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ARTICLE

An exploration of the understandings of drug use from young drug users' perspectives in the Western Cape: implications for primary prevention

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ABSTRACT

The high rate of substance abuse among youth in South Africa is a clear indication of the level to which this issue has infiltrated the South African society. Drug abuse at an early age has been associated with problems, such as risky sexual behaviours, health problems, depression, crime, and ultimately drug addiction, which often occur at a later stage. There are many interrelated reasons and risk factors for drug use among youth and studies have mostly focussed on familial and other broader social environments such as peer/neighborhood factors for use. Less attention has been focussed on the internal or psychological factors at play in the lives of young users. This study aimed to fill this gap by exploring young drug users' perceptions of the internal or psychological factors cited as their reasons for drug use. A better understanding of the internal risk factors that influence adolescent drug use is crucial for the development of effective prevention strategies. A qualitative method of inquiry was applied to gather in-depth data from a purposive sample of 41 young (14–19 years of age) drug users, at five drug treatment centres in the Western Cape. The findings of this study revealed that internal factors such as a permissive and/or positive attitude towards drugs, a deficit in social skills; a lack of self-esteem, and poor/maladaptive coping mechanisms were at play in the lives of the adolescents in this study. Implications for primary prevention were considered, as these findings underscore the need to consider these internal risk factors when developing interventions to reduce adolescent drug abuse.

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Introduction

The high rate of substance abuse among youth in South Africa is a clear indication of the level to which this issue has infiltrated our society (Reddy et al., 2010, 2003; South Africa, Department of Social Development [DSD], 2006, 2013). According to the World Health Organization (WHO, 2014), there has been a global increase in adolescent substance abuse which highlights the fact that this is a worldwide problem, whereas the statistics for South Africa is twice the global average. In the United States (USA), it was reported that

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35% of youth have engaged in some form of substance use by the age of 14 andby the time that they had completed high school, approximately 50% had tried using an illegal substance at least once (McDowell & Futris, 2002; Resnick et al., 1997; Van Ryzina, Foscoa, & Dishion, 2012). Similarly, in the United Kingdom (UK), 50% of young people between the ages of 16 and 24 had used an illegal substance at least once in their lives (Ramsay & Partridge, 1999). The European Monitoring Centre for Drugs and Drug Addiction (1998) reported that this appeared to be the trend for most European countries as they displayed similar results.

It would seem that more and more young people are falling prey to substance abuse and in South Africa, rehabilitation centers are filled with individuals under the age of 20 years (Dada et al. , 2016). While one would expect children to be removed from this whilst at school, but recent literature has reported otherwise. In a literature review conducted by Ndondo (2016), learners reported using, being offered, as well as being sold illicit drugs and alcohol on school premises. South African studies have linked substance abuse to other risks such as anti-social/criminal behaviours as well as unsafe sexual practices and unwanted pregnancies (Reddy et al., 2010, 2003). Furthermore, it was also highlighted to cause mental, physical and health problems that include psychiatric disorders, increased risks of injury and even death. (Chesang, 2013; McDowell & Futris, 2002; Parry et al., 2005; Plüddemann, Parry, & Bhana, 2008).

South Africa's youth population (aged between 15 and 24 years) totals about 13 million, and it is further believed that the current statistics on substance abuse among youth is not a true reflection, as most drug abusers do not seek or have easy access to treatment, and are therefore not included in the reported figures (Parry et al., 2005). Additionally, the data is usually obtained through school surveys which then excludes out of school and unemployed youth which forms a huge portion of the population. These statistics and consequences threaten the very fabric of the young people's social well-being and create huge challenges for the future of human society as a whole. According to Hawkins, Catalano, and Miller (1992) and others the following young people are the most vulnerable to substance misuse include: young people who are alienated from the values and norms of their families, schools and communities; those who have a high tolerance for deviance; those who have low religiosity; those who are sensation seeking; those who do not do well in school; and those who befriend drug-using peers (Hawkins et al., 1992; Van Ryzina et al., 2012).

Researchers have also sought to uncover the genetic predispositions and biological factors associated with drug use among youth. According to Kumpfer, Olds, Alexander, Zucker, and Gary (1998, p. 45), genetically inherited individual risk factors include neurological deficits in prefrontal cognitive functioning and verbal abilities, difficult temperament, hyperactivity, autonomic hyperactivity, depression, anxiety, low threshold for pain, thrill-seeking, and different reactions to alcohol and other drugs making the drugs more pleasurable and easily abused.

Although substance abuse, its prevalence, etiology, and effects have been a focus in the previous literature, few have explored the understandings of some of the internal/psychological factors perceived to be the reason for their drug use from the perspective of young drug abusers. It was thus identified that the internal risk factors for drug use among vulnerable youth have not received enough attention. Snedker, Herting, and Walton (2009) proposed that without a full understanding of *why* youth get involved

in substance use, one cannot plan appropriate prevention and intervention programmes. The literature is clear that young people start using drugs due to a vast range of interrelated risk factors operating on various systemic levels in their lives. It is also widely accepted that young children are primarily socialized through family processes and parenting/caregiver practices, while later in their development other social environments such as the peer/school/neighbourhood factors, may influence their decision-making around drug-taking behaviours.

Albeit, whilst it was beyond the scope of this paper to account for the *all* the risk factors present in the lives of the adolescents in this study, the purpose of this paper was to explore the internal (or psychological) perceived reasons and understandings for drug use from the perspective of young drug abusers. The study provides a voice to the young drug user, and a clearer understanding of these perceptions as described by the adolescent drug users, which is imperative to consider when planning prevention measures for vulnerable young people 'at risk' for drug use/abuse.

Method

The current paper is an extraction of a bigger study which sought to explore broader (both internal and external factors) contributing risk factors for drug abuse in young people. This paper has a focus on the internal and psychological factors for drug use from the perspective of young drug users. The exploratory aim of the study was thus to gain understanding of the subjective experiences, and the social meanings young people understand to be the reason for their decision to start using drugs. The descriptive and interpretive nature of the study required a qualitative method of inquiry as it best suited the nature of the study, as it will depend on words to describe what young people say, feel and do, in order to reflect how they live. Permission was granted by the Senate for Higher Degrees at the University of the Western Cape to conduct the research. The researcher then set out to obtain permission from rehabilitation centres to gain access to their premises, in order to access young drug users, who would be willing to participate in the study. The main aim of the study was explained to willing participants, and informed consent was obtained. Where the participants were under the age of 18 years, written consent was obtained by their caregivers before data collection commenced.

Data collection occurred through semi-structured in-depth interviews, which allowed the researcher to gather in-depth data from a purposive sample of drug users, at five drug treatment centres in the Western Cape. These interviews were preceded by baseline demographic information that was collected from the 41 young (14–19 years of age) drug abusers. These questions covered information such as current age, area of residence, age of drug use initiation, choice of drugs, and a main question, namely: 'Could you tell me the reason why you started using drugs in the first place?' The informed consent form made provision for participants to indicate whether they were willing to participate in a semi-structured in-depth interview which would be audiotaped. Fourteen of the 41 participants agreed to participate in in-depth interviews, which was conducted in English. Questions for the semi-structured in-depth interviews were themed around a discussion about the perceived reasons provided for their drug use as well as descriptions of events leading up to their drug-taking decisions.

A thematic data analysis method was manually applied to analyze the transcribed data. The underlying assumption was that qualitative data analysis would be able to highlight descriptions, patterns and social contexts of drug use, as well as perceptions and attitudes concerning such risk-taking decisions (Fountain, 2004). This process involved identifying emerging themes through coding the essential meanings of participants' narratives and drawing conclusions on the phenomena, based on these themes. Braun and Clarke (2006) provide a guide for the process of a thematic analysis, which involves six logical steps: familiarizing yourself with your data; generating initial codes; coding interesting features of the data in a systematic fashion across the entire data set; collating data relevant to each code; and establishing and the defining themes. In the case of this study, these thematic data analysis techniques were applied to bring meaning to the participants' perspectives.

To ensure the credibility of the findings, a thorough interpretation of the data was performed in terms of existing literature, which is incorporated in the discussion below. Additionally, member checks were conducted at the end of each interview where the researcher summarized what the participants had shared during the session to clarify whether their words had been portrayed in a credible and reliable way. Creswell (2009) noted that these control procedures serve to provide confidence in the accuracy of the findings, and aids to increase the trustworthiness of interpretations.

Ethical guidelines such as informed consent, confidentiality and anonymity, and considering the risk of potential harm to the subjects were applied in this study in keeping with the ethics of psychological research (Sdorow & Rickabaugh, 2002). A verbal summary of the aims and process of the study, the benefits of participation, voluntary participation, confidentiality of the information, and the reporting of results were explained and a time for question asking was provided. The informants were also guaranteed that what they disclosed to the researcher would remain confidential, used for research purposes only, and that no personal identifying details would be provided by the researcher. In consideration of the risk of potential harm, the participants in this study were encouraged to access the ongoing counselling and support at their disposal, should the therapeutic need arise.

Results and discussion

Contextual profiles

This section provides a brief overview of the demographic and contextual characteristics of the participants in terms of gender, age and grade at the start of drug use, as well as drugs of choice and some aspects relating to it. Of the 41 participants (aged between 14 and 19 years) that completed the short demographic questionnaires, 37 were males and four were females. The majority of the participants (n = 32) had started using drugs while still at school, and the rest had dropped out of school when they started using substances. The average age of onset of drug use was 14 years, with a minimum age of 11 when starting drug use. The findings revealed that cigarettes and cannabis were the substances of choice at the onset of drug use, and the next highest substance of choice was methamphetamine. It should be noted that many of the respondents started using more than one substance at the onset and used multiple substances at the last time of use. Some of these contextual

findings such as gender, early age of onset, and school dropout can be identified as the factors that could put young people at risk of drug-using behaviour.

The findings of the main question on the demographic questionnaire (why they started to use drugs in the first place) revealed that many of the participants in this study cited individual/internal person-factors as perceived to be the reasons why they started using drugs. These findings were grouped into four overarching themes, namely: a positive attitude towards drugs, a deficit in social skills, a lack of self-esteem, and poor or maladaptive coping mechanism skills. These themes are presented and discussed below with quotations from some of the participants.

Permissive and/or positive attitude towards drugs

Some of the participants of this study expressed permissive and positive attitudes toward drug use. These attitudes were expressed by participants in the following statements: '*I felt there was nothing wrong with using dagga'* (P3, male, aged 17). Another participant expressed a positive attitude towards drug use: '*It feels nice [when I use] and I see my friends are happy when they use*' (P8, male, aged 16). This finding complements previous studies on adolescent substance abuse and is consistent with the literature that permissive and/or positive attitudes towards drug use were found to be associated with higher levels of drug use (Brook, Brook, Morojele, & Pahl, 2006). A study conducted by Lo and Globetti (2000) on high school youth, aged between 15 and 18 years, on their beliefs about moderate drinking, revealed that young people believed alcohol to lower inhibitions and cause relaxation. The young women in the above study believed that alcohol increased their confidence by removing inhibitions, and provided an escape from their problems. The presence of tolerable attitudes towards substance use by some of the participants in this study suggests that young people will be more likely to start using drugs when they believe that it will make them feel good.

Deficit in social skills

The participants in this study also expressed poor, or maladaptive, social skills in the following statements: '*I can speak easier now [that I am using]'* (P29, male, aged 15); '*I am more confident now that I am using*' (P18, male, aged 17); *'I used because it made me feel good … I can dance when I use and everybody loved me*' (P17, male, aged 14). These findings concur with the revelations of previous research that the increased risk of drug use has been associated with poor social coping skills, inappropriately shy or aggressive classroom behaviour, affiliation with deviant peers, perception of approval for drug use, and general anti-social behaviour (Kumpfer & Tala, 2009). Chesang (2013) identified depression, low self-esteem, the lack of appropriate social skills and the feeling of not fitting in with peers or social skills as factors that put adolescents at risk for drug use.

Lack of self-esteem

In further responses to the reasons why they started using drugs, some participants stated: '*I use [drugs] to be accepted*' (P31, male, aged 17); '*I needed to be part of the group. To be accepted by my friends. I didn't listen to my parents, only my friends*.I

saw my friends happy, wide awake, doing everything, so I thought that is how I will feel' (P11, female, aged 17). '*I don't have good self-esteem … It makes me feels nice*' (P9, female, aged 17). Self-esteem refers to an individual's overall view of himself/herself and is also referred to as one's self-worth or self-image. For example, a child with high self-esteem might perceive that s/he is not only a person but also a good person. Interest in self-esteem arose from the work of psychotherapist, Carl Rogers asserts that the main reason individuals have low self-esteem is because they had not been given adequate emotional support and social approval. He especially alleges that, when children grow up with harsh reprimands and little praise, it leads to a lowering of self-esteem or self-worth (cited in Louw, Louw, & Ferns, 2007).

Persistent low self-esteem is linked with low achievement, depression, eating disorders and delinquency, including substance abuse (Trzesniewski et al., 2006). The seriousness of the problem depends not only on the nature of the adolescent's low self-esteem but also on other conditions, as well. When low self-esteem is compounded by difficult school transitions (such as the transition to middle school) or family problems (such as divorce), the young person's problems can intensify.

Researchers have found that self-esteem changes as children develop. In one study, both boys and girls had high self-esteem in childhood, but their self-esteem dropped considerably in early adolescence (Erol & Orth, 2011). To boost their self-esteem, young people may turn to substance abuse to feel better about themselves; or they may start using to please their friends and gain acceptance from their peer group. This seems to be the case for some of the participants of this study.

Poor/maladaptive coping mechanism skills

Some participants in this study seemed to have used drugs as poor or maladaptive coping techniques/mechanisms, as illustrated by the following excerpt. In this case, the youth cited the reason for his drug use as: '*I use for a sense of belonging … I needed to stay in a group, ja [yes] and all of us used drugs'* (P13, male, aged 18). Another participant answered the question why he started using drugs in this way: *'To cope with my life and suppress my hurt*' (P21, male, aged 17). This attitude of despondence and frustration was also identified as one of the reasons given by the respondents in this study. One female participant cited that she took drugs because of stressors due to school. She expressed herself in this way: '*I failed grade 11, and I knew that my parents would be disappointed. My boyfriend and all my friends said that it will calm my nerves and take away my stress*' (P7, female, aged 18). These findings are confirmed by the literature that support the notion that negative emotional states frequently trigger poor coping mechanisms, such as self-medicating with substances (Alberta Alcohol and Drug Abuse Commission [AADAC], 2003). Furthermore, Madu and Matla (2003) who conducted a study among high school adolescent students in South Africa found that the young men stated anger, stress, and fatigue as reasons for illicit drug abuse and alcohol. Their study revealed that the young men abused these substances, when they were bored and in a party mood, implying that they enjoyed the effects of these substances. The young women, in turn, abused these substances when they were angry, stressed, tired, and bored. The findings of this study seem to confirm the notion that young people tend to use substances as a coping mechanism for their hurts and stressors.

Implications for primary prevention

The level of substance use/abuse among adolescents is on the increase worldwide and in South Africa. This prevalence remains a growing cause for concern, particularly due to its contribution to health and social problems, such as school dropout, gangsterism, and crime. This paper drew attention to the internal/psychological factors cited as reasons for their drug use from the perspective of young drug users in Cape Town, South Africa. Some people may argue that these perceived 'reasons' provided for their decision to use/abuse does not take into account the various other multilevel systemic areas of risk in their lives. Whilst that may be so, these internal reasons as provided by the young drug users certainly provide one of the pieces of the puzzle as to why young people become involved in drug use.

Previous research has clearly shown that drug use/abuse among youth is a complex phenomenon, and it, therefore, calls for a flexible and multi-theoretical approach for the prevention thereof. However, although many risk factors may be interacting on multiple levels in their lives, not all risk factors are amenable to immediate changesuch as the community norms and culture or the prevalence of drug use in the broader society.

In keeping with the main findings of the internal factors as expressed through the participants of this study, it is recommended that schools could provide increased life-skills training for learners in general, to teach coping skills, negotiation and personal problem-solving skills that could build a sense of competence, and boost the self-esteem of the learners. This primary prevention strategy can be incorporated in the life-skills curriculum, as a universal programme for learners at school. Changing childrens' favourable attitudes to drug use and delaying the age of onset of use should be considered. This would mean that schools, as well as communities and other key role players, should find ways to involve learners in pro-social activities and programmes that will develop and enhance their feelings of self-worth and sense of belonging. Schools could ensure that a social worker is available when 'at-risk' youth is identified, so that appropriate individual therapies can be provided to help adolescents reduce their risk and improve their psychosocial functioning.

Conclusion

This paper contributes to the understanding of the drug abuse among youth from a more individual person-factor perspective and presented a subjective understanding of the perceived internal reasons for the use of drugs among young people. Findings from the various significant individual/psychological influences that perpetuate adolescent substance-using decision-making were discussed. To address substance abuse problems among young people effectively, it is important to recognise that their life-situations are complex and multi-faceted, which requires a holistic approach to drug use into current substance-related programmes and policies. It is therefore argued that prevention strategies and programmes should not only include knowledge and skill training within the school domain, but should also focus on strengthening the family and community systems of young people at risk for substance abuse. Further study that explores the role of multi-level influences, such as internal (individual) and external (social) factors for drug use, is recommended in the field of substance abuse. The degree

to and the manner in which these issues are addressed at different treatment facilities in South Africa and elsewhere should also be explored and strengthened. In summary, the results from this study contribute to the body of knowledge of substance abuse among youth, as it puts a voice to the young drug user, by focusing on the reasons provided for drug use from their own perspective.

Disclosure statement

No potential conflict of interest was reported by the author.

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