The subjective experiences of parents of adolescent substance users, their knowledge of and access to available treatment resources

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ABSTRACT

Substance use is certainly not a new phenomenon, however, it is one that remains a significant problem in the lives of adolescents, especially in low-income communities. This phenomenon not only affects the individual and society, but also the family and parents/guardians of the substance user. Parents within low-income contexts may feel overlooked in planning and service delivery initiatives, which may lead to a lack of appropriate knowledge and resources for parents when confronted with a child who uses substances. This, in turn, amplifies the challenges faced within resource-constrained environments, and further perpetuates ineffective coping strategies and poor well-being for parents. The aim of this study was thus to explore the subjective experiences of parents of substance users, their knowledge of and access to available treatment resources in a low-income setting. The study employed a qualitative approach, which consisted of eight semi-structured interviews with parents and guardians of substance users from five different resource-constrained communities in the Western Cape, South Africa. Data were analysed by means of the interpretative phenomenological analysis technique, and all study processes were conducted in accordance with the ethics principals set out by the University of the Western Cape Biomedical Research Ethics Committee. Three major themes emerged from the analysis: experiences and perceptions of a parent with a child who uses substances; the role of resources in coping with a child who uses substances; and access to treatment: "just make it easy". Study findings highlight the multifaceted nature of parents' journey as they go through an amalgamation of events, processes, and feelings, and further show how resources, or the lack thereof, may facilitate or hinder coping, particularly in low-income contexts. These findings may aid in addressing structural barriers that prevent parents from accessing the necessary resources and ultimately, the formulation of support resources that are rich in quality and accessible to parents of substance users across various socio-economic contexts.

DECLARATION

I declare that *The subjective experiences of parents of adolescent substance users, their knowledge of and access to available treatment resources* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full name: Seneca Ance Louw Date: 6 December 2021

Signed: 

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CHAPTER 1

INTRODUCTION

1.1 Background and rationale

Despite the plethora of research on substance use, and the employment of awareness campaigns on substance use, the phenomenon seems to be increasing, particularly among adolescents (Birhanu et al., 2014; Charles, 2018; Dada et al., 2021). Statistics indicate that during the period for July - December 2019, 9806 individuals were admitted across 86 drug treatment facilities in South Africa, whereas for the period of January – June 2020, 7042 individuals were admitted across 85 facilities in South Africa (Dada et al., 2020; Dada et al., 2021).[1] During the January - June 2020 period, in the Western Cape alone, 1323 people were admitted across 31 rehabilitation facilities (Dada et al., 2021). Moreover, Dada et al. (2021) further found that 20% of patients in treatment across the Western Cape (January - June 2020) comprised of individuals aged between 10 and 19 years (5% in the 10-14 year category and 15% in the 15-19 year category). According to this report, besides the 30-34 year age category (which constitutes to 20% of the total substance use patients in treatment), the 10-19 year age group make up a significant percentage of substance use patients in treatment in the Western Cape (Dada et al., 2021).

These statistics, however, do not always serve as accurate indicators of the actual number of substance use cases. A representative from the South African Community Epidemiology Network on Drug Use [SACENDU] notes that there is a dearth in information on the prevalence

[1] Although there is seemingly a decrease in treatment facility admissions, it should be noted that these figures may be attributable to the COVID-19 pandemic and subsequent lockdown restrictions (Republic of South Africa, 2020). As a consequence, many individuals have been unable to access treatment facilities, ultimately influencing changes in patterns of substance use and reporting (Dada et al., 2021).

of substance use in South Africa, as existing figures only represent people who are currently being treated at rehabilitation facilities (Bhardwaj, 2016). In other words, substance use statistics are often solely based on the number of individuals reporting to treatment facilities and does not accurately reflect the total of actual cases of individuals who use substances, but do not report the problem, or those who simply do not have the resources to seek treatment (Bhardwaj, 2016; Isobell, 2013). This, in turn, creates a social challenge as substance use has dire consequences on the individual, the family and society as a whole (Daley, 2013; Setlalentoa et al., 2010; Watt et al., 2014). These consequences manifest in several ways, and places the burden on individuals' mental health, family structures, and the public health domain.

Substance use in adolescents is often associated with psychopathology and poor mental health states (Cupido, 2017; National Institute on Drug Abuse [NIDA], 2014). NIDA (2014) states that an adolescent who uses substances is more likely to have mental health complications such as anxiety, mood, behavioural or learning disorders. Similarly, Plüddemann et al. (2010) found significant associations between substance use and mental health concerns such as aggression and depression. Setlalentoa et al. (2010) states that often substances, with specific reference to alcohol, could result in stress and anxiety. Consequently, a vicious cycle of using the substance to "cure" feelings of depression and then feeling depressed once the substance is out of the system, ensues. Negative consequences of substance use extend further than only mental health concerns for the individual. It often includes risky sexual behaviour, the neglect of social responsibilities and criminal behaviour which may result in injury as well as loss of life (Olawole-Isaac et al., 2018). Substance use ultimately pose as a significant public health concern, from first affecting only the individual, to families, and then the greater community and society (Schulte & Hser, 2014).

Substance use further affects the social development of individuals and essentially creates a heavy burden on the shoulders of society (Daley, 2013). For instance, substance use is associated with Human Immunodeficiency Virus [HIV] transmission via intravenous drug use (for example, sharing needles to inject the substance), and engaging in risky sexual behaviour (Centers for Disease Control and Prevention [CDC], 2021; Daley, 2013). Individuals living with HIV in South Africa have more than doubled from approximately 3.81 million in 2002 to 7.76 million in 2020, accounting for 13.01% of the South African population being HIV positive (Statistics South Africa [StatsSA], 2020). Communities are plagued with crime as substance use is often associated with criminal behaviour, which include domestic violence, rape, breaking and entering and vehicle theft (Harker et al., 2008; Olawole-Isaac et al., 2018; Setlalentoa et al., 2010). In a study by Meade et al. (2015), methamphetamine users acknowledged that they engaged in illegal activities to maintain their substance habit and were part of the criminal justice system. Additionally, substance use influences unemployment as the individual cannot perform optimally and complete their tasks when under the influence of substances (Setlalentoa et al., 2010; Watt et al., 2014). Substance use consequently affects many issues that plague society, and communities, from developing and thriving.

Substance use not only affects the substance user and society, but the family members (and family dynamics) of the substance user (Hoeck & Van Hal, 2012; McCann & Lubman, 2018; Usher et al., 2007). The experiences of family members, or more specifically parents, have been explored by both national and international studies and produced similar themes which include: shame and embarrassment, guilt, marital discord, financial loss and parents missing work (Asante & Lentoor, 2017; Butler & Bauld, 2005; Wegner et al., 2014). These themes will be further explored in the literature review. Other impacts on family members include physical

effects such as anxiety and stress (for example, heart problems, nausea, or loss of appetite) when seeing the family member using substances or psychological effects such as feelings of depression, feelings of loss, and grief (Groenewald, 2016; Hoeck & Van Hal, 2012; Marimuthu, 2016).

Parents of substance users also make use of various strategies in order to cope and facilitate mobilisation. Some of the methods drawn on to cope and seek support include: general practitioners [GP] (a healthcare professional, specifically a doctor, who delivers treatment for common medical conditions, to people who live within a specific community (Cambridge Dictionary, n.d.)), the police force, self-preservation, and religion (Butler & Bauld, 2005; Hoeck & Van Hal, 2012; Kalam & Mthembu, 2018; Mathibela, 2017; Swartbooi, 2013). However, these coping strategies do not necessarily empower the parents to cope with the phenomenon in an effective and/or sufficient way (see Groenewald & Bhana, 2017). Hoel and Geirdal (2016) notes that the next of kin of substance users often face challenging circumstances with little to no means to cope with it. Ngcobo (2019) further emphasises the importance of including families in substance use intervention programmes in order to strengthen family support systems and relationships, as well as to have factual knowledge and information on substances. It is therefore necessary to find supportive resources for parents that are uplifting, especially in contexts where resources and access to treatment are low or completely restricted. Carelse (2018) states that coping is subject to what resources the individual have available, thus, if in a resource-constrained environment, the chances for effective coping are limited. Various barriers to treatment in low-income contexts have been noted, and often prohibits parents from acquiring the necessary help (Isobell, 2013; Myers et al., 2010). These barriers include geographical

barriers, financial barriers, language barriers and awareness barriers (Isobell, 2013; Myers et al., 2010).

In South Africa, it is important to bridge the barriers and historical, yet still prevalent, inequalities caused by the apartheid regime and its disadvantageous practices. These inequalities continue to include the inaccessibility to resources, often as a result of an individual's and family's socio-economic standing. Another area of constraint that hinders the access to resources such as support and treatment structures is the lack of knowledge of the existence and availability of such resources, as is noted by Wegner et al. (2014). Having the necessary information of what resources are available to cope with stressful factors already opens the door to potential support. As stated by Kalam and Mthembu (2018), being aware allows individuals to make use of a variety of mechanisms to seek help for not only themselves, but also the adolescent who uses substances. Thus, awareness should be seen as a vital enabling resource pool for individuals from disadvantaged communities (Groenewald, 2016; Myers et al., 2010; Orford et al., 2010). Furthermore, resources such as family therapy can be empowering and lead to more positive change through gaining a wider and accurate perspective surrounding their experiences, and also allows the family to become aware of how their well-being is being impacted by the problem (Center for Substance Abuse Treatment, 2004; Sadiq, 2019). This is emphasised by McCann and Lubman (2018), who state that effective coping strategies can promote affected family members' well-being and help them in providing better support for their substance-using relative.

1.2 Problem statement

In relation to context, the Western Cape is notorious for its problem with substance use and substance use-related criminal activities (Chetty, 2017). The ill of substance use is even more

present in lower socio-economic communities such as the Cape Flats (Chetty, 2017; Florence & Koch, 2011; Potberg & Chetty, 2017). Butler and Bauld (2005) states that families of substance users are often overlooked in planning and service delivery which could influence how parents navigate their way through the crisis. In addition, Kalam and Mthembu (2018) stresses the importance of having the appropriate resources to facilitate positive coping strategies.

One prominent case, which emphasises the importance of having adequate resources and healthy coping strategies, is the story of Ellen Pakkies. Pakkies became known, or some may believe achieved notoriety, after strangling her son who used substances to death. Pakkies has expressed that she often had to sleep with one eye open because of the unpredictability of her son's behaviour to get his next fix (De Klerk, 2019). She also stated that she attempted to seek assistance from police, rehabilitation centres, and social workers but to no avail (De Klerk, 2019). This frustration ultimately led to Pakkies killing her own son due to not being able to deal with the pressures accompanied by having a child who uses substances, along with not receiving the necessary support and resources. Awareness of contextual issues can thus assist in discovering various strategies to help individuals help themselves as well as the adolescent substance user (Kalam & Mthembu, 2018).

In order to develop effective strategies, access to a variety of evidence-based information is needed, as well as access to informal and formal support methods (McCann & Lubman, 2018). Limited access to treatment resources has consequences for the individual, the family, and the wider society. Therefore, the need for adequate and accessible resources for parents of adolescent substance users in low socio-economic communities should be stressed. This can be done by means of exploring their experiences, assessing what resources they have available, and what resources are needed in order to adopt sustainable coping strategies.

1.3 Aim

The aim of this study was to explore the subjective experiences of parents of adolescent substance users, their knowledge of, and access to available treatment resources in low-income communities. [2]

1.4 Objectives

The objectives of the study were:

1. To describe the subjective experiences of parents of adolescent substance users from a low-income context.
2. To determine the knowledge parents of adolescent substance users have on available resources, as well as access to treatment resources.

1.5 Outline of thesis

Chapter 1: Introduction. The introductory chapter provided the background, as well as rationale for the current research study, with the focus on the burden of adolescent substance use and the importance of effective coping strategies for parents or guardians of adolescent substance users. The chapter also outlined the research problem and stated the aim and objectives used to address the research problem.

Chapter 2: Literature review. The second chapter centres on literature pertinent to the research topic. Here, relevant literature is reviewed to contextualise the research problem by means of exploring literature related to substance use among adolescents in the Western Cape,

[2] Parents, as presented throughout the paper, may refer to the biological parents of the substance user, or individuals who fulfilled roles as guardians or parental figures to the substance user.

effects of substance use on adolescents and beyond, experiences of parents, and treatment resources for parents. This will allow the reader to comprehend the extent of adolescent substance use, and consequently the importance of exploring the experiences of parents/guardians of adolescent substance users in a low-income context. Furthermore, this chapter discusses the theoretical framework, the Conservation of Resources [COR] theory, which was used to frame this study.

Chapter 3: Method. This chapter outlines the methods that were employed in the study and how these processes were executed. More specifically, this chapter elaborates on the research design, participants and research context, data collection tools and procedures, data analysis, trustworthiness, reflexivity, and ethical considerations of the study. The chapter further provides some reflections on the methods embarked upon during the study and how my personal experiences, assumptions, and ideas were navigated throughout the study.

Chapter 4: Findings. The fourth chapter explores the findings that were yielded from the interview data through an interpretative phenomenological analysis. The results are then presented by means of superordinate- and subordinate themes that emerged from the data. The chapter further provides a summary of the phenomenon that was explored

Chapter 5: Discussion. The fifth chapter builds on the findings outlined in chapter 4 and contains a detailed discussion of these results based on the aim and objectives of the study. The chapter further situates the study and its implications in the broader context of being a parent to an adolescent substance user, and how it relates to previous studies and their findings.

Chapter 6: Conclusion. The final chapter summarises the themes and findings that emerged from the study and the broader implications of these findings. Furthermore, some limitations of the study are explored, as well as recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The following literature review will provide an overview of studies conducted in relation to the subjective experiences of parents of adolescent substance users (both national and international literature) and their knowledge of and access to treatment resources. In order to provide context of the substance use epidemic in the Western Cape and the importance of support systems for families (with specific focus on parents of adolescents), the literature review will broadly be divided into the following themes: substance use among adolescents in the Western Cape; effects of substance use on adolescents and beyond; experiences of parents; and treatment resources for parents. Furthermore, this section will discuss the theoretical framework that guided the study. To identify the importance of treatment and support resources for the parents of substance users, the study was embedded in the Conservation of Resources [COR] theory.

2.2 Substance use among adolescents in the Western Cape

In the Western Cape, various school-based studies have served as indicators of substance use among adolescents (Harker et al., 2008). Given the large number of individuals between the ages of 10-19 in treatment for substance use (see Dada et al., 2020; Dada et al., 2021), studies in relation to the use of substances among adolescents are often conducted within this age range (Florence & Koch, 2011; Hendricks et al., 2015; Morojele et al., 2013; Plüddemann et al., 2010). Plüddemann et al. (2010) examined the use of substances from "life-time use" (having ever tried a substance), to substance use in the past seven days among 12-17 year-old adolescents. In terms of "life-time use", methamphetamine was tried by almost 9% of the learners whereas 3% or less

experimented with mandrax (methaqualone), cocaine, heroin, or ecstasy, respectively (Plüddemann et al., 2010). Substances such as tobacco and alcohol were reported to be used by 25.4% and 7.1% of the learners, respectively, over the past seven days (Plüddemann et al., 2010). Similarly, a survey by Morojele et al. (2013) found that tobacco, alcohol and cannabis were the predominant substances used by Grade 8–10 learners in the Western Cape.

Carney et al. (2019) conducted a study with female school dropouts, recruited from eight different economically underserved communities in Cape Town, who use substances and engage in risky sexual behaviour. The mean age for participants were 19, and the study further indicated that 52% of the participants' education level was either Grade 9 or lower (Carney et al., 2019). Before intervention, methamphetamine was used by 46% of the participants, cannabis by 94% and mandrax by 27% of participants (Carney et al., 2019). Furthermore, a study conducted by Florence and Koch (2011) in the Cape Flats found that out of the 179 participants, 62 (35%) reported using substances. These participants were in Grade 10 and Grade 11, where 32% of Grade 10s reported using substances and 36% of Grade 11s reported using substances (Florence & Koch, 2011).

In addition, Peltzer and Phaswana-Mafuya (2018) in their secondary analysis of a national population-based study (with participants 15 years and older), found that the Western Cape had the highest number of any past 3-month drug use among the nine provinces.

Although the abovementioned studies differ in aim, all serve as indicators that emphasise the concerning prevalence of substance use among adolescents in the Western Cape. Moreover, considering the high prevalence of substance use among adolescents, it should be taken into account why so many adolescents choose to engage in substance use. The following section will thus outline the risk factors associated with adolescent substance use.

2.3 Risk factors for adolescent substance use

Although there are many risk factors associated with substance use for everyone, certain risk factors often come into play during adolescence, which could contribute to the 10–19 year age range constituting to the large number of patients in treatment. Some of these risk factors include, but are not limited to peer pressure, poverty and unemployment, and familial stressors. Studies have shown that peer influences often play an important role in the use of substances among adolescents (see Goliath & Pretorius, 2016; Hendricks, 2015). For instance, adolescents are often faced with peer pressure, as the most important reference group during that time are their peers (United Nations Office on Drugs and Crime, 2004; Van Zyl, 2013). Adolescents may want to maintain acceptance and status, rather than being rejected, and do so by engaging in illicit substance use (United Nations Office on Drugs and Crime, 2004). Hobkirk et al. (2016) found that the use of 'tik' (or crystal methamphetamine) in certain social circles were perceived as "trendy" and that it helped individuals to stay connected in their groups; this suggests tik-use may be motivated by pressures to conform to unhealthy societal standards. Hobkirk et al. (2016) further states that they found peers to be the most common factor to introduce participants to tik. This highlights the importance of considering and targeting the role of peer groups when developing interventions.

In addition, a lack of opportunities for education may further perpetuate the use of substances. Hendricks et al. (2015) found that a combined influence of both leisure boredom and peer pressure significantly predicted substance use among adolescents, with the focus on low-income contexts. Hobkirk et al. (2016) cited the lack of various opportunities such as education, employment and recreational activities as reasons for participants' use of substances. The

absence of recreational activities often leads to boredom and subsequently, experimenting with substances.

This is supported by Mudavanhu and Schenck (2014) who found that unemployment and boredom are huge contributors of substance use among youth, especially among those who dropped out of school. Participants also stated that substances are used as a means to forget about poverty and its consequences. Unemployment and poverty leads to feelings of hopelessness and little to no motivation for the future; individuals then turn to substance use to cope with these feelings of hopelessness (Mudavanhu & Schenk, 2014; United Nations Office on Drugs and Crime, 2018; Van Zyl, 2013).

Familial stressors have also been found to be a risk factor for substance use among adolescents. In cases where a disruptive and unsafe family structure (such as neglect, mental-, physical-, and/or sexual abuse) is present, it puts the individual at risk to initiate substance use as a way to cope with their circumstances (Hobkirk et al., 2016). The lack of a secure, stable family environment also puts the child at risk, as a breakdown in the family structure, with no guidance and support, could urge the child to turn to substances (Ngcobo, 2019). Consequently, there seems to be a cycle where such contextual issues serve as risk factors for substance use, however, the substance use in turn leads to the individual remaining in, and possibly recreating these at-risk environments. This emphasises the importance of adequate social and family support structures in the prevention, as well as treatment, of substance use among adolescents.

2.4 Effects of substance use on adolescents and beyond

Substance use has an impact on various areas of the individual's life, including the physical health of the user which may include seizures, heart diseases, cancer and strokes (Puljević &

Learmonth, 2014; South African Police Service, n.d), or the increased risk of diseases associated with risky sexual behaviour (Carney et al., 2019; CDC, 2021; Puljević & Learmonth, 2014). Poly-substance use has also become an increased area of concern. Poly-substance use refers to the use of multiple substances within a certain period (Conway et al., 2013). Harker et al. (2008) states that poly-substance use often occurs with 'tik'-users in order to come down from a "high". The use of substances additional to the primary substance of choice is a problem in itself as it increases the risk of harm (cardiovascular diseases, HIV, disability, or death) (Harker et al., 2008).

A national South African study using the Youth Risk Behaviour Survey further found that secondary school learners not only use substances, but also have access to alcohol, cannabis and various illegal substances on school grounds (Reddy et al., 2013). In communities plagued by gangsterism, learners are often used as a medium to peddle illicit substances on school premises as schools are viewed as accessible to reach their target audience - adolescents (Nqadini et al., 2008). In addition, Carney et al. (2013) explored the relationship between substance use and delinquency among adolescents in Cape Town and found that smoking cigarettes were often accompanied by delinquent behaviour. Carney et al. (2013) concluded that instead of stating that there are definitive causal relationships, substance use and delinquent behaviour can be seen as inter-related behaviours. This is emphasised by Potberg and Chetty (2017) who states that substance use disrupts the space of the classroom as levels of delinquency increases while the aspiration to achieve, decreases. Substance use among adolescents thus perpetuates impaired social functioning as well as poor educational outcomes (Volkow et al., 2014). This ultimately may have negative impacts on adolescents' psychological functioning.

Furthermore, Plüddemann et al. (2010) found that there are significant associations between methamphetamine use and some mental health dilemmas, such as depression, as well as aggressive behaviour. This may lead to learners being expelled from school, truancy or completely dropping out of the education system. Carney et al. (2019) notes that substance use is a contributing factor to the increase of school dropout rates in the Western Cape (Harker et al., 2008). A study conducted by Gubbels et al. (2019) further found that substance use has a significant effect on absenteeism, stressing the importance of interventions which enhances school attendance and prevents the use of substances. Dada et al. (2018) urges early intervention programmes which aims to prevent an increase in school dropout rates among youth, as well as more severe mental health dilemmas.

Moreover, noting the effects that substance use has on the adolescent's physical- and mental health, behaviour, school environment, and educational performance, the concerns associated with these harms extend beyond the individual. The change brought on by the substance use, ultimately causing a change in the adolescent's behaviour, also affects the well-being of family members. As stated by Setlalentoa et al. (2010), families are there to provide emotional, financial, and psychological protection and support. However, if a member in the family uses substances, that shelter becomes affected and tarnished (Setlalentoa et al., 2010). As will be expanded on in the subsequent section, various studies show how the effects of substances on the individual extends to the family, including: constant worrying due to the substance user's criminal behaviour, extended financial responsibilities, and the loss of parent-child relationships to name a few (Butler & Bauld, 2005; Dykes & Casker, 2021; Masombuka & Qalinge, 2020; Oreo & Ozgul, 2007). It is essential then, to consider the experiences of the family, and more specifically parents or guardians of adolescent substance users.

2.5 Experiences of parents with having an adolescent who uses substances

As noted before, substance use not only affects the substance user but also (and even more) places the burden on loved ones of the user (Dykes & Casker, 2021; Hoeck & Van Hal, 2012; Usher et al., 2007). The vast majority of adolescents fall under the legal responsibility of a parent or guardian thus, having an adolescent substance user under one's care can bring about a number of stressors. As suggested by Marimuthu (2016), this can include social consequences (isolation from other family members and friends), psychological consequences (having a negative outlook on life), emotional consequences (moods of depression, grief and loss) and physical consequences (health effects such as nausea, migraines and weak appetite). The following section will review the consequences that substance use has on the family.

2.5.1 Disruptions in the family system

Butler and Bauld (2005) report that some individuals become isolated from extended family members by not disclosing that they have a child who uses substances. Parents or caregivers feel ashamed, guilty and embarrassed, leading to isolation and the avoidance of other family members. Some may, however, disclose this information in order to "warn" family members in case the behaviour of the substance user has a direct an impact on them, for example stealing their possessions (Butler & Bauld, 2005).

Studies also found that marriages tend to suffer due to the pressure of deciding what to do with a family member using substances (for example, Asante & Lentoor, 2017; Dykes & Casker, 2021; Hoeck & Van Hal, 2012). Hoeck and Van Hal (2012) states that parents (mother and father) often disagreed on how to deal with the situation where the mother would remain protective of the substance user while the father would become distant. Asante and Lentoor (2017) states that disruptions in family relationships often occurred due to misunderstanding the

effects of the substance. Ultimately, conflicting views on the substance contributes to the difficulty of deciding what method of management is most appropriate for the substance user's addiction (Asante & Lentoor, 2017).

2.5.2 Financial drain

Having an adolescent child who uses substances also bring about a financial burden on the family. Groenewald (2016) found that mothers' narratives often included the financial impact of the substance user's behaviour. Various studies have recorded the financial burden placed on families, which often include the costs of rehabilitation facilities (as well as traveling to and from these facilities), the theft and stealing behaviour displayed by the substance user, and having to take over the responsibilities of the substance user (Dykes & Casker, 2021; Groenewald, 2016; Swartbooi, 2013).

This was reiterated by Asante and Lentoor (2017), where caregivers stressed the financial burden of their substance user children's behaviour by stealing as well as loss of employment due to these behaviours. Their income was often spent on buying substances to satisfy the dependence (Asante & Lentoor, 2017). Swartbooi (2013) found that the substance user would steal from their parents and take things such as household and personal items (including computers, pots, and jewellery) in order to sustain their addiction habits. In some cases, the substance user would not steal from their home or parents, but rather pawn their own belongings (such as cell phones and clothing) or they would manipulate their parents to provide them with money (Swartbooi, 2013). A mother in Marimuthu's (2016) study noted that she felt fearful, she constantly had to make sure whether items (including a DVD player, microwave, and cell phone) were still within the home and often, it was not.

In addition to the burdens described above, Wegner et al. (2014) found that mothers' job performance was often negatively affected by being sleep deprived due to stress and not being able to function optimally. This is similar to a study by Kalam and Mthembu (2018), who found that the work conditions of the parents were affected by the child's use of substances. Parents often have to bail their children out of trouble, which results in financial loss (Kalam & Mthembu, 2018; Wegner et al., 2014). Mathibela (2017) found that parents often missed work regularly due to being contacted by the police or school regarding their children's problematic behaviour. The potential for financial instability is therefore an additional impediment in coping with the substance use problem. The adolescent who uses substances can therefore be considered a threat to the parents' occupations and ultimately, their incomes (Kalam & Mthembu, 2018; Mathibela, 2017; Wegner et al., 2014).

2.5.3 Access to support structures

Although few studies speak directly to the resources used to cope with the problem (Butler & Bauld, 2005; Hoeck & Van Hal, 2012; Swartbooi, 2013; Usher et al., 2007), these studies address various structures parents attempt to use in order to facilitate mobilisation. These attempts often emerge through themes identified within the various studies. Butler and Bauld (2005) found that general practitioners [GP's] were seen as accessible and trusted resources however, they were often ill-equipped regarding knowledge of (and the ways in which) families affected by substance use, and awareness of appropriate referral channels. Similar results were found where parents felt that GPs were not adequately informed regarding substances, ultimately underestimating the problem and its effects on the family (Hoeck & Van Hal, 2012; Swartbooi, 2013).

Moreover, some parents went as far as engaging with the police in an attempt to get their adolescent to change their substance use behaviour (Usher et al., 2007). However, when looking at the relationship between substance use and police enforcement on the Cape Flats, a narrative study conducted by Chetty (2017) found that police often receive bribes, especially when it comes to gangster-controlled territory regarding the illicit substance market. This limits the assistance that can be sought from the police force by the community and parents.

In addition to seeking support from services such as the GP and the police, some parents turn to a higher power, and use their faith as a means of coping. Mathibela (2017) found that prayer and going to church were used as coping strategies and states that prayer gives hope and spiritual healing in the form of support. This was supported by Dykes and Casker (2021),Wegner et al. (2014) and Kalam and Mthembu (2018) who found that prayer is used to gain strength and help to deal with family difficulties.

Studies also found that parents reach a point of self-preservation where they distance themselves from the substance user (Usher et al., 2007). Swartbooi (2013) found similar results where parents have reached their peak with the problem and resorts to putting the substance user (the child) out of their home. This is often as a result of too many emotional and financial challenges that accompany having a child that uses substances (Swartbooi, 2013). It is therefore necessary to find supportive resources for parents that are trustworthy and empowering, especially in contexts where resources and access to treatment are limited.

2.6 Treatment resources for parents

2.6.1 Importance of treatment

As previously noted, parents go through various experiences (social, physical, emotional, financial) when having a child who uses substances (Asante & Lentoor, 2017; Groenewald, 2016; Marimuthu, 2016; Swartbooi, 2013) and there is often a difficulty in accessing adequate resources to mobilise these parents (Butler & Bauld, 2005; Groenewald, 2016). Consequently, there is a need for intervention programmes or support resources to assist parents in dealing with these life events in a non-maladaptive manner and even more so in a low-income context. Individuals living in low-income contexts are often already faced with hardships such as working low-paying jobs, having precarious employment, being unemployed or living in overcrowded households (Florence & Koch, 2011; Swartbooi, 2013), making healthy coping even more challenging. As stated by Groenewald (2016), in order to assist in developing effective coping strategies for parents of substance users, it is necessary for the experiences of these parents to be explored.

In addition, it should also be noted that despite the existence of various substance use programmes and initiatives (see Western Cape Government, 2022), these programmes are often unsuccessful due to a lack of appropriate training in the substance use field (for example, ineffective training for teachers or social workers), inefficient development and evaluation of programmes, insufficient funding and resources, inappropriate adaptation of programmes to the local context, and a scarcity in prevention programmes that focus on including the family and strengthening family relationships (Cupido, 2017; Ngcobo, 2019; Protogerou et al., 2012). Swartbooi (2013) states that a collaborative approach, by involving the family and community, should be taken when it comes to the treatment process. Parents often feel ashamed and

embarrassed because of the predicament they are in which causes isolation from extended family members (Asante & Lentoor, 2017; Butler & Bauld, 2005; Carney et al., 2020; Hoeck & Van Hal, 2012; Marimuthu, 2016). This is often caused by the stigma attached to substance use (Swartbooi, 2013) which may delay the seeking of assistance. Furthermore, Rockhill et al. (2008) states that family therapy can assist in de-stigmatising attitudes toward substance use. In doing so, support can be generated for the parents in the treatment process (Rockhill et al., 2008).

The aforementioned points emphasise not only the importance of treatment, but also the importance of knowledge and access to treatment for the individual and family. An access to treatment study was conducted by Myers et al. (2010) to address inequitable access for individuals from low socio-economic, disadvantaged communities where distribution of services are often unequal. The study found that these inequalities frequently create barriers regarding access to treatment. Some of these barriers include *geographic barriers* (distance to treatment facility from home, and access to affordable transport) and *financial barriers* (competing financial needs and affordability of treatment facilities) (Myers et al., 2010). Isobell (2013) found similar results and further identifies barriers such as *cultural and language barriers* (for example, not having service providers that cater to the multi-cultural and multi-lingual aspect of South African individuals which essentially reduces efficacy of treatment) and *awareness barriers* (not having the necessary knowledge of treatment reduces the chances of accessing treatment facilities) to name a few. Awareness barriers, or rather a lack of information or knowledge about treatment resources which hinders access to treatment facilities, have been noted by various studies (Myers et al., 2010; Myers, 2013; Rockhill et al., 2008). Groenewald (2016) states that parents should not only have easy access to support services, but they should also be aware of these services and how it can improve their well-being. Ultimately, due to

various barriers, access to treatment presents as a challenge itself (Isobell, 2013; Myers et al., 2010).

In summary, the literature shows that parents experience distress and hardship when having an adolescent who uses substances. The literature also emphasises the importance of treatment and identifies that there are often certain barriers that hamper the access to treatment. Moreover, these stressful encounters are further perpetuated by not having adequate knowledge and efficient resource pools. The few studies that have explored some parents' experiences in this literature review were found in grey literature such as theses. The studies also tend to focus on the experiences of the parents which highlights the hardships they face, as well as maladaptive coping strategies. However, it does not place emphasis on the mechanisms behind these maladaptive coping strategies (that are often due to restricted resources when living in a low-income context) and the role resources and knowledge play when seeking assistance to deal with the predicament. Therefore, in addition to exploring the subjective lived experiences of parents, this study further explored parents' knowledge of and access to treatment resources, and the role of socio-economic-standing in coping effectively (or ineffectively) with being a parent of an adolescent substance user.

2.7 Theoretical framework: Conservation of resources theory

Previous studies (for example, Dykes & Casker, 2021; Groenewald, 2016; Kalam & Mthembu, 2018; Mathibela, 2017; Swartbooi, 2013) which have explored the experiences of parents of substance users are embedded in theories such as Ecological systems theory, Family systems theory and the Stress-Strain-Coping-Support [SSCS] model. For the current study, however, instead of placing the focus on the dynamics of the relationship between the parent and the adolescent substance user, the focus was centred on *how* the experiences of these parents can

inform coping strategies through the knowledge and accessibility of treatment resources in low-income contexts, and ultimately how the challenges presented in resource-constrained environments influence the experiences of these parents. This study was therefore guided by the Conservation of Resources [COR] theory.

The basic tenets of COR theory proposes that individuals attempt to obtain, preserve, nurture, and protect resources (for example, conditions, objects, or personal characteristics) either as a means to an end, or due to the intrinsic value of the resources themselves (such as the necessity of the resource for survival) (Hobfoll, 2001). Holmgreen et al. (2017) also notes that resources are identified by its internal or external locus relative to the person, for example, internal resources within the individual, such as self-efficacy, in order to provide motivation to find and preserve external resources, such as secure employment.

The COR theory further recognises that in contexts where resources are threatened or depleted, circumstances are objectively stressful and that resources influence the process of developing or preserving the survival, or well-being of an individual (Holmgreen et al., 2017; Prapanjaroensin et al., 2017). Ultimately, the COR theory is not concerned with factors that cause stress but rather resources that preserve the welfare of an individual in the wake of stressful life events (for example, having sufficient funds, accessing professional emotional support and guidance on how to deal with a difficult life event, or efficient access to other resources). Stress thus occurs when resources are threatened or exhausted (Holmgreen et al., 2017; Krohne, 2002; Walt et al., 2012).

The COR theory is imbedded in the following core principles (Bardoel & Drago, 2021; Holmgreen et al., 2017): 1) Resource loss will disproportionately have a greater psychological effect than resource gain, meaning that resource loss has a greater impact on levels of distress

that an individual experiences than the impact of resource gain on lowering levels of distress, and 2) individuals have to invest in resources to prevent resource loss and promote resource gain, thus, in order to protect against resource loss or to recover from resource loss, and individual is required to invest in resources to gain further resources.

Holmgreen et al. (2017) notes that being vulnerable to a lack of resources and experiencing difficulty to access these resources further lead to loss in stressful circumstances. Consequently, those who have more resources have less exposure to psychological distress in the wake of a stressful life event. Furthermore, when experiencing resource loss, a lack of resources could lead to what is known as loss spirals, which occurs when there is lack of resources to combat any further loss of resources (Hobfoll, 2001). Resource loss also negatively impacts individuals or communities who already lack in resources (Hobfoll et al., n.d.), evident in the accounts of parents in low-income settings (such as, having a lack of information resources or financial resources, consequently not being able to access treatment resources to cope with being a parent of a substance user). The COR theory's principle of resource gain, which counteracts resource loss, essentially proposes that having sufficient resources allows an individual to gain, or replace resources, by employing other resources available to them (Hobfoll et al., n.d) – for example, having a strong social support structure which assists in gaining access to other resources to deal with a stressful life event.

Individuals in low-income settings often experience challenges with gaining access to resources or effective service delivery in stressful life events, and face existing disparities within these marginalised environments (for example, poor municipal services, lack of access to efficient health care, and unemployment). Being the parent of a child who uses substances, as articulated in the literature review and study findings, is a stressful event that requires various

resources in order to cope with such an occurrence. Being a parent to a child who uses substances within a resource-constrained environment, threatened by further resource loss, may cause higher distress as suggested by the principles of the COR theory. This stressful life event is thus further perpetuated by not having an adequate resource pool to cope with the stressors that accompany the phenomenon of being a parent to a substance user.

Furthermore, as articulated earlier in this section, some studies explore the experiences of parents of substance users through theories such as Ecological systems theory, Family systems theory and the SSCS model, respectively. The employment of these theories was ultimately used to explain parents' experiences from various angles such as: how adolescent substance use affect family structures and dynamics (for example, parent-child relationships or the wider family), parents' everyday lives and well-being in relation to their environment or community, coping strategies used to mitigate significant distress during this time, or the support parents received in these circumstances. As these studies (Dykes & Casker, 2021; Groenewald, 2016; Kalam & Mthembu, 2018; Mathibela, 2017; Swartbooi, 2013) have already documented parents' experience in detail, the current study aims to expand on these findings by exploring parents' experience through a socio-economic lens and how these experiences are influenced in economically challenged settings. Ultimately, this study was not interested solely in the experiences of parents of substance users, but rather their experiences in a low-income setting and their knowledge of, and access to resources in already resource-constrained environments. The COR theory was consequently deemed the best suited theoretical framework for the study.

2.8 Conclusion

This chapter outlined pertinent literature on the research topic and contextualised the phenomenon under study: being a parent/guardian to a child who uses substances in a resource-

constrained context, and the importance of having adequate resources and access to treatment resources to facilitate coping in such contexts. It also focused on the theoretical framework that will be used to guide and explain the phenomenon under study, as experienced by parents themselves.

CHAPTER 3

METHOD

3.1 Introduction

The following chapter will provide a detailed account of the methodological execution of the study in order to address the research question. The study employed a phenomenological research design. The third chapter will consequently outline how the study was conducted in accordance with guidelines set out by this research design in terms of participants, sampling and research context, data collection tools and procedure, data analysis, trustworthiness, reflexivity (as emphasised in an interpretative phenomenological approach), and the ethical considerations that were adhered to during the conduction of the study.

3.2 Research design

In order to address the research question and the overall aim of the study, a qualitative research approach was implemented. A qualitative approach allows the researcher to explore and construct a holistic narrative regarding a certain cultural or social phenomenon (Astalin, 2013), and attempts to reach an in-depth comprehension of personal perspectives (Gelo et al., 2008). This approach permits the researcher to study certain phenomena in detail and, as the aim is not to generalise findings but rather to gain a better understanding of the experiences of parents of adolescent substance users, their knowledge of and access to treatment resources, it was thought to be the best suited approach.

More specifically, the research question was addressed using a phenomenological research design. The phenomenological research design is interested in the rich, detailed descriptions of the lived experiences of individuals about a phenomenon, as described by the

participants, and to ultimately shed light on the very meaning of those lived experiences (Creswell, 2014; Eddles-Hirsch, 2015; Wertz, 2015). It eventually seeks the essence of a phenomenon by encapsulating the *what,* as well as the *how* of human experience (Neubauer et al., 2019). The current study was interested in the subjective experiences of being a parent to an adolescent substance user, their knowledge of available resources, as well as the access they have to treatment resources. The methodological approach and research design is thus well aligned with the aim and objectives of the study.

3.3 Participants, sampling and research context

Being mindful of the severe acute respiratory syndrome Coronavirus 2 or SARS-CoV-2 pandemic [COVID-19] and the lockdown restrictions implemented by the South African government (see Republic of South Africa, 2020), therefore limiting face-to-face interaction, it was important to ensure that participants were still safely recruited and accessed accordingly, whilst making sure that all procedures were in line with the aim and objectives of the study.

Attempts were made to access and recruit suitable participants from various platforms, including non-governmental organisations [NGO] dealing with substance use treatment and rehabilitation centres. Several attempts, such as physical consultations, emails, telephone calls and messages were made to liaise with these rehabilitation centres and NGOs, but ultimately yielded no results. This was due to reasons such as parents not being able to visit rehabilitation centres, rehabilitation centres not having the age group the study was focused on (this was a quite significant challenge and a large reason for the delay of participants), or rehabilitation centres not responding with interest in participation from parents. In addition, a participant flyer was designed and sent to various rehabilitation centres, community WhatsApp groups, friends and family members, and posters in public spaces such as libraries and NGOs – any platform that

possibly housed the appropriate candidates in an attempt to reach the parents of adolescent patients.

As the objectives primarily dealt with parents or guardians of substance users and their experiences, the inclusion criteria for participants were as follow: they should either be a parent or guardian of an adolescent (aged 12–19) who uses any type of substance that causes distress and disruption in their lives and was receiving treatment at a rehabilitation facility at the time.[3] Due to the limitations presented by this criterion, as mentioned above, and the difficulty of finding participants, the decision was made to include parents or guardians whose children started using substances during the stipulated adolescent time period (even if they are currently past that age period) and received treatment (as to explore the knowledge of and access to treatment resources). It was consequently more reflective in nature and all parents still provided valuable insights into having an adolescent that uses substances. The majority of the parents' journey with having a child who uses substances also extended far beyond their adolescent years. This will be discussed in more detail elsewhere.

Purposive sampling was utilised and took place as follows: 1) The necessary parties were approached with permission from rehabilitation centres in order to gain access to participants, 2) Participant flyers were sent to various rehabilitation centres, community WhatsApp groups, friends and family members, and posters in public spaces such as libraries or NGOs – platforms that possibly housed the appropriate candidates, and 3) Once permission was granted and

[3] Given the large number of individuals between the ages 15-19 in treatment for substance use (Dada et al., 2020; Dada et al., 2021) and as various studies (Carney et al., 2019; Florence & Koch, 2011; Hendricks et al., 2015; Plüddemann et al., 2010) were conducted within this age group (some studies look at ages 12-17 whereas others look at ages 15-19), this was seen as the most appropriate age group.

participants showed interest in the study, a process ensued in which socialisation, preparation for participation and inclusion on a voluntary basis were arranged with participants. This was primarily done via the WhatsApp platform and email (mostly as a result of national lockdown) followed by an introductory call to interested participants where aspects of the research study were explained, and interest was confirmed. In addition to purposive sampling, snowball sampling was also employed as not many participants were reached through purposive sampling. Participants were thus able to refer more interested individuals, who were in similar situations, to partake in the study.

Creswell and Creswell (2018) note that there are a variety of perspectives on how small or how large a qualitative sample should be, and that the sample size often depends on the qualitative research design being employed. In their review of qualitative research studies, Creswell and Creswell (2018) recommends a sample size between 3 – 10 participants depending on the purposes of the research (also see Groenewald, 2004; Moser & Korstjens, 2018). After successful recruitment attempts, the study sample ultimately consisted of eight participants. This was deemed sufficient as each interview provided in-depth, detailed accounts of the experience, and no significant or new information emerged by the time the eighth participant was interviewed. At this point, saturation was reached. Participant demographics are presented in Table 3.1.

Table 3.1
Participant demographics

Participant	Home language	Parent / Guardian	Sex	Marital Status	Age of onset of substance use	Substance user age (Status of use at the time of interview)
SH	Afrikaans	Parent	F	Married	13-14	35 (Actively using)
SL	English	Parent	F	Married	13-15	30 (Recovery phase)
RA	Afrikaans	Parent	F	Married	12-13	28 (Actively using)
MJ	Afrikaans	Guardian	M	Married	10-11	In 30s (Actively using)
KA	Afrikaans	Parent	F	Married	12	35 (Recovered)
VB	English	Parent	F	Married	17	23 (Recovery phase)
CJ	English	Parent	F	Divorced	Late teens	26 (Recovery phase) 28 (Recovery phase)
KB	Afrikaans	Parent	F	Divorced /Separated (Two marriages)	16	37 (Recovered)

As indicated in Table 3.1, the study sample consisted of eight participants. The majority of participants were parents (specifically mothers), whereas only one guardian (male) participated in the study. All participants' children started using substances during their adolescent years, however, all children were adults at the time of their parent/guardian's participation in this research.

Moreover, the research context of the study focused on communities indexed as 'low-income' within the Western Cape and participants were drawn from five resource-restricted communities (Athlone, Belhar, Bellville South, Eerste River, and Strand).[4] Low-income

[4] Notwithstanding the financial struggles and hardships they faced during their journey, it should be noted that two participants were considered middle class. Their middle class background may have afforded them with additional resources to cope with the situation, for example seeking early intervention. It is therefore important to be cognisant of the role socio-economic standing may play in the journeys of parents of substance users. Furthermore, the inclusion and exploration of the experiences of these participants are supported by one of the principles of the COR theory that suggests that having sufficient resources enables an individual to gain, or replace resources, by drawing on other resources available to them (Hobfoll, 2001), therefore warranting their experiences as important for the study.

communities are often plagued by high levels of crime, gangsterism, poverty and substance use, especially among adolescents, and high incidences of intentional and unintentional injuries (Florence & Koch, 2011; Van Niekerk & Ismail, 2013). These communities are further marginalised due to its high levels of unemployment, substandard infrastructure, and poor service delivery (Hendricks et al., 2015). Low-income contexts enabled the exploration of the mechanisms indicated in terms of resources, which affect the knowledge of as well as access to treatment facilities as a means of dealing with the stressor of having an adolescent who uses substances. Based on the COR theory, this particular cohort experience a higher level of challenges (as evidenced by their accounts), when confronted by phenomena such as substance use.

3.4 Data collection tools and procedure

Data was collected via semi-structured interviews and were held with participants once permission from all necessary committees and parties were granted. Core features of semi-structured interviews include: an interactional exchange of dialogue between the researcher and participant; a topic-centred and thematic approach where the researcher has certain areas they wish to cover using a flexible and fluid structure; and lastly, a view of knowledge as contextual where the researcher has to ensure that relevant contexts are addressed so that situated knowledge can be generated (Edwards & Holland, 2013). This was also appropriate for the nature of the study as it allows questions to be structured in a way where participants are able to flexibly address their experiences without being constraint to questions that demand a certain answer (see Appendix A and Appendix B). Questions were bound within the context of being a parent or guardian to an adolescent substance user but allowed participants to express their experiences on their own terms.

Due to the national lockdown and the restrictions put in place to stop the spread of the Coronavirus, interviews were conducted both online and face-to-face. Face-to-face interviews only occurred in cases where restrictions allowed it, when participants felt comfortable, and all safety protocols were in place. Various aspects regarding online mediums had to be taken into account, for example: security of information, availability and access to technology and high data costs. As restrictions were being lifted, only three interviews were conducted via the Zoom platform and despite connection issues in some cases, the online sessions still resulted in insightful and comprehensive interviews.

Prior to conducting the interviews with participants, an information briefing session took place where the information sheet and potential benefits of the study were discussed in detail. Here, participants were provided with a space to ask questions or address any concerns regarding participation. Participants who agreed to partake in the study were also provided with an information sheet (see Appendix C and Appendix D) and asked to sign a consent form (see Appendix E and Appendix F). These documents were sent via email or WhatsApp, whichever was most convenient for the participant (this was also done at least a day before the interview to allow the participant to be familiar with the process). The interviews were recorded using a laptop and cell phone recording devices and lasted between 35 and 115 minutes. The interviews were conducted in the language of choice for the participant, which in this case was either English or Afrikaans. The interviews were transcribed verbatim and translated where necessary. I am fully bilingual in both languages; being able to read and write in both English and Afrikaans thus assisted in meanings not being lost in the translation of the interview transcripts.

3.5 Data analysis

Data gathered from the transcriptions were analysed by means of Interpretative Phenomenological Analysis [IPA] and through the use of the "traditional method of pen and paper" (Pietkiewicz & Smith, 2014, p. 13). According to Smith and Osborn (2007), the aim of IPA is to explore how individuals make sense of their own world and in turn, how the researcher makes sense of the individuals' own account of experiences. The goal is to capture the meanings and experiences of participants through ongoing engagement with the transcripts and interpretation process (Smith & Osborn, 2007). The employment of IPA in research attempts to answer questions such as 1) how has a phenomenon been understood by an individual, and 2) what does this phenomenon mean to the individual in this context (Larkin et al., 2006)? In addition, IPA is compatible with, and further speaks to the research design of the study, which has been outlined earlier in Chapter 3. This analysis technique was therefore identified as the most appropriate analysis technique for the study, as the researcher was interested in the experiences of parents of substance users from the viewpoint of the parents themselves and how they make sense of these occurrences.

The following steps for IPA were followed as suggested by literature (Pietkiewicz & Smith, 2014; Smith & Osborn, 2007). The first step states that after transcribing the interviews, the transcripts should be read repeatedly in order to immerse myself in the data and notes should be made regarding the interview process, the content of the interview (such as specific phrases), or any comments that may be of potential significance. I transcribed, translated and analysed all interview transcripts myself, which allowed me to familiarise myself with the data and the individual experiences of each participant.

Notes were made throughout different phases of the process (including: prior to and after the interview, while (re)-listening to audio recordings, during transcription, and during analysis of the transcripts). These processes allowed me to become familiar with the participants' emotions and experiences and assisted me to identify possible themes and patterns which could be explored with future participants, as well as to ascertain points that may require me to follow-up with previous participants if necessary. It ultimately provided me with some idea of the depth and breadth of the data. I also made use of a more manual, traditional "pen-and-paper" approach (as opposed to a digital software package). Transcripts were analysed by reading and making notes in the margin of the document as well as making additional notes in the form of a mind-map to connect various thoughts.

The second step requires the researcher to transform the initial notes into emerging themes which may include more psychological concepts (Pietkiewicz & Smith, 2014). Using the detailed notes outlined in the previous paragraph, I then transformed the gathered data into developing themes by highlighting possible patterns that emerge from the text and seemed relevant to address the research aim and objectives. The last step included perusing for connections among emerging themes, clustering these themes together and providing the clusters with descriptive labels. A table of superordinate themes were then created along with subordinate themes and identifiers, such as quotes from the transcripts, to illustrate these themes (the final set of themes can be seen in Table 4.1). The analysis would then conclude with writing a narrative account that essentially informs the reader of the essence of what participants experienced and how they experienced a phenomenon (Alase, 2017; Pietkiewicz & Smith, 2014).

This technique allowed me to immerse myself in the experiences of participants, through the interview data, and allowed for interpretation of the phenomenon to take place via both the

participant and myself as the researcher. The following chapters will discuss the findings that emerged from the data by providing details surrounding the themes that were found and quotes from the data, as well as pertinent literature to support these findings.

3.6 Trustworthiness

The study was guided by the criteria of trustworthiness: credibility, dependability, confirmability, and transferability (Guba, 1981; Guba & Lincoln, 1981). Credibility refers to the degree to which data and the analysis thereof is true (Korstjens & Moser, 2018), and ultimately whether the analysis accurately reflects the lived experiences shared by participants. This was established through familiarising myself and engaging with literature related to substance use and experiences of families and caregivers of substance users, regular engagement with peers (for example engaging with a fellow student in relation to the use of phenomenological approaches and quality control of transcriptions and translations), and supervision (having debriefing sessions and discussions after participant interviews with my supervisor).

Dependability refers to the stability and consistency of findings over time (Korstjens & Moser, 2018). Essentially, if the study was to be repeated by another research endeavour, would similar findings and conclusions emerge? Dependability was ensured by creating an audit trail where processes such as the methodology were recorded in fine detail (for example the requirements of a phenomenological method, sampling, data collection processes, field notes on the interviews, as well as analysis processes) in order to assess the degree to which appropriate practices have been employed, and to ensure the dependability of findings. This was also achieved through reading studies that employed a similar research design and analysis technique (for example, Goodall, 2014; Groenewald, 2016; Moodley, 2009; Swartbooi, 2013), as well as making detailed notes throughout the entire process (including noting initial thoughts before and

after the interview, and while listening recordings before analysis and identification of themes across transcripts).

Confirmability refers to the extent to which the findings of the study can be affirmed by other researchers (Korstjens & Moser, 2018). For the current study, this was done through debriefing sessions with my supervisor after every interview. In addition, I also made and kept multiple reflective notes as it was important to be aware of my biases and preconceived ideas prior to the interviews and throughout the analysis process. In an attempt to manage this, I noted down all thoughts and feelings throughout the process, especially between interviews as one needs to be cautious to seek the same information that emerged in a previous interview. It was important for each participant to express their unique experiences independently and have commonalities and differences emerge naturally.

Lastly, transferability refers to the ability of the findings to be transferred to another setting or similar contexts (Korstjens & Moser, 2018). This was ensured through a process of providing data that is detailed, thick and rich in description of the context being researched, as well as purposively sampling a group that is representative of that sought in the objectives of the study (parents of adolescent substance users who had experiences with knowledge of and access to treatment resources). These descriptions can be found in earlier sections of this chapter.

3.7 Reflexivity

In an interpretative phenomenological research design, researchers are required to be aware of how their assumptions and presuppositions can affect the research process and in doing so, the comprehension of the phenomenon under study can be broadened (Hein & Austin, 2001). The process of reflexivity consequently allowed me to become aware of my own assumptions,

beliefs, and preconceived ideas about the phenomenon. I am a middle class, coloured female who grew up in a guarded environment where I have not experienced some of the hardships faced by many participants in the study.[5] It was therefore important to remain cognisant that I could not speak to the experiences that are faced by parents, and that the assumptions I had stemmed from what I have heard or read in the literature.

Before any academic interest was shown in the research topic, the matter of substance use was not a foreign concept to me (given its prevalence in the Western Cape region). I recognised that the focus is often placed on the substance user - rarely on the family members or parents. This ultimately informed my choice to further explore the experiences of parents beyond what I have come to know through personal accounts. Due to the multifaceted nature of substance use, it was necessary to comprehend the extent of substance use not only for the population group (parents), but also the implication substance use has on the user themselves and wider society. After conceptualising the study during my first year of Masters, and after spending time to process and structure what has been done with this topic, I was surprised at the limited amount of South African research that has been conducted with parents as substance use is rife and interlinked with various challenges of South African (low-income) communities. Studies that were conducted also seemingly highlighted, perhaps "confirmed", what I have already known, yet parents *still* face these struggles with little to no improvement in service delivery for this group.

[5] The term 'coloured' refers to a racial classification category that specifically refers to individuals of mixed heritage and was actively used under the apartheid regime. Although the term is still socially recognised, its use in this paper is solely for research purposes.

Moreover, the practical execution of the study proved to be quite challenging due to various reasons, including: language barriers, the inability to access parents of the appropriate age group, little interest from potential participants accessed through rehabilitation centres, and the COVID-19 pandemic. After many failed attempts and consultations with my supervisor, a decision was made to amend my inclusion criteria, which to my relief, increased interest in participation in the study and interviews were able to commence.

Prior to each interview, I wrote a brief demographic description of the participant and my personal thoughts on the process. Through these descriptions, I was able to see how my own thoughts and comfort evolved from the first interview to the last. One participant also expressed that they would prefer to do a joint interview with their spouse, which required me to read up on the process and how that would fit into the objectives of my own study – what would the implications be and how would that affect the way the participant would respond to questions? After much deliberation, a decision was made to go ahead with the joint interview, however, the participant later decided to do it individually. I was still able to gain valuable knowledge on the process and how joint interviews could influence how subjective experiences are explored.

Ultimately, each interview provided new insights and consequently informed the structure of the questions in the remaining interviews. Participants responded quite naturally to the interview questions, which allowed their narratives to unfold automatically. I had to avoid asking leading questions based on what I have read or heard to ensure that participants' narratives flowed organically. Some participants provided a glimpse into their personal lives prior to, or after the interview by sharing who they are, what they do, and the struggles they have faced in addition to their children's substance use. I appreciated participants' openness and willingness to share parts of their lives, beyond what was required for the interview. It was

important that participants felt that they were in a safe and trusting space to share their experiences. Having conversations with participants prior to, and after the official interview facilitated the creation of this safe space.

The reiterative process of interpretative phenomenological analysis [IPA] (for example, the listening and re-listening of audio recordings, typing, translating, reading and re-reading of transcripts) provided me with more depth to the interview, and an alternative appreciation to what participants shared with me. I, however, did not realise how taxing and time-consuming the technical aspect of the IPA process would be and constantly battled between highlighting the shared experiences and not having each participant's individual experience drown in the corpus of data during the write-up phase. It was important for me to still give voice to the individual's experience, considering the nature and depth of what was shared by each parent – everything felt important.

I also noticed that after the interviews, many parents thanked me for providing a space where they could talk and release some of their worries. Along with what was shared in the interviews, the appreciation of space was a testimony that parents do not necessarily have the appropriate tools to cope with the emotional load that accompanies this phenomenon. Providing this space felt rewarding, and emphasised the need for studies such as these. It is my hope that with this study, I was able to present parents' experiences in a respectful way. Although it may not necessarily change the world, I hope that it will make a small change to the existing structural injustices that perpetuate the struggles that parents, especially in low-income contexts, face.

3.8 Ethics considerations

This study was conducted in accordance with all ethics guidelines and principals set out by the University of the Western Cape. Ethics clearance was sought from the Community Health Science Faculty Higher Degrees Committee and the Biomedical Research Ethics Committee (Appendix G). All amendments to the original research proposal, as well as the COVID-19 protocols that were to be followed, were submitted to the relevant ethics committees, and approved. In addition, institutional permission was sought from the relevant substance rehabilitation facilities.

Informed consent were obtained by participants (Appendix E and Appendix F) as the study was explained to them verbally (in a language that they understand), and through the distribution of an information letter prior to the interview (Appendix C and Appendix D). Anonymity was ensured by replacing the participants' name with a pseudonym on all collected data and transcripts. The researcher alone was able to link the interview to the participant's identity and the pseudonym or label assigned to the participant. In addition, only the researcher had access to the identification key.

Confidentiality was ensured by storing the audio-recorded files in a secure place where only the researcher had access to. In addition, transcriptions were kept on a password-protected computer, which will be deleted five years after the completion of the study. No individual was coerced, and it was explained to participants that no one would be unfairly treated if they chose not to participate or terminated their participation at any point. Participants were also briefed that if any distress was experienced as a result of their participation in the study, debriefing and professional resources would be arranged or made available for their access on request. These resources included the University's free counselling offered by student psychologists (under

supervision) in the Clinical Psychology programme or alternatively, Counselling Hub (Counsellinghub.org.za) who provides services to individuals from disadvantaged backgrounds at R50 a session (costs covered by the researcher) if the participant requested assistance. Furthermore, in relation to the dissemination of findings, participants were informed that if a report or journal were written on this research study, the identity of the participant would be protected by not disclosing any identifying information that may link the participant to the study.

3.9 Conclusion

Chapter 3 outlined the method employed in the current research study. The chapter further provided an overview of the research design that was used, and how the different elements of phenomenological research design (specifically participants, sampling and research context, data collection tools and procedure, data analysis, trustworthiness, and reflexivity) were used to address the aim and objectives of the study. All processes were conducted in accordance with the ethical guidelines set out by the University. Chapter 4 will describe the findings that emerged through the interview data.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter will present findings that developed from the interview data, structured according to each superordinate- and subordinate theme that emerged. All data were analysed by means of the IPA method (these steps were detailed in Chapter 3). Chapter 4 provides a narrative account of participants' experiences, with extracts of interview transcripts to substantiate on themes and participant narratives. The chapter concludes with a summary of findings to present the essence of this phenomenon, as expressed by participants.

All interview questions were guided by the research aims and objectives, namely: describing the subjective experiences of parents of adolescent substance users from a low-income context and determining the knowledge parents of adolescent substance users have on available resources and access to treatment resources.[6]

4.2 Thematic categories and themes

Three superordinate themes were identified, which were then further divided into various subordinate themes. Superordinate themes and subordinate themes are presented in the following table:

[6] Parents, as presented throughout the paper, may refer to the biological parents of the substance user, or individuals who fulfilled roles as guardians/parental figures to the substance user (See Table 3.1 for participant demographics).

Table 4.1
Themes

Superordinate theme	Summary of theme	Subordinate theme
The experiences and perceptions of a parent with a child who uses substances	*This theme explores the various stages, emotions and perceptions of parents' experience when they have a child who uses substances.*	• Parental stages of child addiction o Denial o Recognising and accepting change o A constant battle of emotions • Experiences and perceptions of parents' financial security • Sense of hope for the future
The role of resources in coping with a child who uses substances	*This theme focuses on the role of resources in parents' experiences. This ranges from the various resources parents drew on to cope with the challenges, the importance of having resources (including knowledge and information as resources), and the ideals parents have to facilitate coping.*	• Facilitating mobilisation of resources o Knowledge and information resources o Religion and prayer as resources o Support resources o Self-care as a resource
Access to treatment: "Just make it easy"	*This theme explores parents' journey of accessing treatment resources (such as rehabilitation centres). This includes why parents did not access treatment resources earlier, and the barriers and facilitators to gaining access to these resources.*	• Barriers and facilitators for access to treatment • The ideal

4.3 The experiences and perceptions of a parent with a child who uses substances

Parents' experiences highlighted the difficulty of having a child who engages in substance use, and was described by participants as "a battle" (RA), "terrible" (VB) and "hell" (KA).[7] Noting that parents have described their experiences in great and thoughtful detail (ranging from finding out, dealing with the substance user's behaviour, and the conflict it caused within various social

[7] Initials are used to refer to the pseudonyms of the participants throughout this study.

relationships), the following sections were guided by the first objective: describing the subjective experiences of parents/guardians of adolescent substance users from a low-income context.

4.3.1 Parental stages of child addiction

Parents' journey of recognising, accepting, and reaching out for assistance when having a child who uses substances is extensive, and filled with nuanced differences for each parent. However, based on the experiences shared by this group of parents, certain stages and shared experiences were emphasised. This includes: *denial*; *recognising and accepting change*; and *a constant battle of emotions.*

4.3.1.1 Denial. The warning signs alluding to the adolescent's substance use were overlooked by parents. This ranged from "…days where he is not in school, he skips classes" (KA), to "I also caught them myself with the cannabis pipe (*dagga pyp*) in the house" (RA). These signs, however, were not enough to convince some parents of the issue at hand, despite the unfavourable evidence because "…you as the parent don't believe it" (RA). While sharing the experience of discovering their teenager's substance use, parents expressed an initial sense of denial.

> *...we were so stupid...and didn't realise that he was doing anything. I thought he was just having teenage moods… and, I don't know if I deliberately just didn't want to know…* (VB)
>
> *...you also do not really want to believe the child will to do that. He will not do that because he grew up in a godly home.* (SH)
>
> *...you don't want to...you can't actually believe that your sweet, loving, amazing kids are, are using something. It's just so far from your reality…* (CJ)

This initial sense of denial shared by parents seem to illustrate the ideal image that a parent holds of their child and the immense shock, as well as hurt experienced once that image is

tarnished. As stated by one participant, "…why must it happen to me, I didn't raise them like this" (RA). The excuses and denial of any substance use was also expressed by the substance user, which further played into the denial of the parent, as they wanted to believe that their children will not lie to them. This was apparent as parents appeared to believe any alternative explanation to the signs and behaviour that were present:

> *…he was just not himself anymore, but as the adults always said: Oh the child is growing up…* (SH)
>
> *I phoned their father and I said uhm, no, you know, I think [name] is smoking uhm, marijuana and then he just said ag, it will pass. I was hoping that what he was saying was true.* (CJ)

Ultimately, overcoming denial appears to be a challenge parents have to face as a parent to an adolescent substance user. Making the shocking discovery and denying the harsh reality is seemingly the beginning of a long journey when dealing with an adolescent substance user - in many cases lasting into adulthood.

4.3.1.2 Recognising and accepting change. The initial warning signs of substance use were accompanied by a behaviour change in the substance user, causing great concern and stress for parents. Two participants described the detection of strange behaviour as follows:

> *He has supernatural powers and he wants to wash the windows, he wants to wash the walls, he wants to climb on the roof and things like that.* (KB)
>
> *…he's aggressive, or he is fast or, you can just see there's something man, that's not right…* (RA)

The types of behaviour and nature of specific actions differed from one participant to the other (from threatening, violent, aggressive outbursts towards parents, to psychotic episodes

leading to strange behaviour). Parents also highlighted the manipulative and deceptive behaviour, and lies told by the substance user:

> *…an addict is a very clever person. He…they have many ways where they think how they can…they, uh, they actually use you as a victim, let me put it that way.* (MJ)

> *…because you know your kids. You know what lovely people they are, you know how kind-hearted they are, how gentle, the sweeter...you know all that about them. And then you know about this determined, uhm, manipulative person who's going to... well you don't know you're being manipulated for many years but eventually you realise you are manipulated but that took me a long time to get to.* (CJ)

Manipulation, for MJ, manifested through the clever tactics of the substance user (e.g., having family members believe that they are "clean"), consequently describing loved ones as victims of the substance user's behaviour. Similarly, for CJ, the manipulation stood in contrast to the loving children they know versus the behaviour exhibited by the substance user, and they admit that it took time to realise that they (as the parent) are being manipulated. For other parents, manipulation tactics were frequently linked to thieving behaviour (often associated with substance use). As described by RA, "…they would climb through the window, but then they would say it is not them, then I know it is them, it's no one else that steals my things like this".

Despite the various types of behaviours, it was apparent that in all cases parents face a dilemma where they have to maintain a balance between the substance user, their relationship with other family members/children involved, as well as their own well-being, which created a tense and distressing atmosphere for parents. Incidents, especially in cases where parents were being threatened or manipulated, further provided somewhat of a reversed role between parent and child. Parents face a double-edged sword, as they are often responsible for disciplining the

child, however, in these cases parents are required to walk on eggshells to keep the peace and give in to the demands of the substance user.

Moreover, parents seem to have no choice but to move on from the denial phase, as the drastic change in the child's behaviour prompts parents to face (and to some extent), accept the substance use. In essence, a part of the lived experiences of a parent of an adolescent substance user is recognising, managing, and ultimately accepting the drastic change in behaviour (due to the substance use) in their child, as well as the reversed roles between parent and child where parents are not able to discipline the child, which often leads to emotional distress and exhaustion within parents.

4.3.1.3 A constant battle of emotions. A range of emotions appear to accompany parents on this journey of having a child who used/uses substances. It is important to note that the focus here is not necessarily on the substance user's behaviour, but rather the overwhelming emotional state parents experience as a consequence to various facets of this phenomenon and having to put their well-being on the back-burner. As some participants described it, "Financially, emotionally…you're broken down" (MJ) and "my humanity was very fragile" (KB).

For many parents, there was a constant feeling of worry and stress due to the substance user always being active or somewhere on the streets. This feeling essentially leads to parents being unable to "switch off" and having to be on alert twenty-four-seven, expressed as follow:

> *And then they say 'oh I'm just going to 'so and so' and everything, the stress just starts, you can't sleep and you are worried all the time, and oh, it's a terrible place to be. Every time they're out of your sight you freaked out because you know what they're doing.* (CJ)

> *…if you got a child that's on that road, I don't think any parent can switch off because, it overpowers your whole mind day and night, seriously, that is how bad it is.* (SL)

These feelings of consistent worrying were often also associated with the constant disappointment, frustration, and the stress of not knowing what else to do - as described by SL, "I gave him everything he needed, I did everything that I could and there's nothing (more) that I can do". An interesting point to note here, in contrast to parents who thought that they had provided their child with everything that was needed (therefore not understanding the reason for using substances), some participants believed that the loss of certain things in the substance user's life encouraged the substance use. The connection between substance use and loss was linked to the lack of material items:

> *…it's some emotional things that he can't work through that he doesn't know how, and it was because of the financial crunch in 2008. [Wife and husband's occupation], he (the father) didn't sell anything, we had to sell our house, and my son loooved the house. That was his go-to place.* (VB)

> *…I think because we got poorer when we came to live here, and then it started becoming a problem because we couldn't give our children everything anymore. My son, he was, is the oldest, he, he had everything. He could just ask then it was there for him. And it couldn't anymore…* (KB)

Participants further expressed feelings of regret and guilt – the "what if…" factor, which was shared by more than one participant:

> *…he got everything and when I talked to him, then I said: you know, I think in the beginning it was, he (the father) spoiled him too much in the beginning. He got everything, he did not get a hiding.* (SH)

> *So, I think if I focused more on what he was feeling rather than trying to get my head above water and work like a mad person to get ahead, financially, I think things would have maybe been different, I don't know.* (VB)

Attempts to map the reasons for their children's substance and feelings of "what if" or "why" appears to be constant thoughts and questions when going through this experience, and contributes to the battle parents experience within themselves. Not having clear answers or reasons as to why their children are using substances ultimately take a toll on parents' emotional well-being.

Furthermore, it was illustrated that parents' emotions seemingly play a role in the delay of seeking early intervention, leading to further feelings of guilt for some participants. For some parents, it was feelings of shame. Parents shared how they initially kept up appearances, and the pressures associated with hiding their emotions, as well as the child's substance abuse, due to shame and fear of failure as a parent. For other parents, it was the hope of holding on to the thought that things would improve, which unfortunately proved to be the opposite.

> *Like I told you I was actually half ashamed. Like I said, I did not want to accept that he has that problem. That's why I also often felt guilty, because if I had reached out that time, it would have gone better. Because I also just thought 'oh it's only once or twice'. (Pause) I thought that drugs worked that way. Maybe you'll recover because I'm helping you now.* (SH)
>
> *...it came to a point uhm, it was so far we couldn't stop it anymore.* (SL)
>
> *...when I called them in, they said 'but it's not such a big story or scandal, why didn't you come when it started', but then it was already (too) far...* (KA)

Parents further reported that their stress and emotional battle goes beyond the substance user. There are additional complications that arise with addiction, including emotionally and financially providing for the substance user's children (participants' grandchildren), or going through a divorce with the child's substance use being a contributing factor. These additional stressors often contribute to the experience of having constant worries and never being able to fully switch off, as there is always something to be concerned/stressed about.

Ultimately, the emotional experiences surrounding a parent of a substance user, as formulated by participants themselves, seem to be rooted in specific elements in the experiences that take a toll on the parent's emotional well-being. It is therefore necessary for parents to recognise and be aware of these emotions, the stressors that arise, and be free of the stigma and shame in order to encourage early intervention as this becomes a difficult and long journey without the necessary resources.

4.3.2 Experiences and perceptions of parents' financial security

The financial implications of being a parent of a substance user has manifested itself in various ways for participants. As KA stated, "financially, we were stretched thin. Some days there wasn't a piece of bread in the house…". Financial insecurity was felt by parents, not only during the addiction period, but also in their journey of recovery. For many participants, some of the financial consequences and setbacks stemmed from the stealing, consumption and vandalism behaviour exhibited from the substance user:

> *…he will just say 'no, the globe has fused…', because as a parent…you also do not really want to believe the child will to do that.* (SH)
>
> *…he stole my belongings that were still unopened, food, unopened soap, bath soaps uhm, canned stuff, meat, stuff like that, my new curtains*. (KA)
>
> *…he says, he just wants a R2 for a loaf of bread. Then I will ask: [name], I'll tell him, if I have to calculate all that money of what you have stolen from the house, then I could buy another house.* (SH)

This experience was damaging to participants as they believed that nothing was safe in the house and essential items, such as groceries, would be stolen and sold to other people. This led to unplanned (and at times devastating) financial expenses in already resource-constrained circumstances. Having to replace seemingly taken-for-granted items, such as groceries, was not an easy task for some parents.

Parents often were also tormented to provide money for the substance user's next supply of substances. This creates an ironic and unfortunate situation where the parent, in order to have temporary peace, enables their child's addiction; the same addiction that causes disruption and distress in the parent's life but just for a moment of peace. It becomes a vicious cycle:

> *...the only thing they want is money, even if it's just a R5... it's forever money.* (When asked if it was just to keep the peace).. *Exactly! That's the worst*. (SL)
>
> *...then I give him (money)…just a R5, 'mummy, this isn't (enough*) (moaning gesture)*', then I say 'no, that's alright for a straw, take it'* (KB)

In addition to the consequences experienced during the addiction phase, participants had the financial burden of seeking help to start the treatment process to help their child, with one parent stating that "it must have been R40 000 by that time" (CJ):

> *...it was a difficult…we had to, during the day, and the nights, late nights we had to work to…let me put it this way, to firstly keep him in the rehab centre; secondly… to handle his cases, to pay the lawyers and to get his life in order…* (MJ)
>
> *I think I'm still in debt just because of borrowing money for a rehab. I'm still trying to get out of that debt…* (SL)

For KA, this financial burden stems from not receiving financial support, or a grant for their son's permanent care. There are many additional medical (and related) costs to cover. Receiving financial assistance would be of significant help and relieve some of the financial concerns that parents face, especially in cases where employment opportunities are scarce.

These extracts can thus be summarised in the following words, as described by CJ, "*…financially…it's always the burden of having a person that needs taking care of*".

4.3.3 Sense of hope for the future

During one of the first interviews, a parent brought up the idea of having a child who uses substances and "the forever bit, we not going to be there forever so will he be strong enough to handle forever" (VB). This emerged from various participants in a number of ways, which spoke to the cycle of relapse substance users' face and the struggle parents experience when this occurs.

The cycle of relapse was present for many parents, casually indicated by the following (it seems that relapses have become an occurrence that was, in some sense, "normal" to participants):

> *It's just a week or two then ag, then it is back to normal again.* (RA)
>
> *He gets better and he gets off the rails again and, every time it just gets worse. ;*
>
> *...it went good for a few months. And then he came out and back to square one again, back again to a rehab.* (SL)

In addition, taking into account this cycle of relapsing and realising that substance use might be a continual part of their lives with good days and bad days, participants shared the following thoughts and feelings:

> *...I'm scared because I don't know what to do because I tried everything already. I gave him everything he needed, I did everything that I could and there's nothing that I can do…* (SL)
>
> *I said that the only thing that scares me is because it's, it's forever, it's a lifetime, it's not a thing that you think 'Agh! In 6 years time it will be done with', it's not.* (VB)

Fear for the unpredictable nature of substance use, although manifesting itself in different ways to parents, appears to be imbedded in parents' experiences. For SL this fear is felt through not knowing what else to do – their hands are tied, hoping for the best every time, but having

little to no control when it happens again. VB similarly felt fear as there is no certain time when it would be over – the cycle of substance use is "forever", with no certain end in sight.

Parents seem to be quite aware of the cycle of substance use and despite its difficult nature, seem to have accepted it. Some parents hold on to the hope that things will not go back to the way it was, as stated by KB, "I said Lord I am putting all of this behind me because my child is a new person now...". For some parents whose children are experiencing a "clean phase", the fear and worry remains. Others hope that this phase of their child's life is over due to the fatal health risks it holds if their child takes one more "hit". Essentially, the cycle of relapse leaves parents at various stages, but the roller-coaster motion of this process/cycle remains, leaving parents with temporary and no certain peace.

4.4 The role of resources in coping with a child who uses substances

In an attempt to address the first component of objective 2 (to determine the knowledge parents of adolescent substance users have on available resources), and in line with the Conservation of Resources [COR] theory, the next section will explore the process of facilitating the mobilisation of resources and moreover, the role that resources played in the experiences of parents whose children uses substances.

4.4.1 Facilitating mobilisation of resources

Parents shared ways in which they have drawn on various resources to facilitate coping. These resources ranged from knowledge and information resources, religious resources, social support resources, and self-care as a resource. The following section will focus on the resources parents utilised during their journey, as well as the role these resources played in coping with the situation (the availability, efficiency, and effectiveness). This section ultimately aims to

demonstrate the role of resources in this battle and how having, or rather not having, resources can impact the experiences of a parent of a substance user.

4.4.1.1 Knowledge and information resources. Parents expressed their frustration of not having sufficient knowledge or information on substance use, the difficulty of gaining access to information sources, or simply not knowing where to find the information. Interestingly, KB indicated that, for her, it was not always necessary to find and read the books on substances or the behaviour of the substance user:

> *No, no I never (read) books, I am honest, about drugs and things like that. I never wanted to partake in things like that. I never wanted to take out books because, for me, for me to live it every day, is almost like a book that I'm already reading, you see?* (KB)

Knowledge and information sources thus seem to be multifaceted and is not limited to external sources as for some parents, through their experiences, they acquired some knowledge on substance use and what the signs and impacts are. However, for most parents in this study, knowledge or information sources included signs and symptoms of substance use, information on how to deal with the mental state of the substance user, or information on different treatment options or legal actions, to mention a few. Participants shared the following:

> *I didn't know where to go, what to do. You just read and read and read and then you think "ugh!"* (sounds exhausted)*...and you got so much going on (already) that you missed the point actually.* (VB)

> (Asked SL whether they had knowledge of what they could do in the situation) *Not at all, not at all. Because everybody you phone it's like…it's a dead end, a dead end. It's just all about money.* (SL)

There seems to be a need for accurate knowledge to assist parents with the various stages and aspects of substance use, as a lack of information could hamper the process of seeking help.

As CJ put it, “I was very naive about drugs particularly, so I didn't really, I mean I thought that I knew what the signs would be, but I was looking for very dramatic signs”. Parents further reflected on the role of information resources and believed that it could (and could have) assisted them in many ways. Perhaps even have brought some peace to their households much earlier if the type of resources available were employed timeously:

> *…if I would’ve known that there were people that could’ve helped me…in the first place when he was younger, then I would’ve rather gone for that help rather than to sit in my pain. Because I mean, how much pain have we not gone though, you understand, as a result of this*. (KA)

> *…thinking that this is just a minor, mild teenage thing and they need somebody to talk to about their problems and they don't wanna - if they, if they don't wanna talk to me then they I've got this other person who they going to talk to. I was trying to make a space for them…not realising that we were on the road to, to a very long road and a lot of, a lot of difficulties and trauma ahead of us…* (CJ)

Taking into account how a lack of information resources further complicated parents’ experiences, as expressed above, there were also certain barriers that blocked parents from accessing certain information resources, which further hampered the process of seeking help from the appropriate resources and channels. Barriers to information, for KB, manifested through their son’s stealing behaviour. There were consequently limited resources (in terms of technology and access to internet) to reach out for assistance:

> *I've never had access to the internet or a phone. As soon as I have my phone in my hand or I just bought myself a phone* (pause)*, everything gets stolen, I get stripped off everything.* (KB)

This challenge was highlighted by CJ, who acknowledged that they have struggled to find appropriate assistance *with* the help of technological resources and the internet, how challenging would it not be if you do not have those resources at hand:

> *I have the benefit of education and Wi-Fi and all sorts of things and it's… I mean it was hard for me to find, you know? And even when I Googled rehabs I didn't come across [rehabilitation facility name] …I found all these expensive rehabs.* (CJ)

Having access to these type of resources thus does seem to play a role, as we live in a digital age where our knowledge and sources of information largely stem from the internet. If one does not have these sources at hand, it can become increasingly difficult to reach out to resources such as substance use organisations.

Furthermore, being able to access certain resources enable parents to receive a specific standard of assistance and education on substance use, which are valuable tools for coping and dealing with a child who uses substances. Some parents expressed how being aware of some of the facets of addiction and how to navigate through the various challenges, was very useful:

> *It would help to prepare you for what's coming because we didn't- I thought this child has now buggered up his brain so badly, he's not probably never going to go back to work because he couldn't follow a simple instruction… what am I going to do, this child's never gonna leave the nest…until I started reading up…* (VB)

> *They make you aware of how you have to look after a person like, like [name] and not the external, but you have to watch him psychologically. You have to…monitor him…he's like a sick baby…you have to watch him.* (MJ)

Therefore, the role of information resources and barriers that prevent parents (especially parents from low-income contexts) from accessing appropriate information resources, can be summarised by the thoughts expressed by CJ, and emphasises the importance of having these resources available in such contexts:

> *…knowing that they exist…finances, you know if you, if you really poor uhm to Google and to phone people and to not know where the offices are and you've got to phone around and sometimes people don't even have money to do that…So, finances is just to get a hold of them could be a problem and then to*

> *like, when we wanted to take my foster brother there uhm, he, you know we had to drive there and that was about an hour's drive from here, and we struggled to find it and…we had a GPS …I don't think these things are easy for people. You know if you don't have a car and you're poor…it's really, really hard to manage stuff like this.* (CJ)

4.4.1.2 Religion and prayer as resources. All participants seemed to draw on religion, prayer, and their religious community as a resource to work through this experience. Religion, and how it has served as a resource during this time has been shared by all participants, but was experienced and practiced in various ways. Some participants, like MJ, expressed that God was their resource stating that "…the Lord…the Lord was our anchor. The Lord…was our strength…Our power of faith, God carried us through".

To other parents, prayers to God – from themselves and others – have been a way of reaching out to a power higher than themselves, to protect and heal their children, as well as themselves. This could allude to parents realising that substance abuse is a phenomenon more powerful than their own capacity and that there are some factors they cannot control. Reaching out to God through prayer is therefore a way of coping with those uncontrollable factors and dangers associated with substance use:

> *I sit and I pray…I pray all the time. I pray all the time cause you need to keep praying because it's the only thing that will maybe get them on the path again.* (SL)

> *I say thank you to the Lord because if it wasn't for the Lord, and I didn't pray for my children, and I wasn't a praying mother, for example I maybe... drank as a result of the pain and the hurt, you understand…I can say thank you to the Lord...* (KB)

SH noted something interesting in addition to using religion as a resource, and the importance of using available resources beyond having faith and prayer:

> *…this is flesh (touches arm). I can't tell the doctor I'm going to do this thing quickly. If my hand breaks now, finger breaks I cannot say but faith is going to heal the finger, because that's what doctors are there for. To splint the finger, to operate the finger, and to heal it. To get psychological help... it's good to pray, it's good to go to church, but there are also people who need to go deeper into your life… God goes just as deep, God goes even deeper into your life, but that's what the Lord God made those people stand for, just for a little while - because look, you become, you are psychologically bullied.* (SH)

From this excerpt, the importance of using resources designed to address substance use is emphasised. One cannot solely expect God to fix the situation and await a miracle without seeking the appropriate resources that were put in place. For SH, seeking professional help in addition to prayer and faith does not mean that there is no trust in God to heal the scars, but rather, these professional resources have been sent by God and should be made use of.

In summary, parents seem to find some peace when spending time with their God and through prayer – not only as a way for themselves to navigate through the situation, but also to pray over their children and protecting them from the dangers associated with substance use. Religious structures and communities (for example, the pastor and church members) also assisted some of the parents in coping with their children's substance use, and served as both a religious and social support resource for parents.

4.4.1.3 Support structures. For many participants, support resources were found in various social structures. There were, however, cases where many participants experienced a sort of loss of resources due to the lack of social support provided, which ultimately influenced how coping was (or was not) navigated.

For most parents, social support was provided through various relationships which served as supportive resources to cope with this experience. This included family and friends:

> *Me and her (SH's daughter), I can say her and I have always stood together. So, I can almost say she was my pillar of strength. If he spoke, and I was too scared to talk or how he is going to react – 'are you going to grab the child again? Is there going to be another fight?' I can talk to her, up until now*. (SH)

> *I go to one of my friends, I go sit there and we talk whatever we want to talk about….that is how I at least get rid of all the stress also…sometimes you just need somebody else, you just need somebody else to vent to, to speak to.* (SL)

Reaching out to, and receiving support from others can be summarised in VB's words: "everybody got their thing that they dealing with. You think you are alone…you think you are alone until you start talking about it" (VB). In some cases, however, the lack of family support caused hurt to participants and made it more difficult to cope with the situation, as illustrated by the following parents:

> *…especially family members, especially family members. They the worst of judgers. I'm telling you, the worst of judgers. Instead of helping each other, encourage each other and see what we can do for each other, no, they wanna put the person down.* (SL)

> *…my family…I complained by them and told them they should help me, then they always told me: it's your children, it's not our children. You have to do it yourself.* (RA)

This lack of support, although not taking away from the social support that is received from other networks or structures, does cause some type of resource loss for these participants. Negative attitudes of family members further make it difficult to cope with the situation, as it causes emotional distress to parents, and often plays into the narrative of blame, shame and feelings of being alone in this situation.

Parents often also reached out to external resources, structures larger than themselves, to cope and seek help for their child's substance use. These external resources included reaching out to the justice system, public health structures, or local support groups. For some parents in

this study, little help was received from external structures, which further complicated the situation and debilitated coping. Participants expressed the lack of available support in the community or from larger structures such as the justice system, as well as gaining access to these resources. This caused frustration and a sense of helplessness to seek assistance and deal with the child's substance use:

> *The justice system failed me. And I went to the court hundreds of times, then they tell me 'ma'am the child is on drugs, the child needs to decide himself he wants to go there or with there, there's nothing that we can do', unless he commits a crime, which ALREADY happened, where he attacked me, where he wanted to hit me in my face with a brick…* (KB)

> *…say my child gets out of hand, tonight or whatsoever, now it happens that 'oh our day-hospital is closed'. Now I have to take that child uh to [location away from where participant stays], or I need to take the child to [another location away from where participant stays]. What happens is that the child only gets an injection for that night. Tomorrow morning or whatever that injection already out of his system, and then?* (KA)

> *There is, a, another place there by us, Pastor [name and name of programme]. I already went to him how many times to send them away and he kept stringing me along so much, you see? He sends, the children he sends to Johannesburg, he apparently has a rehab there, but it also looks like things happen on a case by case basis because everything can go very quickly and so on, then I also gave up on him because I went to him every time, just to help me.* (RA)

This is a great concern as parents who are caught in this situation are often dependent on external factors to assist them – if these factors fail parents, it increases the already difficult process of finding and following the appropriate referral channels.

In contrast, parents who joined support groups and structures where they could share the experience with people who could relate, these groups served as a resource to deal with the experience:

> *...sister [name] they all had these things where they would have helped the kids at church. I also got up once, talked and said how I feel, how much I love my*

> *child. I have always loved him because he is my child. And I will not stop praying for him, I will not stop fighting for him, but I'm also not going to, I'm not going to praise the things he does either.* (SH)
>
> *I think that's where the NA meetings are very valuable. I don't think I would want to go to a support group…I don't want to participate I just make notes of self-care 'What you should do'…things like that, 'how to channel your energies in a different direction'...* (VB)

These type of structures seem to serve as great resources for parents, as it provides a space where parents can share their thoughts and common experiences with one another. During these sessions, under the guidance of professionals who specialise in substance use and family therapy, parents can learn from one another and navigate themselves through this emotional journey, knowing that they are not alone.

4.4.1.4 Self-care as a resource. The concept of self-care as a resource, to guard the well-being of parents, seem to be something that is not initially prioritised when dealing with this experience, however, this is not done intentionally as parents have to manage various parts of this experience. Parents did not necessarily provide insights as to *how* they take care of themselves, except that family members ensure that they look after themselves (in addition to self-preservation). In KA and CJ's experiences, they often forgot about themselves due to the responsibilities (outside of their own) of having a child who engages in substance use.

Some parents also indicated that they could not step back, and had to keep going in order to keep head above water in this situation. For example, SL and RA, not having their children's substance use interfere with their work was important – separating personal struggles from work responsibilities:

> *I don't let it affect my work, 'cause I need to work…I need to see that he eats, I have to work so I separate the two from each other, you see? So I don't let it*

bother my, my work life, my private life, I don't let it affect my work life 'cause it's something I need to do. (SL)

No, my work was important to me. What happened there, I'll sort it out tonight. No, I didn't go to work with any fears. I just said, 'Lord, I know when I get there (home) tonight, there will be things missing, but I will sort it out', then I sort it out… (RA)

This is important to note as parents who face financial struggles do not have a choice but to keep working despite the personal struggles at home. Keeping busy was also seen as somewhat of a resource for coping with the situation, as illustrated by SH and VB:

…it's just the kids (crèche kids). If they go home… I'm going to be honest, then I keep myself busy with home chores. I clean the baby room. Like now, I will switch my washing machines on, now I know when I go to bed tonight…(that will be sorted out). (SH)

So I've also grown a lot because that fighting spirit came out again from my childhood. You have to survive nobody's gonna look out for you, you have to do it for yourself and that's I think that's so it's given my work and personal space a zoosh so I can just get on. (VB)

Strength and resilience are important factors keeping these parents afloat when dealing with the situation, however, constantly keeping busy and putting oneself on the back-burner may not always be considered a healthy way of coping, as one might neglect your own emotions and well-being in the process which emphasises the need for resources. VB who, on the other hand, accessed treatment resources and was receiving the necessary assistance for parents, noted the following:

…they invited the AA and this one lady said something, 'Just remember, if you can only remember the three C's, you didn't cause it, you can't cure it, and you can't control it and then you'll be alright.' And I try keep that in mind the whole time because otherwise you hover parenting over him…

I decided you know what he's got his own life and I need to get a balance here somewhere and I used to eat a lot because you feel better when you eat a chocolate or you feel better when you eat a packet of chips, why not? You've got

> *so little that keeps you happy anyway. So then I started watching my diet, walking every day, going to church a lot…* (VB)

VB thus found value in having these self-care tools to assist in coping with having a son who engages in substance use (and all the struggles that accompany it), as it helped them to find somewhat of a balance between looking after their son, and more importantly, looking after themselves. These accounts by VB serve as an illustration of the importance of accessing appropriate treatment resources for parents to assist in coping and provide the necessary tools to navigate the experience with their child. A lack of professional tools focused on parents or guardians might make it more difficult for parents to make that step themselves – there is thus a need for knowledge on ways to take care of yourself for parents, and that you do not always have to keep going.

It is also important to note, however, that self-care does not necessarily manifest itself in one specific way and some parents found self-care, or at least when asked how they look after themselves, in talking to friends and family, and in their faith and prayer (which was explored earlier).

4.5 Access to treatment: "Just make it easy"

In an attempt to address the latter part of the second objective (parents' access to treatment resources), the following section aims to explore the access gained and service experienced at treatment/rehabilitation facilities that contributed to how parents experienced dealing with a child who uses substances, and how it either positively or negatively impacted the navigation of this dilemma.

4.5.1 Barriers and facilitators for access to treatment

It became clear that although parents may have knowledge or may have gained some knowledge while in this battle, this did not necessarily enable the process of gaining *access* to a rehabilitation centre. Parents faced various barriers before gaining access, but also acknowledged certain facilitating factors which enabled access to these types of facilities. Both the barriers and facilitators for gaining access to treatment will be explored in this section.

As noted in the previous section, parents often had to reach out to external structures and was explored as a social support resource. In this section, it is specifically explored as a *barrier* in parents' reflections of gaining access to facilities. This was apparent in VB and KA's accounts, which illustrated the frustrations that were experienced with the requirements of the public health system and law enforcement structures, which created a barrier for gaining access to treatment resources:

> *I mean everywhere you go, there's a problem because we heard you can't just book a child into the psychiatric ward at [hospital name]. It doesn't work like that, you need to be escorted by police van and it was so traumatic but if you could have access to maybe speak to someone even if it's a clinic sister just say "My child's got a problem, where do we start?"* (VB)

> *That's why I am saying to you, at night, like our place (day-hospital) that's closed here, you have to look for transport…Remember people want to be paid to take you there. You phone the police…they can't come out, or they don't pitch up at all.* (KA)

For other parents, financial requirements of rehabilitation centres played a role in gaining access to treatment resources. Finances ultimately could serve as a major barrier, especially in low-income contexts and where people are not aware of alternative, finance-friendly options.

> *Our process, because we had to make a payment immediately to get him in… It was not free, and if, you don't always have that money…we had to get together as a family…and give that money so that he can receive help.* (MJ)

> *...you know, it was quite a few years I was looking for places to send him and all that but the money wasn't there (be)cause it's so expensive.* (SL)

In addition, it was found that further barriers manifested in the fragility of their children and the environmental triggers that contribute relapses:

> *If you are in not such a good area, where you know your children are safe and children are not safeguarded from drugs or teenage pregnancy, your hands as a parent are basically cut off, because the influence from outside is stronger than the influence from inside. Because you can tell that child 'don't do it' but when they are among their friends…then they sing another tune...* (KB)

> *…these sort of people are very vulnerable, and the doctors said we should watch. The people in our communities, there's too many of them that, when, when uh, they, come out of places, like, [facility name] or what, then they actually take advantage of such people. And uhm, I always have to be on the, on the lookout for that… very scared for that, because you see, that is actually where the children fall back on such things. They can offer it to him…* (KA)

Parents often cannot protect their children from these environmental triggers. Consequently, some parents believe that as long as some of these triggers are present, especially in low-income contexts where issues of unemployment, gangsterism, and substance abuse are rampant, the harsh reality is that the child might never recover or be willing to enter treatment. Having to navigate and monitor these triggers may become exhausting to parents as they now carry, not only internal concerns, but also concerns external to their control in order to guard their children.

Notwithstanding the barriers faced by parents on this journey, participants explored factors that made the process to gain access, easier. Some of the experiences that facilitated easier access to treatment facilities for CJ and KA seemed to be the efficiency of services from the facility and law enforcement:

> *…(the treatment facility) agreed to meet with me within a couple of days, with me and my sister and [Name of son]…two weeks later they had a meeting with him again, they drug tested him, uhm and then with, it was the board, it was with the panel. It was easy and quick, they were very open, you know, uh concerned and caring. They weren't making me jump through 300 hoops to get in there. It was just... although I don't know, [Name of son], had to be clean for 2 weeks which he, which he managed. But uhm, (I don't know) if somebody was in a worse state, if it would be the same*. (CJ)

> *…to be honest, for me uhm it was the first time (seeking help) and with the help of the police and it went quick…So, for me it wasn't difficult to get him in, in that place, but I came back, actually just talked with parents about, if they have they ever had problems with…I mean, like help from the police, and then they said yes, the problem is, the police don't come out. They say it's a family affair…* (KA)

For other parents, having some type of social network seemed to have facilitated the process of gaining access faster and easier:

> *…the people who helped me (friends and social connections), also went that extra mile to help me…the place was booked, then my frienk1d asked his friend that belonged to the centre. He, he almost begged him because this spot that was reserved for another guy, it should've been for [name], so that helped me so that I could – for that seven months, do something, something good*. (MJ)

> *There in, in my road there's a woman's son that has been working with children for years until she asked me if I don't want to sign them up there, because it's at no cost…you don't pay there. You have to go out of your own free will, but someone can book them in there. And then they actually went.* (RA)

> *…my brother uh, the one that's a lawyer, talked to the magistrate and they said they will help me to get an application so that we can get him into a place…* (KA)

These accounts illustrate how reaching out to social connections could serve as a useful step in gaining access to resources or help. However, it is important to be cognisant that not all parents have access to these types of social connections, which further hinders the courses of action parents can take when not having these options. Parents need to gain access to treatment resources regardless of their occupation, social standing or status.

4.5.2 The ideal

It is apparent from previous sections that parents made sense of this difficult experience in various ways, and that there is a difficult path ahead for parents when attempting to find appropriate resources to deal with the dilemma. It was therefore important for parents to voice what their ideals would have been, as well as future recommendations based on what they have experienced throughout the years. For some parents, the ideal would have been grounded in having more information and knowledge resources as it may have prevented their children going to abusive rehabs out of desperate need for some peace:

> *…somebody told me about this place [name of rehabilitation centre]…. it was a bit of a horrifying place actually, but I didn't know that at the time…I just heard that they really turned around bad cases and I thought well, a bit of a military experience you know, might not do them anything bad.* (CJ)

> *So that I can have a break, that's how we felt, we just need to get on with our lives. I can't handle this anymore, so I think just to get him away was the biggest motivation with the hope that a change will come. Obviously if we knew beforehand that they weren't really registered and he was coming back with an eating disorder on top of that, we would have not even sent him there.* (VB)

Some parents also indicated that it would have been ideal to have sufficient resources to relieve some of the distressing conflicts experienced within themselves due to the uncertainty of how to handle the situation:

> *…now I can see, I tell him, why that woman, she killed her own child. What's the woman…Ellen Pakkies. I said that some days I feel like I am standing on my own, you do not support me* (frustrated tone). *I feel like giving the child poison because I can no longer take it, because when I give the child a piece of bread, then you complain. If I do not give him (a piece of bread), then (you also complain).* (SH)

SH's confession of sometimes feeling like giving poison the substance user illustrates how parents are desperate for answers and some type of assistance. It also indicates the desperate

lengths parents would go to in order to experience some relief of the situation. Similar sentiments were shown with more than one parent seemed to sympathise with Ellen Pakkies, a mother who resorted to murder in order to cope with and relieve the pressures of having a son who used substances and did not receive the necessary resources in this desperate time of need. In order to prevent such extreme measures, parents are in need of appropriate coping resources.

Furthermore, for other parents, the ideal would manifest in the improvement and efficiency of government systems (justice system and public health system) and their role in assisting parents when they need it:

> *It's just if the justice system, justice system is right, and let's say we catch this child, because I think, say for example I come to you for help, you also have a home, you also have a husband, you also have children... what if that, that thing, this problem develops in your home? What will you do?* (KB)

> *...if the government can make it similar to a cancer patient, just like a TB patient, just like a HIV patient and that, they (the drug addict) can also get (help) at the day-hospital. That's the type of things that I would like to see.* (KA)

KB's account illustrates the desperate plea from parents for understanding and sympathy for parents in these situations, especially from larger structures and external points of assistance. For KA, if the systems treat substance use as much as a disease as tuberculosis or HIV, perhaps assistance from the healthcare system will be more facilitative. Parents further provided recommendations on treatment resources which could assist other parents like themselves:

> *...places like that have the budget to advertise widely, you know, in the local papers uhm maybe on, on you know these billboards. Uhm, you know in the local pharmacies, you know, they have like these, adverts playing in the pharmacy TV screen...that kind of thing. So that people actually know 'hey there's a place, there's a place, this is who I can contact, this is what I must do'...* (CJ)

> *...they see on televisions and the social media…there are drug rehab centres, but these things are miles away from them. So, things need to be more accessible. I think more especially churches, established churches…services currently have*

> *to make openings and space uh, to have more professional people invited to their churches, to help these people, because our communities are burdened, under this…the young people that have fallen in drugs.* (MJ)
>
> *What I would have wanted is that…there should be people just for our children, our children's needs or emergencies, do you understand? And I just wish they can, I…send people out to [name of community] to talk to the youngsters there and tell (them) what are the drugs and what, what drugs do to your body*. (RA)

KA also explored the ideal of using social structures to address the social ill of substance use and how parents can be assisted:

> *I think the principal or a school, or a primary school, or a high school can arrange such meetings... the parents can come, husband or wife or whatever, and then they can discuss what it is but…have the teachers also attend…* (KA)

Essentially, the ideal situation appears in multiple ways to different parents but attest to the lack of resources and assistance that was experienced in their respective journeys. These ideals and suggestions shared by parents should serve as valuable insights for substance use facilities and related services as a way to improve resources and service delivery. Parents have witnessed the struggles and their insights to betterment should be taken into consideration.

4.6 Summary of findings

Parents' experiences of having a child (or children) who use substances, provided a wealth of information on the phenomenon under study. Through all the shared experiences, many unique accounts from each parent emerged, which highlighted the multifaceted nature of this journey. Parents' experiences are not bound to one experience or event but can be viewed as an amalgamation of various events, feelings and processes – one sometimes leading to the other.

Through parents' narratives, the difficulty of the journey was apparent, from the battle experienced during the discovery phase and that which is still experienced to the present day.

Parents' experiences are occupied by various phases ranging from denial, constant stress and a battle of emotions, recognising and accepting change, financial security, and a sense of hope for the future. It is noticeable that these burdens are amplified and even more difficult when living in a low-income context, as parents often also had to deal with the structural challenges associated with these contexts and having limited access to resources, ultimately hampering how parents cope. Parents' experiences further demonstrated how having resources, or more importantly, the lack of resources either facilitate or debilitate coping, as having a child who uses substances requires external support and resources out of parents' control. Resources ranged from religion, social support, self-care, or knowledge and information resources. The need for appropriate resources were apparent, as parents' struggles were amplified when not having the appropriate resources at hand, or when existing resources did not provide any sufficient support for coping.

Parents also shared their ideals, allowing their voice to be amplified in formulating recommendations which further indicate the urgent assistance needed for these parents, described by the ones who live through it. Finally, parents illustrated the difficulty of gaining access to treatment resources and explored both facilitators and barriers to this part of the journey. All accounts highlighted the need for assistance and availability of resources for these parents, even more so in a low-income context where resources are already restricted without the burden of substance use.

4.7 Conclusion

Chapter 4 contained the findings that emerged from the analysis outlined in Chapter 3, and aligns the participants' responses to the overall aim and objectives of the study. The next chapter will include a critical discussion of these findings and will attempt to situate this phenomenon in the broader context of being a parent to an adolescent substance user.

CHAPTER 5

DISCUSSION

5.1 Introduction

The current chapter builds on the results of Chapter 4 and will extend into a detailed discussion of key findings in the study. Through the use of a phenomenological research design and the Conservation of Resources [COR] theory, the study sought to explore, through semi-structured interviews with eight participants, the subjective experiences of parents/guardians of adolescent substance users, their knowledge of available resources, and access to treatment resources. In an attempt to demonstrate how participants made sense of their own experiences and how these accounts ultimately addressed the research aim and objectives, this chapter will be structured according to the overall objectives of the study. The chapter will further illustrate how the study is situated within the broader context of being a parent or guardian to a child who uses substances while also comparing the study findings to literature and previous research studies.

5.2 The subjective experiences of parents of adolescent substance users from a low-income context

The first objective was focused on describing the various facets of being a parent to an adolescent who used substances within a low-income context, as experienced by parents themselves, and how they made sense of this experience. For this particular cohort, the essence of parents' experiences involved three overarching themes: their shared "experiences and perceptions of a parent with a child who uses substances" which entailed different, but often overlapping, stages parents experienced while coming to terms with their children's challenges (denial, recognising and accepting change, and the battle of emotions they fought owing to the

constant stress); their "experiences and perceptions of parents' financial security", and finally, their "sense of hope for the future".

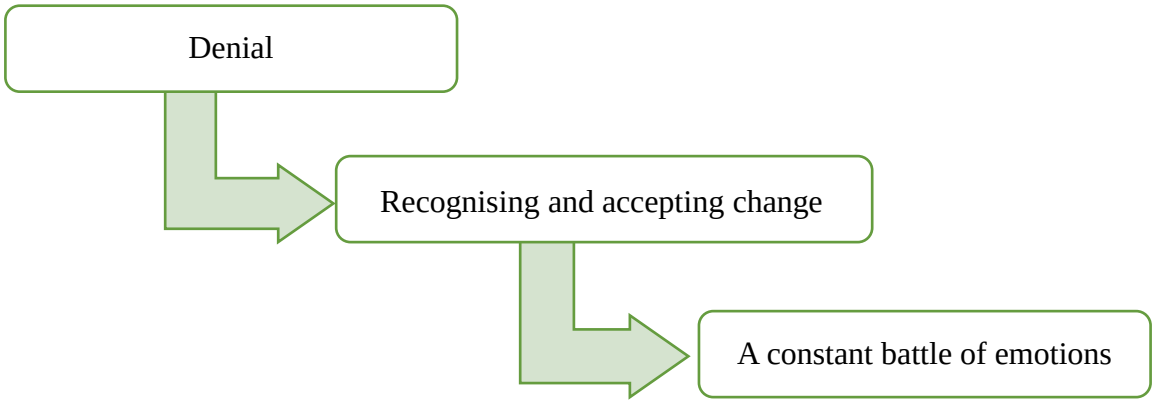

Figure 1: Parental stages of child addiction

One of the key findings of the study is the process of emotions, defined here as different stages, that parents' experience as a result of their child's addiction (see Figure 1). Consistent with previous study findings (for example, Butler & Bauld, 2005; Groenewald, 2016; Jackson et al., 2007; Swartbooi, 2013), upon discovery of the adolescent's substance use, the initial response from parents appears to be *denial*. Parents are faced with the harsh reality of having a child who engages in substance use – the complete opposite of what was expected for their children (see Chibambo, 2019; Smith et al., 2018).

Similarly, the COR theory proposes that those with little resources adopt a defensive position to protect the resources they already have, and may explain parents' initial reaction of denial to protect the image of their child, and their life conditions, prior to the burden of substance use. These findings illustrate the need for early recognition of the problem and attendance to parents' well-being as the actions may hamper resource gain such as early

intervention efforts, or the adoption of effective coping strategies for parents, and eventually prolong the challenge as shown by participants who have been in the battle for years.

Within these parental stages of child addiction, parents, who are traditionally responsible for disciplining their children, are faced with reversed roles. In line with findings from previous studies (Asante & Lentoor, 2017; Hoeck & Van Hal, 2012; Hlungwani et al., 2020), parents are required to be cautious of the child's substance using behaviours while trying to protect themselves and other family members. Navigating this stage of recognising, managing, and accepting the behaviour change, and thus the change in dynamic between parent, child, and household, leave parents emotionally depleted.

Findings that highlight parents' emotional exhaustion and poor quality of life were expected, as these findings have emerged in multiple studies before (for example, Carney et al., 2020; Groenewald, 2016; Kaur et al., 2018; Ludwig et al., 2021; Mathibela, 2017; Rafiq & Sadiq, 2019; Swartbooi, 2013). However, in addition to identifying these feelings of emotional turmoil, the current study provides further understanding that these feelings are amplified by the challenges brought on by substance use and low-income settings, including: gangsterism, poor service delivery, lack of recreational activities, and restricted resources and infrastructure (see Carney et al., 2020; Florence & Koch, 2011; Nqadini et al., 2008; Wegner et al., 2016). Parents therefore have difficulty separating the substance user from the environment and the associated challenges, ultimately prolonging the problem (see Mokwena et al., 2021).

The battle of emotions is further conflated with feelings of regret or inadequacy such that *if* things were done differently, perhaps their children would not engage in substance use (Asante & Lentoor, 2017; Groenewald, 2016; Hlungwani et al., 2020). Current study findings further provide insight that parents associate feelings of regret with material items that were (or were

not) provided to the child. Parents often practice certain parenting efforts and associate these efforts with specific outcomes such as adolescents not engaging in delinquent behaviour (Kapetanovic et al., 2019), in this case, substance use. In low-income settings, and in accordance with COR theory, these efforts may become even more challenging as parents cannot always provide material items to the child causing feelings of conflict and guilt to arise.

In addition, in order to prevent resource loss, one must invest in resources to promote resource gain to ensure healthy functioning (Holmgreen et al., 2017). Parents may experience psychological distress, including feelings of failure and guilt as parents, due to investing resources into their children and consequently having certain expectations for their children. However, these expectations do not materialise because of deviant behaviour fuelled by the substance use, ultimately causing parents to go through the stages of emotions.

In line with the structural challenges brought on by low-income contexts, an integral part of parents' experiences is the financial insecurity that plague parents in such contexts. From the perspective of managing households in already restricted and low-income contexts (see Hall et al., 2018; Wilkinson, 2018), theft of essential items present a challenge to parents as replacing these items are not stress-free. Providing money to the substance user to avoid domestic conflict between the substance user and the household or the expensive cost of treatment presents further financial hindrances. These financial challenges are consistent with findings from a number of studies (see Dykes & Casker, 2021; Groenewald, 2016; Hoeck & Van Hal, 2012; Ludwig et al., 2021; Masombuka & Qalinge, 2020; Mathibela, 2017; Swartbooi, 2013; Wegner et al., 2014). The current study, however, provides a further glimpse into the true expense of having a child who uses substances, which often includes financial assistance, constant supervision, and being

responsible for the substance user beyond their adolescent years, extending well into adulthood before, during and after treatment. There is consequently no certain end for parents.

These findings are also supported and explained by the COR theory, which states that the loss of a resource has a greater psychological impact than the gain of a resource, in other words, distress is significantly increased with the loss of resources. For parents in the current study, the experience is characterised by the loss of resources in multiple ways, which eventually causes distress in the lives of parents. For example, parents are plagued with already limited financial means and struggle to provide for the household. This is compacted by further resource loss in the substance user's stealing behaviour. Hobfoll et al. (n.d.) emphasise that resource loss negatively impacts individuals or communities who already lack in resources. The lack of financial resources thus presents as a resource loss, exacerbating the already stressful situation to parents, and leading to further resource loss as the lack of financial security affords parents less accessibility and availability of coping resources.

Moreover, the current study further identifies that parents experience an uncertain, yet hopeful sense of the future with their children's addiction, specifically evident through parents' fears and experiences with relapses. During periods where their children are going through a clean phase, parents feel hopeful that their children will not return to using substances, although short lived once a relapse occurs. As expressed by Oreo and Ozgul (2007), the cycle and nature of substance use is unpredictable, filled with intermittent remissions and relapses – parents consequently do not know when the substance use will end. Ludwig et al. (2021) emphasises the importance of having accurate knowledge on the nature of substance use, as a lack of information may lead to unrealistic expectations for parents, especially pertaining to the cycle of addiction. The fears and uncertainties that parents experience thus call for appropriate assistance

and coping mechanisms for parents' both emotional well-being and guidance through the process as the substance user's caregivers.

In summary, the process of emotions, the financial burden, and the unpredictable nature of substance use are seemingly unavoidable elements in the experiences of parents of substance users in low-income contexts. As highlighted previously, the experience extends beyond the cost of treatment and often includes expenses before, during, and long after the actual substance use. Findings ultimately demonstrate the true cost of the parental experience, in addition to the financial burden on the government, and wider society.[8]

5.3 Parents of substance users' knowledge of, and access to available treatment resources

The second objective focused on exploring parents' knowledge of available resources, as well as parents' access to treatment resources. The objective consequently resulted in the findings having two components. The first component focused on *the role and knowledge of resources when coping with a child who uses substances* and was addressed through exploring the role of resources parents draw on when having to deal with a child who uses substances and how these resources manifested in various ways for parents ("The role of resources in coping with a child who uses substances"). The second component centred on *the access gained and service experienced at treatment or rehabilitation facilities* that contributed to how parents experienced dealing with a child who uses substances, and how the experience either positively or negatively impacted the navigation of this dilemma ("Access to treatment: Just make it easy").

[8] It was reported that burden of alcohol use alone cost the country R37.9 billion per year (Matzopoulos et al., 2014; Zikali, 2018). These costs, however, do not necessarily take into account the costs covered by parents.

A key finding in relation to knowledge of available resources, is the evident lack of, and access to available, appropriate, and accurate information resources to parents of substance users in low-income contexts. Sadiq (2019) emphasises that knowledge of resources enables parents to not only know what assets to draw on when in crisis, but also to gain the necessary skills to identify certain triggers and warning signs timeously and in doing so, seek the appropriate assistance. Not having information resources essentially prolongs the challenges that parents face and contributes to a great resource loss. Consistent with findings by Carney et al. (2020), Groenewald (2016), and Orford et al. (2013), parents rarely have sufficient information and appropriate information is scarce and difficult to access due to having little to no knowledge on where to go. Information gained through social settings were also often inaccurate.

Despite being consistent with findings from the aforementioned studies, the current study findings further suggest that access to information is hindered by structural challenges present in low-income contexts. Despite high internet penetration in South African households (see Johnson, 2021; Kemp; 2021; StatsSA, 2021), study findings note the structural challenges in accessing appropriate information resources online. Moreover, additional structural challenges are found in the insufficient assistance at public services as opposed to the swifter (although more expensive) assistance found at private facilities, or not having transport to inquire about suitable treatment options that are available. This is aligned to the COR theory, which emphasises that loss spirals often occur due to resources being insufficient to begin with which may hamper further resource investment, and ultimately resulting in further resource loss (Holmgreen at al., 2017).

Findings further demonstrate the various resources parents draw on and the how these resources either facilitated or created a barrier to coping. Similar to findings from previous

studies (Dykes & Casker, 2021; Kalam & Mthembu, 2018; Mathibela, 2017; Wegner et al., 2014), religion and religious resources assist parents in navigating their way through their children's substance use. Parents also draw on social support structures such as family members, friends, and resources within the community. These resources, to some extent, thus also serve as protective factors for these parents. It was evident, however, that a loss or lack of these support structures were difficult for parents which further complicated coping (Groenewald, 2016; Hlungwani et al., 2020; Orford et al., 2010). A lack of social support exacerbates feelings of shame and low self-esteem, ultimately contributing to poor well-being in parents. The lack of community support further highlights the need for de-stigmatisation, education, accurate knowledge and awareness programmes for families and communities at large (Mathibela, 2017).

Moreover, the findings, similar to previous studies, have shown that parents tend to neglect their own well-being and do not practice self-care as all attention is reverted to the substance user or other family members (Denning, 2010; Ludwig et al., 2021; Swartbooi, 2013). The current study, however, attempted to explore and provide further insight about the value of self-care as a protective factor and resource itself. Parents do not practice self-care *per se*, but parents shared ways they perceive to look after themselves, including to remain occupied. For some parents, constantly working serves two purposes: 1) to provide and 2) to keep going. In low-income contexts, being employed serves as a coping mechanism and a way to rise from adverse circumstances such as poverty, which do not always provide parents with flexibility or options (Chaudry et al., 2012; Wegner et al., 2014). For other parents, keeping busy is a way of coping emotionally and being in "survival mode". This was consistent with findings from a study about caregivers of individuals with severe mental illnesses (Hogan & John-Langba, 2016). Although this may be used as a coping mechanism for parents and could be viewed as forms of

strength and resilience, it should be cautioned to parents, as overall well-being remains neglected, further highlighting the need for improved and healthy self-care methods.

In terms of access to treatment resources (including treatment facilities or rehabilitation centres), findings demonstrate the multiple barriers parents of substance users face to gain *access*, particularly when faced with existing barriers in a low-income context. Barriers for these parents are encapsulated by the dependence on external structures to gain access to such facilities. Barriers to treatment facilities have been emphasised by South African studies (Isobell, 2013; Myers et al., 2008; Myers et al., 2010; Myers, 2013), and highlight the helplessness of parents when being dependent on external structures to gain access. As mentioned earlier in this chapter, substance use is often exacerbated by the intersectionality of contextual challenges associated with low-income contexts (see Carney et al., 2020; Florence & Koch, 2011; Kalam & Mthembu, 2018; Nqadini et al., 2008; Wegner et al., 2016). Current study findings therefore suggest that the environment itself could be considered a barrier, as some treatment facilities require substance users to be sober and willing when entering treatment, however, as long as the substance user is in an environment with triggers to substance use, being sober and deciding to enter treatment may present a challenge.

In line with the second objective of the study, findings prove the importance of early intervention and information resources, as parents reflected on how the access to, and the employment of suitable resources at an earlier stage of the substance use *could have* assisted in preventing challenges. Findings further highlight parents' desperation and frustrations with seeking help on this journey. Some parents related their experiences to, and even sympathised

with Ellen Pakkies.[9] Essentially, parents' level of relation to the story of Ellen Pakkies demonstrates the level of frustration, desperation, and urgency for advice to assist their children and themselves to cope with the situation. It is therefore vital to understand the experiences of parents, their coping responses, and the resources at hand to navigate through this experience in order to prevent worst-case scenarios such as Ellen Pakkies (Groenewald, 2016).

Ultimately, findings show that a loss of resources for parents manifests in the lack of support from social relationships or the lack of, and inaccessibility of accurate knowledge and information resources. Interestingly, resource gain for parents in this study was illustrated through the support that was received through various channels (e.g., family members or efficient treatment services) and how it assisted in navigating the situation and coping. In addition, a notable finding is the facilitating factors that seem to influence the process of gaining access, or easing the process of gaining access to treatment resources. Findings indicate that despite facing financial constraints and a lack of resources in other areas, for some parents, being educated, employed, and having social connections facilitated access to professional resources, as opposed to other parents who are unemployed and had various competing needs due to constraints presented in low-income contexts.

In addition, taking into account the research that has been conducted on the experiences of family of substance users, it is notable that not much has changed over the past few years with regard to the experiences that parents are having. The findings of this research study clearly highlight the structural challenges within a resource-constrained context, including poor service

[9] Ellen Pakkies strangled her substance-using son to death after facing verbal and physical abuse, and not having the appropriate treatment and structural resources at hand to cope with the problem and the prevention of maladaptive coping strategies (De Klerk, 2019).

delivery and inefficient access to and assistance from public services, which maintain parents' struggle on this journey. In effect, parents in low-income and resource-constrained contexts face the brunt of not having adequate resources to gain access to facilities. The lack of assistance ultimately maintains the substance use and the onslaught of challenges associated with the phenomenon.

Parents in resource-poor communities are evidently exposed to resource loss spirals as a lack of resource in one area (for example, a lack of access to internet resources or social connections), hinders the access to treatment resources (for example, having information on substance use itself or knowing which treatment centres to contact for assistance). It should be noted that despite parents sharing facilitators to gaining access to treatment resources, these resources are seemingly rare. This emphasises the need for, and availability of treatment resources to parents across various contexts regardless of occupation, socio-economic standing, or social affiliations.

5.4 Conclusion

A phenomenological research design was employed to explore the subjective experiences of parents of adolescent substance users, their knowledge of and access to available treatment resources in a low-income context. The discussion presented in Chapter 5 aligns with the aim and objectives of the study and highlighted the key elements of being a parent to a substance user. The chapter further demonstrated how these findings related to previous literature and the broader context of being a parent to a substance user. The last chapter will conclude the study and briefly outline the theoretical implications, limitations, and recommendations for future research on the subject under study.

CHAPTER 6

CONCLUSION

6.1 Introduction

Taking into account the prevalence and associated challenges of substance use within the Western Cape, South Africa, and the burden on the substance user, their families, and wider society, it was imperative to explore some facets associated with the often-over-looked experiences of a substance users' primary caregivers, and more specifically, to explore this experience through a socio-economic lens.

The sixth and final chapter of this study will provide a brief summary of key findings. The chapter will further highlight the significance of the study, the theoretical implications of the findings for parents/guardians of substance users, the limitations of the study, and lastly, recommendations for future research.

6.2 Implications of findings

The study endeavoured to explore the subjective experiences of parents/guardians of adolescent substance users, their knowledge of and access to available treatment resources in a low-income community. A review of national and international literature illustrates that despite having documented the experiences of parents and family members (for example, Asante & Lentoor, 2017; Butler & Bauld, 2005; Dykes & Casker, 2021; Groenewald, 2016; Jackson et al., 2007; Kalam & Mthembu, 2018; Orford et al., 2010; Swartbooi, 2013), studies do not necessarily place focus on how these experiences manifest from the perspective of living in a low-income environment, and how experiences are often influenced by structural challenges and the role of resources when living in such contexts. The study therefore sought to further explore these

experiences through the lens of parents in low-income contexts, and how resources could facilitate or debilitate how parents manage their experience.

At its essence, the experience of being a parent to an adolescent substance user, specifically within a low-income context, is multifaceted and tumultuous. The key experiences of these parents are encapsulated by the following characteristics: the parental stages of child addiction (denial, recognising and accepting change, and a constant battle of emotions); financial turmoil brought on by various challenges associated with substance use; and the sense of hope for the future amidst the unpredictable, cyclical nature of substance use. It was clear that these experiences, which proved to be challenging on its own, were further amplified by the structural challenges that are presented in low-income and resource-constrained communities. Evidently, these parents of substance users do not have the appropriate means to address or manage the situation, and have difficulty navigating through the associated trials, highlighting the need for appropriate coping resources.

The study's findings could assist in the development and improved availability of multidimensional health programmes focused on parents of substance users, as parents are required to navigate the multifaceted and longstanding physical health challenges with little support. Such interventions could include self-care and empowerment programmes for parents, skills training on new parenting roles, and mental and emotional support extending beyond the period of these interventions (Carney et al., 2020; Chibambo, 2019; Kalam & Mthembu, 2018; Masombuka & Qalinge, 2020). Support spaces lead by experts, where parents of substance users can share their experiences should also be encouraged, as findings highlight the lack of healthy outlets for parents who experience the process of emotions. The study further offers insight into the importance of early intervention. Many parents expressed an initial sense of denial upon

discovery of substance use during adolescence. This denial ultimately influenced parents thought of when it was appropriate to seek assistance, and the result being that the problem persisted until adulthood. Education and awareness campaigns, in partnership with schools and community organisations which work with susceptible groups, could enable parents to seek assistance during the early stages of substance use, and promote early intervention and prevention strategies. These programmes, however, should be easily accessible and promoted to parents in low-income settings.

In exploring parents' knowledge of, and access to treatment resources from the perspective of living in a low-income setting, findings clearly demonstrated a lack of available and accessible information resources for parents of substance users. It was also apparent that parents drew on various resources to cope with the phenomenon, however, not all resources facilitated effective coping, often due to a lack of available resources further hampering the seeking of assistance. Insufficiency of resources evidently influence how parents are able to cope with their children's substance use. Parents also expressed the difficulty of gaining access to treatment resources due to the dependence on external structures to gain access to treatment centres. Although some parents expressed facilitating factors, it was shown that these facilitators were often influenced by the resources parents had available. Parents in low-income and resource-constrained environments have existing challenges with acquiring resources to gain *access* to facilities, further maintaining the problem.

These findings contribute to valuable knowledge on the availability and access to resources for parents within a low-income context, whose children use substances. There is a notable lack of information and education on coping for parents of substance users. Study findings consequently encourage the development of education programmes specifically targeted

at parents who live with, and care for their child who uses substances, as substance use is complicated in nature and requires informed decision making for those who live with the substance user. Such programmes could equip parents with skills to navigate through the cyclical nature of substance use and how to deal with the behaviour changes accompanied by substance use.

Furthermore, it was evident that parents of substance users need an improvement in services provided by the justice- and public health system. This includes swift assistance when called upon or easy accessibility, as these structures are often inaccessible due to institutional requirements. External structures, for example courts and public hospitals, are encouraged to have designated assistance points for parents of substance users and should ensure the provision of sufficient information on which treatment and support opportunities parents could consult. Due to judgemental attitudes and lack of community support which parents encountered, participants emphasised the strengthening of community support and structures to promote awareness and understanding in support of parents of substance users. There is thus a call on "first response" structures, including schools, community-based organisations, or faith-based organisations to not only provide rapid referrals once cases are identified and information about substance use to the community, but also to provide credible information and social support to parents, and promote effective coping strategies and well-being.

The current study is also in line with the strategic priorities outlined in the Revised White Paper for Families, which prioritises the promotion of family well-being (factors required by families to function well such as food security and opportunities for economic empowerment); strengthening of family relationships (preventing negative family cycles, equipping families with skills such as conflict management, and providing support to caregivers); and increasing support

for vulnerable families (prevention and intervention/treatment programmes and services) (Department of Social Development, 2021), emphasising the importance of protecting vulnerable families. Moreover, these findings ultimately demonstrate the imperativeness of multifaceted interventions for parents (for example, knowledge on substance use, skills to deal with relapse, and coping support designed specifically for parents or caregivers of substance users) (Choate, 2015; Groenewald, 2016), and more importantly, having the appropriate access to these resources and efficient service delivery for effective coping.

6.3 Theoretical implications

The Conservation of Resources [COR] theory essentially posits that stressful life events are further maintained when there is a loss or lack of adequate resources to assist in navigating the situation, and is concerned with resources in stressful life events rather than factors that cause stress within individuals (Krohne, 2002; Walt et al., 2012). The theory further attempts to explain how resource gain or resource loss could facilitate or debilitate coping when presented with stressful life events.

Using the key tenets of the COR theory through exploring the resources parents draw on, or rather the role resources play in parents' coping in low-income contexts, the study was able to illustrate how parents' already difficult experiences are further complicated by living in resource-constrained settings. It was evident that in cases where resource loss was experienced (including having a lack of information resources, social support, or financial resources, and consequently not being able to facilitate social support resources to improve parents' well-being or access treatment resources to cope with being a parent of a substance user), it was difficult for parents to cope with the various challenges that arose. However, in cases where parents experienced resource gain, and had some acquired some type of resource such as knowledge or information

resources, or a strong social support structure which facilitated gaining other resources, some challenges were alleviated.

The COR theory further posits that "…those with greater resources are less vulnerable to resource loss and more capable of orchestrating resource gain. Conversely, those with fewer resources are more vulnerable to resource loss and less capable of resource gain" (Hobfoll, 2001, p. 349). This was indicated by various accounts of parents, for example, not having access to information resources for treatment options due to inaccessibility to technology, both because of the substance user's thieving behaviour and not having enough money to replace items. These findings emphasise the imperativeness of availing resources to parents in low-income contexts, through multifaceted and accessible methods. Information to social support and treatment resources should be made available at accessible points, including schools, police stations, public health spaces, and community or religious structures such as churches. These resources should also be facilitated by affordable and fair access to treatment resources for parents from various contexts regardless of occupation, socio-economic standing, or social affiliations, as parents may not have such facilitators due to structural deficits presented in resource-constrained communities. In essence, as stated in the previous section, support structures for parents should facilitate resource gain in an attempt to combat resource loss, and consequently ineffective coping for parents of substance users.

The COR theory, essentially, was particularly applicable to low-income contexts and consequently allowed me to explore the necessity of resources when experiencing the phenomenon of being a parent to an (adolescent) substance user. As the need for resources are evident in the current study, future studies focusing on resources could assist in minimising

resource loss and improve resource gain in order to facilitate parents and their well-being on this journey of being a parent to a substance user.

6.4 Limitations

The study has both strengths and limitations. The most notable strength is that the study highlights the voices of parents of substance users and provided parents with a space to share first-hand accounts of their struggles as experienced in their daily lives. Findings could thus contribute to insightful knowledge on parents of substance users, specifically in low-income contexts, and inform improved service delivery, policy, and suitable interventions for this multifaceted phenomenon.

The study, however, does have some limitations pertaining to the sample and language. The inclusion criteria originally were restricted to parents of *current* adolescents, however, due to challenges in accessing these participants, changes to the sampling criteria was necessary. Participants were required to be parents of substance users who started using during their adolescent years, hence, parents' experiences were more reflective in nature. Despite the valuable insights of the long journey and true cost of substance use provided by parents, it should be noted that current parents of adolescents may have different experiences. Similar to Groenewald (2016), the participant sample primarily consisted of mothers, with only one male (also the only guardian) participant. From many of the participants' experiences, it was apparent that the situation was often navigated differently between spouses or mothers and fathers. The scarcity of male participants could also be attributed to masculine norms, and men or fathers being hesitant to share their thoughts and feelings on the phenomenon and warrants further exploration as their experiences may by different to those of female participants and mothers. Furthermore, the majority of the interviews were conducted in Afrikaans and later transcribed

and translated into English. This may have allowed space for misinterpretation to occur. It should, however, be noted that I am proficient in both the Afrikaans and English language, therefore allowing any misinterpretation or misunderstandings from the original text to be minimised. Translations were also spot checked by a colleague, further minimising the risk for misinterpretation.

6.5 Recommendations

Parents' experiences emphasised the lack of support resources for parents in low-income contexts. Through these reflections of parents on their experiences, the current study serves as a stepping stone for research on parents of substance users, as it highlights the need for research and interventions to better the availability and access to resources, particularly for parents in low-income contexts. Suggestions include information sessions focused on parents of substance users at public clinics, community drives highlighting substance use awareness and family support, or emotional support sessions where parents have a space to share their experiences. As stated in the limitations, as males or fathers may live and express their experiences differently due to societal norms, future studies focused on this group could be valuable. Intervention focused studies could also benefit from a participatory approach where parents are involved in the research process and intervention development phases. It was evident that parents have ideals/solutions based on their own experiences. Involving parents when developing solutions is thus imperative as it could provide insights and solutions tailored to the needs of parents. Furthermore, as parents in low-income context are faced with existing structural challenges, future studies should focus on these challenges in relation to parents' experiences, as these factors are often interlinked and require a holistic approach. Parents require assistance and resources during various phases of this journey, therefore, studies focusing on the structural

challenges may aid in the improvement of service delivery in various structures such as the justice system or rehabilitation centres.

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APPENDIX A: Interview Schedule (English)

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: 021 959 2825, Fax: 021 959 3515, E-mail: 3532384@myuwc.ac.za

INTERVIEW SCHEDULE

Questions that focus on the participants (parents of adolescent substance users):

1. Please tell me more about yourself?
    - How old are you?
    - Where are you from?
    - What do you do for a living?
    - Are you married?
    - How many children do you have and what are their ages?

2. Please tell me more about your son/daughter who is currently receiving treatment or rehabilitation?
    - How old is he/she?
    - At what age did he/she start using substances?
    - What has your relationship with your child been like both before and after using substances?

3. How did the experience of having an adolescent who uses substances affect various areas of your life?
    - Relationship with your spouse (if married or if you have a partner).
    - Relationship with your other children.
    - Relationship with extended family and the rest of your social relationships (friends, colleagues, community).
    - Atmosphere in your home environment.
    - Occupational activities.
    - Financial impact.
    - Any other feelings that were experienced during the time of the adolescent's substance use.

4. What ways have you used to cope/deal with these experiences?

- Reaction and course of action when you first found out your child was using substances.
- Friends and family.
- Religion.
- Rehabilitation or support centres.

5. Knowledge of available resources to deal with this experience.
    - Prior to seeking help with your child's substance use, did you have any knowledge of the resources you could use in cases such as these?
    - How did you find out about the current facility your child is receiving treatment from/ you are receiving support from?
    - Do you feel that the more knowledge you gained about the issue and the assistance you were receiving helped lighten the load in some way?
    - If you had more knowledge on the issue (in case participant feels that they did not have sufficient knowledge to deal with the problem) do you think it would've made a change in the stressful experiences that you have dealt with?

6. Access to treatment resources.
    - Gaining access to a treatment facility: steps you took to gain access to the facility.
    - Was it a fairly easy or difficult process?
    - If difficult: what were the troubles (barriers) you faced in gaining access to treatment?
    - These barriers could speak to factors such as personal, cultural, financial, administration or geographical barriers.
    - If fairly easy: any factors that made the process easier.
    - Any recommendations you have that would help make the access process easier.

7. Are there any questions from your side?
    - Anything that was not shared during the questions that were asked.
    - Thank participant for their time and willingness to participate.

APPENDIX B: Interview Schedule (Afrikaans)

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DEPARTMENT OF PSYCHOLOGY
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ONDERHOUD SKEDULE

Vrae wat fokus op die deelnemer van die studie (ouers van tiener dwelmgebruikers):

1. Vertel my asseblief meer van jouself?
    - Hoe oud is u?
    - Van waar is u?
    - Wat doen u vir ‘n lewe?
    - Is u getroud?
    - Het u kinders? Wat is hul ouderdomme?

2. Vertel my asseblief meer van u seun/dogter wat tans in die rehabilitasie sentrum is.
    - Hoe oud is hy/sy?
    - Op watter ouderdom het hyy/sy dwelms begin gebruik?
    - Watter emosies het u ervaar toe u uitvind?
    - Hoe was u verhouding voor en na u kind dwelms begin gebruik het?

3. Hoe het hierdie ervaring verskillende areas van u lewe affekteer?
    - Verhouding met u maat (huwelik of romantiese verhouding)
    - Verhouding met u ander kinders.

- Verhouding met uitgebreide familie en ander sosiale verhoudinge (vriende, kollegas en gemeenskap).
- Die atmosfeer in u huishoudelike omgewing.
- Werksaktiwiteite.
- Finansiele impak.
- Enige ander gevoelens wat u ervaar het tydens u tiener se gebruik van dwelms.

4. Watter metodes het u gebruik om hierdie ervaringe te hanteer?
    - Reaksie en plan van aksie toe u uit vind u seun/dogter was besig om dwelms te gebruik.
    - Vriende en familie,
    - Geloof.
    - Rehabilitasie of ondersteuningsentrums.
    - Enige ongesonde maniere van "cope" (wat dalk isolasie veroorsaak het van ander).

5. Kennis van beskikbare hulp om hierdie ervaring te hanteer.
    - Voor u hulp gesoek het vir u kind se dwelm gebruik, was u bewus van watter dienste u gebruik kan maak in gevalle soos die?
    - Hoe het u uitgevind van die rehabilitasie setrum waar u kind tans behandeling ontvang?
    - Voel u dat hoe meer kennis u oor die situasie gekry het en die hulp wat u ontvang het, hoe meer hanteerbaar dit geraak het?
    - As u meer kennis gehad het oor hierdie situasie (indien deelnemer voel dat hy/sy nie genoeg inligting oor die probleem gehad het nie) dink u dit sou 'n verandering maak in hoe u met hierdie stresvolle situasie geleef het?

6. Toegang tot behandelingshulpbronne.

- Toegang tot behandelingsfasiliteit: stappe wat u geneem het om toegang te kry tot die fasiliteit.
- Was die proses maklik of moeilik?
- Indien moeilik: wat was die moeilikhede wat u ervaar het om toegang te kry tot behandeling?
- Hierdie moeilikhede kan verwys na faktore soos persoonlike, kulturuele, finansiële, administratiewe of geografiese grense.
- Indien maklik: enige faktore wat die proses vergemaklik het.
- Het u enige voorstelle rondom hoe u dink die proses vergemaklik kan word?

7. Het u enige vrae?
    - Enige iets wat nie gedeel was gedurende die vrae wat gevra was nie.
    - Bedank deelnemer vir hul tyd en vrywilligheid om deel te neem aan die studie.

APPENDIX C: Information Sheet (English)

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
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INFORMATION SHEET

Project Title: The subjective experiences of parents of adolescent substance users, their knowledge of and access to available treatment resources

What is this study about?

This is a research project being conducted by Seneca Louw (under the supervision of Dr Serena Isaacs) at the University of the Western Cape. You are invited to participate in this research project because of the valuable knowledge and insights you have of being a parent/guardian of an adolescent substance user. The purpose of this research is to explore the subjective experiences of parents/guardians of adolescent substance users. In addition to exploring these experiences and as an attempt to promote more adaptive coping strategies (especially in communities where resources are low), the parents' knowledge of available resources and accessibility of treatment resources will also be explored.

What will I be asked to do if I agree to participate?

You will be asked to participate in an interview that will take approximately one hour. The interview will be conducted either over an online platform (for example WhatsApp, Skype or Microsoft Teams), telephonically or face-to-face (if lockdown regulations are eased and you are comfortable with it) and will be set at a time most convenient for you. Arrangements for data will be made if needed. With your permission, the interview will be audio-recorded. The interview questions are aimed at gaining your subjective experiences as a parent or guardian of an adolescent substance user. During the interview, we will have a conversation about who you are,

your experiences with having a child who uses substances, your knowledge of available treatment resources and how you experienced access to these treatment resources.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will be replaced with a pseudonym on the collected data. Through the use of this pseudonym, the researcher will be able to link your interview to your identity, and only the researcher will have access to the identification key.

In order to ensure your confidentiality, the recorded audio-files will be stored in a secure space where only the researcher and supervisor will have access to. In addition, transcribed transcripts will be secured by a password-protected computer. If a report or journal is written on this research project, your identity will be protected.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. As such, all research carries some risk. These risks, however, will be minimised and will be acted on promptly to assist you if you experience any discomfort, psychological or otherwise, during the process of your participation in this study. The University's Clinical Psychology programme offers free counselling by student psychologists under supervision and could be arranged if any distress is experienced. Alternatively, Counselling hub (Counsellinghub.org.za) provides services to individuals at R50 a session and will be arranged (costs covered by the researcher) if you require any further assistance.

What are the benefits of this research?

This research may not help you directly or personally, but the results gained, by sharing your story, may help the researcher learn more about the importance of having sufficient knowledge and access to resources when dealing with stressful life events such as being a parent or guardian to an adolescent substance user. We hope that in the future, other people might benefit from this study through the formulation of support programmes that are rich in quality and accessible to parents of substance users across various socio-economic contexts.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Seneca Louw, under supervision of Dr Serena Isaacs, at the University of the Western Cape. If you have any questions about the research study itself, please contact Seneca Louw at: 083 423 7514 or via email: 3532384@myuwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant, or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee (REFERENCE NUMBER: BM19/7/23).

APPENDIX D: Information Sheet (Afrikaans)

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: 021 959 2825, Fax: 021 959 3515, E-mail: 3532384@myuwc.ac.za

INFORMASIE BLAD

Navorsingsprojek titel: Die subjektiewe ervarings van ouers van tiener dwelmgebruikers, hul kennis van en toegang tot beskikbare behandelingshulpbronne

Waaroor gaan hierdie studie?

Die voorgestelde studie word deur Seneca Louw (onder leiding van Dr Serena Isaacs) by die Universiteit van Wes-Kaapland gedoen. U word uitgenooi om deel te neem aan hierdie navorsingsprojek omdat dat u 'n waardevolle bydra kan maak deur u insigte te deel as ouer van 'n tiener wat dwelms gebruik/gebruik het. Die doel van hierdie navorising is om die subjektiewe ervarings van ouers van 'n tiener wat dwelms gebruik, te bestudeer. Die studie stel ook belang daarin om meer aanvaarbare metodes te bevorder wat kan help met hierdie stresvolle ervaring (veral in gemeenskappe waar hulpronne beperk is) asook u kennis van beskikbare hulpbronne en toeganklikheid van hierdie hulpbronne te bestudeer.

Wat word verwag van my indien ek besluit om deel te neem?

Daar sal verwag word van u om deel te neem aan 'n onderhoud wat omtrent een uur sal neem om te voltooi. Die onderhoud sal plaasvind of oor 'n aanlyn platform (soos byvoorbeeld WhatsApp, Skype of Microsoft Teams), telefonies, of sal in persoon gedoen word (indien inperking regulasies verminder word en u gemaklik daarmee is), en op 'n tyd wat u die beste sal pas. Reëlings vir data sal getref word indien nodig.

Met u toestemming, sal daar 'n klank opname van die onderhoud geneem word. Die doel van die onderhoud vrae is om u subjektiewe ervaringe as ouer van 'n tiener dwelmgebruiker te verstaan. Gedurende die onderhoud sal ons 'n gesprek hê rondom wie u is, u ervarings met 'n kind wat dwelms gebruik, u kennis van beskikbare hulpbronne en hoe u toegang tot hierdie hulpbronne ervaar het.

Sal my deelname in die studie vertroulik gehou word?

Die navorser onderneem om u identiteit te beskerm asook die aard van u bydra in die studie. Om anonimiteit te verseker sal u naam vervang word met ‘n pseudoniem en sodoende sal net die navorser u onderhoud met u identiteit kan verbind. Die navorser sal ook die enigste persoon wees wat toegang het tot inligting rondom u identiteit. U vertroulikheid sal verseker word deur die klank opnames in ‘n veilige plek te stoor waar net die navorser en die studieleier toegang sal hê. Die transkripsie van onderhoude sal op ‘n wagwoord-beskermde rekenaar gestoor word en indien daar enige verslag of joernaal artikel geskryf word aangaande hierdie projek, sal u identiteit beskerm word.

Is daar enige risiko’s verbonde aan hierdie studie?

Daar is altyd ‘n mate van risiko betrokke waar menslike interaksies plaasvind, asook wanneer daar oor jou eie ervaringe (sowel as die van ander) gepraat word. Alle navorsing dra dus ‘n risiko. Die navorser onderneem om enige form van risiko te verminder en indien daar enige ongemak is (sielkundig of anders) gedurende die studie, onderneem die navorser om so gou as moontlik op te tree ten gunste van die deelnemer om die ongemak te verminder. Die universiteit se Kliniese Sielkunde program bied gratis beradingsdienste deur student-sielkundiges aan en kan genader word indien enige ongemak ervaar word. Counselling hub (Counsellinghub.org.za) bied ook beradingsdienste aan individue teen R50 per sessie en kan genader word (kostes gedek deur die navorser) indien nodig.

Wat is die voordele van hierdie navorsing?

Die navorsing mag u dalk nie direk of persoonlik help nie, maar die resultate, deur u storie te deel, kan navorsers inlig oor die belangrikheid van nodige kennis asook toegang tot nodige hulpbronne om stresvolle gebeure (soos om ‘n ouer van ‘n tiener dwelmgebruiker te wees) meer hanteerbaar te maak. Ons hoop dat ander mense, met soortgelyke omstandighede, van hierdie navorsing sal waarde vind in die toekoms, deur die formulering van ondersteuningsprogramme wat ryk is aan kwaliteit en toeganklik vir ouers van dwelmgerbruikers oor verskeie sosio-ekonomiese platforms.

Moet ek deelneem aan hierdie studie en kan ek enige tyd stop?

U deelname aan hierdie studie is heeltemal vrywillig. U mag besluit om glad nie deel te neem nie en indien u besluit om deel te neem, het u die volste reg om u deelname enige tyd te staak. U sal nie gepenaliseer word of enige voordele verloor indien u besluit om nie aan die studie deel te neem nie.

Wat as ek enige vrae het?

Die navorsing word deur Seneca Louw, onder die leiding van Dr Serena Isaacs, by die Universiteit van Wes-Kaapland gedoen. Indien u enige vrae het oor die studie, voel vry om die navorser (Seneca Louw) op die volgende wyse te kontak: 083 423 7514 of via e-pos: 3532384@myuwc.ac.za

Indien daar enige vrae is rondom die studie en u regte as deelnemer, of selfs as u enige problem of ongemak wat u ervaar het wil raporteer, voel vry om die volgende persone te kontak:

Prof Anita Padmanabhanunni
Head of Department: Psychology
University of the Western Cape
Private Bag X17
Bellville 7535
apadmana@uwc.ac.za

Prof Anthea Rhoda
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

Patricia Josias
Research Ethics Committee Officer
University of the Western Cape
Private Bag X17
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021 959 4111

Hierdie navorsing het goedkeuring ontvang van die Universiteit van Wes-Kaapland se Etiese Komitee vir Biomediese Navorsing (VERWYSINGSNOMMER: BM19/7/23).

APPENDIX E: Consent Form (English)

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: 021 959 2825, Fax: 021 959 3515, E-mail: 3532384@myuwc.ac.za

CONSENT FORM

Title of Research Project: The subjective experiences of parents of adolescent substance users, their knowledge of and access to available treatment resources

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that when I give permission to have the interview audio-recorded it will be stored in a safe place with only the researcher and supervisor having access to the audio-file. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Please select your answer below.

I hereby agree to have the interview audio-recorded. _____

I hereby disagree to have the interview audio-recorded. _____

Participant's name…….

Participant's signature…….

Date……

APPENDIX F: Consent Form (Afrikaans)

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DEPARTMENT OF PSYCHOLOGY
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VRYWARINGSVORM

Navorsingsprojek titel: Die subjektiewe ervarings van ouers van tiener dwelmgebruikers, hul kennis van en toegang tot beskikbare behandelingshulpbronne

Die studie is aan my verduidelik in 'n taal wat ek verstaan. My vrae oor die studie is deur die navorser beantwoord. Ek verstaan wat die navorsing behels en ek stem in om deel te neem uit vrye wil. Ek verstaan dat my identiteit nie aan enige iemand bekend gemaak sal word nie. Ek verstaan dat wanneer ek toestemming gee vir die klank opname van my onderhoud, dat dit in 'n veilige plek gestoor sal word waar net die navorser en studieleier toegang sal hê. Ek verstaan dat ek myself enige tyd van die navorisng kan verwyder, sonder rede en sonder 'n vrees vir negatiewe aksies as gevolg van my ontrekking.

Antwoord asseblief hieronder.
Ek gee hiermee my **toestemming** vir die klank opname van die onderhoud _____
Ek gee hiermee **nie my toestemming nie** vir die klank opname van die onderhoud _____

Naam van deelnemer……

Handtekening van deelnemer……...

Datum……

APPENDIX G: Ethics Approval Letter

UNIVERSITY *of the* WESTERN CAPE

13 April 2021

Ms S Louw
Psychology
Faculty of Community and Health Sciences

Ethics Reference Number: BM19/07/23

Project Title: The subjective experiences of parents of adolescent substance users, their knowledge of and access to available treatment resources

Approval Period: 13 April 2021 – 13 April 2024

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

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

Permission to conduct the study must be submitted to BMREC for record-keeping.

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

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

Director: Research Development
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NHREC Registration Number: BMREC-130416-050