

**Exploring parents' experiences of living with a young person
between the ages of 18–35 who is a substance abuser**

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ABSTRACT

Substance abuse is increasingly recognised as a serious global public health concern, affecting societies and families in South Africa and around the world. This study delves into the experiences of parents living with a young person, aged 18-35, who is a substance abuser in the rural Kannaland region of Western Cape, South Africa. Parents play a pivotal role in their children's lives and are expected to exert a significant influence over them. However, existing research in the field of substance abuse often focuses solely on the individual struggling with addiction. This narrow focus is problematic because it overlooks the profound impact substance abuse has on the family.

The aim of this research project was to explore parents' experiences of living with a youth between the ages of 18~35 years that is a substance abuser. To achieve this, a qualitative approach was employed using an exploratory-descriptive design. Semi-structured interviews were conducted as the primary method of data collection, and thematic data analysis was applied, giving rise to six themes. The emerging themes were family system and substance abuse, parents' experiences of substance abusing youth, challenges experienced by parents of substance abusers, resources available to parents, parents' coping strategies, and finally, parents' pleas and need for support services.

One of the major findings of this study was the lack of support structures from both governmental and non-governmental institutions for parents dealing with substance-abusing family members. Additionally, the scarcity of local resources for substance abuse intervention was a significant issue, with most resources located beyond municipal boundaries. Furthermore, parents reported a lack of information regarding how to access substance abuse intervention services.

The study revealed that parents of substance abusers are structurally vulnerable, and this vulnerability is compounded by structural deficits such as the scarcity of resources in the

rural area in which they reside, a dearth of accessible information, and the absence of adequate support structures.



DECLARATION

I declare that the study titled, “*Exploring parents’ experiences of living with a young person between the ages of 18-35 who is a substance abuser*” is a consequence of my own research. The sources utilised in the study have been specified and duly acknowledged, by means of ample references.



ACKNOWLEDGEMENTS

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DEDICATION

I dedicate this study to my late grandparents,

Isak and Ida,

who instilled a legacy of lifelong learning in our family.

I also extend my dedication to my three wonderful children:

Candy-Sihaan , Riley, and Zoë-Denika.

*May you be abundantly blessed and
go on to accomplish remarkable achievements.*

The logo of the University of the Western Cape, featuring a stylized classical building with a pediment and columns.

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
APA	American Psychiatric Association
CAT	Methcathinone
CNS	Central Nervous System
COVID-19	Coronavirus
DMT	Dimethyltryptamine
DOS	Differentiation of Self
FST	Family System's Theory
GHB	γ -hydroxybutyric acid
GRD	Garden Route District
GST	General Systems Theory
HSSREC	Humanities and Social Science Research Ethics Committee
ICD	International Classification of Diseases
IDP	Individual Development Plan
IQ	Intelligence Quotient
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and/or Questioning
LSD	Lysergic Acid Diethylamide
MDMA	Methylenedioxymethamphetamine
NCDAS	National Centre for Drug Abuse Statistics
NDMP	National Drug Master Plan
NFES	Nuclear Family Emotional System
NGO	Non-Governmental Organisation
NIDA	National Institute on Drug Abuse

NYDA	National Youth Development Agency
OTC	Over-The-Counter
PTSD	Post-Traumatic Stress Disorder
RSA	Republic of South Africa
SACENDU	South African Community Epidemiology Network on Drug Use
SASSA	South African Social Security Agency
SDG	Sustainable Development Goal
SFT	Structural Family Therapy
StatsSA	Statistics South Africa
SUD	Substance Use Disorder
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
UWC	University of the Western Cape
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 BACKGROUND & RATIONALE

Substance abuse is increasingly recognised as a critical global public health concern. It is posited that substance abuse disorder (SUD) can have a serious impact on individuals and their families (Lipari & Van Horn, 2017). McNeece and DiNitto (2014) define “substance abuse” as the persistent utilisation of a substance despite being cognisant of the detrimental effects resulting from its prolonged use. Substances are typically categorised into several groups: *Stimulants* (e.g., cocaine/crack, amphetamines, caffeine, and nicotine); *depressants* (e.g., ethanol, benzodiazepines, opioids, and γ -hydroxybutyric acid [GHB]); *inhalants* (e.g., glue, poppers, solvents, and aerosol sprays); *hallucinogens or psychedelics* (e.g., lysergic acid diethylamide [LSD], dimethyltryptamine [DMT], psilocybin, mescaline, marijuana, and methylenedioxymethamphetamine [MDMA]) (Andrade et al., 2020).

If we now turn to the family and how the unit members are intricately linked, the family remains the first building block of any individual and thus cannot be overlooked in any matter relating to them. Family system theory is based on the premise that the action of one member impacts the whole family system and it thus stand to reason that the actions of a substance abusing family member would have repercussions for the family in its entirety. In addition, a plethora of authors have argued that substance abuse can be seen as a family disease due to linkage between the family and the probable effect of the substance abuse on the entire family system (Lander et al., 2013; Kuhn & Slabbert, 2017; Casker, 2019; Felkers, 2019). Moreover, a substantial body of published research is dedicated to the study of families. The White Paper on Families (DSD, 2013a) defines a “family” as a societal group linked by blood (kinship),

adoption, foster care, the bonds of marriage (civil, customary, or religious), civil union, and cohabitation, and extends beyond a particular physical residence.

Bowen (2014) is of the view that the family is the primary agent where individuals' behavioural patterns are learned or reinforced. Kader and Roman (2019) assert that parents form the foundation of the family and act as a guide to other family members. Citing Holtrop et al. (2015), these authors contend that there is a correlation between parenting as a family process and children's behaviour. In a different perspective, Gwenzi (2020) offers a two-fold definition of "family", based on biological relatedness and family dynamics. In this regard, Gwenzi argues that individuals can be considered part of a family when they exhibit familial behaviours, live together as a family unit, and provide care within a domestic structure.

1.2 FAMILIES AND SUBSTANCE USE

Dermott and Fowler (2020) posit that the family functions as an institution where children are raised, with Bowen's (2014) family systems theory (FST) serving as their chosen theoretical framework. Dennis and Champlin (2020) contend that the field of substance abuse research has predominantly centred on the substance user while often overlooking the needs of their loved ones. The authors assert that addressing the recovery needs of family members affected by the actions of the substance user is equally important.

Numerous authors have highlighted the limited research on parents' experiences and coping strategies when dealing with their substance-abusing offspring (Mathibela, 2017; Groenewald & Bhana, 2016b; Kalam & Mthembu, 2018). Hence, there exists a pressing need to examine the experiences of parents living with a young adult, aged 18 to 35, who is grappling with substance abuse. This research area warrants careful consideration and exploration.

1.3 SOCIAL WORK INTERVENTION FOR SUBSTANCE USE IN A RURAL AREA

Social workers are guided by several policy documents that outline the framework for providing services to substance users and their families. These essential documents include the National Drug Master Plan (2019–2024); Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 (Republic of South Africa [RSA], 2008); White Paper for Social Welfare (RSA, 1997); Framework for Social Welfare Services (Department of Social Development [DSD], 2013b) and the Mental Health Act, No. 17 of 2002 (RSA, 2002).

This project was conceived while the researcher was employed as a social worker specialising in substance intervention by the DSD in Kannaland, located in the Eden-Karoo Region within the Western Cape based in the small rural town of Ladismith.

As a substance intervention social worker, the researcher witnessed the frustration of family members impacted by a member's substance abuse. The poignant words of one anguished mother, deeply resonated: *“God must forgive me, the child almost made me a murderer, I felt like killing him to save us all, rather than him ruining us, nothing helps!”*

In rural Kannaland, the management of daily substance abuse cases primarily relies on reports from families of substance users or the substance users themselves seeking intervention. According to the Western Cape Economic Profile (2020), there was an increase in drug-related offences in the Kannaland area during the 2019/2020 period, with 435 recorded incidents compared to the previous year, which had a total of 375 such incidents. From the researcher's observation, most residents in Zoar, Hoekoe, Van Wyksdorp, Calitzdorp, and the surrounding farms prefer to do their shopping in Ladismith or alternatively in Oudsthoorn. Kannaland, which is a rural area, encompasses the towns Ladismith, Calitzdorp, Van Wyksdorp, Zoar and the surrounding farms. The only two banks in Kannaland are located in Ladismith. Additionally, various government institutions, including Agriculture, Department of Justice,

the Department of Health, Correctional Services, Social Development, South African Social Security Agency (SASSA), Department of Home Affairs, and the South African Police Service (SAPS) all render services from the town of Ladismith.

At the DSD in Kannaland, substance intervention services are provided by social workers working with a generic model. Under this approach, a single social worker is responsible for handling substance interventions in their designated service area, in addition to other services such as child protection, services for the elderly, disability support, and victim empowerment. Social workers follow the Integrated Service Delivery Model (2006) as their guiding framework when delivering a continuum of services that range from prevention to early intervention, statutory services, alternative care, and aftercare to improve the social functioning of individuals.

Poverty and unemployment are pervasive issues in the rural area of Kannaland, where substance intervention services are not as specialised as in the larger cities. In line with this, the World Drug Report (2020) by the United Nations Office on Drugs and Crime (UNODC) highlights that, although global data on substance intervention services in rural areas is lacking, individuals residing in rural areas face difficulties in accessing adequate treatment for substance use. The report cites research conducted on substance users in both Hunan Province, situated in China, and Australia, which found that individuals living in rural areas are less likely to utilise prevention and substance intervention services compared to their urban counterparts (UNODC, 2020).

Research findings, like those outlined by the above report (UNODC, 2020), emphasise the necessity of comprehending the challenges encountered by individuals who seek substance intervention services in rural areas due to the scarcity of available data. This further underscores the significance of conducting a study among parents residing in rural Kannaland to explore their experiences when living with a young person who uses substances.

1.4 CHALLENGES OF PARENTING A SUBSTANCE ABUSING YOUTH IN SOUTH AFRICA

In the South African context, in early 2007, Ellen Pakkies became internationally known after tragically strangling her then 20-year-old son, Abie Pakkies, who was struggling with drug abuse in Lavender Hill, Cape Town. This incident sparked a significant public outcry, with the DSD being criticised for its perceived failure to provide adequate services to parents dealing with substance abusing children.

According to a News 24 article, on January 31, 2018, a 62-year-old elderly man named Sedick Abrahams was arrested for allegedly stabbing his 28-year-old son, Clinton, to death in an act of self-defence during an argument in their family home in Tafelsig. The father was quoted as saying that the family had devised a coping mechanism of hiding valuables to prevent the substance abusing family member from stealing them. This underscores that, 14 years after a previous incident where a parent killed a substance-abusing youth, the issue has intensified, and parents continue to grapple with significant challenges when dealing with substance abusing youths.

The outbreak of the COVID-19 pandemic and the ban of cigarettes and alcohol during the peak of Level 5 restrictions exacerbated the situation. Zaami et al. (2020) postulate that several restrictions imposed by governments globally in early 2020 impacted the typical patterns of drug abuse worldwide. They further argue that due to restrictive measures adopted internationally, such as the closure of usual recreational settings where drugs were commonly abused, in-house drug use became the most feasible option. Due to restricted movements and legal mandates to stay within their own homes, parents living with substance abusing youth found themselves confronting the consequences of these restrictions. They also had to contend with the desperation of the substance-abusing youth, who were willing to risk incarceration for violating lockdown regulations in their pursuit of substances.

1.5 SUBSTANCE USE GLOBALLY

Substance abuse continues to be a significant global health concern. According to the World Drug Report (UNODC, 2020), an estimated 269 million individuals worldwide used substances in the past year. Among them, 35.6 million people (range: 19.0 million to 52.2 million) universally suffer from SUDs. This figure indicates that their pattern of “drug use is harmful, or they may experience drug dependence and/or require treatment” (UNODC, 2020, p.11). This issue is particularly pronounced among adolescents and young adults, who constitute a substantial portion of drug users. Based on the mandate of the National Youth Commission Act, No. 19 of (RSA, 1996), the National Youth Commission (2002), and the National Youth Development Agency (NYDA) (2015), “young people” are defined as those falling within the age of 14 to 35 years.

Youth are especially vulnerable to the effects of drugs due to their higher usage rates and ongoing brain development. Additionally, the report highlights that cannabis remains the primary drug that leads people into contact with the criminal justice system, accounting for over half of drug law offences in 69 countries during the period from 2014 to 2018. Notably, the report observes that frequent cannabis use has increased in all countries where cannabis has been legalised (UNODC, 2020).

1.6 SUBSTANCE USE IN SOUTH AFRICA

Research data published by the South African Community Epidemiology Network on Drug Use (SACENDU) has shed light on the extent of the issue in the South African context. According to SACENDU, 58% of treatment admissions in the Western Cape were for people abusing more than one substance. Additionally, SACENDU’s data reveals that alcohol continues to be the predominant substance abused in the Eastern Cape and the Central Region, which comprises the Free State, Northern Cape, and North-West province. Conversely,

cannabis is the most commonly abused substance in KwaZulu-Natal, Gauteng and the Northern Region, which comprises Mpumalanga and Limpopo (Dada et al., 2021).

Moreover, the abuse of over-the-counter (OTC) and prescription drugs, including slimming tablets, analgesics, and benzodiazepines (e.g., diazepam and flunitrazipam), continues to be an issue across all provinces (Dada et al., 2021).

SACENDU also reported that across all regions, 15% of patients presented with a dual diagnosis upon admission to treatment. A significant number of patients reported concurrent mental health problems at the time of admission (47%), followed by hypertension (16%) and respiratory diseases (14%). It is worth noting that there are regional variations across the provinces. In the Western Cape, for instance, a higher proportion of individuals reported hypertension and mental health problems, accounting for 50% and 39% of those reporting dual diagnoses in the respective regions being analysed (Dada et al., 2021). The data released by SACENDU underscores that substance abuse is a significant public health concern. What remains less clear, however, is the impact of substance abuse on the family, which is the cornerstone of society. Therefore, this research aims to delve into this critical issue and gain a comprehensive understanding of the matter.

1.7 THE EFFECTS OF SUBSTANCES ON THE HUMAN BODY

Substances exert their effects by interacting with various types of nerves in the brain. This interaction can lead to stimulation, depression, or disruptions in overall brain function, as noted by Andrade et al. (2020, p. 4).

Additionally, Mercado (2019) has asserted that substances have the capacity to reconfigure the neural circuitry of the brain, resulting in cravings and difficulties for individuals in discontinuing their substance use. Mercado (2019, p. 25) argues that the American Psychiatric Association (APA) describes individuals facing challenges with substance addiction as “people with a substance use disorder”. Furthermore, brain images show

changes in the brain in the areas related to judgement, decision making, learning, memory, and behaviour control following drug use.

The context of the research study, which highlights the impact of substances on the human body, is imperative as it could shed light on the behaviour of the substance abusing youth residing with the parent. As noted by Andrade et al. (2020) and echoed by others (Mercado, 2019), substances have a significant impact on the brain, which in turn plays a significant role in regulating human behaviour. Understanding these effects is essential in comprehending the challenges faced by parents dealing with substance abusing youth and their behaviour.

1.8 THEORETICAL FRAMEWORK

The researcher explored parents' experiences of living with a young person, aged between 18 and 35, who are abusing substances such as crystal meth (commonly known as Tik), cannabis (commonly known as dagga), Mandrax, alcohol, and nyaope. Potgieter (1998) avows that what occurs in one part of a system can significantly impact other parts. Thus, individuals are all interconnected within a system and should not be viewed in isolation.

Furthermore, Lander et al. (2013) note that the family systems theory grew out of the biologically based general systems theory (GST). The GST focuses on how the components of a system interact with one another. For instance, in GST, an individual cell is one example of a system, and in FST, the family is fundamentally a separate system. Individuals with SUDs cannot be treated in isolation without considering the impact on the family (Lander et al. 2013). Families with members who have substance abuse issues often grapple with the consequences of substance abuse, which can manifest emotionally, financially, or psychologically. Numerous studies have demonstrated that substance abuse affects both the individual user and their family members. This study was based on Bowen's family system's theory, which posits that individuals can be understood in relation to their connections with family members. This

relationship is such that any change in one part will have a ripple effect on other parts (Bowen, 2014).

Ray and Johnson (2016) posit that FST places its emphasis on the behavioural exchanges occurring during family system interactions. According to the authors, this theory asserts that the patterns of interaction within the family system can elicit, sustain, and perpetuate both delinquent and non-delinquent behaviour. They further note that the FST seeks to identify and bring forth altered behavioural exchanges between family members where the focus is on identifying and eliminating exchanges associated with problematic behaviour.

FST originated in the 1960s to early 1970s. It places a significant emphasis on the family of a substance abuser, as they are the ones who must cope with the daily challenges and are directly impacted by the abuser's actions. The financial implications can be substantial for the family, as substances often need to be obtained at any cost, sometimes through illicit means. Rehabilitation centres designed to address substance abuse can be expensive, and not all families can afford such costs. Research findings consistently affirm that one of the outcomes of substance abuse within the family is heightened conflict and violence, alongside impaired mental functioning experienced by family members (Lander et al., 2013).

It is argued that SUDs contribute to various adverse outcomes in an individual's life, as well as in their family and community, which, in turn, affect their prospects for social advancement, thereby exacerbating a cycle of decline (UNODC, 2020). To explore the impact of a substance abuser's actions on their family members, this study employed the FST as a framework for understanding these dynamics.

1.9 PROBLEM STATEMENT

South Africa, along with the rest of the world, is grappling with a pandemic that is eroding the very fabric of our society and families. This pandemic is substance abuse, which ensnares members of households in an ongoing cycle of addiction.

Casker's (2019) study revealed that family members cohabiting with a substance abusing relative face immense challenges. She found that the mothers of substance abusers often attempt to compensate for the void felt by the substance abuser's children. Echoing the latter sentiment, da Silva (2021) affirmed that substance abuse of a family member causes immense stress within the family system.

Insufficient attention has been directed toward comprehending the repercussions of a substance abuser's actions on their family members. The majority of studies have focused on different domains, and no study of this nature has been conducted previously in the Kannaland region. Consequently, this research study sought to bridge this gap by examining the experiences of parents living with a young person between the ages of 18–35 who is grappling with substance abuse in the Kannaland region.

Furthermore, majority of studies in the field of substance use and abuse have primarily concentrated on the individual abusing the substance, which presents a significant limitation as the family, more specifically the parents who typically bears the weight of the consequences resulting from the actions of the substance abusing family member. Thus, this study was designed to address this critical gap in the existing literature.

1.10 RESEARCH QUESTIONS

- 1) How does the parent, living with a substance abusing youth between the ages of 18 and 35 years, experience their substance abuse?
- 2) What challenges does the parent, living with a substance abusing youth between the ages of 18 and 35 years, face in dealing with the youth's substance abuse?

1.11 AIM

The aim of this study was to explore parents' experiences of living with a youth between the ages of 18 and 35 years who is a substance abuser.

1.12 OBJECTIVES

The objectives of this study were to explore:

- 1) Parents' experiences of youth substance abuse on the family.
- 2) The challenges faced by parents affected by the substance abuse of a family member between the ages of 18 and 35 years.
- 3) The resources available to parents living with a substance abusing youth between the ages of 18 and 35 years.

1.13 METHODOLOGY

This study adopted a qualitative approach, which is holistic in nature, to investigate parents' experiences of living with a young person between the ages of 18–35 years who is struggling with substance abuse in the rural Kannaland area. According to De Vos et al. (2013, p. 307), the qualitative research design serves as the foundation upon which all research decisions are built. Marshall and Rossman (2014) clarify that qualitative research is appropriate when limited information on the phenomenon is available, and the problem or issue needs to be explored. For the purpose of this study, the researcher utilised the exploratory-descriptive design. An exploratory-descriptive design is particularly suitable when a straightforward description is required, focusing on the specifics of an event or experience, including the "what, where, when, and why". Qualitative methods provide an effective means for researchers to address inquiries logically, impartially, precisely, and sensibly (Holly, 2013; Roestenburg et al., 2021).

1.14 SIGNIFICANCE OF THE STUDY

Substance abuse has emerged as a global health issue that is significantly reshaping the fundamental dynamics within families. This dissertation aims to provide valuable insights into the impact of a family member's substance abuse on the entire family structure. It can serve as

a valuable resource, offering guidance on how families navigate and adapt to situations that compromise their well-being and functionality.

Furthermore, this study has the potential to serve as a foundational document for future research endeavours. It may pave the way for further investigations into strategies to mitigate the consequences of substance abuse within families, as well as the development of family-centred substance abuse interventions aimed at fortifying and enhancing the family unit.

1.15 DEFINITION OF KEY CONCEPTS

In this dissertation some terms such as youth/young person may be used interchangeably.

1.15.1 Substance abuse

The misuse and abuse of legal or illicit substances such as nicotine, alcohol, OTC and prescription medication, alcohol concoctions, indigenous plants, solvents, and inhalants, as well as the use of illegal or illicit substances (South African National Drug Master Plan [NDMP], 2017).

1.15.2 Family

A societal group that is related by blood (kinship), adoption, foster care, the ties of marriage (civil, customary, or religious), civil union, or cohabitation, and extends beyond a particular physical residence (DSD, 2013a).

1.15.3 Youth/young person

Individuals aged between 14 and 35 years, as defined by the National Youth Commission Act (1996), National Youth Development Policy Framework (2002), and the NYDA (2015). For this study, the researcher focused on substance abusers between the ages of 18–35 years who are residing with their parents.

1.15.4 Family systems theory (FST)

Individuals can be comprehended within the context of their relationships with their family members. This relationship dynamic is such that any alteration in one part of the system will invariably impact the other part (Bowen, 2014).

1.15.5 Parent

The caregiver of a child who is responsible for the care, contact, maintenance, and guardianship of that child as defined by Section 18 (2) (a–d) of the Children’s Act, No. 38 of 2005 (RSA, 2005). A parent can be biological, adoptive, step or ancestral (grand- or great-grandparent) (Felkers, 2019).

1.16 OUTLINE OF CHAPTERS

Chapter 1 – This chapter provides an overview of the background and context of the study, including topics such as substance intervention in a rural area, families and substances, social work intervention for substance use in a rural area, challenges of parenting a substance abusing youth in South Africa, substance usage in South Africa, global substance usage, the human body and substances, and the consequence of substance abuse on the family. The chapter also introduces the rationale behind the study and the adoption of a systems framework as the theory of choice. Furthermore, it presents the research questions that guided the study, describes the chosen research methodology, and discusses the aims and significance of the research.

Chapter 2 – This chapter presents the theoretical framework that underpins the study. Bowen's FST is introduced and explored in detail, including its origins and fundamental principles. The chapter also examines the relevance of FST to the study's subject matter, highlighting the connections between the theory and the research focus. Additionally, the family disease model is discussed, as it pertains to the perception of substance abuse as a family-wide issue. The chapter elucidates how the chosen theory aligns with the overarching objectives of the research.

Chapter 3 – This chapter offers an extensive review of existing literature on a range of topics related to substance usage, encompassing global and South African perspectives. It explores the effects of psychoactive substances on the human body, criteria for substance abuse and dependence syndrome, young people and substance abuse, age of initiation, factors influencing substance abuse, vulnerability and substance abuse, causes of substance abuse, protective factors, substance abuse and the family, impact on the family system, treatment challenges and cost to the family, addressing the family needs, and parents’ experiences of the substance abusing youth. The chapter also discusses the challenges faced by the parents of substance abusers, challenges in living with a substance abusing youth, effect on parents, resources available to parents of substance abusers, accessing professional services, and parents’ experiences in seeking professional help. A summary concludes the chapter and describes how existing literature connects the various concepts.

Chapter 4 – This chapter discusses the research design and methodology employed in this study. In addition to outlining the sampling procedures, data collection methods, and data analysis techniques used in the research, the chapter also addresses issues related to validity, trustworthiness, ethical considerations, and reliability as essential aspects of the research process.

Chapter 5 – This chapter presents the research findings of the study, including a description of the parents’ experiences of living with a substance abusing youth between the ages of 18–35.

Chapter 6 – This chapter serves as the culmination of the study, providing a comprehensive summary of the primary elements, including a recap of the key findings from the literature review, a review of the research methodology employed, an overview of the main themes derived from the analysed data, and a discussion of the implications of the research findings. These implications are supported by referencing findings from other relevant studies. The researcher also offers personal reflections on the research observations. Additionally, the

chapter assesses whether the study's aim and objectives were successfully achieved and presents recommendations aimed at policymakers, researchers, and practitioners based on the study's findings.



CHAPTER 2

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The preceding chapter introduced the study's topic, which examines parents' experiences of living with a young person aged 18 to 35 struggling with substance abuse, and it outlined the primary elements of the research process. Attention now shifts in the current chapter to the theoretical framework underpinning the study.

This chapter provides an overview of the systems theory and how it relates to the current study. The FST is discussed, with a particular focus on how Bowen's FST interlinks with various other theories that explain deficits within a family system. Bowen's FST is based on the idea that families are collectively affected by the actions of their members and should not be viewed in isolation but as a cohesive unit. The presence of a substance-abusing youth residing with their parent significantly disrupts the functioning of the family due to the youth's addiction. Within the framework of FST, it is recognised that family members are interconnected, and the actions of one member have repercussions that affect the entire family unit. This interconnectedness is central to the core principles of FST.

The next section of this chapter will delve into the family disease model, a concept that has garnered significant attention in research, with many scholars arguing that substance abuse should be considered a family disease. This section will provide an overview of the family disease model and will then proceed to offer a comprehensive and detailed discussion of the primary theoretical framework chosen for this study, Bowen's FST.

2.2 THE ORIGIN OF THE FAMILY SYSTEMS THEORY

According to Brown (1999), Murray Bowen was a Tennessee native born in 1913, and he passed away in 1990. He initially trained as a psychiatrist and practiced within the psychoanalytic model. Brown (1999) further noted that Bowen worked at the Menninger Clinic in the late 1940s, where he initiated the inclusion of mothers in the study and treatment of schizophrenic patients. In 1954, after his move to the National Institute of Mental Health (NIMH), he shifted his focus from individual analysis to examining the dynamics of families as systems, leading to a significant change in his approach.

As Brown (1999) asserts, during his tenure at the NIMH, Bowen began to expand his research and psychotherapy by involving more family members in the treatment of schizophrenic patients. In 1959, Bowen moved to Georgetown University and established the Georgetown Family Centre, where he served as director until his passing. It was here that his developing theory was extended to less severe emotional problems. Between 1959 and 1962, he undertook in-depth studies into families across respective life spans. Furthermore, rather than developing a theory about pathology, Bowen focused on what he saw as the shared patterns of all 'human emotional systems'.

In alignment with Haefner's (2014) perspective, Murray Bowen is often regarded as the pioneer of family psychotherapy. His groundbreaking work at the Menninger Clinic in Topeka, Kansas, from 1946 to 1954 was instrumental in the development of family therapy. During this time, Bowen observed relationship patterns among patients in the clinic ward, which ultimately led to the creation of family therapy. Bowen (1978) concluded that all families share common characteristics. It is argued that Bowen expanded his theories at Georgetown University Medical Centre. His central belief was that family patterns and challenges are repeated from one generation to the next, and that every family operates as an emotional system. Within this system, strategies are employed to reduce tension and maintain stability within the family unit.

Today, Bowen's work continues to be advanced through the Bowen Centre for the Study of the Family at Georgetown University (see Bowen, 1978, cited in Haefner, 2014).

Bowen (2014) argued that the family is an emotional unit that interacts with each other in reciprocal patterns that encompass feelings, actions, and physiology. Lander et al. (2013) postulate that every family is affected by the substance abuse of a family member in a particular way. The importance of treating substance abuse within the family context and assessing the substance abusing individual within the family systems framework is stressed.

2.3 FAMILY SYSTEMS THEORY

This study was informed by the FST (Bowen, 2014) and grounded in theories of family systems functioning (Ray & Johnson, 2016). Ray and Johnson (2016) note that principal clinical practice models of FST include Bowen's FST (1978); the communication-based systems approach (Watzlawick et al., 1967; Bateson, 1972; Jackson, 2005); Mental Research Institute (MRI) brief therapy (Watzlawick et al., 1974); solution-focused brief therapy (de Shazer, 1982); contextual family therapy (Boszormenyi-Nagy & Sparks, 1973); family of origin oriented family therapy (Framo, 1982); strategic family therapy (Haley, 1976); structural family therapy (SFT) (Minuchin, 1974); and Milan systemic family therapy (Palazzoli et al., 1978).

As noted by Haefner (2014), Bowen (1974) emphasised that an individual's emotional deficits can have a profound impact on all their relationship systems, with family relationships often being the most affected. According to Bowen's perspective, all human behaviour is influenced by the interactions among family members as they seek to strike a balance between emotional distance and closeness.

Ray and Johnson (2016) assert that FST has its origins in a wide range of research conducted by various scholars. According to their seminal article, FST views the family as the primary context in which an individual's personality traits and behavioural patterns are

developed and reinforced. Furthermore, they argue that FST, along with the interventions stemming from it, regards an individual's pathology as occurring within the family system and emphasises the significance of family interaction patterns. There is a widely held belief across FST approaches that there is a correlation between family interaction and an individual's problematic behaviours. FST focuses on observing the repeated problematic behaviours of one family member and how it affects others within the family system or nuclear group. In contrast to other theories of human behaviour that concentrate on the internal psyche of the individual, FST places its focus on how the problematic actions of one family member correlates with the behaviour of other family members.

Ray and Johnson (2016) highlight two key premises of FST: (i) that individuals cannot fail to converse; and (ii) that individuals are always trying to give meaning to the essence of their interactions. Building upon these foundational concepts, FST continuously stresses the importance of paying attention to the interactions that occur between family members, focusing on the who, what, when, and how that can be deemed problematic. Listening plays a central role, encompassing not only the act of listening but also the reactions of other family members to the communication received from a family member. This theory is primarily concerned with understanding how the actions of one family member affect the entire family and involves the identification of problematic behavioural patterns within the family unit.

The argument is that if problematic interactional patterns cease, then the behaviour caused by these patterns is no longer warranted. The therapeutic goal of FST is to disrupt problematic interactional patterns and create space for positive behavioural patterns to develop (quoted in Ray and Johnson, 2016; see Minuchin, 1974; Haley, 1976; Bowen, 1978; Jackson, 2005). The theory places a strong emphasis on observing reciprocal behavioural patterns and their connection to problematic behaviour during family interactions (Ray & Johnson, 2016).

Applying the principles of FST to the context of the research study, it can be inferred that if positive interactions are cultivated between the substance-abusing youth and their

parents, who are experiencing their problematic behaviour, it may be possible to address the substance use issue for the greater benefit of the family system.

2.4 FST AND THE FAMILY DISEASE MODEL

Weeland et al. (2021) note that the FST, also known as family process theory, originates from the GST. The GST is described as both a multidisciplinary domain of enquiry and a conceptual system where multiple microlevel approaches are known as “systems theories” (i.e., the word “system” comes from the Latin word “*systēma*”, literally meaning “composition”). The authors cite Whitchurch and Constantine (2009) who argue that system theory is utilised to elucidate the functioning of various intricate, structured systems (Weeland et al., 2021).

GST was first applied in clinical practice in the disciplines of psychiatry and psychotherapy, especially in the application of family therapy (Weeland et al., 2021). According to Friedman and Allen (2014), this marked a shift from solely focusing on individuals displaying problematic behaviours to a more comprehensive assessment within the context of the family system. Keaton (2022) notes that systems theory is beneficial to the social work profession since it aids social workers with detecting, identifying, and tackling challenges within societal structures.

Numerous authors have highlighted the connection between the family and an individual's problematic state. When issues arise, it becomes evident that the individual and the family cannot be considered separately. The FST centralises the parent or caregiver and the offspring within the system, emphasising the interconnectedness of its members and how their actions impact one another (see Minuchin, 1988; Kreppner & Lerner, 1989; Cox & Paley, 1997; Lander et al., 2013; Bowen, 2014; Ray & Johnson, 2016; Alzoubi, 2018; Ólafsdóttir, 2020).

Ólafsdóttir (2020) refers to SFT and its founder, Salvador Minuchin. According to Ólafsdóttir (2020), SFT is based on the notion that family organisation is healthy and includes

normal boundaries and limits within the family subsystems. It suggests that challenges within the family systems manifest through difficult adolescent behaviour, indicating an imbalance within the system characterised by relationship dysfunction and skewed boundaries between parents and their offspring.

Ólafsdóttir (2020), referring to Minuchin, mentions various types of family systems, including the disengaged family, enmeshed family, and the adaptive family. In a *disengaged family*, boundaries and limits are very strict, leaving little room for flexibility. Communication, unity, and support among family members are typically low in this type of family system. These dynamics can have a significant impact on children's identity and self-worth, as they may feel disconnected and unsupported within the family.

The *enmeshed family* refers to a family with a lack of boundaries and limits leading to dependency on the parents and a deficit in children's identity and self-image. It is claimed that the children originating from enmeshed families can later experience challenges with attachment leading into their adulthood.

The *adapted family*, as described by Ólafsdóttir (2020), is considered the healthiest family system. This type of family is characterised by several key attributes, including clear communication, healthy boundaries, and limits within the family subsystem (Ólafsdóttir, 2020). Jiménez et al. (2019) and Nichols (2013), as cited in Ólafsdóttir (2020), emphasise that while adaptive families are not immune to challenges, their strength lies in their ability to effectively navigate and address challenges that arise. This adaptability and resilience make the adaptive family a strong foundation for individuals within the system. Family types are constantly evolving; therefore, the FST can be utilised in various family types and compositions, as well as families with “single or multiple caregivers, blended families and LGBTQ families” (Weeland et al., 2021).

Ólafsdóttir (2020) refers to the *family subsystem*. Reference is made to the two most common subsystems, namely: pair systems and sibling systems. It is further argued that the

couple system develops through two individuals to form a family. Furthermore, SFT describes how the couple's system is formed by the merging of two individuals who agree to form a family. It then goes through a transition phase as these individuals gain deeper knowledge about each other. Additionally, the parental system requires personalised boundaries that are suited to their needs, distinguishing them from their parents, children, and any other individual that is part of the family system. As noted by Minuchin and Fishman (1981), cited in Olafsdóttir (2020), it is crucial to clearly define power dynamics within the system, with a clear hierarchy that establishes the parents at the top.

Due to the intricate interconnectedness of the family, the substance abuse of one family member has a profound impact on the entire family system. Previous studies have often viewed substance abuse as akin to a family disease (Lander et al., 2013; Kuhn & Slabbert, 2017; Casker, 2019; Felkers, 2019). Therefore, this section will delve into the family disease model, discussing how it relates to the present study, which focuses on substance-abusing youth residing with a parent.

Whittinghill (2002) suggests that the initial focus should be on addressing the consequences stemming from the substance-abusing individual's behaviour, which may encompass issues such as divorce, legal proceedings, unemployment, financial hardship, and domestic violence. Following the resolution or management of these immediate concerns, counselling based on the family disease model can then be initiated. Rusnáková (2014) is much more concerned with the dysfunctional relationships that develop between family members as a result of substance abuse by one family member. These relationships are centred around control, nurturing, and keeping the relationship intact with the substance abusing family member. Rusnáková (2014) suggests that the substance abusing family member's primary focus is on obtaining and using the substance, while their family members are continuously concerned about the harmful behaviour of the substance user.

Usher et al. (2015) maintain that the family disease model is based on the premise that the SUD impacts the whole family. The model is influenced by concepts originating from the twelve-step model of Alcoholics Anonymous (AA), which promotes abstinence from alcohol. The family disease model underscores that communication within a household, where a substance-abusing member resides, including marital partners, parents, and offspring, is often characterised by caution and secrecy. It is also noted that the household is overshadowed by feelings of embarrassment, anger, and hopelessness, which can lead to isolation and dysfunctionality within the family (Usher et al., 2015).

Recent research suggests that substance abuse of a family member profoundly affects the family system as the consequences of the member's actions are felt by the entire family (Casker, 2019; Le Mar, 2020, Ali & Mohamed, 2022). Furthermore, substance abuse affects the family in a way that it becomes a collective concern, impacting all the members in a significant way. It forces the family to adapt to this changed system, resulting in life-altering events that leave family members with feelings of doubt, fear, anxiety, and a problematic family life. Substance abuse by a family member can shift the family from stability to crisis and instability (Titlestad et al., 2022).

The Substance Abuse and Mental Health Services Administration (2005) claims that defence mechanisms are frequently observed in both substance abusers and the family members they reside with. These mechanisms may include denial regarding the seriousness of the issue, transferring responsibility of the problem to others. It is suggested that therapists involved in treatment with substance users should be aware of these defence mechanisms and assist the substance user in addressing them.

Usher et al. (2015) claim that the SUD is not only manifested in the actions of the substance user but is also evident in the family members affected by it. The family disease model aims to identify changes in the family environment and its members as the substance use of a family member escalates (Usher et al., 2015). In the same vein, Dekkers et al. (2020)

argue that the entire family system, not just the substance abuser, takes time to recover from substance abuse, as it is a process that unfolds over time. Although substance abuse is considered a family issue, research suggests that intervention strategies often favour individual-centred approaches, leaving limited scope for family-centred strategies (Selseng & Ulvik, 2019). In the context of the current research study, it would be imperative to look at interventions that are geared at both the substance user and their parents, taking the entire family system's perspective into account before resorting to the family disease model.

2.5 FAMILIAL RELATIONSHIPS AND FST

Ray and Johnson (2016) note that the FST views the family as the primary relationship context in which an individual's personality traits and subsequent patterns of behaviour are learned and reinforced. They argue that there is conceptual precept held across family system theoretical approaches, which suggests a relationship between the individual exhibiting the problematic behaviour symptoms and the family interaction. Systemic family theories examine the actions that connect the problem behaviour of one person with the behaviour of other people within the family or other primary groups (Ray & Johnson, 2016).

The family members of the substance abusing individual are all impacted by their actions and sometimes inadvertently reinforce problematic behaviour by their own actions. In the context of the current study, it was explored how the parents residing with a substance abusing youth experience the latter's substance use, with a specific focus on the Kannaland area which comprises the towns of Ladysmith, Zoar, Van Wyksdorp, Calitzdorp, and the surrounding farms. Numerous studies have noted that the FST perspective posits that the principal objective of therapy is to disrupt patterns of interaction that reinforce and perpetuate problem behaviour, thereby allowing for the development different, healthier behaviour (Minuchin, 1974; Haley, 1976; Bowen, 1978; Jackson, 2005; Ray & Johnson, 2016; Ali et al., 2022; Fredriksen et al., 2023).

2.6 KEY TERMS IN FST

Lander et al. (2013) identify ‘homeostasis’, ‘feedback’, and ‘boundaries’ as key terms in FST.

These are unpacked below.

2.6.1 Homeostasis

Homeostasis refers to the concept that each family member operates in a manner that preserves the equilibrium of the family system, even if that functioning isn't always healthy. In the context of the current research study, parents residing with a substance abusing youth might downplay the impact of their actions on the family when discussing it with others to preserve this balance and avoid conflict in order to maintain homeostasis.

2.6.2 Feedback

Feedback refers to how individuals within different parts of the system communicate with each other. Lander et al. (2013) explain that the process of feedback plays a significant role in forming the parent-child attachment relationship. The authors provide an example to illustrate how everyone's behaviour in the family system can reinforce feedback to one another. They describe a scenario in which a substance abusing wife shifts the blame for her addiction to her husband, citing feelings of neglect and depression as reasons. In response, the husband in this narrative may claim to avoid his wife due to her substance habit, which he believes influences her moods (Lander et al., 2013).

2.6.3 Boundaries

Boundaries can be defined as the internal and external limits of a system that are created to protect the system and maintain a protective barrier around it. These boundaries control personal contact and interactions. In a healthy family system, members typically maintain healthy boundaries. However, in a family where problematic behaviour, such as substance abuse by a family member, is common, these boundaries may be used to conceal the problematic behaviour from outsiders (Lander et al., 2013).

Mercado (2019) cited Kerr and Bowen (1988, p. 256) who argue that “acute symptoms are associated with short term disturbances in the balance of a system. Chronic symptoms are associated with long term disturbances”. Mercado (2019) postulates that substance misuse and abuse are indicators of acute symptoms, while substance dependency is indicative of chronic symptoms. The hypothesis is that the pathology of addiction can be expressed through FST as elements that lead to a system disturbance, which in turn translates to symptoms in an individual or their family system.

The study in Kannaland was conducted with parents of substance abusing youths between the ages of 18–35 years who were still residing with them. The parents of the substance abusers usually deal with the consequences of the actions of the substance user. Bowen’s FST was found to be suitable as the changes brought about by the substance abusing youth’s substance abuse had a negative impact on the parents they lived with and disrupted family functioning.

The following section will provide an extensive account of the eight concepts that relate to the interconnectedness of the family system as postulated by Bowen (2014) and how they fit with the current study. Bowen (2014) identified eight concepts that elucidate the interconnected nature of the family system, namely: *differentiation of self (DOS)*, *triangles*, *nuclear family emotional system*, *family projection process*, *emotional cut-off*, *sibling positions*, *multi-generational transmission process*, and *societal emotional process*. Abraham (2017) explains these concepts as follows:

2.6.3.1 Differentiation of self

Abraham (2017) emphasises that, among Bowen's eight concepts, *DOS* stands out as the most crucial. Citing Titelman (1998), the author explains that *DOS* pertains to the degree of positive or negative separation or attachment a child has with their parents. Abraham (2017) highlights Bowen's distinction between two categories of people within a family system. These categories are differentiated by their level of flexibility and openness to change. Specifically, the author

mentions the "fused individual", characterised as less flexible and more emotionally dependent on others. In contrast, the "differentiated individual" can maintain coherent thinking even in chaotic family situations, prioritising reasoning over emotional reactions.

Abraham (2017) cites Papero (2014), who suggests that Bowen's concept of DOS is closely linked to an individual's maturity. In a similar vein, it can be inferred that the substance-abusing youth may have lacked the maturity exhibited by other family members residing in the home. This lack of maturity could have contributed to their substance use, as their decisions may have been more emotion-driven and less rational when faced with challenges. As a result, they may have turned to substances as a means of coping or seeking solace.

Haefner (2014) notes that an individual with an underdeveloped DOS needs acknowledgement and validation for their feelings or actions from others. Conversely, an individual with a well-differentiated self recognises the importance of family and social groups and can effectively navigate challenges, prioritise the significance of family and social connections, and remain emotionally balanced even in the face of conflict, criticism, or rejection within their family of origin (Haefner, 2014).

According to Abraham (2017), differentiation can be categorised into individual and systemic differentiation. *Individual differentiation* pertains to individuals who can effectively separate their emotions from their thoughts when dealing with emotionally charged situations and can exert adequate control over their actions. *Systemic differentiation*, on the other hand, involves family members being accepting of both closeness and distance between each other. It is proposed that the levels of differentiation among family members are then carried forward to the next generation or family they become a part of and are influenced by their individual and systemic differentiation (see Rosen et al., 2001, cited in Abraham, 2017).

Calatrava et al. (2022) note that the concept of "differentiation of self" was formulated in 1978 and articulated in the book *Family Therapy in Clinical Practice* (Bowen, 1978). This book synthesised various publications by Bowen spanning from the 1950s to the 1970s. These

authors go on to explain that DOS relates to the ability to retain emotional objectivity in the presence of elevated anxiety in a system while simultaneously connecting to close linkages in the system. People with elevated levels of DOS are better able to handle their emotions during personal altercations and, as a result, have shown to be more mature emotionally and demonstrate greater competence interpersonally (see Miller et al., 2004; Rodríguez-González et al., 2019).

Moreover, Frost (2015) postulates that there is an element of attachment in social connections, and individuals with higher levels of differentiation maintain a degree of independence in their close relationships. Conversely, those with an underdeveloped sense of self are more susceptible to being influenced by others in their functioning. Bowen's theory posits that the emotional background and dynamics of the nuclear family play a crucial role in shaping the individual's level of self-differentiation (DOS).

Bowen explains that people's levels of DOS stabilise during the early phase of adulthood. He indicates that DOS is not determined by age, sex, culture, level of education, or economic development, and it remains relatively stable. However, it has the potential to be altered through psychotherapeutic processes or major stressful events (Frost, 2014).

2.6.3.2 *Triangulation*

Kerr and Bowen (1988, p. 135) described *triangulation* as the stability of a triad or three-person system. The core concept behind the movement of a triangle is anxiety. It is argued that when anxiety increases between two individuals, a third person enters the equation, creating a triangle. The addition of a third person reduces the anxiety between the original two people by distributing the tension among the three people (Kerr & Bowen, 1988, p. 135). Similarly, Haefner (2014) notes that when there is tension between two people, the addition of a third party can help relieve the strain. Bowen believed that the emotional tension continually evolves, and that during exchanges, one individual always remains the outsider. Furthermore,

Bowen (2014) suggests that triangulation can occasionally involve many people forming multiple triangles, and the dyad may source different triangles as the need arises.

Abraham (2017) explains that Bowen's concept of *triangulation* refers to the smallest emotional system that provides support for an unbalanced two-person relationship. The stability of this relationship depends on the level of DOS that each family member possesses, as well as their levels of anxiety. The introduction of a third person into the family system serves as a temporary measure to maintain the relationship. The third party is included in the family dynamics to alleviate the tension and anxiety between the two original members. These internal individuals can be immediate family members or external forces, such as substances like alcohol or drugs. This can be particularly relevant in the context of the research study, where the substance abusing youth residing with their parents may introduce external factors into the family relationship, especially when the existing triangles have been overused and depleted (Abraham, 2017).

2.6.3.3 Nuclear family emotional system

Cepukiene and Celiauskaite (2020) assert that Bowen's theory posits that anxiety and problems stemming from interactions among family members hinder personal, psychosocial, and physical functioning. The authors postulate that the concept of the "*nuclear family emotional system*" (NFES) describes the emergence of issues within the family system. Furthermore, they argue that the NFES was introduced to distinguish it from the larger social system and the extended family system in Bowen's theory. Some scholars have observed that the emotional patterns within a family tend to be replicated across generations (Goldenberg & Goldenberg, 2012; Papero, 2014).

Abraham claims that Bowen (1978) theorised that the level of DOS in a couple can indicate how differentiated their families will become in the future. The author suggests that individuals typically choose partners with similar differentiation styles, but problems can arise from these styles and their interactions (Abraham, 2017).

Olafsdóttir (2020) elucidates that family systems are built on the premise that they are constructed on the nuclear family emotional system, which is characterised by the undifferentiated fusion of the emotions of the parents. This fusion can lead to marital conflict, polarisation, tension in the marital relationship, and impairment in one or more children.

The NFES in the family and how it manifests can be identified in four parts of the family:

(i) Marital conflict

It can be observed in marital conflict where the couple is undifferentiated and fused, dealing with conflict without the children becoming overly involved (Abraham, 2017). Conflict can arise between the parents of the substance abusing youth due to the youth's substance use.

(ii) Dysfunction in a spouse

Dysfunction in a spouse can occur in a marital relationship when one partner is pressured to adapt their thinking and actions, and they succumb to the pressure from the other party. In a healthy relationship, both parties accommodate to preserve harmony. However, in a dysfunctional relationship, one partner may engage in more accommodation. The interaction remains relaxed for both partners up to a certain point. Still, when tensions rise, the more accommodating partner's anxiety increases significantly due to being overly obliging. It is noted that if other factors are present, this heightened anxiety can contribute to the development of psychiatric, medical, or social dysfunctions, such as substance abuse (Bowen Centre for The Study of The Family, 2021).

(iii) Impairment of one or more children

This can occur when a parent channels some or all of their anxieties onto one or more of their offspring. This can hinder the child's DOS and make them more susceptible to internalising family tensions (Bowen Centre for The Study of The Family, 2021).

(iv) **Emotional distance**

This occurs when family members distance themselves to avoid family tension. They maintain emotional distance from one another to reduce the intensity of the emotional atmosphere within the family (Bowen Centre for The Study of The Family, 2021).

2.5.3.4 Family projection process

Bowen (2014) advances that the term “*family projection process*” encapsulates how parents transfer their emotional problems onto their children. It has three steps:

- 1) When the parent focuses their attention on one child in the family system out of fear that there is something wrong with the child.
- 2) The parent’s fears are supposedly confirmed by the child’s behaviour or actions.
- 3) The parent then treats the child as if there is dysfunction within the child, without considering both their negative and positive traits.

2.6.3.5 Emotional cut-off

Bowen (2014) posits that *emotional cut-off* refers to how family members emotionally distance themselves to cope with unresolved problems involving other family members, essentially seeking emotional independence. While the emotional cut-off appears to make the individual feel better, it does not resolve the issues in the family. For example, consider a youth abusing substances who is still part of the family unit, even though some family members may distance themselves from the individual. However, this distancing does not diminish the substance use problem within the family. Instead, it often leads to increased tension within the family unit, as interactions with the emotionally cut-off member can be emotionally draining for the rest of the family. This may contribute to unhealthy patterns, including unresolved attachment issues, further exacerbating tension within the family unit and perpetuated by the emotional cut-off of one member.

2.6.3.6 Sibling positions

Bowen (2014) maintains that *sibling position* significantly influences family relationships and, by extension, marital dynamics. It is suggested that marital relationships tend to thrive when couples have complementary sibling positions. Bowen (2014) further postulates that a lack of differentiation due to same sibling position leads to increased conflict between the married couple. Citing Pakov (2018), Mercado (2019) highlights that last-born children are more likely to develop SUDs, referring to studies by Eckstein and Kaufman (2012) and Barclay et al. (2016). Pakov (2018) as cited in Mercado (2019) notes that birth order is just one of several potential contributing factors to substance use among individuals.

2.6.3.7 Multi-generational transmission process

Bowen (2014) defines the *multi-generational transmission process* as the phenomenon where one sibling develops a stronger sense of self than their parents. Bowen (2014) further notes that the minor differences between the parents and children's sense of self escalate over time. These levels of differentiation can significantly impact various aspects of an individual's life. Consequently, members of the same family might lead different lifestyles across generations due to variations in their levels of differentiation.

2.6.3.8 Societal emotional process

Regain (2021) suggests that the combination of family systems can influence the character of society, which, in turn, can impact the emotional well-being of family units. Other studies have employed systems theory to illustrate the relationship between the substance abuse of a family member and the consequence on the family (see Kuhn & Slabbert, 2017; Kalam & Mthembu, 2018). Kalam and Mthembu (2018), citing Kuhn and Slabbert (2017), argue that family members' joys and sorrows are interconnected, and the overall well-being of the entire family is affected by a substance-abusing family member.

Correlating with the data of September (2008), Casker (2019) points out that FST is frequently employed in studies focusing on substance abuse in families and others (see Caughlin & Malis, 2004; Slesnick & Prestonik, 2004; McKnight, 2019). Drawing on the concepts of Bowen's FST, the researcher attempted to demonstrate the connection between an individual's actions and the impact thereof on significant others; in this research study, that would be the parents of the substance abusing youth. This was exemplified in studies on substance use within the family unit, where FST was frequently employed by various authors to emphasise the connection between an individual's actions and their effects on their family members.

2.7 CONCLUSION

This chapter provided an overview of FST and its relevance to the current research study involving parents residing with substance-abusing youth between the ages of 18–35 years. Additionally, the family disease model was discussed, as numerous studies have regarded substance abuse as a family issue. The chapter also delved into the origins FST and its applicability to family relationships. Various concepts related to the theory were explored. This theoretical framework was chosen because it aligns with the overarching objective of the research, which is to gain insight into how parents of substance abusing youth aged 18–35 experience their actions. Given that the family is central to an individual's life, the theory provides valuable insights into how parents of the substance abusing youth experience their actions. The following chapter will present a literature review relevant to the current research study.

CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

The previous chapter introduced the theoretical framework that forms the foundation of this study. The current chapter reviews existing literature on the topic, connecting the subject matter and research objectives. According to Paul and Criado (2020), a literature review involves a comprehensive examination of relevant literature to strengthen a study by building upon existing knowledge. To thoroughly explore the consequences of a young person's substance use on a parent, it was essential for the researcher to review pertinent scientific evidence in this regard.

3.1.1 Global substance abuse prevalence

The UNODC released its 2020 World Drug Report on global substance abuse trends. The report revealed that there is a global prevalence of SUDs, affecting approximately 0.7% of the population aged 15 to 64, with a range of 0.4 to 1.0 (UNODC, 2020). Moreover, the report highlighted that during the period 2009–2018, the estimated number of drug users globally increased from 210 million (range: 149 million to 272 million) to 269 million (range: 166 million to 373 million). It is argued that this increase could be partly attributed to global population growth (UNODC, 2020).

The 2022 World Drug Report (UNODC, 2022) provides a comprehensive overview of the global prevalence of various illicit substances. The report highlights that the majority substance users worldwide are male, and it points out that youth populations tend to use more illicit substances than adults. Morojele et al. (2021) note that in sub-Saharan Africa, an estimated 22.5 million adolescents aged between 12 and 19 years are drinkers, with 50%

engaging in heavy drinking at least once a month. Additionally, the misuse of OTC medication is a burgeoning issue. Furthermore, the World Drug Report (UNODC, 2022) suggests that individuals under the age of 35 make up the majority of those seeking treatment for drug-related disorders.

The National Centre for Drug Abuse Statistics (NCDAS) reveals that 12.78% of 12–17-year-olds in the United States of America (USA) reported using marijuana during the 2022 period, making marijuana the most commonly used substance among youth (NCDAS, 2022). Alarmingly, NCDAS (2022) also notes that 4,777 Americans between the ages of 15–24 years died of drug overdoses in one year. Additionally, the European Drug Report for the year 2022 underscores that approximately 15.8 million young adults aged 15 to 34, residing within the European Union, engaged in cannabis consumption during the specified reporting period. Furthermore, around 1.4 million young adults within the same age bracket (15–34) were reported to have used amphetamines, with approximately 2.2 million having used cocaine. Moreover, heroin and other opioids were reportedly used by approximately one million individuals aged 15 to 64 residing within the European Union (European Drug Report, 2022).

According to the World Drug Report (UNODC, 2020), cannabis emerged as the most widely used substance worldwide in 2018, with an estimated 192 million individuals across the globe partaking in its consumption. Notably, opioids continued to be identified as the most harmful substance over the past decade. There was a concerning 71% increase in the total number of deaths attributed to opioid use disorders, particularly striking with a 92% increase among women, compared to a 63% increase among men.

The report further highlighted that opioid usage experienced a much more rapid surge in developing countries during the 2000–2018 period in contrast to developed countries (UNODC, 2020). In a related context, the WHO posits that approximately every fifth mortality within the age group of 15–19 can be attributed to alcohol consumption (WHO, 2018).

The statistics mentioned above are a cause for concern for any country, as they reveal that a substantial portion of the potential workforce is facing the consequences of drug use. This trend has the potential to have a devastating impact on society as a whole.

3.1.2 Substance abuse prevalence in the South African context

In 1996, the Medical Research Council and the University of Durban-Westville collaborated to establish the South African Community Epidemiology Network on Drug Use (SACENDU) project (Parry et al., 2015). SACENDU is comprised of a diverse, multidisciplinary team representing various sectors within South Africa. As noted by Dada et al. (2015), the inception of SACENDU has played a pivotal role in enhancing drug monitoring efforts in South Africa. SACENDU is actively engaged in closely monitoring trends related to alcohol and other substances, while also disseminating valuable information to the community (Dada et al., 2015).

Recent research data from SACENDU, as presented in their July 2021 report, has shed light on the prevalence of drug usage in South Africa. Given South Africa's diverse population, the drug use landscape in the country deviates from global trends. The emergence of the COVID-19 pandemic and the subsequent imposition of restrictions had a significant impact on the figures. SACENDU's findings reveal that during the period of restrictions, there was a notable decline in the number of individuals seeking treatment for alcohol-related issues across all regions of South Africa. They posit that the government's imposition of Level 5 COVID-19 alcohol restrictions may have been instrumental in the decrease.

SACENDU's analysis suggests that a higher proportion of patients from the Eastern Cape identified alcohol as their primary substance of concern compared to other regions. Furthermore, the research data underscores that cannabis remained the most commonly used drug among young individuals seeking treatment at specialised treatment centres, apart from the Western Cape. The research findings indicate that in KwaZulu-Natal, approximately 5% of patients reported a combination of cannabis and Mandrax (methaqualone, also known as 'white

pipe') as either their primary or secondary drug of use. In contrast, in the Western Cape, this combination was reported by a notably higher proportion of patients, accounting for 29% of cases.

SACENDU's report also highlights that methamphetamine continues to be the most frequently reported primary drug among patients in the Western Cape, with 44% indicating its use. The Eastern Cape follows closely behind, with 17% of patients reporting methamphetamine as their primary drug of concern.

According to the latest statistics presented in SACENDU's March 2022 report, there has been a significant increase in substance usage among patients under 20 years of age, with a notable 52% indicating substance use. This represents a marked rise since the previous reporting period. In the Western Cape, where the research study was conducted, it was discovered that Methamphetamine, commonly referred to as "tik", is the predominant substance used by individuals entering rehabilitation centres. Additionally, it is noteworthy that admissions for cocaine are relatively low and are typically reported as secondary substance use.

"Nyaope" and "whoonga" are colloquial street names for heroin, frequently mixed with various regulated and unregulated substances. SACENDU's observations indicate that in South Africa, it is common for this mixture to be sprinkled onto cannabis and/or tobacco, and the resulting blend is then rolled into a cigarette or "joint" and smoked. To enhance the accuracy of heroin surveillance, SACENDU has amalgamated the street drugs nyaope and whoonga into the heroin-related admission group. This decision was made due to the recognition that heroin misuse and related concerns are prevalent across all provinces in South Africa.

SACENDU's analysis revealed that in Gauteng (32%), the Northern Region (25%), and KwaZulu Natal (28%), heroin ranked as the second most commonly used substance, following cannabis use. The majority of patients reported smoking heroin as their preferred method of

consumption, while a small percentage of patients indicated injecting heroin as their chosen method of usage, as outlined in SACENDU's report from March 2022.

A new trend has surfaced during this period, with reports of individuals injecting various drugs, including methcathinone (CAT), methamphetamine, and OTC or prescription medicines. This represents a concerning development in substance misuse patterns. The misuse of OTC medications, including slimming tablets, analgesics, and benzodiazepines like diazepam and flunitrazepam, persisted as a concern across various locations. SACENDU's findings also indicated that during this reporting period, 266 individuals (4%) across all sites reported non-medical use of codeine, with a majority of these cases occurring in the Western Cape. Furthermore, CAT, a synthetic stimulant, exhibited an increased usage in several provinces.

In the same vein, the NDMP (2019) highlighted that alcohol remains the most widespread substance used in the country. It is further indicating that the majority of deaths (58%) on South African roads is related to alcohol consumption. However, cannabis (also known as marijuana) remains the most utilised illegal drug on South African streets favoured amongst the youth. It is also noted that the use of a cocktail of Mandrax and marijuana (street name White Pipe) is widespread. There are two drugs that are increasing in popularity, namely nyaope/whoonga (heroin and cannabis mix) and methamphetamine (tik) (NDMP, 2019). These statistics underscore the extent of the substance abuse issue prevalent throughout South Africa. They also emphasise the imperative need for comprehensive research to better understand this phenomenon and to develop effective interventions aimed at both eradicating and addressing this pervasive problem.

3.1.3 Effects of psychoactive substances on the human body

Understanding the science behind and the effects of substances on the human body is of paramount importance, as it can shed light on the behaviour and actions of individuals who use these substances. In line with this, the NDMP for the period 2019–2024 categorises

psychoactive substances into four main types: stimulants, opioids (sometimes referred to as narcotics), depressants, and hallucinogens. This classification is based on the primary effects of these substances on the central nervous system (CNS), which includes the brain and spinal cord. The NDMP goes on to explain that stimulants, for instance, have the effect of intensifying the functioning of the CNS, resulting in increased heart rate and breathing. This heightened activity often leads to a "sense of excitement and euphoria" among users (NDMP, 2019–2024, p. 4).

Regarding the effects of marijuana (cannabis) on the human body, a study conducted in New Zealand by Duke University revealed that individuals who began consuming marijuana excessively during their teenage years experienced a significant decline in their intelligence quotient (IQ). The study found that these individuals exhibited an IQ drop of approximately 8 points between the ages of 13 and 35. Interestingly, the effects of this could not be reversed even if the marijuana (also known as cannabis) users ceased using marijuana (Goud et al., 2021). In an investigation into the effects of substances on the brain, Goud et al. (2021) found that marijuana “causes short-term and long-term alterations in several cognitive functions of the brain”.

Each substance indeed has a distinct impact on the human body. According to the NDMP (2019–2024), opioids function by impairing the CNS, reducing pain, and acting as sleep inducers. Similarly, depressants have the effect of slowing down CNS function, resulting in reduced heart rate and breathing, which can induce a calm, euphoric, and sleepy sense of well-being. Additionally, hallucinogens produce a wide array of intense physical hallucinations that can lead to alterations in mood and thinking.

Finally, reference is made to the term "polysubstance users". As defined by the NDMP (2019–2024), a polysubstance user is an individual who utilises a combination of various substances at different times or simultaneously. It is asserted that a significant portion of substance users fall into the category of polysubstance users, highlighting the complexity and

diversity of substance use patterns among individuals (NDMP, 2019–2024). The SACENDU report from 2020 reveals that a substantial portion of the population in various South African provinces are polysubstance users. Specifically, these figures indicate that 60% of individuals in the Western Cape, 51% in Gauteng, 51% in Mpumalanga, 41% in the Eastern Cape, 44% in KwaZulu-Natal, 51% in the Free State, and 31% in the Northwest engage in the use of multiple substances.

In view of all that has been mentioned so far, one may suppose that substance abuse is multifaceted. These statistics highlight the need to explore the effect of the various substances on the human body to gain an understanding of the rationale behind the actions of an individual when under the influence of various illicit substances.

3.1.4. Substance abuse and dependence syndrome

Andrade et al. (2021) refer to the International Classification of Diseases (ICD). The ICD draws a distinction between harmful substance abuse and dependency. It is postulated that for a substance user to be classified as a substance abuser, the use of the substance must have caused physical and mental harm in addition to their substance usage having been criticised by a loved one or associate. Furthermore, the substance usage should also impair the functioning of the substance user. A substance user is classified as dependent if they progress from uncontrollable desire for the substance, tolerance, short sobriety, relapse, and financial and social decline followed by addiction (ICD, 2021).

The researcher provided an overview of the criteria for substance abuse to help shed light on the current state of substance-abusing youth. The WHO in 2019 states that substance abuse can lead to social impairment for the user. This aligns with the objectives of the current study, where the researcher seeks to gain insights into how substance use among youth who live with their parents is experienced by this specific group.

Table 3.1 below depicts the criteria for diagnoses of substance dependency as defined in the ICD and the WHO:

Table 3.1: Criteria for substance abuse dependency

A definitive diagnosis of dependency should usually only be made if three or more of the following requirements have been experienced or displayed at some point in the previous year:
(a) A strong desire or sense of compulsion to consume the substance
(b) Difficulties in controlling the consumption behaviour of the substance in terms of its beginning, end, and levels of consumption
(c) A state of physiological abstinence when the use of the substance has ceased or has been reduced, as evidenced by the following: Abstinence syndrome for the substance or the use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms
(d) Evidence of tolerance, such that increasing doses of the psychoactive substance are required to achieve effects originally produced by lower doses
(e) Progressive abandonment of alternative pleasures and interests in favour of the use of the psychoactive substance, increasing the amount of time needed to recover from its effects
(f) Persistence in the use of the substance despite clear evidence of clearly harmful consequences. Clear efforts should be made to determine whether the user was aware of the nature and extent of the harm

(Source: WHO, 2019 & ICD,2021)

3.2 YOUNG PEOPLE AND SUBSTANCE ABUSE

According to Alhyas et al. (2015), use and abuse of substances, particularly among young people, remains a grave concern globally. Additionally, You et al. (2020) postulate that youth substance abuse has become a serious issue over the last few years. Similarly, Rich (2020) argues that the high incidence of substance abuse among youth in South Africa is a clear indication of how the issue has penetrated the core of South African society.

Rich (2020) cites Dadda (2016) and asserts that a significant number of South African youth are becoming ensnared in substance addiction, resulting in a high occupancy rate of rehabilitation centres by youth under the age of 20. Rich (2020) notes that the youth population

in South Africa, aged between 15 and 24 years, totals approximately 13 million. However, she contends that the present available statistics on youth substance use do not offer an accurate depiction of the situation, a perspective corroborated by research findings from Parry et al. (2005).

Youth substance abuse is influenced by various factors. It is argued that numerous elements can contribute to drug use, including the social environment and the backgrounds of young individuals (Van Ruymbeke et al., 2020). In addition, it is important to examine whether factors such as the age of initiation, vulnerability, and perceived protective factors have an impact on substance abuse among the youth. The following section will review factors that impact substance abuse among the youth. There exists an ongoing debate regarding the causes of substance abuse.

3.2.1 Age of initiation

Hernandez et al. (2015) posit that substance usage usually begins during adolescence and tends to escalate during this developmental phase. In line with this, research has demonstrated that young people, regardless of gender, initiate substance use as early as 10 years of age (see Mafa et al., 2019; Ananias et al., 2019). Similarly, Goud et al. (2021) discovered that adolescents between the ages of 12 and 16 years exhibited high levels of cannabis consumption. Numerous authors have observed that vulnerability to the effects of substance abuse increases during the transition to adulthood, which is a critical and demanding period in an individual's social and neurobiological development (Arnett, 2000; Beaujot & Kerr, 2007; Leslie et al., 2015).

3.2.2 Factors influencing substance abuse

Van Ruymbeke et al. (2020) assert that adolescents residing in an environment characterised by vulnerability are more prone to substance abuse compared to their counterparts. "Vulnerability" is defined by Rogers (1997, p. 65) as an "experience that creates stress and anxiety which affects physiological, psychological and social functioning". Furthermore, Van Ruymbeke et al. (2020) assert that youths experiencing family, educational, or financial

challenges should be screened for substance use due to their susceptibility in such circumstances. Cohen and Bosk (2020) further explain that the term “vulnerable paediatric populations” refers to the population that consists of youth who are lesbian, gay, bisexual, transgender, queer, and/or questioning [LGBTQ+]; homeless; maltreated; in foster care; and struggling with SUDs. Vulnerability is explored in more detail in the following section.

3.2.3 Vulnerability and substance abuse

Returning to the subject of vulnerability and substance predilection, Amaro et al. (2021) hold the view that social vulnerability to substance use is multifaceted and occurs across all levels. They argue that society-based stressors play a vital role in creating vulnerability to substances. Layman et al. (2022) mention that youths residing in under-resourced areas are likely to be affected by environmental changes, potentially leading them to substance use as a coping mechanism.

International studies have highlighted that people living in impoverished, remote, or rural areas face a heightened vulnerability to substance use (UNODC, 2019). Further research has also uncovered a relationship between substance vulnerability and stressors, exposure to adverse childhood environments, racism, and discrimination (Amaro et al., 2021). In the same vein, Cohen and Bosk (2020) discovered that up to 59% of youth with post-traumatic stress disorders (PTSDs) later develop substance abuse problems. This perspective differs to that of Fineman (2008) who posits that vulnerability is often linked to notions of victimhood, deprivation, dependency, or pathology. This argument aligns with that of Cohen and Bosk (2020), who contend that the pathology of substance use renders an individual, especially youth, more vulnerable due to their substance abuse. Likewise, Melamed et al. (2020) affirm that individuals grappling with SUDs are a vulnerable population due to their distinctive social and healthcare needs.

3.2.4 Causes of substance abuse

There appear to be varying perspectives on the causes of substance abuse. Bezuidenhout (2009) identifies powerlessness as another potential cause for substance abuse, contending that “it is a condition in which individuals feel that they have no control over their life’s direction due to societal conditions or power dynamics that places them at a lower spectrum of society”. Bezuidenhout (2009) further argues that this sense of powerlessness leads individuals to turn to external sources as a coping mechanism. Consequently, individuals who feel powerless are more susceptible to substance abuse.

The World Drug Report (UNODC, 2020) has contended that societal economic disparities, including poverty, inadequate education, and marginalization, may increase the likelihood of developing substance use challenges and exacerbate their effects. Additionally, the World Drug Report (UNODC, 2020) maintains that youth residing in rural environments are more susceptible to substance use due to a lack of recreational facilities and opportunities. In the context of this research study, it is imperative to explore vulnerability comprehensively, as the entire family system may be considered vulnerable due to the impact of one member's actions.

3.2.5 Protective factors

Protective factors are regarded as mechanisms that shield individuals from exposure to risks. Temmingh et al. (2012) are of the view that certain factors act as protective factors for youth struggling with substance abuse. The authors posit that parental monitoring, disciplined parenting, parental support, mutual attachment, a nurturing home environment, parental involvement, a strong family structure, high family connectedness, low familial stress, and family members without substance abuse issues serve as family protective factors within the family context for youth dealing with substance abuse (Temmingh et al., 2012).

Similarly, Muchiri and dos Santos (2018) echo the same sentiment that protective factors in the family environment serve as resources for individuals struggling with substance

abuse. Protective factors are seen to buffer individuals from exposure to risk. The authors emphasise that family environment plays a significant role in substance abuse problems and that “favourable family bonds or relationships can reduce the likelihood of substance abuse problems even amongst those with personality problems” (Muchiri & dos Santos, 2018, p. 2).

Reference is made to the social development model, which postulates that behaviour is learned from the individual’s social environment, including their family and community, and that this can either lead to positive or negative outcomes for the individual. The authors argue that family protective factors, such as low substance and a positive family environment, influence an individual’s behaviour. A positive family environment is defined by parental monitoring and awareness of adolescent activities (Muchiri & dos Santos, 2018).

Other scholars (Tambling et al., 2021; Gorman-Smith et al., 2000; Smokowski et al., 2018) argue that “positive caregiver-child relationships that include warmth, cohesion, and support can serve as a critical protective factor from engagement in problematic behaviour”. Tambling et al. (2021) also stress the significance of a positive child-parent relationship enduring through adolescence and remaining steadfast into the young person's adulthood.

In the same vein, You et al. (2020) discovered that factors such as parent-child attachment, supervision, and parenting approaches act as protective shields against adolescent drug abuse. They also found that living in a two-parent family served as a protective factor against substance use among youths, attributing this to positive parent-child attachment and stricter parental monitoring (You et al., 2020). Therefore, it can be inferred that the family milieu plays an important role and can serve as a resource in preventing youth involvement in substance use. Early interventions related to substance use should be aimed at strengthening parental capacity.

3.3 SUBSTANCE ABUSE AND THE FAMILY

The family plays a central role in an individual's life and is affected by the actions of its members. It is impossible to discuss an individual without taking their family into account. In recent years, there has been a growing body of literature addressing the impact of substance abuse on families. Families of substance abusers often carry the weight of dealing with the consequences of their family members' substance abuse, including emotional, financial, and psychological burdens.

A study conducted in India during 2022 among family members of alcoholics revealed that the actions of a substance abuser can have both a direct and indirect impact on the family structure, ultimately leading to a “dysfunctional environment”. As a result, family members often find themselves acting as buffers for the substance abuser due to their actions (Sathyamurthi, 2022). In the case of the substance abusing youth living with their parents, their substance use can generate stress and anxiety within their parents. This stress and anxiety, stemming from the situation, can render both the parent and the substance abusing youth vulnerable. This premise is based on the FST utilised in this study, which posits that the actions of one family member impacts the others. Thus, the substance use of the youth affects the overall functioning of the family, rendering them vulnerable.

The family system is the one that deals with the ramifications of a member's substance usage. Lander et al. (2013) opine that individuals with SUDs cannot be treated in isolation without considering the impact on the family. Similarly, Bagley et al. (2021) suggest that intervention strategies for the treatment of youth engaging in substance use mostly focus on the individual, with little consideration given to the role the family can play in aiding the recovery process.

3.3.1. Impact on the family system

Previous studies have reported that a minimum of two family members are likely to be adversely affected by a relative's substance abuse (Copello et al., 2000). Orford et al. (2013) discovered that the global number of family members adversely affected by substance abuse is estimated to be around 100 million. The consequences of substance abuse extend beyond the individual user and significantly impact the health, emotional well-being, and economic stability of the family (Copello et al., 2000; Orford et al., 2013).

Likewise, Dudley (2020) highlights that substance use is not solely an individual issue but places a great strain on the family unit, as leading to various challenges experienced by families of substance users. These challenges encompass psychological, economic, social, family, and legal issues (Dudley, 2020). In the same way, Hamed (2022) asserts that the family of the substance abusing individual faces enormous challenges, including emotional suffering, anxiety, apprehension, hopelessness, irritation, frustration, worry, and mortification, which are among the consequences experienced by the family members of substance abusers.

3.3.2 Treatment challenges and cost to the family

Herman et al. (2009) draw attention to the high rates of untreated SUDs in South Africa. This is confirmed by Grant et al. (2016) who remark that despite high incidences of substance use, many people remain untreated. Additionally, Myers and Sorsdahl (2014) note that substance abuse is exacerbated by the lack of availability of inpatient and outpatient treatment services provided by specialist staff, as well as a shortage of primary prevention services that offer early intervention for substance abuse. These challenges place an additional burden on the family of the substance abusing individual to contend with.

Treatment centres for substance abuse tend to be costly, posing a challenge for individuals from economically disadvantaged backgrounds to access the necessary assistance. Additionally, Myers et al. (2015) mention that the limited availability of openings for substance abuse treatment in South Africa poses a significant challenge for previously disadvantaged

communities seeking intervention. Factors such as affordability and a lack of awareness about where to seek help further compound these barriers. Groenewald (2016) elucidates that the complex nature of SUDs, the treatment-related intricacies, and the associated financial burdens often mean that individuals in the most critical need of these services seldom have access to them. The author further posits that these factors leave both the substance abuser and their family with feelings of hopelessness and despondency.

Numerous studies (see Swanson et al., 2007; Semple et al., 2009; Plüddemann et al., 2010; Groenewald & Bhana, 2016a; Asante & Lentoor, 2017) have highlighted the strain that substance use by an individual places on the family's finances. This is often due to the substance user not contributing financially to the household and the associated costs of seeking treatment for the substance abuser.

3.3.3 Addressing the family needs

Bhana and Groenewald (2016a) analysed three significant policy documents: the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 (RSA, 2008), the NDMP (2013–2018), and the White Paper on Families in South Africa (DSD, 2013a). They concluded that these policies primarily address the needs of individuals with substance abuse issues but lack adequate provisions for supporting families dealing with members with SUDs. Orford et al. (2013) also note that family members coping with a substance abusing family member often receive insufficient social support from others.

Lander et al. (2013) claim that the effects of substance abuse on each family and its members are unique. They maintain that some of the consequences of having a substance abusing family member include having unmet developmental needs, impaired attachment, economic hardships, legal problems, emotional distress, and violence within the family. Additionally, children in such families are at risk of developing substance abuse issues themselves due to exposure. Moore (2017) explains that when parents focus their attention on

the substance abusing child, it can negatively affect other siblings, as they may not receive the same level of time or attention.

Casker (2019) conducted a study on the effects of substance abuse on the family. Her data correlates with that of Velleman et al. (2017) who found that the family plays a pivotal role in substance abuse origins. In contrast, Hamed (2022) points out the enormous challenges faced by the family of the substance abusing individual, which may result in emotions such as “emotional distress, fear, concern, despair, anger, frustration, anxiety, humiliation and guilt, or embarrassment”.

Several studies have identified commonalities arising from substance abuse within families. In a 2017 paper, Asante and Lentoer (2017) described the mental health difficulties encountered by families dealing with substance abuse. It is postulated that these families experience feelings of shame, embarrassment, and stigmatisation, which then leads to isolation and inability to seek help. Additional research (see Swanson et al., 2007; Semple et al., 2009; Plüddemann et al., 2010; Groenewald & Bhana, 2016b; Asante & Lentoer, 2017) suggests that an individual's substance use can impose financial strain on the family because the substance user does not contribute financially to the household.

A recent study by Lindeman et al. (2022) reports that an individual's substance use can have “significant harmful effects on their close others such as family which include uncertainty, worries, stress and difficult family life”. Furthermore, Bagley et al. (2021) have pointed out that intervention strategies for treating youth engaged in substance abuse predominantly focus on the individual, overlooking the potential role that the family can play in facilitating the recovery process. Consequently, there is a consensus among social scientists that studies examining the effects of substance abuse on the family deserves more attention. This underscores the need for a deeper understanding of how the substance abuse of a family member impacts other family members, so that intervention measures such as family support can be put in place. It is therefore of critical importance to consider the family in any

interventions for youth with substance abuse issues to enhance the capacity and functioning of not only the individual but also other family members involved.

3.4 PARENTS' EXPERIENCES OF THE SUBSTANCE ABUSING YOUTH

Parents play a vital role in family life. However, substance abuse does not only have adverse effects on the youth who engage in substance use; it also impacts parents. Consequently, parents' mental health is affected, leading to emotional distress (Hlahla et al., 2023). Furthermore, parents struggle to come to terms with the substance abuse of their youth and find it challenging to acknowledge the issue (Hlahla et al., 2023). An abundance of research (Cousino & Hazen, 2013; Meadows, 2016; Moore, 2017; Hlahla et al., 2023) has shown that youth substance abuse leaves an emotional scar on parents. Since parents often envision a bright future for their children from the moment they are born, it never crosses their minds that their youth might abuse substances later on. Furthermore, parents of individuals struggling with substance abuse undergo a spectrum of emotions that most parents never have to endure.

In 2020, LeMar, a parent who had a daughter struggling with opioid addiction, conducted an autoethnographic study exploring the experiences of parents dealing with opioid addiction in the USA. LeMar argued that parents of individuals with substance abuse issues endure significant emotional pain and often face stigmatization, largely driven by societal perceptions that addiction results from deviant behaviour, risky choices, and moral failure on the part of the substance abuser. Consequently, parents may even begin to doubt their own parenting abilities (LeMar, 2020). Research suggests that while some parents effectively manage their substance abusing children, others encounter difficulties due to the unique challenges associated with caring for such youth (Hlahla & Mothiba, 2022).

The responsibility of providing care for individuals grappling with substance abuse typically rests on their parents or caregivers (Choate, 2015; Kalam & Mthembu, 2018; Bagley et al., 2021). Previous research on substance abuse has often centred on parents as potential

factors influencing their children's substance use. Earlier studies on adolescent substance use specifically examined parental shortcomings in fulfilling their roles, including issues like communication problems between adolescents and parents, non-authoritative parenting styles, and parental drug usage. Consequently, parental shortcomings, whether direct or indirect, were identified as significant factors contributing to teenagers initiating the use of both legal and illegal drugs (see Benchaya et al., 2011; Njeri & Ngesu, 2014; Matlakala et al., 2019).

Flensburg, Johnson, Nordgren, Richert & Svensson (2022) support this perspective by asserting that parents are often seen as accountable for the emergence of substance-related issues in their children as well as their subsequent rehabilitation. Nevertheless, these studies did not take into consideration the experiences or emotions of the parents of individuals struggling with substance abuse.

In contrast, Dudley (2019) contends that parents have a pivotal role to fulfil in the upbringing of their children. Additionally, it is posited that parenting is a complex endeavour that becomes even more demanding when a child is involved in substance abuse, making the task of raising a substance-abusing child particularly challenging (Dudley, 2019).

Casker's (2019) findings corroborate those of Barnard (2005), indicating that parents were shocked when they discovered that one or more of their children were involved in substance abuse. As cited by Casker (2019), Barnard (2005) vividly characterised the experience of living with a substance abusing child as being akin to "being in hell". Furthermore, Barnard (2005) expressed the poignant sentiment that parents living with a child engaged in substance abuse found the situation to be exceedingly demanding, profoundly distressing, and highly traumatic. As a result, they tended to develop health problems (Casker, 2019). The health issues appear to emanate from the fatigue brought on by the constant demands, ongoing arguments, and the incessant concern for the health and welfare of their child (Barnard, 2005). Additionally, parents are apprehensive about the unpredictability of their child's behaviour, particularly as it is influenced by substance abuse (Casker, 2019).

The experiences of parents with a child who uses substances are supported by numerous studies. For instance, Ahmed and Jalal (2020) discovered that parents of substance users often experience physical health issues due to the stress-related ailments they suffer from. Similarly, Uluyol and Bademli (2020) have contended that family caregivers of individuals struggling with addiction encounter health problems stemming from constant stress, anxiety, feelings of humiliation, interpersonal conflicts, worries, and frustration caused by their child's drug addiction.

Likewise, Hamed (2022) observes that parents with children who use substances may undergo emotional turmoil, including feelings of anger and frustration. Additionally, these parents often contend with heightened tension and conflicts within the household, stemming from the issues associated with substance abuse. Furthermore, Hamed (2022) posits that the actions of the substance abusing family member can introduce instability into the family dynamics, potentially leading to instances of violence or abuse. In summary, it is clear that parents of individuals struggling with substance abuse face significant challenges in dealing with the situation.

3.5 CHALLENGES FACED BY PARENTS OF SUBSTANCE ABUSERS

Casker and Dykes (2021) in their research study conducted in Mitchells Plain, Cape Town, on the effects of adolescent substance abuse on the parents and siblings, found that parents residing with a substance abusing child experience immense challenges. Concerning the challenges parents of substance abusers face, Masombuka and Oalinge (2020) suggest that parents confront significant difficulties upon learning of their children's substance abuse. The authors also assert that parents may blame themselves for their child's addiction and their perceived failure in fulfilling their parental responsibilities. According to Masombuka and Oalinge (2020), these feelings of shame and guilt may lead parents to continue providing love

and fulfilling their parental duties for their dependent child. Consequently, parents encounter various challenges when cohabiting with a youth who abuses substances.

3.5.1 Challenges of living with a substance abusing youth

There is evidence indicating that living with or being associated with a substance abuser can lead to concerns, as plans often need to be adjusted to accommodate the substance abuser (Khadzhi, 2021). Tambling et al. (2021), referencing studies by D’Aniello et al. (2020), Kaur et al. (2018), and Shumway et al. (2019), assert that youth substance users place an extraordinary burden of stress on their parents. Additionally, Mafa and Makhubele (2020) argue that one of the most significant challenges parents face in today's society is a lack of knowledge and skills to cope with their child's substance use issue. Research studies have often centred on parents as potential contributors to their children's problems, as children are often seen in the context of their upbringing. Consequently, parents can be subject to scrutiny and condemnation, both by society and themselves (Dube et al., 2003; Smith & Estefan, 2014; Flensburg, Johnson, Richert & Fritz, 2022).

Further research has indicated that parents often face financial hardships as a result of theft committed by the substance abusing youth living with them. A study conducted by Masombuka and Qualinge (2019) confirmed this correlation. Similarly, Mathibela and Skhosana (2019) emphasised that parents experience frustration due to significant financial losses resulting from theft by their substance using children, which can sometimes lead them into a situation of debt. This connection has also been highlighted by numerous other authors, including Mokwena and Huna (2014), Waine (2015), and Mahlangu (2016).

3.5.2 The effect of the substance abuse on parents

Bowen (2014) contends that the actions of individuals should not be viewed in isolation, as they have an impact on the entire family system. Additionally, research has indicated that parents often tend to assign blame to each other for their child's substance use. Bortolon et al.

(2016) further add that parents of substance abusing youths often blame themselves and feel a strong sense of responsibility to help their child overcome their addiction.

Recent findings indicate that when a child engages in substance use, parents tend to assign blame to each other (Mafa & Makhubele, 2020). Mafa and Makhubele's (2020) study revealed that family dynamics change when a family member is addicted to substances. Parents struggle to cope with the substance abuse of their family member and the shift in family dynamics. Additionally, parents often have divergent opinions on how to deal with the issue of the substance abusing individual (see Barnard, 2005; Butler & Bauld, 2005; Choate, 2015; Orford et al., 2010; Mafa & Makhubele, 2019; Flensburg, Johnson et al., 2022).

Many scholars hold the view that parents experience a sense of loss and grief for the child they knew before their substance abuse (Usher et al., 2007; Reyes & Duchene, 2015; Ngantweni, 2018). Similarly, parents have expressed that their lives have been profoundly affected by their youth's substance abuse. They also reported experiencing forgetfulness, confusion, and a lack of knowledge on how to handle the changing cognitive abilities of their child. Additionally, they exhibited a sense of mourning for the child they once knew (Sim et al., 2018).

Numerous authors, including Masombuka (2013), Choate (2015), and Madiga and Mokwena (2022), have proposed that parents often experience a range of emotions when dealing with their substance-abusing offspring. Despite these well-documented challenges faced by parents of individuals with substance use issues, limited progress has been made in addressing the specific difficulties they encounter.

3.6 RESOURCES AVAILABLE TO PARENTS OF SUBSTANCE ABUSERS

In a study conducted in South Africa, Maluleke (2013) discovered that there is a shortage of support systems available to parents dealing with children who have substance abuse issues, especially for those without medical aid who rely on government services. Research indicates

that due to the high poverty rates, unemployment, prevalence of criminal and gang activities, limited access to mental health services and adequate infrastructure, the enduring legacy of apartheid, and elevated levels of substance abuse in South Africa, parents of individuals with substance abuse issues are in dire need of support (Eagar et al., 2015; Parchment et al., 2016; Tshitangano & Tosin, 2016; Statistics South Africa [StatsSA], 2018; UNODC, 2018).

Daley et al. (2018) discovered that numerous family members affected by the substance abuse of their loved ones suffer in silence, feeling embarrassed and unsupported. They often have limited access to public services that cater to their specific needs. In contrast, McCann and Lubman (2018) asserted that a significant challenge lies in the lack of available support services and the difficulty in identifying where to access help for family members dealing with a loved one who has a substance abuse issue, especially in rural areas. Additionally, McDonagh et al. (2019) noted that parents of substance abusers frequently lack knowledge about where to find assistance. This perspective differs from that of Louw (2021), who contends that parents should be well-informed about the support services at their disposal, how these services can enhance their well-being, and should have straightforward access to them.

Mafa and Makhubele (2020) provide further insight by explaining that parents and family members who reside with and see to the care of substance abusers are inaccessible and unseen groups, largely because of guilt and disgrace. They also observed that the existing range of accessible services tends to prioritise the needs of the substance user while overlooking the needs of the affected parents and the broader family. This lack of attention translates into a deficit in the advice, knowledge, and support that parents require in dealing with their substance using offspring (Mafa & Makhubele, 2020).

Parents were found to experience challenges in accessing resources due to various factors. These challenges included a shortage of available support services, problems in determining where to find support, the belief that they have no viable sources of support, and limited presence of NGOs and government structures in their residential areas. As a result,

parents often attempted to cope on their own, but their efforts proved unsuccessful (Daley et al., 2018; McCann & Lubman, 2018; Sathyamurthi, 2022). Parents employed a variety of strategies to deal with the substance abuser. The subsequent section delineates the coping strategies utilised by parents in such situations.

3.6.1 Coping strategies of parents of substance abusers

Research conducted by Singh et al. (2019) revealed that family members of individuals with substance abuse issues employ prayer as a coping mechanism to address the challenges posed by the substance user. They often rely heavily on their faith in God to navigate the difficulties associated with a family member's drug abuse. Previous research studies have also underscored that parents frequently turn to their religious beliefs and seek spiritual support when confronted with substance abuse issues involving their children (see Swartbooi, 2013; Masombuka, 2013; Mafa & Makhubele, 2020).

In contrast, Masombuka and Qalinge (2020) proposed that parents often persist in displaying love and support for their child who is struggling with substance abuse, primarily driven by feelings of shame and guilt. Additionally, parents frequently engage in discussions with the substance-abusing child about the dangers of substance use. Furthermore, as a coping mechanism, some parents also seek assistance from traditional healers (Haque et al., 2018; Grim & Grim, 2019).

According to Hlahla and Mothiba (2022), parents involved other family members in talking to the youth regarding substance abuse and for emotional support. However, in contrast, family support from other relatives can at times be deficient, as observed by Masombuka and Qalinge (2020). Additionally, parents of substance abusers may occasionally lack the knowledge needed to access support services.

3.6.2 Accessing professional services

Parents also approached various sources to acquire information on how to cope. Sathyamurthi (2022) maintains that the family support system is crucial for the substance abuser to overcome

their addiction. Furthermore, research has demonstrated that parents face difficulties when attempting to access professional services, primarily due to the limited availability of support services in their residential areas (Paris et al., 2023). McCann and Lubman (2018) contend that rural areas, in particular, suffer from a dearth of support services for family members dealing with substance abusers.

In their 2018 publication, McDonagh and colleagues revealed that a significant number of family members of individuals with substance abuse issues were unaware of the available support services. The literature suggests that some family members in such situations may not have recognised the need for or believed they deserve the support they require. Moreover, Khan et al. (2022) contend that there is a lack of support not only for substance abusers but also for their family members. This raises the question of how a family system, particularly the parental unit, which is grappling with limited access to support services for itself, can effectively assist a substance user without the requisite tools and knowledge.

Parents typically undergo several stages when seeking help for a loved one struggling with substance abuse. In this context, Liepman et al. (2014) and Wallace (2014) highlight that family members of substance abusers may encounter emotions such as powerlessness, desperation, resentment, and a sense of dejection. These stages include experiencing uncertainty, attempting to manage the problem independently, self-blame, seeking assistance within their familiar networks, and ultimately seeking professional help as a last resort (see McDonagh et al., 2019; Richert et al., 2021; Liahaugen et al., 2022).

Similarly, Mafa and Makhubele (2021) observed that parents of substance abusers initially try to manage the situation independently before reaching out for external support. Interestingly, a study conducted by Hlahla and Mothiba in 2022 in the Limpopo province, South Africa, among parents dealing with substance abusing youth, found that the strategies employed by these parents in dealing with the substance user yielded positive results. These strategies were also supported by existing literature (Hlahla & Mothiba, 2022).

3.6.3 Parents' experiences of seeking professional help

There are both similarities and contrasts in research when it comes to understanding parents' help-seeking behaviour in response to their family member's substance abuse issues. Research by Choate (2015) found that parents of substance abusers felt they did not get the necessary support needed by social workers and other social service professionals. Similarly, Hoeck and van Hal (2012) postulate that parents were dissatisfied with the services received from professionals. On the other hand, Masombuka and Qualinge (2019) remark that parents believe that social workers should take a more active role in addressing the issue and that the government should implement programmes aimed at protecting them from the substance abuser. Since Bowen's (2014) FST is based on the premise that individuals are influenced by various systems and that changes or deficits in one system can impact the entire family, it logically follows that interventions at various levels are necessary to support the recovery of the substance abuser as well as the family system from which they originate.

Maluleke (2013) postulates that social workers function as case managers when dealing with substance abusing clients. In the same way, Khanyi and Malesa (2022) assert that social workers play a pivotal role in the profession's service delivery. Meanwhile, Masombuka and Qualinge (2019) express the perspective that parents believe support services coordinated by social workers could assist them in dealing with the substance abuser. This interpretation differs distinctly from that of Krige (2021) who conducted a study in the rural Oudsthoorn region, which is geographically close to Kannaland. Krige (2021) presents the perspective that social workers involved in substance intervention may sometimes lack clarity on how to provide services in this intricate field. However, despite this contention by Krige (2021), research has demonstrated that parents of substance abusers continue to express a strong desire to receive support services from both the community and social workers (Somani & Meghani, 2016; Mafa & Makhubele, 2020).

There is a recognised need for healthcare providers to offer services and assistance to parents in dealing with individuals struggling with substance abuse (Dunst & Trivette, 2014). Research indicates that health care providers, such as nurses, could be invaluable in supporting family members of substance users, especially those whose members have been admitted to hospital due to substance use issues. Furthermore, it is important to empower the relatives of substance abusers with the necessary skills to effectively cope with the challenges posed by the substance abuser (Golsäter et al., 2016).

In contrast to other research findings, Nightingale et al. (2017) argue that parents of substance abusers may feel out of their depth and cut-off from professional services. These parents look to professionals such as nurses, social workers, psychologists, and psychiatrists to aid with care. Professionals can be of great assistance to parents by actively inquiring about their specific support needs and identifying areas where they may require additional knowledge regarding substance abuse (Nightingale et al., 2017). This sentiment was reiterated by LeMar (2020), who emphasised the importance of health professionals being more attentive to parents' support needs during their interactions. LeMar's personal experience highlighted that health professionals can sometimes come across as distant or unresponsive when parents seek intervention for their child's substance abuse issues.

3.6.4 Vulnerability and the parent of the substance abuser

The actions of the substance abuser can create a multitude of challenges for parents in their daily interactions with them. Research indicates that parents dealing with a child who abuses substances can be perceived as a vulnerable group due to the difficulties they face (Flensburg, Johnson et al., 2022). To delve deeper into this matter, Hlaha et al. (2023) emphasise that parents of youth with substance abuse problems often endure significant stress and may even experience depression as a result of the substance abuser's actions. In a similar vein, Gilodi et al. (2023) explain that vulnerability is a complex and evolving concept. They further note that the concept of vulnerability can be applied to a group of individuals who, according to

established norms and criteria, may be categorised as vulnerable. Returning to the subject of vulnerability, in contrast, it has been established that diverse notions of vulnerability are utilised in scientific literature and policies. Moreover, it is noted that in publications and guidelines, vulnerability is often perceived and defined as the consequence of distinct attributes of an individual or group, either as a result of enduring hardship or stemming from structural deficits (Flegar, 2018). Expanding on this matter, McCann and Lubman (2018) contend that a significant challenge lies in the limited availability of support services and the complexity of locating sources of assistance for family members dealing with a substance abuser, especially in rural areas. In a similar vein, numerous authors have argued that being predisposed to marginalisation due to geographic location and experiencing inequitable access to resources, or encountering a lack of resources, can signify structural vulnerability (Quesada et al., 2011; McNeil et al., 2014; Syvertsen et al., 2013; Stajduhar et al., 2019).

As was mentioned in the previous chapter, the Kannaland area is extensive, characterised by a rural landscape, and marked by a shortage of resources. Therefore, it is crucial to take into account the structural deficit in terms of the vulnerability of parents living in resource-scarce areas like Kannaland when designing future interventions aimed at addressing the needs of parents who reside with a substance abuser.

3.7 CONCLUSION

The literature review has demonstrated that substance abuse by a family member has a significant and far-reaching impact on the entire family, particularly parents. Family members encounter various challenges as a result of the substance use of one of their own. In summary, this literature review underscores the hardships faced by parents when dealing with a child who abuses substances and emphasises the necessity for further exploration to develop strategies that can support and enhance not only the parents' abilities in handling the substance abusing

youth but also the well-being of the entire family unit. The subsequent chapter will outline the methodology employed in this research study to achieve the stated aims and objectives.



CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The previous chapter explored relevant literature that supports the study and its alignment with the research objectives. This chapter provides a comprehensive overview of the research methodology that was employed to conduct the research, focusing on the research setting where the study was conducted. The research question, goals, and objectives are revisited, along with the research approach utilised in the study. The sampling technique is also discussed, and a detailed description of the data analysis process is provided, including insights from the pilot study.

4.2 THE QUALITATIVE RESEARCH PROCESS

Although the research process is perceived differently by various authors, the basic concepts and constructs remain consistent across both quantitative and qualitative research (Roestenburg et al., 2021). Kumar (2019) further elaborates on this by arguing that the research process involves the collection and interpretation of data to address enquiries. The following figure explains the research process from a qualitative viewpoint. Roestenburg et al. (2021) mention that the qualitative research process is a continuous journey that starts with an initial idea and involves its refinement. They emphasise that this process necessitates periodic evaluations to ensure that each step aligns with the initial idea and contributes to its realisation. Figure 4.1, which is derived from Roestenburg et al. (2021), outlines the qualitative research process.

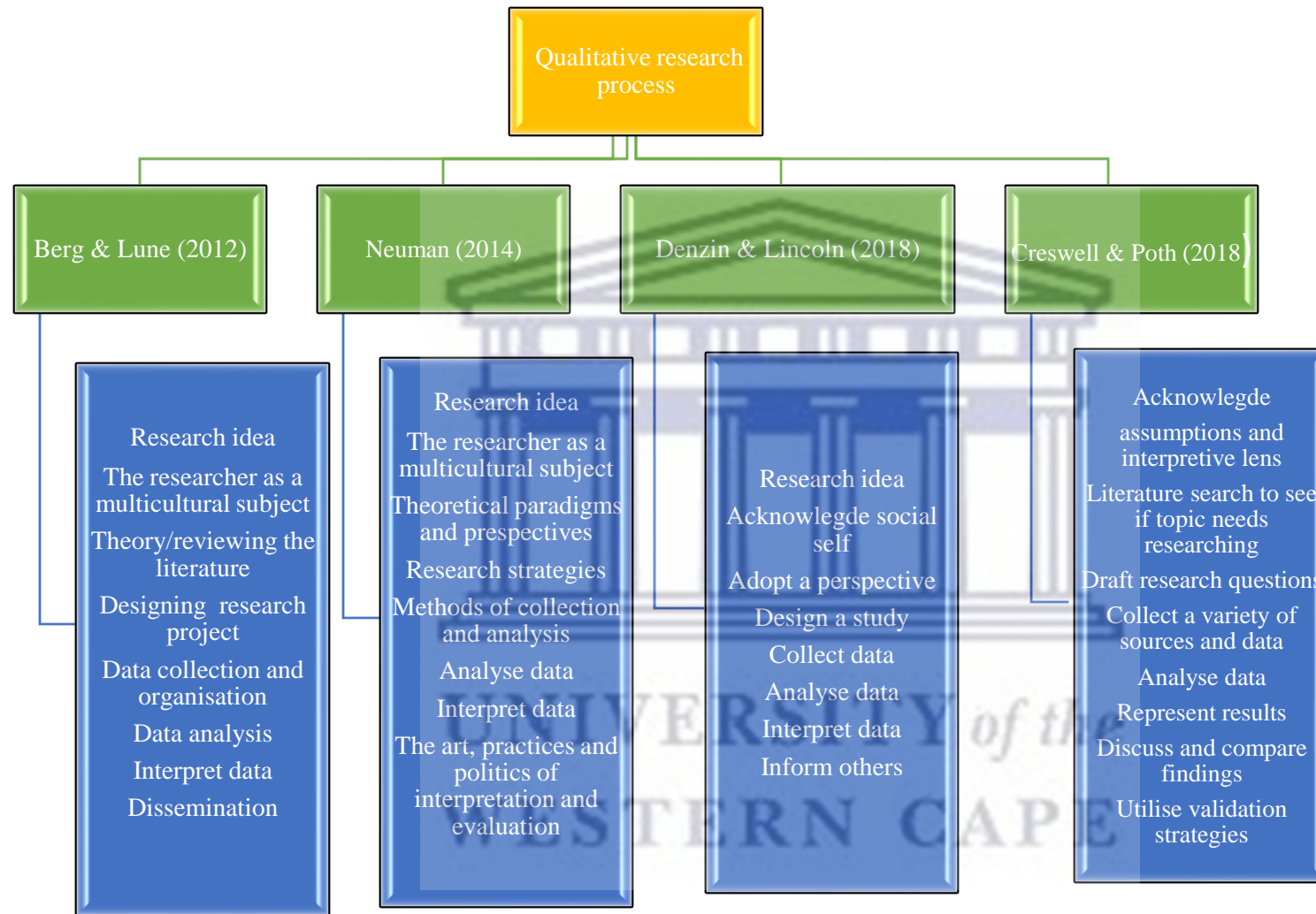


Figure 4.1: Qualitative research process (Source: Roestenburg et al., 2021)

4.2.1 Research question

The research question is arguably the most crucial aspect of the research process. A research question should be what you intend to find out about a subject matter. It is postulated by Kumar (2019) that the research question should be distinct and precise. Moreover, it should focus on what is unknown to the researcher (Kumar, 2019). In a similar vein, Roestenburg et al. (2021) emphasise that the research question should serve as a compass for what you want to uncover. It can thus be inferred that the research question focusses on current knowledge that the researcher is questioning.

The research questions were:

- 1) How does the parent, living with a substance abusing youth between the ages of 18 and 35 years, experience their substance abuse?
- 2) What challenges does the parent, living with a substance abusing youth between the ages of 18 and 35 years, face in dealing with the youth's substance abuse?

4.2.2 Aim of the study

De Vos et al. (2011) note that while the terms “goal”, “aim”, or “purpose” might be phrased differently, they all pertain to what must be achieved on completion of the research. The aim is defined as a statement that stipulates and operationalises the research focus (Terre Blanche et al., 2011). The aim of this study was to explore parents' experiences of living with a youth between the ages of 18 and 35 years who is a substance abuser.

4.2.3 Objectives

De Vos et al. (2005) define an objective as a more tangible, measurable, and readily achievable representation of the end goal to which efforts or aspirations are directed. Similarly, Roestenburg et al. (2021) affirm that an objective represents what must be accomplished. In numerous qualitative studies, this author has observed that objectives serve as guiding beacons throughout the research process.

The objectives of this study were to explore:

- 1) Parents' experiences of youth substance abuse on the family.
- 2) The challenges faced by parents affected by the substance abuse of a family member between the ages of 18 and 35 years.
- 3) The resources available to parents living with a substance abusing youth between the age of 18 and 35 years.

4.2.4 Research Approach

Countless scholars have described what the qualitative approach is and what it entails. This approach lays the foundation for research and is rooted in an understanding of the societal and cultural context that shapes human behaviour. It centres on exploring individual and distinct human experiences, involving data collection from research subjects who have first-hand experience with the issue under investigation. Qualitative researchers employ a holistic research approach, and their interpretations are based on what they discern or perceive from the data (Silverman, 2011; De Vos et al., 2013; Maree, 2014; Roestenburg et al., 2021).

Creswell (2015) highlights both the advantages and disadvantages of qualitative research. The advantages encompass its ability to offer a comprehensive understanding of the individuals under study, convey the perspectives of the participants, and provide insights into their experiences from their own viewpoint. Qualitative research also excels in capturing the richness of individual narratives.

However, Creswell (2015) also acknowledges the limitations of qualitative research. These include its limited generalisability due to the focus on a small number of individuals, the absence of quantitative figures, and the inherent subjectivity in the interpretive process.

Moreover, the qualitative research approach is employed when a thorough, in-depth understanding of a complex issue is required, or when conducting experimental research is impractical or ethically challenging. Additionally, qualitative research involves the exploration of informal and unstructured connections and relationships (Roestenburg et al., 2021).

A qualitative research approach was employed to comprehensively investigate the experiences of parents living with a young person, aged between 18 and 35 years, who is struggling with substance abuse in the rural Kannaland area.

Roestenburg et al. (2021) posit that the qualitative research approach is employed in response to an inquiry about an unfamiliar event with the objective of comprehending the event from the participants' perspectives. This approach was considered appropriate because the researcher aimed to convey the parents' viewpoints regarding their experiences with the substance abuser, with a focus on exploring their lived experiences. A qualitative research approach was employed because the researcher wanted to holistically explore the family experience regarding a family member's substance abuse and felt the qualitative method will enable her to achieve this. The researcher was interested in establishing what the influence action of a phenomenon is in relation to another, in other words determining how substance abuser usage affects their families.

Within the qualitative research approach, there exist various inquiry strategies, one of which the researcher employed was the explorative-descriptive design. The researcher's interest lay in exploring the impact of substance abuse by a family member aged between 18 and 35 years on the family. According to Holly (2013), an exploratory-descriptive design is most fitting when a straightforward description is sought, focusing on the intricate details of the 'what, where, when, and why' of an event or experience.

4.2.5 Research design

Numerous authors have offered their definitions of a research design. Bless et al. (2006) consider a research design as a means of questioning existing theories. Furthermore, Babbie and Mouton (2010) assert that a research design serves as the blueprint detailing how the research will be conducted to resolve the research problem. De Vos (2013; p.307) states that the qualitative research design is the groundwork where all the decisions are "planned". Moreover, qualitative design is then seen as the place where you set out to use some or more

of the strategies that are used in qualitative research as a guide. In addition, De Vos (2013; p.308) states that the ethnography, phenomenology and the biographical method are “strategies of enquiry, or tools that can be used to design qualitative research. Ethnography was not suitable as the researcher was not planning on entering the community with the view of observing the population in their specific cultural context over a long period of time.

Hunter, McCallum & Howes (2019) argues that exploratory-descriptive design is a purposive methodical design aimed at maximizing the detection of generalizations leading to explanation and comprehension of an area of social or psychological life. In addition, the authors cite Reid-Searl and Happell (1998) who argues that exploratory-descriptive design is employed to explore a subject matter with inadequate coverage. Furthermore, Holly (2013) argues that exploratory-descriptive design is best suited when an uncomplicated description is desired that focus on the detail of what, where when and why of an event or an experience. Therefore, the researcher has elected to utilize the exploratory-descriptive design which enabled the researcher to obtain a detailed picture of the impact substance abuse has on affected families.

4.3 RESEARCH SETTING

The research was carried out in an area where the majority of residents rely on agricultural labour income, both on a full-time and part-time basis. Van den Hoonaard and Van den Hoonaard (2013) assert that it is vital for the researcher to have prior knowledge about the field before entering. The researcher, although employed as a social worker at DSD Kannaland, possessed limited knowledge of the geographical area under study, as she originates from the Eastern Cape.

The researcher dedicated her weekends to spending time with different gatekeepers in various areas, aiming to familiarise herself with the research setting and potential research participants. This was deemed crucial for the research process, as emphasised by Van den Hoonaard and Van den Hoonaard (2013), who argue that gaining entry and acquiring

knowledge about the social setting or community, without forming attachments, are of paramount importance, regardless of the research setting or the group being studied.

Gaining entry presented challenges, as some residents recognised the researcher from her role as a social worker and continuously inquired whether she was in the area to collect names for food parcels. The researcher addressed this by explaining to the residents that her presence in the area was for a specific research project and not in her professional capacity as a social worker.

In Figure 4.2, you can find a visual representation of the demographics of the Kannaland municipal area, where the research study was carried out. This illustration includes data on the Kannaland population for the 2019/2020 period, as well as information on education, health, safety and security, poverty, access to services, and labour, sourced from the Western Cape Government Socio-Economic Profile (Western Cape Government, 2020).

Kannaland is a rural area surrounded by farms, where numerous unskilled workers are employed in the agricultural sector. Tertiary institutions are absent within the Kannaland area, which means that young people and other residents seeking further education typically have to venture beyond the municipal boundaries to pursue their studies.

According to the above-mentioned Socio-Economic Profile (Western Cape Government, 2020), drug-related crimes were a concern in Kannaland during the period of 2019–2020. The statistics also indicated that the high school dropout rate among Grade 12 students in the research area was notable. Furthermore, the Socio-Economic Profile mentioned that out of the 6,980 homes in the Kannaland municipal area, the majority utilised formal housing. However, despite a substantial number of residents living in formal housing structures, there were issues related to access to basic services (Western Cape Government, 2020).

The researcher wanted to highlight that the rural area of Kannaland faces challenges such as resource shortages, a scarcity of skilled workers; high school dropout rates; and a

prevalence of poverty. Interestingly, the economic profile does not mention any specific services available for substance intervention, focusing only on substance-related crimes. Numerous authors have argued that certain factors such as those highlighted in the Western Cape Socio-Economic Profile contribute to a population's vulnerability to substance abuse and its associated effects (Swanepoel & De Beer, 2011; UNODC, 2020). The researcher considered it essential to include the graphical illustration to provide a comprehensive depiction of the area under study, including its population, in order to enhance the understanding of the research population's context.

The participants of the current study resided in the Little Karoo area of Kannaland, which is a rural area consisting of the small towns of Ladismith, Zoar, Van Wyksdorp, Calitzdorp, and the surrounding farms in the Western Cape province of South Africa. Hulley et al. (2016) note that it is situated between two parallel mountain chains: the Langeberg and the Swartberg. The area lies along the R62 between Oudsthoorn and Laingsburg, as displayed in Figure 4.3. It also forms part of the Garden Route District (GRD), which encompasses Hessequa, Mosselbaai, George, Oudsthoorn, Bitou, and Knysna.

According to the Western Cape Government Socio-Economic Profile (Western Cape Government, 2020), Kannaland had a population of 22,224 people in 2020, making it the least populated municipal area in the GRD. Most of the residents in Kannaland are Afrikaans speaking.

Kannaland: At a Glance

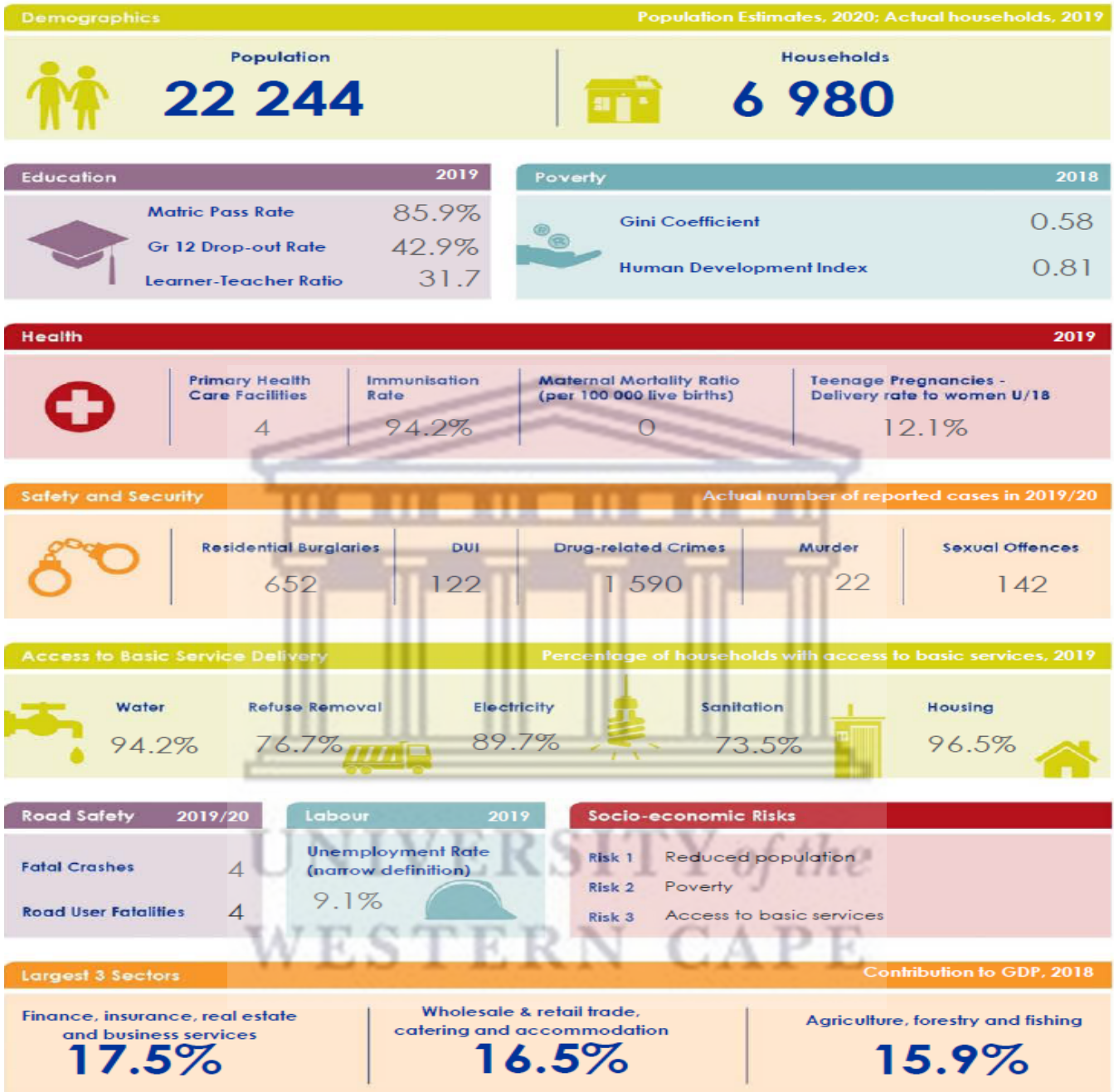


Figure 4.2: Kannaland demographic figures (Western Cape Government, 2020)

The Western Cape Socio-Economic Profile (Western Cape Government, 2020) has released the demographics of Kannaland. It notes that the average household size in Kannaland is anticipated to remain steady at 4.2 people per household from 2020 to 2024. Additionally, the matriculation attainment rate in Kannaland is somewhat higher than the district average, albeit showing a decreasing trend (Western Cape Government, 2020).



Figure 4.3: Map showing the Little Karoo boundaries featuring the Kannaland municipal area (source: Hulley et al., 2016)

4.3.1 Participant preparation

A well-structured research process necessitates participants who are adequately prepared. Hence, arrangements were made with the gatekeeper for one-on-one sessions with the participants, during which they were introduced to the nature of the study. Strict adherence to COVID-19 protocols was maintained since the data collection was scheduled to take place at the peak of COVID-19 restrictions.

Furthermore, during these interactions, the researcher provided an overview of the research project and outlined the expectations for the participants, including an explanation of the consent forms. This engagement served to offer participants clarity about the research topic and address any concerns they might have had. The potential implications and consequences of participating in the study were also emphasised. The interview settings were also confirmed. Regarding this, some participants expressed a preference for conducting the interviews in the

comfort of their own homes, while others requested neutral meeting places as close to their residences as possible due to COVID-19 restrictions. Additionally, many participants indicated their availability for interviews during the late afternoons or evenings, as they are employed during the daytime.

4.3.1.1 Sampling

In the research process, sampling is a crucial step as it involves selecting the individuals who will be part of the study. As per Patten and Bruce (2014), the sample is drawn from the specific group of individuals that the researcher is interested in. Given that this is a qualitative study, the sample was drawn from the community members, specifically focusing on families of substance abusers aged between 18 and 35 who have been or are currently affected by their loved ones' substance abuse. In this study, the researcher employed purposive sampling, which involved selecting participants from various geographical areas within the Kannaland Region. This approach was chosen to gather in-depth information on the topic under investigation.

In the research execution process, there are several sampling techniques available for utilisation. According to Tongco (2007), the non-probability purposive sampling technique proves beneficial, especially when the subject under investigation pertains to a specific cultural domain with experts possessing substantial knowledge. Purposive sampling has been extensively discussed by numerous scholars. This approach is employed to enhance the depth of understanding by selecting cases that can yield comprehensive insights while efficiently utilising minimal resources.

Moreover, participants are selected from groups likely to generate relevant and valuable data (Kelly, 2010; Palinkas et al., 2015). Hence, the researcher employed purposive sampling, which involved the selection of families whose members met predefined criteria. These individuals were considered the most suitable sample for the study, as the researcher aimed to gain a comprehensive understanding of their experiences throughout their lives in relation to their family member's substance abuse while residing in Kannaland.

4.3.2 Research Population

The population, as defined by Welman et al. (2012), encompasses individuals, groups, organisations, human products, and events that are the focus of the study. In the same vein, Babbie and Mouton (2002) assert that the research population constitutes the group of people about whom we want to draw conclusions. Regarding the research study, the population comprised out of 12 parents of either gender who cohabited with a youth struggling with substance abuse, as they had daily close interactions with the family member facing substance abuse issues. The research was conducted in the rural towns of Calitzdorp, Van Wyksdorp, Ladismith, Zoar, and the surrounding farms.

4.3.3 Criteria for inclusion and exclusion of participants

For this study, only parents with young persons who were abusing drugs within the age range of 18 to 35 were included in this study. The term "youth" is defined in the National Youth Policy (2020–2030) as individuals within the age group of 14 to 35 years (RSA, 2020). The eligibility criteria stipulated that individuals must be parents living with a youth between the ages of 18–35 who was abusing substances. Moreover, participants needed to volunteer for the study and have a family member within the age range of 18–35 who either currently abuses substances or has a history of substance abuse. This specific age group was chosen to provide the researcher with a comprehensive perspective on how parents residing in the Kannaland Region experience the substance abuse of their young adult family members aged 18–35.

Not all community members met the inclusion criteria to participate in the study. Individuals were excluded from the study if they were recovering addicts, minors under the age of 18 years, and family members who are actively abusing substances. Parents not living with the substance abuser were also excluded. The sample was selected to provide the researcher with insight into the experiences of families with a substance abusing member within the age range with the

highest admission rate for substance abuse in the Western Cape(Bhana, Dada, Erasmus, Harker-Burnhams, Keen, Lucas, Parry, Pretorius & Weiman ,2019).

4.4 DATA COLLECTION TOOLS

The researcher utilised semi-structured interviews as the data collection method to gather in-depth information. These interviews were conducted face-to-face to gain a comprehensive understanding of the participants' views and feelings.

Semi-structured interviews, as defined by De Vos (2011, pp. 351–352), are a research method in the social sciences that are open and flexible, allowing for the introduction of new ideas during the interview process. De Vos further notes that this approach is adaptable, with the interviewer using a general list of topics known as an interview guide, rather than strictly adhering to a predefined set of questions.

The interviews were conducted in either Afrikaans or English, depending on the participants' preferences. Notably, one participant and their spouse alternated between IsiXhosa and English during the interviews.

4.4.1 Data collection process

Permission to conduct the study was granted by the University of the Western Cape's (UWC's) Humanities and Social Science Research Ethics Committee (HSSREC) (number HS20/9/65; see Appendix E). The researcher followed the data collection approach proposed by Creswell (2009). The approach involved the identification of a purposive sample comprising individuals who had first-hand experience the phenomenon under study. Before commencing with the data collection, suitable gatekeepers within the community were identified. These gatekeepers were issued with a letter (see Appendix D, English and Appendix H-Bylaag D in Afrikaans) outlining the purpose of the study and requesting assistance in recruiting suitable participants. The letter emphasised the confidential nature of the project and provided information about the research interview timeframe.

The participants were recruited with the assistance of the gatekeeper, namely the Reverend of the Anglican Church in the area, who responded positively to the researcher's request (Appendix D or Bylaag D for Afrikaans). The minister agreed to identify families willing to participate in the study, particularly those who were facing substance challenges with their young adult family members.

Creswell (2009) recommends that for these activities, interviewing between five to 25 people is typically required. Initially, the sample consisted of 14 participants, each of whom was a parent living with a young adult engaged in substance abuse within the age range of 18–35. The participants were provided with an information sheet (Appendix A or Appendix E, Bylaag A, for Afrikaans speaking participants) outlining the research study details, their anticipated involvement, and the adherence to COVID-19 protocols, given that data collection took place during the COVID-19 restriction period. The information sheet also covered the perceived risks of the study and the measures in place for harm reduction in case of exposure to risk.

Furthermore, the participants were informed that participation was completely voluntary and that they could withdraw from the study at any point without repercussions (Appendix A; Appendix E-Bylaag A). This enabled the participants to get a clearer understanding of the topic, if they had any uncertainties. Additionally, permission was sought from the participants for the interviews to be audio recorded, which served to minimise the risk of losing any information during the interview process (De Vos et al., 2011) (see Appendix B; Appendix F-Bylaag B).

The semi-structured interview schedule included the questions posed to the participants during the interviews. The researcher utilised an interview guideline (Appendix C; Appendix G-Bylaag C) and conducted a total of 14 semi-structured, face-to-face interviews, adhering to strict COVID-19 protocols. The interviews took place within the Kannaland area and surrounding farms at a variety of locations, including the participants'

homes, with scheduled times accommodating their preferences. Some participants chose to be interviewed at a nearby venue to their place of residence. The initial sample comprised of 14 parents, however after data collection two participants asked that their data be destroyed and not be included due to fears that the substance use of the family member will become public (even though the confidentiality conditions were explained beforehand upon signing the consent form). The final participants thus consisted of 12 participants as the other two was not used.

The duration of the interview sessions varied, lasting between thirty to sixty minutes, during which the researcher employed audio recording devices and took notes as part of the data collection process. These interviews were conducted primarily in Afrikaans or English, as these are the predominant languages used in the Kannaland region. However, one participant alternated between IsiXhosa and English during their interview based on their preference.

During the interviews, participants occasionally strayed from the research questions, requiring the use of the social work skill known as "focusing". As Cournoyer (2016) suggests, this skill is employed to guide or refocus attention back to the subject matter when necessary.

4.4.2 Data saturation

Twelve interviews were conducted according to the research plan. The researcher believes that data saturation occurs when no new information is gathered, and participants' views become similar. Clarke and Braun (2013) and Nieuwenhuis (2020) emphasise that it's the researcher's responsibility to ensure data saturation is achieved. However, in contrast, Roestenburg et al. (2021) argue that data saturation is determined by the data itself and not the number of interviews conducted by the researcher.

The researcher encountered a challenge when two participants withdrew from the study after data collection because they were concerned about the community discovering that they had a family member struggling with substance abuse. While this initially posed a problem, upon reviewing the data obtained, it was found that the information gathered from the

remaining twelve participants was adequate. No new insights or information emerged, and similar comments were prevalent, indicating data saturation had been reached.

4.4.2.1 Interview process

The interviews were carried out in person with strict adherence to COVID-19 protocols. Necessary personal protective gear, including masks and hand sanitiser, was provided to the participants. Equipment such as pens, recording devices, and seating arrangements, as well as the interview venue itself, were thoroughly sanitised, especially when the interviews took place at locations away from the participants' homes. One of the research participants spoke in both Xhosa and English during the interviews. Field notes were diligently taken during these sessions. Participants were also informed that they would be referred to a pre-arranged qualified counsellor in the Kannaland area if the need for debriefing or therapeutic services arose. However, upon completion of the interview process, none of the participants indicated any need for debriefing or therapeutic services.

4.4.2.3 Pilot study

According to De Vos et al. (2011), a pilot study serves as a valuable tool for researchers to refine their focus on specific areas that may have been unclear initially or to test particular questions. In this context, the researcher conducted a pilot study prior to data collection by interviewing two participants that was not included in the main study, using the semi-structured interview guide. The aim was to assess the relevance of the research questions and make necessary alterations for subsequent interviews if needed. During the pilot study, it became evident that the two pilot participants had difficulty comprehending the questions. As a result, the researcher had to rephrase the questions and adjust the sentence construction to facilitate the research process.

The pilot study enabled the researcher to implement essential adjustments, subsequently ensuring the quality of the interviews conducted during the main investigation.

Furthermore, it played a significant role in building rapport with both the participants and the community, ultimately facilitating approval for the project (De Vos et al., 2011).

4.5 DATA ANALYSIS PROCESS

According to De Vos et al. (2008, p. 21), data analysis is defined as the process of reorganising and simplifying data to derive answers to the research questions. The methods of data analysis can take various forms, depending on the nature of the research question, study design, and the type of data being examined (Bless & Kathuria, 1993, cited in Bless et al., 2006).

4.5.1 Transcribing process

Considering the perspectives of qualitative researchers, Roestenburg et al. (2021) observe a widespread consensus that data derived from interviews should be extracted from the transcriptions, rather than relying on the original audio or video recordings. Additionally, it is recommended that the transcription process is carried out promptly.

Clarke and Braun (2013) maintain that transcribing recordings has the advantage of allowing the researcher to gain a deeper familiarity with the data as they transcribe it. When using a transcriber, it is vital that confidentiality and anonymity of research subjects be preserved (Roestenburg et al., 2021).

Roestenburg et al. (2021) cite Santos et al. (2015), who propose a three-step process for transcription. These three steps are as follows:

- 1) Transcribing the interview in its original language;
- 2) Translating the collected data into the appropriate vocabulary; and
- 3) Translating the transcribed text back to the original language and then linking the two versions.

Research indicates that the transcription process contributes to the credibility of the data, ensures authenticity, and can be used to corroborate the reliability of the data analysis process (Roestenburg et al., 2021). For this research project, transcriptions were generated

using a word processor, presenting the speakers' views verbatim and identifying them with alphabetical letters, while each line was sequentially numbered. The researcher followed the method of transcription proposed by Roestenburg et al. (2021).

4.5.2 Data analysis steps

Once the transcriptions were completed, the data needed to be analysed to identify specific patterns. In this research, the researcher employed thematic analysis, which is a method for identifying, analysing, and reporting patterns (themes) within the data (Liamputtong, 2009). According to Liamputtong (2009), this approach involves two primary steps: first, reading through the transcript, and second, examining the transcript to make sense of what the research participants are expressing. It entails a thorough search within the data set to identify recurring patterns of meaning.

The researcher followed the generic steps for data analysis outlined by Creswell (2003). Furthermore, as part of the thematic analysis process, the researcher also employed Atlas.ti, an electronic software coding system, to effectively organize and group the data.

In the current study, the data analysis process followed the steps outlined by Creswell (2003), which involved a five-step sequence, as follows:

- Step 1: The researcher initially organised and prepared the data for analysis by transcribing the interviews and categorising the data into different types based on the information collected.
- Step 2: The researcher read through the data and played the audio recordings to familiarise herself with the data.
- Step 3: The textual data was processed by segmenting sentences into categories and then assigning those categories themes based on the language used by the participants.

- Step 4: Codes were assigned in order to generate themes for analysis. Additionally, the themes and potential sub-themes were further refined and organised.
- Step 5: Finally, the researcher converted the analysis into a written report by referencing relevant literature excerpts that correlated with the identified themes, research questions, and the literature previously reviewed.

4.6 TRUSTWORTHINESS

De Vos et al. (2011, pp. 419–421) point out that *trustworthiness* in qualitative research is analogous to the concepts of validity and reliability in quantitative research. In a similar vein, Johnson and Turner (cited in Maree, 2014, p. 305) define trustworthiness as the manner in which the researcher convinces the audience that the research is noteworthy and holds exceptional value. Four components have been identified to classify qualitative research as high-quality, and these are *credibility*, *transferability*, *dependability*, and *conformability*. Roestenburg et al. (2021) concur that these are vital components to ensure trustworthiness. The first criterion, credibility, is considered the most crucial, as emphasised by De Vos et al. (2011).

- **Credibility** refers to the belief that the research findings are accurate and trustworthy (Denzin & Lincoln, 2018). To ensure the trustworthiness of the research, the researcher employed credibility-enhancing strategies, including member checks. Member checks involved seeking input from participants to validate whether their views had been accurately represented. As described by Krefting (1991), member checking is a technique through which the researcher verifies the information, codes, interpretations, and findings with some of the research participants to ensure that the data provides an accurate account of the participants' responses.

In this study, upon consultation, participants confirmed that the interpretation of the research findings was indeed a faithful representation of their views. Additionally, the

researcher bolstered credibility by employing data triangulation, utilising multiple data collection methods and analyses to reduce discrepancies in the findings.

- **Transferability** is concerned with linking the research findings within other research contexts and not solely for the purpose of generalising (Klopper, 2008). This interpretation contrasts with that of Roostenburg et al. (2021) who argue that transferability infers that qualitative research findings should be discernible not only to other academics or researchers in the discipline but also by the milieu within which the study was carried out. The researcher employed *transferability* by linking the findings of the study to previous findings of other researchers with regards to the subject matter.
- **Dependability** is another component of trustworthiness. In 2011, De Vos et al. authored a paper in which they provided an in-depth discussion of dependability, asserting that research can be considered dependable when the research results exhibit consistency, detail, and have been subject to review. However, seven years later, Korstjens and Morse (2018) introduced an alternative perspective, stating that dependability pertains to the strength or durability of research findings.

To ensure dependability in this study, the researcher engaged the participants in evaluating the alignment of the findings with the data they provided. An inquiry audit was conducted, scrutinising the data collection and analysis processes. Additionally, the study's results were examined to affirm dependability.

- **Conformability**, the last component, revolves around how the research results can be corroborated or validated by others (Trochim & Donnelly, 2007). Likewise, numerous authors contend that conformability implies that other researchers may validate the findings and reach similar conclusions by replicating the methods employed (Kincheloe et al., 2018; Roostenburg et al., 2021).

The researcher established conformability through the implementation of an audit trail, as defined by Kumar (2019), which is a comprehensive record of the research steps taken from the project's inception to its conclusion. In this process, the researcher placed the subjects at the core of the research as experts and made the data accessible to the participants to verify its accuracy as a true reflection of their perspectives. The researcher meticulously detailed how the data was obtained, recorded, and interpreted from the project's outset (De Vos et al., 2011; Roestenburg et al., 2021).

4.7 ETHICAL CONSIDERATIONS

De Vos et al. (2005) assert that ethics constitute a set of guidelines that govern a researcher's conduct when interacting with the participants in a research study. In this study, the following ethical principles were applied: voluntary participation, confidentiality, non-maleficence, consent, and anonymity. These are described in more detail below.

4.7.1 Permission to conduct the research study

In order to carry out the research study, obtaining the necessary permissions is a fundamental step, and in this case, permission was granted by the HSSREC at UWC (see Appendix E). The approval, with the identification number HS20/9/65, signifies that the study was subjected to a thorough ethical review by the committee to ensure that it adhered to the established ethical standards and guidelines. This approval not only reflects the researcher's commitment to conducting the study with integrity and responsibility but also assures the subjects and those involved that the research will be conducted in an ethical and responsible manner, safeguarding the rights and well-being of all participants. This permission is not only a regulatory requirement but also a testament to the commitment to ethical research practices, which is vital in maintaining the trust and credibility of any research endeavour.

4.7.2 Voluntary participation

Creswell (2003) emphasises the significance of elucidating the concept of voluntary participation to research subjects and underscoring their right to withdraw from the study at any point. In line with this guidance, the researcher provided participants with a comprehensive explanation that the research was entirely voluntary, and they had the absolute right to decline participation. The researcher made it clear that participants could opt to withdraw from the research at any time without any obligation.

Furthermore, the participants were informed about the study's expectations, its scope, and the nature of their involvement. Additionally, the advantages and potential disadvantages of participating in the study were outlined to ensure that the participants were fully aware of any associated risks.

4.7.3 Confidentiality and anonymity

To safeguard the participants' identities, the researcher employed pseudonyms or codes. Participants were also explicitly informed that pseudonyms or codes would be used to maintain confidentiality and anonymity not only in the thesis but also in any potential future publications arising from the research. Confidentiality in this context pertains to the protection of the study subjects' identities. Only the researcher possessed knowledge of the participants' actual identities. Anonymity is a protective measure that ensures the concealment of participants' identities. Therefore, it is imperative to have measures in place to safeguard the identities of participants (see Fox et al., 2007; Marshall & Rosman, 2014).

4.7.4 Non-maleficence

Scott (2017) emphasises the importance of the researcher taking steps to prevent any harm from befalling the study subjects. Participants in this study were duly informed about the potential risks associated with their participation, which could encompass psychological, legal, and emotional risks. They were also apprised that any human interactions and discussions about themselves or others inherently carry certain risks.

Participants were also assured that if needed, they would be referred to a qualified professional for additional assistance or intervention. Furthermore, they were informed that any discomfort, whether psychological or otherwise, experienced during their participation in the study would be promptly addressed to minimise the risk of secondary victimisation and social stigma.

The harm prevention statement was thoroughly explained to participants, and they were made aware that while no harm was anticipated, in the event of any potential risks, steps would be taken to minimise them. These measures included the availability of a pre-arranged registered counsellor for referrals if necessary. It was emphasised that the counsellor would have no association with the researcher to minimise any additional stress or risks. It is noteworthy that throughout the research process, there was no need for participants to be referred to a counsellor, and no need for support services was identified.

4.7.5 Informed consent

Before conducting the interviews, it was essential to ensure that participants were well-informed about the study's aims, goals, and research objectives. This information was conveyed to them through an information sheet, which can be found in Appendix A. The purpose of this step was to transparently share the study's intentions and what it aimed to achieve, giving participants a clear understanding of what they were getting involved in. To formalise their participation and indicate their voluntary agreement to be part of the study, participants were required to sign a consent form, provided in Appendix B. This consent form outlined their willingness to participate and their acknowledgment of the study's objectives. Furthermore, participants also agreed to have their interviews audio recorded. This process ensured that ethical and legal considerations were met, and it allowed for a complete and informed participation in the research study, with all parties involved fully aware of their roles and responsibilities.

4.7.6 Data storage & disposal

Safeguarding the data collected during the research process is of paramount importance. The use of technology makes the process manageable and convenient, and therefore sufficient data storage instruments should be used (Dykes, 2014). In this study, the research data were safely stored in an encrypted file accessible only to the researcher, as well as on a password-protected USB device.

Following the completion of the interviews, the recorded audio files were promptly transferred to a computer, which was secured with a password. These recordings were then stored within a password-protected folder on the same computer, and access to this folder was limited exclusively to the researcher. This stringent security measure was taken to ensure the confidentiality and privacy of the data collected during the study.

Furthermore, to comply with data retention and disposal procedures, the hard copies of documents, including the signed consent forms, will be retained for a period of five years. After this period, they will be securely disposed of through shredding, ensuring that any physical copies of the data are irreversibly destroyed.

As for the digital data, it will be deleted from the computer after the retention period has expired. This data management plan ensures that the research material is both securely stored and handled in a manner that respects data privacy and follows the necessary legal and ethical guidelines for data retention and disposal.

4.8 LIMITATIONS OF THE STUDY

This section acknowledges several limitations encountered during the research:

The data collection process did not go as smoothly as planned. Although the researcher approached various gatekeepers, only one responded positively. After the pilot study, slight amendments were made to the interview schedule as some participants did not understand some of the questions. The initial research cohort consisted of 14 participants. However, after

data collection, two participants withdrew from the study and requested that their data be destroyed and excluded from the study. When the researcher enquired about the reasons for their withdrawal, the two participants stated that family pressure led to their withdrawal as family members did not want it to be known that they have a substance abusing family member. Furthermore, they relayed that they have managed to keep the information hidden from the community by utilising private intervention services and it is feared that the facts will become known due to the researcher being seen leaving their homes after the interviews.

Lack of participant diversity: The initial plan aimed to include a diverse range of participants to enhance the generalisability of the research. However, some gatekeepers were hesitant to participate, resulting in a less diverse group of participants. This limited the variety of perspectives available for analysis.

Gender disparity: There was a notable gender disparity among participants, with the majority being female parents. This gender imbalance hindered the comprehensive exploration of the distinct experiences of male and female participants living with a substance-abusing youth. The male sample was comparatively small.

Researcher's dual role: The researcher's dual role as a social worker providing services within the research setting presented certain challenges. This dual role could have influenced the participants' responses or perceptions during the research.

COVID-19-related challenges: The research was conducted during the peak of COVID-19 restrictions. At the time, the Department of Social Development in Kannaland was distributing food parcels, which raised questions from participants about the potential benefits or guarantees related to their participation in the study. These limitations should be considered when interpreting the results and conclusions of the research.

4.8.1 RESEARCHER'S PERSONAL REFLECTIONS AND EXPERIENCES

Allow me to reflect on this research experience. At the outset of the data collection process, I approached it with enthusiasm, assuming that, being a known social worker in the area, the process would proceed smoothly. To my surprise, it became apparent that the participants saw me through the lens of a social worker rather than as a researcher.

It is worth noting that data collection took place during the peak of COVID-19 restrictions when the DSD in Kannaland was actively conducting needs-based assessments and distributing food parcels to communities throughout the region. On numerous occasions, I found myself inundated with complaints about service delivery. People had inquiries about when they would receive their food parcels, and in some instances, I encountered outright hostility. It seemed that some community members believed that having a personal connection to any employee of DSD Kannaland was a determining factor in receiving food parcels.

Engaging with the participants and reflecting on their reactions made me realise the daily struggles our community faces and how privileged I am to be employed. Many of the participants lived in areas with no cellular signal, and most of them did not own cell phones. The resilience of the people, despite all they endured, humbled me, and made me grateful for what I have.

Throughout the research process, the hope I saw in people's faces when they saw me, and the subsequent disappointment when they realised I was not there as a social worker delivering food parcels but as a researcher, will forever be imprinted in my mind. When I arrived in one of the research areas, a participant came out of her home with a smile and thanked me for bringing food before I even had time to speak. I had to explain that it was merely coincidental that my colleagues delivered food parcels to her home. Furthermore, I explained to her that I do not deliver food parcels. There are colleagues who are tasked with that, and I

only conduct assessments based on a list received from the regional office and the Kannaland municipality. Therefore, I have no knowledge of beneficiaries beforehand.

What I initially perceived as an advantage later became a hindrance, as I constantly had to listen to complaints about the perceived unfairness of food parcel distribution and issues related to service delivery. Community members were struggling to accept me in a research capacity and were hoping that I would bring some food relief.

I realised that the need was far greater than I had initially envisioned, and the participants were dealing with food security issues they considered to be more pressing than their children's substance abuse. This experience made me reflect on my own privilege and how ungrateful I can be at times, despite having my basic needs met. As the idiom goes, “I was complaining about hunger while holding a loaf of bread”.

This experience made me question myself as a human being, a social worker, a community member, and as a mother with three children. I asked myself whether we are truly doing enough for others. While social work is often referred to as the helping profession, I came to the realisation that it's crucial for me to examine my own actions and guide my children to do better in the future. I recognised that parents are facing significant struggles, and the substance issues of their children are just one of the many challenges they encounter daily.

4.9 CHAPTER SUMMARY

This chapter detailed the methodology employed to conduct this research study, as well as provided an overview of the participants' demographics, and described the research setting. It also outlined the population, sample, data collection process, and analysis procedures. Moreover, the chapter discussed the pilot study, primary study, and the researcher's experience throughout the research process. By adhering to rigorous procedures, the study's credibility was assured. The following chapter presents the study's findings.

CHAPTER 5

PRESENTATION AND DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

The purpose of this study was to explore parents' experiences of living with a youth between the ages of 18–35 years, struggling with substance abuse issues. To achieve this aim, a qualitative research approach was employed for data collection. In this regard, semi-structured interviews were conducted with participants to explore their views and experiences as they reflected on their experiences. The data collected from the interviews underwent thematic analysis, forming the basis for the insights drawn from the research participants. To fulfil the research aim, the following objectives were used as guiding principles:

- To explore parents' experiences of youth substance abuse on the family.
- To explore the challenges faced by parents affected by the substance abuse of a family member between the ages of 18 and 35 years.
- To explore the resources available to parents living with a substance abusing youth between the ages of 18 and 35 years.

5.2 DEMOGRAPHICS OF THE RESEARCH PARTICIPANTS

The final set of research participants comprised twelve individuals in total. Among these, seven participants were female, and five were male, each residing with a substance abusing youth. The following table, Table 5.1, illustrates the profiles according to the demographics of the parent participants.

Table 5.1: Demographic data of the parents

Female	African	61	Pensioner	Widower
Male	African	42	Employed	Married
Female	African	40	Unemployed	Married
Male	African	77	Pensioner	Widow
Female	Coloured	48	Unemployed	Single
Female	Coloured	55	Unemployed	Married
Male	Coloured	48	Employed	Married
Male	Coloured	53	Employed	Married
Female	Coloured	63	Pensioner	Widow
Female	Coloured	42	Employed	Single
Female	Coloured	39	Unemployed	Single
Male	Coloured	53	Employed	Single

5.2.1 Ethnicity and gender demographic

Based on the data presented in Table 5.1, of the 12 participants, eight identified as being of Coloured ethnicity, while four were of African ethnicity. Additionally, seven were female and five were male parents.

5.2.2 Age of participants

The ages of the parents who took part in the research study ranged from 39 to the eldest participant at 77. The majority of participants were in their mid-forties.

5.2.2.1 Age of substance abusers

The majority of participants provided information about the ages of the substance abuser, though one participant was unsure of the precise age. The ages of the substance abusers varied, spanning from 18 years to the eldest substance abuser, who was aged 30+. Table in 5.2 outlines the data of the substance abusers as communicated by the parents.

Table 5.2: Demographic data of the substance abusers

Female	African	21
Female	Coloured	30
Female	African	30+
Female	African	Unknown
Male	Coloured	22
Male	Coloured	26
Male	Coloured	18
Male	Coloured	18
Male	Coloured	18
Male	Coloured	24
Male	Coloured	31
Male	Coloured	30

An observation that emerged from the data was that, in the context of substance abuse within the family of the research participants, several of the parents mentioned having a male child who abuses substances when interviewed.

Targino and Hayasida (2018) observed that substance use is considerably more widespread among males than females, a finding that aligns with The National Institute on Drug Abuse (NIDA) report from 2022. This discovery is further supported by a SACENDU report from July-December 2019 (Bhana et al., 2019), which emphasised the predominance of male substance users in South Africa. The NIDA report from 2022 also posits that the majority of substance users are male across all age groups, suggesting that males exhibit a higher susceptibility to substance abuse compared to females. The World Drug Report (UNODC, 2022) has further solidified the discovery that the majority of global drug users are male.

It became evident from the narratives of the research participants that more male offspring of the participants were involved in substance abuse compared to females. While this finding is preliminary, it suggests the possibility of a male dominance in substance abuse, emphasising the need for future interventions to be tailored to address the specific needs of both male and female substance users.

In contrast to this finding, recent research indicates that female substance users may actually use a wider variety of substances compared to their male counterparts. They may also be more susceptible to experiencing negative effects from drugs and tend to relapse earlier (Smith et al., 2023). Additionally, research data has pointed out that female substance use is often underreported in comparison to male usage, which could be a contributing factor to the perceived male dominance in substance usage (Steinhoff et al., 2023).

5.2.2.2 Marital status and employment status of participants

In the current study, five respondents were married, three were elderly and widowed, while the remaining participants were single. In terms of their financial status, three of the parents in the research study were pensioners receiving an old age grant, five were employed, and four were unemployed.

5.2.2.3 Area of residence

Most of the participants reside in the research area, i.e., within the Kannaland areas of Ladismith, Zoar, Van Wyksdorp, Calitzdorp, and the surrounding farms within Kannaland, while two of the participants relocated to the research area before the onset of COVID-19. Most of the participants were Afrikaans-speaking, with one couple alternating between isiXhosa and English during the interviews, and one participant who conversed in English.

The five themes and related sub-themes that emerged from the data analysis were in response to the following research questions:

- How does the parent, living with a substance abusing youth between the ages of 18 and 35 years, experience their substance abuse?
- What challenges does the parent, living with a substance abusing youth between the ages of 18 and 35 years, face in dealing with the youth's substance abuse?

5.3 DISCUSSION OF MAIN THEMES AND SUB-THEMES

The research results emerged from the transcribed interviews that were held with the study's 12 participants. These results chronicle the themes and sub-themes that emerged from the data analysis. A detailed discussion of the themes will follow. The themes are substantiated by literature at the completion of each sub-theme, to frame the findings from a national and global view. The themes and sub-themes are displayed in a table format for a more straightforward presentation of the findings in Table 5.3, followed by a discussion of each theme.

Table 5.3: The study's themes and sub-themes

Themes	Sub-themes
Theme 1: Family system and substance abuse	
Theme 2: Parents' experiences of substance abusing youth	Sub-theme 2.1: Violence
	Subtheme 2.2: Influence on family member's health
	Subtheme 2.3: Psychological influence on parents
	Subtheme 2.4: Parents' feelings regarding the youth's readiness for intervention
	Sub-theme 2.5: COVID-19 and the substance abuser
	Sub-theme 2.6: Vulnerability, the parent, and the substance abuser
Theme 3: Challenges faced by the parents of a substance abuser	Sub-theme 3.1: Financial challenges
	Sub-theme 3.2: Change in family dynamics
	Sub-theme 3.3: Maintaining the system's balance
	Sub-theme 3.4: Lack of knowledge in accessing resources
	Sub-theme 3.5: Mourning the person that was
Theme 4: Resources available to parents	
Theme 5: Parents' coping strategies	
Theme 6: Parents' pleas and need for support services	Sub-theme 6.1: Parents' suggestions for interventions

5.3.1 Theme 1: Family system and substance abuse

The following narratives, drawn from the data, elucidate how a family is affected by a member's substance use. One participant recounted an incident in which the substance abuser

resorted to theft from both the family and strangers. Another participant shared how the actions of the substance abuser had resulted in the youth struggling with substance abuse becoming socially isolated and ostracised. The excerpts below capture how the family has been impacted:

“It’s from stealing from me, from his sisters, from his aunts....” (P9).

“Nobody wants him anymore; I need to deal all on my own” (P10).

The family is at the core of any individual. Bowen’s FST posits that an individual's actions have a profound impact on their family members, whether it be in a negative or positive manner (Haefner, 2014). Additionally, Hoeck and Van Hal (2012) shed light on the fact that family members who live with and care for a substance abuser often constitute a hidden and isolated group. They note that the majority of available services primarily concentrate on meeting the needs of the substance user while overlooking the needs of the family members.

Kuhn and Slabbert (2017) have discovered that the presence of a substance-abusing family member affects the entire family. The essential role of the family in addressing problematic behaviour and its prevention has been thoroughly investigated by Israelashvili (2019), emphasising the significance of considering the family in any issue that affects an individual.

The data aligns with a wealth of research findings, indicating that the substance abuse of one family member affects all family members, with detrimental consequences for the entire family system. The data thus revealed that the whole family system is impacted by the substance usage of a family member and not only the parent of the substance abusing youth. Researchers have contended that families of substance abusers bear the brunt of the abuse, suffering losses that significantly affect their quality of life. This places a strain on the family unit, creating problems for both the substance user and the family members (Kuhn & Slabbert, 2017; Mancheri et al., 2021; Dykes & Casker, 2021).

Furthermore, Ali and Mohamed (2022) have posited that substance abuse is an illness that doesn't just affect the individual using substances but also has a devastating impact on their family or caregivers, ultimately affecting the entire family system.

5.3.2 Theme 2: Parents' experiences of substance abusing youth

Parents living with a substance-abusing youth encounter daily challenges as a result of their interactions with the youth. Furthermore, given the limited literature available on the experiences of parents dealing with a substance-abusing youth, it is suggested that further research is needed to explore how a family member's substance abuse impacts the parents of the substance abuser (Casker, 2019; Masombuka & Qalinge, 2020).

A participant relayed the following:

“Some of them don't care, they told me; mummy he must go! He must leave the house, or he must go work” (P7).

Another participant relayed the following:

“There is no support from our extended family and all the pressure falls on me” (P8)

This theme is further elaborated on through subtheme 2.1: Violence

The participants shared their experiences of living with a substance abusing youth, and the following narratives explain the challenges and frustrations experienced by parents dealing with a substance abuser in their household. The following excerpt provides further insight:

“Now, I don't want to wake him when he is sleeping because, you know when they are exposed to Tik and to drugs, then they are aggressive. Then they don't want to be woken up, and then they want to get mad, and they get aggressive and unruly also, and you know, something like that”. (P10)

Research suggests that individuals with substance abuse issues are more prone to engage in violent behaviour as a result of their substance use (Trotta et al., 2023). One research participant's narrative confirms this finding, as they shared their experiences with a substance abuser, which was further supported by the narratives of other participants. In this regard, Participant 11 remarked:

“I always worried. She slapped me last of last month. Another day assaulting me”.

The narratives shared by the participants align with the findings of a study conducted by Banks et al. (2017), which identified a connection between substance abuse, aggression, and insulence in youth. Similarly, the behaviour of substance-abusing youth, as described by Banks et al. (2017) and supported by the accounts of participants dealing with a substance abuser, underscores the distressing ordeals that parents face in such situations. Furthermore, the research findings of Foster et al. (2019) support the correlation between substance abuse and aggressive behaviour. Recent findings have also indicated a correlation between substance use and aggressive behaviour (Seid et al., 2022). These findings underscore that parents of substance abusers not only grapple with the substance user's aggressive behaviour but also potentially face safety risks while residing with a substance abuser.

The following subtheme expands on parents' experiences: Subtheme 2.2: Influence on family members' health.

Returning to the experiences of parents living with a substance abuser, the current study's findings indicate that these parents encounter various challenges and confront numerous difficulties in their daily interactions with the substance user. The following narrative from a participant alludes to these challenges:

“I don't know how to handle it. I became ill on numerous occasions. I got spasms in bed due to the things of the child, that is how big a problem it is for me, because

he breaks me on every turn and every penny, were I put something, when I came back, then the thing is gone” (P8).

Furthermore, the findings regarding parents' experiences with a substance-using child are supported by numerous authors. The narratives of the participants align with the results of a study by Ahmed and Jalal (2020), which revealed that the physical health of parents of substance users is negatively impacted, often leading to stress-related physical ailments.

Another subtheme arose from parents' experiences: Subtheme 2.3: Psychological influences on parents

To expand on this issue, Uluyol and Bademli (2020) have contended that family caregivers of addicts often face health problems due to the constant pressure, anxiety, embarrassment, aggression, fears, and frustration stemming from their offspring's drug addiction. In this regard, Participant 6 lamented:

“One Friday night there was an incident at home also about his stealing, and I took the knife and almost stabbed him to death” (P6).

A participant described the stress and anxiety they experienced as a result of the substance abuse by the substance abuser.

“I suffer from hypertension and stress, because these things, and it is this that that make me... sometimes my blood pressure is so high that I must ... I must drink a tablet... because it bothers me every day, because its day and night. ... It makes me feel hurt, because as a mother you hurt when the children turn on you and say, yes mom, you are the person that allows it, or you see that the child do all these things in the house” (P8).

The perspectives of the research participants find resonance in the conclusions of Hamed (2022), who assert that parents with substance-using children may indeed grapple with emotional distress, including feelings of anger and frustration. Additionally, Hamed (2022) posits that parents are often subjected to tension and conflict within the household, leading to a range of issues. Furthermore, it is suggested that the actions of the substance-abusing family member can introduce instability in the family, potentially manifesting as violence or abuse.

One participant shared a harrowing experience of almost stabbing her son to death due to the immense frustration caused by his actions. Numerous research studies have corroborated the notion that substance abuse within a family can indeed escalate into violence within the family unit (Davis et al., 2020; Coomber et al., 2021).

Several sub-themes expanded on this overarching theme: parents' feelings regarding youth's readiness for intervention (sub-theme 2.4), COVID-19 and the substance abuser (sub-theme 2.5), and vulnerability, the parent, and the substance user (sub-theme 2.6). These are elaborated on in more detail below.

5.3.2.1 Sub-theme 2.4: Parents' feelings regarding youth's readiness for intervention

From the data, it became evident that participants faced challenges with offspring using various substances. Some of the participants expressed that the substance abuser had not acknowledged having a problem and displayed resistance to seeking help for their substance abuse. This resistance further intensified the strain experienced by the parents. The following statements confirm this sentiment:

“No ma'am, he is very in denial. He says that there is nothing wrong, he is fine”
(P9).

“Him that is walking all the time mam, never! never! that uses drugs, not him”!
Where can he know that if he uses drugs? Mam, he knows nothing! he knows nothing!” (P7).

“I have it just so, that he does not really want to be helped” (P10).

The participants' perspectives indicate that they believe the substance-abusing youth is either in denial about the severity of their substance abuse or is unwilling to take the necessary steps to attain sobriety. From the parents' standpoint, it is apparent that they have lost hope in the substance abuser taking the initiative to seek help independently. The parents' narratives suggest their belief that the substance abuser is unwilling to actively pursue the necessary assistance to address their drug use.

Similarly, one can infer that the parent has arrived at the conclusion, based on the substance abuser's daily behaviour, that the abuser is unlikely to be receptive to substance abuse intervention. The narratives of the participants may also suggest that the parents are experiencing feelings of helplessness and frustration as they witness their child's substance use spiralling out of control.

The literature has pointed out that non-substance using family members may sometimes hold negative views or attitudes towards the family member who is using substances (Orford et al., 2013). Numerous authors have suggested that parents fluctuate between various feelings and emotions with regards to their substance abusing progenies (Masombuka, 2013; Choate, 2015; Madiga & Mokwena, 2022). Furthermore, the narratives shared by the participants consistently convey the parents' feelings of helplessness, despair, disappointment, and a sense of shattered dreams for the individual they have nurtured and had high hopes for.

Additionally, parents may experience ambivalent emotions, where their enduring love for the substance abuser remains constant, but disappointment and anger regarding the substance abuser's actions can occasionally overpower that affection.

The following sub-theme delves into the impact of COVID-19 on the substance user.

5.3.2.2 Sub-theme 2.5: COVID-19 and the substance user

The research project was conducted during the peak of the COVID-19 pandemic, a time when curfews and strict penalties for non-compliance with restrictions were in effect. Some participants shared how COVID-19 had influenced the substance use patterns of the youth living with them. Participants dealing with a substance-abusing youth encountered a range of challenges, including youth who disregarded lockdown regulations to acquire substances, even at the risk of facing prosecution for violating the lockdown rules. The following excerpt captures this notion:

“In the COVID-19 time, he walks around a lot of times, mam during the night mam, in the night, late nights for drug money mam” (P7).

The data revealed that some youths even resorted to switching to different substances during the COVID-19 period when they couldn't access their preferred substance. Participant 9 relayed the following:

“It is these things that they call these kids it's the nyaope [a stimulant street drug]. During Covid it was very difficult ... because now we had to move now from the city to here Ladismith. I think that there is no peoples that sells this thing, so now he goes to these other things, they call it the Tik or something like that”.

One participant initially mentioned that the youth only went for a walk at night during the lockdown period, but upon further questioning, suggested that the youth may have violated the regulations to access his preferred substance with friends. The participant mentioned the following:

“No, no, He was only involved with the law with the Covid. ... Now, he was on the street late one night, because the curfew was 10 'o clock. ... Then they

arrested him and took him to the police station. ... And then they gave him a summons. Maybe he came from his friends, where he went to use drugs” (P4).

There are both similarities and differences in research concerning youth substance abuse and its connection to COVID-19. The emerging data aligns with the perspective of Layman et al. (2022), which suggests that youths residing in under-resourced areas are more likely to be influenced by environmental changes, potentially leading them to turn to substance use as a coping mechanism. The research data showed that a youth switched substances after moving to Ladismith, but this change was not due to environmental factors; rather, it was because of a lack of access to his preferred substance. The experiences of the participants mirror those discussed in a study investigating the impact of COVID-19 and stay-at-home orders on substance users, as conducted by Zaami et al. (2020). This study revealed that substance users sometimes violated stay-at-home orders to access substances.

Sinclair et al. (2021) have argued that, in the absence of their preferred drug during COVID-19, many substance users resorted to substitute substances. This aligns with the experience of one research participant who shared how the substance abuser had switched from one substance to another because their preferred drug wasn't available. Another sub-theme that elaborates on the main theme is the vulnerability of the parent and the substance abuser.

5.3.2.3 Sub-theme 2.6: Vulnerability, the parent, and the substance abuser

A recurring sentiment in the interviews was the belief among the interviewees that adverse childhood experiences may have played a role in contributing to the substance abuse of the family member. Research has consistently shown that adverse childhood experiences can indeed play a pivotal role in creating vulnerability to substance use in later life (Dovran et al., 2019; Hansen et al., 2021). One participant proposed that the youth's substance abuse might be linked to adverse childhood experiences and contemplated whether the abandonment of the

youth's mother during his childhood might have contributed to his current situation. The narrative provided below alludes to this perspective. The interviewee mentioned:

“As I am saying, I don't know, maybe, maybe it's about his mother. ... Who never asked for them? ... She just left him. He grew up with granny, and yes, I mean, it could be that these things are now coming back” (P2).

In the same vein, numerous authors have discussed vulnerability (Fineman, 2008; Melamed et al., 2020; Cohen & Bosk, 2020; Smith, 2020). It is argued that vulnerability can stem from various factors, including experiencing an event that triggers tension and angst, impairing an individual's functioning. Vulnerability can also arise from victimhood, being deprived of basic needs, substance addiction, exposure to adverse childhood experiences, or membership in a specific population group. The substance abuser can be seen as vulnerable, both due to their substance use and the traumas they have experienced, as suggested by the participants.

Another participant noted the following:

“It is very difficult for me because the child doesn't even listen to me. ... And then the child go walk and do these funny things ... I don't know how to handle it. I got sick numerous times, got spasms in bed due to the things that the child does ... that is a big problem for me” (P10).

Research suggests that parents struggling with a substance abusing child can be perceived as a vulnerable group (Flensburg, Johnson et al., 2022). To expand on this issue, Hlaha et al. (2023) argue that parents of substance abusing youth endure stress and experience depression. The research data aligns with existing literature and hints at the vulnerability of the parents. Research has indicated that vulnerability can result from any event that induces anxiety or hinders an individual's functioning (McHugh & Kneeland, 2019; Anderson, 2019; Smith, 2020; Flensburg, Richert et al., 2022; Fraga et al., 2022).

It is possible to perceive both the substance abuser and the parent as vulnerable. The parent may experience vulnerability due to the stress caused by their offspring's challenges. As demonstrated above, the data revealed that participants faced stress and anxiety because of the substance abuse of the youth, creating a persistent state of vulnerability for both the parent and the substance using individual.

Theme 3 discusses the challenges faced by the parents of substance abusers.

5.3.3 Theme 3: Challenges faced by the parents of a substance abuser

Parents are expected to have a certain amount of influence over their children. However, when a youth is involved in substance abuse, it can lead to stressors for the parent, necessitating support and assistance to effectively address this challenge (Hlahla et al., 2023). Research suggests that parents experience various challenges when confronted with the substance abuse of their offspring (Dykes & Casker, 2021). Jones et al. (2019) further elaborated on this by arguing that parents of a substance abuser often find it challenging to accept their child's substance abuse. Additionally, they pointed out that parental stress tends to increase when dealing with a substance-abusing child (Conn et al., 2018).

Several issues were identified by the study's participants who faced challenges with a substance abusing youth. The issues identified are further elaborated on in sub-themes such as financial challenges (sub-theme 3.1), change in family dynamics (sub-theme 3.2), maintaining the system balance (sub-theme 3.3), lack of knowledge in accessing resources (sub-theme 3.4), and mourning the person that was (sub-theme 3.5).

5.3.3.1 Sub-theme 3.1: Financial challenges

The participants' views reflected the stress and anxiety they endure due to financial losses caused by theft and keeping the peace by acceding to the demands of the substance abusing youth, much to the user's detriment. A common perspective shared by the interviewees was the concern about theft from the home. They observed that items that held sentimental value for family members had become a cheap commodity for the substance user, who sought to

obtain funds for their habit through such means. Some participants conveyed that a lack of trust was prevalent to the extent that they even feared giving the substance user access to their home. This situation led to what they referred to as a "prison warden approach", wherein parents felt compelled to lock up their valuables to keep them secure.

The following excerpts relay the participants' views:

"Oh God, mam! I must lock my bedroom door, my children, daughters' room because he takes our stuff! He sells our valuables for Tik money, and it is a very difficult one to live with a substance abuser" (P 6).

"Him that uses drugs, we literally must lock up everything, because he steals, he steals mam, he steals. We can't leave anything open or even leave the house key with him because he steals" (P 7).

The research data shows that parents suffer financially due to theft committed by the substance abusing youth residing with them. Existing research has shown that theft from family members or neighbours is a common practice among substance abusers, often driven by the need to sustain their habit (Evans et al., 2021). A South African study by Masombuka and Qalinge (2019) revealed that parents of substance abusers do suffer financially from losses incurred due to the substance abusers' actions. Moreover, Mathibela and Skhosana (2019) highlighted that parents experience frustration over the great financial losses suffered due to theft by their substance using offspring and sometimes find themselves in debt due to this. The current findings align with the research of several other scholars in this regard (cf. Mokwena & Huma, 2014; Waine, 2015; Mahlangu, 2016; Moore, 2017; Tanweer et al., 2019).

5.3.3.2 Sub-theme 3.2: Change in family dynamics

Another sub-theme that emerged from the research data is change in family dynamics. The substance use of a family member disrupts the cohesion within the family, as family members are frequently in conflict due to the substance use of their family member. The narratives

provided by the participants vividly illustrate this shift in family dynamics, reflecting that the family's functioning is detrimentally affected by the substance abuse of a family member. The parents' excerpts align with those quoted in previous literature, as shown below.

“To just move away from this thing, but it had a strange impact in the home. It started to influence the people in the house. Because what could have happened to the stuff? Now you start suspecting each other” (P1)

Another parent reiterated:

“We were turning against each other” (P2).

Furthermore, the participants' narratives correlated with Bowen's (2014) perspective that individuals' actions cannot be viewed in isolation, as they have an impact on the entire family system. The data also correlates with Mafa and Makhubele (2020) whose study revealed that family dynamics change when a family member is addicted to substances. This finding has been substantiated by several other scholars (cf. Kenneth et al., 2007; Margasinski, 2014; Pickering & Sanders, 2017; Russell et al., 2019; Olafsdóttir, 2020). It can thus be inferred that substance use in families contributes to a shift in family cohesion, which, in terms of Bowen's FST, signifies a disturbance in the system. This is evident in a participant's quotation when parents begin to consider blaming each other for their child's substance use:

“Things have changed, we do not get along with each other since the child has become like this. ... Now I am saying to the mother, now I am asking her, have you thought whose fault can it be between you and me? (P12)

In support of this narrative, Bortolon et al. (2016) argue that parents of substance abusing youths sometimes blame themselves and feel a sense of obligation to help their child overcome their addiction. These findings align with the results of Mafa and Makhubele's (2020) study, which demonstrated that a child's substance use can lead to parents blaming each other. A multitude of authors have observed that parents often retrospectively blame themselves for

their offspring's substance abuse (cf. Hlungwani et al., 2020; Mafa & Makhubele, 2019; Mathibela & Skhosana, 2019).

Another sub-theme that emerged relates to maintaining the balance of the system. This is discussed in more detail below.

5.3.3.3 Sub-theme 3.3: Maintaining the system's balance

The challenges faced by parents in maintaining peace within the home, primarily due to the substance abuse of the youth, are consistent with the findings from previous studies, as discussed below.

Several of the participants in the research study had other offspring who were also impacted by the substance use of their siblings. Some participants also expressed that they felt the need to maintain a delicate balance because they didn't want to give the impression to their non-substance abusing children that the substance addicted youth was receiving preferential treatment or attention. Previous research suggests that non-substance abusing siblings can feel neglected, perceiving that their parents are giving more attention to the substance abuser, which can lead to friction between the siblings and the parents (Hlahla et al., 2023).

“There is lots of unhappiness from the children's side as well as my husband and sometimes I literally must stand in the middle” (P1).

The excerpt, reflecting on the impact of a substance-abusing youth's actions within the family home, may indicate the presence of anxiety within the nuclear family's emotional system as a result of the youth's substance use. The tension arising from the substance abuse of the youth can cause marital conflict, as indicated in Bowen's FST (Haefner, 2014). Participant 1 hinted at unhappiness from her spouse, as she seemed to be the intermediary between the rest of the nuclear family and the substance user. This narrative suggests an imbalance in the family system due to the youth's substance addiction.

Bowen's FST is founded on the premise that the actions of one family member can impact all others (Haefner, 2014). Consequently, it can be inferred that the actions of the substance abusing youth have disrupted family functioning, creating an imbalance within the system. As a result, a delicate balance must be maintained to preserve the harmony of the family.

Similarly, research has indicated that parents often have differing opinions about how to address the issue of the substance abuser (cf. Barnard, 2005; Butler & Bauld, 2005; Choate, 2015; Orford et al., 2013; Mafa & Makhubele, 2020; Richert et al., 2021).

A participant shared how the substance use of his son had an impact on his relationship with his sibling, leaving the father to maintain the harmony between the siblings. The participant also mentioned how the non-substance using sibling expressed that if the behaviour of his sibling does not change, he wants nothing to do with him.

“And then he told me, dad, if he does not want to listen and change, then I will not share anything with him” (P4).

The excerpt above aligns with Mafa and Makhubele (2020), illustrating how a substance abusing family member's substance abuse can alter their relationship with their siblings. It also corresponds with Bowen's FST (Haefner, 2014), demonstrating how the sibling of the substance abusing youth has resorted to emotional detachment due to his sibling's substance abuse in order to protect himself emotionally, as it appears to be affecting him. Previous studies have also indicated that the substance abuse of one sibling can lead to strained relationships with the sibling who is maintaining sobriety (Olafsdóttir, 2020; Dykes & Casker, 2021).

In contrast, another participant revealed that his daughter's substance abuse had a ripple effect on his granddaughter, leading to substance use issues for both of them. This, in turn, had a detrimental impact on the family's harmony and living conditions. The participant went on

to explain that, when under the influence, his daughter and granddaughter often engage in arguments and conflicts with each other. Despite the participant's efforts to address the issue with both his daughter and granddaughter, no significant progress had been made in resolving the situation.

Returning briefly to the subject of parental substance abuse and its impact on family dynamics, numerous authors (cf. Marmorstein et al., 2009; Hill et al., 2011; Sørensen et al., 2011; Mellentin et al., 2016) have argued that substance abuse by a parent can influence their offspring's future substance use, thereby creating an intergenerational link for alcohol and other substance abuse. The following excerpt relates to this topic:

“I sit with them. I tell my daughter; I have a big problem with you. Then I say, I didn't drink like this, you are rude when you are drunk. ... Then I told the mother, don't drink with the children. You are old now, to drink with the children” (P3).

The participant's narrative highlighted how his daughter's drinking had escalated and affected her daughter as well. This, in turn, disrupted the peace in the home and led to acrimony. It is evident, in terms of FST, that the substance abuse of a family member has far-reaching consequences for the entire family. This research finding aligns with recent research that suggests having a substance abusing family member is considered a risk factor for potential future substance use (Hsiung et al., 2022).

Sub-theme 3.4, namely lack of knowledge in accessing resources, is discussed next.

5.3.3.4 Sub-theme 3.4: Lack of knowledge in accessing resources

Many participants expressed that they lacked the knowledge of how to access resources for their child's addiction. They found it challenging to access the guidance, wisdom, and support they needed to address their substance abusing offspring's drug usage (Mafa & Makhubele, 2020). This sentiment is captured in the following excerpts.

“Mam, no I did not know, until recently when a social worker told me where they can get help, the drug addicts” (P6).

“I don’t really know but I have heard about the place, the welfare, that’s all I know” (P7).

I really don’t know, otherwise someone can tell me also, mam can you refer me to someone that can help her?” (P8).

The literature suggests that parents often lack knowledge of where to seek help for their children's substance abuse issues (Ngantweni, 2018; Mathibela & Skhosana, 2019; LeMar, 2020; Matheba et al., 2021). The current study aligns with research that suggests parents often lack knowledge about where to seek help for their children's substance addiction. This interpretation contrasts with that of Masombuka and Qalinge (2019) who argue that parents do access services related to substance abuse for their children but feel that government and social workers do not provide the tools to aid them in coping with their offspring’s substance abuse.

On the other hand, McDonagh et al. (2019) published a paper in which they argued that most family members of substance abusers were unaware of the support services available to them. The evidence presented thus far supports the idea that parents lack knowledge of where to seek help for their substance-abusing children. Service providers offering substance intervention services need to consider this lack of awareness when conducting awareness programmes and discussing intervention strategies.

Sub-theme 3.5, namely mourning the person that was, forms the focus of the next sub-section.

5.3.3.5 Sub-theme 3.5: Mourning the person that was

Participants reflected on the person that the youth was before the onset of the substance abuse. They shared how the change in the person that they knew occurred, and regret was predominant over the loss of the child they came to know and love. This is evident in the narratives provided by the parents of the substance abusing youths and how they expressed their feelings over the loss of the person that they once knew. The youth had changed in such a way that some parents struggled to come to terms with the personality change caused by their substance usage.

The following statements reflect the participants' views:

“Then she did something and if you confronted her, she became aggressive and that started bothering me, because I don't know her as that person” (P1).

“He was a house guy, was a house child, very shy, just say, very introverted” (P2).

“He was decent, he was in grade 10, school holidays he came home, and the bus would come drop him, if we went to fetch him at the police station, he was very excited” (P4).

Many scholars believe that parents experience a sense of loss and grief for the child they knew before their substance abuse (Usher et al., 2007; Reyes & Duchene, 2015; Ngantweni, 2018). Similarly, LeMar (2020) found that parents of substance abusers struggle to come to terms with the change in the person they raised and love. The narratives also reflected the disappointment experienced by the participants in their substance abusing offspring.

Another main theme that emerged from the data is the resources available to parents.

5.3.4 Theme 4: Resources available to parents

McCann and Lubman (2018) argued that there is a challenge due to a scarcity of support services and difficulty in identifying where to seek support for family members struggling with a substance abuser, particularly in rural areas. Some of the parents mentioned that there is a lack of support services in the Kannaland area where they reside. The statements are supported by the following verbatim quotes:

“We don't have resources in our area it's a big disadvantage there are no NGOs [non-governmental organisations] to find” (P11).

“Because, honestly speaking, I don’t know who I can go to if I want help, for example... So, on your own you have to try to solve this situation you are in ... but I did not know where to get support” (P6).

The literature confirms that many impacted relatives of substance abusers endure challenges in silence, feeling embarrassed and unsupported, with inadequate access to public services that focus on their needs (Daley et al., 2018). On the contrary, numerous authors have argued that geographic location and inequitable access to resources or a lack of resources could contribute to structural vulnerability and predispose individuals to marginalisation (Quesada et al., 2011; Syvertsen et al., 2013; McNeil et al., 2015; Stajduhar et al., 2019).

As was mentioned in the previous chapter, the Kannaland area is vast, and the landscape is rural in nature with a lack of resources. The narratives of the research participants who reside in rural Kannaland thus support and reinforce this research finding. Similarly, the narratives of the participants have also been supported by Sathyamurthi (2022), who argues that family members of addicts regularly feel that they do not have anywhere to turn for assistance, solace, or to seek relief from the stress of the substance abusing family member. These findings, together with the literature, demonstrate not only a lack of resources for parents of substance abusers but also their structural vulnerability due to residing in a resource-scarce area. Theme 5 explores parents’ coping strategies.

5.3.5 Theme 5: Parents’ coping strategies

The parents were asked about how they cope with the substance user on a daily basis and what strategies they apply when living with a substance-abusing youth. The participants’ voiced the following views:

“We, we take it as we get it. ... And all we as parents can do, is to just go down on our knees and ask for God’s help. ... Know, we are not into talking to other people about our home issues” (P5).

“I love her, but now I ask, talk to God, I don’t go to the people, I go to God and say God must help me and give me strength every day and every moment for the child that now is in drugs” (P8).

“And I can’t give up on him, so I just pray for him that God protect him and just speak to him” (P9).

As demonstrated in the above excerpts, the participants resorted to prayer as a coping mechanism and expressed the sentiment that they cannot go to others with their family problems. The participants also echoed that they show continued support for the substance using youth out of love for them.

Research by Singh et al. (2019) corroborates the narratives of the participants, indicating that family members of substance abusers often use prayer as a coping mechanism to deal with the substance user, relying heavily on their faith in God when facing challenges with a family member who abuses drugs. Previous research studies have highlighted that parents rely on their religion and often seek spiritual support when they encounter substance abuse within their children (cf. Swartbooi, 2013; Masombuka, 2013; Mafa & Makhubele, 2020).

Masombuka and Qalinge (2020) note that parents may continue to show love and support for their substance abusing child out of shame and guilt. However, the narratives from the participants in this study reveal that while they expressed their love for their substance abusing offspring, they also emphasised the need for family affairs to remain private.

Furthermore, research also suggests that parents of substance abusers often seek assistance from family members to engage with the substance abuser and for emotional support. Nevertheless, none of the participants’ narratives indicated that the parents had enlisted family members for any support. This could highlight missed opportunities for extended family support, aligning with the findings of Masombuka and Qalinge (2020), who argued that family support for parents of substance abusers is sometimes lacking.

It would be presumptuous of the researcher to infer that the sentiment echoed by the research participants could allude to shame or guilt on their part for having a substance abusing progeny, or that their support for the substance abuser originates from shame or guilt. Moreover, it is important to consider whether the lack of support from extended family is due to their absence or the affected families not reaching out to them. These notions could be explored in future studies.

The following theme, Theme 6, also emerged from the research data, highlighting parents' pleas and need for support services.

5.3.6 Theme 6: Parents' pleas and need for support services

The parents who participated in the study expressed a clear need for support and made pleas for assistance in coping with the challenges posed by their substance-abusing youth, as noted below:

“Madam, all I'm saying is, social development must just please, big please, help our parents with our drug addicted children. They should be able to help them get out of the drugs and our parents should be able to help them how to work with that child or how to deal with that child ... because it's really about coping ... because you get so angry that you can take any object to injure him or to kill him which is now not legal ... so I ask nicely, help our parents, also let us know how to deal with them” (P6).

“I think it's getting help you know trying to find ways of getting help because unfortunately we do not know but when we know of places, I'm sure that can help and support systems” (P9).

“Oh madam, now, as I just said to madam, if madam can give me a contact or something? I ask different people but there is no one who can help me... and tell

me..., go there and go there. I'm really looking for serious help for the child, because the child is a problem madam" (P10).

The research participants recognised a need for support services and appealed for assistance from social development. Some participants also admitted their lack of knowledge regarding where to seek help and indicated a gap in awareness in the community about where parents dealing with substance abusing children can find the necessary assistance. McDonagh et al. (2019) assert that parents of substance abusers are often unaware of where to seek help. This was confirmed by the narratives of the research participants.

The narratives of the participants conveyed a sense of urgency and desperation as they described the severity of the substance abuse issues within their families. Moreover, one participant mentioned making several attempts to gather information about accessing assistance but was unsuccessful in obtaining the necessary guidance.

Sathyamurthi (2022) emphasises the importance of the family support system in helping individuals overcome addiction. However, the narratives from the participants in this study suggest a lack of support services for families dealing with a family member's addiction. The research data revealed that participants faced difficulties accessing professional services, and there was a scarcity of available support services in their area of residence. In contrast to this argument, some researchers (e.g., Hoeck & Van Hal, 2012; Choate, 2015) contend that parents do seek assistance from social workers and other professionals but express dissatisfaction with the services they receive.

Additionally, McCann and Lubman (2018) argue that rural areas often lack support services for family members of substance abusers. In line with this, one participant pleaded for assistance from social workers. However, this finding contrasts with the perspective presented by Krige (2021), who contends that social workers might face uncertainty in providing services within the complex field of substance abuse. Despite Krige's (2021) perspective, it is evident that parents still desire assistance from social workers and other professionals, believing that

these experts possess the necessary skills to teach parents how to effectively manage a substance abuser (Dunst & Trivette, 2014; Somani & Meghani, 2016; Golsäter et al., 2016; Mafa & Makhubele, 2020).

A further sub-theme emerged from the research data, namely parents' suggestions for interventions. This is described in more detail below.

5.3.6.1 Sub-theme 6.1: Parents' suggestions for interventions

The participants were asked to provide suggestions for future interventions that could assist other parents struggling with a substance abusing youth, with the goal of developing interventions to strengthen the family unit. The participants offered a range of recommendations for further intervention.

One participant expressed the view that the DSD should do more to empower parents dealing with a youth addicted to drugs. Another participant emphasised the importance of poverty eradication and job creation in addressing the issue of substance abuse among the youth. This participant believes that idleness is a contributing factor to drug abuse among young people and that addressing these economic issues is crucial.

The participants' suggestions for future interventions highlight the need for ongoing research to develop strategies for parents coping with a substance abusing youth. Additionally, addressing the resource challenges faced by parents of children with substance addictions is crucial to providing effective support. The participants' sentiments are captured in the excerpts below:

“We can't do anything without resources. We don't have anything” (P11).

“I would say they shouldn't just stick to researching you know, when they need research, it should be a continuous thing this thing because we are struggling out here and they don't know what we are dealing with on a day-to-day basis. So, research shouldn't end when they need research you know” (P9).

The participants' calls for help from professionals and their need for support are consistent with the findings of Masombuka and Qalinge (2019), emphasising the challenges parents face when trying to assist their addicted child and their need for professional guidance and support. An interviewee relayed:

“I think if social services train us I'm using the WORD??? train now, then in the future we can help the people better who are going to study again, with the project. And if social services help us with our drug addicted children, I think we can give more advice to other people who are stuck with the same problem” (P6).

The narratives in the current study align with the notion that parents need education and support in order to effectively help a substance abuser. Similar to the findings of the current study, numerous authors have emphasised the need for support for parents struggling with a substance abusing family member, as the majority of services are primarily directed at addressing the needs of the substance abuser themselves.

The findings strongly suggest that parents feel the government, particularly social workers, should provide assistance. Parents expressed the need to be empowered with knowledge and strategies to effectively cope with the challenges posed by substance abusing youth in their families (cf. Orford et al., 2010; van der Westhuizen et al., 2011; Masombuka, 2013; Mahlangu, 2016; Masombuka & Qalinge, 2019). In addition, the results highlight that it is vital for professionals engaging with substance abusers to also consider their families' support needs and involve them in the intervention process (Flensburg, Richert et al., 2022). In this regard, Participant 10 remarked:

But what I'll make, is to maybe let a group come or something, or like keeping the kids busy just to distract their thoughts of what they are up to. Maybe that will also help our children better and as in job creation and well, because the good thing, the drugs are sometimes what gets our kids so naughty now because there

aren't jobs, the job creation is too rare. Now they walk and do the funny little things. Now if there's anything, there might be suggestion to say, no we're going to put the kids who are on drugs or with the same problem that the madam is sitting with, let's just work something out, just to try and see if we can't get them off (P10).

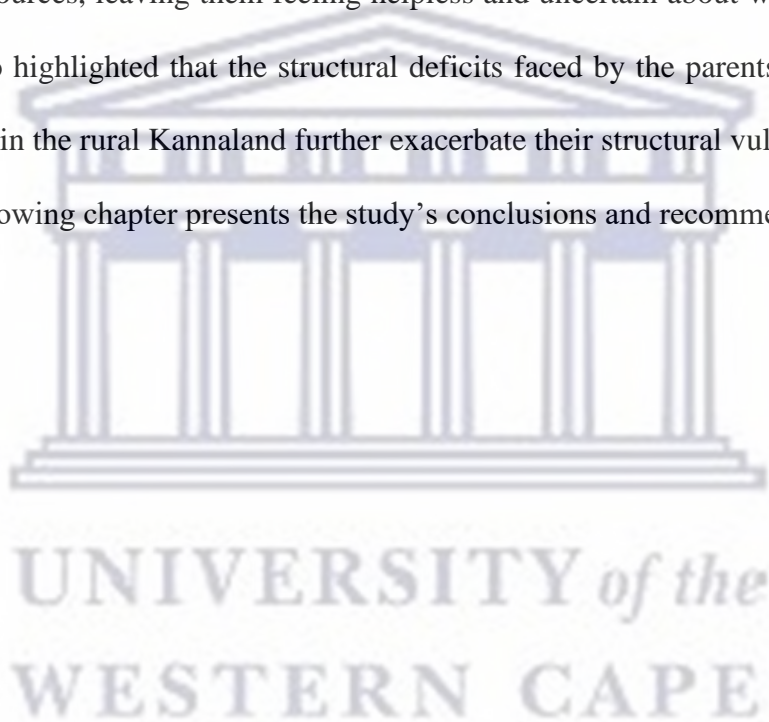
Returning to the parents' suggestions for interventions, one participant emphasised that addressing idleness is crucial in tackling youth substance abuse. They recommended that job creation should be a key focus to address the issue of substance use among young people. The participant's view aligns with the findings of Arinda (2021), who argues that eliminating idleness and providing employment opportunities for youth serves as a protective measure against substance abuse. The perspective aligns with the notion put forth by Chang et al. (2022) that youth can be considered a crucial demographic, and their empowerment plays a vital role in societal transformation and the achievement of Sustainable Development Goals (SDGs). The United Nations (UN) Agenda 2030 for Sustainable Development (UN, 2015) consists of 17 SDGs that address various global challenges and aim to create a more sustainable and equitable world. South Africa, like other member states, has made a commitment to work towards achieving these goals by 2030. The youth are recognised as critical agents in achieving these goals, and strategies such as youth employment and capacity building are advocated to alleviate poverty and eradicate substance use. Despite the SDGs targeting youth as a key population, rural youth in under-resourced areas like Kannaland may not be aware of these goals, placing them at a distinct disadvantage and exacerbating their deficits.

The literature aligns with and validates the findings of the present study, which investigated the experiences of parents living with substance abusing youths aged 18–35.

5.4 CONCLUSION

The study focused on parents' experiences of living with substance-abusing youths aged 18–35. The findings reveal that parents face daily challenges in this situation, including a lack of knowledge regarding resource access and the absence of support services, particularly in the rural Kannaland region. The data highlighted that youth substance abuse led to family structure changes, creating system imbalances and reduced family cohesion. In contrast to prior research, parents in rural Kannaland lacked the necessary coping skills, professional assistance, and information resources, leaving them feeling helpless and uncertain about where to seek help. The results also highlighted that the structural deficits faced by the parents of the substance abuser residing in the rural Kannaland further exacerbate their structural vulnerability.

The following chapter presents the study's conclusions and recommendations.



CHAPTER 6

CONCLUSION & RECOMMENDATIONS

6.1 INTRODUCTION

This chapter provides a summary of the key points of the research study, including a reflection on the study's aim and objectives. It briefly reviews the research methodology used in this qualitative study and provides an overview of the themes that emerged from the data analysis. The chapter also includes a personal reflection by the researcher and assesses whether the findings are aligned with the study's aims and objectives, examining whether these were achieved. The themes identified through data analysis were corroborated with literature from various scholars to compare and contrast the study findings. This chapter provides a concise recap of the previous chapters and offers recommendations for social work practitioners, policymakers, and researchers based on the insights of the study.

To recap, there were three main research objectives:

- 1) To explore parents' experiences of youth substance abuse on the family.
- 2) To explore the challenges faced by parents affected by the substance abuse of a family member between the ages of 18 and 35 years.
- 3) To explore the resources available to parents living with a substance abusing youth between the ages of 18 and 35 years.

A summary of each of the preceding chapters will follow along with conclusions and recommendations.

6.3 SUMMARY

This section summarises the preceding chapters.

6.3.1 Chapter 1: Study introduction

Chapter 1 introduced the research topic, provided the study's context, stated the research questions, outlined the aim and objectives of the study, and detailed the methodology employed in the current research.

6.3.2. Chapter 2: Theoretical framework

Chapter 2 provided a detailed discussion of the theoretical framework underpinning the study. The FST was considered a suitable foundation for the study, focusing on parents' experiences of living with a substance abusing youth between the ages of 18 and 35.

6.3.3 Chapter 3: Literature review

In Chapter 3, relevant literature related to the research topic was reviewed, demonstrating its connection to the chosen theoretical framework. The chapter provided a thorough examination of the concepts related to parents' experiences of living with a substance abusing youth between the ages of 18 and 35. Furthermore, the literature presented was linked to previous studies, highlighting their relevance to the subject matter.

6.3.4 Chapter 4: Research methodology

Chapter 4 presented the methodology employed in the current study and its alignment with the research aim and objectives. An exploratory descriptive approach was chosen as the most suitable method to achieve the study objectives. The study involved the recruitment of 14 participants through purposive sampling in order to gain in-depth knowledge about the phenomena under investigation.

It is important to note that during the research process, two participants chose to withdraw from the study after data collection and requested that their collected data be

excluded from the study and destroyed. The sample consisted of parents residing in the Kannaland region with a substance abusing young person aged 18–35 years.

Data were collected through semi-structured interviews, which were conducted face-to-face with the necessary COVID-19 protective measures in place. An interview schedule was used as a guide during these interviews. The researcher also offers personal reflections on the research observations.

6.3.5 Chapter 5: Presentation and discussion of the findings

Chapter 5 presented and discussed the themes and findings of the study, substantiating the data with relevant theories and previous research. The data collected were transcribed verbatim and analysed using ATLAS.ti through thematic analysis to identify the significant themes.

6.3.6 Chapter 6: Conclusion and recommendations

This chapter serves as the culmination of the study, providing a comprehensive summary of the primary elements, including a recap of the key findings from the literature review, a review of the research methodology employed, an overview of the main themes derived from the analysed data, and a discussion of the implications of the research findings. These implications are supported by referencing findings from other relevant studies. Additionally, the chapter assesses whether the study's aim and objectives were successfully achieved and presents recommendations aimed at policymakers, researchers, and practitioners based on the study's findings.

The following themes and sub-themes emerged from the research data:

6.3.6.1 Theme 1: Family system and substance abuse

This study has demonstrated that the entire family system is influenced by the actions of a substance-abusing youth, causing disarray within the family structure. Bowen's FST shows that the actions of one family member can affect the entire system. The findings reveal that substance abuse by an individual not only affects the person abusing the substance but also has a profound impact on the nuclear family, where the parent plays a foundational role.

6.3.6.2 Theme 2: Parents' experiences of substance abusing youth

The research data unveiled the various challenges that parents face when living with a substance-abusing young person and experienced lack of support from external family thereby leaving the system in disarray. The study found that parents of substance abusers had to navigate their interactions with these individuals with caution, as they often appeared to be easily provoked.

Six sub-themes emerged from this theme:

- Sub-theme 2.1: Violence

Furthermore, family instability was evident, with some participants reporting instances of violence directed at them by their substance-abusing children thus altering the balance in the system. Additionally, some parents admitted to assaulting their substance-abusing youth in frustration over their actions. The feedback as a result of the substance abusers' actions is either violence from the abuser, or violence aimed at the abuser by the parent further altering the family system.

- Subtheme 2.2: Influence on family member's health

The study found that family member's health was also impacted as a consequence of the substance abuser's actions this could be seen as one of the chronic symptoms of the deficit in the family which attributed to the physical impairment of parents. The impaired boundaries further worsened the affected family members health.

- Subtheme 2.3: Psychological influence on parents'

The study found that parents experienced strain and anxiety due to the substance abuse by the substance abusing youth. Some parents expressed the view that they are left to deal with the consequence of the substance abusers drug use without external support which could have lessened the stress and anxiety of the parent. They felt that these external support systems would be helpful in their journey with their substance abusing youth.

Sub-theme 2.4: Parents' feelings regarding the youth's readiness for intervention

Overall, these results indicate that parents had similar feelings regarding the readiness of the substance-abusing youth for intervention. Parents expressed the view that the substance abuser is unwilling to seek help, and the disappointment was evident in the narratives, as negative sentiments were expressed by the participants regarding the youth's readiness for intervention. The literature suggests that it is common for family members to express negativity regarding substance abusers' readiness for intervention.

- Sub-theme 2.5: COVID-19 and the substance abuser

The study found that COVID-19 influenced substance trends and that youth transgressed lockdown regulations to access their substance of choice. Some youth switched substances during this time when their substance of choice was not available. This could indicate the severity of the substance abuser's addiction that parents had to contend with, and it suggests a sense of desperation in the substance abusing youth when their preferred substance was not readily available.

- Sub-theme 2.6: Vulnerability, the parent, and the substance abuser

A key finding relates to the vulnerability of both the parent and the substance abuser. The study found that both the parent and the substance abuser could be perceived as vulnerable. The parent could be perceived as structurally vulnerable due to the lack of access to resources, the stress and anxiety they are subjected to as parents of substance abusers, and their geographical location, as Kannaland is a rural area that lacks the necessary resources to effectively aid parents living with a substance abuser. The substance abuser can be described as vulnerable due to their substance abuse and their desperation to use, as research has suggested that having a substance addiction makes an individual part of a vulnerable population.

This preliminary finding suggests that parents are in a structurally vulnerable position. In a similar vein, a recent study by Flensburg, Johnson et al. (2022) argued that parents of a substance abuser can be considered part of a vulnerable group. This theme and its related sub-themes emphasise that parents living with substance abusing offspring experience significant challenges in their daily interactions, affecting all aspects of their lives. It also perpetuates a state of vulnerability for both the substance abuser and the parent. The family was altered in a way that systems are interlinked and is affected by any change in the system could

6.3.6.3 Theme 3: Challenges faced by the parents of a substance abuser

This theme emerged in the context of discussions about the difficulties encountered by parents of substance abusers. The study revealed that parents face significant hardships when living with a substance abuser. These challenges include financial losses, a breakdown of trust, and emotional distress. These difficulties faced by parents were further explored through several sub-themes, namely: financial challenges (sub-theme 3.1), change in family dynamics (sub-theme 3.2), maintaining the system's balance (sub-theme 3.3), lack of knowledge in accessing resources (sub-theme 3.4), and mourning the person that was (sub-theme 3.5).

- **Sub-theme 3.1: Financial challenges**

The study found that parents residing with a substance abusing youth suffered incalculable financial losses due to theft by their substance abusing offspring. Some parents encountered financial hardships as a result of the substance abuser's actions. The loss of valuable items was common, with cherished possessions being sold at meagre prices. In response, parents adopted a prison warder approach, resorting to hiding or securely locking away their valuables to protect them from the substance-abusing youth.

- **Sub-theme 3.2: Change in family dynamics**

This sub-theme emphasised the profound impact of the offspring's substance abuse on the participants. It also shed light on the self-blame experienced by participants with a

substance abusing youth and how the constant conflict with these individuals led to a significant change in family dynamics.

- Sub-theme 3.3: Maintaining the system's balance

These findings suggest that the substance abuse of the youth significantly alters family functioning, creating an imbalance within the family system. The need to maintain a delicate balance for preserving family harmony alludes to heightened anxiety within the family. Constant conflicts within the family unit were prevalent due to the substance abuse of the youth. The research revealed instances of sibling emotional cut-off in response to the actions of the substance abusing sibling. Additionally, marital strife was experienced by one participant who acted as a buffer between the substance abuser, her spouse, and the rest of the family system, further disrupting the system's harmony.

- Sub-theme 3.4: Lack of knowledge in accessing resources

The results suggest that parents living with a substance abuser often lack knowledge about where to seek help. Additionally, there is a distinct possibility that limited resources contribute to the scarcity of information about available support. These findings underscore the importance of service providers raising awareness about resources for parents dealing with substance abuse.

- Sub-theme 3.5: Mourning the person that was

The results suggest that participants experienced feelings of loss concerning the person they knew before the onset of substance abuse. They grieved for the individual whose personality changed due to substance abuse. This finding is consistent with literature indicating that substance abuse often leads to social impairment, where the substance-abusing individual transforms from a well-loved person to someone who becomes a source of distress for their family.

6.3.6.4 Theme 4: Resources available to parents

This theme emerged in discussions regarding the resources available to parents. In summary, the findings indicate that parents encountered challenges when it came to accessing resources. Factors such as a scarcity of support services, difficulty in identifying where to seek support, the belief that they had nowhere to turn for support, and a lack of NGOs and few government structures within their area of residence compelled participants to attempt to cope on their own.

6.3.6.5 Theme 5: Parents' coping strategies

This finding is related to the strategies employed by the participants in dealing with a substance abusing youth. Participants primarily chose prayer as a coping mechanism in dealing with a substance abusing youth rather than seeking support from outsiders, as they wanted to contain their problems within the family unit. There are similarities between the attitudes expressed by participants in this study and those described by previous studies (Swartbooi, 2013; Masombuka, 2013; Singh et al., 2019; Mafa & Makhubele, 2020).

In contrast, these results differ from Masombuka and Qalinge (2020), who argued that parents supported their offspring due to guilt and shame. This study found that parents supported their offspring out of love but preferred to keep their family affairs, such as their substance abuse issue, a private matter within the family.

6.3.6.6 Theme 6: Parents' pleas and need for support services

The evidence from this study suggests a need for support services for parents residing with a substance-abusing youth. Participants expressed pleas for help as they faced challenges in accessing support services within rural Kannaland. They specifically requested assistance from the DSD to aid parents dealing with their drug-addicted children.

The findings were supported by previous studies that confirmed families residing in a rural context often lack access to support services. According to the parents, they had approached various sources for information about support services within their residential area,

but none were forthcoming. An implication of this is the possibility that participants might have sought aid from sources that themselves lacked knowledge about possible resources. A sub-theme emerged regarding parents' suggestions for interventions.

- Sub-theme 6.1: Parents' suggestions for interventions

This study has shown that parents had various suggestions for interventions when dealing with a substance abusing youth. These included capacity building to support parents in coping with a substance abuser, poverty eradication and job creation as a strategy to combat youth substance abuse, ongoing research to develop effective strategies, and addressing the lack of resources. These suggestions align with recent research emphasising the importance of youth empowerment and employment as key strategies for poverty alleviation and substance use eradication in the context of the SDGs.

6.4 RECOMMENDATIONS

The recommendations based on the study's findings are directed at three target groups: social work practitioners, policymakers, and researchers.

6.4.1 Recommendations for social work practitioners

- DSD practitioners and other professionals offering substance intervention services should develop Individual Development Plans (IDPs) not only for the substance abuser but also for the parents at the beginning of the intervention process. These IDPs should be regularly reviewed to assess progress, and adjustments should be made as needed.
- Community-based support services should be established for parents struggling with a substance abusing youth and information about accessing these services should be easily accessible to the community.
- Capacity-building with an educational component that focuses on substance abuse and coping skills for parents should form part of the intervention process. Social workers

engaging with parents of substance abusers should provide educational support to enhance parents' abilities to deal with the challenges.

- Resource lists of available local substance intervention services should be disseminated within the communities where parents reside, as well as in places of worship, local businesses, and community organisations.
- Social service professionals should advocate for skills development workshops and campaigns targeting youth. These initiatives should create a platform for various stakeholders to expose young people to employment readiness programmes and provide linkages to employment opportunities, effectively addressing idleness and integrating rural youth into the labour market. This approach can potentially reduce or prevent substance abuse.
- The objective of SDG 3, 'Good Health and Well-being', is to ensure healthy lives and promote well-being. To guarantee the well-being of parents residing in the Kannaland region with a substance abuser, it is imperative for social work practitioners to establish partnerships that engage community participation, involving churches, community members, and other stakeholders, in providing support for both parents and the substance abuser.

6.4.2 Recommendations for policymakers

- Smith (2020) argued that it is the government's responsibility to provide essential services to its citizens. The researcher agrees with Smith (2020) and recommends that the government should allocate more resources, particularly in terms of manpower, to address the issue of substance abuse. The current ratio of social workers to the population they serve might be inadequate for those accessing services, especially parents residing with a substance abusing youth.

- Local governments should be encouraged to take a more active role in substance intervention programmes, particularly in resource-scarce areas like Kannaland. This aligns with the NDMP and The Prevention for and Treatment of Substance Abuse Act, No. 70 of 2008 (RSA, 2008), which emphasise the importance of community-based and early intervention programmes. Local governments are designated as the driving agents in Local Drug Action Committees, making their involvement crucial in addressing substance abuse in these areas.
- The DSD should prioritise the strengthening of harm reduction policies and the development of early intervention programmes that are age-appropriate and culturally sensitive. These programmes should be tailored to the specific settings, whether rural or urban, to effectively address substance abuse issue.
- Policies and intervention strategies should be developed with a focus on meeting the needs of both substance users and their parents/caregivers.

6.4.3 Recommendations for researchers and further research

- Further exploration is needed to understand the structural vulnerability encountered by parents living with substance abusing youth.
- Emphasis should be placed on investigating the specific support requirements of parents in rural settings.
- Research should delve into strategies aimed at enhancing family cohesion and minimising the risk of future substance abuse.
- Additional research is warranted to examine substance use patterns in both genders, with a particular focus on identifying the determinants behind the elevated prevalence of substance abuse among males and the protective factors applicable to the female population.

6.5 CONCLUSION

The conclusion confirms that the research questions were adequately addressed, and the study's aim and objectives were achieved. The findings underscore that parents residing with a substance abusing youth in the Kannaland region face structural vulnerabilities, primarily due to the rural landscape and the lack of support services tailored to their unique challenges. Moreover, it becomes apparent that parents confront knowledge gaps when seeking available resources and grapple with limited services to assist them in coping with a substance abusing young person. By gaining insight into the experiences of parents living with a substance abusing young person aged 18–35, the study has paved the way for recommendations that could guide further research on mitigating the impacts of substance abuse on families. The study advocates for family-centred substance abuse interventions to strengthen and enhance family units.

*“Though no one can go back and make a brand-new start,
anyone can start from now and make a brand-new ending”*

Carl Bard (Master Centre, 2020).

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APPENDICES

APPENDIX A: INFORMATION SHEET



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Private Bag X 17, Bellville 7535, South Africa

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Email: rich.edna2@gmail.com and 4014869@myuwc.ac.za

Research participant

Project Title: Exploring parents' experiences of living with a young person between the ages of 18-35 who abuses substance.

What is this study about?

This is a research project being conducted by Dorothea Fourie-Van Tonder at the University of the Western Cape. I am inviting you to participate in this research project because you indicated that you are experiencing challenges with a family member's substance usage. The purpose of this research project is to explore parents' experiences in living with a youth between the ages of 18~35 years that abuses substance. The interviews will be conducted at your home or at a location that you deem fit and the interview will be conducted in Afrikaans or English in accordance with your preference. The interview will assume the form of face to face semi-structured interviews. Translation of the interview script will be done if the participant prefers another language.

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

You will be asked to partake in an interview relating to the study. The semi-structured interviews will take about 60-90 minutes to complete. The information gathered from you will

be confidential and anonymous and no consequences will be on you due to the interview information provided.

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, an assumed name will be used. A code will be used during transcribing. Only the researcher will have access to the code and be able to link your identity. To ensure your confidentiality pseudonyms will be used in this thesis and any future publications that might arise from it. The research will be stored in an encrypted file that only the researcher will have access to. The data will be stored for 5 years and then destroyed by means of shredding after the thesis is completed.

What are the risks of this research?

There may be some risks from participating in this research study. The risks might include psychological, legal and emotional risks. All human interactions and talking about self or others carry some amount of risks. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention. For the purpose of minimizing the risk of secondary victimization and social stigma it will be acted hastily to support you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. We will nevertheless minimise such risks and act promptly to assist you by referral to a pre-arranged registered counsellor to be available should it be warranted. The counsellor will not be associated to the researcher in any way in order to minimize further stress and risks.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the consequences of a member's substance abuse on the family. We hope that, in the future, other people might benefit from this study through improved understanding of how families respond to situations that impair their functioning. The hope is that this study

can be a guiding document for further research on how to lessen the consequences of substance abuse on the family and the provision for family centred substance abuse interventions that strengthen and improve the family unit.

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 without any prejudice. 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 Covid 19 protocols will be in place?

The necessary personal protective gear, such as masks and hand sanitizer will be provided to you if you do not have your own as well as sanitizing after each interview as well as the equipment utilized. The equipment utilized such as pens, recording devices and seating equipment as well as the interview venue will be sanitized if the interview occurs at a location away from your home.

What if I have questions?

This research is being conducted by Dorothea Fourie-Van Tonder at the University of the Western Cape. If you have any questions about the research study itself, please contact Dorothea Fourie-Van Tonder at: +27767166857 or 4014869@myuwc.ac.za. Alternatively, you can contact my research supervisor on rich.edna2@gmail.com. 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 Humanities and Social Sciences Research Ethics Committee: Ethics approval letter no:

Humanities and Social Sciences Research Ethics Committee

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APPENDIX B: CONSENT FORM



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Research participant

Title of Research Project: Exploring parents' experiences of living with a young person between the ages of 18-35 who abuses substance.

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

I agree to be [audiotaped] during my participation in this study.

I do not agree to be [audiotaped] during my participation in this study.

Participant's name.....

Participant's signature.....

Researcher's name.....

Researcher's signature.....

Date.....

APPENDIX C: SEMI-STRUCTURED INTERVIEW SCHEDULE



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Email: rich.edna2@gmail.com and 4014869@myuwc.ac.za

Project Title: Exploring parents' experiences of living with a young person between the ages of 18-35 who abuses substance.

Research introduction: This study is conducted in fulfilment for the requirements to obtain a Master's degree in Child and Family Studies at the University of the Western Cape. The study seeks to explore parents' experiences in living with a youth between the ages of 18~35 years that abuses substance.

Interviewer:	
Respondent Code:	
Age:	
Gender:	
Place	
Time:	

Welcome and Overview

Starting the interview: Introduction and explain the purpose of the study

Anonymity

- Explain to participant that data will be reported on the information shared no personal names will be used.
- Review points of clarification and confirm that participants want to take part.

Permission to record the session

- Explain to participant that the interview will be audio recorded for the purpose of capturing the information accurately.

Complete consent form

- Interviewer to complete consent procedure prior to interview [read information sheet, give participant a copy of the consent sheet, and have them sign the form.]

Complete demographic information

ASK- Do you have any questions before we get started?

MAJOR Themes

Theme 1

Main question:

- Do you have a family member that abuses substances?

Probing questions:

Have they shown a willingness to get help for the substance abuse?

Do they know where to seek help for their substance abuse?

When did you become aware of the family members' substance abuse?

Have they admitted to having a substance abuse problem?

Theme 2

Main question:

- What challenges have you as a family experienced in dealing with the substance abuser?

Probing questions:

How do you cope with this family member?

Where do they find the funds to sustain their substance habit?

Do you know where to seek help for intervention for the family member's substance abuse?

Do you know of any support services in your area for families with members with substance challenges?

Theme 3

Main question:

- Can you please share how the family as a unit has been dealing with the substance abusing member?

Probing questions:

- Are there any suggestions on how to better cope with a family member that abuses substances?
- What would you recommend to other families that is dealing with a member that is abusing substances?
- Has the family member's substance use in any way changed how the family interact and function daily?
- What would you recommend that would help future researchers to develop a family centred approach to substance abuse intervention? Can you explain what you mean?

•
Ending the interview: Thank you. I appreciate your participation in this study.

APPENDIX D: LETTER TO THE GATEKEEPER



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August 25, 2020



Recruitment of research participants

Dear Sir/Madam:

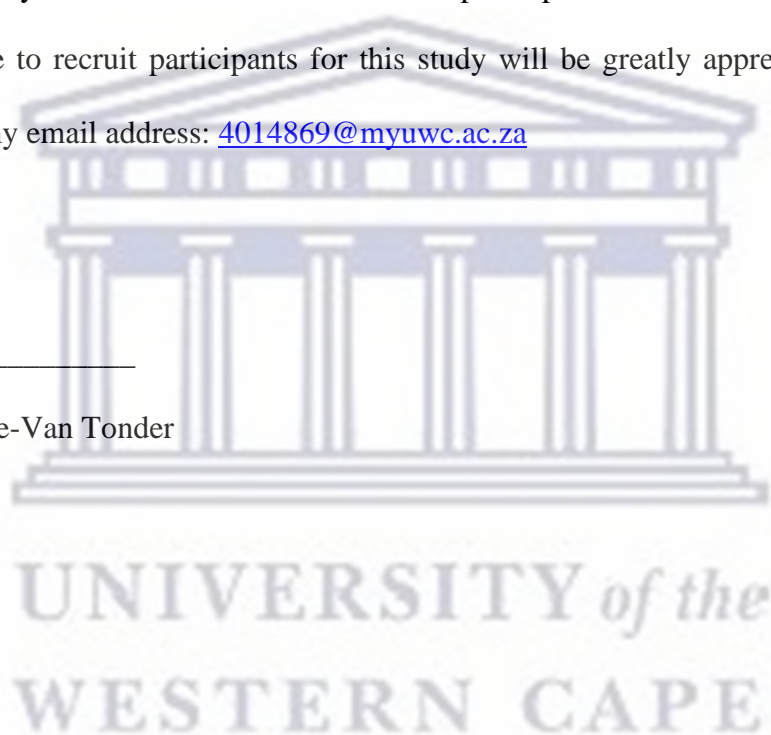
I am writing to request your aid in recruiting research participants. I am enrolled as a Masters student in the Unit of Child and Family Studies in the Department of Social Work at the University of Western Cape. The study focuses on exploring parents' experiences in living with a youth between the ages of 18~35 years that abuses substance. I will require your aid in recruiting families in the community who have been informed about the nature of the research study via word-of-mouth campaign and have expressed an interest in participating. Due to the culture of the small community a word-of-mouth campaign was found to be suited to the purpose. Recruited participants, who volunteer to participate, will be given a consent form to be signed by them (copy enclosed). Their participation will remain confidential in order to

minimize social stigmatization and secondary trauma. The researcher undertakes to protect their identity and the nature of their contribution. To ensure their anonymity, an assumed name will be used. A code will be used during transcribing. Only the researcher will have access to the code and be able to link participants identity. To ensure their confidentiality pseudonyms will be used in this thesis and any future publications that might arise from it. If your assistance is assured and the participants recruited volunteer for the study, I will conduct semi-structured interviews with all participants (see interview guide attached) that will last about 60 to 90 minutes. Neither your institution nor the individual participants will incur any costs.

Your assistance to recruit participants for this study will be greatly appreciated. You may contact me at my email address: 4014869@myuwc.ac.za

Sincerely,

Dorothea Fourie-Van Tonder



APPENDIX E- BYLAAG A: INLIGTINGSVORM - DEELNEMERS



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Titel van Projek: Ouers se ervarings om saam met 'n jong persoon tussen die ouderdom van 18~35 te leef wat middels misbruik.

Wat behels die studie?

Dit is 'n navorsingsprojek wat deur Mev. Dorothea Fourie- Van Tonder by die Universiteit van die Wes-Kaap gelei word. Ek nooi u uit om deel te neem aan hierdie navorsingsprojek, want u het aangedui dat u uitdagings ervaar met 'n familielid wat middels misbruik. Die doel van hierdie navorsingsprojek is om ouers se ervarings na te vors ten opsigte van 'n jong persoon tussen die ouderdom van 18~35 waarmee hulle saamleef wat middels misbruik. Die onderhoud sal die vorm van 'n aangesig tot aangesig semi-gestrukterde onderhoud aanneem.

Wat sal van my gevra word om te doen indien ek instem om deel te neem?

U sal gevra word om die instemmingsvorm vir 'n semi-gestrukterde onderhoud sowel as die gebruik van oudiokassette in te vul, voor die onderhoud plaasvind. Die onderhoud sal ongeveer 60 tot 90minute duur. Die studieplek kan by 'n lokasie van u keuse of so geografies moontlik naby u woning geskied. Die vrae vir die onderhoud is gerig op die navorsing van ouers se ondervindinge ten opsigte van 'n jong persoon tussen die ouderdom van 18~35 waarmee hulle saamleef lid wat middels misbruik.

Sal my deelname in hierdie studie vertroulik gehou word?

Die navorser onderneem om u identiteit en die natuur van u bydrae te beskerm. Om u anonimiteit te verseker, sal u naam nie ingesluit word vir enige doelwit in hierdie navorsingsprojek nie. 'n Kode sal gebruik word om tussen die verskillende transkripsies van deelnemers te onderskei. Om u vertroulikheid te verseker, sal die onderhoude en fokusgroepe onmiddellik daarna op 'n wagwoord-beskernde rekenaar gekopieer word en dan afgevee word van die oudiokasset wat net bekend is aan die navorser.

Wat is die risiko's van hierdie navorsing?

Deelname aan hierdie navorsingstudie mag sekere risiko's inhou. Die risiko's mag sielkundige, sosiale, emosionele en wettige risiko's insluit. Daar mag dalk ook risiko's wat huidiglik onvoorsiene is, ontstaan, siende dat alle menslike interaksies en gesprekke oor jouself of anders 'n sekere aantal risiko's behels. Ons sal nietemin sulke risiko's so laag moontlik probeer hou en sal summier optree om u te help sou u enige ongemak, of die sielkundig of enige ander vorm is, ervaar gedurende die proses van u deelname aan die studie. Om die risiko van sekondêre trauma en sosiale stigma te minimaliseer sal daar spoedig opgetree word om u te ondersteun as u enige ongemak, of die sielkundig of enige ander vorm is, ervaar gedurende die proses van u deelname aan die studie. Ons sal sulke risiko's minimaliseer en spoedige aksie neem om u te ondersteun deur 'n voorafgereelde registreerde berader te reël om beskikbaar te wees indien nodig. Die berader sal geen verbintenis met die navorser hê nie om verdere stres en risiko's te minimaliseer.

Covid-19 maatreëls wat in plek sal wees.

Die nodige persoonlike beskermingsdrag, soos maskers en hand saniteerders sal verskaf word as u nie u eie het nie. Sanitering voor en na elke onderhoud sowel as van die toerusting gebruik soos penne, band opnemers, sitgeriewe sowel as die onderhouds lokaal sal gesaniteer word as die onderhoud plaasvind by 'n lokasie weg van u huis.

Wat is die voordele van hierdie navorsing?

Hierdie navorsing is nie ontwerp om u persoonlik te help nie, maar die uitslae mag die navorsers help om meer te leer hoe families reageer op situasies wat hul funksionering belemmer. Die hoop is dat in die toekoms hierdie navorsing kan dien as verwysings raamwerk om die impak van middelmisbruik op die gesin te verminder en ook voorsiening van familie gesentreerde middel misbruik ingrypings ter verbetering en versterking van die gesinseenheid.

Is ek verplig om deel te neem aan hierdie navorsing en mag ek ten enige tyd my deelname daaraan stop?

U deelname aan hierdie navorsing is heeltemal vrywillig. U mag kies om glad nie deel te neem daaraan nie. Sou u besluit om deel te neem aan hierdie navorsing, mag u ten enige tyd u deelname stop. Sou u besluit om nie deel te neem aan hierdie studie nie, of u besluit om op te hou deelneem ten enige tyd, sal u nie penaliseer word of enige voordele waarvoor u kwalifiseer, verloor nie.

Wat as ek vrae het?

Sou u enige vrae oor hierdie studie en u regte as navorsingsdeelnemer het, of sou u enige probleme wat u ervaar het gedurende die studie wil rapporteer, kontak asseblief:

Departmentshoof:

Dr. M. Londt

Departement van Maatskaplike Werk

mlondt@uwc.ac.za

021 9592277

Dekaan van die Fakulteit van Gemeenskap en Gesondheidsdienste:

Prof. Anthea Rhoda

University Wes Kaapland

Privaatsak X17

Bellville 7535

chs-deansoffice@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van die Wes-Kaap se Senaat
Navorsingskomitee en Etekkomitee

Humanities and Social Sciences Research Committee (HSSREC), UWC

Tel: 021 959 2988 – e-pos: research-ethics@uwc.ac.za



APPENDIX F , BYLAAG B: TOESTEMMINGSVORM-DEELNEMER



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Epos: rich.edna2@gmail.com en 4014869@myuwc.ac.za

Titel van Navorsingsprojek: Ouers se ervarings om saam met 'n jong persoon tussen die ouderdom van 18~35 te leef wat middels misbruik.

Die navorsingstudie is beskryf aan my as navorsings deelnemer in die taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname sal behels en ek kom ooreen dat ek vrywilliglik en uit eie keuse deelneem aan die studie. Ek verstaan dat my identiteit nie bekend gemaak sal word nie. Ek verstaan dat ek ten enige tyd mag onttrek van die studie sonder om 'n rede te verskaf en sonder om enige vrees of negatiewe gevolge of verlies van voordele te ly.

_____ Ek stem in om oudio-opname te neem gedurende my deelname aan die studie.

_____ Ek stem nie in om oudio-opname te neem gedurende my deelname aan die studie.

Deelnemer se naam.....

Deelnemer se handtekening.....

Datum.....

Navorsers se naam and handtekening.....

APPENDIX G , BYLAAG C: SEMI-GESTRUKTEERDE ONDERHOUDSKEDULE-
DEELNEMER



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Titel van Navorsingsprojek: Ouers se ervarings om saam met 'n jong persoon tussen die ouderdom van 18~35 te leef wat middels misbruik.

Navorsing bekendstelling: Hierdie studie is uitgerig in voltooiing na aanleiding van die verwagtinge ten einde die behaling van die Meesters graad in 'Child and Family Studies' (Kinder en Familie Studies) aan die Universiteit van Wes Kaapland. Die studie ondersoek ouers se ervarings ten opsigte van 'n jong persoon tussen die ouderdom van 18~35 waarmee hulle saamleef wat middels misbruik.

Navorsers:	
Deelnemer Kode:	
Ourderdom:	
Geslag:	
Plek:	
Tyd:	

Verwelkoming en Oorsig

Begin van die onderhoud: Inleiding en verduideliking van die doelwit van die studie.

Anonimiteit

- Verduidelik aan die deelnemer dat die data sal bestaan uit die inligting wat gedeel word, en dat geen persoonlike name gebruik sal word nie.
- Hersien punte van opklaring en bevestig dat die deelnemer graag deel wil neem aan die projek.
- **Toestemming om die sessie op te neem**
- Verduidelik aan die deelnemer dat die onderhoud opgeneem sal word op oudioband vir die doel om die inligting noukeurig op te neem.

Voltooi toestemmingsvorm

- Deelnemer moet die toestemmingsprosedure voltooi voor die begin van die onderhoud [lees inligtingsbladsy, gee deelnemer 'n kopie van die toestemmingsvorm, en verseker dat hulle die vorm teken.]

Voltooi demografiese inligting

VRA – Het u enige vrae voor ons begin?

HOOFTemas

Tema 1

Hoofvraag:

- Het u 'n familielid wat middels misbruik?

Insiggewende vrae:

- Het hulle bereidwilligheid getoon om hulp te kry vir hul middelmisbruik?
- Weet hulle waar om hulp te kry vir hul middelmisbruik?
- Wanneer het u uitgevind dat die familielid middels misbruik?

- Het die familielid al erken dat hy/sy 'n middel misbruik probleem het?

Tema 2

Hoofvraag:

- Watter uitdagings het u as familie ondervind in u interaksies met die middelmisbruiker?

Insiggewende vrae:

- Hoe hanteer u die familielid?
- Waarvandaan kry hulle die fondse om hul middelmisbruik te handhaaf?
- Weet u waar hulle kan hulp vra vir hul middelmisbruik?
- Weet u van enige ondersteuningsdienste in u omgewing vir families wat lede het wat middels misbruik?

Tema 3

Hoofvraag:

- Kan u asseblief deel hoe u as familie eenheid die dwelmmisbruiker hanteer?

Insiggewende vrae:

- Is daar enige voorstelle om hoe om 'n familielid wat middels misbruik, te hanteer?
- Watter voorstelle het u vir ander families wat ook met 'n familielid worstel wat middels misbruik?
- Het die middelmisbruik van u familielid enige impak gehad op die familie interaksie en hoe u as familie daagliks funksioneer?
- Wat sal u voorstel om toekomstige navorsers te help om meer familie gesententrede benaderings tot middelmisbruik te ontwikkel? Kan u asblief verduidelik wat u bedoel?

Einde van die onderhoud:

Baie dankie. Ek waardeer jou deelname aan hierdie studie en ons gesprek.

APPENDIX H , BYLAAG D: ORGANISASIE BRIEF



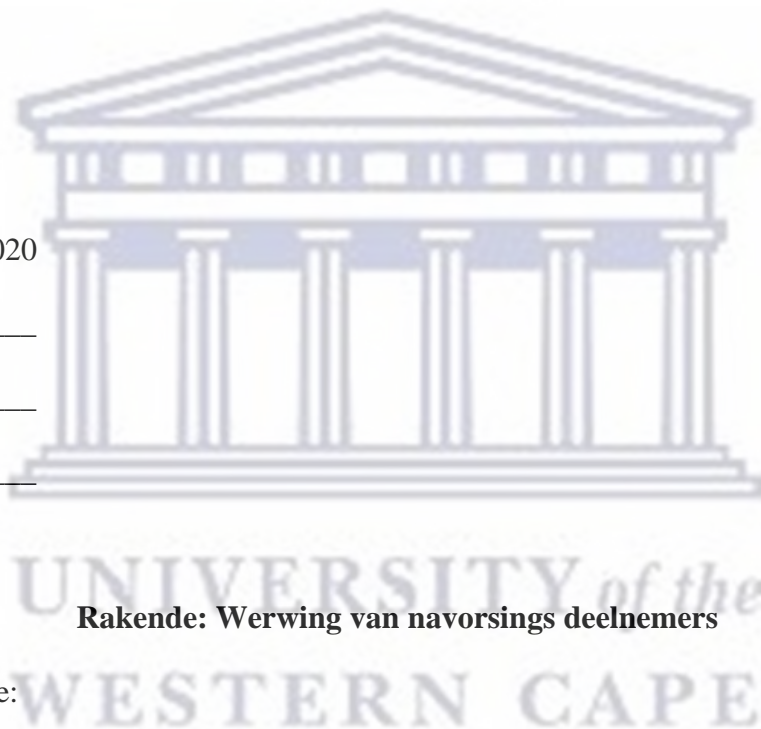
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Augustus 25, 2020



Rakende: Werwing van navorsings deelnemers

Geagte Mnr/ Me:

Ek skryf hiermee om u hulp te versoek om navorsings deelnemers te werf. Ek is huidiglik ingeskryf as 'n Meesters graad student in die eenheid 'Unit of Child and Family Studies in the Department of Social Work' by die Universiteit van Wes-Kaapland. Die studie fokus is ouers se ervarings ten opsigte van 'n jong persoon tussen die ouderdom van 18~35 waarmee hulle saamleef wat middels misbruik.

Ek sal u hulp benodig om deelnemers wat families het wat uitdagings ondervind met lede wat middels misbruik te werf. 'n Mondelike veldtog is van stapel gestuur weens die kultuur van

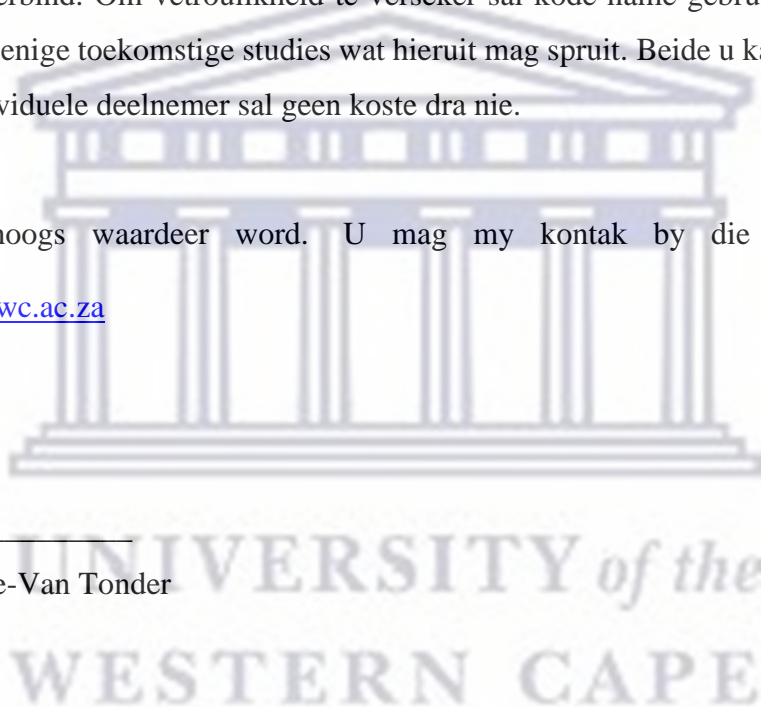
die klein gemeenskap en die aard van die navorsingstudie is verduidelik. As u instem om deelnemers te werf wat 'n belangstelling getoon het oor moontlike deelname aan die studie projek sal onderhoude met die geïntereerde deelnemers gehou word. Geïntereerde deelnemers wat gewilliglik deelneem, sal toestemmings briewe ontvang en teken (kopie aangeheg). Indien toestemming ontvang word, sal ek onderhoude hou (sien aangeheg) wat tussen 60 – 90-minute sal neem. Hulle deelname sal vertroulik gehou word om sosiale stigma en sekondêre trauma te minimaliseer. Die navorser onderneem om hul identiteit te beskerm en die aard van hul bydrae.

Om hul identiteit te beskerm, sal 'n kode naam gebruik word. 'n Kode sal ook gebruik word gedurende transkripsie. Net die navorser sal toegang het tot die kode en die deelnemers se identiteit kan verbind. Om vertroulikheid te verseker sal kode name gebruik word in hierdie navorsing en in enige toekomstige studies wat hieruit mag spruit. Beide u kantoor of institusie of selfs die individuele deelnemer sal geen koste dra nie.

U hulp sal hoogs waardeer word. U mag my kontak by die volgende e-pos:
4014869@myuwc.ac.za

Die uwe,

Dorothea Fourie-Van Tonder



APPENDIX I : ETHICAL CLEARANCE LETTER



UNIVERSITY of the
WESTERN CAPE



12 May 2021

Mrs DR Fourie-Van Tonder
Child and Family Studies
Faculty of Community and Health Sciences

HSSREC Reference Number: HS20/9/65

Project Title: Exploring parents' experience of living with a young person between the ages 18-35 who is a substance abuser.

Approval Period: 04 May 2021 – 04 May 2024

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

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

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

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

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

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

NHREC Registration Number: HSSREC-130416-049

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FROM HOPE TO ACTION THROUGH KNOWLEDGE.

APPENDIX J: EDITOR'S LETTER



PROOF-READING

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30 October 2023

TO WHOM IT MAY CONCERN

RE: LANGUAGE EDITING

This letter serves to confirm that I have edited the thesis titled:

**Exploring parents' experiences of living with a young person
between the ages of 18–35 who is a substance abuser**

By

Dorothea Fourie-Van Tonder

This certificate does not cover any alterations made subsequent to the editing process.

Please feel free to contact me if you need any further information.

Yours sincerely,

Dr Lee-Anne Roux