boer and Coady (2007) assert that social workers attempt to understand the client in their environment and in the wider context of their lives and acknowledge the interaction between the person’s past, present and future. Galvani (2015) explains that social work aims to protect clients at risk, from themselves or others, and is frequently confronted with multifaceted and challenging stresses relating to care or control.

Social work is concerned with building relationships and forming trust, offering respect and compassion, even in the most challenging conditions, through skilled communication and an empathic and empowering approach.

2.8.1 Social work services rendered in substance abuse

In Chapter 4 of The Prevention of and Treatment for Substance Abuse Act no 70 (2008), it states that the purpose of programmes for early intervention is to identify and treat potentially harmful substance use, prior to the onset of overt symptoms which are associated with dependency on substances. It is also stated herein that programmes for early intervention must focus on identification of individuals, families and communities at risk (Substance Abuse Act no 70 of 2008). It should also involve screening for problematic substance use to facilitate early detection and appropriate interventions, enabling affected persons to recognize the warning signals of substance abuse and conditions related thereof. In addition, the Act further stipulates that families and communities need to be provided with information to enable them to access resources and professional help; involving and promoting the participation of children, youth, parents and families, in identifying and seeking solutions to their problems. It also encourages appropriate interpersonal relationships within the family of the affected persons, the well-being of the service user and the realisation of his or her full potential, sensitising users and their families about the link between substance abuse, crime, HIV and AIDS and other health conditions.



According to Appollis (2016: 43), “social workers need to carry out the provisions of The Prevention of and Treatment for Substance Abuse Act no 70 of 2008”. Appollis (2016) asserts that social workers can employ a variety of intervention methods, such as group work (meso), case work (micro), community work (macro), as well as statutory work in order to implement the principles of The Prevention of and Treatment for Substance Abuse Act no 70 of 2008. The following presents the methods of intervention which social workers could use.

2.8.1.1 Micro (case management)

On a micro level, social workers are the means to deal holistically with a client. According to Maluleke (2013:31), “social workers by virtue of training, have the capacity to perform tasks of case managers”. Alexander, Pollack, Nahra, Wells and Harris-Lemak (2007) suggest that case managers have a set of functions which assist clients to obtain the resources they need to better themselves as individuals. The notion of a social worker performing the role of a case manager or a counselor is a regular and powerful view in social work during its history.

Furthermore, it has been closely related with some of the main values of social work and mainly identifying the inherent worth of the individual and respecting him or her (Rwomire, 2011). The following intervention represents a micro level model:

(i) Motivational Interviewing

Motivational Interviewing (hereafter referred to as MI), was originally developed and studied by William R. Miller (Miller & Rollnick, 2002). MI places importance on the cognitive factors of behavior change. According to Prochaska, Johnson and Lee (2009), motivation is understood as a powerful tool which is a critical component in maintaining or changing addictive behaviour. Prochaska et al. (2009) states that an important theoretical framework in understanding and applying MI is the ‘Trans-theoretical Model of Change’, which is frequently used in collaboration with MI, and which acknowledges and addresses an unwillingness to make a difference (cited in Carelse, 2018). In the model, there are six stages of change:

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse



According to Wells, Allison, Valente, Peavy and Jackson (2013), the therapists (including social workers) in MI play a supportive, empathic and directive role and build a relationship that assists the substance abuser to feel relaxed when exploring doubt. MI contains relationship-building and it is understood as a planned therapy in which the therapist pays close attention to the client’s story and changes the intervention. The spirit of MI is thought to be an important element, that is, the degree to which a treatment session involves collaboration with client, evocation of client ideas, and support of client autonomy. While responsibility for change rests with the client, the interaction between clinician and client is the key to whether the client’s motivation to change is affected by an MI session (Wells et al., 2013). Frequently MI interventions vary from one to four sessions, even though there is no decree against using MI across more than 4 sessions. Wells et al. (2013) asserts that there is a type of MI called Motivational Enhancement Therapy (MET), which consists of providing the client with feedback regarding formal or informal assessments, and in some interventions, this includes use of a written feedback report.

2.8.1.2 Meso (group work)

According to Farley and Smith (2006:9) “Group work aims at improving the functioning of group members through forming a mature relationship, self-awareness and a greater sense of belonging”. Farley and Smith (2006) further asserts that social workers make use of a group as a way to bring anticipated changes in social functioning with challenged persons. Group work in social work was recognized and established as a social work intervention during the 1940s and 1950s. Affiliated with community organization, group work accentuates the situational milieu of behavioural modification. DuBois and Miley (2005: 38) argue that “these approaches have both contributed significantly to the transformation of the social work profession that is from being merely remedial (social casework) to being developmental”. Group work contains the use of small group interaction which is utilised as an instrument to enable social change. Reid (cited in Du Bois & Miley, 2005) states that group work focuses on the improvement, education and social reform, and utilises the interaction of individuals in the group processes to attain supportive group action that addresses common goals. Brown (2002) explains that group work provides the opportunity for learning, combined action, role modeling, relationship building, empowerment and change.

The following examples represent group work programmes specifically geared for substance abuse matters:

(i) The 12-step model

The 12-step approach to the treatment of substance abuse is prevalent in many countries, however in South Africa, it is an extensively recognized model for “programmes of substance abuse intervention” (Carelse, 2018:115). The 12-step approach is the oldest and most well attended group which is provided by Alcoholics Anonymous (hereafter referred to AA) that began in 1935 (Alcoholics Anonymous, 2012). The ideologies of AA function as a model for other 12-step programs, of which Narcotics Anonymous (hereafter referred to as NA) is the largest program focusing on substance use (Narcotics Anonymous, 2012). NA accepts all persons with a substance abuse problem, irrespective of the choice of substance or combination of substance used. The 12-step approach seeks to bring the abuser to the point whereby they can accept the disease (i.e. that addiction is a lifelong disease). The focus of the 12-step approach is to give the substance abuser a new way of living that will support them in breaking the cycle of substance abuse and maintaining abstinence (Mercer & Woody, 1999). According to Kaskutas, Bond and Humphreys (2002) the 12 steps stipulate that substance abusers must acknowledge their powerlessness over substances, take a moral inventory of themselves, admit the nature of their wrong doings, compile a list of persons that they have harmed, and make

amends with those individuals. Participation in such groups is intended to offer members with support in remaining substance free, a social network (the “fellowship”) with which to affiliate, and a set of 12 guiding principles (the “steps”). A principal part in the 12-step self-help groups is that involvement is voluntary. In addition, another significant element is sponsorship whereby a member who has made progress in the 12-step recovery program shares his or her experience about an individual on continuous basis with another member who is attempting to attain or maintain abstinence through the 12 steps. The overall guidelines for recovery are established on the philosophy which has been described as the ‘12-Step six pack’: don’t drink or use drugs, go to meetings, ask for help, get a sponsor, join a group, and get active (Laudet, 2008).

(ii) The Matrix Model

The matrix model was established in the 1980’s at the Matrix Institute in Los Angeles. The model was developed by using information from clients who had abused cocaine in treatment. Rawson (2004:3) asserts that the matrix model is a “multi-component approach, as it was designed using empirically supported inventions and elements of treatment”. The matrix model incorporated strategies which improved the attendance in treatment and decreased the abuse of substances by objectively measuring the abuser’s usage on a weekly basis by using a urine test. According to Matrix (cited in Carelse, 2018), the aim of the Matrix model is to assist the abuser to become free of the substances, to remain in a treatment programme for 12 months and to educate themselves regarding substance abuse and the relapse stages. The matrix model is structured in a manualised treatment protocol consisting of:

- 16 weeks of cognitive behaviour therapy groups
- 12 sessions of family educational groups
- 4 sessions of social support groups
- 4 sessions of individual counselling

Rawson (2004) avers that the substance abuser is also tested for cocaine, methamphetamine, opiates, cannabis and benzodiazepines on a weekly basis, using alcohol breath testing and urine testing. The substance abuser is encouraged to attend meetings on a weekly basis or more frequently at the 12 step meetings. The treatment sessions are facilitated and supported by a trained professional (can also be a social worker), who adopts a non-judgmental and non-confrontational role and one who employs extensive positive reinforcement.

2.8.1.3 Macro (community work)

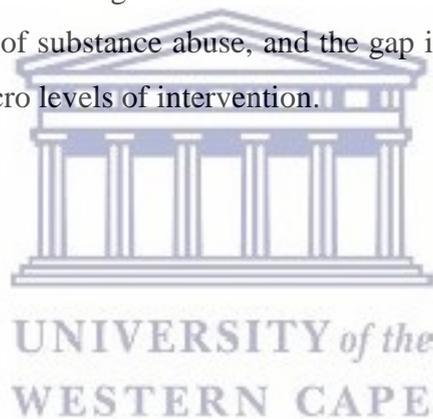
Community work “is a method of social work intervention which involves several processes directed at communities, which is intended to bring social change through community

development, social planning, community education, social marketing, and social action practice models” (Ambrosino, Hefferman, Shuttlesworth & Ambrosino, 2007:34; Department of Social Development, 2013:21). Healy (2012: 169) defines community work as “a set of approaches focused on understanding individuals as part of a community and on building capacity of that community to address the social, economic or political challenges facing its members”. According to DuBois and Miley (2005) the basic purpose of community work is to improve the self-reliance of the community and their ability to uphold its development. By nature, community organisation makes changes in big groups and organizational components, often in circumstances or in an environment which in turn affect personal well-being. Farley et al. (2006) aver that community organisation is the inter-group approach directed towards undertaking social pathologies and increasing the understanding of the community needs and addressing them. Carelse (2018: 120) asserts “that there is a gap in terms of macro intervention, and therefore in early intervention and prevention”. Programmes may be implemented on an ad-hoc basis, but is not being written about or published.



2.9 CHAPTER CONCLUSION

Chapter Two presented a thorough literature review which provided the researcher with more insight into the effects of substance abuse on family well-being. It is evident from the literature reviewed, that substance abuse has a detrimental effect on family well-being. As noted, family members are left with feelings of anger, embarrassment, fear, worry and guilt. Beside the aforementioned feelings experienced, mothers were inclined to question their parenting skills and often asked the question “Where did they go wrong as parents”? Substance abuse has also caused parents to neglect their non-substance abusing children, as much focus is on trying to rescue their substance abusing child. Within the substance abuse household, communication and daily interactions are often damaged as the manner of communication is now filled with conflict and hostility towards one another. The chapter also explored the policies and legislation which were used to give direction in terms of substance abuse and the services rendered. This chapter also provided the understanding of social work and the services offered and rendered by social workers in the field of substance abuse, and the gap in specific programmes which are specifically geared for macro levels of intervention.



CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of this chapter is to present the research methodology that was followed in order to explore the effects of substance abuse on caregiving and family well-being in Mitchells Plain. According to Leedy and Ormrod (2005:12), research methodology is “the general approach that the researcher takes in carrying out the research project. To some extent, this approach dictates the particular tools the researcher selects”. Babbie and Mouton (2010) explain that methodology has a unique and distinctive character, and therefore assert that research methodology emphasises the individual, (therefore unique) steps in the research process and the most objective (unbiased) actions are to be explored. Hence, research methodology refers to procedures or a step-by-step process that is characteristic of a particular study, rather than rote or routine. Figure 3.1 represents a diagrammatic process and components of research methodology:

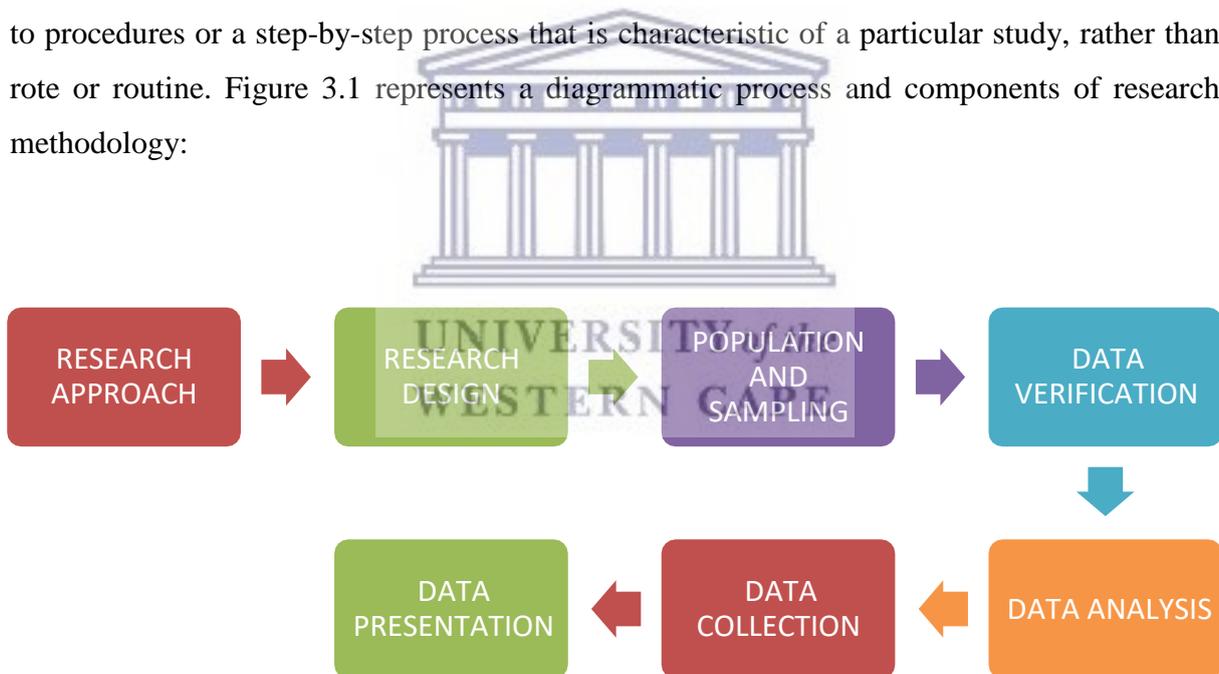


Figure 3.1: Research methodology process and components
Sources: Kumar (2011)

Figure 3.1 illustrates the most common step-by-step process that most researchers follow. This chapter will focus on these steps to illustrate the scientific methods which were used to obtain qualitative data.

Chapter Two explicated the literature review and revealed the gaps in previous studies related to this particular research topic. In consequence, the aim of the research study is to explore and describe the effects of adolescent substance abuse on caregiving and family well-being within identified areas in Mitchell's Plain. In order to achieve this, the research methodology was designed to answer the following main research question: *What are the effects of adolescent substance abuse on caregiving and family well-being in Mitchells Plain?*

A qualitative research approach was used to explore the phenomenon to obtain a personal (insider) perspective about the real experiences of the social world of the participants. This approach was in keeping with the study objectives which were to obtain the opinions and viewpoints about participants' encounters and exposures to a particular study topic. The study objectives were as follows:

1. *To explore and describe the effects of adolescent substance abuse on the relationship between adolescents and caregivers and the dynamics of caregiving within the environment of substance abuse.*
2. *To explore and describe the effects of adolescent substance abuse on notions of family well-being, especially the communication and engagement patterns between the substance abuser and care-givers, family members and the broader community.*

A single instrumental case study design was deemed most appropriate for the parameters of the study, the objectives and the research process. The data was collected through semi-structured interviews and analysed in accordance with Tesch's eight steps. This chapter focuses on the methodology (see Figure 3.1) that was used in this study which includes a discussion in relation to the research design, sampling, data collection methods and procedures as well as data analysis. Finally, this chapter will discuss the trustworthiness of the study and ethics considerations that were used during and after data collection, to ensure validity of the research process and the data collected.

3.2 RESEARCH PHILOSOPHY AND APPROACH

The research philosophy one chooses is an important aspect in the research process. The philosophical approaches allow researchers to determine which paradigm should be adopted and the reasons thereof (Saunders, Lewis & Thornhill, 2007). This section will provide an understanding of the research philosophy and approach that framed the methodology that was used in the study. The research philosophy is one which encompasses significant assumptions

about the way in which one views the world. These assumptions will underpin the research strategy and the methods chosen as part of a strategy. In part, the philosophy one adopts will be influenced by practical considerations. The relationship between philosophical underpinnings, paradigms and research approach can be viewed in three levels, as illustrated in Figure 3.2.

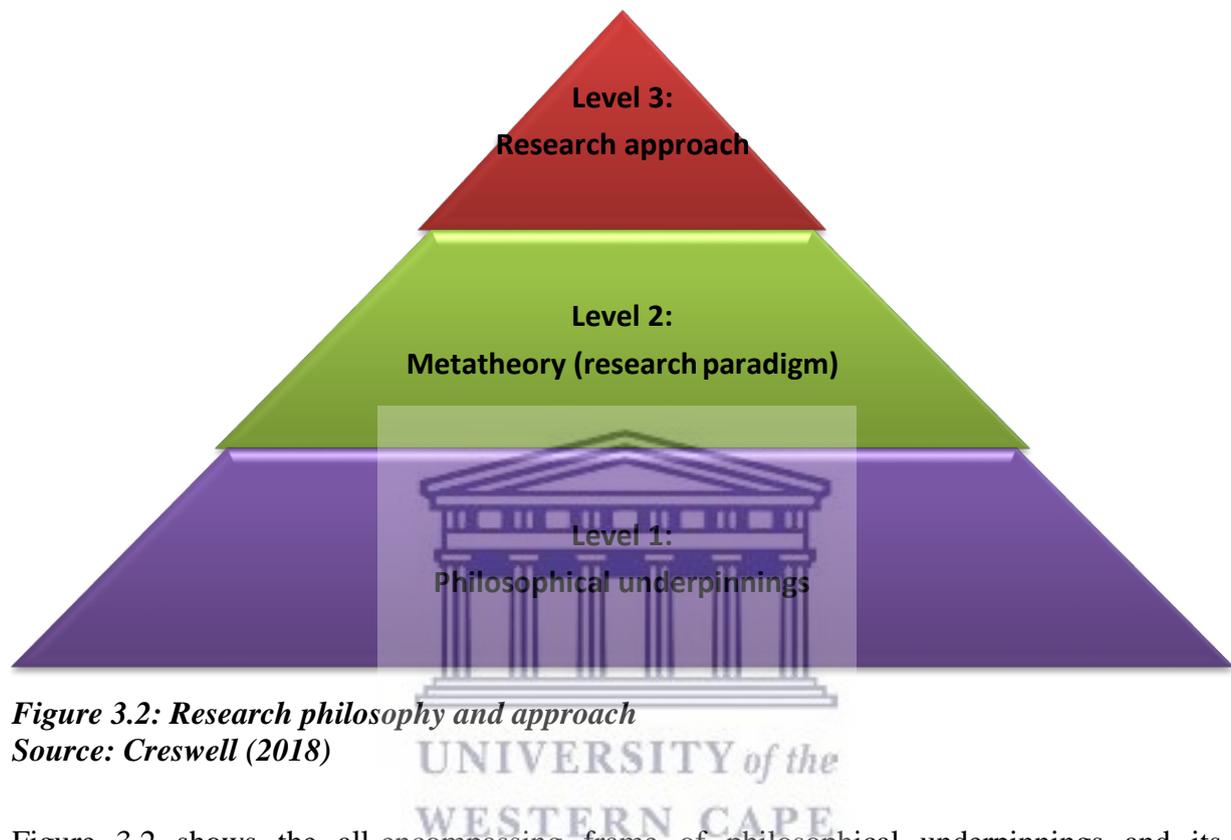


Figure 3.2: Research philosophy and approach
Source: Creswell (2018)

Figure 3.2 shows the all-encompassing frame of philosophical underpinnings and its relationship to research philosophy and approach. It is illustrated in terms of three levels. These three levels are as follows:

3.2.1 Level 1: Philosophical underpinnings

Creswell (2018: 15) asserts that “whether one is aware or not, researchers always bring certain beliefs and philosophical assumptions into their research”, and that “assumptions are deeply ingrained views about the kind of problem the researcher anticipates studying”. These beliefs and philosophies can therefore be developed throughout one’s life experiences and socialization and become entrenched as part, for example, of our belief systems or theoretical perspective or dogmas. The arrival or emergence of a philosophical assumption is dependent on the following philosophical assumptions (Figure 3.3):

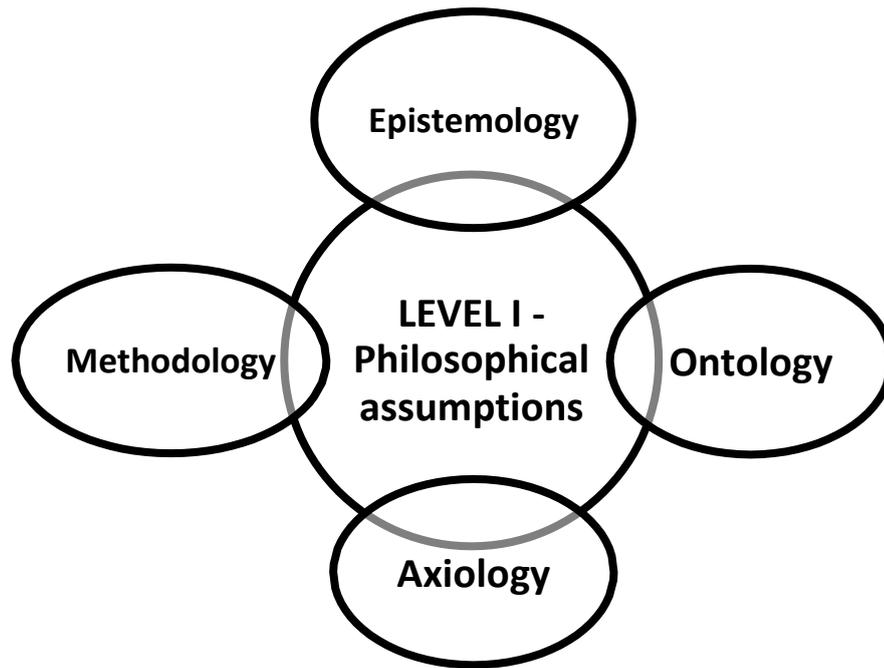


Figure 3.3: Level 1: Philosophical assumptions
Sources: Creswell (2013)

Figure 3.3 illustrates the four assumptions that researchers have, regarding the way they view the world i.e. epistemological, ontological, axiological and methodological. These four assumptions strongly influence the choice of research approach and designs. The following discussion focuses on these four assumptions, starting with epistemology.

3.2.1.1 Epistemology

According to Cohen, Manion and Morrison (2007:7), “epistemology is associated with the nature and form of knowledge, the epistemological assumptions are related to the way knowledge can be created, acquired and communicated; simply put what it means to know”. Kivunja and Kuyini (2017:27) explain that “epistemology is concerned with the very basis of knowledge- its nature, and forms and how it can be acquired, and how it can be communicated to other human beings”. The focus is on the kinds of human knowledge and understanding of what the researcher could obtain in order to extend, broaden and deepen their understanding in the field of research. According to Kivunja and Kuyini (2017:27) when thinking about the epistemology of one’s research, “questions should be asked like; is knowledge something which can be acquired on the one hand? or is it something which has to be personally experienced? what is the nature of knowledge and the relationship between the knower and the would-be? what is the relationship between me, as the inquirer, and what is known?” Epistemologically, the researcher sourced the knowledge for the study from the participants

who experienced the effects of substance abuse. The researcher attempted to get close to the participants, with the intent of exploring the effects of substance abuse on family well-being which they experienced firsthand.

3.2.1.2 Ontology

Neuman (2014) described ontology as a part of philosophy, which is linked by the nature of being or what exists; the area of philosophy that asks what really is and what the important components of reality are. Ontology is an important aspect of a paradigm, because it assists in offering an understanding of the things that form the world, as it is known (Scott & Usher, 2011). Ontology pursues the real nature, or the underpinning of ideas that constitute the themes that researchers analyze to identify the meaning rooted in research data. The philosophical assumptions concerning the kind of reality are fundamental in understanding how researchers make meaning of the data collected (Kivunja & Kuyini, 2017). Ontologically, the researcher aimed to understand the social world or reality in which parents and siblings experienced the effects of substance abuse on family well-being and to understand the meaningfulness of their reality, supporting the insider's perspective.

3.2.1.3 Axiology

Kivunja and Kuyini (2017) refer to axiology as the ethical issues that need to be considered. It reflects the philosophical approach in making decisions of value or the right decisions. Axiology comprises of defining, evaluating and understanding concepts of right and wrong behaviour pertaining to research. This includes questions about how researchers deal with their personal values and those of the research participants. Saunders et al. (2007) states that the researcher's own values play a significant role in the research process, if the research outcomes are to be credible. Heron (1996) contends that individual values are the cause of all human action. Heron (cited in Saunders, 2007:128) further states "that researchers demonstrate axiological skills by being able to articulate their values as a basis for making judgments about what research they are conducting and how they go about doing it".

From an axiological stance, the researcher had to be mindful of the following:

- The researcher is registered with the South African Council for Social Service Professions (SACSSP) as a professional social worker which guides her professional conduct in practice and in research matters.
- The researcher was continuously aware of her own personal values and the possible influence these could have on her participants and on the research process.

- The researcher is also employed at an organisation that has rules and ethics which govern the professional codes of conduct, and thus had to consider these in relation to how and where she recruited her participants, and the necessary ethics protocols to access participants.

Whilst conducting the research, the researcher had to remain cognisant of her own values and personal life and the effects that this may have on the research process (using self-reflexivity).

3.2.1.4 Methodological considerations

Creswell (2003) asserts that the methodological assumption involves the assumptions made by the researcher concerning the types of reasoning utilised in the process of research, for example:

- *Deductive Reasoning:* Leedy and Ormord (2005) define deductive reasoning as a method of reasoning where two premises are relevant. The authors refer to premises as statements or assumptions that are self-evident and generally accepted “truths.” Neuman (2006: 59) asserts that “deductive reasoning is when the researcher commences with abstract concepts or a theoretical proposition which outlines the logical connection among concepts and then moves towards concrete empirical evidence”.
- *Inductive Reasoning:* According to Neuman (2003), inductive reasoning commences with in depth observations of the world, which moves in the direction of more abstract generalisations and ideas. Neuman (2003) asserts that when pursuing an inductive approach, starting with the topic, the researcher is inclined to develop empirical generalisations and identify preliminary relationships, as the researcher progresses through the research. No hypotheses can be established in the preliminary phases of the research, and the researcher is not sure regarding the type and nature of the research findings up until the study is finished.

In this study, the researcher made use of inductive reasoning as the researcher aimed to generate meanings from the data set collected, in order to identify patterns and relationships to build knowledge and understanding.

3.2.2 Level 2: Metatheory or research paradigm

Neuman (2011:94) describes a “paradigm as a whole system of thinking.” In this sense, “a paradigm refers to the established research traditions within a particular discipline” (Mouton, 1996:203), or within a philosophical framework (Collis & Hussey, 2003:55). In addition, “a

paradigm would consist of the putative theories, traditions, approaches, models, frame of reference, body of research and methodologies; and it could be seen as a model or framework for observation and understanding” (Creswell, 2007:19). A paradigm is therefore a basic set of beliefs that guide action. Subsequently, paradigms play an imperative part in the social sciences. However, different authors and researchers give different meanings to the concept of paradigms (Creswell, 2009). In view of the potential for confusion, Creswell (2009: 6) chose to apply the concept as a ‘worldview’.

There are two significant paradigms that have dominated the natural and social sciences, these are: positivism and interpretivism (Figure 3.4).

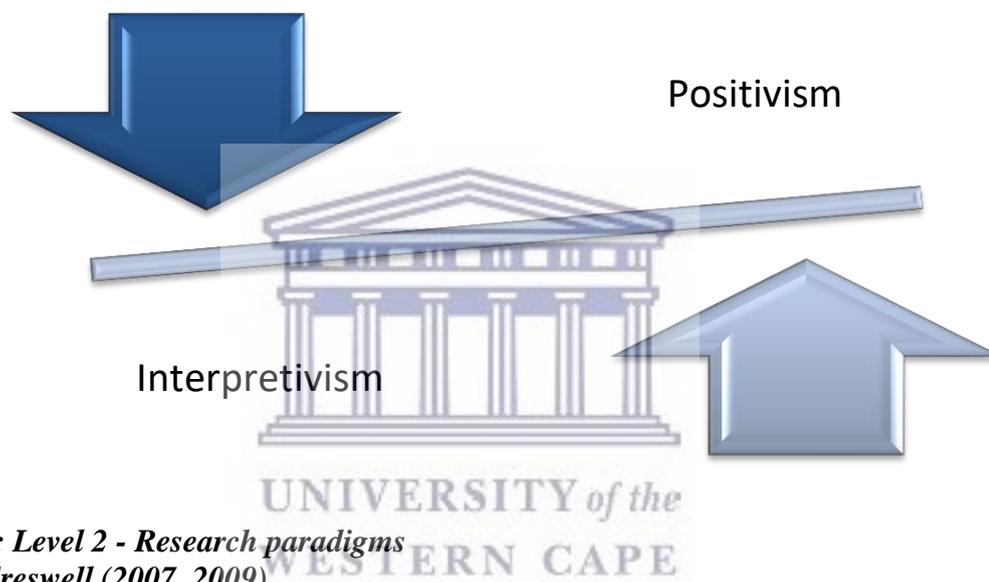


Figure 3.4: Level 2 - Research paradigms
Sources: Creswell (2007, 2009)

The above Figure graphically shows the relationship between positivism and interpretivism which is often shown as opposing and contrasting viewpoints and beliefs.

3.2.2.1 Positivism Paradigm

According to Gray (2004) positivism was the main epistemological paradigm in social science from the 1930s through to the 1960s; its main argument being that the social world exists externally to the researcher, and that its properties can be measured directly through observation. Positivism claims that reality entails what is accessible to the senses, that is, what can be seen, smelt, and touched. Positivists insist that inquiry must be founded on scientific observation and therefore on empirical inquiry. The natural and human sciences share common logical and methodological principles, dealing with facts and not with values. Morris (2006) argues that the positivist researcher focuses on the understanding of the study, as it evolves

during the investigation; and thus, begins with an area of study and what is relevant to that area for a fuller understanding thereof. Glicken (2003) asserts that positivists contend that a large number of variables cannot always be controlled and that positivist research is often difficult and impractical for many forms of social research.

3.2.2.2 Interpretivist Paradigm

Crotty (2003:67) asserts that the interpretivist paradigm “search[es] for culturally derived and historically situated interpretations of the social life-world”. According to Schwandt (1994), the interpretivist paradigm is affiliated with subjective meanings, as it looks to recognise the individual’s explanations and understanding of the social phenomena. Consequently, social research is guided by the researcher’s wish to comprehend social reality, and where everything is interpretive. Hussain, Elyas and Nasseef (2013) argue that researchers cannot separate themselves from the object being studied, the subject matter, and the methods of the study. Unlike positivists, interpretivists argue that there is no knowledge that is independent of thinking and reasoning by humans, therefore information and meaning are ways of interpretation (Schwandt, 1994). In addition, interpretivists further contend that assuming a cause-and-effect’ relationship in social sciences is not valid. Therefore, the interpretivist researcher’s goal is to obtain individual opinions, share their meanings, and gain an understanding regarding the observed case (Bryman, 2008; Grix, 2004).

3.2.2.3 Selection of study paradigm

This study was located within the interpretivist paradigm, which is often also referred to as social constructivism (Denzin & Lincoln, 2011; Mertens, 2010). According to Creswell (2014), in social constructivism, people search to understand the world in which they work and live. They develop personal sentiments of their experience, meaning aimed at certain objects and things. Creswell (2014: 8) argues that “these meanings are varied and multiple, leading the researcher to look for the complexity of views, rather than narrow the meanings into a few categories or ideas”. The social constructivist paradigm was seen as most fitting for the study, as the researcher was interested in understanding the effects of substance abuse and attempted to make meaning of the world in which the participants lived.

3.2.3 Level 3: Research approach

There are two dominant research approaches, that is the qualitative research approach and the quantitative research approach which traditionally is linked with the philosophical underpinnings of the study as well as those of the researcher. The traditional relationship

between the research paradigm and the selection of the research approach is illustrated as follows (Figure 3.5):

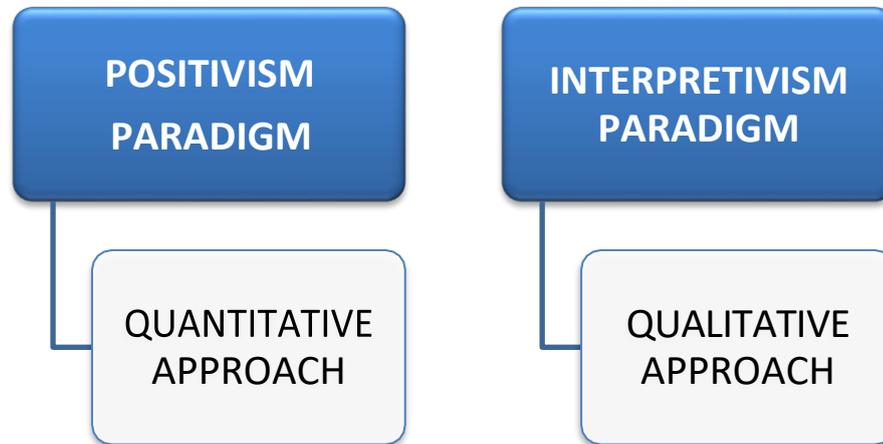


Figure 3.5: The relationship between paradigms and approaches

Sources: Creswell (2014)

Figure 3.5 depicts the relationship between the chosen paradigm and the research approach that will guide the philosophical orientation of the study.

3.2.3.1 The quantitative approach

The quantitative approach is concerned with numerical methods which explore research topics grounded in positivism. Leedy and Ormrod (2005: 94) describe quantitative research as being able to “answer questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena”. In the quantitative approach, there is emphasis on counting, describing, and using standard statistics, such as means and standard deviations. Furthermore, when one intends to prove if a cause produces an effect, the quantitative approach would likely be used. Thus, a quantitative approach best suits a study which aims to reveal statistical information and as a result, the mentioned approach does not speak to the aim and objectives of this research study.

3.2.3.2 The qualitative approach

Creswell (2014) defines the qualitative approach as a research process that explores and understands the meaning individuals or groups ascribe to a social or human problem. Bless, Higson – Smith and Kagee (2007) aver that qualitative research uses a variety of methods,

which uses qualifying words and descriptions to record and investigate aspects of social reality. In general, Leedy and Ormrod (2005) argue that qualitative research is used to answer questions about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from the participants' point of view. The qualitative approach is also referred to as the interpretivism constructivist, or anti-positivist approach because of its underlying philosophical principles. The philosophical perspective that is best associated to qualitative research and which significantly differs to that of quantitative studies, is the interpretivism worldview (Fouché & Schurink, 2011).

Fouché and Delpont (2002) offer the following principles that govern qualitative research studies:

- Elicits participant accounts of meaning, experience or perceptions.
- Produces descriptive data in the participant's own written or spoken words.
- Involves identifying the participant's beliefs and values that underlie a phenomenon.
- Focuses on understanding, rather than an explanation of phenomena.
- Uses naturalistic observation, rather than controlled measurement of phenomena.
- Explores the subjective reality from the perspective of an insider, as opposed to the outsider perspective that is predominant in the quantitative paradigm.
- Employs non-statistical methods and small samples that are often purposively selected.

A decision to select either the qualitative or quantitative approaches emerged from the philosophical underpinnings discussed in section 3.2.1 above, and the significant differences between these approaches distinctly related to their paradigmatic roots (Table 3.1):

Table 3.1: Comparison between qualitative and quantitative approaches

Differences	Qualitative Research	Quantitative Research
Emphasis of research	The focus of qualitative research is to gather the perceptions and experiences of participants and the way they would make sense of their world.	Measurement of objective facts and focuses on variables
Philosophical underpinnings	Interpretivism, symbolic interaction.	Positivism, logical empiricism.
Associated designs	Fieldwork, ethnographic, naturalistic, grounded, subjective.	Experimental, empirical, statistical.
Goal of investigation	Researchers are predominantly concerned in understanding how things occur.	Prediction, control, description, confirmation, hypothesis testing.

Design characteristics	Flexible, evolving, emergent.	Predetermined, structured.
Setting	Takes place in natural settings, where human behavior and events occur.	Unfamiliar, artificial.
Sample	Small, non-random, theoretical.	Large, random, representative.
Data collection	The researcher is the key instrument of data collection rather than some inanimate mechanism.	Inanimate instruments (scales, tests, surveys, questionnaires, computers).
Methods of analysis	Inductive (by researcher). Objectivity and truthfulness are equally important to both research traditions. Though the criteria for judging a qualitative study differ from quantitative research. Firstly, the researcher searches for believability, based on consistency, insight and instrumental utility and trustworthiness through a process of verification rather than through traditional validity and reliability measures.	Deductive (statistical analysis the methods of choice)
Findings	Comprehensive, holistic, expansive	Precise, narrow, reductionist

Sources: Creswell (2014); De Vos et al. (2011)

Table 3.1 differentiates the qualitative and quantitative approaches and the steps in the methodology in accordance with these two approaches that show the distinctive differences between the two. The researcher has the responsibility to select the approach not only because of these differences, but also on the basis of levels 1 and 2 which have culminated in these approaches. In conclusion, Buckingham and Saunders (2008) argue that in qualitative research there is a holistic viewpoint which considers people's difficulties and varying perspectives and it is this very holistic element that the researcher intended to capture in the study.

3.2.3.3 Rationale for selecting research approach

The researcher conducted a qualitative study, as opposed to a quantitative study as the nature of the research question required more than just numbers about the effects of adolescent substance abuse on caregiving and family well-being. The research approach is organised in such a way that it would make sense to ascertain who said what about the challenges and experiences they faced as well as what kind of thinking or values governed these challenges and experiences. Mays (2008) avers that a good researcher delves into the real experiences and obtain first-hand information from the participant themselves. For this very reason, a qualitative study permitted the researcher to pay more attention to the cultural interpretations,

values and beliefs on which the effects of adolescent substance abuse have on caregiving and family well-being.

Due to the nature of the questions that were posed to the participants, a quantitative study would not have done justice to the question, as it is restricted and would provide vague answers that would not have given clear insight into the different viewpoints and experiences represented by the participants. The researcher was not concerned with the “how many” questions, but rather by the “what and why” questions. Davies and Dwyer (2007) argues that the qualitative methods are more flexible and approachable than quantitative methods, as they give more spontaneity and adaptation of interaction between the researcher and the participants and this is the nature of research that the researcher hoped to engage in with the participants.

3.2.4 Section conclusion

Section 3.2 discussed the three levels in the study’s philosophy and approach which compelled the researcher to deeply reflect on her own ideas about research and paradigmatic considerations. The researcher had to think about the study’s philosophical underpinnings such as epistemology, ontology and axiology; paradigms such as positivism versus interpretivism which ultimately informed the selection of the qualitative approach.

3.3 RESEARCH DESIGN

Research design refers to the planning of the research study and contains designing a specific plan to obtain and collect information that the researcher desires for the research inquiry (Babbie & Mouton, 2009). Research inquiry involves the research tasks of data collection, and making observations and interpretations of what the researcher has observed. In order to do so, the researcher needs to plan how the research inquiry will be done, who will form part, what will be observed and analysed, why the researcher wants to do it, and how the researcher is going to do it; all these activities refer to research design (Babbie & Mouton, 2009).

3.3.1 Different research designs

Although there are a variety of designs, five key research designs, namely, narrative, phenomenology and grounded theory, ethnography and case study are identified (Babbie & Mouton, 2009; Creswell, 2007, 2009; Denscombe, 2014; Fouché & Schurink, 2011):

- a) *Narrative*: According to Riessman (2008) in the narrative research design the researcher studies the lives of persons and would often ask questions pertaining to

individuals' lives or they are requested to provide stories about their lives. The information gathered from asking questions is often retold by the researcher into a narrative chronology. Clandinin and Connelly (2000) contend that, ultimately and often, the narrative brings together the views of the participant's life with those of the researcher's life in a collaborative narrative.

- b) *Phenomenology*: Phenomenological research is a design of inquiry emanating from philosophy and psychology in which the researcher describes the lived experiences of individuals about a phenomenon as described by participants. The design allows the researcher to gain an understanding of the essence of the participant's experience (Creswell, 2007). This design has strong philosophical underpinnings and typically involves conducting interviews (Giorgi, 2009).
- c) *Grounded theory*: Grounded theory can be defined as a research design, whereby the inquirer makes an overall explanation (a theory) of a process, action or interaction informed by the opinions of participants (Strauss & Corbin, 1998, cited in Creswell, 2009).
- d) *Ethnography*: Creswell (2007) asserts that ethnography stems from anthropology and sociology. In ethnography, the researcher studies group customs, traditions and activities in its real context within a sustained time period (Creswell, 2007). According to Schwandt (2007) the most prominent factor of ethnographic studies is describing and interpreting cultural behaviour.
- e) *Case Study*: Case study is a design of inquiry found in many fields, especially evaluation, in which the researcher develops an in-depth analysis of a case, often a program, event, activity, process, or one or more individuals. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Stake, 1995; Yin, 2009, 2012).

For this study, the researcher selected a case study design which will be further motivated in the following section.

3.3.2 A case study design

Denscombe (2014:54) asserts that case studies examine a specific example (for example adolescent substance abuse) of a specific issue (for example substance abuse in Mitchells Plain) to comprehensively describe "events, relationships, experiences or processes" (for example on caregiving and family well-being experiences), which are happening in that specific example.

The aim is to “illuminate the general by looking at the particular” (Denscombe 2014:54). Yin (2009) indicated that one of the most powerful uses of the method is to explain real-life, causal links, where the researcher can appreciate the subjective richness of individuals recounting their experiences in a particular context.

3.3.2.1 Study context

According to Baxter and Jack (2008), case study research is more than merely conducting research on a single individual or situation. Case study research has the potential to deal with simple through complex situations. It enables the researcher to answer “how” and “why” type of questions, while taking into consideration how a phenomenon is influenced by the context within which it is situated. Mitchells Plain was selected as the study context. This township was established in the 1970s, when communities were forcefully removed and/or relocated in terms of apartheid legislation. The community of Mitchells Plain was created with the intention to ease the lack of housing in the Coloured community of Cape Town. Mitchells Plain was proposed as a socio-politically segregated commuter-type township isolated from economic hubs, from white areas of the city, but also inaccessible from the other Coloured, Black and Indian communities. The City of Cape Town (CCT) (2011) describes Mitchells Plain as one of the largest population of any district and it has the highest population density. Mitchells Plain is characterised by a low standard of living and contains the highest unemployment rate within the CCT. About 15 years ago, Standing (2003:1) then already argued that “the labour and wage market could be described as “uncertain”, occasional and insufficient which results in the labour market being flexible and the rate of employment could be considered as insecure”. The trend of unemployment within the Mitchells Plain community contributes to the high level of unemployment rates which has been recorded at 46%. Standing (2003) had argued that Mitchells Plain had been identified as the community with a backlog of informal housing and for high incidents of backyard dwellings. Due to its high rate of unemployment, the community had commensurate levels of poor and overcrowding housing, which resulted in one third of households residing in one or two rooms. According to Standing (2003:2), as a conspicuous community on the Cape Flats, “Mitchells Plain is prominent for ill health, stress and adverse effects of drug dependency, family fragmentation, school truancy and extremely high levels of inter-personal conflict, particularly domestic violence and assaults concerning knives and guns”. Thus, the high level of violence has made Mitchells Plain an area which is frightening to outsiders.

3.3.2.2 Types of case study design

There are different types of case study designs and the researcher needed to carefully consider what design to select for the study.

Table 3.2: Types of case study designs

Case study designs	Description of case study	Applicability to study
Explanatory	This type of case study would be used if you were seeking to answer a question that sought to explain the presumed causal links in real-life interventions that are too complex for the survey or experimental strategies. In evaluation language, the explanations would link program implementation with program effects.	This design was not appropriate as the researcher wanted to understand a particular situation.
Descriptive	This type of case study is used to describe an intervention or phenomenon and the real-life context in which it occurred.	The researcher did not find this design fitting as the research did not have the intention to describing an intervention.
Multiple-case studies	A multiple case study enables the researcher to explore differences within and between cases. The goal is to replicate findings across cases. Because comparisons will be drawn, it is imperative that the cases are chosen carefully so that the researcher can predict similar results across cases, or predict contrasting results based on a theory.	The researcher did not find this design applicable as she was interested in studying a single study instead of multiple studies.
Intrinsic	Stake (1995) uses the term intrinsic and suggests that researchers who have a genuine interest in the case should use this approach	The researcher did not find this case appropriate

	when the intent is to better understand the case. The purpose is also not to build theory (although that is an option).	because she was not interested in the case but an issue in the case.
Instrumental single case	The instrumental case study is done to provide a general understanding of a phenomenon using a particular case. The case chosen can be a typical case although an unusual case may help illustrate matters overlooked in a typical case because they are subtler there.	The researcher deemed this case the most fitting as the researcher was focused on an issue of concern.
Collective	Collective case studies are similar in nature and description to multiple case studies.	The researcher was only focused on one case.

Sources: Stake, 1995; Yin, 2003

Table 3.2 shows the six case study designs that the researcher can select for either quantitative or qualitative studies, depending on the research aim and objectives. An explanation is given for either accepting or rejecting the design based on the premise of the design. The researcher's focus was on an issue of concern (such as adolescent substance abuse) and therefore selected one case to elucidate the issue. The case was the family members of adolescents abusing substances in identified areas in Mitchells Plain. For this research, the researcher used an instrumental or single case study design. Yin (2003) asserts that a single case study is usually conducted when:

- a) Wanting to test a specific theory of a critical nature
- b) When the case is known to be unique or an extreme case
- c) If a single case is the representative/typical case
- d) When a case is the revelatory case (i.e. previously inaccessible for scientific examination)
- e) If a case is the longitudinal case (i.e. studying same case at different points of time)

The second reason (b) was vital for the researcher. Adolescent substance abuse is a unique vantage point for exploring the experiences of families and of family well-being in terms of substance abuse generally. Section 3.3 provided insight into the research design, which was

utilised in the study, providing a motivation for the use of single case study design within the particular context which is Mitchell's Plain. The study will therefore follow this design.

3.4 RESEARCH POPULATION AND SAMPLING

Strydom and Delpont (2011) explain that the population is a term associated to the entire group of persons, events or organisations pertinent to the study. According to Arkava and Lane (1983) populations are frequently defined in concrete terms, for example, demography, geography, occupation, time, and care requirements. In this regard, the population was the parents and siblings of adolescent substance abusers in Mitchell's Plain. The population therefore could be defined in terms of a demographic profile, and they were situated in a common geographic location and shared care requirements as examples. In this study, parents and siblings of the adolescents who were abusing substances would be the population of interest. Therefore, these parents and siblings residing in Mitchell's Plain can be viewed as a research population.

3.4.1 Sampling method

Sampling relates to a portion of the research population being explored. Strydom and Delpont (2011) elucidate sampling as a measurement drawn from a population being examined. Burns and Grove (2001:365) define "sampling as selecting a group of individuals, events, behaviour or other elements that will provide the essential data for the study". Thus, sampling is the process of making a selection from the identified research population. In terms of the conducted study, the sample included family members consisting of parents, caregivers and siblings of adolescent substances abusers. Therefore, sampling is essentially connected to the population and tries to obtain a workable and manageable unit for analysis when conducting effective research on the selected topic.

3.4.1.1 Sampling strategies

Grinnell and Unrau (2005) suggest that there are two key sampling strategies that are utilised in research, i.e., probability and non-probability sampling. Probability sampling is based on random selection (Grinnell & Unrau, 2005). Strydom and Venter (2002) aver that the quantitative approach depends more on the probability sampling techniques; however, within the qualitative approach the emphasis is on the non-probability sampling strategy. The two sampling strategies are illustrated as follows (Figure 3.6):

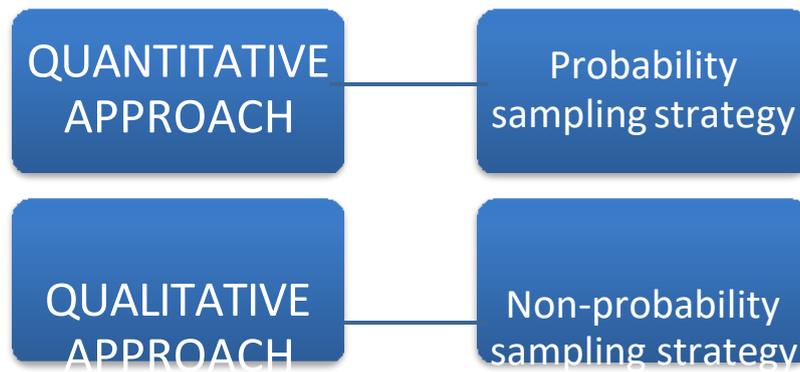


Figure 3.6: Research approach and sampling strategy
Sources: Grinnell and Unrau (2005); Strydom and Delpont (2011)

The above figure shows the relationship between the selected research approach and the appropriate sampling strategy. Grinnell and Unrau (2005:15) explain that the “two sampling techniques [strategies] are each associated with the known and the unknown of the population”. The two sampling strategies are explained as follows:

- *Probability sampling strategy:* Denscombe (2010) contends that probability sampling is based on statistical theory (randomisation) relating to the normal distribution of events. Denscombe (2010) further asserts that probability sampling works best with huge numbers where there is a known population and with large scale surveys using quantitative (numerical) data.
- *Non-probability strategy:* According to Etikan, Musa and Alkassim (2016), within non-probability sampling techniques, randomisation is not significant when choosing a sample from a population of interest. However, subjective methods are utilised to determine what elements are included in the sample (Etikan et al., 2016). Therefore, non-probability sampling is a strategy where samples are gathered in a procedure which does not allow for all participants or units in the population a fair chance of being involved.

Denzin and Lincoln (2000: 370) suggest that “qualitative researchers search for individual, groups and settings where precise procedures that are studied are expected to occur”. With this qualitative study, a non-probability sampling strategy was used, as qualitative researchers seek out individuals who would be able to provide rich, in-depth information about the topic being studied (Strydom & Delpont, 2011). The different sampling techniques under non-probability sampling in qualitative research are discussed in the section that follows:

- *Theoretical sampling*: According to Glaser and Strauss (2012) theoretical sampling can be defined as the process of collecting, coding and analysing data in a concurrent manner in order to create a theory. Neuman (2014) elucidates further and says that the sample is selected in order to assist the researcher to understand the situation under study and also to advance the researcher's developing theory.
- *Snowball sampling*: Oisin (2007) describes snowball sampling as one of the well-known forms of non-probability sampling; this sampling technique is fitting when the population of interest is difficult to get hold of and drafting a list of the population, poses challenges for the researcher.
- *Quota Sampling*: Saunders, Lewis and Thornhill (2012) define quota sampling as a method where researchers gather representative data from a group. The use of quota sampling guarantees that the sample group represents a distribution of key characteristics of the population chosen by the researcher.
- *Convenience sampling*: Dörnyei (2007) describes convenience sampling when members meet certain standards, such as easy accessibility, geographic proximity, availability at a given time, or the readiness to participate are included for the purpose of the study. Etikan et al. (2016) assert that convenience samples are from time to time considered as 'accidental samples', since participants may be chosen because of being in the geographic or organizational vicinity where the researcher is collecting the data.

The type of non-probability sampling technique utilised in this study is purposive sampling. Strydom and Delpont (2011) state that purposive sampling involves selecting a particular case because it has certain characteristics that are of interest to a study.

3.4.1.2 Selection of sampling technique and size

The purposive sampling technique was selected, as it enabled the researcher to hand pick the participants and ascertain if they would be valuable to the study or not (Strydom & Delpont, 2011). It was therefore essential to select participants carefully before data collection. As a result, the process of selecting participants was based on the following inclusion criteria:

- Participants needed to reside in the community of Mitchell's Plain.
- The substance abuser had to start abusing substances in their adolescent stage.
- Participants needed to be a parent or sibling of the substance abuser.

According to Bernard (2002), purposive sampling (also known as “judgement sampling”) is applicable when participants are purposely selected as they have certain characteristics applicable to the study. The author further described the sampling as a non-random technique that does not require fundamental theories or a set number of participants. In other words, the researcher uses her/his own discretion as to what needs to be known and sets out to find people who are eager to participate in the study, in order to make the information available. Patton (2002) clarifies that purposive sampling is usually used in qualitative research to identify and select the information-rich cases for the best utilisation of available resources. Creswell (2011) suggests that it contains identification and selection of individuals or groups of individuals that are knowledgeable and experienced with phenomena of interest. In addition to knowledge and experience, Bernard (2002) explains the importance of accessibility and readiness to take part and the ability to communicate experiences and opinions in an eloquent, communicative and insightful manner.

It was beneficial to have a diverse sample, in terms of gender differences and language. However, upon recruitment it was difficult for the researcher to recruit male participants. The gender of the participants was more in favour of females. This phenomenon is not unique as Kimmel and Messner (2000) argue that women are predisposed to the influence of nurturing and hence women were more forthcoming in participating in the research.

Participants for the research were recruited from an existing parent support group which was facilitated by the Department of Social Development (DSD), Mitchells Plain local office. There were 20 participants in the group and the group consisted of parents, caregivers and siblings of substance abusers. The researcher had to ensure that this group was a representative sample and adhered to the inclusion criteria, that is, parents, siblings and caregivers who suffered the adverse effects of their adolescent family member’s substance abuse. The participants were purposively selected on the basis of having an adolescent family member who had abused substances, whilst in their adolescent stage. The sample size for this study was initially 20 participants. However, due to the researcher reaching data saturation, the researcher suspended interviews after the 12th participant once hearing the same comments and no new information emerged from the interviews. Data saturation is defined by Neuman (2006) as when no new information is established in the research process or when insufficient information has been gathered for the purposes of data analysis. Consequently, the researcher could end the data collection or change the methodology (Bryman, 2001).

3.4.1.3 Sampling procedures

The researcher had to embark on specific sampling procedures to eventually recruit her participants. In order to gain access, permission had to be requested from DSD Mitchell's Plain. This process involved the following steps:

- Permission to conduct the research was firstly requested from the coordinator of the family support group; however, the researcher was informed that she needed to approach the DSD's Directorate of Research to gain permission to do the interviews.
- A formal request to conduct the study from DSD Mitchells Plain local office was submitted to their Directorate of Research. Authorisation to conduct the study was granted after a lengthy application process and submission of all the relevant forms.
- The researcher also attended two interviews at the office of Directorate of Research; in the first interview the researcher discussed aspects of the Research Ethics Committee (hereafter REC) Policy Guidelines for ethical research.
- During the second interview, the researcher had to provide practical information and explanation of how she was going to select and recruit clients of the DSD for the research.
- The researcher was thereafter informed that she needed to arrange a meeting with the Regional Director of DSD Metro South to apprise him of the study.
- Only after the meeting was conducted, then written approval was given to the researcher.
- The researcher initiated the process of permission to REC on the 28 March 2017 and the approval to conduct the study was given on 26 July 2017.

The following procedures represent the sampling recruitment that the researcher undertook:

- The researcher personally approached the participants by attending the family support group facilitated by the DSD, Mitchells Plain local office.
- The participants were recruited by the researcher in the capacity of a researcher/student and not in the capacity of a social worker from the DSD.
- The researcher provided a presentation to the group informing them of the goals and objectives of the research to provide knowledge and interest in the study, but most importantly what would be required of them should they agree to participate in the study.
- The researcher adhered to all the ethics prescriptions during this recruitment (see section 3.7).

Section 3.4 was centred on the research population and the sampling procedures which the researcher used as a vital precept for recruiting appropriate participants for the study. The researcher furnished a detailed account of the sampling method that was utilised, followed by the different sampling strategies under non-probability sampling. The sampling strategy and size was also included which provided insight as to how participants were chosen. The procedure which was followed during the sampling process has also been described and explained to give perspective on the steps which were used.

3.5 DATA COLLECTION METHOD AND PROCEDURES

According to Burns and Grove (2001:460), “data collection is the process of selecting subjects and gathering data from these subjects”. The manner in which the researcher collected the data is precise to the envisioned study and it depended on the research design and measurement methods. The authors assert that data may be gathered on subjects by observing, testing, measuring, questioning and recording or in any mixture of these methods. The start of the data collection process can be deemed as one of the most exhilarating parts of research, as Burns and Grove (2001: 453) attest after all the “planning, writing and negotiating, the researcher is now getting to the real part of the research”. However, before jumping into the procedure of data collection, researchers should spend time planning this journey. Finlay and Ballinger (2006) define data collection as a clear-cut, systematic method of collecting data which is appropriate to the study, and as a result need careful planning.

3.5.1 Types of data collection methods

There are numerous data collection methods, depending on the research aims and objectives. The most common methods used in qualitative research are interviews, focus groups and observations. The mentioned methods will be discussed below:

- a) *Structured interviews*: In structured interviews, the interviewer makes use of a set of predetermined questions which are short and clearly worded; in most cases, these questions are closed, and therefore entail exact answers in the manner of a set of options read out or presented on paper. This type of interviewing is easy to conduct, and can be easily standardised as the same questions are asked to all participants. According to Preece, Rogers and Sharp (2002) structured interviews are most suitable when the goals of the study are clearly understood and specific questions can be identified.
- b) *Semi-structured interviews*: Semi-structured interviews are non-standardised and are often used in qualitative analysis. Corbetta (2003: 270) describes “semi-structured interviews as

the order in which numerous topics are dealt with”. The phrasing of the questions is to the interviewer’s discretion. Within each topic, the interviewer is allowed to conduct the conversation as she/he sees fit, to ask questions the researcher considers suitable and in the words considered best for the context. The interviewer is at liberty to give an explanation and ask for clarification if the answer is not clear, to prompt the participant to clarify if necessary, and to establish own style of conversation. Gray (2004: 217) therefore asserts that “This type of interview gives the researcher opportunities to probe for views and opinions of the interviewee. Probing is a way for the interview to explore new paths which were not initially considered”.

- c) *Unstructured interview*: Kajornboon (2004) explains that this type of interview is non-directed and is a flexible process. In addition, it is more casual than the above-mentioned interviews. There is no need to follow a detailed interview guide. Each interview is not the same. Interviewees are encouraged to speak openly, frankly and give as much detail as possible.
- d) *Focus group*: According to Denscombe (2014:115), “focus group entails a small group of people, usually within the range of six and nine participants, who are brought together by the researcher to explore attitudes and perceptions, feelings and ideas about a topic”. A focus group interview offers a setting for a relatively similar group to reflect on the questions asked by the interviewer. Greeff (2002) describes a focus group as a discussion that is carefully planned and designed to obtain perceptions on a distinct area of concern in a permissive, non-threatening environment. In addition, Greeff (2002) explains that focus groups are a research technique that collects data through group interaction on a topic that the researcher aims to study.
- e) *Observation*: According to Denscombe (2010), observation offers a researcher a distinct means of gathering data. Researchers do not depend on what people *say* they do, or what they *say* they think. It is more direct than that. Instead, it draws on the direct evidence of the eye to witness events at first hand. It is based on the premise that, for certain purposes, it is best to observe what happens.

The above described the different ways in which researchers can collect data, the methods reflected above is applicable in qualitative research.

3.5.2 Selection of semi-structured interviews as data collection method

Denzin and Lincoln (2000:633) assert that “we live in an interview society, in a society whereby individuals believe that interviews create valuable information about lived experience and meanings”, and that “an interview is a conversation, the art of asking questions and listening”. DePoy and Gilson (2008) declared that interviewing is a key method of data collection within the qualitative approach. Researchers attain data through direct interaction with an individual or a group which is familiar or likely to have the information the researcher aims to gather. Therefore Gill, Stewart, Treasure and Chadwick (2008) assert that interviews are considered to provide a deeper understanding of social phenomena than data that would be attained only from quantitative methods, such as questionnaires. As a result, interviews can be considered as most fitting where little is known about the study phenomenon or where detailed insights are required from individual participants. Interviews can also be considered as appropriate for exploring sensitive topics, where participants may not want to talk about such issues in a group environment. According to Greef (2011:352) “semi-structured interviews are appropriate when the researcher is predominantly interested in complexity or process, or when an issue is controversial or personal”.

For the purpose of the research study, the researcher used the semi-structured interviewing method. This method enabled the researcher the chance to collect as much data without being too structured and fixed in the guided process with the participant. Semi-structured interviews use a set of “predetermined questions on an interview schedule, but the interview will be guided by the schedule rather than be dictated by it” (Greef, 2011:352). This allows for more flexibility between the researcher and participants, and allows for constant and consistent communication between the researcher and the participants, as well as among the participants themselves as the researcher may be interviewing more than one person at a time.

3.5.3 Use of interview schedule

A semi-structured interview schedule was deemed an appropriate way of collecting in-depth information in that it served only as a guideline for the interview process. For this research, the semi-structured interview guideline consisted of questions revolving around the effects of substance abuse by an adolescent abuse on the family’s well-being. Therefore, given the topic and objectives of the study, the researcher conducted 12 face to face interviews using a semi-structured interview guide. Face to face interviews are a good way of generating data as it allows the researcher to have more personal interaction with participants (Babbie and Mouton,

2001). Face to face interviews also eliminate many problems in research, such as the participants reading the question incorrectly or not understanding the question (Babbie & Mouton, 2001). Face to face interviews also allow the participants to develop a sense of ease and being comfortable, as the interview is structured more as a conversation than a questionnaire; and lastly face to face interviews eliminate the “yes and no” responses and allows the researcher to probe that which is essential for gathering valuable information in research (Babbie & Mouton, 2001).

Once consent was sought from the participants and they understood the purpose of the study, the interview then took place. Interviews generally lasted about 40- 60 minutes long. Interviews took place in the participant’s homes, the DSD office, or at Mustadafin Foundation (a community-based organisation). The interviews were conducted in English, but participants were allowed to reply in a language that they were most comfortable with. A tape recorder was used as it allowed for more comprehensive record of the interview session. It also allowed the researcher to concentrate on exploring the topic and be more attentive to the interview proceedings and allowed the researcher to note any non-verbal cues.

When formulating the interview schedule the researcher was attentive to the following (Greef, 2011):

- The researcher had to think of appropriate questions related to each area in order to address the issue of interested.
- It was imperative to arrange questions from simple to complex.
- The questions had to follow a logical sequence and be limited to a few.
- The researcher had to ensure that the topic was covered thoroughly.
- The researcher ensured that she did not use jargon and ambiguous questions to eliminate confusion or prejudice.
- Most importantly the researcher asked open-ended questions as it allowed the participants to express themselves freely.

Examples of the questions asked of the participants were the following (See Appendix C):

- 1) How long ago did you discover your child/relative is abusing substances?
- 2) How did you discover your child/relative was abusing substances?
- 3) How did you feel upon discovering your child/relative was abusing substances?

It is essential to note that the questions were not phrased in the exact manner or verbatim from one participant to another, but the nature or premise of the entire schedule was maintained. The point of this was that participants responded to questions in their unique way, which necessitated that the researcher responded to each one, as the interview process dictated.

The section above illustrates the data collection method which was used in the study, and the significance of the semi-structured interview in a qualitative study. This kind of interview had allowed for flexibility in terms of when the interviewer prepared a set of common questions to be answered by participants; but importantly it also allowed for in-depth responses and narratives to unfold.

3.5.4 The interview process and techniques

The nature of qualitative research is connected with the explanations and understanding of a phenomenon. Unlike quantitative research, qualitative data is not determined in terms of frequency or quantity. However, it is studied for in-depth meanings and processes (Labuschagne, 2003). Interviews are commonly employed as a research plan to gather information about participant's experiences, views and beliefs which are related to a specific research question or phenomenon of interest.

3.5.4.1 Interviewing techniques

As the interview enables the gathering of great volumes of in-depth data, the kinds of interview techniques and prowess of the researcher becomes paramount. The competencies and personal attributes of the researcher play an important role in the interview. Personal attributes that are desirable include friendliness, showing an interest and attentiveness, kindness and empathy (Denscombe, 2014). By incorporating the necessary interviewing skills (see below for examples), the researcher was able to acquire an in-depth knowledge of how substance abuse affects the well-being of family life. Through the responses, it enabled the researcher to enter the participants' world; increasing the researcher's understanding of the participants' perspectives and their experiences of substance abuse and the effects of this abuse on family well-being.

During the interview, the researcher made use of particular interview techniques which enabled the researcher to have few difficulties when interviewing the participants. Greef (2011) suggested the following techniques when conducting interviews:

- *Ask single questions:* The researcher posed one question at a time and tried not to bombard the participant with too many aspects in order to focus on their response. This allowed for the participant to understand and make sense of what is being asked.
- *Allow for pauses in the conversation:* The researcher was aware that silences could be awkward at times, but the researcher had to be comfortable with pauses and silences as demonstrated by her attitude and behaviour. This allowed the participant the time to really think about their responses.
- *Ask clear and brief questions:* The researcher asked short and concise questions so that the meaning and intention became very clear and the questions were asked in a simple and understandable language.
- *Concluding questions with general questions:* The researcher asked concluding questions at the end of specific sub-topics to summarise and wrap-up; which also included reflective questions. Participants were also asked if they would like to add on anything which they felt was important.

The interviewing techniques described above illustrate the basic process that grounded each interview so that the researcher was assured of gaining in-depth and appropriate data.

3.5.4.2 Use of recording device in interview

During the individual interview, the researcher utilised a recording device, asking the consent of the participants as to the recording of the interviews, to preserve the integrity of the obtained data, and to strengthen the transcription process when transcribing the interviews for data analysis. By means of utilising a recording device, the researcher was then given the opportunity to employ the necessary skills, for example; probing and attentive listening which assisted the researcher to keep focused and engage participants to respond and provide the wanted information (Denscombe, 2014). The researcher could therefore concentrate on the interview, the particular responses, and the participants' tone and pauses which negated the researcher taking copious notes.

3.5.4.3 Field notes

In addition to the audio recording and personal observations, the researcher also made use of field notes during the course of the study. Babbie (2007: 310) asserted that "it is important to make full and precise notes of what occurred during an interview as one should not depend on the memory more than one has to". It is advised that one should sit down immediately after an

interview and pen down one's impressions of the interview. A research journal was used during the data collection process to confront concerns regarding researcher reflexivity, for example, the researcher was continually conscious of her subjective feelings and interpretations and how these could influence the research; as well as observations of the participants' physical and emotional reactions.

3.5.4.4 Preparation of participants for interviews

The participants were prepared for the interviews through a prior meeting, where the researcher informed the participants of the research study and the nature thereof. The details of the research study and involvement were described and the participant's permission to being interviewed were gained by signing of the consent forms; this also assisted as a measure to build trust with the participants (See Appendix D). The researcher provided the participants with an opportunity to gain clarification of the topic, which they may not have understood; the consequences of the research were explained to the participants as well as the dissemination of findings. Furthermore, the researcher informed the participants that they have the right to choose to participate or withdraw from the study at any given time.

3.5.4.5 Interview setting

The interviewing setting was agreed upon once participants confirmed their availability; the researcher gave the participants the option of conducting the interviews at the DSD, Mitchells Plain local office or the option of coming to their houses. The researcher also gained permission from the Mustadafin Foundation to conduct interviews at their venue, as some participants weren't comfortable with the researcher coming to their houses. The interviews took place from October 2017 to February 2018. The time which participants opted for interviews to take place was after midday as many of them belonged to social clubs within the Mitchells Plain community.

The above provides a thorough explanation of the research process and techniques used in qualitative interviews in order to ultimately obtain rich, thick quotes in the data.

3.6 DATA ANALYSIS

Babbie and Mouton (2001) describe the unit of analysis as the 'what of a study': for example, what object, phenomenon, entity, process or event, the researcher is interested in studying and analysing. In addition, Rubin and Babbie (2005) assert that there are a number of units of analysis, and defined the unit of analysis as individuals or objects which the researcher has an

interest in studying. Fouché and De Vos (2011) argue that the unit of analysis is perceived as the exact things which they would like to study when pursuing a research study. Fouché and De Vos (2011) explain that the unit of analysis will be identified at the beginning stage of the research process, and in most cases the unit of analysis will be individuals.

In this particular study, individuals formed the unit of analysis (parents and siblings of substance abusers). Babbie and Mouton (2001) expressed that individuals are usually the common unit of analysis for social science research. According to Schurink et al. (2011:397), “data analysis is the process of bringing order, structure and meaning to the mass of collected data”. Cohen et al. (2007: 461) assert that “qualitative data analysis involves organizing, accounting for and explaining the data; in short, making sense of data in terms of the participants”. Broadly speaking, while it does not proceed in linear fashion, “it is the activity of making sense, interpreting and theorizing data that signifies a search for general statements among categories of data” (Schwandt, 2007: 6). Antonius (2003: 2) suggests that the word data refers to “information that is collected in a systematic and well-planned way, and which is recorded to allow the reader to understand the data correctly”. With the above said, data should not be collected in a haste, however it should be done in response to the questions that the researcher desires to uncover.

The data analysis method which was utilised in this study was solely based on qualitative thematic analysis. Marshall and Rossman (2006) aver that thematic analysis contains a strong identification of noticeable themes, repeated thoughts or language, and patterns of belief that connect individuals and surroundings together. Hence, the researcher paid specific attention to search for primary or essential themes that stood out from the data and noted key ideas that emanated from the text. Creswell (2003) emphasised that is important to gain a sense of the whole interview transcription prior to grouping themes. By doing so, it was important that the researcher made an effort to read and re-read each transcript to get a clearer picture of what had been discussed. Marshall and Rossman (2006) emphasise that the process of data analysis is frequently tedious, as correct data analysis can only be effective if the data is re-read quite a few times. By re-reading the data, the researcher was able to gain an in-depth understanding of the information that was recorded. Subsequently to the mentioned process, it was then essential to highlight different themes in various colour codes to commence the process of analysis (Creswell, 2003). These steps have been encapsulated in an eight-step process.

3.6.1 The use of the eight steps of Renata Tesch

The researcher used the eight steps as constructed by Tesch and will show how researcher used these steps in the study (Tesch in Creswell, 2013):

1. The researcher read through the transcripts to get a sense of the unfolding data. When something came to mind, the researcher added notes in the margin. The researcher also kept referring to her journal during the data collection process.
2. The researcher started with one document and went through it to make meaning of what was said.
3. Once the labelling began, the researcher chose to group common ideas with the labels under a main theme, sub-themes and categories. Categories represented the foundational data, which were then first grouped into sub-themes and then grouped into themes.
4. The researcher then colour coded the topics and was mindful that new categories may arise.
5. The researcher found words that was most descriptive and converted them into categories. The researcher then reduced the categories by those that relate to each other.
6. A final decision on each category and code was arranged in colour.
7. The researcher put together the data belonging to each category together and a preliminary analysis was performed.
8. Recoding of the data was done when it was necessary.

3.6.2 Coding of data

Charmaz (2006: 46) refer to coding “as the crucial connection between data collection and clarifying the essence of the data. A code is an expressive construct intended by the researcher to capture the principal content or essence of the data”. Engler (2014) asserts that coding is an explanatory activity, and it is possible for two researchers to provide two different codes to the same data. The setting in which the research is conducted and the nature of the research will have an effect on the codes which the researcher attributes to the data (Engler, 2014). For the duration of the coding process, codes might appear frequently resulting in a sign of developing themes. The developing patterns amongst the codes could link to categories. Coding does not only refer to labelling, but also connecting the data to an idea (for example a sub-theme). It is a recurring procedure. Including sequences into the coding process, richer meanings, categories, themes and notions can be made from the data (Saldaña, 2013). Schurink et al.

(2011) suggest that coding may take more than a few forms, for example, abbreviations of key words, colored dots or numbers, as the decision belongs to the researcher. When coding of the data starts, new understandings could occur which may require changes in the initial plan.

3.6.3 Application of coding in the study

Schurink et al. (2011) advise that researchers should have an increased appreciation and perception of the data. Coding and category creation means that the researcher must be aware of inconsistencies in the data. In coding, coherency (internal convergence) and diversity (external divergence) are vital analysis tasks. The researcher followed the following steps when coding the data.

- The researcher read through each transcript with the intention of gaining insight to what the participants were expressing.
- Once the above was completed, the researcher wrote down potential categories by using open coding (codes that emerge from the text); axial coding (coding that merge through linkages amongst codes); and selected coding (codes that link axial codes together that belong together) that together make up categories, sub-themes and themes (Schurink et al., 2011).
- Subsequent to the above, the researcher added a color to each theme to make the representation of each theme easier. This is also referred to as selective coding (Schurink et al., 2011).

Table 3.3: A description of the main themes and the color coding

THEME NUMBER	MAIN THEMES	COLOUR CODE
1	Parents/siblings reactions when discovering the substance abuse.	BLUE
2	The effects on the parents/siblings living with a substance abuser.	YELLOW
3	Changes within the relationship between parents/siblings and the substance abuser	GREEN
4	Parents/siblings measures used to assist the substance abuser	PURPLE

The above table depicts the main themes which occurred, once the data was coded and analysed according to Tesch's eight steps. The themes illustrated above fit the topic that was researched.

Section 3.6 illustrated the data analysis process which was followed in the study, the researcher has given insight into how she implemented this process and the steps taken.

3.7 ETHICS CONSIDERATIONS

When conducting research, ethics considerations need to be considered. Researchers have the responsibility for the mental and physical safety of participants. There are a few ethics considerations that are put in place to assure that harm is minimised of participants partaking in research studies. These include avoidance of harm, informed consent, deception of respondents, confidentiality, cooperation with contributors, accuracy of report findings, competence of the researcher and debriefing (Strydom & Delpont, 2011).

3.7.1 Ethics approval

For the purpose of this study, all ethics considerations were observed, with the proposal being approved by the university's Faculty of Community and Health Sciences Ethics Committee (See Appendix A); it's Humanities and Social Sciences Research Ethics Committee (HSSREC); and by the Department of Social Development's Research Ethics Committee (See Appendix B) prior to proceeding. The following ethics guidelines were adhered to:

3.7.2 Ethical Conduct in research process

To ensure confidentiality and anonymity, the researcher had assured participants that their identities and that of any third party mentioned in discussions, would be protected and their real names would not be exposed and revealed as outlined in the information sheet. Pseudonyms were used to protect their identities and can be seen in Chapter 5. The process of receiving participants' informed consent ensured that the process of the data collection, analysis and data presentation was authenticated.

Whilst conducting the study, the researcher maintained the value of non-maleficence (do not harm) and beneficence (to do good) by making sure that the participants were not harmed in any way (Scott, 2013). Strydom and Delpont (2011) assert that seldom in qualitative research are there bodily harm afflicted onto participants, but emotional harm might occur and this may be experienced as more injurious. In the event that participants experienced any emotional harm, as a result of the participants reliving the effects of their adolescent's (sibling or child) substance abuse, the participants were informed timeously and thoroughly of this possibility and they could decide to either participate or refuse from participating in the research.

The researcher also made arrangements for a debriefing session to address issues as they may arise after the study. However, none of the participants required such assistance during the interviews and after the interviews.

The researcher ensured that she adhered to the social work code of ethics and maintained the principles of non-judgmental and non-discriminatory attitudes towards the participants. These principles were vital for participants not to feel judged and unaccepted for any part in their unfolding story. The right to self-determination was also upheld as participants were apprised of their right not to participate and to withdraw at any time during their interview.

3.7.3 Storing data

According to Dykes (2014: 227), “since the use of technology in research is common and practical, storage of data can be focused on using ample data storage devices”. For this study the researcher used an external hard drive and backed up the data on a USB device which was kept in a secure and safe place. The researcher also used a numbering system which enabled the researcher to identify the participants. The data will be kept for a period of 5 years for checking, especially for publication purposes. All soft copies and USB will be disposed of by the researcher after this period.

3.8 TRUSTWORTHINESS OF THE STUDY

Trustworthiness in qualitative research is similar to validity and reliability in quantitative research. Yet, the conventional descriptions and means to confirm validity and reliability of a study and its findings run counter to the beliefs or worldviews of the qualitative paradigm (Keele, 2011). Babbie and Mouton (2010) define data verification as essentials which enhance and warrant reliability and credibility of qualitative research. The four acknowledged components of data verification are: credibility, transferability dependability, and conformability.

The data was verified on the basis of credibility: Credibility is defined as the confidence that can be placed in the truth of the research findings (Holloway & Wheeler, 2002; Macnee & McCabe, 2008). Credibility ascertains whether or not the research findings represent plausible information drawn from the participants’ original data and is a correct interpretation of the participants’ original views (Graneheim & Lundman, 2004; Lincoln & Guba, 1985). To demonstrate credibility, the researcher used the strategy of member checking and enquired from the participants if their views had been represented correctly. The researcher also

established if the final data analysis was plausible within their understanding and experiences of the challenges they have experienced.

The data was verified on the basis of transferability: Transferability is defined as the degree to which the results of qualitative research can be transferred to other contexts with other respondents - it is the interpretive equivalent of generalizability (Bitsch, 2005; Tobin & Begley, 2004). According to Bitsch (2005:85), the “researcher facilitates the transferability judgment by a potential user through ‘thick description’ and purposeful sampling”. This means that when the researcher provides a detailed description of the enquiry and participants were selected purposively, it facilitates transferability of the inquiry. In order to confirm transferability, the researcher used previous literature and thick descriptions from the data analysis to validate that the researcher’s findings are applicable. Li (2004:305) asserts that thick description “enables judgments about how well the research context fits other contexts, thick descriptive data, i.e. a rich and extensive set of details concerning methodology and context, should be included in the research report”. Thick description includes the researcher clarifying all the research processes, from data collection, context of the study to production of the final report.

The data was verified on the basis of dependability: According to Bitsch (2005:86) dependability refers to “the stability of findings over time”. Dependability consists of participants assessing the findings and the interpretation and recommendations of the study to make sure that they are all supported by the data received from the informants of the study (Cohen, Manion & Morrison, 2011; Tobin & Begley, 2004). Dependability is established using an audit trail, a code-recode strategy and stepwise replication. To confirm dependability, an inquiry audit was conducted, whereby the researcher accounted for all the research decisions and activities which demonstrated how the data was collected, recorded and analysed.

The data was verified on the basis of confirmability: Confirmability refers to the degree to which the results of an inquiry could be confirmed or corroborated by other researchers (Baxter & Eyles, 1997). Confirmability is “concerned with establishing that data and interpretations of the findings are not figments of the inquirer’s imagination, but are clearly derived from the data” (Tobin & Begley, 2004: 392). Studies suggest that confirmability of qualitative inquiry is achieved through an audit trail, reflexive journal and triangulation (Bowen, 2009; Koch, 2006; Lincoln & Guba, 1985). Confirmability was established using a reflexive journal. The researcher kept a reflexive journal, which contained all events that occurred, personal

reflections in relation to the study and the significant phenomenon that arose during the investigation. This is not being attached for personal reasons.

Section 3.8 illustrates how trustworthiness was implemented in the study; trustworthiness is an important aspect as it allowed the researcher to describe the qualities of the study and to authenticate the findings.

3.9 LIMITATIONS OF THE STUDY

The following limitations and constraints were noted for the study:

- The researcher had to undergo an unexpectedly lengthy process required by the Department of Social Development for access to recruit participants from an existing family support group, and this compromised the time frame that was put aside for the completion of the study.
- The researcher also found that the geographic area that she had thought would be sufficient to focus on and recruit participants was too narrow, and therefore the researcher had trouble in recruiting her initial sample.
- The study only contains female participants as males were not as forthcoming as anticipated.

3.10 CHAPTER CONCLUSION

The methodology chapter described the process the researcher followed and implemented, in order to collect and analyse the data collected from the participants. Qualitative research was the key approach utilised which enabled the researcher to explore the thoughts, feelings, values and beliefs of the participants and consider the degree to which these have framed what they consider to be challenges. The semi-structured interviews allowed the researcher to be flexible while using a framework that asked the same questions to the participants. The researcher used purposive sampling which allowed her to hand pick participants, and participants who fit the criteria of the study. The chapter has also set out the process followed, but also the challenging areas within the research process. The next chapter will discuss the findings of the study as obtained from the interviews conducted with the research participants.

CHAPTER FOUR

RESEARCH FINDINGS REGARDING THE EFFECTS OF SUBSTANCE ABUSE ON CAREGIVING AND FAMILY WELL-BEING IN MITCHELLS PLAIN

4.1 INTRODUCTION

In Chapter Three, the methodology had set out the researcher's plan on collecting and analysing the data within a philosophical framework of the interpretivist paradigm and the qualitative approach. The research process and tasks took place within the ambit of the instrumental case study design to provide a general understanding of a phenomenon using a particular case. The case was the family members of adolescents abusing substances in identified areas in Mitchells Plain. In Chapter Four, the focus is on the presentation of the findings that emerged from the implementation of the data collection process and the analysis of the data.

Cohen et al. (2007:461) describe qualitative data analysis "as the process of making sense from the research participants view, opinions of situations, corresponding patterns, themes, categories and regular similarities". Nieuwenhuis (2007:99) captures the essence of data analysis by stating that, "Qualitative data analysis tends to be an ongoing and an iterative process, implying that data collection, processing, analysis and reporting are intertwined, and not necessarily a successive process". Data analysis can thus be viewed as a key procedure in the research process, as it provides a showcase of the data collected in a clear and understandable manner.

Leedy and Ormrod (2010:135) aver that "qualitative researchers create interpretive narratives from their data and attempt to capture the complexity of the research being studied". Thus, qualitative researchers make use of a more personal and literary style and often almost always include the participant's own language. Robson (2011:468) confirms that qualitative analysis remains much closer to codified common sense than to the complexities of statistical analysis of quantitative data.

The findings of this study have been based on the following research question:

What are the effects of adolescent substance abuse on care giving and family well-being in an identified area in Mitchell's Plain?

The following chapter will present the analysis and discussion of the research findings of the study exploring the effects of substance abuse on caregiving and family well-being in Mitchell's Plain. In addition, the chapter will also provide a discussion of the themes and sub-themes which emerged and will be integrated into a discussion of the findings presented in this chapter. Henning (2004: 10) affirms that "the true test of a competent qualitative researcher emerges in the analysis of the data, a process that requires analytical craftsmanship and the ability to capture understanding of the data in writing".

4.2 Demographical profile of participants

The Table below depicts the biographical data of the participants.

Table 4.1: Demographic profile of research participants

Participant	Gender	Race	Relationship status	Language	Community	Relation to participant
1	Female	Coloured	Married	Eng & Afr	Tafelsig	Child
2	Female	Coloured	Married	English	Tafelsig	Child
3	Female	Coloured	Divorced	Eng & Afr	Tafelsig	Child
4	Female	Coloured	Divorced	Eng & Afr	Tafelsig	Child
5	Female	Coloured	Widow	Eng & Afr	Eastridge	Child
6	Female	Coloured	Married	Eng & Afr	Lentegeur	Child
7	Female	Coloured	Married	Eng & Afr	Eastridge	Child
8	Female	Coloured	Married	English	Portlands	Sibling
9	Female	Coloured	Married	English	Tafelsig	Sibling
10	Female	Coloured	Single	English	Tafelsig	Sibling
11	Female	Coloured	Single	English	Beacon Valley	Sibling
12	Female	Coloured	Single	Eng & Afr	Tafelsig	Sibling

Eng (English); Afr (Afrikaans)

Table 4.1 presents the demographic profile of the participants, and it's not surprisingly that all participants were coloured females only. Not surprisingly in terms of the geographic and socio-political connotations attached to the area, and the dominance of gender in seeking help. The

findings also provide an indication of the equal distribution of siblings and caregivers affected by the substance abuse of their relative. The equal representation of substance abusers and family members affected by substance abuse allowed the researcher to achieve a richer and unbiased understanding of the perceived effects on family well-being. From the Table above, it can also be perceived that an equal number of participants were married, divorced and single. Relationship status is a variable that could influence substance abuse, and the effect it has on the well-being of family; therefore, the researcher attained an equal representation of relationship statuses to determine its influence.

4.2.1. Gender of participants

The research consisted of females only. During the recruitment phase, the researcher approached potential male participants, but many felt that they would rather allow their wives and partners to speak. According to Azhar and Mohindra (2012), men view a conversation as a way to exchange information and solve problems. Males tend to avoid personal topics, and they would rather discuss unemotional events, sports, news, and facts (Azhar & Mohindra, 2012). Men tell more stories and jokes than women as a way to show status and power, and not to appear weak by expressing their feelings. O’Kearney & Dadds (2004) argues that males are basically trained from a young age not to show their feelings, and they are also moulded into not expressing themselves. Women and men vary in their narrative interpretation about life. When conducting the interviews, the researcher found that females were willing to share their personal experiences, and were open in offering personal stories. Bauer, Stennes and Haight (2003) concur that females are inclined to give narratives that are lengthier, more comprehensive and vivid. Women tend to include more emotional content in their autobiographical memories. As noted in this study, the participants (females) focused on their feelings, and they attempted to make meaning of their shared experiences.

4.2.2 Race of participants

There was a one-dimensional sphere within the race of the participants; this is due to the geopolitical location in which the researcher focused the case study and thus recruited the participants. The people in the Mitchell’s Plain district identify themselves as being ‘Coloured’. The researcher chose to conduct the interviews in the Mitchell’s Plain district where the majority of the Western Cape’s Coloured population reside (Statistics South Africa, 2013). The

implication was that the researcher could not look for differences amongst various racial groupings, only socio-economically.

4.2.3 Language

The majority of the participants indicated that Afrikaans was their primary language and English was their secondary language. For the purpose of the research, interviews were held in English by choice of the participants. Although there were times when participants were not able to express themselves effectively in English, they would revert to expressing themselves in Afrikaans. Once more this is not surprising for the area and its socio-political history and socio-historical connections to Afrikaans. Mitchells Plain is known to be a predominately coloured community; as noted previously the community was formed because of the ‘Group Areas Act’ separating the different ethnic groups. The Western Cape is known as the province where most Coloured people are located and 47% of the coloured population’s mother tongue is Afrikaans. (Census, 2011). Parker (2015) asserts that language has a significant impact on describing individuals, as it highlights the identity of individuals to other members of a particular speech community. Parker (2015) reiterates that Afrikaans was perceived as the language of the Apartheid state, and it was used as an instrument of oppression by the White rulers. As a result, it became known as “the language of the oppressor”. Even though the Afrikaaners declared possession of the Afrikaans language, it was also conveniently ignored that Afrikaans was first language to most people classified as “cape coloured” during the Apartheid era in South Africa; and that Afrikaans emerged from slaves working in Dutch families in the Cape as a fusion between High Dutch and Malay (Malay slaves).

4.2.4 Community

The participants all emanated from Mitchells Plain, which is known as a large community on the Cape Flats. Mitchell’s Plain is roughly 20 kilometres from the city of Cape Town. It was originally established as a new town in the 1970’s, under the Apartheid regime’s laws of forced removals to give ancestral land to white people and relocate them to large tracts of barren land far from the central business district of Cape Town (Cole & Narsoo, 2007). The sprawling area of Mitchell’s Plain has been identified as one of the most over-populated, impoverished, economically inactive and crime-ridden areas in South Africa (Cole & Narsoo, 2007). The researcher was able to recruit participants from various areas within the Mitchells Plain area.

The areas listed in Table 4.1 above represent 5 of the 13 areas in Mitchell's Plain; the mentioned areas are the consequence of being forcefully removed from the now affluent communities in Cape Town. The social context of the areas is characterised by social concerns such as; crime, poverty, domestic violence, substance abuse, gangsterism and recently child murders, (Macmaster, 2010). As one enters the mentioned areas, you are welcomed by informal street traders trying to make a daily living by selling fruit and vegetables. One would also find many small shops that are predominately owned by foreign nationalities, the housing structures are similar to that of other low-socio economic areas within Cape Town. A common feature which is found in the areas is back yard dwellings, where in most instances it's occupied by 2-6 people. The dwellings do not have electricity, which results in the occupants using candles and has outside bathroom facilities which reflect safety concerns. The above can be deemed as a result of unemployment, and therefore people's inability to afford better housing and more positive living environments (Standing, 2003).

4.2.5 Conclusion

The above presented the demographic profile of the participants who contributed to the study; it can be noted that female participants dominated the study. It was found that females were more open and willing to share their experiences. The race which dominated the study was that of coloured people. Participants generally spoke in English during the course of the interview, but it was also clear that people were generally comfortable mixing or blending English and Afrikaans. The researcher was able to recruit participants from 5 out of the 13 areas in Mitchell's Plain. Generally, the researcher could achieve rich data for the case study.

4.3 DISCUSSION OF MAIN THEMES AND SUB-THEMES

The Table below is a representation of the themes and sub-themes that emanated from the data analysis consisting of the four main themes that emerged from the data analysis. The themes will be fully discussed and interpreted as presented. The narratives will also be supported by literature at the end of each sub-theme, in order to appropriately frame the study's findings globally and nationally. For easier presentation, the themes and sub-themes are shown in tabular form:

Table 4.2: Main themes and sub-themes

Themes	Sub-themes
1. Parents/siblings reactions to discovering the substance abuse.	1.1 Parent's reactions and feelings 1.2 Siblings' reactions and feelings
2. The effects of substance abuse on the parents/siblings living with a substance abuser.	2.1 Financial 2.2 Physical 2.3 Emotional 2.4 Distrust 2.5 Disrupted cohesion and dependability
3. Effects on family communication	3.1 Family communication before substance using 3.2 Family communication after discovery of substance use
4. Measures used to assist the substance abuser	4.1 Employing tough love 4.2 Using rehabilitation programmes 4.3 Involving social workers

4.3.1 THEME 1: PARENTS/SIBLINGS REACTIONS TO DISCOVERING THE SUBSTANCE ABUSE

The following theme will address the findings that are related to the reactions of parents and siblings when discovering that their child or sibling was abusing substances. The sub-themes discussed in this category which have emerged from the narratives of the participants are: parents' reaction and feelings as well as siblings' reaction and feelings.

Table 4.3: Theme 1 Sub-themes and categories

THEME 1 SUB-THEMES		CATEGORIES	
1.1	Parents' reactions and feelings	1.1.1	Initial Response of parents to substance abuse of their child
		1.1.2	Emotions felt by parents upon discovering their child was abusing substances
1.2	Siblings' reactions and feelings	1.2.1	Initial Response of siblings to the substance abuse of their sibling
		1.2.2	Emotions felt by siblings upon discovering their sibling was abusing substances

The two groups have been distinguished because their reactions have been very different, possibly due to the differences in age and their relationship to the substance-abusing relative.

4.3.1.1 Sub-theme 1.1.1: Parent's reactions and feelings

The one reaction and feeling which was articulated by all the participants was their experience of absolute devastation or disbelief upon discovering that their child or sibling had a substance abuse problem. There are two categories that will be discussed.

Category 1.1.1: Initial response of parents to substance abuse of their child. In this category parents are expressing their first reactions upon discovering that their child was abusing substances.

It was a terrible feeling. [Participant 2]

I was upset cause I mean I didn't raise her like that. [Participant 3]

Oh, my dear, it was terrible, it was tears, I cried day and night, why my daughter? Why my daughter my baby using this drug. When is this going to end? and uhm I can do nothing on it, I keep on praying. [Participant 5]

The above narratives describe the first feelings and reactions of participants once discovering their children's substance abuse. The narratives depict that the mothers felt a sense of helplessness, and their narratives express a deep sense of sadness. The feelings which the participants felt could be attributed to parents' expectations and vision for their children, and their child abusing substances was far from what they expected their children would aspire to. According to Sims (2002) parents were frequently unaware, and they were caught off guard upon discovering that their child had a substance abuse problem. Participant 5 expressed a state of confusion and questioned herself as to why her daughter succumbed to the pressures of substance abuse. A study conducted by McDonald, O'Brien and Jackson (2007) confirmed the findings that parents often look for causes as to why their child would take part in such destructive behaviours. Participant 5 would often refer to her belief in God, and how she found comfort and support in knowing that there is a greater power she could rely on. Schultz and Alpaslan (2016:104) confirmed that some "parents use prayer as their coping strategy and continue to hope that their children will change their substance abusing behaviour and focus on their lives".

Category 1.1.2: Emotions felt by parents upon discovering their child was abusing substances. This category describes the emotions which parents felt when discovering that their child was abusing substances.

Oh, it broke my heart. I was very very sad about that, because he was my only son.

[Participant 1]

There were so many tears that I couldn't stop crying in the church, that was the saddest day of my life. [Participant 6]

The narratives above describe the emotions which parents felt when discovering that their child was abusing substances. The parents reflected that they felt a sense of sadness at the thought that their child had turned to substances. Butler and Bauld (2005) agree with the above narratives, as they also found that parents experience extreme feelings of devastation when discovering that their child has a substance abuse problem.

4.3.1.2 Subtheme 1.2: Siblings reactions and feelings

In this sub-theme, the attention was on the reactions of sisters (as participants were all female) upon discovering that their sibling was using substances. There are two categories of narratives that will be focused on.

Category 1.2.1: Initial response of the non-substance abusing sibling to the substance abuse of their sibling. This category will show how the sisters responded to the knowledge that their sibling was abusing substances.

"Our whole world collapsed, because she was our baby sister and we never expected that from her not because of the type of person she was.....uhm she got everything!" [Participant 8]

I thought oh my God I'm losing my sister. [Participant 9]

Oh my God, I summa want to cry now, it was very emotional uhm (silence) ya it still is, I don't think it's something you get over, you learn to live with it and uhm I myself I don't know about my mother, but for myself you know you come to a point where you realize uhm this is how much you can do and if the person don't want to take the help or don't want to change its them. It's still difficult because (crying). [Participant 11]

The narratives reflected above depict the participants experiencing a wide range of emotions upon discovering their sibling's substance abuse. The participants give the impression that they

felt a sense of sadness, because they felt the sense of loss of the person they were used to. The participants found it extremely difficult to accept that their siblings had given in to the pressure of substance abuse. All three participants shared a unique, close bond with their substance abusing sibling. The participants were in total disarray and shocked by the discovery of their siblings' substance abuse. Participant 11 was in complete denial as she couldn't comprehend that her brother had been abusing substances without her having the knowledge thereof. She also makes the point of stressing that it's not something one "gets over easily," but something one needs to live with. The narratives above concur with a study conducted by Howard et al (2010). The study describes the feelings, emotions and reactions of siblings when discovering that their siblings were abusing substances. Barnard (2005) expressed that the feelings articulated above is not uncommon for siblings to experience. In the study of Howard et al. (2010), siblings described that they felt a sense of anger, sadness, frustration, hopelessness and helplessness. Similar feelings and reaction were mentioned in this study.

Category 1.2.2: Emotions felt by siblings upon discovering their sibling was abusing substances. The following category is focused on the emotions which non-substance abusing sibling's experienced when discovering their sibling is abusing substances.

I felt bad for her and felt really sad to think that okay you doing this. [Participant 10]

You know you in denial then you want to blame whomever you believe in, you blame God cause why do you do this? why can't anything be right in our family. [Participant 11]

...uhm I was really really upset, I was seeing the best that he's gonna be our only brother, we were just seeing the best in him. [Participant 12]

The narratives above reflect the emotions which non-substance abusing siblings felt upon discovering the abuse of substances by their sibling. The narratives depict that siblings felt a few emotions, some for the most part experienced a sense of helplessness, sadness and disappointment as they could not fathom why their sibling had turned to the abuse of substances. It had also been detected that Participant 11 blamed God for what her family had endured, as once more her family had experienced this challenge. Participant 12 was upset by the discovery of her brother's substance abuse, the participant explained that she only wanted what's best for her brother and turning to substance abuse was far from what the family expected. The above narratives corroborate with the study conducted by Schultz et al. (2016)

the authors aver that most participants' felt the emotions of shock when discovering their sibling's substance abuse. In addition, to the above were feelings of hurt, anger and disappointment, which were frequently mentioned. Further feelings voiced included emotions of sadness, confusion, helplessness, as well as pity and surprise. The reactions experienced was not uncommon when a family discovers the substance abuse of one of its family members. Barnard (2005) further states that it is difficult to comprehend the shock and the sense of disappointment that characterised parents' and siblings' reaction to the discovery of substance abuse in the family.

4.3.1.3 Conclusion of Theme 1

Theme 1 illustrated the parents' and siblings' reactions and feelings when discovering the abuse of substances. The feelings of each participant mirrored those of the other participants within the study.

4.3.2 THEME 2: EFFECTS OF HAVING A SUBSTANCE ABUSER IN THE HOME

Theme 2 focuses on the adverse effects of substance abuse in the home. The theme provides an understanding of what parents and siblings endured, whilst being challenged with a substance abuser in the home. The various effects that will be addressed according to categories are: financial, physical, emotional, trustworthiness and cohesion, protection and security (Table 4.4).

Table 4.4: Theme 2 Sub-themes and categories

THEME 2 SUB-THEMES		CATEGORIES	
2.1	Financial effects	2.1.1	Financial effects on parents
		2.1.2	Financial effects on siblings
2.2	Physical effects	2.2.1	Physical effects on parents
		2.2.2	Physical effects on siblings
2.3	Emotional effects	2.3.1	Emotional effects on parents
		2.3.2	Emotional effects on siblings
		2.3.3	Parents cry for help
2.4	Distrust	2.4.1	Loss of trust by parents
		2.4.2	Loss of trust by siblings
2.5	Cohesion and dependability	2.5.1	Cohesion felt by parents
		2.5.2	Cohesion felt by siblings

Table 4.4 illustrates the five sub-themes and categories which will discuss the effects of substance abuse on siblings and parents.

4.3.2.1 Subtheme 2.1: Financial effects of substance abuse

Substance abuse places a huge financial strain on the family system. The financial costs of substance abuse have had a significant effect on family functioning and well-being, as can be seen in the decrease in family earnings. This is as a consequence of financing the substance abusing relative's habit as the substance abuser very often is unemployed, the deliberate or unintended destruction of household possessions, the selling of household items to purchase alcohol and other drugs, legal costs, healthcare costs and rehabilitation costs (Benishek, Kirby, & Dugosh, 2011).

Category 2.1.1: Financial effects on parents

This category will exemplify the financial effects of substance abuse on parents living with a substance abuser.

No, some people know she's not working now she lend by them money until my mommy is coming, until my mommy is coming so now they know she's not working but they still give her the money. and I mean it's not a R20 or R30, every time its R50 cause why she tell them my mommy is not here and there's no electricity in the house there's no bread and the children want to eat now and stuff she must buy electricity, bread and something to eat. They give it to her the R50 now she's calm they should of known she's not gonna bring the R50 back. some people know she's not working now she lend by them money until my mommy is coming, until my mommy is coming so now they know she's not working but they still give her the money. [Participant 3]

There would have been money for everything and for the children school, you know sometimes I feel heart sore to think that the children must go without bread to school because there isn't money, if she was there working for her children things would have been better. [Participant 5]

In the middle of the month we don't have money anymore because of her 2 children that I have to support. [Participant 6]

The narratives display the anguish as a result of the substance abuse of the family member and the immense influence substance abuse has on the family well-being. The narrative of Participant 3 is that of a parent who has endured her daughter's actions on creating debt and

taking no responsibility thereof. The participant has thus adopted the role of the rescuer, to which Gerlock (2012) asserts that by rescuing the substance abuser, the rescuer protects the substance abuser from suffering the consequences of their actions. In the instance of this particular narrative, one of the rescuing behaviours originally identified by SB. Karpman in 1968 is paying off the individual's debts (Gerlock, 2012).

The narrative of Participant 5 is a reflection of how substance abuse not only affects the mother of the abuser; it reflects how the abuse affects the children of the abuser. It is clear from this study that the mothers of the substance abuser attempt to fill the void which the children of the abuser may be feeling. A common trait which has been noticed in this study and in the field of social work is that grandmothers, especially the maternal grandmothers, would care unconditionally for their grandchildren with the little assistance they received from the South African Social Security Agency (SASSA).

According to Sandau-Beckler, Devall and de le Rosa (2002), there has been an obvious increase in second generation parents, as children of substance abusers are more likely to be abused and neglected than children of parents who do not abuse substances. As a result, they are removed from their biological parents care and placed in the care of their grandparents or other family members. In many instances, children are left in the care of their grandparents, whilst their biological parents live and beg on the streets or partake in criminal activities in order to ensure their next fix.

Participant 6 narrates that she has had to care for her granddaughters without any financial support from her substance abusing daughter. The participant's role as a grandparent has now become the parent again to compensate for the absence of her substance abusing child. There has been an increase in grandparents moving away from the traditional grandparent role within the family, grandparents now provide full time child care for grandchildren as well as the full-time parenting role of their grandchildren (Cox 2000; Richards 2001; Fitzpatrick 2004). Worldwide, there have been a number of social factors which have added to the increase in the number of grandparents raising their grandchildren (Minkler, Fuller-Thomson, Miller & Driver 2000; Richards 2001; Fitzpatrick 2004); amongst which, drug and alcohol abuse has been cited as the biggest factor. Minkler et al. (2000:9) stated that "drug and alcohol abuse will continue to be an important contributor to the formation of grandparent-headed households in the 21st century".

Category 2.1.2: Financial effects on siblings

The category will reflect the narratives of siblings who experienced the financial effects of having a substance abusing sibling. The following narratives will demonstrate their overall experiences:

Financially, we had to take responsibility of her child. So financially it is a bit hard and especially when it's not your child and your husband is the type of person who never had to deal with drug addicts. So financially it was hard on us and it put strain on my relationship with my husband. Like for example when she went to grade R she never went to school the first day because she never had anything. My mom never told me she uhm was enlisted in the school, but she was mos now staying by my mom. [Participant 8]

At the end of the day then we must suffer financially at home because now my mommy's sugar is gone it's supposed to keep for a month. [Participant 9]

I stopped giving because I would still sometimes buy toiletries or give money or whatever, but I had to stop that because I don't want to be an enabler but it's so hard to do, when you in it. It's one thing telling people you should stop doing that, but when it happens to you and your family, it's difficult. [Participant 11]

The narratives above are of siblings who experienced the financial effects of having a substance abusing sibling. Participant 8 has given a detailed description of how her sister's substance abuse has affected the financial well-being of her own child, and how the family had to make arrangements to ensure that the child of the substance abusing sibling is being cared for. Participant 8 further expressed that the effects does not just end at having to care financially for the substance abusing sibling child. As the older sibling, she assumed full responsibility, which in turn meant that the substance abusing sibling had no responsibility of her child as the family was ensuring that the basic needs of the child was being met. The participant also made reference to her marriage suffering due to her sister's substance abuse, as her husband was not accustomed to this lifestyle.

Participant 9 asserted that the family suffered financially because whatever her sibling stole, she had to recompense. According to Drugscope and Adfam (2009), family members are often a voluntary and unconsidered resource in providing health and social care to their

substance abusing relatives. Family members carry a momentous burden concerning the expenditures associated with the substance abuse of a family member. Understanding what is known concerning substance abuse and the effect on the family, it can be thought that the costs of substance abuse on families are extensive and significant (Copello, Templeton & Powell 2009).

The narrative of Participant 11 reflects what Bowen referred to as “sibling position”. Bowen (cited in Rasheed et al 2011: 184) theorized that the “younger sibling does best when others look out for him or her, and it’s not natural for the younger sibling to assume leadership or accept responsibility”. In the case of Participant 11, she was slightly older than her substance abusing brother, in consequence she took care of him which later felt as if she was enabling his substance abusing behaviour.

The financial effects of substance abuse on the family are undeniable. Substance abuse caused a number of different problems for the family system. Participants spoke about the dire effects of substance on the family. Participants spoke about being in debt, about having to pay off the substance user’s debt, legal fees and the cost of replacing stolen items. This puts additional pressure on the family, as it is one less person helping with the finances and the additional costs that come with having a substance user in the household.

4.3.2.2 Sub-theme 2.2: Physical effects of substance abuse

The following sub-theme will examine the physical effects that parents and siblings endure when having a substance abusing family member. Substance abuse in the family frequently causes problems where family members experience high levels of stress which significantly comprises their health and subjective well-being (Butler & Bauld, 2005; Jackson et al., 2007). The following categories will demonstrate what the participants have experienced:

Category 2.2.1: Physical effects on the parents

The majority of the participants have endured some sort of physical effect of having a substance abuser within the family. There was diversity in terms of each participant’s view on the particular effect. It has provided the researcher with a broad spectrum of experiences. The following narratives will demonstrate this point:

And then she worked so on my nerves and then she shouted and she swore and then when I get cross I just want to take her and hit her. And then, then I have to control myself, because I'm asthmatic like I told you and then I summa get an attack. [Participant 1]

I was so stressed out nuh because every time I go to the doctor he tell me you not sick man, you stress too much. [Participant 2]

I'm an asthmatic and I was totally drained. [Participant 6]

Participant 2's experiences indicate that her physical well-being is a manifestation of her mental well-being. Parents in the Barnard (2005) study described developing health problems as a direct result of living with their substance abusing child. A study conducted by Orford, Natera, Davies, Nava, Mora, Rigby and Velleman (2013) also achieved similar finding which explain that the experiences of stress and strain are unpredictable for the family members who are affected by the substance abuser. Orford et al. (2013) elaborate further that stress is felt as a result of the relative's substance abuse and shows in cognitive, emotional, physical, relational and economic strain. Local and international research confirms that mothers are forced to handle a number of challenges regarding their adolescent's misbehaviour, Orford et al. (2010). The participants stated that the substance abuse of their children negatively affected their health.

Category 2.2.2: Physical effects on siblings

The category elucidates the physical effects of a sibling's substance abuse on the well-being of the non-using sibling. In the categories below, both siblings make reference to how draining it is to have a sibling abusing substances. An interesting finding was that parents and siblings did not experience the same physical effects of having a substance abusing family member. Parents became physically ill, whereas siblings were left, feeling drained with the substance abuse of their sibling.

So physically for me it's just draining and tiring to always be there and trying to be there for everyone else, ja it's just a draining thing. [Participant 11]

Physically she's drained us, we've got to a point now that we really don't want her part of our lives anymore, we've got to that point. [Participant 8]

Participant 8 and 11 both described their siblings' substance abuse as physically draining. The siblings appear to be exhausted, and ostracising the substance abuser is easiest or most effective means of managing the substance abusing behaviour. The participants appear as almost helpless

and to some extent resentful, as though they have given up the possibility of the substance abuser rehabilitating and leaving the sibling to deal with the day to day of family life. The effects of substance abuse does not only have a detrimental effect on the abuser, it has a negative influence on the health and well-being of the family members. The presence of substance abuse has been linked to physical, psychological and social problems experienced by family members (Gruber & Taylor, 2006). Similarly, Ronel and Haimoff-Ayali (2010) found family members presented with symptoms of anxiety by depression, psychosomatic complaints and various emotional and behavioural disturbances. Research suggests having a family member with a substance abuse problem has negative effects on both physical and mental health (Orford, Copello, Velleman, Templeton & Ibanga, 2010).

4.3.2.3 Subtheme 2.3: Emotional effects of substance abuse

Each participant experienced the emotional effect of having a family member abusing substance. Many described having a substance abusing family member as distressing and a feeling which creates a sense of defeat. In addition, participants expressed that they don't know what each day will bring and these feeling are emotionally draining and stressful. Two categories will show the emotional effects.

Category 2.3.1: Emotional effects on parents

This category provides insight into the narratives of the emotional effects of substance abuse on parents. The mothers of substance users found it difficult to express themselves when having to think of the emotional roller coaster which they have been through. The narratives of the parents describe a sense of loss, underlying anger and disappointment.

Yes, I would cry a lot at times because I can't talk with them. If I talk to them the other one would say ja it's you that's making the trouble and then they say ja it's you and then he say you not my sister and then I would walk out by the door. I walk and I walk and sommer go stand there by the grave yard then I stand there. [Participant 2]

It's a sore deep down in your heart and in your soul only God knows that sore. If he understands that sore, if he is the healer, only he can heal that sore it's not a easy road baby for a ma to go thru that it's not easy but when you have his big God you can say wasn't it for him, wasn't it for him you shouldn't make it. He comforts you, he heals you and that's

why you can make. But deep down in my soul, deep down in my heart I'm very sore.

[Participant 5]

I'm not the same person that I use to be, I was a Jolly person. I used to go out I like to dress up I uhm go out with my friends my colleagues that I use to work with but since I found out that my daughter was on drugs I totally changed. [Participant 6]

Participant 2 felt that she couldn't seek solace and support from her non- substance abusing children as they would 'play the blame game', thus resulting in her rather walking out of the house and calming herself down. The above finding corroborates that of Orford et al. (2010) that parents tend to experience emotional instability which has a negative effect on the functioning of the family system; as the ability to support the needs of the other family members are directly affected. The emotional unavailability of parents could affect the other children who consequently feel neglected and in turn cause them to look for other means of gaining the attention of their parents. Orford et al. (2010) argue that these behaviours may cause further damage and emotional unhappiness in the family. The experiences of participant 2 concur with Bowen's theory of "nuclear family emotional process" which relates to the emotional distance which is temporarily caused by the participant in order for her to manage the tension within her family (Rasheed et al., 2011).

The narrative of Participant 5 displays the emotional pain which has become so unbearable that placing one's faith in religion and religious beliefs is the only way to manage the emotional effects of having a substance abusing child. Butler and Bauld (2005) confirm the above finding as they have recognised that parents tend to feel an intense emotional state of devastation when realising that their child has a substance abuse problem. The finding of participant 5 supports previous studies relating to the use of religion as a means of coping during a difficult time (Kendler, Gardner & Prescott 1997; Pardini, Plante, Sherman & Stump, 2000).

Category 2.3.2: Emotional effects on the siblings

This category depicts the emotional state that siblings often found themselves in. Each narrative provides an account of the siblings' experience.

Emotionally, it really broke our family because (clears throat) it came to a point where in the beginning my mother was in denial with her addiction and uhm when my father got clean sober now he could see what she was doing, but my mother couldn't because my mother couldn't fathom the fact that her daughter was a drug addict she would always say no she's

gonna come right now, it's just a phase she's going through but it wasn't and uhmmm it really tore our family apart. [Participant 8]

My mother told me uhm she need to square up their burial because anything can happen to them. I asked my mommy if their burial was squared up because anything can happen to them then we can be in a financial crisis we already head above water to help my mommy look after them and their kids so where we going to get money to bury them we might as well put together and square the burials. Then my mother questioned why her children turned out the way they did, then I said to my mommy mommy you need to make peace with it because I didn't tell them to do drugs neither did you but we know what is gonna happen at the bitter end at the end they not going to bury you you going to bury them. [Participant 9]

Emotionally, I was even admitted to a day hospital, I need to speak about my problems what is making me so stressed out and all that. [Participant 12]

The narratives above are of siblings describing how their siblings' substance abuse affected the emotional state of the family. Participant 8 asserted that they were in total disbelief as they have spent most of their lives suffering from their father's addiction; when her father became sober, her sister started the cycle of substance abuse. A study conducted by Coviello, Alterman, Cacciola, Rutherford and Zanis (2004) confirmed that people who have a family history of substance abuse are prone to repeat the cycle. The above could be further explained by Bowen's theory of multigenerational transmission process, where the addiction has spread to the next generation.

Participant 9 highlighted the trauma of having a substance abusing sibling, as her mother would remind or request the family to pay the burial of the substance abusing sibling as they prepared themselves for the worst, thus living in a perpetual state of anxiety. The above narrative concurs with a study conducted by Choate (2011) where the fear of death was a common concern amongst families who experience substance abuse. Brabandt and Martof (as cited in Craig, 2010:137), elaborate that "when unresolved or exaggerated, this sense of loss can manifest as anxiety, behavior, substance abuse, eating disorders, depression, and relational difficulties." As a means of coping with her younger brother's substance abuse, Participant 12 had to undergo counselling to come to terms with the substance abuse within her household. A study conducted by Orford et al. (2013) assert that affected family members need social support networks to assist them to cope with the stresses they face.

Category: 2.3.3: Parents cry for help

In addition to the above categories showing the emotional effects on the participants, this category will describe the depth of their trauma and ways in which parents reached out for help.

I told her she must try to calm herself, otherwise I phone the police men so I got no other choice while she was going on so I phoned the police. Police came out and I think I scared her with the police but nope she's just trying to act and act until the police arrives that's the time she was laying on the bed and there the police get her on the bed. The police ask me what's the matter here so I told them she is performing about the child support and uhm and she's on drugs that are why she's forcing me now for the money so they give her a lekker hiding. [Participant 3]

I did fetch a interdict for her but she never, uhm when the police fetch her one night and so when she must go to the court she come out there her words was in the court "jy jou naai [using an expletive], as ek nou by die huis kom dan [if I come home now] is jy in jou ma se poes [another expletive]; and just remember she talks like that in court. [Participant 5]

I had the interdict made after the third time, the fourth time the police said you must ma now go to the court and go make an interdict for her that she mustn't come here anymore because the police did put her out here. [Participant 6]

The narratives above reveal the depth of despair of the participants as parents (mothers) that they had to resort to contacting the police for support or intervention. The fact that the police and courts do intervene appears to instill hope in the participants one could possibly say that a sense of hope and support is given to the participants. This theme concurs with what Bowen (cited in Winek, 2010:86) positions as "triangles", which means "the network of relationship between three people". Anxiety, the powerful factor in Bowen's work is perceived as what encourages individuals to participate in a triangle. Winek (2010) avers that when a dyad is transformed into a triangle by introducing a third party with the intention to decrease the anxiety. In the case of the above finding, the third person was the police but could also mean a counselor or other healing conduit.

4.3.2.4 Sub-theme 2.4: Distrust

Most of the participants experienced a lack of trust towards their substance abusing family member. Participants expressed that they barred their substance abusing family member from their house as things would gradually go missing without the participants realising that their belongings had disappeared. This was an on-going occurrence and represented a key concern as result of the persistent stealing of belongings and money from the family home. The magnitude of theft was worrying for all family members, as it meant that nothing was safe whether it was the most simple things such as food or more valuable items like clothing which would still have the price tags on. The following interview excerpts give insight to the extent of the problem and the stress it caused siblings and parents.

Category 2.4.1: Loss of trust by parents

This category describes the narratives of parents who have lost trust in their substance abusing child which have led parents to no longer trust their substance abusing child. In confirmation of this category, the following narratives capture the experiences of the participants:

She steals the stuff, my house stuff, like maybe groceries and pack it in her bag and if I look for that groceries, then she sells it somewhere else then it starts. I'm missing my stuff like the clothing with the tag (laugh) I just bought the stuff and I mean it's for that occasion.

[Participant 3]

Yes, she did steal from the clothes, she did steal money. [Participant 5]

Everything disappears; my jewellery disappear, even shoes disappear. She doesn't steal things from her that belongs to her she steals things that belongs to other people. [Participant 6]

The above narratives are expressions of mothers who have endured their substance abusing child's stealing behaviour. The participants explained the similarity of events in terms of their substance abusing child's thefts. The narratives provide a detailed explanation of how belongings would go missing out of their houses and they wouldn't be aware thereof until the need arises for the particular item. As a result, the trust between the parent and the substance abuser is affected, which is vital in the relationship between a parent and child.

A qualitative study conducted by Jackson et al. (2006) revealed the changes in the attitude of parents toward their substance abusing child and the manner in which it affected the trust in the relationship. Parents remembered how their belongings were stolen from their homes and then having to go to all the pawn shops, with the hope that they will recover and find

their belongings. Some parents reported that they placed locks on all their cabinets, doors, and windows in order to prevent their child from stealing and selling their belongings (Holmia, 1997). Usher et al. (2007) also reported that families were unhappy about their substance abusing family members stealing and destructive behaviors which resulted in a lack of trust and feeling of betrayal.

Category 2.4.2: Loss of trust by siblings

This category provides the narrative of siblings who have experienced a loss of trust due to their sibling's substance abusing behaviors.

When she comes here to my house, I cannot trust her as she has stolen from me before. I have been betrayed by her before so I am aware of the feeling if someone takes something from me which doesn't belong to them. When she visits I would follow her all around the house to ensure that nothing goes missing. [Participant 8]

I can't even ask them to do something for me because I can't fully trust them because they come in your house they steal your stuff then there's arguments in the family then you have massive arguments. [Participant 9]

He stole my daughter's new clothes, he stole my uhm all my silver jewelry, he stole, he performs [harasses] with me every day for money and I still give him the money and he still steal my stuff. [Participant 12]

The above narratives are of siblings who had a substance abusing sibling who constantly stole their belongings. The participants reiterated that the substance abusing sibling couldn't be trusted within the house and the family always had to be on their guard. By things going missing within the house, extra expenses are needed to be forked out to compensate for the things that went missing. The above findings support Webber's (2003) study which pointed to a lack of trust between non- substance abusing siblings and the substance abusing sibling, and that this mistrust results from theft committed by the sibling in order to maintain the drug habit. Substance abusers are often regarded as being panicky and secretive (McVie & Holmes, 2005).

4.3.2.5 Subtheme 2.5: Disrupted cohesion and dependability

Participants expressed the lack of cohesion and reliability as a result of having a substance abusing family member. Participants stated that they had to resort to depending on other family members who shared the same experiences as they did. Olson (2000) defines cohesion as togetherness, or the emotional bonding family members have with each other; and every family system must negotiate the balance between separateness and togetherness. According to Crane, Ngai, Larson and Hafen (2005) cohesion denotes the manner and degree to which family members interrelate with each other, the targets they set, and the common family activities that they are involved with.

Category 2.5.1: Disrupted family cohesion

This category describes the cohesion (togetherness) and dependability (reliability) which parents felt prior to the discovering of substance abuse in their family.

We would sit at night, us four, I got a boy and the two girls and we would sit and make jokes and talk. It was a lekker life, it was nice. [Participant 2]

When we saw the child look so dirty and then me and Sharon said this is not good for Kioma we have to take Kioma away from her. [Participant 6]

Participant 2 reminisced about the times before substance abuse entered the family environment; the mother was able to depend on all her children including the substance abuser. Participant 6 expresses how she and her daughter took the responsibility of taking care for the substance abusing child's child. The participant demonstrates the cohesion which was shared between her and her non-substance abusing child in aid of rescuing the substance abusing child's child. Gruber and Taylor (2006) explain that an effective family is one that provides an environment for development and protection of its members. The result reflects a secure, cohesive, and mutually supportive family environment. Family members must be emotionally involved with each other and able to influence each other's behaviour as it relates to the functioning of the family (Moss, Lynch, Hardie & Baron, 2002).

Category 2.5.2: Increased responsibilities for non-abusing siblings

The succeeding category demonstrates the increased and shifted responsibilities undertaken by siblings within the family setting.

So, I wasn't aware of the fact that they never sorted the child out for school. So, my dad phones me, my dad says to me this child is at home and its grade R Joe's child went to school. "I phoned my sister I tell her what's the story? She says no there's nothing for the child. So, me and my sister, I left work at 1 o'clock, I got my sister in the Promenade and I said to her okay how much have you got I got is amount and we spent R1200 to outfit the child so that the child can go to school the next day. [Participant 8]

There's no income in my parents' house now; the other brothers and sisters must come and support my mother and my father. [Participant 9]

The above narratives depict families rallying around to fill the gap of responsibilities left by their substance abusing siblings in an attempt to maintain family equilibrium. The shifted responsibilities and roles reflect the roles discussed by Kaslow (1996); where the roles of enabler and hero are pertinent. It is also a manifestation of family cohesion of the broader family. Preechawong, Zausniewski, Heinzer, Musil, Keresmar and Aswinaninh (2007) reported that in various studies, family cohesion appears to be one of the foremost protective factors in adolescent substance abuse.

4.3.2.6 Conclusion of Theme 2

Theme 2 has provided a detailed account of how substance abuse affects the well-being and functioning of the family. It also demonstrates how family's change and how they relate to the substance abuse. The role to be played by non-substance abusing family members is also strongly established in the above theme. It is evident that substance abuse is a family's priority and it also automatically becomes a family's disease. The effects of substance abuse are devastating and monstrous for all involved. Theme 2 has revealed that even if it is only one person abusing the substances, the entire family is affected.

4.3.3 THEME 3: EFFECTS ON FAMILY COMMUNICATION

Jackson et al. (2006) assert that a family member's substance abuse has a profound affect on the functioning of families. Substance abuse has a detrimental effect on the family functioning in terms of cohesion, communication, support and organisation (Burstein et al.,

2012). In such families, individual family members seem to become restricted in expressing their needs, feelings and wishes. The family structure becomes characterised by distorted patterns of communication and a lack of understanding among family members. Theme 3 will focus on the changes within the relationship of having a substance abusing adolescent. The sub-themes will explore the communication patterns before discovering substance abuse and it will also focus on the communication after the discovery of substance abuse.

Table 4.5: Theme 3 Sub-themes and categories

THEME 3 SUB-THEMES		CATEGORIES	
3.1	Family communication before discovery of substance abuse	3.1.1	Communication experienced by parents before discovery
		3.1.2	Communication experienced by siblings before discovery
3.2	Family communication after discovery of substance abuse	3.2.	Communication experienced by parents after discovery
		3.2.2	Communication experienced by parents before discovery

Table 4.5 tabulates the sub-themes that are focused on communication, before and after discovery of substance abuse. Each sub-themes was further composed of two categories which described the kinds of communication experienced by parents before and after discovery of substance abuse and the communication experienced by siblings. In addition to the communication before discovery, the ensuing category will discuss the communication experienced by parents before and after discovery.

4.3.3.1 Sub-theme 3.1: Family communication before discovery of substance abuse

The two categories in this sub-theme describe the communication before discovering the substance abuse of their loved ones. Participants expressed that they were able to communicate openly and honestly with one another. Participants explained the positive family engagement, for example, that they were able to sit together as a family, share laughs, and communicate about life in general.

Category 3.1.1: Communication experienced by parents before discovery

This category reflects the ways of communication prior to the existence of substance abuse. The narratives below illustrate the way parents and the substance abusing child communicated before the discovery of substance abuse.

That was my daughter that, she was my gold ring, my diamond ring our diamond ring that one. She was uhm she was nice man, she was friendly, she was jokey. We were like sisters, my two daughters and me we were like sisters [Participant 2]

We spoke very openly before [naming the substance abuser] finished high school, we could speak to one another. [naming the substance abuser] could tell things that happened at school, that is wrong at school even when she went to uhm Walmer, Cradock. [Participant 6]

The above narratives express the open relationship and close bond which the mothers had with their daughters, before their substance abusing behaviour. The above gives one the impression that the relationship may have deteriorated after the substance abuser started becoming dependant on the substances until it consumed the life of the abuser. From the narratives above, it is apparent that the communication between parents pivoted on the substance abuse of the individual. Miller, Ryan, Keitner, Bishop and Epstein (2000) suggest that clear and direct communication refers to the message being clearly directed to the person for whom it is intended. According to the FST, when an individual abuse a substance, the communication patterns changed to being masked and indirect. Masked and indirect communication refers to the message being muddled, camouflaged, vague and not spoken to the person for whom it is intended (Miller et al., 2000).

Category 3.1.2: Communication experienced by siblings before discovery

This category describes the communication between siblings before substance abuse started. Siblings often have a unique and unbreakable bond. The following narratives describe the communication before substance abuse became insidious.

We had a nice relationship because we understood one another you see before she was using drugs. [Participant 7]

We had a sister relationship. It was more than a sister relationship, I always took care of her you know I always looked out for her. I would always be the one even when I found out she was using uhm everybody cut them cut, cut her put of their lives including my parents.” [Participant 8]

We had a very good relationship we would talk, talk we would have fun we would go out together. [Participant 12]

The above narratives are a description of the siblings relationship before they discovered that their siblings were abusing substances. The participants reflected that they had a fairly good relationship, involving open communication with one another. The siblings played a unique role in each other's lives and stimulated companionship with each other. The participants' narratives concur with a study which was conducted by Incerti, Henderson-Wilson and Dunn (2015:34) where the authors expressed that "most of the participants in their study indicated that they had good relationships with their siblings before the siblings started abusing substances". In addition, it has been noted that when the non-substance abusing sibling became aware of their siblings' substance abuse, the participants reacted with shock and disappointment. A study conducted by Barnard (2005:2) concurs with the above mentioned, the author expressed that the "first reaction of shock experienced is not uncommon, especially when a family member learns about the substance abuse of one of their members, the family is thrown into shocked disarray"

The above demonstrates the relationship before substance abuse was present, the participants all shared that they had a fairly good relationship with their relative.

4.3.3.2 Sub-theme 3.2: Communication after discovery of substance abuse

When asked about the effects that substance abuse has had on the interaction patterns in the family, participants described how the presence of substance abuse has had a detrimental effect. Participants stated that interaction in the family had completely changed once the family member had started using substances.

Category 3.2.1: Communication experienced by parents after discovery

This category demonstrates how communication had changed, once discovering the existence of substance abuse. Jackson et al. (2007) asserts that substance abuse affects the family's functioning in a profound way, as it deeply affects each member and influences all facets of family life including the manner in which communication occurs. Substance abusers tend to lose their respect for family members and the manner in which they address their family members is often disturbing.

Oh, when she started using drugs she was totally different, there's no more mammie mos anymore you know. [Participant 2]

It changed, we don't talk, we didn't talk I can't say nothing to her then when I say something she swear at me. so, I say no I'm not gonna talk anymore, this child upset me and I can't stand that swearing business so I keep quiet and I don't talk to her. [Participant 5]

We couldn't speak to one another anymore we couldn't even if I tell her [naming the substance abuser] please man isn't there something that we can do about it. [Participant 6]

The above narratives reflect a breakdown in communication after the discovery of substance abuse. The narrative of Participant 2 reflected a sense of loss, her daughter no longer needed her in the way it had been before in terms of positive parenting and mothering. The narrative of Participant 6 gives the impression that she tried to understand the substance abuser's perspective and was looking for solutions to manage the addiction of the substance abuser. Internationally and in South Africa, research on the effects of substance abuse in the family is well documented. Barnard (2005:1) expressed that "amongst other things, substance abuse has had an adverse effect on non-using family members. They experience feelings of loss, anger, disappointment and shame, as the drug abuse destroys the family roles and normal functioning".

Category 3.2.2: Communication experienced by siblings after discovery

This category describes the way communication has changed between the non-substance abusing sibling and the substance abuser. It appears that problems with communication were amplified when substance abuse entered the sibling relationship. The narratives will further depict how communication changed.

I don't feel to talk with her you don't feel to talk with her you don't feel to sit in her uhm presence. [Participant 7]

So I can't really keep a conversation with her. [Participant 9]

If she had to walk into this door I would just be like hi how you? That's it so we don't have like that long conversations with each other talking with each other. Even if we had to go visit her in prison I wouldn't be the one doing the talking or talk about everything I would just stand there ... and so we don't really like I said we don't really have a relationship the only thing that's relating us is that we have the same mother and we sisters but she's not the person I'd go to and say see here I bought me this new thing and how do you like it and everything. [Participant 10]

The above narratives are a reflection of how communication patterns changed once the participants discovered their siblings had been abusing substances. It is evident from the above reflections, that once substance abuse had been discovered, the participants and their substance abusing sibling no longer had the ability to communicate with one another. The above also provides insight into the deterioration of the relationship once substance abuse became known. Both narratives reflect that being able to communicate with a sibling may foster closer emotional bonds. Incerti et al. (2015) contend that the sibling's substance abuse led to a breakdown in the sibling relationship as they detached themselves emotionally from the substance-abusing siblings. Usher et al. (2007) refers to this type of broken relationships as the experience of living with "shattered dreams".

4.3.3.3 Conclusion of Theme 3

Theme 3 illustrates that most participants that were interviewed indicated that they had good relationships with their substance abusing family member before the family member started abusing substances. The disclosure of substance abuse caused family members to become constricted in expressing their needs, feelings and wishes. It was clear that family relationships became characterised by distorted patterns of communication and a lack of understanding among family members. Therefore, the family as a system, became involved in a process of physical and emotional detachment, and individual members become socially distant from each other.

4.3.4 THEME 4: MEASURES USED TO ASSIST SUBSTANCE USER

Theme 4 describes the measures which sibling and parents used to assist their substance abusing family member. The theme provides insight into the lengths which family members go to save their substance abusing family member from destroying themselves. As seen above, family members endure a number of negative effects of having a substance abusing family member, however it is seen in this theme the lengths families would go to save their substance abusing family member.

Table 4.6: Theme 4 Sub-themes and categories

THEME 4 SUB-THEMES		CATEGORIES	
4.1	Employing Tough love	4.1.1	Parents employing tough love
		4.1.2	Siblings employing tough love
4.2	Using rehabilitation programmes	4.2.1	Parents' opinion about using rehabilitation programmes
		4.2.2	Siblings' opinion about using rehabilitation programmes
4.3	Involvement of social workers	4.3.1	Parents expectations of involving social workers
		4.3.2	Siblings expectations of involving social workers

Table 4.6 exemplifies the sub-themes and categories which are used to describe the overall theme. The sub-themes of Theme 4 are as follows: Employing tough love, using rehabilitation programmes and involvement of social workers. In addition to the sub-themes, categories are used to group patterns observed in the data. The following will demonstrate the categories which emanated: Parents employing tough love, siblings employing tough love, parents' opinion about using rehabilitation programmes, siblings' opinion about using rehabilitation programmes, parent's experiences of involving social workers and sibling's experiences of involving social workers.

4.3.4.1 Sub-theme 4.1: Employing Tough love

Tough love is an expression used to define actions that are firm and occasionally an emotionless tactic to managing someone's actions. The term 'tough love' is an expression which was first introduced by Bill Milliken (1968) in his book "Tough Love". The expression of 'tough love', is used in this study to describe the manner in which the substance abuser experiences the negative emotions as part of a learning process.

Category 4.1.1: Parents employing tough love

The following narratives demonstrate how parents employed tough love and the lengths they went through to assist the substance abuser.

I throw her out I tell, you mustn't put your foot here until you ready to focus your mind on something else, go look for a job for you cause you not gonna work for me, you got a child".

[Participant 3]

I throw her out she was outside for 6 years and when she come knock on the door for a piece of bread I give her then she come and ask very nice hello ma then I say hello. Can I wash me? Then I say yes, not upstairs you can wash here [outside room] or in the yard. [Participant 5]

I threw her out of the house, it was hurtful because she's my child but she didn't want to listen to me anymore. [Participant 6]

It appears from the above narratives that the 'tough love approach' was implemented as a last resort, when parents could no longer bear the brunt of their child's substance abusing behaviour. Parents found that the only way for them to survive was to be firm with them and let them go. The 'tough love' role could also be seen as a means of protecting themselves from further heartbreak and disappointments. The 'tough love' approach was not something that parents wanted to do, but rather it was out of necessity; a mechanism to help them cope with the strain of having a substance abuser in the family and also an attempt to show the substance abuser how difficult things would be without the support of their parents. Jackson et al. (2006) asserts that a reason for parents asking their substance abusing child to leave the family home could be a result of being torn between wanting to provide for their substance abusing child and needing to ensure a stable environment for their other children whose family home was affected.

The above findings reflect what Bowen referred to as 'emotional cut-off' and nuclear family emotional system. Rasheed et al. (2011) defines 'emotional cut-off' as the manner in which individuals cope with the emotional intensity that occurs. The process of emotional 'cut-off', can be seen as a period of separation, withdrawal and running away. In the case of this particular theme, 'emotional cut-off' can be viewed as when the participants asked their substance abusing child to leave their house, giving them the chance to create emotional distance between themselves and the substance abuser.

Category 4.1.2: Siblings employing 'tough love'

The following category will demonstrate the manner in which siblings implemented the notion of 'tough love' towards their substance abusing sibling.

But after she had her daughter (Sniffs) and I took custody of her daughter, I think after her daughter turned 3, I just decided I'm gonna cut you off. [Participant 8]

The last time he asked me to buy him uhm toiletries and uhm I just said but I told you I'm not gonna do that again and I said I am done and stop sending me please call me now and I'm not gonna call you, you call me when you work and you gonna give some money for your child that was the last time. [Participant 11]

The above narratives give an account of siblings employing the notion of 'tough love'. Participant 8 had assumed parental responsibility of the child of her substance abusing sibling as she could foresee that her sister would not be able to provide her child with support. However, the participant had reached a point where she had felt compelled to use 'tough love' by taking the child in the attempt for the substance abuser to see the damage which she was causing. Participant 11 assumed the role of the enabler, where she would support her substance abusing sibling by seeing to his essential needs. The participant reached the decision of no longer assisting her sibling, and she gained the courage to cut all ties until he was able to take responsibility.

'Tough love' may have been implemented by participants as a way of demonstrating to the substance abuser how difficult things would be without a familial support system. Hasty (2001) finds that families often adopt dysfunctional roles. One of those roles and a role that was commonly seen in the research was the role of the persecutor. As stated by Fulkerson (2003), the persecutor adopts the 'tough love' approach to show the substance abuser how difficult the world is, common games played by persecutors include "if you don't want to listen, I will show you" or "I will show you just how tough the world is" (Fulkerson, 2003:12-15).

4.3.4.2 Sub-theme 4.2: Using rehabilitation programmes

The following sub-theme addresses the thoughts and feelings of parents and siblings regarding the referral to rehabilitation centres. Both parents and siblings share the sentiment that the use of a rehabilitation centre cannot work if the substance abuser is not willing to complete the entire program. The above will be discussed in more detail through two categories.

Category 4.2.1: Parents' opinion of rehabilitation programmes

This category gives insight into the opinions of parents and siblings regarding rehabilitation programmes. The narratives below will further exemplify the expressions of the parents.

It has to come from within and not really from a rehab. [Participant 1]

I wouldn't say going to the rehab will make her a different or better person cause that must come from within her, understand? So never mind what we trying to do uhm it must come from within cause why maybe uhm if I'm gonna tell her what to do then she's gonna just do it because I want her to do it, but it must come from herself you see. [Participant 4]

The above narratives describe the participant's perception of utilising rehabilitation programmes. The participants believe rehabilitation will not be beneficial to the substance abusing child. A common opinion is that the substance abuser must be self-motivated and willing to change. The participants appear to have a good understanding that rehabilitation is more effective when the substance abuser is willing to rehabilitate. The above confirm the findings of Goodman (2007) that successful rehabilitation is not only dependent on the treatment, but also on the willingness of the substance abuser to actively engage in the program and be committed to the time spent.

Category 4.2.2: Siblings' opinions of rehabilitation programs

The following category provides extracts of the siblings' opinions of rehabilitation centres.

Honestly, I don't know because I said this a week ago I said this to her ..., I've done counselling with you for 4 years, I left (and) I never went back to work, I did programs with you, I put you twice in rehab; uhm I did everything... everything. [Participant 8]

We booked her in rehab, she went once or twice but she didn't go back there. [Participant 9]

We tried everything already, my mother would go around to rehabs my mother approached the rehabs and get information about how to go about it and they would say you have to bring the person here but the person has to be willing to come you know? There was never willingness coming from her side you would tell her I've booked this rehab for you, you must go tomorrow, she's telling you yes she's going taking the money from you and everything just to find out she didn't go then, she went to where she was or where she gets the drugs from. So help her side, it's like she don't want it. [Participant 10]

From the above excerpts, it is obvious that siblings tried their best to assist in the seeking of rehabilitation centers for their substance abusing siblings. Having a substance abusing sibling

had caused Participant 8 to sacrifice many things to assist her sibling. In terms of Bowens theory, the sacrifices of Participant 8 relate to “emotional fusion” where participant 8 became emotionally involved in her sibling’s substance abuse (Rasheed et al., 2011). The participants appear to be fed up and/or hopeless and somewhat resentful. Participant 8 also presented with much anger and resentment. The feelings felt or expressed concur with that of Matsimbi (2012) and Hitzeroth and Kramer (2010) where the authors argue that families of substance abusers frequently had to deal with feelings of helplessness, disappointment, frustration and doubts, which result in increasing anger and hostility. Seeking support and treatment for a sibling who is abusing substances is not seen as unfamiliar actions. A study conducted by Incerti et al. (2015) interviewed 13 participants, where 4 of the 13 participants made attempts to assist their substance abusing sibling to receive treatment. The authors are of the opinion that finding support dominated their lives.

4.3.4.3 Sub-theme 4.3: Involvement of social workers

Most of the participants suggested that social workers should either talk to (counselling) substance abusers or refer them to a rehabilitation centre; by implication taking responsibility for helping abusers with their addiction. Some participants also argued that the social workers help must include a focus on family members so that they can be equipped with knowledge and skills to help their family members.

Category 4.3.1: Parents’ expectations of involving social workers

The following category addressed the expectations which parents have of involving social workers.

Social workers can motivate you, she can talk to you, she can encourage you, she can give you like life skills and go to workshops. [Participant 1]

She can give advice, maybe the mother don’t know where to start and if you go to the social worker then she can say “mummy you can go there, I can give you the address, or I can phone or I can give you a letter to go there to help. [Participant 5]

If they could get [naming the substance abuser] to court, and state to the court man that she every time she get pregnant and when child is finished she goes back to drugs I dunno if there is law that they can just take her and put her somewhere. [Participant 6]

Participants seem to describe the social worker's intervention to be with the substance abusing person and not with the affected family members. The above narratives provide a sense that the participants have exhausted all avenues in seeking assistance and the social workers' assistance would be to provide guidance to the substance abuser. It also appears that the participants have the hope that a social worker can give motivational and educational support (Galvani, 2015).

Category 4.2.3: Siblings expectations of involving social workers

The following category addresses the expectations of social workers as described by the non-substance abusing sibling.

I think if the social worker can get to the root of the problem cause clearly we can't. So maybe if somebody can get her to open up what is there must be a personal problem there must be something from her side that she doesn't wanna speak to us about that she doesn't want us to know about. So if somebody is an outsider, a social worker can get to the root of that problem and she can be helped cause that is the only way I see forward. [Participant 8]

You see the thing is this I think a social worker can help my family because sometimes they just need this one person that they know who is in control of everything whether its talking uhm counselling, police, that one person that that has the right to say look here if you not gonna stop I'm gonna lock you up. [Participant 9]

If they do come forth and they want the help the social worker should just basically refer them to a rehabilitation center. [Participant 11]

The above narratives depict a sense of helplessness from siblings. Participant 9 says that an external source of authority could threaten the substance abuser to rehabilitate. However, Participant 10 demonstrates an understanding that circumstances that affects one's decision. Schultz and Alpaslan (2016) found that participants in their study suggested that social workers could either talk to substance abusers or refer them to a rehabilitation centre; implying that social workers take responsibility to support the substance abusers to stop abusing substances. Some participants in the Schultz and Alpaslan (2016) study indicated that assistance from social workers should similarly give attention to family members. A study conducted by Lander et al. (2013: 9) showed that participants expect social workers to perform various roles in

assisting the substance abuser, and “that as soon as a substance use problem has been identified, educating the client about what it means to be suffering of substance abuse, the treatments available, and the stages of recovery can be useful”. The substance abuser can be encouraged to share the effect of the substance abuse on themselves and on their family system. Lander et al. (2013) encourage motivating clients to disclose their emotional state regarding their experiences in the family, as it assists them to break the silence which is often associated with living with substance abuse. In addition, consulting with a social worker can increase the abusers’ awareness about cognitive and behavioural patterns that contribute to substance abuse.

4.3.4.4 Conclusion of Theme 4

Theme 4 focused on the measures used to assist the substance abuser, the employment of ‘tough love’ was utilised, and that rehabilitation was also used as an option to assist the substance abuser. Theme 4 also highlights that a social worker can play a pivotal role in the life of the substance abuser in providing educational and motivational support.

4.4 CHAPTER CONCLUSION

It’s seldom that the effects of substance abuse is limited only to the substance abuser; everyone around the substance abuser is affected in some way. Often, the people who spend the most time around the substance abuser are the individuals who are expected to be most affected by the abuser. Chapter four has provided an understanding that family members, especially mothers and siblings, are forced to pick up the slack for the substance abuser. This chapter also reflected the devastating effect on the family’s financial position, physical health and psychological well-being, as they are constantly worrying about the abuser and their next step. Good insight was gained in terms of the roles which family members adopted, especially siblings as they felt they needed to save their sibling from destroying their lives. A dominant role which often surfaced was the role of the enabler, and the ways in which family members adjusted their behaviours and reactions to the substance abuser. An important aspect revealed was the support rendered to families, and that often family members were overlooked as emphasis and attention is more on the healing of the substance abuser. Thus, support services should be rendered and family members should be encouraged to seek assistance for themselves, and guidance in terms of how to cope with the challenging issue of substance abuse.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

A comprehensive research endeavor commences with a proposal, proceeds with a literature review followed by the methodology, following through into to data collection and analysis and ends with a conclusion and recommendations. In keeping with these critical stages, this chapter therefore presents the final chapter which comprises the conclusion and recommendations. The title and focus was on: *Adolescents and substance abuse: exploring the effects of substance abuse on caregiving and family well-being in Mitchell's Plain.*

This chapter will provide a summary of the findings that emerged from the research study. The objectives of this research were:

- To explore and describe the effects of adolescent substance abuse on the relationship between the substance abuser and caregivers and the dynamics of caregiving within the environment of substance abuse.
- To explore and describe the effects of adolescent substance abuse on notions of family well-being, especially the communication and engagement patterns between the substance abuser and care givers, family members and broader community.

The following section provides a summary of the main themes and sub-themes that emanated from the research, which established the main findings of the study. From this summary, the conclusions and implications of the findings could be derived, as a basis for the study recommendations.

5.2. CONCLUSIONS AND IMPLICATIONS OF THE EMPIRICAL FINDINGS

The study produced four themes, 12 sub-themes and 23 categories which were based on both predefined and emergent codes. The findings were, generally, in line with existing literature.

5.2.1 Conclusions and implications of demographic profile

The study sample consisted of 12 participants, seven parents (mothers) and five siblings. The participants were female, which corresponds with literature as females are perceived as more willing to share and speak about their experiences. Furthermore, the participants were classified as Coloured, which is in line with the context of the Mitchell's Plain communities, as well as the province in which the area is located. The profile of the participants underscored purposive sampling, as it was clear what the participants had endured and experienced significantly in relation to the topic. The researcher was therefore able to obtain rich, thick descriptions and informative findings.

The **conclusion** is that women again constitute the main caring role and that socio-politically the participants reflected the effects and significance of their social context. The **implication** is that gender and context are key variables and should not be ignored in terms of interventions and policies.

5.2.2. Conclusions and implications of main themes and sub-themes

Four themes, 13 sub-themes and 23 categories emerged from the findings. The study produced rich, thick findings, as could be observed in the narratives of the participants in Chapter Four. The findings were mainly focused on the effects of the use of substances by adolescents on parents and siblings.

5.2.2.1. Main theme 1: Parents/siblings reactions to discovering the substance abuse

Theme one focused on the reactions and feelings of parents and siblings, when discovering that their adolescent child was abusing substances. Emerging from this main theme were two sub-themes and three categories. In the table below, the sub-themes and categories which emanated from theme one:

Table 5.1: Theme 1 Sub-themes and categories - conclusion and implications

SUB-THEME	CATEGORY
1.1: Parents' reactions and feelings	1.1.1 : Initial Response of parents to substance abuse of their child 1.1.2 : Emotions felt by parents upon discovering their child was abusing substances
1.2: Siblings' reactions and feelings	1.2.1: Initial Response of siblings to the substance abuse of their sibling 1.2.3: Emotions felt by siblings upon discovering their sibling was abusing substances

Theme 1 produced 2 sub-themes and 4 categories. Theme 1 highlighted the feelings and reactions which parents and siblings felt upon discovering that their adolescent child or sibling had a substance abuse problem. The discovery of substance abuse caused a feeling of shock and it was a rude awakening for parents and siblings of the substance abuser. The discovery of the substance abuse caused the parents to question their parental abilities. The initial responses by parents and siblings were almost the same. Parents and siblings were thrown into complete confusion, as they couldn't fathom how and why their family member had turned to substance use. As parents, the mothers had high hopes that their children would do something positive with their lives. The initial shocked response experienced is not unusual, for when a family finds out about the substance abuse of one of their members, the family is, as emphasised by Barnard (2005:2) "thrown into shocked disarray". This could be attributed to the kinds of relationships that they had enjoyed with the affected adolescent prior to the discovery of the substance abuse. Another factor is that parents and other siblings are quite aware of the severe ramifications on the person and the family when substance abuse prevails in the family.

The **conclusion** therefore is that the initial responses by parents and siblings were similar to the discovery of the substance abuse of their adolescent child and sibling. The **implication** is that parents and siblings reacted and responded like any other human beings to a traumatic situation and therefore services must include all family members.

5.2.2.2. Main theme 2: Effects on home life

Theme 2 focused on the effects of substance abuse on parents and siblings and the role it played in the well-being of family. In this main theme there were five sub-themes and 11 categories as follows:

Table 5.2: Theme 2 Sub-themes and categories - conclusion and implications

SUB-THEMES		CATEGORIES	
2.1	Financial effects	2.1.1	Financial effects on parents
		2.1.2	Financial effects on siblings
2.2	Physical effects	2.2.1	Physical effects on parents
		2.2.2	Physical effects on siblings
2.3	Emotional effects	2.3.1	Emotional effects on parents
		2.3.2	Emotional effects on siblings
		2.3.3	Parents cry for help
2.4	Distrust	2.4.1	Loss of trust by parents
		2.4.2	Loss of trust by siblings
2.5	Disrupted cohesion and dependability	2.5.1	Cohesion felt by parents
		2.5.2	Cohesion felt by siblings

Theme two provided sufficient information demonstrating how substance abuse affects the functioning and well-being of parents and siblings. This theme could be viewed as an important theme within the research study; the researcher was able to gain perspective of the different effects of substance abuse on the parents and siblings. This theme established how parents and siblings are held captive by their family member's substance abuse by being forced to act on behalf of the substance abuser. The routine and structure of families are completely disrupted, as they have to take charge of the responsibilities of their substance abusing relative. This theme also suggests that when parents and siblings attempt to handle the substance abuse of a loved one, they encounter an inner conflict that can damage the strongest of bonds. It is evident that the family understands that the substance abuser is not deliberately trying to hurt them and want to provide the substance abuser with love, encouragement and support. However, the lies, manipulation and abuse that the substance abuser directed at the parents and siblings on a daily basis caused immense trauma. This theme highlighted that substance abuse is a disease that has the power to affect and hurt the entire family, including parents, children, brothers, sisters, or any family member who is a part of their life. As a result of substance abuse, strain, miscommunication, and arguments within the home contribute to overall stress levels and negativity of all who are within this unhealthy environment.

In **concluding** theme 2, it is clear that family members take on more responsibilities, causing stress and a range of negative emotions, like blame, dislike, anger, and even fear. As trust continues to fade, family members are on edge as they struggle to remain cognizant of the various lies their substance abusing family member may create to explain or deny their behaviors. An **implication** of theme 2 would be the significant role that family plays in initiating the beginning of substance abuse, the intensity of that use, and the choice of substances.

5.2.2.3. Main theme 3: Effects on family communication

This main theme concentrated on the effects on adolescent substance abuse on family communication and produced two sub-themes and four categories.

Table 5.3: Theme 3 Sub-themes and categories - conclusion and implications

THEME 3 SUB-THEMES		CATEGORIES	
3.1	Family communication before discovery of substance abuse	3.1.1	Communication experienced by parents before discovery
		3.1.2	Communication experienced by siblings before discovery
3.2	Family communication after discovery of substance abuse	3.2.1	Communication experienced by parents after discovery
		3.2.2	Communication experienced by parents before discovery

Theme 3 addressed the effects on the family system, especially family communication, before and after substance abuse became a key factor in family relationships. When referring to the changes that occurred, the researcher paid particular attention to the communication before substance abuse and the communication after the discovery of substance abuse. Both parents and siblings expressed that before substance abuse, they had a close relationship which was characterised by open and honest communication where they could spend hours talking and spending time with one another. Thus, the communication before substance abuse was effective and positive.

After the discovery of substance abuse, parents and siblings described their interpersonal communication as almost non-existent. Parents explained that they have lost the child that they once knew and they could no longer have a conversation based on honesty and openness. The communication was now filled with anger, frustration and hurt; and that their overwhelming feeling was to rescue their substance abusing family member.

The **conclusion** for theme 3 is that communication patterns were severely affected by the substance abuse of a family member, which impeded and constrained family relationships. The **implication** of this theme is that family communication is essential for effective family functioning, and that re-learning positive communication holds the key to family healing and restoration.

5.2.2.4. Main theme 4: Measures used to assist the substance abuser

Theme 4 represented an important theme especially for services and intervention, and produced three sub-themes and six categories:

Table 5.4: Theme 4 Sub-themes and categories - conclusion and implications

SUB-THEMES		CATEGORIES	
4.1	Employing Tough love	4.1.1	Parents employing tough love
		4.1.2	Siblings employing tough love
4.2	Using rehabilitation programmes	4.2.1	Parents' opinion about using rehabilitation programmes
		4.2.2	Siblings' opinion about using rehabilitation programmes
4.3	Involvement of social workers	4.3.1	Parents expectations of involving social workers
		4.3.2	Siblings expectations of involving social workers

Theme 4 described the measures which were used to assist the substance abuser. A common measure which was adopted was the notion of 'tough love.' In the case of parents and siblings, adopting the 'tough love' approach, one can view it as the fear of enabling the continuation of the problem. Parents and siblings were aware that they were enabling their relative's behavior by constantly jumping in to solve the substance abusers' problems. Parents and siblings often became too involved with the 'drama' and constant state of crisis that is often found in the life of a substance abuser; and therefore, adopted the 'tough love' role.

In the study, parents expressed that rehabilitation only works if the substance abuser expresses the need to go, while siblings explained that they had supported the admission of their siblings into rehabilitation centres but that it didn't achieve the desired outcomes. Parents and siblings have the expectation that social workers should either employ counseling and talk therapy with the substance user and family members, before referral to rehabilitation center or refer them to the rehabilitation center.

In **concluding** theme 4, parents and siblings resorted to various measures to assist their substance abusing family member. It was clear that these measures were born from a deep desire to help their family member. The **implication** is that no matter how affected the family appears to be by the behaviour of the substance user, family members are still committed to help and assist them.

5.2.2.5 Overall conclusions of the main findings

The overall conclusions of the four main findings are therefore as follows (Table 5.5):

Table 5.5: Overall conclusions of the main findings

Main Theme		Conclusion of Themes
1	Parents/siblings reactions to discovering the substance abuse	The conclusion therefore is that the initial responses by parents and siblings were similar to the discovery of the substance abuse of their adolescent child and sibling.
2	Effects on home life	Family members take on more responsibilities, causing stress and a range of negative emotions, like blame, dislike, anger, and even fear. As trust continues to fade, family members are on edge as they struggle to remain cognizant of the various lies their substance abusing family member may create to explain or deny their behaviours.
3	Effects on family communication	Communication patterns were severely affected by the substance abuse of a family member, which impeded and constrained family relationships.
4	Measures used to assist the substance abuser	Parents and siblings resorted to various measures to assist their substance abusing family member. It was clear that these measures were born from a deep desire to help their family member.

5.3 RESEARCH FINDINGS IN RELATION TO THE RESEARCH OBJECTIVES OF THE STUDY

The following section delineates the ways in which the research findings underscored the two study objectives.

5.3.1 To explore and describe the effects of adolescent substance abuse on the relationship between the substance abuser and caregivers and the dynamics of caregiving within the environment of substance abuse.

This objective was achieved, as the researcher was able to gather a deeper understanding of the effects of substance abuse and how it affected the relationships and family dynamics. The first three themes provided insight as to the family relationships before and after discovery of the extent of substance abuse by the relative (Theme 1), the effects on home life and thus on family relationships and sense of happiness and fulfilment (Theme 2), and the negative impact on the ways in which families were disengaged and disconnected from one another as they could no longer positively communicate (Theme 3). Theme 4 was especially interesting as it produced the ways in which the participants tried to address the problem; but in doing so they also

illustrated their concern and the depth of their feelings for their relative. Thus, the findings suggest that substance abuse has a profound effect on family functioning and on family well-being. Consequently, the effects of substance abuse on the family merits professional attention from a number of role players.

5.3.2 To explore and describe the effects of adolescent substance abuse on notions of family well-being, especially the communication and engagement patterns between the substance abuser and care givers, family members and broader community.

This objective was achieved, as the participants were able to explain and discuss their perceptions, but mostly their experiences of how communication changed once substance abuse entered the relationship (Theme 3). When the substance abusing sibling was actively abusing substances, the family presented ineffective communication patterns characterised by angry tones and verbal abuse. Parents and siblings were unable to communicate their feelings, problems and avoided the topic of their loved one's substance abuse.

The findings revealed that communication patterns were severely affected by the substance abuse of a family member and this also affected the levels of disassociation and disengagement that prevailed amongst family members. This was often as a result of avoiding conflict and that the relationships had been scarred.

The aim of the study was to explore and describe the effects of adolescent substance abuse on care giving and family well-being within Mitchell's Plain. Therefore, the main research question was: *What are the effects of adolescent substance abuse on caregiving and family well-being in Mitchell's Plain?* In light of the above, it can be claimed that the aim and objectives of the study were effectively achieved, as the findings, represented by the four themes, sub-themes and categories, illustrated the effects of adolescent substance abuse on caregiving and family well-being through the perceptions and experiences of the 12 participants in Mitchell's Plain.

5.4. RECOMMENDATIONS EMANATING FROM RESEARCH FINDINGS

The following recommendations are offered as a result of the study findings and literature review on adolescent substance abuse and the effects on family well-being.

5.4.1 Recommendations based on study themes

The following recommendations are based on the four themes that emerged from this study:

5.4.1.1 Theme 1: Parents/siblings reactions to discovery of substance abuse

The implication of this theme is that parents and siblings reacted and responded like any other human being to a traumatic situation, and therefore professional counselling services must include all family members as a starting point. So therefore, family counselling services, programmes and interventions are key strategies for this theme, for example parents can be referred to join a parent support.

5.4.1.2 Theme 2: Effects on home life

The implication of this theme is that even though family members are heavily affected by the abuse of substances, they are still willing to accommodate the substance abuser which has often resulted in dysfunction in family relationships. Family members should be encouraged to seek help for themselves, as their well-being is also affected by the substance abuse.

5.4.1.3 Theme 3: Effects on family communication

The implication of this theme is that family communication is essential for effective family functioning, and that re-learning positive communication holds the key to family healing and restoration. This theme holds much significance again for family counseling and strategies (exercises) for improving family communication patterns, verbal and non-verbal communication techniques, structures for communication protocols, respect for one another in communicating, and attentiveness to the needs of each family member. These communication strategies and techniques are once again in the realm of micro and meso interventions. However, home tasks and practice exercises and help to create more positive ways of responding and giving insight to the new roles that they would have inadvertently adopted. Providing insight into their own behaviour and reactions.

5.4.1.4 Theme 4: Measures to assist substance abuser

The implication is that no matter how affected the family appears to be by the behaviour of the substance user, family members are still committed to help and assist them. This is an important notion, as individual family members can still be prevailed upon to be involved in the counselling services and programmes, despite their harrowing experiences at the hands of the substance abuser. In family counselling, this finding is helpful as family members have shown themselves to be resilient, resourceful, and engaged. This theme also threw into the spotlight the role and function of social workers and other helping professions into the extreme trauma and suffering of the family members. Family counselling appear to be key interventions from the study. Community work and programmes are also severely lacking. The problem is

continuing to escalate in many communities, and micro and meso interventions would not be able to make any serious inroads in combatting the problems, and thus professions need to seriously consider macro intervention, multi departmental and political strategies.

5.4.2 Recommendations for social work practice

The following recommendations are offered for social work practice on the three levels of professional practice:

5.4.2.1 Micro social work practice

In terms of micro level practice, the following are offered as suggestions:

- Individual support and counselling with the substance abuser or sibling or parent when individualised and specific trauma is detected and assessed.
- A multi-pronged intervention should incorporate various organisations and agencies specialising in substance abuse.
- Specialised counselling and intervention programmes must be offered that have been proved as the most efficacious.

5.4.2.2 Meso social work practice

In terms of meso level practice the following suggestions are pertinent:

- Specialised family counselling programmes with a focus on substance abuse as the focal area and incorporating the facets discussed above.
- Intervention programs for example could focus more on the substance abuser's family and community. Thus, intervention could move towards being tailor-made to assist both the 'infected and affected'.
- Specialised group work as treatment method with a stronger focus on substance abuse, its effects and coping strategies for families.

5.4.2.3 Macro social work practice

The following recommendations are useful for macro practice:

- Strategic and coherent awareness programs such as drug awareness at schools, libraries, hospitals and clinics to be implemented on a prevention level including multi-disciplinary and inter-agency cooperation.

- Community conversations can be held whereby religious leaders and influential members of the community can have a dialogue regarding the pressing issue of substance abuse and its detrimental effects on family well-being. It is also recommended that political portfolios be created especially for provinces like the Western Cape which is particularly burdened.
- Youth development programmes such as entry level job skills for specific and identified jobs, entrepreneurial skills, self-development, and school subjects linking with these academic needs.
- Elevating and strengthening the policy advocacy and political lobbyist roles in community organising and policy intervention.

5.4.3 Recommendations for social work education and training

The following recommendations are suggested for social work education and training:

- The Bachelor of Social Work degrees should include a focus on substance abuse as a stand-alone module or enjoy a key focus area in a module or modules across curricula.
- CPD training needs to be provided to social workers regarding substance abuse and the procedures one should follow when assisting families in combating substance abuse, for example training can be given regarding Section 33 of the substance abuse act, as many social workers are not clued up regarding the implementation of the court committal.

5.4.4 Recommendations for policy and government's role

The following recommendations are offered for policy and government tasks and responsibilities:

5.4.4.1 Policy

The following recommendations are offered for policy:

- In terms of policy, more attention can be given to the family members who are affected by the abuse of substances by a loved one. The substance abuse Act does not give sufficient recognition to affected family members and the services available to them.

The policy focuses more on the substance abuser and the ways in which the abuser can be assisted.

- The Act could then delineated key roles of stakeholders and role players specifically national, provincial, local government, and professions.

5.4.4.2 Government's roles and tasks

The following are suggested for government to do:

- National government and relevant provincial departments could assist by awarding more funding to enable more projects to address issues of drug availability, negative drug tolerance and negative availability in known drug prevalent areas in Cape Town and other provinces.
- National and provincial government should also increase the number of in-patient treatment centres in the Western Cape, as many are private and difficult for most people in poorly resourced communities to afford. In tandem, recommendation is to re-purpose other government buildings no longer in use to be used for specialised intervention services or inpatient treatment centres.
- Local government should work with provincial government to eradicate the high levels of substance abuse in the Western Cape.
- Government organisations and non-government organisations need to combine their services to facilitate programmes and activities which focus on the challenges of substance abuse, as working in isolation allows people to fall through the cracks.

5.4.5 Recommendations for future research studies

Emanating from the findings, as well as the above recommendations, the possible areas for further research would include the following:

- Fathers' viewpoints are absent in this study. As mentioned previously, while it was envisaged that both parents would form part of the study, only mothers expressed a willingness to participate. This finding is not unique to this study as the participation of fathers in other studies indicates a similar trend (for example Choate, 2011; Hoeck & Van Hal, 2012; Jackson et al., 2007). Therefore, it is imperative for researchers who are interested in exploring 'parents' experiences to consider these gendered sampling challenges. Therefore, the sampling strategies should take this into consideration and make a concerted effort to include the viewpoints of both parents.

- Not many studies or research have been conducted on how substance abuse affects the well-being of non-substance abusing siblings as a stand-alone study. Future research can thus be conducted on how a sibling's substance abuse effects the relationship with a non-substance abusing sibling, over a long-term period.
- Other studies could also focus more strongly of family functioning and structure and parenting roles and styles and the role of socio-political environment especially the Cape Flats areas.
- Future studies could encompass the 21st century role, function and strategies of social work and other helping professions.

5.5 LIMITATIONS OF THE STUDY

The following limitations were identified in the process of conducting the study. These are discussed below:

- The researcher found that the geographic area that she had thought would be sufficient to focus on and recruit participants was too narrow. The researcher had struggled to obtain appropriate and sufficient participants.
- The study only contained female participants, as males were not as interested and forthcoming as initially anticipated.

5.6 SIGNIFICANCE OF THE STUDY

The study showed the depth of emotional effects of having an adolescent in your home and in your family, that is substance dependent. The participants gave real insight into their difficulties and struggles; but most importantly the effects on the overall family functioning, structure, communication and well-being. The significance of the study was in laying bare these raw emotions which then highlighted the areas for strategies for helping professions, policy and program development for all role players especially government (national and local) and for community-based and non-profit organisations, and for future research. The underlying truth of the findings is that youth are attracted and mesmerised by substance use and abuse and the responsibilities of all of society to own the issue.

5.7 CHAPTER CONCLUSION

This study explored and described the adverse effects substance abuse has on the levels of care giving and well-being of families. Emanating from the literature review, there is relatively little known regarding how, especially adolescent substance abuse effects the lives of family members. The study highlighted the immense challenges faced by parents and siblings in living with a relative who is abusing substances as an adolescent already. Substance abuse is experienced as extremely stressful by family members. The difficulty of substance abuse and the continuous chain of negative events developed as a result of substance abuse appeared to have severe and long-lasting effects on the family functioning. In the study, parents and siblings reported disappointment and sadness upon discovering the extent of the substance abuse. The continued use of substances by a relative, despite support, parents mourned the loss of the child that was and most siblings reported sadness at the loss of a valued relationship.

5.8 OVERALL STUDY CONCLUSION

The title of the research study was ‘Adolescents and substance abuse: exploring the effects of substance abuse on caregiving and family well-being in Mitchell’s Plain’. The aim of the study was to explore and describe the effects of adolescent substance abuse on care giving and family well-being within Mitchell’s Plain. The goals and objectives were achieved by making use of a qualitative case study design. The researcher made use of purposive sampling, which allowed the researcher to choose participants as they had the specific qualities and experiences needed for the study.

Chapter One of the study provided a brief introduction and overview of the study; the researcher briefly introduced the topics which were covered in the literature review. The overall aim of the study and objectives were also outlined. Chapter One allowed the researcher to gain more perspective on the chosen chapter, Chapter One was also an eye opener for the researcher as it slightly introduced the researcher into what was awaiting. The main focus of Chapter One was also to submit to the university’s Faculty of Community and Health Sciences Ethics Committee and to Department of Social Development’s Research Ethics Committee for ethics clearance.

Chapter Two provided the researcher with an understanding of existing research and debates on the chosen topic, it also afforded the researcher the opportunity to review relevant literature pertaining to the study. The chapter assisted the researcher in terms of building on her knowledge in the field of social work, policy, family well-being and substance abuse. Prior to

starting the journey, the researcher had many assumptions regarding substance abuse and the effects it has on family. The reviewed literature and studies confirmed the researcher's speculations, as there were studies to prove what she had assumed. This chapter, was particularly interesting as it confirmed what people shared regarding their experiences, the researcher also came to the realisation that it's not only the so called poor communities which are affected by substance abuse, it was noted that the affluent communities and families were also gravely affected. However, it was more common in the less affluent communities for families to seek assistance from local governmental institutions, as a result of them not being able to receive private treatment.

Chapter Three discussed the methodology which was adopted in this research study. It discussed the research design, sampling method, data collection approach, data collection tool, data collection and data analysis. This chapter further discussed the key ethics considerations of the research study.

Chapter Four presented an analysis of the data which was collected from parents and siblings who had a family member who abused substances. The data was presented as a narrative which provided some insight into the lives of parents and siblings. Their narratives reflected the challenges, disappointment, distrust and all the negatives associated with substance abuse. Various themes and sub-themes emerged in the data analysis process, which were discussed along a story line. These themes and sub-themes were then contrasted and compared with current and previous literature. The researcher was now able to link theory to real life experience; this chapter provided the researcher with the opportunity to really gain an understanding into what families experience when living with a substance abuser. The researcher was able to enter into the participants' world as they shared their challenges, hardships and struggles.

Upon reflecting on the entire research, the researcher experienced the process to be tedious, yet so rewarding when the data analysis revealed the quality of the data gathered. It has been an eye-opening process into what research entails academically. This journey has taught the researcher about strengths which the researcher never knew she had; it has taught the researcher discipline and has also taught the researcher the definition of self-sacrifice. Importantly, even though the researcher managed to accomplish the data required and analyzed it significantly, as a novice researcher, the researcher is aware that she still has developmental areas.

REFERENCES

- Adelson, J. (2009). Contemporary Family Systems approach to substance abuse. *Forum on Public Policy*, 1-15. *American Journal of Family Therapy*, 33, 253-264.
- Alcoholics Anonymous. (2012). *Estimates of AA groups and members as of January 1, 2012*. New York, NY: A.A. General Service Office.
- Alexander, J.A., Pollack, H., Nahra, T., Wells, R. & Harris-Lemak, C. (2007). Case Management and Client Access to Health and Social Services in Outpatient Substance Abuse Treatment. *Journal of Behavioral Health Services & Research*, 34: 3,221-236.
- Ambrosino, R., Hefferman, J., Shettlesworth, G. & Ambrosino, R. (2007). *Social Work and Social welfare: An introduction* (6th ed). Cengage Learning Publishers.
- Amoateng, A. & Richter, L. (2007). Social and Economic Context of Families and Households in South Africa. In A. Amoateng and T. Heaton (Eds.). *Families and Households in Post-Apartheid South Africa*: Cape Town: HSRC Press.
- Antonius, R., (2003). *Interpreting Quantitative Data with SPSS*. Sage Publications, London.
- Appollis, E, K. (2016). *Rehabilitation of drug addicted adolescent boys: the contribution of social workers who are employed by the department of social development*. Unpublished Master's Thesis. Social Work Department, Stellenbosch University.
- Arkava, M. L. & Lane, T.A. (1983). *Beginning social work research*. Boston: Allyn & Bacon.
- Avis, H. (2003). *Drugs and life*. United States of America: McGraw-Hill.
- Azhar, S. & Mohindra, V. (2012). Gender Communication: A Comparative Analysis of Communicational Approaches of Men and Women at Workplaces. *IQSR Journal of Humanities and Social Science (JHSS)*. Volume 2, Issue 1 (Sep/Oct, 2012), PP 18-27
- Babbie, E. & Mouton, J. (2001). *The Practice of Social Research. South Africa*: Oxford University Press.
- Babbie, E. & Mouton, J. (2009). *The practice of social research: South African edition*. Cape Town: Oxford University.
- Babbie, E. & Mouton, J. (2010). *The practice of Social Research. Cape Town*: Oxford University Press.
- Babbie, E. (2007). *The practice of social research* [11th ed.]. Belmont: Thomson Wadsworth.
- Babbie, E. (2005). *The basics of social research*. 3rd ed. Belmont: Thomson Wadsworth.

- Babbie, E. (2014). *The basics of social research* (6th edition). California, USA: Cengage Learning.
- Babbie, E. (2016). *The practice of social research* (14th edition). California, USA: Cengage Learning.
- Bamberg, J. H., Toumbourou, J. W. & Marks, R. (2008). Including the siblings of youth substance abusers in a parent-focused intervention: A pilot test of the BEST Plus program. *Journal of Psychoactive Drugs*, 40(3), 281-291.
- Barnard, M. (2005). *Drugs in the Family: The Impact on Parents and Siblings*. UK: Joseph Rowntree Foundation.
- Barnes, G. G. (1998). *Family therapy in changing times*. New York: Palgrave.
- Bauer, P., Stennes, L. & Haight, J. (2003). Representation of the inner self in autobiography: Women's and men's use of internal states language in Personal narratives. *Memory*, 11(1), 27-42.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology Monographs*, 4 (1, Pt.2).
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1), 56-95
- Baumrind, D., Larzelere, R.E. & Owens, E.B. (2010). *Effects of preschool parents' Power: Assertive patterns and practices on adolescent development*. *Parenting* 10, 157–201.
- Baxter, J., & Eyles, J. (1997). *Evaluating qualitative research in social geography: Establishing 'rigour' in interview analysis*. *Transactions of the Institute of British Geographers*, 22(4), 505-525. doi: 10.1111/j.0020-2754.1997.00505.x
- Baxter, P. & Jack, S. (2008). *Qualitative case study methodology: Study design and implementation for novice researchers*. *The Qualitative Report*, 13(4), 544-559. Retrieved from: <http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf>.
- Benishek, Kirby, K. & Dugosh, K. (2011). Prevalence and frequency of problems if concerned family members with a substance-using loved one. *The American Journal of Drugs and Alcohol Abuse*, 37, 82-88.
- Benjamin, J. (2005). *Speech for Doctor Benjamin*. Cape Town: The Western Cape substance abuse forum.

- Berg, J. (2005). The rise of 'tik' and the crime rate. *South Africa Computer Journal*, 18(3), 306-328.
- Berg, B. (2011). *The Effects of Parenting Styles on a Preschool Aged Child's Social Emotional Development*. The Graduate School, University of Wisconsin-Stout. Retrieved from <http://www2.uwstout.edu/content/lib/thesis/2011/2011bergb.pdf>
- Bernard, H. R. (2002). *Research methods in anthropology: Qualitative and quantitative approaches* (3rd ed.). Walnut Creek, CA: Alta Mira Press.
- Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of Agribusiness*, 23(1), 75-91.
- Bless, C., Higson – Smith, C. & Kagee, A. (2007). *Fundamentals of Research Methods: An African Perspective*. South Africa: Paarl Print.
- Bowen, G. A. (2009). Supporting a grounded theory with an audit trail: An illustration. *International Journal of Social Research Methodology*, 12(4), 305-316. doi: 10.1080/13645570802156196
- Bowen, M. (1978) *Family therapy in clinical practice*. New York: Aronson.
- Brook, J., Morojele, N., Pahl, T. & Brook, D. (2006). Predictors of drug use among South African Adolescents. *Journal of Adolescent Health*, 38(1): 26-34.
- Brown, A. (2002). "Groupwork", In: Davies, M. (ed.), *The Blackwell Companion to Social Work*, Oxford: Blackwell Publishers, 156- 164.
- Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique *Fundamentals of Theory and Practice Revisited*, 20(2), 94-103. Brunner/Mazel.
- Bryman, A. (2001). *Social Research Methods*. Oxford University Press.
- Bryman, A. (2008) *Social research methods*. 3rd Edition, Oxford University Press., New York.
- Buckingham, A & Saunders, P. (2008). *The Survey Methods Workbook*. Cambridge-UK: Polity Press.
- Burns, N. & Grove, S. (2001). *The practice of nursing research: conduct, critique and utilization*. 4th Edition. Philadelphia, Pennsylvania: W.B. Saunders.
- Burstein, M. Stanger, C. & Dumenci, L. (2012). Relations between parent psychopathology, family functioning, and adolescent problems in substance-abusing families: disaggregating the effects of parent gender. *Child Psychiatry Human Development*, 43:631-647.
- Butler, R. & Bauld, L. (2005). The Parents' Experience: coping with drug use in the family. *Drugs: education, prevention and policy*, 12(1), 35–45.

Canadian Alcohol and Drug Use Monitoring Survey (CADMUS). Alcohol – prevalence and low risk alcohol use. Available at http://www.hc-sc.gc.ca/hc-ps/drugs- drogues/stat/_2011/summarysommaire-eng.php#a7. [Accessed August 24, 2012]

Carelse, S. (2018). Social work services provided by non-profit organisations to adult methamphetamine users: an ecological perspective. Social Work Department, Stellenbosch University.

Carr, D. & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and the Family*, 72(3), 743–761. <http://dx.doi.org/10.1111/j.1741-3737.2010.00728.x>.

Casswell, S., Yu, R. & Huckle, T. (2011). Alcohol's harm to others: Reduced wellbeing and health status for those with heavy drinkers in their lives. *Addiction*, 106, 1087-1094. doi:10.1111/j.1360-0443.2011.03361.x.

Caughlin, J.P. & Malis, R.S. (2004). Demand/withdraw communication between parents and adolescents: Connections with self-esteem and substance use. *Journal of Social and Personal Relationships*, 21(1), 125-148.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*, Sage, Thousand Oaks.

Choate, P. (2011). Adolescent addiction: What parents need? *Procedia - Social and Behavioral Sciences*, 30,1359–1364.

Christian Addiction Support, (2016). Latest Drug Statistics – South Africa 2016 <https://christiandrugsupport.wordpress.com/2016/04/21/latest-drug-statistics-south- africa-2016/> [Accessed 28 June 2016].

City of Cape Town. (2011). Spatial Development Plan and Environmental Management Framework. Baseline Information and Analysis Report Khayelitsha and Mitchells Plain (Vol. 1, District Plan. March 2011) Retrieved June 5, 2017 from http://www.capetown.gov.za/en/sdf/Documents/Draft_Vols_2011/Khayelitsha_Mitchells_Plain_District_VOL1_SDF_EMF.pdf.

Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.

Cohen, L. Manion, L. & Morrison, K. (2007). *Research Methods in Education* (sixth edition). London: Routledge.

Cohen, L., Manion, L. & Morrison, K. (2011). *Research methods in education* (7 Ed.). New York, NY: Routledge.

Cole, J. & Narsoo, M (2007). *Evaluation of DSD services in the Mitchell's Plain URP node*. South African Department of Social Development.

Cox, C. B. (2000). *Why grandchildren are going to and staying at grandmother's house and*

what happens when they get there. In *To Grandmother's House We Go and Stay: Perspectives on Custodial Grandparents* (ed. C.B. Cox), pp.3-19. Springer, New York.

Collis, J. & Hussey, R. (2003), *Business Research: a practical guide for undergraduate and postgraduate students* 2nd ed, Basingstoke, Palgrave Macmillan.

Copello, A., Templeton, L. & Powell, J. (2005). The impact of addiction on the family: estimates of prevalence and costs. *Drugs: Education, Prevention and Policy*, 17 (1), 63-74.

Copello, A., Templeton, L. & Powell, J. (2009). *Adult family members and carers of dependence drug users: Prevalence, social cost, resource savings and treatment responses.* Final report to the UK Drugs Policy Commission. London: UK DPC.

Copello, A., Templeton, L., Powell, J. (2010). The impact of addiction on the family: Estimates of prevalence and costs. *Drugs: education, prevention and policy*, 17(S1), 63–74. *Qualitative approaches*. 7th ed. New York: Oxford University Press.

Corbetta, P. (2003). *Social Research Theory, Methods and Techniques*. London: SAGE Publications.

Coviello, D. M., Alterman, A. I., Cacciola, J. S., Rutherford, M. J. & Zanis, D. A. (2004). The role of family history in addiction severity and treatment response. *Journal of Substance Abuse Treatment*, 26, 1-11.

Crane, D. R., Ngai, S. W., Larson, J. H., & Hafen, M., Jr. (2005). The influence of family functioning and parent-adolescent acculturation on North American Chinese adolescent outcomes. *Family Relations*, 54, 400-410.

Creswell, J. (2003). *Research design: qualitative, quantitative and mixed approaches* (2nd ed). Thousand Oaks: Sage publishers.

Craig, K. L. (2010). *The experience of relationship with one's parents when a sibling has a substance abuse disorder.* (M.Sc., University of Calgary [Canada]). *ProQuest Dissertations and Theses*. (847249949).

Creswell, J. (2007). *Research Design: qualitative, quantitative and mixed method approaches*. USA: Sage Publications Inc.

Creswell, J.W. (2009). *Research Design: Qualitative, quantitative, and mixed methods approaches*. U.S.A.: Sage Publications.

Creswell, J. W. & Plano Clark, V. L. (2011). *Designing and Conducting mixed method research* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2012) *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

- Creswell, J. (2013). *Qualitative inquiry & research design. choosing among five approaches*. 3rd edition. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. & Creswell, J. D. (2018). *Research design: qualitative, quantitative, and mixed methods approaches*. Fifth edition. Los Angeles: SAGE.
- Crotty, M. (2003): *The Foundations of Social Research: Meaning and Perspectives in the Research Process*, London: Sage Publications, 3rd edition, 10.
- Davies, G. & Dwyer, C. (2007). Qualitative methods: are you enchanted or are you alienated? *Progress in Human Geography*, 31(2), 257–266.
- De Boer, C. & Coady, N. (2007). Good helping relationships in child welfare: learning from stories of success. *Child and family social work*, 12:32-42
- Denning, P. (2010). Harm reduction therapy with families and friends of people with drug problems. *Journal of clinical psychology*, 66(2):164-174.
- De Vos, A., Strydom, H., Fouché, C. & Delpont, C., (2011). *Research at Grass Roots: for the social sciences and human services professions* (4th Edition). Pretoria: Van Schaik.
- DeVore, E. & Ginsburg, K. 2005. The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics*, 17(4):460-465.
- Denscombe, M. (2010). *The good research guide for small scale social research projects*. 4th Edition. London: Open University Press.
- Denscombe, M. (2014). *The good research guide: for small-scale social research projects* (5th Edition). Berkshire, England: Open University Press.
- Denzin, N. K. & Lincoln, Y. S. (2000). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications, Inc.
- Denzin, N. K. & Lincoln, Y. S. (Eds). (2011). *Handbook of qualitative research* (4th Ed). UK: Sage.
- Department of Basic Education (2013). National strategy for the prevention and management of alcohol and drug use amongst learners in schools. Pretoria.
- Department of Social Development. (2013). Framework for Social Welfare Services. [Online] Available: http://www.dsd.gov.za/index2.php?option=com_docman&task=doc_view&gid=515&Itemid.
- Department of Social Development. 2006-2011. *National Drug Master Plan*. Pretoria.
- DePoy, E. & Gilson, G. F. (2008). Evaluation Practice: *How to Do Good Evaluation Research in Work Settings*. New York: Taylor and Francis.

- Dörnyei, Z. (2007). *Research methods in applied linguistics*. New York: Oxford University Press.
- Drugscope & Adfam (2009). *Recovery and drug dependency: A new deal for families*. London: Drugscope and Adfam.
- DSD (Department of Social Development). (2006). *National Drug Master Plan*. Pretoria.
- DuBois, B. and Miley, K.K. (2005) *Social work: An empowering profession*. Boston, Pearson Education Inc.
- Dykes, G.Z. (2014). *An Inquiry into the Role of Adverse Childhood Experiences on Teaching and Learning in Social Work*. Unpublished Doctoral Thesis. Social Work Department, Stellenbosch University.
- Ellis, G., Stein, D., Thomas, K. & Meintjies, E. (2012). *Substance use and abuse in South Africa: insight from the brain and behavioural sciences*. Cape Town: UCT Press.
- Engler, S. 2014, 'Grounded theory', in M. Stausberg & S. Engler (eds.), *The Routledge handbook of research methods in the study of religion*, pp. 256–274, Routledge, New York.
- Etikan, I. S., Musa. R. & R.S., Alkassim. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*. Vol. 5, No. 1, pp. 1-4. doi: 10.11648/j.ajtas.20160501.11.
- Farley, O.W. & Smith, L.L. (2006). *Introduction to Social Work*. (10th edition). Boston, Pearson.
- Feldstein, S. & W. Miller, (2006). Substance use and risk-taking amongst adolescents. *Journal of Mental Health*, 15:633-643.
- Ferguson, P.L, Ph.D. (2011). *Survival Roles Develop Within the Family of Alcoholics and Addicts*. Hubbard House Publishing, Stillwater, Oklahoma.
- Finlay, L. & Ballinger, C. (2006). *Qualitative Research for Allied Health Professionals: Challenging choices*. British Library, Padstow: Cornwall.
- Fitzpatrick, M. (2004), *Grandparents Raising Grandchildren*, Council on the Ageing (COTA), Melbourne.
- Fletcher, A. C., Walls, J. K., Cook, E. C., Madison., & Bridges, T. H. (2008). Parenting Style as a Moderator of Associations between Maternal Disciplinary Strategies and Child Well-Being. *Journal of Family Issues*, 29, 1724-1744.
- Florence, M. & Koch, E. (2011). The difference between adolescent users and non-users of addictive substances in a low socio economic status community: contextual factors explored from the perspective of subjective well-being. *South African Journal of Psychology*, 41(4):477-487.

- Ford, C. A., Davenport, A. F., Meier, A. & McRee, A. (2009). Parents and health care professionals working together to improve adolescent health: The perspectives of parents. *The Journal of Adolescent Health*, 44(2), 191–194. <http://dx.doi.org/10.1016/j.jadohealth.2008.06.017>
- Fouché, C.B. & Delpont, C.S.L. (eds.), *Research at grass roots: For the social sciences and human*
- Fouché, C. & Schurink, W. (2011). Qualitative research designs. In: A. De Vos, H. Strydom,
- Fouché, C.B. & De Vos, A.S. 2011. Formal formulations. In: de Vos, A.S., Strydom, h., Fouché, C.B. & Delpont, C.S.L. (eds). *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik Publishers
- Fouché, C.B. (2002). *Writing the research proposal*. In De Vos (Ed.) (2002). *Research at grassroots*. 2nd Edition. Pretoria: Van Schaik Publishers
- Fulkerson, M. (2003). Integrating the Karpman Drama Triangle with Choice Theory and Reality Therapy. *International Journal of Reality Therapy*, 12-15.
- Galvani, S. (2015). *Alcohol and other Drug Use: The Roles and Capabilities of Social Workers*. 1st ed. Manchester: Manchester Metropolitan University.
- Gerlock, J. (2012). *Sense of Community Online: Self-regulated Learning and Avoiding the Drama Triangle*. (Unpublished Master's Project). University of Lethbridge, Lethbridge, AB, Canada.
- Gill, P., Stewart, K., Treasure, E. & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, 204 (6), 291–295.
- Gilvarry, E. (2002). Substance abuse in young people. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41:55-80.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Glaser, B.G. & Strauss, A.L. (2012). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Aldine Transaction
- Glicken, M.D. (2003). *Social research: a simple guide*. New York: Allyn and Bacon.
- Goodman, A. (2007). *Social work with drug and substance misusers: transforming social work practice*. Wiltshire: Learning Matters Ltd.
- Gouws, E., Kruger, N. & Burger, S. (2000). *The adolescent (2nd ed)*. Sandown: Heineman Publishers.

- Graneheim, U. H. & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105- 112. doi: 10.1016/j.nedt.2003.10.001
- Gray, D. E. (2004). *Doing Research in the Real World*. London: SAGE Publications.
- Greeff, M. (2011). *Information collection: interviewing*. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L., eds. *Research at grass roots*. 4th ed. Pretoria: Van Schaik. p. 397-423).
- Greeff, M. (2002). *Information collection: interviewing*, in Edition. Sandown: Heineman Publishers. *Research at grass roots for the social sciences and human service professions*, by De Vos, A.S.; Strydom, H.; Fouchè, C.B. and Delpont, C.S.L. 3rd Edition. Pretoria: Van Schaik Publishers.
- Grinnell, Jr. R. M. & Unrau, Y. A. (2005). *Social work research and evaluation: quantitative and qualitative approaches* 7th ed. New York: Oxford University Press.
- Grix, J. (2004). *The foundations of research*. London: Palgrave Macmillan.
- Groenewald, C.R. & Bhana, A. (2016). “It was bad to see my [child] doing this”: Mothers’ experiences of living with adolescents with substance abuse problems. *International Journal of Mental Health Addiction*, 14(5):646-661.
- Grolnick, W. (2003). *The psychology of parental control: How well-meant parenting backfires*. New Jersey: Lawrence Erlbaum Associates.
- Gruber, K. & Taylor, M., (2006). A family perspective for substance abuse: implications from the literature. *Journal of Social Work Practice in the Addictions*, 6(1):1-29.
- Gruber, K. J. & Taylor, M. F. (2006). A family perspective for substance abuse: Implications from the literature. *Journal of Social Work Practice in the Addictions*, 6(1/2), 1-29.
- Gudzinskiene, V. & Gedminiene, R. (2010). *Understanding of alcoholism as family disease*. *Socialinis Ugdymas*, 14(25):163-172.
- Hasty, C. (2001). Using a Modification of the Classic Drama Triangle to Enhance Pastoral Care. *The Journal of Pastoral Care*, 55 (2), 147-155.
- Health Canada. (2011). *Canadian Alcohol and Drug Use Monitoring Survey*. Ottawa, Canada.
- Healy, K. (2012). *Social Work Methods and Skills: The Essential Foundations of Practice*. Basingstoke: Palgrave Macmillan.
- Henning, E. (2004) *Finding Your Way in Qualitative Research*. Pretoria, Hatfield: Van Schaik Publishers.

- Herman, A., Stein, D., Seedat, S., Heeringa, Moomal, H. & Williams, D. (2009). The South African Stress and health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *S Afr Med J.*, 99(5Pt 2), 339-344.
- Heron, J. (1996). *Co-Operative Inquiry: Research into the Human Condition*, London, Sage Publications.
- Hitzeroth, V. & Kramer, L. (2010). The end of addiction. *A comprehensive South African guide*. Cape Town: Human & Rousseau.
- Hoeck, S. & Van Hal, G. (2012). Experiences of parents of substance-abusing young people attending support groups. *Archives of Public Health*, 70(11), 1–11.
- Holloway, I. & Wheeler, S. (2002). *Qualitative research in nursing* (2 ed.). Malden, MA: Blackwell.
- Holmia, M. (1997). *Community prevention of alcohol problems*. London: Macmillan Press Ltd.
- Howard, K.S., Heston, J., Key, C.M., Mccrory, E., Serma-Mcdonald, C., Smith, K.R. & Hendrick, S.S. (2010). Addiction, the sibling, and the self. *Journal of Loss and Trauma*, 15:465-479.
- Hussaarts, P., Roozzen, H., Meyers, R. J., Van De Wetering, B. J.M. & McCrady, B, S. (2011). Problem areas reported by substance abusing individuals and their concerned significant others. *The American Journal on Addictions*, 21, 38-46
- Hussain, M. A., Elyas, T., & Nasseef, O. A. (2013). Research Paradigms: A Slippery Slope for Fresh Researchers. *Life Science Journal* 10(4), 2374-2381.
- Incerti, L., Henderson-Wilson, C. & Dunn, M. (2015). Challenges in the family. Problematic substance use and sibling relationships. *Family Matters*, 96:29-38.
- Jackson, D. & Mannix, J. (2003). Then suddenly he went right off the rails: Mothers' stories of adolescent cannabis use. *Contemporary Nurse*, 14, 169–179.
- Jackson, D., Usher, K. & O'Brien, L. (2006-7). Fractured families: parental perspectives on the effects of adolescent drug abuse on family life. *Contemporary Nurse*, 23:321-330.
- Jackson, D., Usher, K., & O'Brien, L. (2007). Fractured families: parental perspectives of the effects of adolescent drug use on family life. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 23, 321–330.
- Jackson, D., Usher, K., & O'Brien, L. (2006). Fractured families: Parental perspective of the effects of adolescent drug abuse on the family. *Contemporary Nurse*, 23(4):321-330.

- Jackson, D., Usher, K. & O'Brien, L. (2007). Fractured families: Parental perspectives of the effects of adolescent drug use on family life. *Contemporary Nurse: a Journal for the Australian Nursing Profession*, 23, 321-330.
- Janardhana, N., Raghunandan, S., Naidu, D. M., Saraswathi, L., & Seshan, V. (2015). Care giving of people with severe mental illness: an Indian experience. *Indian journal of psychological medicine*, 37(2), 184–194. doi:10.4103/0253-7176.155619
- Jesuraj, M.J. (2012). Impact of substance abuse on families. *Rajagiri Journal of Social Development*, 4(2):33-44.
- Kadali, R. & Thomas, M. (2013). "Unemployment plays a big role in substance abuse," *Alcohol, drug use in SA twice the global average*. Retrieved from: <http://www.citizen.co.za/citizen/content/en/citizen/opinioncolumnists?oid=419376&sn=Detail&pid=334&Unemployment-plays-big-role-in-substance-abuse> [Accessed on 28/04/2017].
- Kajornboon, A. B. (2004). *Creating Useful Knowledge: A Case Study of Policy Development in E-learning at Chulalongkorn University Language Institute*. Dissertation. University of Melbourne: Australia
- Karavasilis, L., Doyle, A. B. & Markiewicz, D. (2003). Associations between parenting style and attachment to mother in middle childhood adolescence. *International Journal of Behavioral Development*, 27(2), 153–164. ISSN: 0165-0254. doi: 10.1080/0165025024400015
- Kaslow, F. W. (1996). *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. John Wiley & Sons: Canada.
- Kaskutas, L.A., Bond J. & Humphreys, K. (2002). Social networks as mediators of the effect of Alcoholics Anonymous. *Addiction*. 97(7):891–900. [PubMed: 12133128]
- Keating, D, M., Russell, J.C., Cornachione, J. & Smith, S. W. (2013). Family communication patterns and difficult family conversations. *Journal of applied communication research*, 41(2), 160-180
- Keele, R. (2011) *Nursing research and evidence-based practice :ten steps to success* Sudbury, MA : Jones & Bartlett Learning,
- Kendler, K. S., Gardner, C. O. & Prescott, C. A. (1997). Religion, psychopathology, and substance use and abuse: a multimeasure, genetic-epidemiologic study. *American Journal of Psychiatry*, 154, 322–329
- Kerr, M. E. & Bowen, M. (1988). *Family evaluation: An approach based on Bowen's Theory*. New York: Norton.
- Kieber, H.D., Weiss, R.D., Anton, R.F., George, T.P., Greenfield, S.F., Kosten, T.R.,

- O'Brien, C.P., Rounsaville, B.J., Strain, E.C., Ziedonis, D.M., Hennesy, G. & Connery, H.S. (2007). Treatment of patients with substance use disorders. *The American Journal of Psychiatry*, 164(4):4-123.
- Kimmel, M. S & Messner M. A. (2000). *Men's Lives: sixth edition*. Pearson and Brookes, United States of America
- Kivunja, C. & Kuyini, A. (2017). Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education*
- Klever, P. (2005). The multigenerational transmission of family unit functioning. *The American Journal of Family Therapy*, 33, 253-264.
- Klostermann, K. & O'Farrell, T.J. (2013). Behavioral Couples Therapy for Substance Abuse Disorders. *Social Work in Public Health* 28: 234-247.
- Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 53(1), 91-100. doi: 10.1111/j.1365- 2648.2006.03681.x
- Kumar, R. (2011). *Research methodology: a step-by-step guide for beginners*. Los Angeles, SAGE.
- Labuschagne, A. (2003). Qualitative research: Airy fairy or fundamental? The Qualitative Report, 8(1), Article 7.
- Lander, L, Howsare, J. & Byrne, M. (2013). The Impact of Substance Use Disorder on Families and Children: From Theory to Practice. *Social Work in Public Health*, 28, 194-205.
- Laudet, A.B. (2008). The impact of Alcoholics Anonymous on other substance abuse related Twelve Step programs. *Recent Developments in Alcoholism*. 18:71–89.
- Leedy, P. & Ormrod, J. (2010). *Practical Research: Planning and Design*. 9th ed. Boston: Pearson Education International.
- Leedy, P.D. & Ormrod, J.E. (2005). *Practical research: planning and designing*. 8th Edition. New Jersey: Pearson Education Ltd.
- Legget, T. (2002). *Drugs and crime in South Africa: a study in three cities*. Institute for Security Studies. Monograph 69. [Online] Available: www.iss.co.za. [Accessed: 14/03/2015].
- Lehohla, P. (2011). *Census 2011: Census in brief*. Pretoria: Statistics South Africa.
- Li, D. (2004). Trustworthiness of think-aloud protocols in the study of translation processes. *International Journal of Applied Linguistics*, 14(3), 301-313. doi: 10.1111/j.1473-4192.2004.00067. x.
- Lincoln, Y. S & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

- Luyckx, K., Tildeley., E.A., Soenens, B., Andrews, J.A., Hampson, S.E., Peterson, M., Duriez, B. (2011). Parenting and trajectories of children's maladaptive behaviors: A 12-year prospective community study. *J. Clin. Child Adolesc. Psychol.*
- MacMaster, (2010) *In Search of a Family: The Challenge of Gangsterism to Faith Communities on the Cape Flats*. Unpublished Doctoral Thesis. Stellenbosch University
- Macnee, L. C. & McCabe, S. (2008). *Understanding nursing research: Using research evidence-based practice*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Maluleke, T. F. (2013). *Perceptions of Social Workers regarding their role in aftercare and reintegration services with substance dependent persons*. Unpublished thesis. Faculty of Humanities. University of Pretoria.
- Marshall, C. & Rossman, G.B. (2006). *Designing Qualitative Research* (4th Edition). London: Sage Publications
- Masombuka, J. (2013). *Children's addiction to the drug "nyaope" in soshanguve township: parents' experiences and support needs*. Unpublished master's thesis, University of South Africa, South Africa.
- Matsimbi, J. L. (2012). *The perceptions, expectations, fears and needs of chemically dependent youth in a rehabilitation centre about being re-integrated into their family systems*. Pretoria: University of South Africa.
- Mays, N. (2008). *Qualitative research in health care: Assessing quality in qualitative research*. New Zealand: Bristol Press.
- Mudavanhu, N. 2013. *An exploratory study on the reasons for substance abuse among the youth in Grabouw, Western Cape Province, South Africa*. Unpublished Master's Thesis. Social Work Department, University of the Western Cape.
- McDonald, G., O'Brien, L., & Jackson, D. (2007). Guilt and shame: Experiences of parents of self-harming adolescents. *Journal of Child Health Care, 11*, 298. doi: 10.1177/1367493507082759.
- McNamara, S. (2000). *Stress in young people*. London: Continuum.
- McVie, S. & Holmes, L. (2005). *Family functioning and substance use at ages 12 to 17*. Edinburgh Study of Youth Transitions and Crime Research Digest, 9, 1-35.
- Mercer, D. E. & Woody, G. E. (1999). Contributions of the 12-Step Approach. In *An individual drug counselling approach to treat cocaine addiction*. National Institute on Drug Abuse, Division of Clinical and Services Research

- Mertens, D. M. (2010). Research and evaluation in education and psychology: *Integrating diversity with quantitative, qualitative, and mixed methods* (3rd ed.). Thousand Oaks: Sage Publications.
- Mertens, R. J. & Weisner, C. (2009). Family members of people with alcohol or drug dependence: Health problems and medical costs compared to family members of people with diabetes and asthma. *Addiction*, 104, 203-214.
- Milliken, B., (1971). *Tough Love*. Revell.
- Miller, I. W., Ryan, C. E., Keitner, G. I., Bishop, D. S. & Epstein, N. B. (2000). The McMaster approach to families: theory, assessment, treatment and research. *The Association for Family Therapy*, 22, 168-189.
- Miller, W. R., & Rollnick, S. (2002). Motivational interviewing: *Preparing people for change*. New York, NY: Guilford Press.
- Minkler, M., Fuller-Thomson, E., Miller, D. and Driver, D. (2000), Grandparent caregiving and depression in Hayslip, B. and Goldberg-Glen (Eds.) *Grandparents Raising Grandchildren: Theoretical, Empirical and Clinical Perspectives*, Springer Publishing Co., New York.
- Morgaine, C. (2001). *Family systems theory*. Unpublished manuscript, Department of Child and Family Services, Portland State University, Portland, Oregon.
- Morris, T. (2006). Social Work Research methods: *four alternative paradigms*. London: Sage
- Moss, H.B., Lynch, K.G., Hardie, T.L. & Baron, D.A. (2002). Family functioning and peer affiliation in children of fathers with antisocial personality disorder and substance dependence: Associations with problem behaviors. *American Journal of Psychiatry*, 159, 607-614.
- Mouton, J. (1996). *Understanding social research*. Pretoria: ,JL van Schaik.
- Narcotics Anonymous. (2012). Retrieved December 07, 2018, from <http://www.na.org>.
- National Council on Alcohol and Drug Dependence. (2011). *Alcohol, drugs, and youth*. Retrieved from <http://www.ncadd.org/index.php/for-youth/overview>.
- National drug master plan (2006-2011). 2006. Tshwane, National Department of Social Development.
- National Drug Master Plan. (1999). *Department of Social Development*. South Africa.
- National Institute on Drug Abuse, 2013. *Monitoring the future national results on adolescent drug use: Overview of key findings*. Retrieved from <http://www.drugabuse.gov/monitoring-future-survey-overview-findings-2013>. [Accessed on 28/05/2015]

National Survey on Drug Use and Health (2006). Retrieved on 19/06/2016
<http://www.samhsa.gov/data/nsduh/2k11results/nsduhresults2011.htm>

National Survey on Drug Use and Health. (2010). *Report on national findings*. U.S. Health Services Administration. Retrieved from www.samhsa.gov/data/ . [Accessed on 28/05/2015]

Neuman, W. L. (2003). *Social research methods: qualitative and quantitative approaches*. 5th Edition. Boston: Allyn and Bacon Publishers.

Neuman, L. W. (2006). *Social research Methods; Quantitative and Qualitative Approaches*. 6th ed. New York: Pearson publishers.

Neuman, W.L. (2011). *Social Research Methods: Qualitative and Quantitative Approaches*. The Boston: Allyn and Bacon.

Neuman, W. (2014). *Social Research Methods: Qualitative and Quantitative Approaches*. Pearson, Essex, UK.

Nieuwenhuis, J. (2007). Qualitative research designs and data gathering techniques, in *First steps in research*, edited by Maree, K. Pretoria: Van Schaik Publishers. *Nursing*, 28 (1), 21-36.

O’Kearney, R. & Dadds, M. (2004). Developmental and gender differences in the language for emotions across the adolescent years. *Cognition and Emotion*, 18(7), 913-938.

Oisín, T. (2007). Process tracing and Elite Interviewing: A case for nonprobability sampling. *Political Science and Politics* 40(4): 481-496.

Olson, D. H. (2000). Circumplex model of marital and family systems. *Journal of Family Therapy*, 22(2), 144-167.

Olson, D. H., & Gorall, D. M. (2003). Circumplex model of marital and family systems. In F. Walsh (Ed.), *Normal family processes* (3rd ed., pp. 514 – 547). New York: Guilford.

Orford, J., Velleman, R., Copello, A., Templeton, L. & Ibanga, A. (2010). The experiences of affected family members: A summary of two decades of qualitative research. *Drugs: education, prevention and policy*, 17(s1), 44-62.

ONS (2013). *Measuring what matters: Understanding the Nation’s Wellbeing*. Retrieved from: <http://www.ons.gov.uk/ons/interactive/well-being-wheel-of-measures/index.html> [Accessed on 4 May 2019]

Orford, J., Natera, G., Davies, J., Nava, A., Mora, J., Rigby, K. & Velleman, R. (2013). *Stresses and strains for family members living with drinking or drug problems in England and Mexico*.

Owoyomi, V.A. (2018). Substance abuse among street children: implication for social

workers in Nigeria. *Sociol Int J* :271–274.

Paglia-Boak, A., Adlaf, E. & Mann, R. (2011). *Drug use among Ontario students: 1977-2011—Detailed OSDUHS findings*. Toronto, Ontario, Canada: Centre for Addiction and Mental Health.

Pardini, D. A., Plante, T. G., Sherman, A. & Stump, J. E. (2000). Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19, 347-354.

Parker, M. (2015). *Patterns of use of and attitudes towards the Afrikaans language by South African expatriates: a sociolinguistic perspective*. master's thesis. Faculty of Arts and Social Sciences. Stellenbosch University.

Parry, C. D., Myers, B., Morojele, N. K., Flisher, A. J., Bhana, A., Donson, H. & Pluddemann, A. (2004). Trends in adolescent alcohol and other drug use: findings

Parry, C. D. H & Pithey, A. L. (2006). Risk behaviour and HIV among drug using populations in South Africa. *African Journal of Drug & Alcohol Studies*, 5(2), CRISA Publications Patterns. John Wiley & Sons: Canada.

Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage Publications

Pearson, G. (2000). Substance abuse and the family. *Current Opinion in Psychiatry*, 13, 305–308.

Peltzer, K., Ramlagan, S., Johnson, B. D. & Phaswana-Mafuya, N. (2010). Illicit drug use and treatment in South Africa: a review. *Alcohol use & misuse*, 45(13), 2221-2243.

Percy, A., Thornton, M. & McCrystal, P. (2008). The extent and nature of family alcohol and drug use: findings from the Belfast youth development study. *Child Abuse Review*, 17(1), 371-386.

Pérez, J. C. & Cumsille, P. (2012). Adolescent temperament and parental control in the development of the adolescent decision making in a Chilean sample. *Journal of Adolescence*, 35(3), 659–669. <http://dx.doi.org/10.1016/j.adolescence.2011.09.002>

Perkinson, R. R. (2008). *Chemical dependency counselling: a practical guide*. California: Sage Publications.

Pluddemann, A., Parry, C., Bhana, A. & Fourie, D. (2008). South African Community Epidemiology Network on Drug Use (SACENDU): *alcohol and drug abuse trends: January-June 2008 (Phase 24)*. (November).

Preece, J., Rogers, Y. & Sharp, S. (2002). *Interaction Design: Beyond Human-Computer Interaction*. New York: John Wiley & Sons.

- Preechawong, S., Zauszniewski, J. A., Heinzer, M. M. V., Musil, C. M., Kercksmar, C., & Aswinanong, R. (2007). Relationships of family functioning, self-esteem, and resourceful coping of their adolescents with asthma. *Issues in Mental Health Prevention and Early Intervention of Alcohol and Other Drug Use Policy*, 2013
- Prevention of and Treatment for Substance Abuse Act, 2008. No. 70 of 2008. (2009, April 21). Cape Town. (Government Gazette, vol. 562, no. 32150)
- Prochaska, J. O., Johnson, S., & Lee, P. (2009). The Transtheoretical Model of behavior change. In S. A. Shumaker, J. K. Ockene, & K. A. Riekert (Eds.), *The handbook of health behavior change* (pp. 59-83). New York, NY, US: Springer Publishing Company.
- Querido, J.G.; Warner, T.D.; Eyberg, S.M. (2002), Parenting styles and child behavior in African American families of preschool children. *J. Clin. Child Psychol*31, 272–277.
- Rabstejnek, C. Family Systems & Murray Bowen Theory (2009) Retrieved from: <https://www.researchgate.net/publication/277814784>. [Accessed on 12/07/2019]
- Rasheed, J. M., Rasheed, M. N. & Marley, J. A. (2011). *Family therapy: Models and techniques*. United Kingdom: Sage Publications Inc.
- Rawson, R.A. (2004). Matrix model for treatment of stimulant abusers. *International Journal of Psychology*. 39(5–6):234–234.
- Rwomire, A. (2011). The role of social work in national development. *Practice Research*, 9(1):108-118.
- Richards, A. (2001), *Second Time Around: A Survey of Grandparents Raising their Grandchildren*, Family Rights Group, London.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Ritchie, J. Lewis, J. Nicholss, C. Ormston R, (2014) *Qualitative Research Practice: A guide for social science students and researchers*. Los Angeles, CA: Sage.
- Robson, C. (2011) *Real world research: a resource for users of social research methods in applied settings*. Wiley Chichester.
- Ronel, N. & Haimoff-Ayali, R. (2010). Risk and resilience: the family experience of adolescents with an addicted parent. *International Journal of Offender Therapy and Comparative Criminology*, 54 (3), 448-472.
- Saatcioglu, O., Erim, R. & Cakmak, D. (2006). Role of family in alcohol and substance abuse. *Psychiatry and Clinical Neurosciences*, 60, 125-132.
- Saldaña, J., (2013), *The coding manual for qualitative researchers*, 2nd ed, Sage, London.

- Sandau-Beckler, P. A., Devall, E. & de le Rosa, I. A. (2002). Strengthening family resilience: prevention and treatment for high-risk substance-affected families. *The Journal of Individual Psychology*, 58 (3), 305-327.
- Saunders, M., Lewis, P. & Thornhill, A. (2012) *Research Methods for Business Students* 6th edition, Pearson Education Limited.
- Saunders, M., Lewis, P. and Thornhill, A. (2007) *Research Methods for Business Students*. 4th Edition, Financial Times Prentice Hall, Edinburgh Gate, Harlow.
- Schafer, G. (2011). Family functioning in families with alcohol and other drug addictions. *Social Policy Journal of New Zealand*, 37, 1-17.
- Schiff, S. E. (2004). *Family systems theory as literary analysis: the case of Philip Roth*. USA: University of Florida.
- Schrodt, P. (2005). Family communication schemata and the circumplex model of family functioning. *Western Journal of Communication*, 69, 359 – 376.
- Schultz, S. & Alpaslan, A. H. (2016). Our brothers keepers: siblings abusing chemical substances living with non-using siblings. *Social Work/Maatskaplike Werk* Vol 52 No 1; Issue 6 <http://socialwork.journals.ac.za/pub>.
- Schurink, W., Fouché, C. & De Vos, A. (2011). Qualitative data analysis and interpretation. In: A. De Vos, H. Strydom, C. Fouché & C. Delpont [eds]. *Research at grassroots: for the social sciences and human service professions*. [4th eds.]. Pretoria: Van Schaik.
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. In *Handbook of Qualitative Research*, N.K. Denzin & Y.S. Lincoln (Eds.), Sage thousand Oaks.
- Schwandt, T. A. (2007). *The Sage Dictionary of Qualitative Inquiry* (Third ed.), Thousand Oaks, California: sage Publication, Inc. *sciences and human service professions*. [4th ed.]. Pretoria: Van Schaik.
- Scott, A., (2013) *Ethical principles in health care research*. In: Curtis, Elizabeth and Drennan, Jonathan, (eds.) *Quantitative Health Research: Issues and Methods*. Open University Press, pp. 77-90. ISBN 9780335245734
- Scott, D., & Usher, R. (2011). *Researching education: data, methods and theory in educational enquiry*. (2nd ed.). London: Continuum International Publishing Group.
- September, R. (2008). *A case study examining the experiences of a methamphetamine addict and its impact on the family relationships*. Master's thesis, University of the Western Cape.

- Sharf, R.S. (2000). *Theories of Psychotherapy and Counselling: Concepts and Cases* (2ndEd). Belmont, U.S.A.: Wadsworth/Thompson Learning.
- Sigelman, C. & Rider, E. (2009). *Life-span Human Development* (6th Edition). Belmont, CA: Wadsworth Publishing.
- Silverman, D. (2000). *Doing qualitative research*. London: Sage Publications.
- Sims, M. (2002). *Designing family support programmes. Building children, family and community resilience*. Altona: Common Ground Press.
- Slesnick, N. & Prestonik, J. L. (2004). *Perceptions of the family environment and social sciences and human service professions*. [4th ed.]. Pretoria: Van Schaik.
- Smith, S (2016). *The Wiley Blackwell Encyclopedia of Family Studies*, New York, NY: Wiley-Blackwell Publishing, Vol. 2, pp. 782-787.
- Soenens, B. (2006). *Psychologically controlling parenting and adolescent psychosocial adjustment*. Unpublished doctoral thesis, University of Leuven, Belgium.
- South Africa. 2013 - 2017. National Drug Master Plan 2030. Department of Social Development. Pretoria: Government Printer.
- Soul City Institute for Justice. (n.d). A review of Literature on Drug and Substance Abuse amongst Youth and Young Women in South Africa.
- South African statistics. (2013). Census. [online]. Available: [www.http://southafrican/westerncape/census/sa-statistics](http://southafrican/westerncape/census/sa-statistics)
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Standing, A. (2003). The social contradictions of organized crime on the Cape Flats. Institute for Security Studies. *Occasional Paper 74*, June 2003.
- Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.). Thousand Oaks, London, New Delhi: Sage Publications.
- Strydom, H. & Delpont, C.S.L. (2011). Sampling and pilot study in qualitative research. In: A. De Vos, H. Strydom, C. Fouché & C. Delpont [eds.]. *Research at grassroots: for the social, sciences and human service professions*. [4th ed.]. Pretoria: Van Schaik.
- Strydom, H. & Venter, L. (2002) Sampling and Sampling Methods. In: De Vos, A.S., Ed., *Research at Grass Roots: For the Social Sciences and Human Service Profession*, Van Schaik, Pretoria, 197-211
- Swartbooi, M. (2013). *A phenomenological study on parents' experiences of their adolescent's substance abuse*. Master's thesis, University of the Western Cape, 2013).
- Templeton, L., Zohadi, S. & Velleman, R. (2007). Working with family members in specialist drug and alcohol services: findings from a feasibility study. *Drugs: Education*,

Prevention and Policy, 14, 137-150.

Thesnaar, C. (2011). Substance abuse and domestic violence within families: *A pastoral hermeneutic response*. *Deel*, 52(2), 25–36.

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396. doi: 10.1111/j.1365-2648.2004.03207.x

Republic of South Africa [RSA]. *Group Areas Act*, Act No. 41 of 1950.

United Nations Office on Drugs and Crime. (2012). *Conducting effective substance abuse prevention work among the youth in South Africa*. Pretoria: UNODC.

United Nations Office on Drugs and Crime. (2014). *World drug report. United Nations Publication, Sales No. E. 12. XI. 1.* [Online] Available: http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf [Accessed: 12/01/2016].

Usher, K., Jackson, D & O'Brien, L. (2007). Shattered dreams: Parental experiences of adolescent substance abuse. *International Journal of Mental Health Nursing*, 16, 422-430.

Van Heerden, M. S., Grimsrud, A. T., Seedat, S., Myer, L., Williams, D. R. & Stein, D. J. (2009). Patterns of substance use in South Africa: Results from the South African Stress and Health study. *SAMJ*, 99(5), 358-366.

Velleman, R., Templeton, L., & Copello, A. (2005). The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions with a focus on young people. *Drug and Alcohol Review*, 24, 93-100.

Velleman, R. & Templeton, L. (2003). Alcohol, drugs and the family: Results from a long-running research programme within the UK. *Eur. Addict. Res.* 9, 103–112.

Vernig, P. M. (2011). Family roles in homes with alcohol-dependent parents: an evidence-based review. *Substance Use and Misuse*, 46, 535-542.

Vimpani G, & Spooner, C. (2003). Minimizing substance misuse by strategies to strengthen families. *Drug and Alcohol Review*, 22, 251-4.

Viner, R., & Taylor, B. (2007). Adult outcomes of binge drinking in adolescence: finding from a UK national birth cohort. *Journal of Epidemiology and Community Health*, 61:902-907.

Visser, M. & Routledge, L. (2007). Substance abuse and psychological well-being of South African adolescents. *South African Journal of Psychology*, 37(3), 595-615.

Wagner, K., Duan, L., Unger, J., Ritt-Olson, A., Chou, C., Pokhrel, P., Baezconde-Garbanati, L. & Soto, D. (2010). Associations between family structure, family

functioning, and substance use among Hispanic/Latino adolescents. *Psychology of Addictive Behaviours*, 24 (1), 98-108.

Walsh, J. (2013). *Theories for direct social work practice*. California, USA: Cengage Learning.

Walsh, W. M. & McGraw, J. A. (2002). *Essentials of family therapy*. Denver, CO: Love.

Webber, R. (2003). The impact of illicit drug use on non-using siblings in the Vietnamese community. *Australian Journal of Social Issues*, 38(2):229-245.

Wegscheider-Cruse, S. (1989). *Another Chance: Hope and Health for the Alcoholic Family*. Palo Alto, CA: Science & Behavior Books.

Weiss, L. H. & Schwarz, J. C. (1996). The relationships between parenting types and older adolescents' personality, academic achievement, adjustment and use. *Child Development*, 67(5), 2101-2114. ISSN: 00093920. doi: 10.2307/1131612

Wells E, Allison N. Kristman-Valente, K. Michelle Peavy & T., Jackson (2013) Social Workers and Delivery of Evidence-Based Psychosocial Treatments for Substance Use Disorders, *Social Work in Public Health*, 28:3-4, 279-301, DOI: [10.1080/19371918.2013.759033](https://doi.org/10.1080/19371918.2013.759033)

Whiting, S. A. (2014). *An evaluation of the effectiveness of the Institutional mechanism to manage substance Abuse in South Africa*. Master's thesis. Humanities Department. University of Cape Town.

Willig, C. (2009). *Introducing qualitative research in psychology*. UK: Library of Congress.

Winek, J. (2010). *Systemic Family Therapy: From theory to Practice*. Thousand Oaks: Sage

Winsler, A., Madigan, A. & Aquilino, S. 2005. Correspondence between maternal and paternal parenting styles in early childhood. *Early childhood Research Quarterly*, 20(1):1-20.

Winters, K., Botzet, A. & Fahmmost, T. (2011). Advances in adolescent substance abuse treatment. *Current Psychiatry Report*, 13, 416-421.

World Drug Report 2012: [Accessed on 30/05/2016] <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2012.html>

World Drug Report, 2014: Retrieved from <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2012.html>. [Accessed on 28/07/2015].

World Health Organization, 2015. Retrieved from <http://www.who.int/topics/substance-abuse/en/> [Accessed on 14/10/2015].

World Health Organization. Substance abuse. 2011 retrieved from: http://www.who.int/topics/substance_abuse/en. [Accessed on 9 July 2016].

Yin, R.K. (2003). *Case study research-design and methods*. Thousand Oaks: Sage Publications.

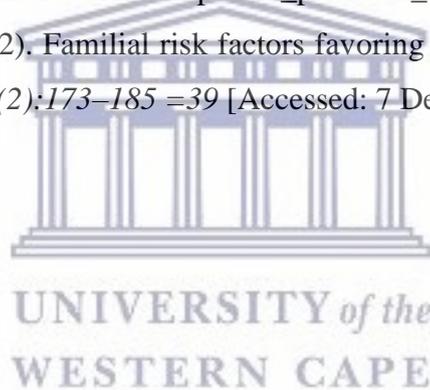
Yin, R.K. (2009). *Case Study Research: Design and Methods*. Fourth edition. Sage Publications, Thousand Oaks CA Yin RK (2009) *Case Study Research: Design and Methods*. Fourth edition. Sage Publications, Thousand Oaks CA.

Yin, R.K. (2012). *Applications of case study research*. Thousand Oaks, CA: Sage.

Yurgelun-Todd, D. (2007) *Emotional and cognitive changes during adolescence*. *Curr Opin Neurobiol.* 17:251–257. [PubMed: 17383865]

Zupancic, M., Podlesek, A. & Kavcic, T. (2004). Parental child care practices of Slovenian preschoolers mothers and fathers: The family environment questionnaire. *Horizons of Psychology*, 13(3), 7-26. ISSN: 1318-1874. Retrieved from http://psy.ff.uni-lj.si/iGuests/Obzorja/Vsebina1/Vol133/zupancic_podlesek_kavcic.pdf

Zimic, J.I, Jackic, V. (2012). Familial risk factors favoring drug addiction onset. *Journal of Psychoactive Drugs.* 44(2):173–185 =39 [Accessed: 7 December 2016]



APPENDIX: A



OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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31 August 2016

Ms R Casker
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number HS 16/2/11

Project Title: Adolescents and substance abuse: Exploring the effects of substance abuse on caregiving and family wellbeing in Mitchells Plain.

Approval Period: 30 August 2016 to 30 August 2017

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

UNIVERSITY of the
WESTERN CAPE

A handwritten signature in dark ink, appearing to read 'Josias'.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

APPENDIX B



Western Cape
Government

Social Development

Research, Population and Knowledge Management

tel: +27 21 483 4512 fax: +27 21 483 5602

48 Queen Victoria Street, Cape Town, 8000

Reference: 12/1/2/4

Enquiries: Clinton Daniels

Tel: 021 483 8658/483 4512

Ms R. Casker

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7780



UNIVERSITY of the
WESTERN CAPE

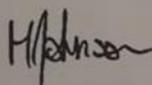
Dear Ms Casker

RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

1. Your request for ethical approval to undertake research in respect of *'Adolescents and substance abuse: exploring the effectiveness of substance abuse on caregiving and family wellbeing in Mitchells Plain'* refers.
2. It is a pleasure to inform you that your request has been approved by the Research Ethics Committee (REC) of the Department, subject to the following conditions:
 - That the Secretariat of the Research Ethics Committee be informed in writing of any changes made to your proposal after approval has been granted and be given the opportunity to respond to these changes.
 - That ethical standards and practices as contained in the Department's Research Ethics Policy be maintained throughout the research study, in particular that written informed consent be obtained from participants.
 - The confidentiality and anonymity of participants, who agree to participate in the research, should be maintained throughout the research process and should not be named in your research dissertation or any other publications that may emanate from your research.

- The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your research dissertation should be send to the Secretariat of the REC for comment before further dissemination.
- That the Department be informed of any publications and presentations (at conferences and otherwise) of the research findings. This should be done in writing to the Secretariat of the REC.
- Please note that the Department supports the undertaking of research in order to contribute to the development of the body of knowledge as well as the publication and dissemination of the results of research. However, the manner in which research is undertaken and the findings of research reported should not result in the stigmatisation, labelling and/or victimisation of beneficiaries of its services.
- The Department should receive a copy of the final research dissertation and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research reports and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Logistical arrangements for the research must be made through the office of the Regional Manager of the Metro South Region, subject to the operational requirements and service delivery priorities of the Department.
- Failure to comply with these conditions can result in this approval being revoked.

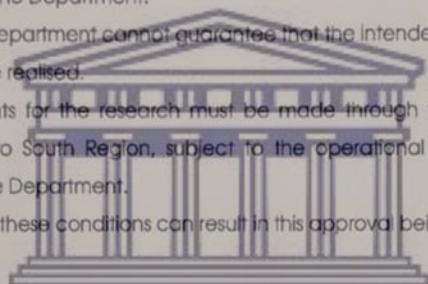
Yours sincerely



Ms M. Johnson

Chairperson: Research Ethics Committee

Date: 24/7/17



UNIVERSITY *of the*
WESTERN CAPE

APPENDIX C



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2851 Fax: 27 21-959 2845

E-mail: gdykes@uwc.ac.za

INTERVIEW SCHEDULE

This interview schedule is to address the following research question: *What are the effects and influence of adolescent substance abuse on the well-being of parents and family in the Mitchells Plain community?*

‘The objectives of the study will be to:

- To explore and describe the effects of adolescent substance abuse on the relationship between adolescents and care-givers and the dynamics of caregiving within the environment of substance abuse.
- To explore and describe the effects of adolescent substance abuse on notions of family well-being especially the communication and engagement patterns between the substance abuser and care givers, family members and broader community.

Please make sure that you have given your written consent before taking part in this research study, also note that everything that will be shared during this interview will only be used for the research project and pseudonyms will be used to insure anonymity.

Date of interview: Pseudonym: Age:

Questions
<p>Introductory questions</p> <p>1: How long ago have you discovered your child/relative is abusing substances?</p> <p>2: How did you discover your child/relative was abusing substances?</p> <p>3: How did you feel upon discovering your child/relative was abusing substances?</p>

Questions on relationships and changes within family life.

Describe your relationship with your child/relative before discovering that they were abusing substances?

How has things changed now that you are aware of your child/relative using substances?

In what ways has the substance abuse affected the family and your household?

Financially

Emotionally

Physically

Spiritually

How has the communication patterns changed between you and your child/relative?

Questions on the affects of substances on relationships within the family.

Has your child's substance abuse affected your relationship with your spouse? In what ways do you think?

How has substance abuse affected the ways in which your family usually resolve problems?

How do you think your child/relative can be helped? What have you already tried?

. How do you think the social worker could help your family?

Concluding questions:

1. Would you like to add anything else that you think might be beneficial for the research project?
2. Do you have any other question or concerns?

APPENDIX D



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

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E-mail: gdykes@uwc.ac.za

CONSENT FORM

Title of Research Project: Adolescents and substance abuse: exploring the effects of substance abuse on caregiving and family well-being in Mitchell's Plain.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....

Participant's signature.....

Date.....

APPENDIX E

Interviewer: Good Morning I'm Riefqah Casker I am a student from the University of the Western Cape, I'm doing my masters in social work focusing on family well-being and how substance abuse affects the family and and and uhm ya how substance abuse affects the family and their well-being at the end of the day

INTERVIEWEE: I'm Mrs. [REDACTED] stay in Lentegeur Mitchells Plain uhm I'm one of the mothers of the substance abuse child uhm uhm my child started when she finished high school uhm I found out on Mother's Day

INTERVIEWER: okay, we will speak about your experiences shortly,

INTERVIEWEE: okay

INTERVIEWER: thank you ,so Mrs [REDACTED] tell me uhm when did you discover that your child was using substances

INTERVIEWEE: when she finished high school

INTERVIEWER: okay

INTERVIEWEE: uhhh I found out when I went into her room

INTERVIEWER: yes

INTERVIEWEE: one Sunday morning and I found this lolly packet in her cupboard

INTERVIEWER: yes

INTERVIEWEE: and it was then that I found out that she's using substance

INTERVIEWER: okay

INTERVIEWEE: uhm that Sunday morning I went to church uhm all the mothers was in the church and the minister was speaking there of mothers and children and how the children has to be brought up and that Sunday morning I couldn't there was so many tears that I couldn't stop crying in the church

INTERVIEWER: Yes

INTERVIEWEE: and uhm the pastor came down from the pit and he asked what is wrong and I told him what happened the morning that my baby daughter is using substances

INTERVIEWER: yes

INTERVIEWEE: and he took me and we prayed that morning but that was a morning of Mother's Day but that was the saddest day of my life

INTERVIEWER: okay

INTERVIEWEE: when I got home all my children was there to wish me for mother's day and then we had a discussion the afternoon

INTERVIEWER: yes

INTERVIEWEE: I asked them what are we going to do about this

INTERVIEWER: yes

INTERVIEWEE: and we all spoke about it and we decided must speak to my substance abusing daughter and find out how far she is and what is she using

INTERVIEWER: yes

INTERVIEWEE: because she can say she use tik but then maybe it's something else she's using and then she told us its only tik that she's using

INTERVIEWER: okay

INTERVIEWEE: and then we got her into a rehab that was by the uhm the Ark

INTERVIEWER: yes

INTERVIEWEE: she attended a 6-month program at the Ark

INTERVIEWER: okay

INTERVIEWEE: and then when she came out of that program she was only 2 weeks clean and after that she started again

INTERVIEWER: okay

INTERVIEWEE: then she left house and then she went to stay by her friends

INTERVIEWER: okay

INTERVIEWEE: and then my eldest daughter found where by substance abusing daughter was staying and then they fetched, I was so sick as she's my youngest daughter

INTERVIEWER: yes

INTERVIEWEE: I couldn't take it anymore uhm

INTERVIEWER: when you say you were sick....

INTERVIEWEE: I had asthma.

INTERVIEWER: what do you mean

INTERVIEWEE: I was sick

INTERVIEWER: okay



INTERVIEWEE: uhm I'm an asthmatic and

INTERVIEWER: okay

INTERVIEWEE: and I was totally drained

INTERVIEWER: yes

INTERVIEWEE: of the asthmatic and then my daughters took over, my eldest daughter took over then she went to fetch my substance abusing daughter and brought her home and uhm my daughter was very tough on her

INTERVIEWER: yes

INTERVIEWEE: uhm tough love everything had to be tough love

INTERVIEWER: when you say, tell me more about, uhm did you implement tough love or was it just your eldest daughter? tell me more about the tough love

INTERVIEWEE: when we brought her home

INTERVIEWER: yes

INTERVIEWEE: she was no longer afforded the same luxuries as before, there were now conditions in place.

INTERVIEWER: okay

INTERVIEWEE: we gave her everything because she was like a model

INTERVIEWER: mm

INTERVIEWEE: everybody in the road said she's a model

INTERVIEWER: yes

INTERVIEWEE: when she started working by Edgars she looked very nice her hair was always nice they said she's a model she could've asked me anything I would give it to her because she would give me money or she bought me things at work and she would bring it but after when we heard about the substance and we found out, everything changed

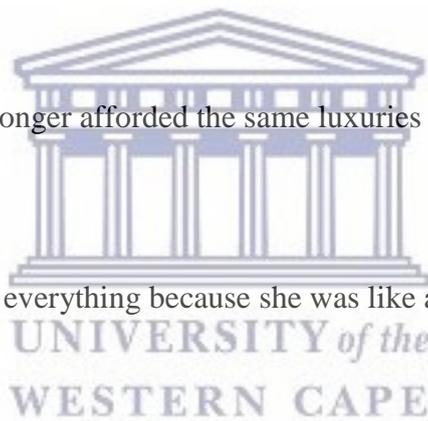
INTERVIEWER: okay

INTERVIEWEE: we didn't give her anything anymore she didn't work anymore she lost her job, the work also found out about the drugs and they told her they can't give her uhm notice

INTERVIEWER: yes

INTERVIEWEE: they will send her away to a rehab but she didn't go back to work

INTERVIEWER: okay



INTERVIEWEE: after the third warning they had to fire her

INTERVIEWER: mmhmm

INTERVIEWEE: so she was out of a job and that's the time when the stealing started

INTERVIEWER: okay

INTERVIEWEE: the stealing started then this thing disappear the pots disappear all the things that was in boxes that we didn't know about and then it's gone and when I open the cupboard the clothing from me it's gone because she's not working so she steal for her habits

INTERVIEWER: yes

INTERVIEWEE: that's the time when everything disappear my jewelry disappear even shoes disappear she don't steal things from her that belongs to her she steal things that belongs to other people because they don't sell their things they sell other people's things

INTERVIEWER: yes

INTERVIEWEE: then after then she got pregnant with her first child she got involved with this boyfriend then she started again with the drugs after her pregnancy

INTERVIEWER: yes

INTERVIEWEE: we took her daughter away from her

INTERVIEWER: okay

INTERVIEWEE: because what could happen to her daughter if she's drugged people can do anything to her daughter and then she wouldn't even know about it because she's drugged. So we took the child away from her then she went on with her drugging then she came to me and she said after a few years she can't anymore she wants help then we told her we going to put her back into the rehab then she went back to the Ark

INTERVIEWER: okay

INTERVIEWEE: for the 2nd time she went to the Ark but we don't know what happened, all we were told that she needs to leave because she was fighting with another girl and that's a very spiritual place.

INTERVIEWER: mmhmm

INTERVIEWEE: because they couldn't keep her there any longer, she was four months at the Ark for her second time. When she got home she immediately disappeared. We don't know where she disappeared to but after 2 weeks we found out where she was and that she got again involved with her daughters father. She went back to him and they both were on the drugs

INTERVIEWER: okay so they both were drugging together

INTERVIEWEE: they both were drugging together

INTERVIEWER: how did you exactly feel that day when you found out she was using the drugs

INTERVIEWEE: I was, I was shocked because I didn't know it can happen to my child, because my child was perfect, I didn't expect it of her

INTERVIEWER: yes

INTERVIEWEE: and I reared them I showed them the right and the wrong

INTERVIEWER: mm

INTERVIEWEE: I didn't expect it of her because she did so good in school she finished matric she never failed in her life. So, what do you expect that she's going to do be a good child

INTERVIEWER: of course yes

INTERVIEWEE: but when I found out that my child is on drugs I couldn't believe it truly I couldn't believe it that my daughter is on drugs

INTERVIEWER: yes

INTERVIEWEE: she was an Alpha in Sunday school she was in the youth she went for weekend trips with the Sunday school I didn't expect that she's going to use drugs because of what she's teaching at the church. How can you expect that your child is going to be on drugs because she's doing things , good things

INTERVIEWER: yes

INTERVIEWEE: I never believed it because she was such a good teenager

INTERVIEWER: yes

INTERVIEWEE: but when I found out, I was totally down , I didnt expect it of her I really didn't expect it

INTERVIEWER: mm

INTERVIEWEE: and when I go to hospital for my medication I sit at the day hospital I would always speak about how I found out about my child's substance use, my life was never the same until today my life was never the same my life changed totally

INTERVIEWER: who do you think introduced her to the drugs?

INTERVIEWEE: you see uhm I can't say she was introduced to drugs by her school friends because I don't think she used it in school

INTERVIEWER: yes

INTERVIEWEE: when she finished school then she went to go work for Edgars because my other daughter worked for Edgars and that's how my substance abusing daughter got a job there

INTERVIEWER: yes

INTERVIEWEE: then she had this friends not friends from low class the one girl she was at varsity for dressmaking the other one was for art

INTERVIEWER: yes

INTERVIEWEE: My daughter got involved with them they all came from Crawford they lived in Crawford the one girl's father bought her a car when she was 21 , now imagine the houses they come out

INTERVIEWER: yes

INTERVIEWEE: you won't expect it from girls who come from Crawford and when I found out and I phoned this girl where my daughter would go spend weekend by and I asked her do you know that my daughter is using substances? And then she puts the phone down

INTERVIEWER: okay

INTERVIEWEE: she put the phone down and when my daughter came home she destroyed the phone number because I couldn't phone that child again and I don't know where she stay I don't have her address I only had a phone number of her and she didn't work by Edgars any anymore because it was only part time. So I couldn't get hold of her but had I known her address I would have gone to her parents

INTERVIEWER: mm

INTERVIEWEE: but she was afraid that I'm going to come to her parents that's why she put the phone down, and I mean its respectable people hey it's not people from here around by me its respectable people

INTERVIEWER: mmm

INTERVIEWEE: now how would have her father been if I had to tell him that your daughter is using substance. So, from that time she was using she would steal whatever she could find

INTERVIEWER: can you describe to me your relationship with your daughter before you found out she was using drugs?

INTERVIEWEE: the relationship that I had with my daughter is the same relationship that I have with her daughter. she was my baby daughter I would buy her anything I worked in Woodstock I see something I buy it for her I dress her up the way I want to dress her up she was now my loving daughter if I had now the photos in my hand I would've showed you the photos

INTERVIEWER: yes

INTERVIEWEE: we spoke very openly, we could speak to one another she could tell me things that happened at school. She went to high school in Walmer Estate she used to travel with me every morning she used to travel with me I leave her there by uhm Woodstock then she go up to Walmer Cradock

INTERVIEWER: yes

INTERVIEWEE: and I would down to work every day after work she comes to my work she sits there she waits for me then we travel home, that's how our relationship was

INTERVIEWER: okay uhm so how did things change once you became aware that your daughter was using drugs?

INTERVIEWEE: everything changed

INTERVIEWER: like how what is everything

INTERVIEWEE: we didn't speak to one another it was always arguing, it was always the fighting and she started to shout at us she didn't speak properly to me, to her father and that time her father was drinking and when she speak to him it "Jy" and "Jou" and all that thing even to me its jy and jou which my eldest children never spoke to me like that

INTERVIEWER: yes

INTERVIEWEE: but then she got that aggressive behavior, she stole from us when we in our rooms and when you approach her about your thing she will shout at you I didn't take the thing! But she did take it. Our relationship was no longer right anymore. we couldn't speak to one another anymore

INTERVIEWER: do you think that she was in denial of her drug use?

INTERVIEWEE: she was

INTERVIEWER: okay

INTERVIEWER: what makes you think that she was in denial that she was now addicted to the drugs?

INTERVIEWEE: you see there's symptoms in the person that you can see that they are using drugs when I went to the the drug counseling they tell you all the symptoms that a child have when she's using drugs so when I saw this she denied it. but I could see it

INTERVIEWER: yes

INTERVIEWEE: the sleeping she's up and down but the morning the moment she comes in they want to sleep in the morning the whole day and the night they want to leave and the eating they will eat you bangkrot that's all the symptoms you get when a child is on drugs

INTERVIEWER: mm

INTERVIEWEE: so, I said I can't do this anymore either you go find yourself a house but you can't stay here anymore so it went on for years and years and years

INTERVIEWER: did you throw her out of the house?

INTERVIEWEE: I threw her out of the house

INTERVIEWER: and do you feel that that was a good move to employ tough love by throwing her out? how did it make you feel?

INTERVIEWEE: (stutters) it was heartsore because she's my child but she didn't want to listen to me anymore so what can I can't let her live her and let my husband scold at me every time. He would scold and say that child is going to do this and she's going to do that and you going to give her this and you going to give her love and you going to give her a plate of food and what's going to happen to you? getting sicker and sicker and nothing is changing

INTERVIEWER: mm

INTERVIEWEE: nothing is changing, every day the things is going to be the same the same the same she doesn't want help so what's the use to keep her here. so, I told her she must go that's after she had her first child she must go then she moved into the boyfriend and she stayed with him all the years until the 2nd one came

INTERVIEWER: uhm so how did things change you know once you became aware of your daughter's substance use?

INTERVIEWEE: we not like mother and daughter anymore, we hardly talk to one another we can't even speak 2 minutes to one another we cant

INTERVIEWER: okay

INTERVIEWEE: because if I'm going to approach her then the fighting is going start, so we don't talk to one another anymore. we don't speak to one another, we don't know what to speak to one another because I don't know what to speak to her anymore I haven't spoken to her for now 10 years because I don't know what to speak to her about anymore

INTERVIEWER: yes okay uhm so tell me in what ways has your daughters substance abuse affected you uhm financially, how did it affect you financially having a substance abuse abusing child?

INTERVIEWEE: it really affected us in the middle of the month we don't have money anymore because of her 2 children that I must support because of her 2 children that I have to support the one is in crèche the other one is in school. you know the school clothes I have to buy, the crèche food I have to buy I have to pay the crèche R600

INTERVIEWER: yes

INTERVIEWEE: Her eldest daughter is growing up and she needs more things she's growing out of her clothes she's growing so fast she was still wearing last year a 2 when this year I had to buy her a takkie because she's in the hip hop academy

INTERVIEWER: yes

INTERVIEWEE: I asked my son to buy her a takkie , I haven't got money to buy her a takkie she need a black takkie, so my son came through he went to buy her a black takkie

INTERVIEWER: did your daughter steal anything in the house which you needed to payback merchants? payback cash crusaders?

INTERVIEWEE: lucky for me I didn't have to pay back a merchant she only stole that radio with the speakers they went to sell it by cash crusaders, luckily it was on my name it wasn't on her name

INTERVIEWER: yes

INTERVIEWEE: then I when to crash crusaders and with the police and showed them the paper this thing has on my name so they had to give it back without paying them because it was on my name

INTERVIEWER: while we talking about police have you ever had the police here at your house like in terms of like wanting to assist you with your daughter?

INTERVIEWEE: yes , several times I did have a court order for her to stay away from here

INTERVIEWER: an interdict

INTERVIEWEE: an interdict yes and they knew exactly who my daughter was because we always phoned them and how many times didn't we had to go to the police to bail her out when she appears in court and when they when they pick her up for drugs then she's in jail then they have to run to bail her out

INTERVIEWER: whose they

INTERVIEWEE: my eldest daughter

INTERVIEWER: yes

INTERVIEWEE:I had to go to the police like once. My eldest daughter knows this man that works at the police station so when my substance abusing daughter is picked up then he will call my eldest daughter to inform her that she must come again to Mitchells Plain police station. but his not going to send her to court his going to release her the next morning because it was only a small packet that he found out on found on her but the third time she had to appear in court and then the court through it out

INTERVIEWEE: I asked the court why can't they send her away because she's a drug addict? they just threw out the case so for them it's like a holiday

INTERVIEWER: you said you called the police several times for your daughter so what would make you call the police?

INTERVIEWEE: she performed here outside she threw the window in its not broken but it cracked so then I also had to phone the police to come and see what she's doing. If I don't phone the police I must phone my son also to come through from kuilsriver because his sister is performing here one day he gave her a hiding here in front in the road.

INTERVIEWER: and also you spoke about an interdict did the interdict help you? or tell me more about the interdict

INTERVIEWEE: after I had the interdict made after the third time or the fourth time the police said well Mrs Kleinsmith you must now go to the court and go make a interdict for her that she mustn't come here anymore because the police put her out here and uh so I went to court and made a interdict and after that she didn't perform anymore

INTERVIEWER: okay so you feel the interdict helped you

INTERVIEWEE: it helped yes

INTERVIEWER: in terms of protection. okay emotionally Mrs Kliensmith tell me how has this affected you emotionally?

INTERVIEWEE: it affected me a lot I'm not the same person that I use to be I was a Jolly person. I use to go out, I liked to dress up and go out with my friends and with my colleagues that I use to work with but since I found out that my daughter was on drugs I totally changed

INTERVIEWER: in which way did you change

INTERVIEWEE: emotionally, physically I (giggles) I loved to go to hairdressers I like to sit in the hairdresser I like to make me nice, I'm totally drained

INTERVIEWER: how did it make you feel or how has your daughters substance abuse physically affect you?

INTERVIEWEE: when she started stealing clothes and I saw people wearing my clothes and all that stuff it made me feel like I don't want to go out anymore the only time I go out is when the church people go out like this weekend we going on a spiritual weekend uhm if they say I must go to uhm for a week to Goudini or with my seniors club that I belong to and then I go for a week like we have to go now on the week trip to club Mykonos

INTERVIEWER: mm

INTERVIEWEE: So, I just found out that my substance abusing daughter is expecting her third child and I know that we going to have to care for the child. I probably have to be with her for the birth but I feel I can't do that with her. I don't smile with her anymore I don't know if she comes in here then my expression on my face is different uhm it's almost like what are you doing here and it's not supposed to be like that she's my child but I don't have that feeling

INTERVIEWER: yes uhm like I asked physically how has it affected you like any illnesses or anything like that like how is her drug life you know when she goes on sometimes does it make you sick

INTERVIEWEE: I had to buy a asthma machine I had to buy me that thing to keep it in my house in case she comes and we going to fight or argue and then I have a close chest then I have to go on that thing because there's no time for me to go to day hospital I first have to have this this thing on before I go to the hospital I had to pay R500 by checkers for it so if I don't have that thing in the house and I have an asthma attack by the time I get to hospital it's too far

INTERVIEWER: okay. spiritually how was it affected how her substance affected you

INTERVIEWEE: spiritually I can tell you that it my life changed spiritually it brought me closer to God because that's the only person you can talk to you can't talk to other people like you use to talk to people you talk to your friends you go tell your friends your friend goes tell this one. if you go in your room and you go on your knees and ask him what you want him to do then you speak to him freely it even made me spiritually more in my church now. maybe one day it will open my heart again for her I dunno but I asked God for that

INTERVIEWER: time will only tell. uhm in terms of togetherness I know you mentioned early on you know when you and your children came together you laugh make jokes and stuff tell me more about that like how has like the family cohesion togetherness how uhm how is that explain to me how your family is or how your family is in terms of you guys having that togetherness doing things for one another take me through that especially where our daughter is concerned so maybe for example the family will jump in when the family needs something take me through that you know speak to me about togetherness that the siblings share and show towards uhm

INTERVIEWEE: look when she had the first child they were so how can I say they were excited because their little sister is going to have a child even though she's on drugs they were excited for the child to be born my eldest daughter went to Ackerman's to go buy the child clothing because there wasn't a vest the child had nothing so my daughter went to buy the child something to put on when the child comes out of the hospital and went to go buy clothes. my daughter in law went to go buy clothes because they were now so excited for the new baby that's been born. I mean my daughter was a drug addict but they still ran to go buy for this child it was almost like it was my eldest daughters baby. She went to shopping for the child

INTERVIEWER: Who's they?

INTERVIEWER: how do you think Jamie can be helped? I know you mentioned she went to the Ark before but how do you feel now in retrospect you know she went through that uhm going to the Ark how do you feel now she uhm she could be helped

INTERVIEWEE: I don't know it's up to her now it's really up to her now what she's going to do because I talk to her , what are you going to do with your life, are you going to stop drugging now? are you going to rear your children because I can give them back to you If you still on drugs so what are you going to do she just look at me she don't answer me she don't say

mommy yes I'm going to do this or yes mommy I'm going to do that she don't answer me so how can you get through to her I'm trying my outmost best every time when she come in here I speak to her

INTERVIEWER: you right yes. what have you already tried with her? can you tell me what are the programs that you you've tried or you enrolled her in what have you tried to do to help her

INTERVIEWEE: I've tried so many things last I tried now was to get her in to Sultan Bahu, then we went to Sultan Bahu she was there she came back home I took her in because she came to ask for help for the third time for rehab

INTERVIEWER: mm

INTERVIEWEE: then she went to Saltan Bahu she didn't want to go to a place where they can sleep in she wanted to go to a in and out

INTERVIEWER: okay an out patient

INTERVIEWEE: in the morning in and out in the evening, okay we did that, I helped her she was like a spring chicken in the morning, excited to attend the out patient program

INTERVIEWER: mm

INTERVIEWEE: But she messed up again, she got involved with a boy there at the rehab then they chucked her out. so, I don't know what to do anymore. now she got be pregnant again so I don't know what she's going to do with her life after this baby I think it's by time that she has to settle down now she's 33 years old she's not a child but it seems to me that we can't get through to her

INTERVIEWER: how do you think a social worker could help?

INTERVIEWEE: the social worker has (sighs)

INTERVIEWEE: they did help me already they helped me to foster my grand child she is now my foster child and uhm I will never give her back to her mommy

INTERVIEWER: mm

INTERVIEWEE: never, the day I die maybe she'll be grown up already if God spare me then she can go to high school when im still alive then she can then she can decide where she wants to be if she wants to be by her mother or if she wants to be by her aunties but I will never give her back to her mommy

INTERVIEWER: how do you think the social worker could help you with your daughter substance use?

INTERVIEWEE: if they could get her to court and state to the court man that she every time she get pregnant and when she gives birth she goes back to drugs I don't know if there is law

that they can just take her and put her somewhere so she could get help then maybe she will get better but because if we tell her she must go she will just go to make us feel better that she's going then she mess up there and then when she comes out then she goes back to her roots but if the court takes over maybe she will become a better person

INTERVIEWER: mm okay so now that was the last question, is there anything else you would like to add or say or something you remember regarding your daughters substance use over the time?

INTERVIEWEE: nothing's changed

INTERVIEWER: okay thank you for your input I really appreciate it



APPENDIX F

08 April 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, proprietor of Dr. Thesis (Pty) Ltd.

Thesis Title

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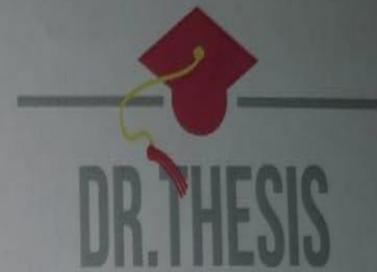
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Riefqah Casker

The research content or the authors intentions were not altered in any way during the editing process. However, the author has the authority to accept or reject my suggestions and changes. I, the editor can guarantee the quality of my editing and mentorship abilities, however I cannot guarantee that the examination board will accept the thesis with a pass. This will depend on the hard-work, persistence and amount of effort put in by the mentee.

Should you have any questions or concerns about the edited document, I can be contacted at the listed telephone numbers or email addresses.

Yours truly,
Dr. Eden Padayachee
(Proprietor/ PhD. Medicinal Biochemistry)



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