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Community leaders’ perception of risk factors that influence methamphetamine addiction in two low socio-economic status communities

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ABSTRACT

Substance abuse is a global epidemic which is internationally recognised as an illness, characterised as being primary, chronic, progressive and terminal.

Methamphetamine in South Africa is now drawing the interest of younger first time drug users from as young as thirteen years old, who are presenting at various rehabilitation centres in Cape Town.

Many of the low socio-economic status areas are afflicted communities in Cape Town, which has been recognised by the Provincial government as an area troubled with societal concerns such as poverty, risky behaviour while using drugs or alcohol, violence and social disintegration.

This qualitative study has its focus on the community leaders’ perceptions of risk factors contributing to the spread of methamphetamine addiction in Manenberg and Lamberts Bay. The stigma attached to this area is often one that paints the portrait of a crime-ridden, desolate and poor community. The aim is to identify which risk factors community leaders believe are contributing to the increase of methamphetamine addiction in the area.

Bronfenbrenner’s social-ecological systems approach will act as a framework for this research study as well as utilising thematic analysis. It provides an understanding by which various systems within a community function and mutually co-operate. This allows one to expand on connotations ingrained in data collected from study participants.
# Table of Contents

## ABSTRACT

## CHAPTER 1

1 INTRODUCTION

1.1 Rationale / Background  
1.2 Research Question  
1.3 Aim of Study  
1.4 Objectives of Study  
1.5 Chapter Overview

## CHAPTER 2

2 LITERATURE REVIEW

2.1 History of Amphetamine Use  
2.2 Methods of Use and Effects  
2.3 Contextual factors of substance use  
2.4 Background to communities  
2.5 Risk Factors Contributing to Substance Use  
2.6 Negative Consequences of Chryystal Methamphetamine Use  
2.7 Theoretical Framework

## CHAPTER 3

3 METHODOLOGY

3.1 Research Design  
3.2 Participants  
3.3 Data Collection Procedure
CHAPTER 4

DISCUSSION AND INTERPRETATION OF RESULTS

4.1 Introduction

4.2 Emerging Themes

4.2.1 Physiological Factors

4.2.1.1 Cravings

4.2.1.2 Weight loss

4.2.2 Psychological Factors

4.2.2.1 Coping Mechanism

4.2.2.2 Comorbidity with other mental health disorders

4.2.3 Difficulties with primary support base

4.2.3.1 Parental Substance Use

4.2.3.2 Dysfunctional Family System

4.2.4 Environmental Influences

4.2.4.1 Peer Pressure

4.2.4.2 Academic Functioning

4.2.4.3 Accessibility

4.2.5 Contextual / Historical Changes

4.2.5.1 Media Influences – “the thin ideal”

4.2.5.2 Changing Society

4.2.5.3 Socio-Economic Factors
CHAPTER 5

CONCLUSION

REFERENCES
CHAPTER 1

1. INTRODUCTION

1.1 RATIONALE / BACKGROUND

Substance abuse continues to pose various threats to society on various scales and systems. It is defined as a “maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances” (DSM IV, 2002). Nationally, rehabilitation centres such as "The Cape Town Drug Counselling Centre" have seen an influx and change in many clients presenting drugs of choice with the prevalent presenting drugs previously being marijuana and mandrax for two decades. In 2007 however, it was found that in 2004-2006, this was steadily replaced by heroin and methamphetamine (www.unodc.org). Recent research done by the Central Drug Authority (2011/2012) on substance use and abuse in South Africa as reflected by communities in nine provinces, brought to light the extent that substance abuse affects the South African population and found that the national rate of substance use was twice the international norm with the socio-economic consequences costing the country over 130 billion rand annually. This study further reflected the majority of substance users (42%) resided in urban areas, with many community members reporting having a substance user in their home (65%). Knowledge of available support systems and services was found to be severely lacking with 60% of respondents reportedly being unaware of available support services.

With regards to factors believed to be influencing the increasing rate of substance abuse in this study, community respondents identified availability (23%), family history of substance...
abuse (21%) and poverty (16%) as the top three factors contributing towards this. Within the identified top three, availability and poverty may be understood as structural components within the community. It may hypothesized that structures that may be found within the community may provide support for positive or negative development as their involvement provide the context in which influential relationships with others may be shaped and operate. Individuals, the community and structural components such as poverty are therefore interdependent and each structure within the society are interrelated and influence each other.

In the Report on the Western Cape Policing Needs and Priorities (2011/2012) Substance abuse, burglary at residential premises and common robbery were the frequently mentioned top three priority crimes in the Western Cape. In the same report substance abuse (16.29%) was identified by most of the participants as the most important priority crime that the police need to pay attention to as it occurs most frequently in their communities. In 2009/2010 the national crime statistics related that the Western Cape’s rate of drug related crime was at 1 127.2 per 100 000 people and was more than four times the national average of 273.4. In 2010/2011, the Province’s rate of drug-related crime, at 1 351.3 per 100 000 people is still more than four times the national average of 301.4.

The prevalence of the substance abuse is highlighted in the 2002 Youth Risk Behaviour Survey. According to the (REF) 34% of school-going adolescents binge-drink in the Western Cape, which is significantly greater than the national average of 23% (Reddy et al., 2003). The 2008 Youth Risk Behaviour Survey reports that 41% of Western Cape secondary school learners sampled (grades 8-11) had engaged in binge-drinking in the month prior to the survey. The same study found that 24.5% of Western Cape learner sampled had used dagga, of which 16% used dagga on a regular basis, 9% used Methamphetamine, and 10% used
Mandrax. On average, 6% used heroin, cocaine or other drugs. Data from the MRC’s South African Community Epidemiology Network on Drug Use Project (SACENDU) confirms the challenge that tik poses to young people, with the proportion of persons under the age of 20 in treatment for tik-related problems increased from 4% in 2003 to 57% in the first half of 2007 (SACENDU 2007). The increase in the prevalence rate of substance abuse may have the result of subsequent increased criminal activities as substance abusers may need to resort to illegal measures to support their addiction and this therefore negatively impacts on public health and social welfare. In the Western Cape alone, drug related crimes have increased from 19 940 reported cases in 2003/2004 to 52 781 in 2008/2009 (Gie, 2009). Crime and violence have been highlighted as the most concerning behaviours associated to substance abuse by communities in the Western Cape (Department of Social development, April 2012).

These statistics reflects the expeditious manner in which crystal methamphetamine has negatively affected the community of the Western Cape including Manenberg and Lamberts Bay. Within these townships, the prevalence of substance abuse has increased exponentially since 2006.

The Cape Flats consists of various townships located within the Cape Metropolitan, including Manenberg. Manenberg has been described as an overcrowded area with undesirable living conditions, such as a high incidence crime rate and gangsterism (Trotter, 2009). According to recent statistics, drug-related crimes within the area have increased from 524 in 2003/2004 to 3672 in 2011/2012 (www.crimestatsa.co.za). Gangs which are most often associated to the area are "The Americans", "The Jesters" and "Stallags 17” (Jacobs, 2013).

Lamberts Bay community is a small fishing town which is situated approximately 280 kilometres north of Cape Town and it part of the Cederberg Municipality. Over recent years,
this once peaceful and quiet community has seen an increase in reported crystal methamphetamine abuse and consequent crime rate. In 2004, Lamberts Bay experienced 86 drug-related crimes. Between 2008 and 2012, this had increased to 86-96 crimes (www.crimestatsa.co.za). As such, both communities have been negatively impacted by substance abuse, particularly crystal methamphetamine, resulting in increased crime rate and it may be considered to be a great problem within the communities.

By exploring community leaders’ perceptions of contributing causal factors of methamphetamine addiction in the Manenberg and Lambert’s Bay area, a better understanding of the impact of addiction may be understood. It would be essential to explore the manner in which community factors interact with one another as this may aid in the formulation of further intervention strategies particularly within secondary institutions such as rehabilitation centres or high schools.

This research topic forms a part of a larger study. The central aims of the bigger study are to gain an appreciation of the features that influence adolescents’ use of methamphetamine in a specific low socio-economic status community in Cape Town where methamphetamine use is reported to be prevalent. An additional aim is to gather information that can contribute to the development of an instrument that will be used to quantitatively gather data, in the same community, on the adolescents’ perceptions of their community’s functioning and the influence of this on their decision to use methamphetamine.
1.2 RESEARCH QUESTION

What do community leaders perceive as the reasons for methamphetamine addiction in the community?

1.3 AIM OF STUDY

The aim of the study is to identify community leaders’ perceptions of factors that influence adolescent methamphetamine addiction in Manenberg and Lamberts Bay.

1.4 OBJECTIVES OF STUDY

Objectives of the study include:

• To explore the perceived reasons for adolescent crystal methamphetamine abuse in Manenberg and Lamberts Bay according to community leaders.

1.5 CHAPTER OVERVIEW

The current research aims to increase the understanding of community leaders perception of risk factors that contribute to the rate of crystal methamphetamine abuse in adolescents within the communities of Lamberts Bay and Manenberg.

Chapter one involved a brief discussion about the effects that substance abuse has had on the above-mentioned communities. This discussion includes current statistics to assist with an illustration of the current effects on various other social sectors such in crime and financial
costs to the economy. Both the rationale and the significance of the study are outlined. The study aims are additionally discussed.

Chapter two consists of an appraisal of past research related to the history of amphetamine abuse, its methods of use and effects, as well as contextual factors relevant to the participant sample. A brief background to the identified communities is provided, theoretical understandings of risk factors and substance abuse consequences if discussed. This chapter further includes definitions of terms which are relevant to the research topic. Bronfenbrenner’s theoretical framework is discussed which was deemed to most appropriate and applied throughout the study.

Chapter three frameworks the methodology that was utilized to understand and interpret the data gathered. The process of participant selection, data collection procedure and analysis is discussed. This chapter further explores the ethical issues that may arise with qualitative research as well as the limitations and significance that this particular study may have for broadening our understanding of substance use as well implications for intervention strategies.

Chapter four elucidates the data analysis process and its interpretation. All transcribed group interviews were systemised into various themes and subthemes which had emerged and outlined. Each theme is discussed solitarily. This was then related to information which was gathered from the data as well as previous research.
Chapter 5 concludes the discussion of all data gathered and interpreted as well as illustrating the relation to the theoretical framework and its implication for any future planned interventions.
2.1 History of amphetamine use

Amphetamine has been around for some time and much longer than many may believe. Amphetamine sulphate was manufactured initially in 1887 was introduced into clinical practice in 1932 as an over-the-counter inhaler for the treatment of nasal congestion and asthma (Kaplan & Sadock, 2007). This medication was used to aid in the treatment of narcolepsy, depression and lethargy.

According to Carson (2001) Amphetamine had historically been sold pharmaceutically to treat patients suffering from depression and aided obese patients with weight loss. It was also administered in the form of a nasal inhalant during the 1930s - 1940s and was furthermore allegedly used during World War II by Nazi soldiers as a substance to fuel and drive their aggression. This would increase the hours that soldiers would remain awake during this violent period in international history.

Furthermore, amphetamines have also been used in when treating patients with problems with dysthymia, chronic fatigue, obesity, AIDS, dementia as well as neurasthenia in the United States of America as approved by the US Food and Drug Administration (FDA). Treatment involving amphetamines should be limited however to treating Attention-deficit/Hyperactivity disorder (ADHD) and narcolepsy as sanctioned by FDA (Kaplan & Sadock, 2007). Ritalin, for example, which is an amphetamine-like compound methylphenidate, is often used to assist with treatment for ADHD.
Amphetamines have been referred to as analeptics, stimulants and psychostimulants as well as derivatives such as ephedrine, pseudoephedrine and phenylpropanolamine.

Methamphetamine (a derivative of amphetamine) has been available since the late 1970s and seems to have had a slow popularity progression in South Africa compared to its rapid increase in illegal use in the United States of America (Grant, 2007). A government survey which was published in early 2002 in The Citizen reported that no one under the age of 20 receiving treatment for drug abuse identified methamphetamine as their primary drug in South Africa. By late 2006, 72% of presenting clients identified it as their primary or secondary drug of choice (Schoofs, 2007). This illustrates the rapid increase in the consumption of this substance in our country.

Chrsytal methamphetamine, colloquially known as "tik", is an odourless, chrystal-like or rock shaped substance. Locally, it is known by various other names including 'speed', 'ice', 'crank' and 'tjoef". This substance may be bought in various amounts and quantities, ranging from packets which may cost between R15 – R30 to assorted amounts of grams costing anywhere between R250 – R400. This substance may be purchased fairly easily and is often sold in quantities termed as “straws”.

\[2.2 \quad \textbf{Methods of Use and Effects}\]

Methamphetamine may be consumed by various methods. Internationally, the most common consumption method for illegal drugs is intravenously and snorting, whereas the predominant method locally is inhalation. In an international study done by Woods and colleagues (2008), it would found that a significant increase in the transition from non-injecting to injecting chrystal methamphetamine was observed with prolonged use.
Tik (which is the most well-known street name) may be consumed by inhalation (snorted), smoked in a “lolly” or globe, orally ingested or injected intravenously. It is most commonly heated in a glass pipe or light bulb from which the metal threading has been removed, called a "lolly" with the resulting smoke then inhaled.

Tik is classified as a stimulant that accelerates vital organ functioning and harms both the sympathetic and central nervous system (Grant, 2007). It negatively impacts the cardiovascular system resulting in premature death, neurotoxicity and depression which may lead to homicidal behaviour or suicidal ideation.

Chrystal methamphetamine users may experience periods of auditory or visual hallucinations and delusions. An increase in violent behaviour has additionally been linked to this substance use (www.12steptreatmentcentres.com).

This substance may be manufactured in illegal laboratories or even household kitchens. It may induce intense feelings of euphoria, increase sexual desire, decrease an individual’s appetite and need for sleep and has furthermore been implicated in the activation of the reward circuit pathway in the brain. Tik has therefore been implicated in the lowering of inhibitions. As such, many individuals may find the idea of using tik desirable. Some individuals, for example, would be attracted to the idea of losing weight or the increased feelings of extreme confidence that users have professed as experiencing when intoxicated.

For individuals, for example, who considers themselves to be introverts, the prospect of increased confidence and lowered inhibitions may become an attractive idea.
It has also been associated to the release of dopamine and serotonin which has been connected to the same major neurochemical pathway for hallucinogens (Kaplan & Sadock, 2007). Neurological symptoms of abuse include twitching, seizures as well as comas. This substance has also been linked to hallucinations and psychosis. Substance users may thus experience great damage to their central nervous systems.

### 2.3 Contextual factors of substance use

According to Arthur (2002) the perceived availability and accessibility of drugs are thought to be important predictors of substance abuse in communities. Additional predictors are stressful life transitions and economic deprivation at a communal level which increases the risk of delinquent behaviour, school failure and/or teenage pregnancy amongst adolescents. Neighbourhood and community level factors including community cohesion and residential instability have been considered as significant potential risk factors for drug use behaviour. This is an imperative aspect of drug use disorders whose interaction with immediate individual factors needs to be examined in greater depth (Schulden, Thomas & Compton, 2009). Kelly et al., (2003) has stipulated that with regards to our youth and substance use disorders, the continued misuse and abuse of illegal substances is a social behaviour which may be primarily acquired or studied from four community level sources consisting of peer clusters, families, schools as well as community mobilization.

Dew, Elifson and Dozier (2007) identified unemployment and poverty as factors that affect prevalence rates of substance abuse in a community. For members of the community who are unemployed, there is a very real danger of becoming involved in substance use as well as
drug dealing. Other factors that were associated with substance abuse and misuse are stress and the level of religious involvement (Ward, Mertens, Flisher, Bresick, Sterling, Little and Weisner, 2008).

Rhodes and Jason (1990) in their study in America focused on the role that the environment of adolescents may play in the possibility of an introduction and use of substances. They found that substance abuse is highly interconnected with family support structures as well as assertiveness. Schulden et al. (2009) report that social environmental factors are crucial to understanding the epidemiology of substance use disorders in combination with individual susceptibility.

In previous years, crystal methamphetamine was perceived as a substance which was primarily part of the “gang culture” and therefore was stigmatized as a substance for the underprivileged communities such as the Cape Flats. Over recent years however, the use of the substance has intensified to the greater community rapidly, changing perceptions of the substance and highlighting the dangers of crystal methamphetamine.

Cape Town has been viewed as an area vulnerable to crime and has been reported to have the greatest incidence of drug-related crime in South Africa. The social and psychological consequences of these crimes including fear should not be underrated or underestimated. Substance abuse in the Western Cape is a serious danger to public health and has a negative impact on social welfare and crime rates in this province (Myers, Louw & Fakier, 2007). Addiction, particularly the “Tik Epidemic” has been linked to an increase in drug-related crimes and criminal behaviour (Gie, 2009). Furthermore, tik has become a drug that’s use is encouraged among many gang members as this may increase the level of violence and
aggression that may occur in any violent crimes or criminal behaviour, as it can remove an individual’s inhibitions (www.12steprecovery.co.za).

In addition peer role models, have an effect on problem behaviour, particularly if the existing group norms consider drug use as desirable. This way, substance users may gain approval from their peers along with a sense of being a part of a collective identity (Jones and Heaven, 1998). Gana (2004) found that young adolescents who were most vulnerable of substance use were those who were closely connected to their peer groups as well as those who were from single parent families.

This may be particularly important for adolescents as this may decrease perceived risks that they may associate to drug use and enhance professed advantages. In a study done by Maseko et al. (2003) found that many adolescents regarded drug use as standard behaviour as well as being less likely to fully identify or distinguish any dangers associated to drug use. As such, the positive reinforcing effects of drugs use was linked to initiated as well as continued drug use and may be considered a contributing factor to the high drug rate in South Africa.

Brook et. Al (2006) in their study investigating predictors of substance abuse in Cape Town and Durban in South Africa found that adolescents who use substances, very likely have parents who also use substances. This may have had the effect of further normalising the use of substances.

Kubicek (2007), on the other hand, found that although adolescents were able to identify some risks to chrsytal methamphetamine use such as addiction, death and paranoia, there were particular perceived positive effects such as increased energy and sexual pleasure,
disinhibition, amplified attentiveness and a sense of euphoria that were more readily identifiable. In addition, Chrystal methamphetamine has been promoted to adolescent girls as an effortless method of losing weight which increases its appeal to the youth who may not have otherwise become involved in drugs.

However, youths who may feel rejected by their peers may also be at an increased risk of initiating drug use (Yen, Yang & Chang, 2006). Rejection by peers may be a negative experience for adolescents if one remains mindful of the particular stage of development they may be in. Erik Erikson’s epigenetic principle of human development maintains that development occurs in chronological and distinct stages which need to be resolved adequately for development to efficiently proceed further. The significance of perceived peer rejection may be connected to Erikson's fifth and sixth stages of human development, namely "Identity versus confusion" and "Isolation versus Intimacy" respectively. As a result, the over-identification and non-identification with peers seem to influence drug use. This may be particularly detrimental to adolescents in this stage of development as it will negatively influence ego identity. Erikson defined ego identity as a conscious sense of self which is developed by all social interactions that adolescents have with significant others in their lives and their environment (Gabbard, 2005). Ego Identity is thus continually altering due to new experiences and information acquired by these very interactions with others. For adolescents, peer rejection would negatively affect their ego identity and may influence a vulnerability towards initiation to substance use.

As the appeal and interest in this substance increases, the greatest increase in ages of individuals seeking aid with treatment and recovery has been that of persons under the age of 20, many as young as 13 years (www.12stepcenters.com).
Gie (2009) found that Cape Town’s rate of drug-related crimes have increased significantly from 241 cases per 100,000 to 830 cases per 100,000 between the period of 2001 to 2007. This significant increase was linked to the drastic effect that drug use, particularly ‘tik’ has had on the Cape Flats area, including Manenberg. Furthermore, Manenberg was found to fall within the top ten police districts that account for most of the drug-taking related crimes in Cape Town (Gie, 2009). Violent crime is a chief concern that affects the South African society, which has affected the Cederberg Area as well including Lamberts Bay. Crime statistics highlight that between 2007 – 2008, 70 drug related crimes and 48 residential burglaries were reported. In 2012, 86 drug related crimes were reported (www.crimestatssa.com).

Despite the fact that the demand for rehabilitation for drug use has increased exponentially over time, many users remain unwilling to access support for their substance addiction or dependence in spite of having motivation for treatment. Myers et al. (2009) attribute this to the stigma and perception that drug users and their families hold about rehabilitation treatment. Drug users and family members are often fearful of what others may think about them if anyone else should find out about chemical addiction in the family.

Stigma is then attached to the individual who is using the drug and not to the substance itself. These perceptions often include those that addicts may be weak, bad as well as having little self-control. As it happens, there is a stigma attached among users themselves. Many active users may hold the belief that those who access treatment are weak and are not respected.
Families may be fearful of what others may think of the family if the “secret” of addiction comes to light. The addiction may be internalised and they may themselves feel ashamed and experience anxiety about being ostracised.

Negative perceptions about treatment often impede treatment seeking behaviours as well as rehabilitation. These perceptions may include the belief that treatment is ineffective and unsuccessful.

2.4 Background to communities

Manenberg was constructed by the municipal council’s forced removals between 1966 and 1970, known as the Group Areas Act. The Department of Social Services Western Cape approximated community population at 65,000 in 2004, however many of the blocks of flats in the area, which are primarily intended for single nuclear families, often house 3 – 4 families who are forced to share single bedrooms. The estimated population consequently is closer set to 90,000 (www.selfhelpmanenberg.co.za).

Manenberg is considered to be one of the most troubled and distressed communities in Cape Town. Alone with 20 other districts, it has been identified by the Provincial government as a community challenged with poverty and social integration (www.selfhelpmanenberg.org.za).

Lambert’s Bay is a small fishing town in the Western Cape and is situated approximately 280 kilometres north of Cape Town. It has been asserted as the “Diamond of the West Coast” as it is a coast town known with white beaches and abundant marine life and is a major tourist attraction.
Lambert’s Bay was named after a former British Admiral Lambert who charted the coastline between 1826 and 1940. This city was used as a lay-up for British warships during the war of 1900-1902. It is known for its rich bird colony and important fishing industry. It is known for its peaceful coast and as a tourism site filled with South African history such as a museum rich in history including the apartheid era and sea bird breeding colonies at bird island.

These communities are considered to be a low socio-economic status community and have been linked to Apartheid and South Africa’s political history of imbalanced and unequal distribution of resources. These communities are considered to be rife with crime, substance abuse, poverty, overcrowded homes and unemployment that is higher than in any other community. It is often assumed that these conditions created the setting for community difficulties such as low levels of education and high levels of unemployment resulting in low income levels (Swarts, 2009). It is these factors that have led many to suppose that this has led many community members to turn to crime. These community factors often leave members unquestioningly trusting that the locus of control in their lives and environment are external and consequently foster a sense of despair and despondency. Reshaping this distinct image and altering these aforementioned communal vulnerabilities is one of the leading issues that the community is faced with.

2.5 Risk factors contributing to substance use

Risk factors may be understood as any vulnerability that may increase the likelihood that an individual may develop a disease or initiate drug use. There are many factors that may amplify adolescents’ risks for drug use initiation. Risk factors have the potential to impact or influence an adolescent in numerous manners. The more risk factors that are present that the
adolescent is exposed to, the higher the probability that he/she may use substances (Dew, Elifson & Dozier, 2007).

Risk factors may affect individuals in different ways and at various stages of their lives. Some risk factors are more influential or dominant than others according to the stage of development. An example would be that the influence of peers during early adolescence may be more significant and dominant than during pre-pubescent years. A number of factors have been identified during infancy and early childhood such as aggressive behaviour or difficult temperament. These potential risk factors during the formative years appear to be more individually-focused.

As an individual matures, risk factors then include interactions with the social environment, including family, school and the community. Aspects within these structures may affect a child’s risk of substance use. These interactions may comprise of academic failure, inadequate social skills, drug availability and trafficking patterns, as well as the idea and attitude that substance abuse is normally accepted by those in a child’s immediate environment such as parental substance use.

Early initiation of substance use has additionally been identified as a risk factor for the development of substance use disorders, with many individuals identifying the age of onset of substance abuse or dependence well before 18 years of age or younger. Furthermore, initiation of using substances before 15 years of age presented with a compelling association with substance use disorders (Latvala et al, 2009). The earlier the age of introduction into substances may therefore be considered as a risk factor for later and continued substance
abuse in later life. Adolescence is therefore considered to be a particularly susceptible and vulnerable period for the inception of substance use disorders and therefore an imperative and essential focus for further research into aetiology and prevention (Schulden, 2009).

Pleasure-seeking behaviour has been considered as a critical individual motivation for substance as well as pain avoidance. This has been related to positive and negative reinforcement respectively. When an individual consumes substances as part of positive reinforcement, it suggests that substances are consumed because it is an enjoyable experience and the effects of euphoria and increased confidence for examples are highly desired. As such, a key factor which is most often mentioned as causative towards the escalating use is the seductive and enticing nature of the substance itself.

On the other hand, when substances are consumed as part of negative reinforcement, the assumption is that the substance assists with the reduction of negative states such as dysphoria or pain and cogitated as a means of emotional regulation (Newton et al., 2009). When negative physical states such withdrawal is experienced, the continued use of substances assists with the alleviation of these symptoms. The continued use of substances is therefore additionally fortified with negative reinforcement. Positive and negative reinforcement are not mutually exclusive and often occur in combination with various other motivations for initiated and continued substance use. These co-occurring motivations include incentive salience which theorises links between the effects of sensitization within particular brain systems and motivations. This suggests that an individual will “crave” the substance, which is colloquially known as a “craving”.

In addition to the incentive salience, inhibitory control dysfunction has been considered a risk factor in combination with those described above. The inhibitory control dysfunction
postulates that impulsivity triggers and inspires addiction. Therefore, individuals who use substances may often attribute it to impulsive acts which they may later on perseverate to as they experience difficulties in inhibiting their impulses. Impairments in inhibitory control have been strongly linked with a basis in neuroscience research (Newton et al., 2009). This may ultimately result in habitual responses whereby various stressors are consistently responded to with additional drug use. These reasons for substance use are not mutually exclusive and often co-occur.

Moreover, these authors contend that affective states have been linked to negative reinforcement and suggest that depressive symptoms may further buttress and underlie negative reinforcement and may even play a role in impulsive drug use. A range of motivations for substance use was therefore identified in this study and suggests that research into these risk factors will greatly contribute to advances in treatment development (Newton, 2009). As this research was conducted in the United States of America, further research into the South African context is imperative to facilitate advancement in treatment development.

Prevalence studies that were conducted at treatment centres in various parts of South Africa by Pluddemann et al. (2008) correlated research done by Kandel & Logan (1984) who found an international trend, that there was a greater tendency for males than females to use substances. In adolescence, a connection to drug-abusing peers is seen as an immediate risk factor for an introduction and exposure to substance use and antisocial conduct (Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002).

A family history has been commonly been associated as a risk factor for substance abuse, which has been confirmed by various family studies. Twin and adoption studies have propose that a great amount of familial clustering, particularly among first-degree adult relatives and their offspring, of substance disorders may be explicated by genetic factors (Kendler,
Prescott, Myers, 2003). These findings suggest that genetic factors may be an essential component for consideration in attempts to identify adolescents at risk for developing substance use disorders (Schulden et al. 2009). These authors further contend that an identification of gene-environment interactions is instrumental in the understanding of the aetiology of substance use disorders. These complex interactions between the individual and significant social environmental factors include a consideration of immediate individual factors as well as amassed intergenerational effects.

Addison (1992) found that in communities where this social issue is rife, young individuals from unstable homes are more likely to be exposed to substance abuse when they search for connectedness with others outside of the primary support group, most often seen as a sense of belonging with peers. Adolescents who are considered to be most at risk of substance abuse are those who closely and strongly connected to their peers who were using substances as well as those who were from single parent homes (Gana, 2004). Jones and Heaven (1998) profess that fellow peers who become role models have a large impact on the propensity to elicit problem behaviour such as substance use.

Research done by Swartz-Fillies (2007) found that adolescents who originated from unstable family settings emphasized the role that community factors such as gangsterism, the influence of peers as well as the increased availability and accessibility of substances as contributing influences in decisions about using substances. The environmental system has been considered to be a significant factor that influences initiation to and continued substance use in adolescents. Bush (1990) further emphasizes the environment as a crucial aspect of substance use by contending that the social context supersedes the involvement that
personality make-up contributes to knowledge and conception of substance use disorders amongst the youth and those in early adulthood.

According to the National Institutes of Health (1999), crucial high risk periods for substance abuse may occur during episodes of major transitions in the child’s life. For adolescents, this is particularly pertinent when entering school as it is required that individual youth relate well with a wider group of peers, while simultaneously being exposed to a larger availability of substances. It is during this time that an adolescent is faced with further social, emotional and educational complexities and challenges.

2.6 Negative Consequences of Chrystal Methamphetamine Use

Traube et al., (2012) states that there is a substantial amount of theoretical and experiential data available providing support for the understanding that biological, psychological and social factors operate simultaneously within multiple levels in various social domains. This essentially contributes in varying degrees to the development of substance use in adolescence.

Adverse medical effects that may arise regardless of method of administration include, but are not limited to, myocardial infarction, cerebrovascular disease, ischemic colitis, nausea, ataxia, high blood pressure, tachycardia, bruxism and tremors. When administered intravenously, substance use may increase the risk for the transmission of HIV/Aids, hepatitis and endocarditis. When chrystal methamphetamine is administered intravenously, it may lead to severe skin erosion which needs medical assistance for reparation. Additionally, physical
effects may often include hair damage, severe tooth decay, insomnia and severe weight loss (Brecht, 2004).

Adverse psychological effects include symptoms such as irritability, insomnia, dysphoria, restlessness and even hostility. Sommers et al., (2006) state that the use of the substance may result in an exaggerated sense of rage and atrocity over transgressions of personal codes and conducts which are perceived as extensive and may then result in violence to exert social control or vengeance. Non-threatening interactions are perceived as attacks and may result in “character contests” and therefore the rate of violent behaviour may increase. Paranoia is additionally considered to be a comment of chrystal methamphetamine abuse, which may contribute to hostile attributions that may pre-empt violent behaviour. The authors further aver that their decision making process within these situations was significantly compromised and participants described their behaviour as “outbursts of rage” and “being out of control”.

Overall, it is postulated that the use of chrystal methamphetamine is involved in several mechanisms for motivating violence with cognitive effects including inhibition of cues that normally control socially acceptable behaviour, increased arousability, interference with communication and interpersonal interactions and intensification of emotions.

As such, violent behaviours in these circumstances result from a complex interplay between the individual, the specific substance and situation (Sommers et al., 2006). The authors therefore assert that the use of chrystal methamphetamine heightens the risk for violence, although violence was not perceived as an ultimately preordained and inexorable product of chronic substance use as the social context exercises formidable influence on the outcomes of violence in chrystal methamphetamine situations and intoxicated behaviours.
It may furthermore induce symptoms of paranoid delusions, hallucinations and ideas of reference (Kaplan and Sadock, 2007). Buxton and Dove (2008) report that “tweaking” is similar to psychosis induced by the substances whereby chronic use may result in the emergence of numerous scabs. This results in an individual experiences visual and tactile hallucinations of insects crawling on or underneath their skin and proceeds to “pick at it” which further deteriorates the condition of the skin.

Prolonged crystal methamphetamine use may result in various affective problems such as anxiety, depression and low self-esteem. Although initial use may have provided respite from these difficulties, chronic use and tolerance often results in a lessened effect of the drug on the individual. When these effects are coupled with withdrawal side effects, affective difficulties such as anxiety and depression may in actual fact be exacerbated.

Dishion, Kavanagh and Kiesner (1999) reports that when adolescents’ substance abuse has an early onset, it may be linked to increased anti-social behaviours. This has then been further associated to involvement with peer groups who are involved with substances as well. Plueddemann, Flisher, Matthews, Carney and Lombard (2008) state that substance abuse has been connected to an increase in criminal behaviour, risky sexual behaviour which include HIV infections and unplanned pregnancies, interpersonal violence as well as antisocial behaviour. Young females who have had unplanned pregnancies may continue using crystal methamphetamine throughout their pregnancy which results in the birth of irritable infants being born with low birth weights, although the long term effects are still unknown (Clare and Kapp, 2008). This not only has implications of immediate effects of substance use disorders, but additionally raises the question of detrimental effects it may have in future generations yet unknown.
The consumption of substances most often results in impaired functioning in various social domains including a decrease in academic and work functioning. To finance the use of substances, individuals may resort to criminal activities to ascertain funding for continued use. Chronic use may additionally be associated to increased homicidal behaviours as many individuals report an increase in aggression and difficulty in inhibiting or managing impulses while intoxicated (Brecht et al., 2004). This ultimately results in an increase in the national crime rate.

Ultimately, the increased rates of reported paranoia, aggressive behaviours, perceptual disturbances, financial, legal, academic and work related difficulties closely associated to the use of crystal methamphetamine emphasizes the potentially significant social costs the substance may have with regards to medical and psychiatric treatment costs. This provides motivation for continued research and focus into these specific areas.

2.7 Theoretical Framework

Addiction has been described as a disease (Brizer and Castaneda, 2010). It has been defined as a disease with biological, neurological, genetic and environmental factors (Urshel, 2009; Tannenbaum, 2008). As this illness is one that not only affects the individual who may be using illegal substances, but his/her loved ones as well, it is additionally viewed as a family disease.

As far back as the early 1970’s, Schaef (1987) stated that societal organisations may predispose community residents to develop addictive habitual behaviours by providing the
ideal breeding ground for feelings of ignominy to surface which is central to substance abuse. The author describes society as an addictive system that has a disease itself. The author states that society influences an individual’s actions and cognitions in a manner that is inconsistent with personal morals and values that he/she may hold. The author posits that contradictions such as these, between societal and personal values, propagate feelings of shame and disrepute which influence habitual and addictive behaviours.

Schaef (1987) postulates that if addictive behaviour is purely viewed from an individualist perspective, it absolves society from taking responsibility for the role that various systems within society may play in influencing this disease.

It may thus be hypothesized that to fully understand the nature of addiction as a disease, the influence of all systems within society need to be cogitated. Therefore, an ecological systems approach, which theorises that individual development is influenced by numerous environmental systems may provide a more comprehensive perspective of the disease. To fully appreciate the complex interplay of biological, psychological and environmental factors influence of crystal methamphetamine addiction in adolescents, Bronfenbrenner’s ecological systems is deemed most suitable as it provides the framework to conceptualise substance abuse within the various levels which may influence individual adolescent behaviour. Bronfenbrenner’s theory therefore provides a comprehensive manner of understanding the interplay between various factors that sway individual behaviour.

Bronfenbrenner’s ecological systems theory which was developed by Urie Bronfenbrenner in 1978, will be applied to frame the understanding of community leaders perceptions of risk
factors that influence methamphetamine addiction in Manenberg and Lamberts Bay. This theory asserts that the child’s biological temperament and environmental factors unite to mould and affect personal development.

All individuals are part of an interdependent integrated whole (Schinka and Velicer, 2003). It has as a focal point, an awareness of the impact that environmental structures, close relationships and interactions have on development. The theory asserts that if these structures are not superlative, that maladaptive behaviours arise in individuals. This theoretical model asserts that an individual’s development comprises of interactions with his/her environment and that all subsystems in society are in a constant state of interplay. Also, all subsystems within the integrated and interdependent framework have a hierarchical form with lower levels existing within the higher levels. The infant or child is located within a setting comprised of concentric systems, with the child placed in the centre. These systems affect and persuade one another.

An ecological view of society consists of five levels, namely, the microsystem, mesosystem, exosystem, macrosystem and chronosystem.

The microsystem consists of all of the adolescent’s immediate surroundings including physical, social and psychological environment. This is often seen as the initial foundation for primary learning about oneself and the world and it is within these close relationships that becomes the adolescent’s point of reference (Berk, 2000). The nuclear family is frequently seen as the starting point of this first system, but may include those that the child has close relationships to. The mesosystem involves relationships between two or more systems in the microsystem, such as neighbours in the same community, whereas the exosystem is comprised of systems such as academic and occupational environments. The exosystem
involves any social setting that will have an effect on the child, but does not include any setting understood in the meso- and microsystem. The macrosystem is encapsulated by values, norms and beliefs. Therefore the macrosystem moves beyond the physical environment. Finally, the chronosystem is linked to time and is placed beyond the initial four systems and has been understood within a historical context. This is due to the fact that it occurs within all of the initial four systems mentioned and is influenced by changes that occur throughout the child’s development.

Changes are enforced by both internal and external influences and therefore the individual and his/her environment are not exclusive and are in a constant state of interplay. As the child develops and matures, the interactions between these systems as well as the child’s biology and environment become more intricate and complex.

As such, an attempt to understand an individual without an awareness of the context of the environment within which he/she is located would lead to a limited appreciation of substance use conception.

Drug abuse and delinquent behaviours are seen as consequences of poorly functioning systems. Addison (1992) contends that the bio-ecological systems theory regards family dysfunction as the most damaging influence in a child’s development. Relationships in the microsystem that are considered to be damaging may negatively impact on a child’s ability to investigate and relate to others in the systems in the environment in a beneficial or productive manner.

As a result, all social interaction plays a pivotal role in cognition and Bronfenbrenner characterised this theoretical approach as an intricate set of relations that function on the
individual and is unique as it attempts to define personalities and its connection to the
environment (Nollmeyer, 2009). Factors in an individual’s environment can influence
development. This subsequently influences behaviour which may include decisions about
whether to use substances or not.

This theoretical framework emphasizes the diverse factors that directly as well as indirectly
influence human development.
CHAPTER 3

METHODOLOGY

3.1 Research Design

This study is part of a bigger study as mentioned previously. A qualitative approach was deemed to be best suited for this study as it places prominence on naturally occurring events and an exploration of perceptions within a communal context. This current research study is based on primary data collected from interviews with focus groups in Manenberg and Lamberts Bay.

3.2 Participants

Purposive sampling was employed to select participants for this study. The goal herein was to gather a specific sample group located within the designated area exclusively. Participants were thus recruited by Manenberg Local Drug Action Committee (MALDAC) in Manenberg and Rural Transformation Company (RTC) in Lamberts Bay. The selected population consists of various community leaders who meet the required criteria. The criteria included that all participants had to be formally or informally working within the Manenberg and Lamberts Bay communities, have had personal interaction with community members as well as hold positions of authority or leadership within the community. Positions of authority included community members such as school educators, NGO directors, police and religious leaders.
3.3 Data Collection Procedures and Techniques

Permission was been granted by the Higher Degree Ethics Committee, MALDAC and RTC. Initial contact was made with MALDAC, through Selfhelp Manenberg to secure contact with selected research participants in Manenberg and contact with RTC in Lamberts Bay. Consent forms stipulating the nature and scope of the study were given to the individual participants at the start of each interview.

The chosen data collection method in this study was three semi-structured focus group interviews consisting of a minimum of five participants in each group. All interviews were audio-recorded and then transcribed. The data gathered in these semi-structured interviews, provided the researcher with the obtainment of the necessary data.

A focus group discussion guide was constructed to provide some direction in the focus group. Semi-structured group interviews consisting of a discussion guide allowed the researcher flexibility to define and gather information needed while additionally allowing for an opportunity to pursue participant responses in more detail. Semi-structured focus groups were chosen as the most suitable method of collection data for practical and methodological reasons. Practical reasons include practical issues such as setting up suitable times for the availability of all participants, as this decreases the time constraints and difficulties. This allows for a greater amount of information to be gathered in a shorter amount of time. Methodologically, focus groups allow the researcher to obtain multiple perspectives about one topic, valuable information regarding perceptions and experiences as well as shared understanding of daily life within the communities.
3.4 Data analysis

Data analysis methods used with qualitative research should be able to capture the true essence of the phenomenon under investigation as explained by the participants. The emphasis is thus on language and the meaning, understanding and experiences of phenomena in context (Alvesson & Sköldberg, 2009). Thematic analysis was therefore adopted for this study.

Thematic analysis is a method used to identify and analyse emerging themes, which are initially embedded in the gathered information, and recognises that a specified theoretical framework carries a number of assumptions about the nature of the gathered information and can, therefore, not be ignored (Braun & Clarke, 2006). According to Braun and Clarke (2006) six steps are required from the researcher:

Step one will be to gain familiarity with the gathered data.

Step two involves systematically coding this data. This means that interview transcriptions will be reviewed, key words or phrases that have meaning in relation to research aims and objectives noted. Key phrases that do not directly link to the objectives should be additionally noted, as qualitative research is concerned with phenomena from the participants’ perspective and is therefore interested in obtaining rich, detailed, subjective and intersubjective accounts of the phenomenon under investigation (Terre Blanche, Durrheim & Painter., 2006).

Within Step three, codes were collated into potential themes. This means that the codes were reviewed and grouped to form themes that overarch various codes. Themes were then further reviewed in relation to the potential codes in order to generate clear definitions and labels for the themes. Once identified, themes were reviewed in relation to literature in an attempt to
produce a comprehensive report of community leaders’ perceptions of the factors that influence methamphetamine use.

3.5 Ethical Considerations

It is imperative that direct and informed consent be granted by all involved participants and that they are aware that they are able to withdraw from the study without repercussions at any time during the study. Confidentiality and privacy of all subjects were protected. This requires that all participants’ personal details remain anonymous. An opportunity was provided for participants to ask any questions and to receive answers.

3.6 Reflexivity

Reality is internal and subjective, and constructed based on personal experiences and as such a qualitative thematic analysis was deemed most appropriate. Reflexivity has gradually and progressively become to be considered as an imperative principle within qualitative research (Forrester, 2010). This uses interpretation as a means to thematise gathered data. It is significant herein that the researcher remains self-aware of own biases, views and preconceived assumptions as these could influence the research process and outcomes (Shaw, 2010). For personal reflexivity to be obtained, this requires that the researcher constantly reflect on the manner that personal values, beliefs, identity and interests have affected the research. This further involves remaining cognisant about the manner in which the research may have affected the researcher. To maintain mindfulness about reflexivity, the researcher retained a diary to reflect on the experiences described above.
3.7 LIMITATIONS OF STUDY

The foundation of the thematic analysis for the proposed research design is based on primary data gathered from semi-structured focus group interviews which have been conducted. As the research conducted was done with a specific sample to ensure the relevance of results obtained, the ability of the results to be generalised may be limited. Furthermore, the presence of the researcher, as an outsider may have to some extent limited the responses of participants who may not have wanted to portray their living areas in a negative light.

3.8 SIGNIFICANCE OF STUDY

Learning frequently transpires on an individual beyond the microlevel, outside of their residential home within the mesolevel, by clerics or school educators and is defined as secondary parenting. Even though much research has been conducted focusing on risk and protective factors of substance abuse on the microsystem, research focused on other system levels have not been addressed in an equal manner. The procurement of research on this level is central for the implementation of effective intervention strategies, as an alignment of the different levels within society increases the probability of achieving the desired outcome which in this instance would be decreasing the prevalence rate of methamphetamine dependence.
CHAPTER 4

DISCUSSION AND INTERPRETATION OF RESULTS

4.1 INTRODUCTION

The following section will discuss the themes that had emerged during the interviews with participants and relate this to past research. The themes that have been extricated from the data with the aim to assist in identifying community leaders’ perceptions of risk factors involved in substance abuse in adolescents.

To gain adequate understanding and comprehension of the data obtained through the interview process, thematic analysis was utilised. The utilisation of this approach allows for the prevailing and central features of participants information to be identified and dominant perceived risk factors to emerge (Grbich, 1999). The themes identified are understood within the broader systematic factors, including but not limited to the nuclear family, school, community and historical context, which may assist in understanding prevalent risk factors.

4.2 EMERGING THEMES

An in-depth and comprehensive analysis of the data allowed for numerous and various themes to emerge. The emerging themes were recognized and emphasized with regards to their relevance to the current research aim.

The themes were placed in five principal classifications, consisting of emerging sub-themes. The five principal classifications emerging from the interviews were:
Many individuals use substances, but not everyone develops a substance use disorder and as such the biological response to substances, amongst others, has been of great interest to researchers (Brett, von Mayrhauser and Douglas-Angleñ, 2006).

Nestler (1992) stated that substances exert a definite effect on an individual. The author additionally stated that the biological status of the user at the time that substances are consumed, may have an instrumental effect on the effect of substances used. Abuse of any substances alters the brains usual balance and level of biochemical activity.

When consuming substances, internal sensations such as the physiological and emotional desire known as “cravings” for the substance may be experienced.
4.2.1.1 Cravings

“And I think the sensation, the feeling” (participant 1)

The quote shared above by a group participant demonstrates the understanding that physical and physiological effects of substances significantly influence adolescent methamphetamine abuse in the respective communities.

When an individual consumes crystal methamphetamine, this excites the central nervous system and the brain then manufactures a greater level of dopamine. When there is an increased level of dopamine in the brain, this may produce an experience of extreme euphoria, confidence, energetic and alertness, frequently known as the “first high” (Keegan, Moss and Benderly, 1975). Ultimately, an individual who uses the substance may develop a tolerance for the substance and this will result in an increased amount consumed to achieve the desired “high”. The brain has adapted and become habituated to the higher level of dopamine and the substance use may start experiencing cravings crystal methamphetamine. This “first high” may become the blueprint for all other substance experiences and the “first high” is constantly chased, with many individuals searching for a physical experience that may equal their very first euphoric experience (Keegan, Moss and Benderly, 1975).

However, due to the changes to the central nervous system and the brain becoming habituated to the increased dopamine levels, this “first high” is highly unlikely to ever be re-experienced in the same manner (Lowinson, 2011).
This has been related to internal physical changes that occur within an individual’s body which may relate to states of intoxication, withdrawal and dependence. Intoxication results in considerable changes to the central nervous system of the substance user and develops either during or shortly after the ingestion of the substance. Notable changes that may occur include belligerence or hostility, feelings of euphoria or inappropriate informality as well as impairing judgement or altered states of consciousness. Withdrawal, alternatively, include symptoms such as a dysphoric mood, insomnia, increased appetite, anxiety, stomach cramps, headaches, fatigue and even depression resulting from a cessation of amphetamine use (Kaplan & Sadock, 2007). These particular physical aches and discomforts may elicit desires within the adolescent to resume Crystal methamphetamine consumption. As these withdrawal symptoms are negatively experienced, an individual may reinitiate substance use to avoid these symptoms.

Addiction has been understood as being a “brain disease” (Kaplan & Sadock, 2007). Critical processes occur, once crystal methamphetamine has been ingested, which alter voluntary controlled using behaviour into compulsive use. These processes involve an alteration in the very structure and neurochemistry of the brain of the substance user. Although research has provided evidence which indicates the validity of these changes within the brain, it is not a sufficient cause of addiction in isolation (Kaplan & Sadock, 2007). Rather, it is a combination of various factors including medical, psychological and social factors.

Crystal methamphetamine effects offer the youth increased energy, a general sense of well-being, heightened feelings of confidence and mastery that is so reinforcing that it may result in increased frequency of use, often more than the young individual may have initially
expected. An illustration of this includes examples of whereby an individual use is initially limited to causal weekend use, but later results in increased use within the week. Individuals’ who may have initially limited their use to specific situations such as sexual activities and parties, may later find that these limitations or boundaries are dissolved after prolonged continued use.

After crystal amphetamine use has been initiated, substance users may find that they now have a dependence to amphetamine. Substance dependence has been defined as a collected group of cognitive, behavioural and physiological symptoms which signify that an individual continues the use of a substance despite encountering numerous and substantial substance-related problems (Diagnostic and Statistical Manual of Mental Disorder, 2000). Individuals who develop substance dependence may develop a sensitization toward the substance which is characterised by an intensification of the effects of the substance following repeated exposure. In these cases, even small quantities consumed may generate discernible mental and neurological consequences (DSM, 2000).

Crystal methamphetamine may initiate biological processes which are associated to tolerance, physical dependence and sensitization. The depth of the level of dependence has been highlighted as a great concern to the communities as they have described the severity of use as ruinous, as young pregnant females continue using crystal methamphetamine throughout their pregnancies. The cravings for the substance have been described as inescapable to the affected youth. Early initiation into substance use has been considered to be a significant risk factor for substance use disorders including abuse and dependence (Laatvala et al., 2009).

Cravings may thus be considered as direct physiological effects that may be experience as a consequence of previous use of substances regardless of the amount consumed. Community
participants’ responses highlight factors within the individual system which influences substance abuse within the communities.

4.2.1.2 Weight loss

“... they wanna lose weight.” (Participant 1)

“dit gaan vir jou maer maak” [it’s going to make you thin] (participant 3)

The above shared participant quotes reflect the perception that weight loss appears to be an attractive quality that appeal to adolescents.

A variety of products that assist with weight loss contain methylphenidate or similar components which act as appetite suppressants. Methylphenidate is a derivative of amphetamine which therefore essentially facilitates and promotes weight loss. A wide array of these products may be conveniently purchased at various pharmacies and easily bought over-the-counter without a prescription and has been used in the treatment of Attention Deficit Hyperactivity Disorder, narcolepsy and obesity to name a few.

The psychoactive effects of these substances are said to boast an extended period of symptom endurance compared to other stimulants such as cocaine along with effects on the peripheral sympathomimetic may be experienced as more powerful and intoxicating (DSM, 2002). As
this substance additionally results in further physiological changes such as high body temperature, increased energy for physical activity, decreased fatigue and a heightened sense of euphoria, weight loss occurs rapidly with little physical discomfort in the short term (Doweiko, 2010). This ultimately may result in the substance becoming an attractive means of instant weight loss without having to deal with other physical discomforts such as hunger pangs, diet and exercise.

According to Bronfenbrenner’s systems theory, these physiological effects and changes that occur when crystal methamphetamine is consumed, happen to the individual and factors highlighted by community members may be subsumed herein.

4.2.2 PSYCHOLOGICAL FACTORS.

The psychoanalytic analysis of substance abuse comprehends substance use disorders as a defensive and adaptive ego defense mechanism. This is in contrast to earlier views that substance abuse arose due to a regression to the oral stage of psychosexual development or a weakness in self-control and willpower (Gabbard, 2005). Current psychoanalytic concepts view addictive behaviour as an expression of a deficit in self-care rather than as a self-destructive impulse. Psychological factors identified herein include aspects such as the view of substance abuse corresponding with the view of deficits in self-care and vulnerabilities due to other psychiatric mental disorders.
4.2.2.1 Coping Mechanisms

“... something they use it because they don’t want to face the reality” (participant 5)

“... they running away from their issues.” (participant 2)

Participant responses reflect an understanding that psychological factors may contribute significantly to adolescent crystal methamphetamine addiction. The responses highlighted above illustrate the perception that substance abuse is consumed as a manner of coping or avoiding unpleasant realities.

As previously stated, the psychoanalytic understanding of substance use understands this as an adaptive coping strategy rather than a self-destructive inclination. This may be a consequence from an early developmental impingement that may have resulted in an ineffective or deficient internalization of parental figures. This may leave an adolescent with the deficit of experiencing difficulties with self-protection or the ability to self-soothe or regulate their own emotional states effectively (Gabbard, 2005).

The ability to fully appreciate the risks involved in substance use may therefore be significantly impaired.

Substance users may on occasion consciously maintain any pain and trauma by repeated drug use and this has been considered to be a manifestation of a repetitive compulsion of early childhood trauma (Khantzian, 1997). Khantzian (1997) understood this as the pain-perpetuating aspect of substance abuse. This form of repetitive compulsion embodies the
individual’s attempt to process or work through traumatic states that he/she may or may not be able to recall as traumatic memories may have been repressed. Substance abuse as a mode of self-medication indicates that a particular substance is selected and then subsequently preferred to other substances for its specific psychological and pharmacological effects according to each abuser’s needs. As such, it is imperative to bear in mind that not all persons who become dependent on the same substance such as crystal methamphetamine will experience its effects in a similar manner or are motivated by an identical set of factors.

4.2.2.2 Comorbidity with other mental health disorders

“sy brein is nie gesond nie” [his brain is not healthy] (participant 8)

“hy was deurmekaar voor dit” [he was mixed up before that] (participant 4)

Participant responses illustrate the perception that substance abuse may be initiated due to an already existing psychiatric or psychosocial vulnerability.

Literature sources stipulate that substance users are more like to have a coexisting psychiatric disorder including personality disorders, as well as affective and anxiety disorders (Gabbard, 2005). There appears to be a pervasiveness of additional psychiatric disorders being present among those individuals who seek treatment for substance dependence.
Comorbidity has been defined as the occurrence of two or more psychiatric disorders which are present within the same individual at the same time (Kaplan and Sadock, 2007). Furthermore, individuals who have met sufficient criteria for the diagnosis of Substance Dependence possess a greater probability of meeting criteria for additional psychiatric disorders. Affective states such as depression are common among persons diagnosed with substance dependence. Substance use may additionally be a key precipitating factor for suicide (Kaplan and Sadock, 2007).

Cluster B personality disorders, such as Borderline, Anti-social and Histrionic Personality Disorders, and its correlation to substance disorders may be explicated by common underlying personality features such as impulsivity and self-harm (Casillas and Clark, 2002). Substance use may be seen as a means of self-medication and emotional regulation.

An illustration of personality and substance dependence comorbidity may be viewed by the fact that a high percentage of individuals with substance abuse or dependence diagnoses have a pattern of antisocial behaviour (e.g stealing, physically assaulting others) either as part of the premorbid functioning or resulting thereafter. Chrystal methamphetamine may exacerbate symptoms of antisocial conduct such as fuelling the individual’s aggression and facilitating greater disinhibition.

RachBeisel, Scott and Dixon (1999) report that approximately 50% of individuals who have a severe mental disorder will acquire a substance use disorder during some point in their lives. This may adversely impact on the course of the individual’s mental illness as well as psychosocial functioning and may further result in poor adherence to treatment. The
difficulty herein appears to be distinguishing when a psychiatric disorder predates or is a consequence of substance use.

The factors identified by community leaders with regards to physiological and psychological factors may also be subsumed by the individual system within Bronfenbrenner’s system theory. Additionally, the views held by community leaders complement available literature apropos substance abuse.

4.2.3 DIFFICULTIES WITH PRIMARY SUPPORT BASE

The nuclear family has often been considered as the initial foundation for primary learning in a young child’s world about themselves and the world.

Within this community, parents may be perceived as the first point of interaction for young children with the world and they may model their behaviour through their development on these first role models. In some instances, however, this may not be a positive occurrence. This may be especially true, when parents of young children and adolescents are using substances such as crystal methamphetamine themselves.
4.2.3.1 Parental Substance Use

“apparently tik sy ook saam met haar kinders... en dis nog niks, die man tik ook nou...” [apparently she tiks with her children... that’s nothing... her husband also uses tik now] (participant 5)

“...cause his parents are using tik and they don’t care about him...” (participant 3)

The participant response highlighted above illustrate participants views that parental substance use is a significant risk factor with regards to adolescent substance use.

This statement is supported by various literature, as research indicates that a family history of substance abuse and dependence has been considered to be a one of the most crucial and constant risk factors related to drug use disorders (Schulden, Thomas and Compton, 2009).

When parents are using substances, this behaviour may be normalised to a young developing mind. The idea of becoming involved in substances may then appear to be a more attractive option as it has been normalised. This “normalisation” of substance use then may influence and increase the risk of the adolescent initiating substance use at an early age and my increase the risk of developing substance abuse and substance dependence disorders.

According to Brook et al. (2006), a significant relationship exists between parental substance use and an adolescent’s substance use regularity. It has therefore been suggested that parental
substance abuse may be a significant risk factor for adolescent substance use (Russell et al, 2008).

Reilly (1992) avers that there are several distinct interactional patterns which may emerge in a family wherein parents are abusing illegal substances. These interactional patterns may include, but are not limited to:

• Negativism includes a negativistic style of communication between family members which may consist of complaints and criticisms. There is a high level of negative expressed emotion. In general, the atmosphere within the household is unequivocally solemn and pessimistic. Any positive behaviours and occurrences are disregarded. Herein, an adolescent inadvertently assumes that the only method of securing any form of attention is to produce crises. This pattern of negativism therefore reinforces the use of crystal methamphetamine.

• Miscarried expression of Anger involves parents or offspring who show antipathy towards their households which they may consider to be divested from desired emotions. In such situations, individuals may be anxious and/or fearful of communicating their rage and indignation and alternatively use substances as a means of managing repressed anger and resentment.

• Parental Inconsistency negatively impacts adolescents as rules and boundaries may be inconsistent with inadequate structure provided. Adolescents and younger children may be confused as boundaries and rules provide them with a sense of right and wrong. When this structure is lacking, they may are ill-equipped to determine between the two confidently. Additionally, when boundaries and structures are lacking, children and adolescents are unable
to envisage their parents’ responses and amend their behaviour accordingly. This may be particularly prevalent when one or more parents are abusing crystal methamphetamine.

This risk is dramatically increased when parents and children use substances together. Teesson et al. (2005) have asserted that parental modelling of substance abuse may drastically increase the probability that adolescents may engage in the same behaviours. When an adolescents parents abuse substances, whether it be prescription or illicit drugs, he/she may personally initiate substance use which may have been greatly influenced by the example set by their parents and/or relatives. Pretorius and Le Roux (1998) state that there is a definite relationship between parents who may be abusing prescription medications and that of adolescents abusing non-prescribed medications.

It may thus be hypothesized that these behaviours may be a form of imitating the behaviours of their parents.

This has been reaffirmed by Biggers (1998) who reiterates that parental substance use is a significant factor in adolescent attitudes towards substances. When the use of substances are normalised by the early exposure to alcohol and other substances, adolescents may develop the attitude that substances are harmless and anodyne. The cycle of substance abuse is likely to therefore be repeated.

Most available information on the effects of parental substance abuse on children propose that parental substance use often has a damaging effect on the cognitive, emotional, behavioural and psychosocial consequences for the young children involved.
Brooks and Rice (1997) state the trust is an instrumental developmental facet that is
negatively impacted by within the family system when a family member has a substance use
disorder. When a young child’s parents are abusing crystal methamphetamine, they may be
aware that their parents’ substance use is illegal. According to Myers, Louw and Fakier
(2007), the continued abuse of substances regularly lead to various forms of criminal
behaviour.

They may consequently be unknowingly or unwillingly involved in illegal activities on behalf
of their parents such as requests to obtain the substance from the dealer or participate in
robberies or mugging in order to obtain anything of monetary value to support the parents’
substance use. These experiences, which often include witnessing parental substance use,
may result in the development of particular vulnerabilities to difficulties such as adjustment
problems, depression, anxiety, low self-esteem as well as substance use disorders (Johnson
and Leff, 1999).

4.2.4.2 Dysfunctional family systems

“family problems...” (participant 1)

“die ouers het nie tyd vir hul kinders nie” [parents don’t have time for their children]
(participant 6)
Participant responses herein reveal the perception that difficulties within the nuclear family may significant impact adolescent substance use.

Teesson, Degenhardt and Hall (2002) have identified the nature of familial relationships as one of the most significant factors that may affect an adolescent’s ability to withstand the temptation of using substances. The risk increases in families embodied with difficulties such as familial discord, insecure or disorganized attachments and inconsistent discipline.

This was understood by the community as “dysfunctional families”. Dysfunctional family systems have been associated with both a higher risk of suicide as well as substance abuse (Fleming, Herry, Robinson, Denny, and Watson, 2007).

In these cases, addicted parents may often neglect the basic needs of children as their substance use becomes the priority in their life. Many participants had shared examples of how children had come to school and had been unable to concentrate on academic activities due to parental neglect (such as not providing for basic nutritional needs) caused by substance abuse. Boyd (1992) states that when a child or adolescent is brought up within a dysfunctional family, that the individual may be subjected to trauma and pain from parents’ behaviours, attitudes and statements. This forces young adolescents into aberrant roles within the family, namely the “Hero”, “Scapegoat”, “Lost Child” and the “Mascot”.

Many participants identified difficulties that may be experienced within the immediate family as placing young individuals at risk of methamphetamine addiction. This was due to the fact that the family is often viewed as the basic unit of society and as the family is the primary source of socialization for young children, being raised in these “dysfunctional families” may leave a child inadequately and ill-prepared to cope with the demands of the larger world.
outside the of the nuclear family. Boyd (1992) states that children are left with an increased vulnerability as they are encumbered with inadequate coping skills, distorted perceptions of what appropriate behaviour comprises of as well as unrealistic expectations of the behaviour of others.

In addition, in dysfunctional families, parents may infringe upon the boundaries of their children. Boundaries may be violated in various ways. In a family where substance abuse by any family member is prevalent, the often capricious, volatile and infantile behaviour of a parent who is abusing substances may produce great uncertainty and perplexity about what is considered to be appropriate boundaries in interpersonal roles. The presence of a stable role model who exhibits rational behaviour may be lacking and results in the collapse of effective communication and emotional stability. It furthermore results in a lack of safety within the home environment which negates the emergence of trust, self-disclosure and intimacy.

In the community, many children may be placed at risk when their immediate environment when in the presence of older family members who may be in various stages of substance use such as substance intoxication or withdrawal. The parents or any immediate family member such as siblings may additionally experience other severe symptoms resulting from the consumption of crystal methamphetamine, such as substance-induced mood or anxiety disorders. The adolescents themselves may thus inadvertently be forced to take on more a greater responsibility within the household. In 2008, approximately 98 000 young children were residing in households headed by adolescents younger than 18 years of age (Holburn and Eddy, 2011). This may negatively impact on the relationship and interaction between family members such as feeling isolated from one’s nuclear family and searching for
belonging in the greater external environment. It may additionally have a negative impact on their parenting skills and be detrimental to the well-being of the youth within the Manenberg and Lamberts Bay community. This may therefore increase their risk of children using substances themselves as well. As their basic needs may be neglected by parents, they are at a higher risk than other individuals to experience difficulties in other areas of their lives and may be more impressionable to peer influence than those who have a secure attachment to parents.

The encountered problem thus experienced within the microsystem may negatively impact on other spheres or systems in an individual’s life, such as negative impacting on the academic or other social systems.

Children of addicted parents are often viewed as one of the highest risk groups of children to become drug abusers due to both genetic and family environmental factors. As previously mentioned, the use of substances by parents and their adolescent children is strongly correlated. In general, it is hypothesized that if parents consume substances, sooner or later their children will as well. Moreover, the influence of parental attitudes on an adolescent’s drug taking behaviour may be as significant as actual drug abuse by the parents. An adolescent who perceives that his/her parent is permissive about the use of drugs is more thus likely to use drugs themselves (Fawzy, Coombs and Gerber., 1983).

When parents are using crystal methamphetamine in full view of their children, this may normalise the use of the substance. They may therefore perceive this form of behaviour as standard and conventional. Additionally, it may pique an adolescent’s interest in initiating crystal methamphetamine use and may somewhat eradicate any perceived dangers associated to substance abuse.
Additionally, parental substance use has been presumed to play a role in parental neglect and may leave adolescents searching for a sense of belonging outside the nuclear family.

When parents of adolescents are themselves using crystal methamphetamine, this may negatively impact on their parenting skills. Crystal methamphetamine use has been associated to an increase in aggression and when intoxicated or experiencing withdrawal symptoms, parents may be more prone to exhibit aggressive behaviour towards their children in their care. This ultimately has an impact on individual intrapsychic factors and personality development as mentioned in previous codes. Smith, Coles, Poulsen and Cole (1995) contend that today’s youth are faced with a challenge of being raised by parents who were not adequately parented themselves. As such, they lack the appropriate parenting skills to effectively manage familial and various other difficulties.

Additionally, when an adolescent views one or both of his/her parents using crystal methamphetamine, this normalises the use of substances. The message portrayed by the media about substances use such as crystal methamphetamine, however, may contradict the message received within the household when observing parental behaviour. This may often result in a sense of confusion within an adolescent when attempting to process the mixed messages received from the external environment.

Furthermore, many participants identified that many adolescents are fast becoming parents themselves, as they become sexually active at a younger age. In general, young adolescents may not be cognitively or emotionally mature to raise infants themselves. When crystal methamphetamine is introduced within the same scenario, they may be more ill-equipped to
cope with the responsibilities of parenthood. These teenage parents may continue the use of crystal methamphetamine during pregnancy, which may place an infant at a higher risk of developing substance-related difficulties in later life. The age and substance use of the young parent may affect parenting skills adversely with the added risk factor of possibly observing parental substance use when the infant becomes an adolescent himself/herself.

In this manner, a harmful and destructive pattern may ultimately be repeated.

Conclusively, community members have therefore identified factors within the microsystem which may have a significant impact on the rate of substance abuse in their respective areas. Parents are generally the first relationships individuals encounter and they may model behaviours such as numerous coping skills and methods of self-care and emotional regulation. When interaction with these primary caregivers is noxious, it may have a pernicious effect on the individual both physically and psychologically.

This corresponds and supports available literature and displays the interplay between the individual and aspects within the microsystem. This interaction between these two also illustrates that they may not easily be detached from one another.
4.2.4 ENVIRONMENTAL INFLUENCES

4.2.4.1 Peer pressure

“Peer pressure yes” (participant 6)

“groep beindruk… hy wil in pas” [group influence… he wants to fit in] (participant 2)

The above highlighted participant responses reveal the significant effect that peer influence may have on an adolescents initiation to substance use. Moreover, the pressure to participate is understood as being closely associated to a need to be accepted by peers.

Edmonds and Wilcocks (2000) state that the use of illegal substances such as chrystal methamphetamine is often viewed as exhilarating and thrilling to young developing minds. Young adolescents commonly experience direct peer pressure to use substances including amongst others, alcohol and chrystal methamphetamine (Peltzer & Phaswana, 2000).

Brecht et al., (2004) reiterated the compelling influence of peer pressure and found a gender difference herein and postulate that young males have a greater likelihood of being introduced to substances by male friends, whereas females experience an increased risk of initiating substance use by intimate partners.
In 2010, the results obtained by the MRC (Medical Research Council) in the National Youth at Risk Behaviour Survey illustrated that over 10 000 students in South Africa over the last three years verified high levels of substance abuse (www.regencynews.com). The use of illicit substances such as crystal methamphetamine may reduce inhibitions which may result in adolescents being able to engage in unsafe activities more readily.

Additionally, adolescents are often viewed as “easy marks” by drug dealers and peer pressure from those in the immediate environment may lead to experimentation with crystal methamphetamine. As young children progress into an adolescent stage of development, the peer environment becomes a central influence on attitudes and perceptions of substance use. Teesson et al. (2002) state that initial experimentation of substances more often than not involve the adolescent’s peer group and that furthermore, those who use substances prefer being in the company of fellow peers who also use similar substances. Adolescents who use substances are easily persuaded by their fellow peers and may be cast off by them if their perception of substance use is that it is unwanted (Hoberg, 2001). This may be related to a need for acceptance that adolescents may experience within their particular developmental stage.

Peer pressure would involve interaction with significant others in their environment in arenas such as school as an example. This may illustrate the influential interaction of the individual with aspects within the micro- and meso-system. Fellow peers who live within the same neighbourhood may very likely attend the same academic institutions, involving both the micro- and meso-system. Their interaction on the individual may therefore be considered to be powerful and significantly persuasive.
If adolescents refrain from engaging in activities such as crystal methamphetamine use with their counterparts, they may face the risk of exclusion from the peer group, which may be a highly undesirable outcome for the young individual. It is further stated that initiation of substance use becomes a mechanism of gaining entry to the desired peer group. When approval is achieved thereafter, it may lead to the continued use which may ultimately result in substance use and/or dependence.

4.2.4.2 Academic functioning

“cause I have seen some of my children in class can’t concentrate...” (participant 1)

“It affects their school work negatively, but they think it makes them clever”
(participant 7)

Participant responses emphasize the view that although adolescent substance use negatively affects academic functioning, many adolescents may view crystal methamphetamine as advantageous or beneficial to their academic abilities.

As previously stated, crystal methamphetamine increases alertness and concentration as well as elevating moods and decreasing fatigue (Doweiko, 2010). The effects at first may result in the perception of better performances initially. Some students may then feel that they may be able to avoid sleep and study throughout the night for an exam the following day. This initial
perceived mental acuity and increased energy may be attractive to students as they may believe that using substances may improve their academic performance.

The ultimate results of the substance consumption when withdrawal is experienced however may include fatigue, depression and concentration difficulties which leave the individual feeling “stupid” (www.justice.gov).

Therefore, although the use of crystal methamphetamine may increase mental alertness, confidence and decrease fatigue initially, these desired effects are not sustainable and ultimately result in converse effects such as impaired memory and concentration, fatigue and lethargy as well as depressed or irritable mood. Ultimately, crystal methamphetamine use, abuse and dependence results in overall poor academic performance.

The use of illegal substances can cause harmful effects on an adolescent’s growth and development (Coetzee, 2005). Continued use may adversely affect memory, learning and problem-solving abilities.

School-going adolescents who use alcohol and other substances such as crystal methamphetamine may frequently present with the behavioural and cognitive difficulties in class including decline in class attendance and decreased academic performance (Gonet, 1994). Young children may frequently experience academic or school-related problems including difficulty with attention and concentration, decrease in academic performance and truancy. Many young children may struggle with learning and other academic difficulties.

The use of substances may provide temporary relief from academic problems, although simultaneously exacerbating them. Use of this substance may therefore be an attempt to cope with academic and other closely related difficulties.
The detrimental effect of substance use on academic functioning may ultimately result in increased rates of absenteeism and school drop outs. This may exhibit an instrumental association between absenteeism and dropout rates with substance abuse in either or both directions.

Flisher et al., (2003) reported that the rate of substance use among these students is often greater than those who attend school as the substance use may have already impacted on their academic functioning. This is an area for further research as the link between school absenteeism and substance abuse has been documented extensively in international research, but has yet to be extensively investigated within the South African context. This is an imperative area of focus as further research herein within the national context as it suggests that interventions aimed at improving the level of school attendance may need to instrumentally include an approach including the prevention of substance abuse.

4.2.4.3 Accessibility

“it’s so easy to get and cheap also” (participant 3)

“dis vrylike verspryding van tik” [it’s the free distribution of tik] (participant 4)

“die ys het al uit sy ore uitgekom” [the ice came out of his ears already] (participant 6)
Within an environment where drugs are easily obtainable, whether this be due to parental substance use or freely available in the environment, it may further contribute to adolescent experimentation and continued use of substances such as chrystal methamphetamine as highlighted in the illustrated participant responses.

Craig (2004) states that greater availability of drugs within a certain environment results in the increase in substance use and related behaviour in adolescents. This may have the repercussion that a greater number of adolescents may be tempted to experiment with illegal substances.

Chrystal methamphetamine is particularly affordable and accessible in comparison to other stimulants such as cocaine on street corners or at vendors guised as tuck shops. Furthermore, chrystal methamphetamine has been reported to be easily manufactured with common household products which may be found in most homes. In these instances, adolescents may produce their own chrystal methamphetamine quickly and easily within the kitchen sink, most commonly consisting of legally purchased substances such as acetone, drain cleaner, diet aids and paint thinners amongst others.

Any adolescent with the most basic access to the internet, including cellular phones, may easily access the ingredients as well as step-by-step guidelines to manufacturing and using the substance within their own homes. As chrystal methamphetamine may now be manufactured within our own homes, many adolescents may not view it as illegal or perceive it to be a “drug”. Availability thus is not the only problem with chrystal methamphetamine abuse, as accessibility now presents itself as equally problematic (Parry, MRC, 2006).
4.2.5 CONTEXTUAL / HISTORICAL CHANGES

4.2.5.1 Media Influences - The “thin” ideal

“... if you thin, then you accepted and everyone thinks you pretty.” (Participant 2)

Weight loss has been highlighted by participants as a factor which influences substance use. Participant responses further illustrate that pressure placed on adolescents to conform to the ideal petite figure marketed by media influences and the lengths that they may go to in order to achieve this ideal.

Many experts have cautioned and forewarned that using crystal methamphetamine as an easy means of losing weight may increase significantly as our society become fixated on individuals achieving the perfect size zero figure. Individuals may feel that they are faced with a greater amount of pressure to achieve and maintain an unrealistically thin ideal body type. When individuals initiate crystal methamphetamine use, they may therefore received positive feedback from significant others in their lives as society’s emphasis on thinness and exercise may reinforce this often extreme weight loss as an idyllic. When weight loss is initially achieved, significant others in an individual’s life may at first even encourage and commend this behaviour, without realising the extent that an individual has resorted to in order to achieve the desired weight loss goals. This may unknowingly further perpetuate the
“thin” ideal as well as the maintenance of an extremely low body mass index. To date however, no extensive research has been conducted which investigates the existence of a link between the increases in Chrystal methamphetamine in women as a weight loss method. Adolescents may be particularly vulnerable to this risk factor, as they may initially use chrystal methamphetamine for effortless and rapid weight loss. These effects, however, are temporary, as the body builds up a tolerance towards the substance and weight loss therefore slowly dwindles and ultimately may stop within six weeks after the initiation of chrystal methamphetamine use. Additionally, lost weight is quickly regained once substance use is terminated. As such, Chrystal Methamphetamine has been promoted as an easy method of weight loss, which may increase its appeal to adolescents who may not have otherwise been interested in the use of this substance.

Slade (2010) who is a counsellor at Harmony House Treatment Centre in Cape Town reported that the use of chrystal methamphetamine will increase due to the fact that a great deal of emphasis is placed on models and being thin in the media for both males and females. Many adolescents may thus believe that achieving the ideal weight may assist them with being more attractive and acceptance by their peers and others. The use of chrystal methamphetamine as a weight loss method therefore becomes a highly attractive course of action to young adolescents desiring to lose weight rapidly broadening its base for potential users.
4.2.5.2 Changing society

“... we are moving to a capitalist society” (Participant 4)

“... people don’t open up and share like in previous years...” (participant 5)

“mense stel nie meer belang nie... die gemeenskap is nie sterk nie” [people are not interested anymore... the community is not strong] (participant 2)

Participant responses emphasize societal changes that may influence adolescent substance use. Participants draw attention to changes within the community between community members as well as greater societal changes.

Some individuals contend that capitalism is a system of ecological and social exploitation for the profit of the wealthy and that it places immense pressure to strive towards continuously obtaining money in order to survive. The capitalist process has been described as one of ever increasing work, consumption, debt as well emotional and spiritual barrenness. This suggests that within society we are losing our sense of community with others as well as unity with nature (www.endofcapitalism.com). Limited resources and opportunities are available to a select few who are then able to obtain a profit, while the majority of members in society may be grappling to make ends meet on a daily basis.
Our national history involves a similar scenario of the oppression and exploitation of the majority of members in society by a minority. Communities in post-apartheid South Africa are in a state of continuing transformation as society and culture changes in response to aspects within the environment such as economic growth or political disruptions. The perception of the current state of the post-apartheid South African democracy includes the view that members within communities are refocusing attention towards capitalist ideals whereby prominence is placed on acquiring wealth and material possessions with some communities being perceived as being at a social disadvantage compared to others.

Research suggests that adolescents who develop in families and communities facing high poverty levels have poorer outcomes than their counterparts who originate from wealthier families (Brook et al, 2006). In spite of this, poverty by itself is an insufficient justification for poorer developmental outcomes. Poverty and social disadvantages may intensify the impact of financial, cognitive and emotional difficulties on families and consequently on adolescents as the focus.

Brook et al (2006) have stated that South African youth are at an increased risk of emulating the felonious behaviours of their peers to the high level of violence and discrimination that they may have been exposed to in the external environment. Flisher et al., (2003) additionally contend that rapid urbanization is often accompanied by various problems including crime, poverty, unemployment and separation from extended family members.

When this is combined with national economic difficulties in several of our communities, it may adversely affect the development of adolescent adjustment. This has been supported by Ward et al (2008), who additionally described environmental stress within South African communities as a significant factor to be considered in the current level of substance abuse.
The use of crystal methamphetamine has been linked to a lack of integration between community members and has been associated with lack of unity within the communities. There may therefore be secrecy between families in the community when a family member may be using substances. These families may be experiencing emotional states of embarrassment or shame which prevents them from accessing support from those in the immediate environment.

4.2.5.3 Socio-economic Factors

“but also to be taken out of need ... someone that is homeless right ... if you tik, you not hungry ...” (participant 2)

Both homelessness and substance use are two great concerns that impact on greater society and which is often closely linked to occurrences of social exclusion as well as most often combined with other social and individual problems. Participant responses underline the importance of socio-economic factors with regard to adolescent substance use. It underscores the influence that socio-economic factors play in the initiation of substance use and the manner in which certain aspects of crystal methamphetamine use may be viewed as a relief from economic struggles.
According to Fountain, Howes, Marsden, Taylor and Strang (2003) a clear link exists between substance use and homelessness. Internationally, there has been recognition about the high levels of substances consumed among numerous sectors of the homeless population, although there has been limited research dedicated to findings into which specific substance used. Due to the very nature of being homeless, many individuals are hidden from service providers, as the omission of homeless drug users from temporary and emergency accommodation often may lead to the suppression of information regarding incidence (Fountain et al., 2003). It may therefore hypothesized that a relationship exists between substance use and homelessness. The use of substances such as chrystal methamphetamine may provide such individuals with temporary reprieve from various difficulties of the street such as decreasing appetite and hunger pangs which may assist individuals who do not have constant access to food. It may additionally assist with an increase in endurance of pain and violent tendencies which such individuals may perceive to be advantageous due to the unpredictability and often hazardous conditions that are associated with living on the streets. The continued use of chrystal methamphetamine may be viewed as a method of “surviving the streets”. Alternatively, homelessness may be a consequence of previous continued chrystal methamphetamine use. As such, it may appear that the use of chrystal methamphetamine and homelessness may have a cyclic relationship.

Literature, however, regarding the causal explanations of the connection between homelessness and substance use do not provide an adequate explicit understanding and may need further exploration, particularly in South Africa.

In addition, it was found that street children identified various reasons for substance abuse which include respite from the burdens and difficulties of the street and increased endurance of pain, violence and hunger (UNICEF, State of the World’s Children, 2002). The increased sense of euphoria that this particular substance provides may afford an individual with a
sense of alleviation of the reality of living on the street and being without resources. Many of the homeless including street children may not always have access to essential resources such as sufficient food rations. The use of crystal methamphetamine may then be a way of survival. Suppressing the appetite thus assists with avoiding experiencing hunger. The homeless population are often thought to be at the mercy of their environment and the consumption of substances may further aid individuals with an increased sense of confidence, libido and aggression when they feel that they need to protect themselves from others, or participate in illegal activities such as robbery and sexual prostitution.

4.2.5.4 Summary Of Findings

Participant responses underscore numerous factors which influence adolescent crystal methamphetamine encompassing, but not limited to, genetic to socio-economic factors. Physiological factors identified include biological factors such as physical cravings for the substance as well as rapid weight loss which crystal methamphetamine offers adolescents. Psychological factors identified include the perception that adolescent substance use is a method of managing oneself against unpleasant or harsh realities as well as a vulnerability that a premorbid psychiatric condition places an individual in.

Difficulties within the primary support base, including parental substance use and poor or disorganised attachments in family systems were viewed as significant risk factors for adolescent substance use. Environmental influences identified include peer pressure, the misperceived advantages to academic functioning and unproblematic accessibility. The theme identified herein highlights
the manner in which greater external factors impel and sway the cognitions and behaviours on an individual level. These external factors demonstrate the manner in which factors in the mesosystem impel and motivate structures within the microsystem. This demonstrates the significant interplay between the different systems within the mesosystem and furthermore elucidates the manner in which these systems are inseparable. As such, factors within the micro- and mesosystem interact and affect the behaviour, emotions and cognitions of the individual.

Contextual changes identified include the manner in which the media is perceived to influence adolescent views of acceptable and unacceptable body types as well as a changing society. Socio-economic factors are additionally included herein as they further persuade substance abuse behaviour. These factors demonstrate the manner in which aspects within the exosystem ultimately effect aspects within the meso- and microsystems and further illustrate the complex interaction between the first three systems.

The findings thus elucidate the complex and true magnitude of the interplay between the systems within Bronfenbrenner’s ecological theory. It furthermore illustrates that significance and the prominence that needs to be placed on systems further than the individual level or solely within the microsystem. Previously, substance rehabilitation and prevention methods have been concentrated on the individual and microsystem. The findings gathered within this study, conceptualised and understood within Bronfenbrenner’s theoretical framework illustrates a blindspot that may be instrumental for future substance prevention and rehabilitation programmes.
CHAPTER 5

CONCLUSION

In general, these communities appeared to still have immense hope for their youth in their community.

“sien nie vir hulle as tik-koppe nie” [we do not see them as ‘tik koppe] (participant 7)

“onse kinders...” [our children] (participant 9)

The devastating effects of this substance on individuals, families and communities were promptly raised. The effects of chrystal methamphetamine on the youth as perceived by community members as emotional and poignant. Although programmes have been implemented, these have not been as effective as initially planned as they have not addressed the perceived risk factors influencing substance use on the micro-, meso-, exo-, macro- and chronosystem.

With these factors taken into consideration, it may be assumed that chrystal methamphetamine abuse is ultimately the product of a convoluted and multifaceted interaction between the different levels identified by Bronfenbrenner which include individuals, family, peers, community, societal and historical factors.
In our attempts to intervene in the current difficulty our community faces with regard to adolescents’ abuse of crystal methamphetamine, it appears to be imperative that individual factors been considered within a wider social and historical context.

Interventions are thus, more likely to achieve the desired positive psychosocial effects for individuals, families and communities within society.

In conclusion, a limitation of the study consists of limited information regarding factors within the chronosystem and a more detailed exploration of significant systems within the exosystem such as religious affiliations, legal and social services and this may be an area recommended to be explored and analysed in later studies.
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