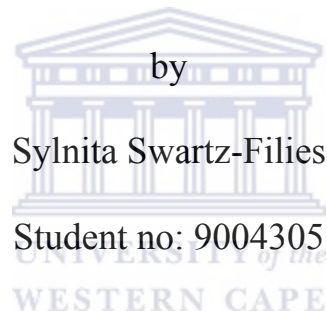


**REFLECTIONS ON THE LIFE-WORLD EXPERIENCES OF THE
ADOLESCENT “TIK” USER.**

A mini-thesis submitted in partial fulfilment of the requirements of the degree Magister Artium in Child and family studies in the Faculty of Community and Health Sciences at the UNIVERSITY OF THE WESTERN CAPE.



Supervisor: Prof S. Terblanche

Date: May 2007

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DECLARATION:

I declare that “Reflections on the life-world experiences of the adolescent ‘tik’ user” is my own work and that it has not been submitted for any degree or examination at any other university. All the sources I have used or quoted are acknowledged by complete references.

Full name:.....

Date:.....



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ABSTRACT

Substance abuse among adolescents is a global problem and South Africa is no exception. In the Western Cape there is an alarming popularity and increased use of an illicit highly addictive substance, locally known as ‘tik-tik’/methamphetamine. Adolescents are particularly vulnerable to the neurotoxic effects of this substance and there is an urgent need to address the ‘tik-tik’ problem in the Western Cape. Tik/methamphetamine has thus become a great concern to educators, social workers and health practitioners in the province.

The goal of this study was to explore the life-world of the adolescent methamphetamine/ ‘tik-abusers’ in order to describe their experiences of personal, social and environmental issues in the process of tik-addiction.

The research methodology that was put to use was the qualitative approach utilizing semi-structured open-ended interviews as method of inquiry. Participants were adolescents ‘tik’-abusers between the ages of 13 to 17 years who were in rehabilitation programmes. The method of sampling was purposeful. Data was analysed thematically according to a five step process proposed by Terreblanche and Durrheim (1999:140-144). Findings indicated that participants experience unstable family life situations which left them with feelings of hopelessness and depressive symptoms. They also highlighted the role of community influences such as gangsterism, availability of drugs and the influences of peers. The addictive properties of the drug were indicated as contributing to motivation for sustained use in spite of the severe consequences of the drug.

Keywords: adolescent, “tik”(methamphetamine), drug abuse, life-world.

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Contextual information and motivation for the study

The report of Taylor, Jinabhai, Naidoo, Kleinschmidt and Dlamini (2003:137) reflected that substance abuse/use among adolescents appears to be a great and growing problem worldwide. According to Hoberg (2001) the use of substances amongst school-going adolescents has in recent years increased tremendously globally and South Africa is no exception. The trends are locally also clearly noticeable. He further refers to the “alarming increase in the popularity of club drugs,” among school-going adolescents.

Visser (2003) concludes that trends indicate worldwide that when a country undergoes general and drastic socio-economic change as presently prevalent in South Africa these changes are reflected in the spheres of risk-taking behaviour, eg. substance abuse. Chopra and Saunders (2004) comment that with South Africa’s integration into the global economy it was stripped away of the many protective trade barriers that once cocooned it. Cape Town has become a half-way house and dumping ground for illicit traffickers of mountains of drugs. Parry, Myers and Pluddeman (2004) mention that during 2004, the media reported on the alarming popularity and increase in the use of an illicit substance called methamphetamine, locally known as “tik” in the Western Cape. They further state that these reports have been supported by findings from a project called the South African Community Epidemiology Network on Drug Use (SACENDU). Smith (2005) reported that methamphetamine (“tik”) has taken Cape Town by storm, sweeping through the Cape flats where a large part of the less affluent population reside. It further reports that

“tik” is responsible for some of the fastest addiction rates ever seen among our youth. Plüddeman et al. (2005:5) found that patients reporting “tik” as their primary substance of abuse escalated from 2% in the second half of 2003 to 19% in the second half of 2004 and that this figure represents both the largest and fastest increase in the number of patients presented with a particular drug ever noted by SACENDU.

When categorizing drugs of abuse according to their effects on the central nervous system, amphetamines together with cocaine, are regarded as major stimulants. Amphetamine is effective as a general arousing agent, as an anti-depressant, and as an appetite suppressant, in addition to its ability to keep people awake for long periods of time. According to Fishbein and Pease (1996:194) methamphetamine is an insidious and dangerous form of amphetamine, brand name: Benzedrine. By the 1930’s various forms of amphetamines, specifically d-amphetamine and methamphetamine became available around the world. Methamphetamine is referred to as “tik”, “tuk”, “meth”, “crystal” or “speed.” Only by the 1970’s did people begin to realise that ‘speed kills.’ Methamphetamine is a powerful addictive stimulant. It is white and bitter tasting, often smells like ammonia, sometimes it is odourless and can be found in a variety of forms, from a fine powder to large crystals (‘ice’). According to Plüddemann et al. (2005:1) the drug can easily be made in clandestine laboratories, from over-the-counter ingredients that are relatively inexpensive and it can be purchased at a relatively low cost (about R30 per straw). They further states that it can be smoked, snorted, orally ingested or injected intravenously. In South Africa it is smoked by placing the powder/crystals in a light bulb from which the metal threading has been removed. The powder/crystals are heated inside

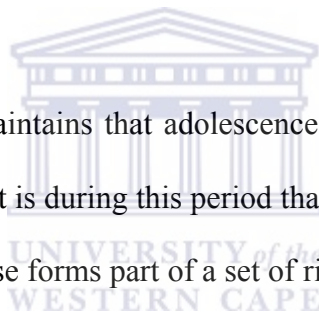
the bulb, usually by a lighter and the dense smoke or fumes are inhaled. The local name 'tik-tik' is named after the clicking sound it makes when smoked.

The illicit drug trade impact most severely on the vulnerable school-going adolescents and marginalized members of society. Parry et al. (2004:1) reiterate that "tik" is the drug of choice for young people and that the average age of patients who reported it to be their primary substance of abuse in the first half of 2004 was 20 years of age. Sixty percent of patients are younger than 20 years of age. He further states that this is of great concern given that adolescents are particularly vulnerable to the neurotoxic effects of methamphetamine.

The adolescence period is generally described as one of rapid physical change and emotional upheaval. Bigner (1998:357) divides this period into two stages. The first stage is referred to as 'early adolescence' and begins at puberty, about age 13 and ends as age 16. This stage involves various physical changes, which are associated with achieving sexual maturity. The second stage, called late adolescence range from 16 to 18 years and primarily involves psych-social changes.

According to Arnett (2001:170), Erik Erikson (1968) a theorist is one of the scholars who has the most influence when it comes to the study of adolescent development. Erikson believed that a person moves through eight stages of psycho-social development during their lives. In adolescence the stage is referred to as "Identity versus Identity-Confusion." During this stage adolescents integrate various roles in order to establish a clear self-identity. According to Baron (1998:349) adolescents adopt a variety of strategies to assist

them in resolving their personal identity crisis, by the trying out of different life-roles like the good/bad boy or girl, the rebel helpful or dutiful son/daughter and the super-cool operator. Arnett (2001:173) states that if the adolescent displays an inability to handle all the choices available or has an inability to decide among these choices, it might result in identity confusion. He further states that according to Erikson these adolescents may in extreme cases develop a negative identity, which refers to an identity “based on all those identifications and roles which, at critical stages of development, had been presented to them as most undesirable or dangerous.” These adolescents intentionally embrace what society considers being unacceptable, disdainful and offensive. This might include things such as substance abuse/use behaviour.

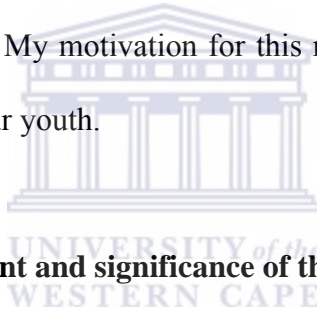


Irwin cited in Visser (2003) maintains that adolescence is usually studied in relation to risk-taking behaviour, because it is during this period that risk-taking behaviour makes its first appearance. Substance abuse forms part of a set of risk-taking or problem behaviours (Arnett, 2001:397). Substance abuse is identified as ‘a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances, such as failure to fulfil major role obligations at work, school and home’ American Psychiatric Association cited in Schaffa (2001).

The rapidly growing popularity of “tik”/methamphetamine points to the urgent need to address this problem in the Western Cape. ‘Tik-tik’ has become a great concern for educators, social workers and mental health practitioners. Hammell, Carpenter, & Dyck (2000:99) argue that professional competence to intervene in matters like this, not only

requires formal knowledge and skill, but also the ability to enter the person's "life-world" so that techniques are tailored to meet the person's needs. "Life-world" according to Kögler (1995), as cited by Hammell et al. (2000:99) constitutes, the "taken-for-granted, routine of every day life", referring inter alia, to beliefs, assumptions, practices and feelings that gives meaning to that person's every day life.

As a clinician trained in the discipline of Occupational Therapy and working on the Cape Flats, my work centres mainly on youth wellness, and has allowed me to come in contact with large numbers of adolescents. They are also the people who have exposed me to the adolescent substance abuser and have thus triggered my interest in understanding the life-world of this group of people. My motivation for this research comes from my general concern for the well-being of our youth.



1.2 Research problem statement and significance of the study

Literature indicates that methamphetamine abuse has catastrophic effects on the human body and adolescents are particularly vulnerable to its neurotoxic effects. The above-mentioned discussion indicates the need for research regarding the abuse of this specific drug. This study is aimed at contributing to the existing knowledge base for understanding the phenomenon of adolescent substance abuse, with specific reference to "tik" from the perspective of the adolescent "tik"-abusers themselves.

1.3 Research question

The guiding question in this study was: “What are participants experiences of their family and ‘tik’ life-world?”

1.4 Research goal

The goal of this study was to explore the life-world of the adolescent methamphetamine/ ‘tik’ abuser in relation to their family and ‘tik’ life-world.

1.5 Research methodology (See also the more comprehensive discussion in Chapter 2 of this report)

Qualitative research offers a rich potential for understanding the study of meaning.. Hicks (1999:7) defines qualitative research as “a means by which the researcher can gain insights into another person’s views, opinions, feelings and beliefs, within their own natural setting. The individual as a whole and in relation to their social setting is described. This is supported by Spradley cited in Cook (2001) and Hammell, Carpenter and Dyck (2000:6). The latter conclude by saying that qualitative research “gives credence to people’s beliefs, value systems and the meanings with which they make sense of their lives and experiences.”

1.5.1 Data-collection

My initial plan was to collect data by means of autobiographical story-telling in a one-to-one research interviewing relationship. Due to a lack of responsiveness to the open-ended question for story-telling the method was adapted to semi-structured open-ended

interviews. Research participants were orientated to the goal of the study, reassured of anonymity in reporting on the open-ended questions of their life-world as a “tik”-user. Semi-structured open-ended interviews were used comprising of two open-ended questions. The researcher started off by asking the following open-ended question: “Tell me about your experiences of family life as an adolescent “tik”-abuser.” This expectation was clarified by requesting to tell their respective stories, starting from earliest experiences of family life and this was followed by exploring their involvement with, and experiences of, using “tik”. Probing questions were asked to explore their in-depth experiences.

1.5.2 Population and sampling

The population consisted of 13 to 17 year old adolescent “tik” abusers from selected areas on the Cape Flats. The research participants were selected purposefully from a program for adolescent drug users run by social workers at the South African National Council on Alcoholism and Drug Dependency (SANCA), based on their willingness to participate in the research study. SANCA recruited and informed participants regarding the goal and the ethics of the study. Prospective participants needed to be able to communicate in English or Afrikaans. Miles and Huberman (1994:27) argue that qualitative researchers usually work with “small samples of people nested in their context and studied in-depth.” The study was limited to a small group (10), which is typical of qualitative research where the aim is not to generalise but to generate new concepts or theories based on in-depth experiences [Carpenter cited in Hammell et al. (2000)].

Participants and their parents signed a consent form, to confirm their willingness to participate. (Addendum A)

1.5.3 Data analysis

Stories were recorded by means of an audiotape and meticulously transcribed. Coffey and Atkinson (1996:83) suggest the analyst should not only focus on the content of the data but also on their form. This means not only to explore 'what was said' in the data but also 'how it was said.' They stated that 'a narrative approach can help to alert the analyst to research problems and themes that coding and content analysis may not uncover. The five-step process proposed by Terreblanche and Durrheim (1999:140-144) was adapted for the purpose of this study, integrating the views of the above-mentioned guidelines regarding analysing stories. The five steps include the following:

Step 1 Familiarisation and immersion

In this phase the responses were read and re-read repeatedly, making notes and diagrams, in order to familiarize with what data was contained in the narratives.

Step 2 Narrative segments and categories within the interview-story was isolated about life-course experiences relating to social contexts and the processes of addiction.

Step 3 In order to develop themes and categories a simple coding system was used to code phrases, lines, sentences or paragraphs that pertained to the theme under consideration.

Step 4 Elaboration

The process of elaboration involved capturing of the finer nuances of meaning not captured in the initial step and larger patterns and meanings were determined in order to reconstruct generic and unique processes and features of the life-world of the participants. This process also involved highlighting content with observations and the form and structure of stories, including the use of metaphors.

Step 5 Interpretation and checking

The final step involved a written construction of the life-world experiences, using the thematic categories identified.

1.5.4 Data verification

Creswell (1998:201-203) proposes eight verification procedures to ensure trustworthiness or credibility of a study namely: triangulation, negative case analysis, clarifying research bias, member checks and external audits, and recommend that in any given time, a research should at least use two of these methods.

Regarding standards and verification in biography, Denzin (1989) as quoted by Creswell (1998:205), concludes that a pre-occupation with method, validity and reliability must be set aside to in favour of a concern for meaning and interpretation. The meaning of experiences is best given by participants in the study.

The following two procedures were applicable to this study:

- Peer review provided an external check of the research process. Lincoln and Guba cited in Creswell (1998:202) define the role of the peer debriefer, in this case the thesis supervisor, as an individual who ensures that the researcher is honest by

- asking challenging/difficult questions regarding the method used, meanings and interpretations. The researcher is also provided with opportunity for catharsis.
- Rich, thick descriptions in the final report, allowed the reader to make decisions regarding transferability because the writer described in detail the participants or setting under study, the “processual and inter-actional features of the experience” (op cit: 206). With such detailed descriptions the researcher enables readers to transfer information to other settings and to determine whether the findings can be transferred because of shared characteristics” (Erlandson et al., cited in Creswell, 1998:203)
 - Clarifying researcher bias and reflexivity
Creswell (1998:202) points to the importance of informing the reader about the researchers position or any biases or assumptions that may impact the inquiry. It is suggested that the researcher undergo a process of self-reflection. Thomas cited in Conneeley (2002:187) notes that reflexivity is a means through which rigour in research can be increased.

1.6 Ethics statement

Permission was obtained from SANCA to conduct the study through their organisation. The nature of the study was explained in full and confidentiality and anonymity regarding reporting of information in the study was reiterated. Voluntary consent to participate in the study was obtained from participants and their parents/guardian and they were asked to sign a consent form (see Addendum A) prior to participation in the study, reassuring participants about the goal of the study. Participants were informed that they may

withdraw from the research process at any stage. Where participants appeared uncontained or unsettled after the interview, they were referred to their social worker at SANCA for debriefing.

1.7 Definition of concepts

Adolescent/Adolescence:

The adolescence period is generally described as one of rapid physical change and emotional upheaval. Bigner (1998:357) divides this period into two stages. The first stage is referred to as 'early adolescence' and begins at puberty, about age 13 and ends as age 16. This stage involves various physical changes, which are associated with achieving sexual maturity. The second stage, called late adolescence range from 16 to 18 years and primarily involves psych-social changes.



“Tik”(methamphetamine):

According to Fishbein and Pease (1996:194) methamphetamine is an insidious and dangerous form of amphetamine, brand name: Bensedrine. Methamphetamine is a powerful addictive stimulant.

Drug abuse/substance abuse:

Substance abuse is identified as a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances, such as failure to fulfil major role obligations at work, school and home” American Psychiatric Association cited in Schaffa (2001:321).

Life-world:

“Life-world” according to Kögler (1995), as cited by Hammell et al. (2000:99) constitutes, the “taken-for-granted, routine of every day life”, referring inter alia, to beliefs, assumptions, practices and feelings that gives meaning to that person’s every day life for the purpose of this research however “life-world” constitutes personal experiences of family life-world and experiences of their life-world as ‘tik’ additives.

1.8 Layout of the report

The thesis is structured in the following way:

Chapter 1 is presented as an introduction to the context and methodology of the study.

Chapter 2 contains an elaboration and reflection on the research methodology.

Chapter 3: In chapter 3 reflects the data-analysis and a discussion of findings.. This discussion includes comparison of findings of relevant literature pertaining to sections of this study. Literature is thus used purely inductively.

Chapter 4: Contains the summary and conclusions on the research findings and recommendations made.

1.9 Summary of the chapter

This chapter dealt with the contextual information and motivation for this study, the research problem statement and significance of the study, the research question, goal and methodology, ethical statement as well as definitions of concepts and the layout of the report.

CHAPTER 2

RESEARCH METHODOLOGY AND RESEARCH DESIGN

2.1 Introduction

The goal of this research was to explore the life-world experiences of the adolescent “tik” user/abuser. In this chapter I want to elaborate on the methodology applied in this research and also reflect on my experiences of the application of the theoretical guidelines.

2.2 The qualitative research approach

Hicks (1999:7) defines qualitative research as “a means by which the researcher can gain insights into another person’s views, opinions, feelings, within their own natural setting. The individual as a whole and in relation to their social setting is described”.

Qualitative research is “an inquiry process of understanding, based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, 1998:15). According to (Creswell, 1998:19) qualitative research today is about a ‘deep involvement in issues of gender, culture, and marginalized groups’ and the topics researched are emotion laden, close to the people and practical. In conclusion he states that this type of inquiry aim to answer ‘how’ and ‘what’ questions whereas quantitative research answers ‘why’ questions.

Through the use of an exploratory qualitative approach the researcher developed a greater understanding of the life-world experiences of the adolescent “tik” abuser. This approach allowed me to ‘become involved with the phenomenon’ but also allowed the phenomenon to ‘speak for itself’ whereas the quantitative research takes a more distant stance and impose systems upon phenomena as pointed out by Mouton and Marias (1990:163).

The reasons for the researcher choosing the qualitative research approach are found in Creswell’s (1998:16-17) writings which point out that qualitative inquiry is for the researcher who is willing to perform the following:

- Commit themselves to extensive time in the field.

I spent many hours with participants, trying to put them at ease and engaging with them by means of interviews.

- The researcher must be willing to engage in the complex, time-consuming process of data analysis – the ambitious task of sorting through large amounts of data and reducing them to a few themes or categories.

I had to read and re-read data several times in order to make sense of what was presented. Eventually after a long period of struggling I was able to reduce data to a few themes and categories.

- Qualitative researchers have to write long passages, because the evidence must substantiate claims and the writer needs to show multiple perspectives. To really reflect the perspectives of participants, I had to include long excerpts in their home language and then had to take time translating these quotes into English.

- Qualitative research in social and human sciences does not have firm guidelines of specific procedures and is evolving and changing constantly. Although this might complicate the planning, conducting and reporting a study, it also allows for creativity. Flexibility was applied to suit the goal of this research in the mentioned aspects I tried to abide by methods for trustworthiness.

2.3 DATA COLLECTION

2.3.1 Population and the research setting

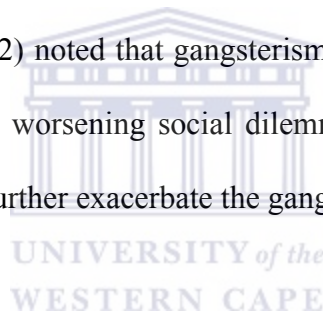
Powers, Meenaghan and Toomey cited in De Vos et al. (1998:4) ‘define a population as a set of entities from which all the measurement of interest to the practitioner or researcher are present. Entities may be people or things. The population of the study was adolescent “tik” abusers from the Cape Flats.

In order to develop an understanding and construct a clear picture in the minds of readers of this study regarding the environment participants reside in, the researchers will discuss the specific research setting in the ‘Cape Flats’ in terms of its geographical location.

Desmond (2007) refers to the ‘Cape Flats’ as ‘the barren’ windswept land to the east of Cape Town. It comprises of informal squatter camps and townships, which include Manenberg, Heideveld and Bokmakierie in the Athlone area. Houses are mostly low-cost, small and semi-detached and often over-crowded. Participants in the study grew up and still today live in the some of these townships.

Architects of apartheid deliberately located the Cape Flats on the outskirts of the city. “The apartheid regimes Group Areas Act separated the community into three classifications of race- whites, black and ‘coloured’ (this term describes the Afrikaans speaking mixed-race group of people in the Cape of which the participants of the study form a part). Desmond (2007) further states that the Cape Flats can be compared with the Brazil’s notorious favelas. Standing cities “ill health, stress, the adverse effects of substance dependence, family fragmentation, school truancy and exceptionally high levels of inter-personal conflict, especially domestic violence and assaults”, are very common on the ‘Flats.’

Steyn cited in Desmond (2007:2) noted that gangsterism is an ever present phenomenon on the Cape Flats and that the worsening social dilemma like the high unemployment rate, which effects the ‘Flats’, further exacerbate the gangsterism problem



2.3.2 Sampling and recruitment of participants (see also Chapter 1.5.2)

A sample is a smaller section of the population. According to De Vos et al. (1998:191) a sample can be described as ‘the element of the population that are considered for actual inclusion in the study’.

The authors argue that sampling is about feasibility and that it is impossible to identify and include all the individuals of a population of interest. Miles and Huberman (1994:27) argue that qualitative researchers usually work with ‘small samples of people nested in their context and studied in depth.’ This study was limited to a small group of ten, which is typical of qualitative research.

Research participants were selected purposefully from a program for adolescent tik-abusers run by social workers at SANCA, based on their willingness to participate in the research study. De Vos et al. (1998:198) write that purposive sampling is based on the judgment of a researcher, in that a sample is put together of elements which contain the most characteristic, representative or attributes of the population.

In terms of recruitment of participants the researcher first obtain verbal and written permission from social workers at SANCA. The participants were then purposely chosen by the Social worker at SANCA. The purpose of the research was explained to the participants and their willingness to participate established. A letter of consent was sent to their parents, once again explaining the purpose of the study and asking permission for their youngsters to participate. Permission was granted and the process begun. The research was undertaken at SANCA offices.



2.3.3 Reflections on data-collection

The initial method of data collection chosen for this study was autobiographical story telling/narrative inquiry in a one-to-one research interview relationship. Rubin and Rubin (1995:24) argue that ‘narratives usually relate events or describe process step-by-step’. This method thus seemed relevant to the study.

The process started by the researcher orientating participants to the goal of the study, reassuring them of anonymity in the reporting of the stories. They were reminded that they had the right to withdraw from the research process at any point, and then invited to tell the story of their life-world as “tik-abusers”. The expectation was clarified by

requesting of them to tell their respective stories in a flowing or sequential fashion, starting from earliest experiences of family, community and friends and from that point move to their involvement with and experience of using “tik”.

The researcher observed in most of the participants a lack of responsiveness to the open-ended question for story telling. Participants experienced difficulty in presenting information from a story-telling perspective and were only able to provide very little information in an inarticulate manner.

Booth and Booth (1996:56) state ‘inarticulateness is an inability to communicate fluently in words which goes beyond mere shyness, anxiety or reserve’. They further argue that ‘it originates with restricted language skills and is generally overlaid by various factors including a lack of self-esteem, learned habits of compliance, social isolation or loneliness and the experience of oppression’. According to above mentioned authors’ unresponsiveness can be describe as a ‘limited ability to answer some type of questions’, as seen with the open-ended guiding questions of the study posed by the researcher to participants in an attempt to get them to share their life-stories in a sequential fashion. Because inarticulateness and unresponsiveness posed a challenge the researcher decided to adopt a more direct style of interviewing.

The semi-structured interview method was found to be more suitable for the purpose of the study. De Vos et al. (1995:296) noted that a semi-structured interview is useful when the researcher wants to gain a detailed picture of a participants beliefs about, or

perceptions or accounts of, a particular topic. The researcher in this study made use of two broad open-ended questions. This allowed space for the participant to share more and to introduce issues the researcher had not thought of. The participants were after all the experts on the subject and were thus allowed maximum opportunity to tell their story.

Flexibility was exercised in terms of ensuring that participants enter into the interview in their own way making it less ‘threatening’ to them. Some participants needed more time to warm up to the interview while others were able to go straight into talking about their lives.

The open-ended questions created an opportunity for participants to reflect on specifics in terms of “tik-addiction” and allowed them to focus on how they perceive the phenomenon, experienced it and make sense of it. Probing questions were used in order to explore feelings and behaviours associated with these experiences.

During the interviews the researcher made use of some interview techniques as suggested by De Vos et al. (2005:288-289) to ensure the smooth running of the interviews. The following techniques were put to use:

- Ask clear and brief questions.

Consideration was made towards the participants initial difficulty in responding (lack of responsiveness) to the guiding questions of the study and asked concise questions in words that made sense and easily understandable.

- Single questions were asked.

- Experiences were explored by asking more questions at times when what they wanted to convey was not fully comprehended.
- Key questions were repeated throughout the interview in order to focus the study. This was done in order to ensure that the researcher obtained the specific information that was required for the purpose of this study.
- Freedom of expression was encouraged but control was maintained. Although the researcher was flexible during the interview process and allowed participants to ‘derail’ at times. Participants were pulled back and redirected some of their questions, as found necessary.
- Pauses in the conversation were allowed. Silence was allowed to give participant an opportunity to think about what they wanted to add.
- At times the researcher had to return to incomplete points. The researcher at times had to tactfully urge participants to finish statements in order to help them to retain focus on a specific point.
- Creative allusions were applied, e.g. statements such as, “Some people have told me that they started using “tik” to escape from their family, what do you think of these statements?” this kind of question encouraged some of the participants to open up.
- In concluding the interview all participants were asked if they needed to add anything that they felt might be of importance.
- The researcher monitored whether the questions asked had any negative effect on the participants and in my conclusions probed whether they needed to be

debriefed with their social worker on issues that might have been upsetting for them.

According to De Vos et al. (2005:289) active interviewing is not only confined to posing questions and recording the answers but relies on mutual attentiveness, monitoring and responsiveness. During the interviews the researcher put the following communication techniques to use – para-phrasing, clarification, reflection, encouragement, comments, spurring, listening, probing and nodding when needed. All the above-mentioned techniques assisted the researcher with the interview process.

De Vos et al. (2005:290) discuss several pitfalls in interviewing of which the researcher experienced primarily one namely, stage fright. It seemed (through observing body language) that two of the participants initially felt uneasy with the idea of the tape recorder. The researcher observed whenever they spoke they leaned towards the recorder. As time progressed they became more relaxed.

2.3.4 Researcher reflexivity

In my dual role as researcher/clinician I became an integral part of this study. I agree with Carpenter cited in Hammell et al. (2000:13) when arguing that in such circumstances it is both impossible and undesirable to claim neutrality.’ Hammell et al. (2000:7) write that ‘the idea of neutral researcher is a fiction’. Conneeley (2002:185) argues that research could not be free from societal influences and values since society is not impartial and there is no way of neutralising subjectivity in qualitative research as

both researcher and the researched form part of the social world under investigation. The researcher's 'position' in society and the effect this has on the research are seen as important elements because the 'position' of the researcher will affect the research relationship as well as the nature of the data collected.

A process of self-reflection is thus of utmost importance. According to Hammell et al. (2000:113) reflexivity involves 'articulation of the deep-seated views and judgements that affects the research topic but also a full assessment of the influence of the researcher's background, perceptions and interest in the research process. Polgar and Thomas cited in Conneeley (2002:187) point out that reflexivity is a means through which rigour in research can be increased. This process of capturing and analysing subjective elements could result in deeper understanding.

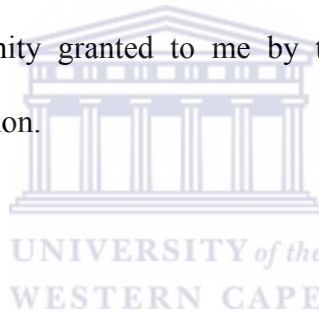
At times the researchers' role of researcher/clinician resulted in challenges similar to those described by Conneeley (2002:188-189). During interviews some of the participants expressed enormous sadness over specific elements of their life situation. I was at times tempted to address the source of their discomfort since I knew alternative mechanisms for coping with their difficulties were needed in order to work through their hardships and feelings. But I kept reminding myself that my role was not that of a therapist/clinician.

For some of the participants the interviews were emotional experiences especially when reflecting on negative consequences of 'tik-addiction' and more so in terms of family relationships. Some participants looked back on the struggle to kick the habit and seemed

proud of the achievement of staying clean for weeks. I experienced moments of sadness, as some of the accounts were very personal. At times I wondered whether participants ever expected that these interviews might evoke such strong emotions within them.

Initially the I told myself that I had extensive and proper interview experience but soon asked myself whether I was ‘doing it right’ this time around. At times I found myself feeling relieved when participants seemed ‘at ease’ with the interview process. I remained cautious not to project my anxieties on the participants.

My overall feeling experienced during the data collection process was satisfaction but also humility for the opportunity granted to me by these youngsters to deepen my understanding of this phenomenon.



2.4 Data verification

Creswell (1998:194) suggests that verification, in the context of qualitative research is “a process that occurs throughout the data collection, analysis and report writing of a study and set standards as criteria imposed by the researcher and others after a study is completed”.

Creswell (1998:201-203) highlights eight verification procedures and suggests that at least two of them be put to use in any given study. Two of these procedures were used and are reflected below:

2.4.1 Peer review or debriefing

This procedure provided for an external check by means of the thesis supervisor. Lincoln and Guba cited in Creswell (1998:25) refer to peer debriefing as a ‘devil’s advocate,’ who keeps the researcher honest. I was constantly aware of my ‘history’ with adolescents and kept a research journal to record personal thoughts, feelings and ideas, which were generated by, contact with participants, in order to become aware of any biases or preconceived assumptions. Thus a conscious effort to ensure trustworthiness was made. This allowed openness and honesty when challenging questions regarding methods, meanings and interpretations were posed by the thesis supervisor.

2.4.2 Clarifying research bias

Creswell (1998:202) suggests that right from the onset of the study the reader should have an understanding of the researcher’s position and any biases or assumptions that impact the inquiry.

The researcher was constantly aware of her extensive working experience in adolescent psychiatry and therefore had a strong awareness of the concept of reflexivity. Regular debriefing sessions were done with the thesis supervisor.

2.4.3 Reflexivity, as discussed in 2.3.4 was an important procedure employed for the purpose of data-verification.

2.5 Summary of the chapter

This chapter dealt with the methodology that was put to use in this study. It covered the qualitative approach, data collection the process and methods and data verification.



CHAPTER 3

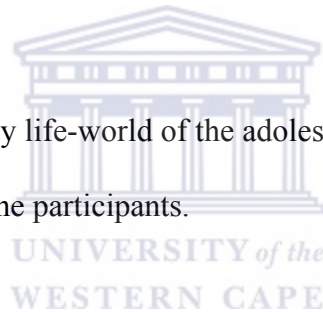
DATA-ANALYSIS AND DISCUSSION OF THE FINDINGS

3.1 Introduction

The primary goal of this study was to explore the life-world of the adolescent methamphetamine / “tik”-abuse in order to describe their perceptions and experiences of personal, social and environmental issues in the process of “tik” addiction.

For the purpose of this study two broad questions were put to use in a semi-structured interview. The questions were open-ended as to facilitate free flowing responses from participants. The following two question themes were put forward for discussion:

- Experiences of the family life-world of the adolescent “tik-abuser”.
- The “tik” life-world of the participants.



The data was analyzed thematically per question theme and followed by detailed discussion of all the themes and sub-themes that emerged. This chapter deals with the analysis and discussions of the research findings of this study. Existing published literature that shed light on the themes, were integrated into the discussion of the findings presented in this chapter.

3.2 Discussion of the findings

The discussion that follows will be based on the central themes and sub themes that emerged from the data. Findings of literature relating to these will be compared to findings of this study.

3.2.1 First question for discussion: *Experiences of the family life-world of adolescent “tik-abusers”*

The following themes emerged from the data analysis:

Table 1. Participants’ experiences of their family life-world

	Themes	Sub-themes
3.2.1.1	Family dynamics	a) Family structure issues
		b) Uninvolved parents
		c) Lack of communication
3.2.1.2	Experiences of physical and emotional abuse	
3.2.1.3	Financial struggle	
3.2.1.4	Substance abuse by family members	
3.2.1.5	Feelings about family life	

3.2.1.1 Family dynamics

Participants’ portrayed/narrated their family “life-world” as growing up in a one-parent family where the uninvolved or limited involvement of parents were characterised by lack of parental supervision and support and ineffective communication. They also reported exposure to domestic violence, substance abuse and poverty conditions.

a) Family structure

With the exception of one all other participants reported growing up with their mothers only. It is important to note that participants placed a strong emphasis on the fact that their fathers were absent and did not play a supportive role in their lives. They reported that parents were either not married, did not live together or were divorced.

“... my ma en pa... hulle was nie getroud nie... hulle het ook nie saam gelewe nie.”...

(“... my mom and dad... weren't married... they also didn't live together.”)

“Daar is nie 'n pa in die huis nie...”

(“*There is no father at home...*”)

The family structure includes extended family members like uncles, aunties, grannies and cousins. Some participants were also exposed to instability of living arrangements.

According to Ngobeni cited in Richter and Morrell (2006:151) “the family has never been a stable unit in South Africa.”

Amoateng and Richter (2003:3) state that the breakdown in family life in South Africa has been implicated in a range of social problems, including child abuse and neglect, violence against women, mental and physical ill-health, school drop out, crime and substance abuse especially among youngsters.

Ramphele and Richter cited in Richter and Morrell (2006:80) conclude that children and adolescents take cognisance of the fact “that it is not normal for parents to care little for one another or for their children.” They are also aware of disruption and disturbances and understand how poor family cohesiveness affects their families. Nor do they consider it normal for their fathers to be absent.

The quality of the home environments is of utmost importance in the lives of children. Children need adults preferably a mother and father who are constant figures, reliable, responsible and mentally healthy.

Boyd (1992:1) states that individuals who grow up in a dysfunctional family experience trauma and pain that is caused by their parents actions, attitudes and words. As a result of the trauma experienced they grew up changed and often different from other children. He states that they miss out on important parts of parenting and are often forced into unnatural roles within their families which might for example be due to the absence of a parent. Some individuals try to flee from the pain of their pasts by getting involved in alcohol or drug use/abuse.

Arnett (2001:215) points out that adolescents that grew up in never-married or single parent households are at great risk for a variety of problems which includes substance abuse. Ngobeni cited in Richter and Morrell (2006:147) states that there can be no confusion around the fact that the positive presence of both parents, father and mother have a huge impact on children especially on their emotional stability. The loss of a

father in whatever way always complicates the lives of their children. It is important to note that participants place a strong emphasis on the fact that their fathers didn't play a prominent role in their lives and that they were not around.

Richter and Smith cited in Richter and Morrell (2006:160) conclude that "difficulties surrounding separation, divorce and hostility between parents" sadden children. Living apart from a parent might be disturbing to some children depending on the quality time spent or contact with the father.

Overturf and Downs (2003:5) indicate that those children who live with two parents whether (biological, step, other or a combination thereof) are significantly less likely to engage in risk-taking behaviour like illegal drug-use.

Arnett (2001:215) proposes that adolescents who are brought up in never-married or single parent household as in the case of some of the participants in this study are at great risk for a variety of problems including substance abuse. He nevertheless admits that looking at family structure only in terms of parents can be misleading and states that there are many single parents that enjoy positive relationships with their adolescents. These relationships are characterised by mutual love, respect and support and that adolescent in these type of family structures often do as well or better than adolescents in two-parent families.

b) Uninvolved Parents

It was not so much the structure of their families but the level of involvement of parents in relation to support and communication that participants found to be significant. Participants were outspoken about the uninvolvedness of parents and especially their fathers in their lives. They explained their perceptions and understanding of involved parents as described in the following narratives:

“Hulle vul nie die rol rerigwaar as ’n pa en ma vir my nie...”

(“They don’t really fulfil the role of a dad and mom to me...” [referring to his uninvolved parents])

Referring to emotional support and communication participants declared:

“My pa is nie ’n pa nie, hy staan my nie by nie.”

(“My dad is not a dad, he does not stand by me.”)

“...hulle ondersteun nie.”

(“... they don’t support.” [referring to her parents])

“Dit sal nooit wees soos ’n ma en kind moet wees nie.”

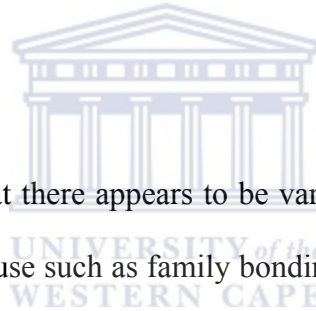
(“It will never be like a mother and child are supposed to be.” [referring to a mother-child relationship])

Referring to the physical absence of parents:

“Ek was mos elke dag alleen by die huis gewees.”

(“I was alone almost everyday at home.”)

Maccoby & Martin cited in Hetherington, Parke & Locke (1998:544) refer to uninvolved parents as individuals who are “indifferent to or actively neglecting their offspring.” They do whatever is necessary to minimise contact and meaningful interaction with the child and they fail to monitor the child’s whereabouts. Uninvolved parents are uncommitted to their parental role and they seem emotionally detached from their children. Adolescents whose parents are uninvolved are unlikely to take part in risk-taking behaviour such as substance abuse.



Anderson (2006:1) suggests that there appears to be various family system qualities that relate to adolescent substances use such as family bonding. “Family bonding refers to the extent to which families are involved with one another or meaningful and integrated unit, combined with the degree to which the family interacts with each other or outsiders (McCubbin et al cited in Anderson [2006:1]).

According to Mann (2003:2) “kids with low bonding to parents as in the case of uninvolved parents are more likely to get involved with narcotics and stimulants, even if they don’t hang out with peers.” When parents are uninvolved it ultimately means a lack of parental supervision and monitoring. A number of participants mentioned that their parents were mostly absent from home. Arnett (2001:410) states that parental monitoring

is the extent of parental awareness around the whereabouts of their children and what they are up to at any given time. He continues that parental monitoring is ‘one reflection of the control dimension of parenting’.

Overturf and Downs (2003:2) add that social science research indicate that the degree of parental involvement affects the behaviour adolescents display ‘primarily through monitoring behaviour on the part of parents.’ They further indicate that those parents who spend significantly more time supervising their offspring have less problems with children engaging in risky behaviour like substance use/abuse and that parental monitoring is an important correlate of adolescent risk behaviour. They indicate that boys and girls between ages 12-17 do engage in risky behaviours, but that parental influence in terms of the quality of the relationship and their monitoring can reduce the tendency to engage in high risk behaviour which can cause harm and lead to problems. Those who live with two parents are less likely to engage in risk behaviour like illegal drug use but monitoring by one parental figure can also reduce risky behaviour.

Muller, Richards & Duckett and the Carnegie Corporation of New York cited in Lerner and Brennan (1998) respectively point out that in the case where there is no parent at home whether at work or busy with other engagements there may be implications for youngsters simply because of unsupervised time. It is said that unsupervised time especially between 03:00pm and 08:00pm does represent a problem period for youth mainly because they do not spend their time profitably (ie. they ‘just hang out’ or they partake in high risk or illegal behaviours such as substance abuse during such times.

c) Lack of Communication

Various participants recall an inability to communicate openly as part of their family life-world experiences. As mentioned in the following narratives:

“Ek kannie, ek kannie praat saam met my ma... whatever op jou mind is... jy kannie daai by die huis doen nie.”

(“I can’t, I can’t talk to my mom... whatever is on my mind... you can’t do that at home.”)

“... ons het nie ’n verhouding nie, ons praat nie...”

(“... we don’t have a relationship, we don’t talk...”)

“Hulle het gevra, dan bly ek vir hulle lieg...”

(“They asked, then I keep on telling lies...”)

“Sy praat nie met my nie... ek kan haar gegroet het... my ma groet nie, niks nie.”

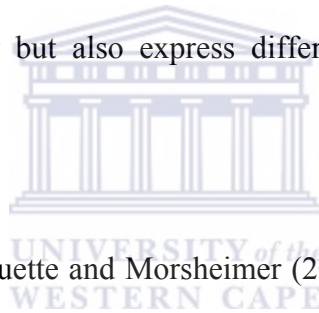
(“She doesn’t talk to me... I could greet her... my mom didn’t greet, nothing.”)

Frude (1991:371) writes that in families where members fail to communicate effectively problems often arise or impact more negatively on family functioning/life. She further states that a “breakdown in communication can create a state of uncertainty for individuals and may weaken the family system, damaging effects due to inhibition of

emotional expression, including parent-adolescent relationship difficulties and drug and alcohol problems.

Effective communication is of utmost importance to build cohesive, strong and healthy families.

Peterson (1999) notes that poor communication is associated with behavioural problems in children. According to them communication within families is important because it allows for the expression of members needs, concerns and wants. They further state that open communication bring about an atmosphere that enables members to utter their love and admiration for each other but also express differences. Through communication members can resolve problems.



Mc Gillicuddy, Rychtarik, Duquette and Morsheimer (2001) conclude that poor parental communication including high conflict with the adolescent and limited monitoring or keeping track are setting the stage for adolescence developing substance abuse problems.

3.2.1.2 Experiences of physical and emotional abuse

Physical and emotional abuse was another issue of concern raised by participants that forms an integral part of their family life-world.

De Genova and Rice (2002:440) refer to family violence as any harsh, boisterous, physical force or aggression or verbal abuse by one family member towards another.

They state that violence may or may not result in physical injury of the other person

or family member.

Donald, Lazarus and Lolwana (2002:267) state that parents that emotionally abuse their offspring engage in patterns of behaviour that are destructive to a child's psychological or emotional well-being. Acts include emotionally neglecting, negating, isolating, degrading/humiliating, rejecting/ignoring, terrorizing, ignoring and corrupting a child. Physical abuse is a more common form of abuse but it's consequences for a child's development remain serious. It involves a determination by parents or caregivers to physically harm the child mostly through beatings.

Various incidents of abuse occurred within the family. Experiences of abuse are related as follows by participants:

Physical abuse: “as ek iets klein doen word ek somme nou 'n groot pak gegee of geslaat met iets... en die klap wat ek kry aanvaar, hy is my pa.”
(*“even if I did something minor I got a huge hiding or was hit with something... and the smack I got I had to accept, he is my dad.”*)

“Hy het haar geslaan...”
(*“He hit her...” [referring to father hitting mother]*).

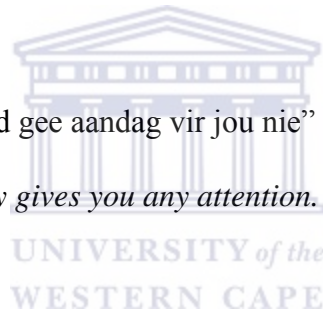
“...hy wou net 'n mens slaat”
(*“... he just wanted to hit a person.” [referring to his father hitting them]*).

Verbal Abuse: “... sy wil net skel, net skel... almal wil iets sê”
(“... *she just wanted to scold, scold... everybody wanted to say something.*” [repeated insults]).

Emotional Abuse: “Ek voel amper so, ek is ’n ‘slave’ in die huis... ek moet maar ‘obey’.”
(“*I almost felt, like a slave at home... I had to obey.*”)

“Toe besef ek hoekom was ek so gehandle gewees.”
(“*Then I realised why I was handled in that way.*”)

“Niemand gee aandag vir jou nie”
(“*Nobody gives you any attention.*”)



Mc Kendrick and Hoffman cited in Donald, Lazarus and Lolwana (2002:261) indicate that violence affects the South African youth and is a deep social concern. According to Levett (1994) cited in Donald et al. (2002:267) child abuse is a specific form of violence, which is disturbingly common. It has become a serious social problem in the South African society and take three different forms: sexual, physical and emotional. In this study participants have mainly focussed on two forms, ie. physical and emotional abuse as highlighted through earlier mentioned quotes. There is no universal accepted definition of emotional abuse but it is important to note that emotional abuse like other forms of violence in relationships is based on power and control. The authors concluded that

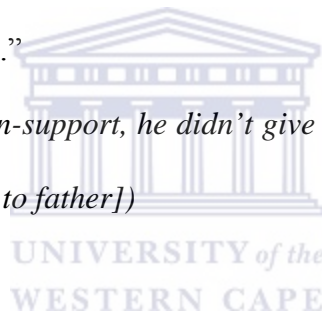
emotional abuse is the most hidden but most common form of abuse with the worst long-term effects on emotional development.

3.2.1.3 Financial struggle

De Genova and Rice (2002:439) point out that the consequences of economic distress on families are huge and wide ranging. Participants in the study described their experiences of fathers not supporting the family financially and their experiences of not having means for basic needs as follows:

“My pa het mos nie non-support betaal nie, en hy het niks gegee nie... doen niks... gee skaars ’n sent.”

(“My dad didn’t pay non-support, he didn’t give anything... did nothing... hardly gave a cent.” [referring to father])



Other participants reported that their parents were unable to meet their basic needs. It was explained in the following narratives:

“... as ek vir hulle iets vra dan is daar dan nooit...”

(“... whenever I asked them for something there never is...”)

“Somtyds gaan dit sleg by die huis, daar is amper nooit kos nie.”

(“Sometimes things are really bad at home, there’s hardly any food.”)

“... dinge gaan swaar by die huis.”

(“... *things are difficult at home.*” [participant referring to financial struggle])

Donald et al. (2002:239) indicate that children’s growth and development are stunted when living under conditions of poverty in particular youth in poor communities who tend to experience feelings of frustration, despair and anger which are contributory factors to substance abuse.

Morrell cited in Richter and Morrell (2006:22) notes that “for working-class and particularly unemployed fathers money and resources are scarce.” Some of these men cannot meet their children’s needs. Morrell further complains that the effect of apartheid is very evident in terms of the different positions fathers find themselves in.

Elder, Eccles, Ardel and Lord cited in De Genova and Rice (2002:439) argue that a study in which 429 inner-city families participated connected the effects of economic pressure on the emotional status of parenting behaviour of African American and Anglo-American parents.’ Suffering and strong economic pressure decrease or compromise the sense of parental competency and parents tend to become depressed and demoralized and loose the confidence to parent effectively.

Ramphela and Richter cited in Richter and Morrell (2006:79) found that fathers often abandon their families due to their inability to carry the responsibility of being primary

providers. They further state that the burden of failure becomes intolerable for the uneducated and unskilled labourers who lack the ability to generate enough income.

Richter cited in Richter and Morrell (2006:55) concludes that a father's ability to provide for his off-spring goes far beyond monetary support but it is 'linked to symbolic aspects of power and status, values relating to work, and connections to the wider community.

3.2.1.4 Substance abuse by family members

Another theme that emerged was negative role models of family members who engaged in substance abuse. It was explained in the following narratives:

“...toe gaan hy nog aan met sy dinge.... hy het drugs gebruik, buttons....”

(“... he continued with his behaviour... he used drugs, buttons...” [referring to his father])

“My uncle het drugs gebruik.... Hulle is gangsters.... Hulle kom uit dan wil hul ander deurmekaar maak.”

(“My uncle used drugs... They are gangsters... They come out of prison and want to corrupt others.”)

“My bloed broer hy het ook beginte die drug doen...”

(“My own brother, related by blood, also started using the drug...” [Referring to brother starting to use methamphetamine])

“Ek “tik” saam... saam met my nefies”

(“I “tik” with... with my cousins.”)

Hayes, Smart, Toumbourou & Sanson (2004:3) propose that parental substance use (as in the case of some participants) is a significant contextual predictor of the onset of adolescent substance use/abuse. In relation to this, Arnett (2001:410) writes that adolescents are more inclined to use illicit substances when one or more of their family members have a tolerant or lenient attitude towards substance use or use it themselves.

Anderson (2006:2) points out that a substantial amount of evidence; both theoretical and empirical support the direct associated connection between parental specific behaviours including substance use and adolescent substance use. There is thus a direct correlation between a family history of substance abuse and increase risk for adolescent use.

Engs (1998:2) indicates that adolescents from addicted and troubled families have the highest potential for drug abuse or use and that they often use drugs to acquire love and attention from their parents but also as an escape from intolerable home environments. This might be the case with some of the participants in this study.

3.2.1.5 Feelings about family life

Adolescents in the research indicated that they experienced feelings of depression and hopelessness due to the family issues previously mentioned in the thematic discussion.

Feelings described by participants will be discussed in an integrated manner, as they were a result of life challenges that participants experienced within their families before and after their involvement with 'tik.'

“Jy kry nie meer plak vir die lewe nie (lus nie meer vir die lewe nie)... dinge raak net al swaarder vir jou... ek weet nie hoekom gebeur al dié dinge met my nie. Dit was amper soos jou probleme vreet jou op... dan dink ek ‘ja wat’ die lewe was maar swaar hierso, dinge wil nie regsê nie. “tik” maar, “tik” maar jou lewe verby.”

(“You don’t enjoy life any longer... things are just getting too much for you... i don’t know why all these things are happening to me. It is almost like your problems are eating you up... it goes through my mind, life is difficult here, things don’t want to get better. “tik”, “tik” and your life will pass.”)

“Jy vertel jouself daar is niks vorentoe vir jou in die lewe nie. Wat is die use ek gaan nog skool, ek maak matriek klaar en ek is nog altyd niks.”

(“You tell yourself there is nothing in the future for you. What is the ‘use’ of going to school, finishing matric and I still remain a nothing.”)

According to Lebelle (2007:1 & 2) the depression can be described as a normal human emotion but also as a mental health illness. Depression is common in teens and depressed youngsters often encounter difficulties and problems at home. Depressed teenagers

usually have additional psychiatric disorders such as substance abuse problems and they abuse drugs as a way to feel better. These adolescents experience feelings of hopelessness and there is a tendency to feel that life is not worth living. They also ‘believe that a negative situation will never change and they are pessimistic about the future.

Beattie (2005) notes that common emotions associated with depression are the feelings of hopelessness, sorrow or being alone. He continues that ‘many interpersonal instances have the ability to lead to the onset of depression’ including the family environment and social setting. He further writes that the ambiance of a family has the most impact on the depressed family member. Chen & Rubin, (1995) and Asarnow et al. (1987) cited in Beattie (2005) conclude that parents of depressed children are experienced as less warm and caring and more hostile than parents of non-depressed off-spring.

Through participants narratives it became clear that there were an increase in negative emotions exchanged between participant and family members. As indicated in the following quotes:

“Ek praat terug met my ma-hulle... die respek was nie meer daar nie.”

“I back-chat my mom and them... the respect disappeared”.

“... ouma en aunty, dan skel hulle... dan vat ek nie eens ‘note’, hulle kan maar skel.” (Ouma en tante vervul moeder-rolle)

“... granny and aunty... then they scolding... then I don’t take notice, they could scold”. (Granny and aunty fulfill mother role)

“Ek het baie gevloek en verkeerde dinge vir haar gesê en vir haar kwaad gemaak.” (referring to conflict with mother)

“I swore a lot and said wrong things to her and made her angry”.

Disrespectful behaviour leads to negative interpersonal relationships between parents and their offspring. Children thus develop a negative image of their family. This negative view lead to an increase in conflict, arguments, rejection and low self-esteem.

Family problems are an integral part of the drug-abusing adolescent and have been linked to the initiation and maintenance of adolescent drug use.

3.2.2 Second discussion theme: the “tik” “life-world” of the participants

Table 2 reflects the themes that emerged from the discussion on participants’ experiences of their life-world in relation to “tik-abuse”

Table 2 The Tik life-world of the participants

3.2.2.1 Motivational factors for “tik” abuse	a) Community influences b) Peer group influences c) Experimenting d) Family life influences e) Motivational/addictive property of
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	the drug.
3.2.2.2 Consequences of Addiction	<ul style="list-style-type: none"> a) Family relationships b) Consequences related to friendships c) Consequences in relation to schooling d) Consequences in relation to the deterioration of personal health

3.2.2.1 Motivational factors for “tik-abuse”

a) Community influences

Participants reported that in their communities metamphetamine (“tik”) use is an everyday phenomenon. This drug is easily accessible and available. Gangsters, friends and merchants operating in these areas exposed them to ‘tik.’ The following statements reflect this:

“Die goed (referring to “tik”) was net vir my verniet gegee... My vrinne nou hulle is almal gangsters...”

(“It [referring to “tik”] was given to me for nothing... my friends are all gangsters...”)

“Ek het nog nooit met ‘gangsters’ geloop nie... en sulke goed nie... van daai tyd af toe loop ek sommer met die gangsters en so...”

(“I never involved myself with gangsters... and such things... since then [when using tik] I became involved with gangsters...”)

“...My vriend was ‘n merchant”

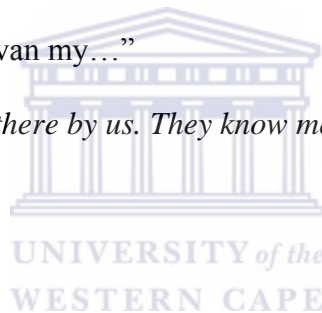
(“... my friend was a merchant.” [Friend exposed him to methamphetamine “tik”])

“Ek sien mos elke dag klomp mense daar in my gemeenskap wat “tik”...”

(“I everyday witness people using “tik” in my community...”)

“Ek ken al die merchants daar by ons. Hulle kan vir my daar in die Bokmakierie... hulle ken vir my, hulle hou van my...”

(“I know all the merchants there by us. They know me in Bokmakierie... they know me and they like me...”)



“Ons het gegaan tot by die merchants... my vrind is a merchant. As ek daar gekom het dan kry ek miskien ‘n pakkie verniet...”

(“We went there to the merchants... my friend is a merchant. Whenever I go there I get it [referring to “tik”] for nothing...”)

According to Visser (2003:58) trends indicate worldwide that when a country experiences general and drastic socio-economic and political change as in the case of South Africa, these changes usually reverberate within the sphere of risk-taking behaviour, eg. substance abuse. Various authors as cited in Visser (2003:58) state that

substance abuse is seen as one of the most significant problems related to the health and social dimensions within a community and that drinking and drug-related trends are used as general indicators of a community's quality of life. The World Health Organisation (WHO) cited in Visser (2003:58) estimated that the proportion of young people that use alcohol and drugs increase as the general level of intake among adults in the community grows. Engs (2006:2) argues that ghetto youth have powerful role-models for drug use.

Merten (2005) states that there is a "link between drugs and gang cultures." Bagdonas (2006:1) points out that gangsters play a crucial role in converting adolescents into "tik" users or addicts by exposing them in all possible ways to drugs. He further notes that hard drugs have to be imported but "tik" is easily available and accessible because it is manufactured locally which keeps the price low and the market low.

Desmond (2007) argues that drug lords and gang leaders take advantage of the high unemployment rate by creating job opportunities for those individuals "seeking a means to support their families financially." Merten (2005) further writes that gangsterism is a lucrative business and that the market for substances is a sustainable one.

One of the participants narrated as follows regarding his experiences related to the drug trade:

"...klomp mense werk met "tik" klomp mense verkoop net "tik"... dit gaan alles oor geld maak."

(“... lots of people work with “tik” lots of people sell “tik”... everything is about making money.”)

Bagdonas (2006:1) notes that drug dealing has become a business venture and thus a way of making money. Leading to gangs marketing “tik” aggressively in their communities.

One participant reported on how he was approached by gangsters to become a drug pusher as reflected in the following statement:

“...baie gangsters wat: ‘wil jy nie vir my daai drugs (refer to “tik”) verkoop nie?”

(“... lots of gangsters: ‘are you interested in selling that drug [referring to “tik”] for me?”)

“Hulle is gangsters hulle is agge en sesse... my een uncle... hy will my gebruik het... om drugs to verkoop”

(“They are all gangsters they are eights and sixes... my one uncle... he wanted to use me... to sell drugs.”)

Bagdonas (2006:1) further states that gangs establish inter-school networks to sell their drugs and go as far as getting school kids involved in becoming drug-pushers.

b) Peer pressure/need for acceptance and companionship.

Most of the participants in the study pointed out that peer pressure and the need for peer acceptance and companionship were strong motivators for getting involved with “tik” as indicated in the following extracts:

“Ek het vrinne gehet. Toe het hulle mos ‘getik’... toe force hully my. Dan sê hulle vir my, hulle het dan, rook saam”

(“ I had friends. They used “tik”... they forced me [to join]. They told me, they have (“tik”) ‘smoke with us.’”)

“Ek het beginte met die verkeerde vrinne... hulle het dit in my gedril.”

(“I joined the wrong crowd... they forced me into using ‘tik.’”)

“Ek was amper soos die main ene gewees... ek is net cool en wat-wat nou as ek tussen mense is wat weet ek gebruik drugs... ek is amper soos ‘n malletjie en doen dinge wat my kwaai lyk tussen hulle...”

(“I was almost like the main man... I am just cool and so on if I’m amongst people that are aware of my drug habit... I am almost like a mad person and do things that attract their attention...”)

“...toe gaan bly ek by my vrind... toe begin ek elke dag te tik.”

(“... I went to stay with a friend... then I started to use ‘tik,’ everyday.”)
(Participant decided to follow the friends’ habit.)

“Ons was net twee. Sê nou ek wil “tik” dan “tik” hy saam met my. Ons het alles saam gedoen.”

(“We were just two. Say for instance I want to “tik” then he will use [“tik”] with me. We did everything together.”)

“Ons was baie close, baie close. Hy weet hoe is my ‘attitude’ en ek weet hoe is sy ‘attitude’. Ons kan mekaar gelees het voor die tyd al. Ek koop sommer nou R100 se “tik” vir hom en hy koop nou R100 se “tik” vir my. So het ons mekaar gegee...”

(“We were very, very close. He was aware of my attitude and I was aware of his attitude. We could read one another beforehand. I will purchase “tik” worth R100 for him and he will purchase “tik” to the value of R100 for me. So we gave to another.”)

“Toe begin ek met S... operate... toe begin ons saam “tik”... dan begin ons te ‘koppel’. Toe begin ons net goeie vriende te raak... en “tik” was nou net part van onse lewe...”

(“I started operating with S... we started to use “tik” together... we started putting money together [to purchase “tik”]. We started to become good friends and “tik” became part of our lives.”)

Gouwe, Kruger and Burger cited in Moodley (2003:48) argue that once adolescents spend a considerable amount of time with their peer groups, peers assume an important role in the development of the adolescent value system. During the time peers take a greater importance and there is a shift away from parental influences.

According to Genius (2003) the lifestyles and the attitude of peers have an intense impact on adolescents. He notes that an article in a psychological journal claims, “One of the strongest predictors of adolescent behaviour is the perceived or actual behaviour of friends”. Zulu (2006:1) deduce that in some instances adolescents are “under extreme pressure and use drugs to prove that they are worthy friends or member of a peer group and in this way they try to buy social acceptance”. Negative peer influences can be very influential in making choices and engaging in behaviour that might be against the value of adolescent friends otherwise, but very often they are ‘coerced’ into using drugs because of their need to be accepted. Hoberg (2001:253) points out that adolescents “constantly seek reassurance and acceptance by peers.”

Papalia and Olds cited in Hoberg (2001:253) claim that the “herd instinct is strong in adolescence, as is the desire to be accepted by the crowd.” Genius (2003) states that the fear of being labelled or rejected often influences decisions and choices regarding engaging in certain activities. He further notes that adolescents often believe that they will own the respect of their friends and be viewed more favourably if they follow what is being perceived as a social norm, as in the case of substance use. This need for companionship, belonging, acceptance and approval becomes of utmost importance

during adolescence. According to Lebel (1999) people choose friends who perceive them positively, in a favourable light and who accept them. Everybody needs to feel connected to others who share interests, circumstances and attitudes similar to their own (Lebel, 1999).

McIntosh et al. (2006:276) deduce that the idea of adolescents being pressured into taking drugs by drug-using peers has been increasingly challenged by a body of research that has pointed out that the connection may be at least as much a product of peer selection than of peer influence and that it is important to take cognisance that adolescents tend to associate and connect with like-minded individuals.

According to McIntosh et al. (2006:275) a longitudinal and qualitative study was done with a sample of school children which aimed at exploring their drug related choices and experiences. In the past there was an assumption that one of the main reasons why youngsters use drugs was because of peer influence and that friends pressurize them into taking drugs. McIntosh et al. (2006:285) concluded that experimentation with drugs in adolescence is largely out of personal choice, and that youngsters are not necessarily coerced into drug taking but those who initiated drug use did so because they wanted to. McIntosh et al (2006:284) states that as children get older they might be more willing to confess that their drug taking result from personal choice. Younger children may have a greater need to sketch a picture of giving in to peer pressure or creating an impression that they were forced by peers to take drugs.

Hart & Hunt, Reed and Rowntree cited in McIntosh (2006:285) conclude that ‘peer pressure and influence are multi-layered concepts which subsume a variety of influence ranging from overtly coercive to the more subtle.’ In other words some adolescents might have been converted rather than persuaded.

c) Family life influence

Baron (1998:345) points out that a characteristic of adolescence is their sensation seeking nature and the desire to seek out intense experiences like experimenting with drugs or living dangerously. On this Engs (2006:3) states that the internal motivation for behaviour, as in the case of substance usage is usually ‘yes’ because a person really wants to do something for the excitement thereof.

Participants reveal through their narratives that they started using “tik”/methamphetamine as an escape from family difficulties and thus cope their negative emotions:

“Oor probleme... my pa wat uit die huis uit is.”

(*“Because of problems... my dad who left home.”*)

“...gebruik dit vir... huis probleme”

(*“... use it for... household problems”*.)

“Ek het klomp probleme gehad, dis al.” (Referring to problems at home)

(*“I had lots of problems, that’s all”*.)

“Ek voel miskien ‘n bietjie hartseer dan gaan ‘tik’ek... dan worry ek nie van daai nie...”

“I feel maybe ‘a little sad then I go and ‘tik’... then I don’t worry about that”.

(Participant refer to his difficulties at home)

Other participant made it clear that the use ‘tik’ to relieve stress and their unpleasant emotional state:

“Dit haal jou mind weg weg van alles af wat jou pla... hy haal jou mind weg van daai...”

(“It takes your mind off, off everything that bothers you... it takes your mind off that...”)



“Dit vat net alles jou stress weg en alles...”

(“It just take all your stress away, everything...”)

“...dan calm dit my down.”

(“... then it calms me down”.)

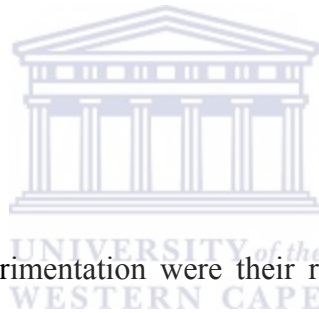
“Dit sit net vir my in ‘n lekker ‘cool’ plek...”

(“It just put me in a nice cool space...”)

“Jy worry van niks nie...”

(*“You don’t worry about a thing...”*)

Papalia and Olds (1989:535) claim that one of the reasons for individuals using drugs is to promote their happiness and to give a lift to their life. According to Scaffa (2001:325) drugs create a positive effect and a feeling of euphoria during times of emotional stress, and therefore is a powerful motivator for usage. Engs (1998:2) concluded that adolescents from dysfunctional or troubled families often use drugs to escape from their intolerable home environments. Warral-Clare cited in Zulu (2006:1) comments that “drug use might be due to stress, lack of parental guidance or parental ignorance and emotional vulnerability.”



d) Experimenting

Participants revealed that experimentation were their reason for getting involved with “tik” and for having an exciting time. These adolescents admitted that they started experimenting with this illicit substance out of curiosity.

“Ek was so ‘n laatjie, ek wou alles experience het.”

(*“I was that kind of boy who wanted to experience everything.”*)

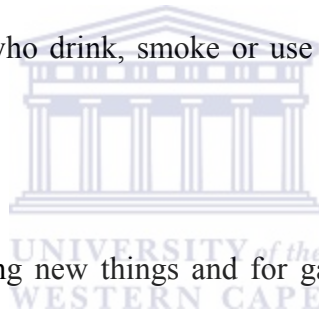
“...toe wil ek dit ook ‘try’.”

(*“... I also wanted to ‘try.’ [When he saw his friends using “tik”].*)

Referring to adolescent substance abuse Arnett (2001:403) indicates that the predominant need to experiment and “see what it is like” and the influence of peers in this regard are also widely recognised as major contributing factors to drug abuse. (Levinthal 1996:16; Bigner, 1998:378 & Arnett, 2001:404). Arnett (2001:403) also classifies some reasons as “medicinal” – to relieve an unpleasant emotional state, addictive – when becoming dependant to feel good physically or psychologically.”

De Miranda, Joubert and Rech cited in Pretorius (2002:12) stated that ‘substance use is a complex condition with multiple factors contributing to its development and maintenance.’

Erwee (2006:2) notes that friends mean the world to adolescents and the more time an adolescent spends with peers who drink, smoke or use drugs the greater the possibility that they will also experiment.



Adolescence is a time for trying new things and for gaining new experiences. Lebelles (1999:6) notes that experimentation with illicit substances can be perceived as a common phenomenon during this life stage. According to Arnett (2001:43) the most ordinary motivation used by adolescents when asked why they engaged in illicit drug use are: “to see what it was like” or “I was curious.” He therefore concludes that a substantial proportion of substance use in adolescence is thus experimental as also reflected in this study.

Adolescents are fun loving. Four participants admitted that they “tik” to have an exciting time. As put forward in the following statement, which indicate a strong need to feel free and have fun:

“Omdat dit lekker is, jy kan daai gevoel.”

(*“Because it is nice, you get that [nice] feeling.”*)

e) Motivational properties of the drug

The motivational properties of a drug is illustrated in the following statement by Bozarth (2006:2) when he states that if a drug is taken repeatedly over a period of time casual drug use develops. ‘Further use of the drug associated with more frequent drug administration, higher drug dosages and the use of more effective routes of administration can lead to intensive patterns of drug use. Continuously sustained drug use produce compulsive drug use where the substance has strong motivational properties and tend to govern the individuals behaviour.’

In relation to a question on reasons for continued use of “tik” participants describe their experiences as follows:

“dan pla enigiets jou dan hardloop jy sommer na daai drug “tik” toe...”

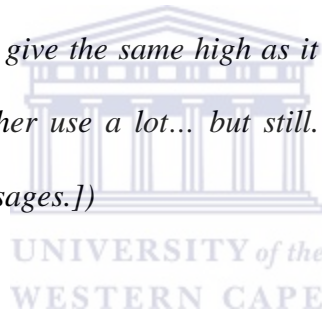
(*“when anything bothers you then you run to that drug “tik”...” [participants were always motivated to use ‘tik.’]*)

“Sodra ek... die geleentheid kry om te “tik” dan “tik” ek altyd... daar was nooit tye wat ek sê nee nie.”

*(“Whenever I got the opportunity to “tik” I did it... I never said no to it.”
[participant referring to more frequent drug use])*

“Alles gaan oor hoe lekker dit is... jou eerste keer is altyd jou beste keer as jy “tik” gebruik ... dit gee nie meer die ‘high’ wat dit die eerste keer gegee het nie, dit voel nie meer dieselfde nie. Jy moet ieder ‘n klomp... maar nog ‘once’ gee dit nie.”

(“Everything is about how nice it is... your first time is always your best when using “tik”... it doesn’t give the same high as it did the first time, it doesn’t feel the same. You must either use a lot... but still.” [the participant describes the need for higher drug dosages.]



One participant shared his feelings and experiences around the strong motivational effect of “tik” as follows:

“As jy begin aan ‘n drug vat... dis eerste drug wat jy gebruik is amper soos ‘n ketting, jy vat ‘n nog ‘n drug... nou as jy een keer vat, dan wil jy aanmekaar.”

(“If you start using drugs... the first drug that you use starts a chain reaction, you use another drug... if you use once, then you can’t stop.”)

According to <http://www.combacktreatment.com/addiction.html> drug addiction begins when an individual start relying on the ‘chemical’ (drug) instead of his character when facing the challenges of life.

It is further stated that people who are mature and responsible usually approach the rigors of life through effort and consistent personal willingness and they acquire skills and strength through their endeavors. For the drug addict “the drug becomes his all, his strength, his only friend, and the companion he chooses above all others.” This is illustrated through the following quote of a participant:

“Ja, amper dit is ‘n habit, soos hy gaan saam met jou (referring to the drug “tik”)

Amper soos dies nou my ‘partner’. Hy kom nou saam met my...”

(“Yes, its almost like a habit, he goes with you wherever you go [referring to “tik”].

Almost like my partner. He accompanies me...”)

While conducting the study the researcher kept asking herself why some people get addicted and not others. Researchers still have diverse opinions about the etiology of drug abuse. Larkin et al. (2006:207) propose that this can possibly be explained in one (or both) of two ways. Firstly that some people have an addictive personality and secondly that there is a genetic basis for addiction. Studies suggest that the addictive personality may be characterised by a range of factors which include: “sensation-seeking, novelty seeking, extroversion, certain arousal, emotional, locus of control preferences, obsessive compulsive disorder, influence of traumatic life events, learned behaviours, socialization,

general substance abuse or multiple addiction traits and sweet-liking.” However psychologists still need to determine what specific personality traits are linked to addiction. They further state that claims regarding a genetic basis of addiction rest upon the idea that some people are somehow biologically wired to become addicts but that theories surrounding it do not explain these notions clearly independently and adequately.

According to Valentine cited in Mc Neece and Dinitto (1998) there are various theories, which aim to explain adolescent substance use/abuse and an elaborate discussion of these theories, are beyond the scope of this study/ These theories are not necessarily one more ‘correct’ or superior to the other. Although individuals have certain preferences in terms of utilization of these theories, no single one adequately explains the phenomenon of substance abuse. There is however a tendency to focus on the broader theoretical categories namely: psychological, (eg. cognitive behavioural theories), biological (eg. brain dysfunction theories) and social learning models and socio-cultural theories (eg. supra-cultural).

A multi-causal model seems to be acceptable and useful to explain adolescent drug use (McNeece & DiNitto, 1998:32). This multi-causal model conceptualises the problem of substance abuse/dependence in terms of a reciprocal relationship or interaction between three factors namely: the agent (substance of abuse), the host (substance dependant person) and the social environment. The “host’ aspect refers to a person’s genetic composition, cognitive structure, expectations about drug experiences and personality.

The environment refers to social, cultural, political and economic variables that affect the use of substances and the resulting consequences.

3.2.2.2 Consequences of “tik-addiction”:

From the study it is clear that participants found themselves in a marginalized position. Van der Poel & van de Mheen (2006:45) point out that substance abuse accelerate the process of marginalization because social relations, sources of income and the health situation of these youngster are effected.

According to van der Poel & van de Mheen (2006:46) “marginalization refers to the process through which chronic drug users drift away from the core institutions of society.” They focus on three dimensions in the process of marginalization namely social relations, economic situation and health situation. Social dimension refer to the changing relationships between the drug-addict and his family and friends.

The economic dimension refers to the decreased involvement in regular labour market. (For the purpose of this study the focus will on schooling as an occupation for adolescents). The health component involves the deterioration of personal health.

In terms of social relations the researcher will specifically focus on the consequences of tik-addiction in relation to family and friends.

a) Family relationships:

According to Mc Gillicuddy et al. (2001) parents and their adolescent offspring often get into a vicious cycle of adolescent substance abuse followed by: various efforts from the parents to stop the substance abuse as described in the following quotes:

“My ma het vir my gesê: ‘Moenie dat ander vir jou onder clutch hou hier buite nie.’”

(“My mom told me: ‘Don’t let others dictate to you on what to do out there.’”)

“Dan loop hulle so agter my aan: ‘Sit jy al weer daar agter, “tik” jy al weer by daai mense?’”

(“Then they follow me: ‘are you again sitting there at the back, are you again using “tik” with those people?’ [Referring to mother and aunt following her in an attempt to ensure that she abstain from “tik”]).

This is usually followed by more adolescent substance abuse and acting out behaviour as indicated in the following narratives:

“As my mense met my gepraat het dan wil ek nooit gehoor het nie... ek wil net my grootmens gewees het. As hulle sê kom vroeg in dan wil ek môre oggend ingekom het... ek het baie gevloek en verkeerde woorde vir haar gesê en vir haar kwaad gemaak, wat ek nie moet gedoen het nie.”

(“Whenever my family spoke to me [referring to family encouraging him to quite the “tik” habit]. I never gave them a hearing... I just wanted to be an adult. If they tell me to come in early then I came home the next morning... I used to swear a lot and used foul language when I spoke to her [referring to mother] I used to annoy her which I shouldn’t have done.”)

Mc Gillicuddy et al. (2001) further stated that parents eventually feel increasingly unable to cope with their teens and with their own personal emotions because they cannot stop the substance abuse problem. Sometimes parents just give up, this ultimately leads to further instability within the family by creating more parent-child relationship difficulties. Participants pointed out that they experienced rejection in their interaction with parents as expressed in the following quotation:



“My ma-hulle stoot my weg... sulke goete. Veral my ma-hulle uitgevind het ek “tik” was hulle different met my.”

(“My mom and them pushed me away... [reject me] and so forth. Especially when my mom and them found out that I “tik” ... they were different towards me.”)

“Hulle het my verstoot... amper nou soos jy is ‘n ‘druggie’ hulle verstoot jou in ‘n klomp ‘ways.’ Toe hulle uitgevind ek “tik” toe gooi hulle my weer uit die huis uit.”

(“They rejected me... seeing me as a ‘druggie’ they rejected me in many ways. When they found out that I “tik” they threw me out.”)

It has been said that adolescents can become ‘depressed’ if they experience supposed rejection. If they feel that individuals respond negatively to their search for acceptance and reassurance and reject them, it confirms possible beliefs that he/she is unworthy as a person (www.personalityresearch.org/papers/beattie.html)

Other participants indicated that their parents became distrustful in their interactions with them as the following quotes illustrate:

“Ek wil net hê hulle moet my weer trust... sy trust my, sy trust my glad nie (referring to mother). Al sê ek waar, my ma... my ma sal sommer kom kyk... ek rerig daar.”

(“I just want them to trust me again... she doesn’t trust me, she doesn’t trust me at all [referring to mother]. Although I tell her where I am... my mom... my mom will come check... whether I am there.”)

“Dan sal my ma sê: ‘Jy lyk al weer nie lekker nie... jy lyk so anders, wat “tik” jy al weer?’ Ek weet ek “tik” nie.”

(“Then she will say: ‘You again don’t look well... you look so different, are you again using “tik”?’”)

“Hulle dink sommer jy gebruik die goed (referring to “tik”) dan gebruik jy dit nie eens nie.”

(“They think you are using the stuff [referring to “tik”] when you are not even using.”)

“... hulle bedink my te veel omdat ek “tik”... hulle blame my vir goed wat wegraak.”

(“... they always suspect me because I “tik”... they blame for stuff that disappear.”)

“Hulle kyk net as iemand nou na my toe kom met ’n lolli, dan sal ek vat, daar is niks trust nie.”

(“They just think that if somebody approaches me with a lolli, I will take it, there is no trust.”)

Participants also reflect on emotions like disappointment and sadness that parents experience while they were using “tik”.

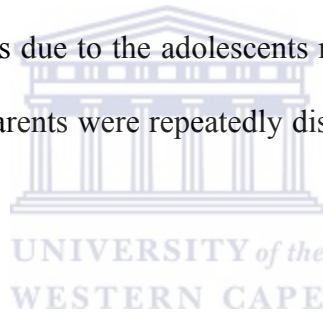
“Sy was heeltemal disappointed... so hartseerig. Ma ma dink van my die hoogste... ek is amper, vir haar, is ek die hoogste van almal. Sy kyk op na my toe. Nou ‘obviously’ gaan sy disappointed wees.”

(“She was so disappointed... so sad. My mom thinks I’m the best... to her I’m better than the rest [referring to siblings]. She thinks high of me. Now obviously, she will be disappointed in me.”)

“Ek het hulle baie seer gemaak... as hulle sê: ‘kom vroeg in’ dan wil ek môre oggend ingekom het. Daai het hulle hartseer gemaak.”

(“ I made them really sad when they told me: ‘come home early’ then I went back home the next morning... that made them heart-sore.”)

Arnett (2001:197) states that adolescents are not billiard balls who move in the direction they are propelled by parents. It is important to take cognisance that they have their own personalities and desires that they bring into the parent-child relationship. Adolescents evoke certain behaviours in their parents like mentioned in the quotes above and some parents tend to become more authoritarian in their interaction with their adolescents. Their responsiveness diminishes due to the adolescents repeated violations of their trust. As found in this study where parents were repeatedly disappointed by their drug-abusing teens.



In conclusion Arnett (2001:197) writes that parents tend to have beliefs about what they think is best for their adolescent children and these beliefs are expressed through their behaviour towards their children. He continues by saying that parents’ behaviour is also affected by their children’s behaviour towards them. There are thus bi-directional effects between parents and children. Arnett (2001:197) states that ‘parents whose attempts to persuade their adolescents through reasoning and discussion fall on deaf ears may either demand compliance or give up trying by becoming emotionally detached and even hostile.’

b) Consequences related to friendships:

The majority of participants described that they had initially tried “tik” based on suggestions from friends. They all reported that their first “tik” experience was in the company of friends that were ‘users.’ “tik” started forming part of their lives and they used it when hanging out together. They reported enjoying the effects of the drug as illustrated in the following narratives:

“Voor ons (vriende) enig-iets gedoen het moet ons ‘getik’ het... soos jy gaan miskien pad toe dan sal jy gaan “tik”... lekker time, lekker...

(“Before we [friends] did anything we had to “tik”... for example if we go out then you first “tik”... nice time, nice...”)

Two participants reported a change in the way ‘user’ friends related to each other as they become more & more addicted as pointed out in the following quotations:

“Ons (vriende) het gestry onder mekaar... vrinne... oor die goete “tik”... hulle (vriende) sal nie die ander (vriende) gee as hulle nie het nie (verwys na “tik”).

(“We [friends] argued with one another... friends... it was about “tik”... they [friends] won’t share [refer to “tik”] with those who don’t have [tik].)”)

These quotes are suggestives of the changing nature of ‘user’ friendships in terms of interaction. Initially “tik” use had a social dimension. It was about togetherness, sharing and having fun while enjoying the drug. But as time progressed it was more about the self and nothing was given away. Van der Poel and van de Mheen (2006:49) write that

‘contact with friends become more functional because the positive effects of the drug disappear quickly and to get to the same high more of the drug must be used quickly.’ Scaffa (2001:325) concludes that the drug become the users most important friend and companion.

The participants in the study had friends and acquaintances mostly within the “tik”-drug scene but a few reported on socializing with non-users or people outside the scene and narrates as follows:

“Ek het twee different (tipe) vriende wat ek het, een wat onse pad by wat ekke mee beginte “tik” het en ander wat in 5 de laan bly, nou hulle doen nie drugs en sulke goed nie.”

(“I have two different [types of] friends that I have, one that are staying in my road with whom I started to “tik” and others in 5th avenue who don’t do drugs and such things.”)

McIntosh et al. (2006:275) reported on a longitudinal study done with 92 ‘at risk’ children aged 10 – 12 years at the first time of contact with follow-up interviews administered at yearly intervals for a period of two years. The aim of the larger study was to assess pre-teenage schoolchildren’s attitudes towards illegal drugs and their experiences with them.

In the study non-users (friends outside the drug scene) reported that they felt able to keep company with friends who were using drugs without feeling pressured to join, threatened or uncomfortable in any way but their were limits to their tolerance. McIntosh et al. (2006:283) state that their tolerance was almost entirely confined to cannabis and that a big proportion of the children said that they don't want to be associated with people who use illegal 'hard' drugs mainly because of two fears:

Firstly, there was a concern that users behaviour could become unpredictable and dangerous and involve activities such as stealing and vandalism and that they would together with the user be implicated.

Secondly, they were scared that they might be condemned by association in the eyes of their parents and other authority figures if it became known that they were mixing with a crowd that is into 'hard' or 'serious' drugs.

It is important to take cognisance of the significance of the findings of the study since it might also be applicable to participants of this particular study in terms of declining connectedness between them and non-user friends.

A number of participants were involved in criminal activities, eg. theft and robbery from family and others as well as drug dealing in order to support their habit. Various participants reported that they encountered problems with the law as described in the following narratives:

“toe druk ek en my twee vrinne saam toe kom daar 'n saak...”

(“I operated with my two friends, a case was laid...”)

“Toe ek ‘getik’ het toe vang die boere my... toe stry ek met die boere.”

(“While I was busy ‘tikking’ the police caught me... there was an argument between me and them.”)

“Die dag toe ek my eerste saak gevang het... ’n’crime commit’ het.”

(“The day when I committed my first crime.”)

Kyle and Hansell (2005:4) state that crime and police activities have increased tremendously. There is a growing number of people who use methamphetamine (tik) and thus a growing number of people who become addicted to it. Police involvement also grew since methamphetamin (tik) users commit various crimes while under the influence of the drug in order to support their habit.

c) Consequences in relation to schooling:

School and educational activities are suppose to take up a big part of the adolescent life. Arnett (2001:317) argues that adolescents ‘academic achievements tends to be worst when they have indifferent parents (low levels of demanding and responsiveness) and that these parents’ awareness of what their offspring are doing in school and in the time spend outside school are limited. These adolescents ‘have the lowest estimation of their abilities, the weakest engagement to school’ as well as the poorest grades [Steinberg cited

in Arnett (2001:316)]. More so when a child is involved with drugs like “tik” that influence his performance on all levels.

In relation to a question on the adolescent “tik”-abusers life-world experiences in terms of schooling the following responses emerged:

“ek het laasjaar somme gedruip om ek “tik” gebruik het... ek moet geslaag het, maar ek is nie kwaad nie, want ek het geweet wat ek aanvang. Daai weghardloop... gaan huistoe... bly somme 2-3 dae by die huis (onder die invloed van “tik”)... as ek miskien geleer het dan dink ek ‘hell’ ek kan nie eers iets meer leer nie, omdat ek nie “tik” in my system het nie.”

(“I failed last year due to my “tik” habit... I should have passed, but I’m not angry because I know what I did. Running away from school... going home... staying away from school 2-3 days [under the influence of “tik”]... when I studied I use to think ‘hell’ I can’t do it because I don’t have “tik” in my system.”)

“In die skool tye dan doen ek dit”

(“I use to do it during school-hours.”)

“Ek het nooit skoolwerk gedoen nie. Wil net drugs gedoen het. Nooit na klasse toe gegaan nie, somtyds nie skool toe gegaan nie... by my vrinne se huise gelê.”

“I didn’t ever do my school-work. Just wanted to do drugs. Never attended classes, sometimes I didn’t go to school... hanging-out with friends.”)

According to the American Academy of Child and Adolescent Psychiatry (2006:1&2) drug use is associated with a variety of negative consequences including poor judgement, decreased interest in school, negative attitude towards school, many absences, truancy, drop in grades, school failure and dropping out of high school.

Ragsdale (2006:4) notes that methamphetamine has a significant impact on the ability of youngsters to learn, remain in school and graduate which in the long-term impact on their ability to secure and sustain gainful employment. One of the major life roles of an adolescent is that of a scholar. According to Christiansen and Baum (1997:54) roles are defined as recognizable positions within society, each role has a defined status and specific expectations for behaviour.” They write that it affects the development and personality of individuals through strong social approval when it is enacted successfully, but sanctions are just as strong when expected roles are not met. They further note that roles involve the performance of occupations (the ordinary, familiar things that individuals do daily) and that occupations have a purpose in that it provides structure to the existence of human.

In South Africa schooling is compulsory for children age 7 (grade 1) up to age 15 (or completion of grade 9)

[http://www.southafrica.info/ess_info/sa_glance/education/education.htm]. School is thus

a normative experience. Arnett (2001:300) states that adolescents have to succeed in school in order to learn how to prepare themselves for work in the future but that school also prepare them for citizenship with the end goal of producing a ‘well-rounded’ person.

The American Psychiatric Association cited in Scaffa (2001:321) define substance abuse as ‘a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances, such as failure to fulfil major role-obligations at work, home or school as in the case of participants of this study.

Clark et al. cited in Scaffa (2001:325) argue “whereas some occupations and patterns of occupation are health promoting, others may be health compromising” as in the case of doing/using substances. As the person becomes more addicted, engaging in occupations other than using drugs becomes severely restricted and when the individual is stoned, ‘the person fails to enact intentions for doing other important tasks and activities like attending to schooling and educational activities as in the case of most participants. Scaffa (2001:325) notes that the drug user becomes so focussed on maintaining the euphoria associated with using substances that using becomes everything to the detriment of all other occupations. He continues that the seductive ability of the drug is a strong motivator for engaging in drug-using types of occupational behaviour and eventually the day becomes organized by habits that are associated with drug use. More and more energy is put into activities that are aimed at sustaining the drug habit and this results in a lack of interest in other areas of life.

d) Consequences in relation to the deteriorating of personal physical, social and emotional health.

On a question posed to establish how “tik” affected their health, participants reported a variety of life altering complications and mentioned that “tik”-use changed them both physically and emotionally as well as their social behaviour.

Most participants reported a variety of physical side effects from their continuous “tik” use as illustrated through the following quotes:

“...ek was dik gewees en ek het sommer maer geraak.... Dit (“tik”) maak jou maer, maer... en jou maag kry daai, krampe, amper soos “appendix”, amper soos daai (tik) wil uitkom, jy kry daai krampe.”

(“...I used to be fat and I went thin... the “tik” makes you thin, thin... and your tummy gets those cramps, almost like appendicitis, almost like it [“tik”] wants to get out, you get those cramps.”)

“Ek eet nie lekker nie, my slaap is nie meer dieselfde nie... draai heelnag in die ronte. ‘n ‘sound’ in my kop in wat heelyd... amper soos ‘n ‘buzz-effort’, amper soos bye. Jou hart klop vinnig jy slaan miskien puisies uit van die “tik” as jy opgehou het.

(“I have difficulty eating, my sleeping patterns are not the same any longer... I turn-around throughout the night. A sound in my head... almost like a ‘buzz-effort’, almost like bees. Your heart rate increases, pimples develop when you stop using the ‘tik.’”)

In response to a question posed to participants regarding the psychological/emotional effect that “tik” had on them they reported the following:

“Tik maak jou so ‘n emotional mens... jy raak somme nou ‘sad’.”

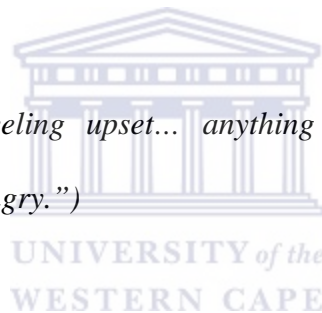
(“Tik change you into an emotional person... it makes you feel ‘sad’.”)

“Tik verander hoe ek is... amper soos ek is diep skelm... ek was ‘selfish’... dit maak jou selfsugtig.”

(“Tik changed me... you could say I was a crook... I was selfish... it made me selfish.”)

“Tik maak dat jy jou vererg... ek vererg my vir enigiets... jy is aanmekeer kwaad... kwaad.”

(“Tik leads to you feeling upset... anything becomes upsetting... you are continuously angry... angry.”)



Regarding change in their social behaviour they reported as follows:

“Dit maak jou ‘stront’ in die lewe.”

(“It creates ‘shit’ in your life.”)

“Daai (verwys na “tik”) het gemaak dat ek altyd terug praat... onbeskof. Dis amper soos wyn, wyn maak jou mos ‘n ombeskofte mens”

(“It [refer to “tik”] made me back-chat... rude. It is almost like wine, wine turns you into a rude person.”) *[Aggression]*

“Ek het al ‘n mes ook gehad vir my suster... jy bakleie, baklei...”

(“ I had a knife to stab my sister... you fight, fight.”)

[Violent Behaviour]

“Ek het baie gepraat ‘irritating’ gewees... onnodige goeters gepraat... dan praat ek meer as wat hulle praat... as jy “tik” praat jy lekke klomp goete saam met vrinne.”

(“I talked a lot and was irritating... spoke unnecessary stuff... I spoke more than them... if you “tik” then you converse more with your friends.”)

[Irritability, repetitive and incessant talking]

Methamphetamine stimulates the central nervous system by triggering the release of epinephrine, norepinephrine and dopamine in the sympathetic nervous system. According to Kyle and Hansell (2005:6), when taken in large doses, it modifies the behaviour of the users and it changes brain function after prolonged use. It has been known to cause heart failure, brain damage and strokes. It is responsible for psychological changes that can cause anger, panic, paranoia, hallucinations, repetitive behaviour, confusion, jerky or flailing movement, irritability, insomnia, aggression, incessant talking and convulsions. Plüddemann et al. (2005:1) points out that those users may also experience respiratory effects. They further states that lengthy use can also result in weight loss/anorexia and severe dermatological problems. Long-term use may increase the risk of sexually transmitted disease due to shared injection use or risky sexual behaviour. It seems logical to conclude that the adolescent “tik” abuser becomes involved in a “life-world” that needs to be explored in order to plan effective interventions.

Regarding acute intoxication and/or overdose Plüdderman et al. (2005:1) point out that specific respiratory effects include decreased lung capacity, pulmonary hypertension and edema and increased respirations whereas cardiovascular effects include abnormal rapid heart beat referred to as tachycardia and arrhythmias as well as increased heart rate and blood pressure. They further state that users run the risk of overdosing, characterized by convulsions, dehydration, renal failure, hypothermia, strokes and myocardial infarctions.

Huddleston III (2005:2) states that post use responses include cognitive impairments such as confusion, memory loss and boredom. He further writes that mood swings are very common with users and that they can become unpredictable in that their demeanour changes rapidly from friendly to hostile. The drug induces violent and erratic behaviour in some users and they might become violent in response to what they perceive as a threat. They demonstrate paranoid and might seem fine one moment, only to become agitated the next. Due to drop in energy and mood, addicts may sleep for several days and after waking they may experience severe depression that can continue over weeks or longer. Because “tik” is a stimulant it produces a positive feeling in users initially but as the effect wears off the user is left with opposite feelings.

3.3 Systems theoretical perspectives in relation to findings of this study

When comparing published literature to the findings of this study the systems theoretical perspectives most relevantly pull together these findings. According to Christiansen and Baum (1997:40) general systems theory has developed from endeavor's to identify general phenomena which are common to living organism in order to formulate some

theories from observing those phenomena. According to Hetherington and Parke (2002:23) children and adults not only function in different settings that is home, work, school but also in broader contexts like communities and societies. They indicate that theorists like Erikson reported on the “the effects of social and cultural surroundings on the developing individual.” They further state that Bronfenbrenner’s Ecological theory emphasizes the importance of not only understanding the relationship between the organism (in this study the adolescent) and the various environmental systems such as the family and community, but also the relationship between the environmental systems themselves.

According to Bukatko and Daehler (1995:61) Bronfenbrenner’s ecological systems theory stresses the limitless range of circumstances individual children encounter as well as the consequences for their development and effects upon the child. In the research study the focus is on the adolescents encounter with methamphetamine/ “tik”.

Bigner (1998:99) points out that Bronfenbrenner extends attention to give different or separate but related environmental settings in an attempt to explain how a person is influenced in “his/her development, how relationships function, and how interaction take place”. He continues by saying that an individual is placed in the middle of a set of environments in which he/she is actively involved in direct interactions with other people and other environments. The first environmental setting the person interacts in is referred to as the micro-system and it includes environments made up of family, peers, school or neighbourhood.

The second is the meso-system, which encompasses the micro-system. It is concerned with the relations between the different settings within the micro-system as mentioned above for example; the family has interactions or a relationship with the peers of one of their family members such as a child. The child's relationship with his/her peers is influenced by what is happening within the family and vice versa. The exosystem make up their wider context. The individual, in this case the adolescent, does not assume an active role but is however influenced. An exosystem may represent the work setting of the parent. Say for instance the parent is required to work longer hours or shifts. The quality of the parent – child interaction and time spend together will be affected accordingly. And this might impact negatively on their relationship.

The broader context is referred to as the macrosystem and embraces all the other systems. According to Bukatko and Daehler (1995:61) the macrosystem includes things like 'major historical events, spiritual and religious values, legal and political practices, ceremonies and customs shared by a cultural group'. Visser (2003:58) states that if a country is undergoing socio-economic and political change as in the case of South Africa it is usually re-echoed through risk-taking behaviour of which adolescent substance abuse is an example.

3.4 Summary of the chapter

The content analysis indicated that the life-world experiences of adolescent "tik"-users are related to various factors including individual factors, relationship to family and peers

as well as the community participants reside in. The study suggests that family problems are linked to the initiation and maintenance of adolescent “tik”-use/abuse.

In the communities that participants reside in “tik” is easily accessible and available and thus is an everyday phenomenon. For the gangsters in these areas drug dealing has become a lucrative business and they expose these youngsters in all possible ways to drugs. Friends are very important to adolescents and some participants were overtly and others subtly coerced into taking “tik” while others reported that they started taking drugs because they wanted to and that friends were not to blame. Eventually participants became addicted and this resulted in various negative consequences. Family relationships further disintegrated, contact with friends became more functional because “tik” now became the ‘friend’ and school functioning deteriorated, as there were an increase in truancy and absenteeism, which often resulted in school dropout. Adolescent activities were now organized around obtaining “tik” and sustaining the habit. Participants also struggled with their personal health and experienced various physical and psychological challenges. Some participants encountered problems with the law. These adolescents became a threat to themselves and those around them.

CHAPTER 4

SUMMARY, CONCLUSION AND RECOMMENDATIONS

4.1 Introduction

The overall goal of the study was to enhance the understanding of the personal and social life-world of the adolescent “tik-abuser” as experienced by participants in this study by means of a qualitative exploration.

The research question for answering by this study was:

“What do the experiences of participants in this study reveal about the personal and social life-world of the methamphetamine (“tik- abuser”)?

This chapter will provide a summary of the findings that emerged from the research process and conclusion and recommendations will be presented.

4.2 Summary and conclusions on research findings

The findings of the analysis reflect that participants experienced an unstable family life, which left them with feelings of hopelessness, and depressive symptoms or low mood. These feelings most probably made them more vulnerable to peer-group influences and the likelihood of engaging in abusing of ‘tik’ due to their need for acceptance and companionship. The community influences, and most importantly the availability of addictive substances, play a major role in exposing them to “tik” but also in sustaining the habit once they were hooked.

The findings are summarized in relation to the major themes that were explored.

4.2.1 Experiences of the family life-world

4.2.1.1 Family dynamics

Participants grew up in diverse family structures. All with the exception of one reported growing up with a mother only. Fathers were mostly absent and uninvolved and did not play a supportive role. Family structure also included extended family members. Participants mentioned that family members had difficulty communicating effectively.

4.2.1.2 Experiences of physical and emotional abuse

Participants grew up in families where they witnessed and experienced the impact of domestic violence. They experienced being abused themselves more specifically physical, verbal and emotional abuse. These incidents sadden participants and lead to them feeling indifferent and powerless.

4.2.1.3 Financial struggle

Most participants experienced a financial struggle for survival of their families to the effect that basic needs were often not met. These conditions often evoked feelings of deprivation within youngsters.

4.2.1.4 Substance abuse by family members

Family members were perceived as negative role models with regards to substance abuse and some participants reported being introduced to “tik” by family members.



4.2.1.5 Feelings about family life

This theme shed light on participant's feelings about their family life-world experiences prior and after "tik" addiction. Challenges within family relationships seemed to have resulted in feelings of hopelessness and depression.

4.2.2 The "tik" life-world of the participants

The theme focused on the "tik" life-world of participants. Findings are summarized according to the themes that emerged in the data-analysis, namely: motivational factors for "tik" abuse and consequences of addiction.

4.2.2.1 Motivational factors for "tik" use

a) Community Influences

Participants resided in communities where "tik" is an everyday phenomenon and so is the reality of gangsterism and drug lords who expose youngsters to this stimulant "tik". The drug is easily available and accessible since it is produced locally.

b) Peer group influences

Some participants reported that peer pressure/influence led to them getting involved with "tik" while others reckoned that the need for acceptance and companionship was an important motivator.

c) Experimenting

Participants acknowledged that experimenting with peers was a strong motivational factor for getting involved with “tik” use.

d) Family Life Influences

Escape from family difficulties to relieve unpleasant emotional states was reported as another consideration for starting to use “tik”.

e) Motivational Addictive Property of the Drug

It was clear that participants got caught up in the chemical addictive effects of the substance for continued use. Participants’ reported classical symptoms of drug addiction, from the first casual drug use, to more intensive patterns of use, which eventually produced compulsive drug use and addiction.



4.2.2.2 Consequences of addiction

The negative changes in their offspring in terms of personality and behaviour after getting involved with “tik” evoked negative responses from parents that created even more disruption within the family. Friendships with peers became more dysfunctional because the “tik” became the adolescent drug-addict’s most valued friend. The abuse of “tik” impacted negatively on schooling. Truancy and the inability to concentrate and focus resulted in low grades and dropping out of school. There was also deterioration in personal health and well-being. “tik” users/abusers became a threat to themselves and those around them.

In **summary** the content analysis indicated that “tik” abuse of participants were related to family dynamics. Their experiences of not feeling good within their family environment led to feelings of hopelessness and depression (low mood). These feelings made them vulnerable to community and peer group influences and subsequently they started experimenting with “tik”/methamphetamine in an attempt to combat or escape negative feelings. Others reported that curiosity was also a big motivational factor for getting involved with “tik”. Eventually they became addicted to this stimulant and through their attitudes and behaviour they became a danger to themselves and society.

4.3 Summary and conclusion on literature consulted

This research indicated that adolescent substance abuse is multi-causal as found in earlier studies by Valentine cited in Mc Neece and Di Nitto (1998:23). The findings of this study is thus in line with what literature states around this phenomenon. The study indicates that there is an interrelatedness or interconnectedness between adolescent experiences of their families, communities that they reside in, peers that they relate to and risk-taking behaviour, ie. “tik”-abuse/use. Individual risk factors like curiosity also play an important role as pointed out by Liddle (2007). Literature related to the themes that emerged from the findings was discussed in chapter 3 and a summary of related literature follows.

4.3.1 Experiences of the family life-world of adolescent “tik”-abusers.

4.3.1.1 Literature on the following sub themes: family dynamics, substance abuse and ineffective communication will be discussed in an integrated manner. The study

reflects that family factors do matter. The findings of this study correlates with Szapocznit and Coatsworth (1999) summary of the family profile of a drug-abusing adolescent as mentioned below:

- Parental drug use or other antisocial behaviour.
- Parental under-or over-involvement with the adolescent.
- Parental over- or under-control of the adolescent.
- Poor quality of parental-adolescent communication.
- Lack of clear rules and consequences for adolescent behaviour.
- Inconsistent application of rules and consequences for adolescent behaviour.
- Inadequate monitoring and management of the adolescent's activities with peers.
- Lack of adult supervision of the adolescent's activities with peers.
- Poor adolescent bonding to family.
- Poor family cohesiveness.

4.3.1.2 Literature in relation to physical and emotional abuse focused on how family violence affects interpersonal relationships and how this result in dysfunctional/troubled families. It has been said that these families have the highest potential for teenage substance abuse (Mann, 2003).

4.3.1.3 Literature in relation to financial struggle focused on the negative impact that economic distress have on families, in particular the children and how this is a contributory factor to substance abuse (De Genova and Rice, 2002:439).

4.3.1.4 Feelings about family life.

Literature indicates that adolescents that experience problems at home often present with depressive symptoms or low mood and feelings of hopelessness (Lebelle, 2000:1).

4.3.2 The “tik” life–world of the participants

4.3.2.1 Motivational factors for “tik” use

(a) Community influences

Literature indicated that social and cultural surroundings have an effect on the developing individual. Adolescents tend to adopt the values, beliefs and social attitude of the environment or community they find themselves in. The literature confirmed that there is a direct link between substance abuse in youngsters and the quality of community life.

(b) Peer group influences

Literature confirmed that peers have a powerful influence on adolescent substance abuse behaviour whether they subtly convert or persuaded friends to experiment with drugs. Literature also indicated that if the parent-child relationship is of a poorer quality peer influences/effects are even more powerful because of the need to belong and feel connected. [Hayes et al. (2004)]

(c) Experimenting

Literature indicated that experimentation with illicit substances form part of risk-taking behaviour and that it is a common phenomenon during adolescence when teenagers constantly need to gain new and exciting life experiences as reflected in this study (Arnett, 2001).

(d) Family life influences

Literature concludes that adolescents who grow up in dysfunctional families often get involved with drugs as an escape from their negative home environment and to alleviate their feelings of unhappiness. (Engs, 1998:2)

(e) Motivational addictive property of the drug

Literature confirmed that with repeated drug use and an increase in the dosages used compulsive drug use might develop, leading to a situation where the substance motivational properties govern the user's behaviour (eg Bozarth, 1990).

4.4 Recommendations

Taking into consideration the results of this study, the researcher suggests the following:

4.4.1 Joint programmes

- Joint and collaborative efforts between department of Health, Education, Social Services and Poverty Alleviation and the South African Police Services as well as other important role-players. They need to develop protocols, procedures,

guidelines and policies to manage the pandemic effectively. Plüdderman et al (2005:3) suggest that the focus should be on (i) preventative, (ii) treatment and (iii) interaction strategies. For the purpose of this study the researcher focused on the education, school, health and criminal system

4.4.2 Suggestions to the Department of Education

- The researcher suggests that the department of education strengthens school-community partnership in order to combat the “tik”-problem.
- Every effort should be made to equip and empower teachers with the necessary knowledge in order to play a far more concerted role in prevention of substance abuse but also to help with the rehabilitation of those scholars that are already addicted.
- The Education Department should form partnerships with experts in the field of substance abuse more specifically in the field of “tik”/methamphetamine to train the trainers (educators). Workshops should be presented at schools and programmes should be designed in such a fashion that it takes cognisance of the contextual realities of the life – world of the “tik” user/abuser but also of the contextual realities of their school population in general.
- Schools should identify school counsellors that can assist and support class teachers in identifying early warning signs of student substance abuse, but also to involve the family when considering identification of “tik” use, because they might be able to provide valuable information about their children’s whereabouts and behaviour outside school hours.

- Schools should have substance abuse “tik” awareness campaigns throughout the year and encourage parents to become more involved in their children’s’ lives. Through these campaigns’ parents should become enlightened about the realities of “tik” abuse and addiction.
- School counsellors should be clued up in terms of outside agencies in order to make appropriate referrals for possible interventions. They can also serve as a liaison person between the school, those agencies and the family of their scholars. School counsellors should also train peer counsellors to assist fellow scholars when they are in need of help but also to promote positive values and morals.

4.4.3 The responsibility of parents:

In order to address the “tik”/methamphetamine problem one needs to consider the role of family relations carefully. Lerner & Brennan (1998: B) state that society should charge parents with the responsibility to create healthy and productive citizens. They further state that diversity that exists in family functioning has pervasive implications for adolescents (as also shown in this study) and those families, in their structure and function affect almost all facets of the adolescents psychological and social functioning. Donald, Lazarus and Lolwana (2002:146) suggest that a family should be the basic source of security and support but also the springboard for cognitive, physical, emotional, spiritual and moral development of children.

Uzoka & Mudaly cited in Donald, Lazarus and Lolwana (2002:146) state that in South Africa the basic function of the family has been radically disturbed and that families have

been subjected to respective disturbances of Westernization, of urbanization as well as of value conflict related to how to maintain clear guidance in terms of the upbringing of children.

Moodley (2003:72) states that South Africa is undergoing transformation and that freedom and democracy brought about their own challenges and influences that at times are threatening to the building blocks of society namely the family. The government and private sector have a role to play in promoting healthy families with positive values and morals (Moodley, 2003:71).

4.4.4. The Department of Social Services and Poverty Alleviation

This department as well as Non-Government-Organizations need to improve and expand services related to substance abuse in order to provide a better and more supportive service to those adolescents, families and communities that are effected by “tik”/methamphetamine.

- They should introduce prevention and rehabilitative programmes that target individual, family and community and set up support groups in various communities and encourage youngsters and families who are affected by “tik”/methamphetamine to seek help and support at these groups.
- They also need to make more in-patient facilities available for “tik”/methamphetamine abusers/addicts where they can be admitted

for an extended period and follow a holistic intervention programme geared towards rehabilitation.

4.4.5 Department of Health

- This Department of Health needs to equip primary health care providers with skills to screen and intervene, identify and assess substance abusers since those who took an overdose or suffer from withdrawal very often end up in the emergency rooms of hospitals.
- Mental health professionals should be trained to use cognitive-behavioural approaches as a means of treating those addicted to methamphetamine.
- More detoxification facilities linked to rehabilitation programmes need to be established.



4.4.6 South African Police Services

- The South African government needs to make the investigation of drug dealing and drug-related organized crime a priority issue in order to raise awareness that there will be serious consequences for those individuals that are involved in these criminal activities.
- The South African Police Services should engage the general public in “tik” related issues and foster a relationship with communities where they

feel safe to expose those individuals who are involved in manufacturing or dealing with methamphetamine.

- Rehabilitated “tik-abusers” should participate in programmes where they are closely monitored over an extended period of time.

4.5 Final conclusion

This study set out to answer the question “What do adolescent users’ stories reveal about the life-world (personal and social context) experiences of methamphetamine users?” The objectives of this research were accomplished. The methodology applied was found to be effective in eliciting participants “tik”-world experiences. The researcher found the findings to be enlightening and they contributed to the understanding of the life-world experiences of the adolescent “tik” abuser. The findings of this study indicated the importance of a stable family life as a prerequisite for the healthy development of children. Parents need to be more clued-up with their children’s whereabouts and be more familiar with the type of peers they befriend. The study suggest that good parenting will result in children who are well adjusted and contained who will be able to face the rigors of life. Schools have an important role to play in drug preventative and rehabilitative programmes. Communities need to galvanise themselves and put structures in place to deal with the social-evil “tik”. The government and other social institutions need to modify and tailor their approaches by taking the diverse context of communities into consideration when developing programmes to combat the “tik” epidemic.

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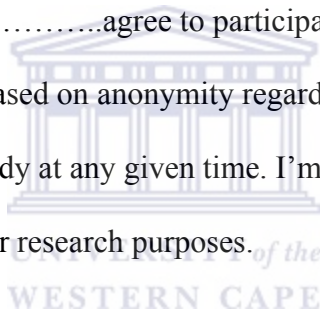
ADDENDUM

LETTER OF CONSENT

RESEARCH TOPIC: Reflections on the life-world experiences of the adolescent “tik” user.

RESEARCHER: S.P. SWARTZ-FILIES

Iagree to participate voluntarily in this study. I am aware that my participation is based on anonymity regarding reporting of the study and that I can withdraw from the study at any given time. I’m also aware that the information I provide will be strictly used for research purposes.



Signed:

Date:

Place:

Parent:

Child: