



Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rvch20>

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To cite this article: Edna Grace Rich, Marcel Londt & Lorna Holtman (2023): Exploring childhood experiences and family contexts as risk factors for drug use in the lives of young drug users in the Western Cape, South Africa, *Vulnerable Children and Youth Studies*, DOI: [10.1080/17450128.2023.2179149](https://doi.org/10.1080/17450128.2023.2179149)

To link to this article: <https://doi.org/10.1080/17450128.2023.2179149>



Published online: 22 Feb 2023.



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Exploring childhood experiences and family contexts as risk factors for drug use in the lives of young drug users in the Western Cape, South Africa

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ABSTRACT

The use of drugs amongst adolescents and youth has become a global phenomenon and South Africa is no exception. This paper aims to explore the familial contexts and childhood experiences leading up to the drug-taking pathways of young drug users. A qualitative approach was utilized to gather demographic from a purposive sample of 41 young (14–19 years) drug users, at five drug treatment centres in the Western Cape of South Africa. Additionally, participants could agree to participate in an in-depth interview or to provide a written life history account. A thematic data analysis was applied, and the results uncovered a range of family-related risk factors such as family structure (single motherhood and absent fatherhood), and other negative family functioning and practices such as troubled parent-child relationships, poor family communication/interactions, parental/family substance abuse, and conflict-ridden, stressful and often violent and abusive family situations. The findings suggest that prevention initiatives should focus on strengthening family functioning by reducing high conflict, stress, violent and abusive family situations, as well as aim to enhance the caregiver-child relationship. Prevention strategies should encourage live-in and non-live-in fathers to be actively involved in the lives of their children and should aim to reduce parental/caregiver substance abuse.

ARTICLE HISTORY

Received 10 December 2021
Accepted 07 February 2023

KEYWORDS

risk factors; Adolescents; parents; drug use; substance abuse; family

Introduction

Substance abuse among youth is one of the paramount health and social problems and often these problems include, family dysfunction and increased risks of injury and death (World Health Organisation Chesang, 2013; World Health Organization [WHO], 2014). As is the case in other countries, South Africa is also battling with this phenomenon (South Africa, Department of Social Development [DSD], 2013). South Africa has a high rate of substance abuse among youth, both in and out of school. Increasingly more young people, under the age of 20 years, are seeking treatment for substance abuse (Dada et al., 2014).

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A recent literature review on substance abuse among youth revealed that drug use is rampant among school-going youth, with many learners reporting being offered, using or being sold drugs on their school's premises (Ndondo, 2016). Tobacco and alcohol are generally the most commonly used drugs amongst South African youth. These 2 drugs are also the most experimented with amongst youth. Because they are both legal, many consider them acceptable and 'mild'. This in spite of considerable health and social impact associated with them. Furthermore, it has been established that adolescents engaging in drug abuse, are more likely to become involved in other risky behaviours, including school drop-out, unsafe sexual practises, as well as other anti-social and criminal activities that encumber their optimal developmental outcomes and overall well-being.

There are identifiable risk factors that can predispose individuals to the abuse of substances. Previous studies have shown that a combination of individual factors, family characteristics, association with anti-social peers, low academic performance, as well as neighbourhood disorganisation and criminal subculture, are all linked to antisocial behaviour including substance abuse in adolescents (Lezin et al., 2004; Lipari et al., 2017; Van Ryzina et al., 2012). In a study by Brooks and colleagues (2006), parental drug use, which includes parental smoking, alcohol, and marijuana use are highlighted as particular risks. Studies suggest that drug use by the parent serves as a behavioral model and predicts the child's drug use. The influence of the peer group is exerted via modelling and social reinforcement of nonconforming behavior. Previous research suggests that peer drug use influences adolescent behavior and that adolescents' own predispositions to using drugs may lead them to select deviant peers (Brooks et al., 2006).

There are many theories on how and why young people become involved in substance abuse, delinquency and criminal activities. Bronfenbrenner's (1994, 2005) ecological perspective focusses on the importance of the multiple social contexts in which lives are embedded, such as family, peer, school, and neighbourhood contexts, and the influence thereof on young peoples' lives. Research studies indicate that there is no single cause for adolescent delinquency or problem behaviours such as substance abuse (Bogenschneider et al., 1994; Patrick et al., 2011). Kumpfer (1999) argues that, although peer influence is the final pathway for drug use, a major predictor of whether youths will associate with anti-social peers is the quality of their family relationships, as well as the amount of support and guidance they receive from the caregivers in their lives.

Many studies have singled out the family as the most significant determinant of substance abuse by the youth at the microsystem level. In a study of learners in the Western Cape, Peltzer and Ramlagan (2009) found a strong link between risky drinking behaviours and lack of parental and peer support, school truancy, and mental distress. In addition, literature shows that youths that have parents who drink heavily, and/or are tolerant of alcohol use, as well as having close acquaintances who drink, places youth at risk for heavy drinking. In other words, role models play a significant part in the substance abuse space.

After reviewing the South African literature, the researcher discovered that although research conducted on youth being central to understanding their delinquent behaviour such as drug use/abuse; research on their life experiences, and their familial contexts and circumstances that may affect their behavioural pathways, remains limited. This lack of understanding may limit the ability to plan appropriate prevention and intervention

strategies. This study therefore set out to explore the interrelated familial risk-factors for drug use, as perceived by young drug users (aged 14–19 years), who started using drugs in their pre/adolescent years, and were currently being treated for substance abuse dependency, in order to uncover factors that may have put them at risk for drug-using pathways, and to inform the focus of appropriate primary prevention strategies.

Methods

The study used a qualitative research approach where multiple research data collection tools such as questionnaires, semi-structured in-depth interviews, as well as written accounts of their life histories were utilized. The respondents were selected through a purposeful sampling method from five participating rehabilitation centres located in the Western Cape to represent the demographic characteristics of rehabilitation centres located in the Western Cape. All the respondents were receiving treatment for substance abuse, such as cannabis, methamphetamine, cocaine and heroin. At the start of the data collection process, the researcher met with willing participants, and informed them of the aims, objectives and benefits of the study, voluntary participation, and age criteria (14–19 years). The informed consent form was signed by willing participants, and written parental consent where obtained where participants were under the age of 18.

To best satisfy the aims, “What are the main perceived reasons and contributing risk factors for drug use among youth?” a questionnaire with themed open and close-ended questions (as seen in [Table 1](#), which provides a summary of the main questions) was first employed to elicit baseline information to establish the demographic profiles of the drug users. Overall, 41 participants (37 males and 4 females) completed the questionnaire, after which they could decide to participate either in a semi-structured in-depth interview, or to provide a brief written life history account leading up to their drug-using pathways. The semi-structured in-depth interviews were conducted with 14 (10 males and 4 females) willing participants, and eight other males provided written life history accounts. Data collection was stopped after saturation was reached. The demographic data was analysed by means of the Statistical Product and Service Solutions (SPSS) Version 20.0 software to obtain descriptive data, while a thematic data analysis method was applied to analyse the verbatim transcripts (Byrne, 2001).

This paper formed part of a larger study which aimed to explore and analyse the perceived reasons and the contributing risk factors for drug use in adolescents, and ethical approval was obtained from the Ethics Committee of the University of the

Table 1. Open-ended questionnaire

Home/Childhood experiences	● What was it like growing up in your home?
Parent-child or significant other relationships	● Whilst growing up who were the most important people in your life? And why?
	● What was your relationship with them like? (e.g. close, warm, loving? distant, cold uncaring?)
Drug use	● WHAT DO YOU THINK CAUSED YOU TO START USING DRUGS?
Support	● What type of support do you think would have helped prevent you from starting to use drugs? In the home? At school? Anywhere else?

Western Cape, and ethical guidelines such as informed consent, confidentiality and anonymity, and risk of potential harm to the subjects were applied in this study.

Results

The current study aimed to explore the familial contexts and childhood experiences leading up to the drug-taking pathways of young drug users. The result indicated below are the perceptions of the youth at the treatment centres in the Western Cape of South Africa and the main themes identified as the following: Living situations; Self-described reasons; Absent fathers/lack of a positive father figure; troubled parent-child relationships; Poor family communication/interaction; Parental/family substance use; Conflict-ridden, stressful and abusive family situations.

Living situations

The results below are the reports of the youth at the treatment centres of their living situations and of the reasons they [ab]used drugs. The vast majority of the participants resided in low-cost housing areas where substance abuse was high, and were easily accessible to them. The family structures reported by participants were as follows: 13 (32%) respondents listed that they grew up with both parents, eight (20%) in blended families (with a parent and stepparent); and 20 (54%) grew up in single-parent (mostly mothers) family homes.

Self-described reasons

Many of the participants cited family-related reasons for drug use. The range of family-related issues included: absent fathers; troubled parent-child relationships; poor family communication/interactions; parental/family substance abuse; and conflict-ridden, stressful and violent/abusive family situations.

Absent fathers/lack of a positive father figure

In the current study 16 (43%) of the male participants reported having absent, non-resident, or uninvolved father figures in their lives. While the 3 out of the 4 female participants lived with both their parents and only one lived in a blended family and did not report a lack of a positive father figure. Furthermore, a number of the participants (8 = 20%) lived with a stepfather in a blended family environment. Some of these stepparent environments were characterised by unhappiness, due to a lack of positive relationship with a father or father figure, as the following excerpt suggest:

P10 ‘ *My stepfather might like skel [scold] me . . . So we would argue and he will start hitting me and that. Then I would just run out of the house and I’ll go to my friends and I just go smoke again . . .* ’

Troubled parent-child relationships

The home circumstances of the participants in this study were characterised by troubled parent-child relationships, and were identified as risk factors for their drug use. In the current study 22 of the participants reported troubled parent-child relationships. The following quote from participants seem to support that finding: P8 *'I want my parents to be together. Since my step-father came, I felt my mother no longer loves me'*.

Poor family communication/interactions

Three participants described difficulties with establishing open lines of communication, or healthy interpersonal relationships with their parents. An example thereof is a 17-year-old young man, who lives with his single-parent mother, and only discovered who his father is when he was 12 years old, said that he never dared to ask his mother about it as she did not communicate openly with him. Other participants also pointed to a lack of communication in their family systems-between his mother and father, as this quote reflects: P7 *... They [his parents] must be together so that I can see him [his father] every day and that he can speak to me'*. In other words, the only way he can have a relationship with his father is when his mother and father are together.

Parental/family substance use

Factors relating to parental substance abuse and poor role modelling of use/abuse were identified as a risk factor for drug use by the participants of this study. Overall 40 (98%) participants had a parent or family member who either used alcohol and/or other drugs, which often resulted in abusive and conflict-ridden home lives. The majority (51%) of the participants had a father/father-figure, sibling or other family member who also used illegal drugs. This excerpt highlights the effect and consequences of parental substance abuse on family life:

P5 *'My mother drinks a lot Miss. At night it is wild and dangerous there where we stay. If she walks home alone, then her own friends rob her. They undress her and take her money and things. Like my brother . . . he also robs my mother. That is why we don't get along with each other'*.

Conflict-ridden, stressful and abusive family situations

Many of the participants in this study cited stressful and abusive family situations as the reasons why they started to use drugs, as the following quotes demonstrate:

P8 *'My step-father is physically abusive. He argues with my Mom when she tries to stop him hitting us children . . . My mom cries and I cannot do anything . . . Maybe if my father wasn't so aggressive I would have not taken drugs'*

Discussion

Adolescent risk-taking behaviours have been described in various ways. Irwin and Ryan (1989, as cited in Leather, 2009, p. 287) defined adolescent risk-taking as 'young people

with limited experience engaging in potentially destructive behaviours with or without understanding the consequences of their actions'. The family unit plays a critical role in providing the most amenable atmosphere for adolescents to form their lifestyle, to achieve their aspirations, values, and basic patterns of behaviour. Whether an adolescent develops into a well-adjusted sociable person, or a maladjusted individual, depends primarily on the family, as it is the basic system in which an adolescent is raised. A strong parent-adolescent relationship is likely to foster healthy growth and development in children (Berk, 2010).

While certain risk factors may predict drug use among adolescents, these factors cannot necessarily be assumed as causal, and researchers agree that no single risk factor predisposes an individual but rather an interplay of multiple risk factors. Although family circumstances are unique to each family, some family characteristics were common to the group, for example, single female-headed households and absent fathers.

South African studies suggest that children who are raised in single parent families would more than likely engage in risk-taking behaviour (Burton et al., 2009; Holborn & Eddy, 2011). Firstly, there are time constraints on work-home commitments, and another issue is being economically disadvantaged. In addition, single-parenting often goes hand in hand with poverty, due to unemployment or low paying employment, inadequate social support, and/or lack of spousal financial support (Statistics South Africa, 2007 as cited in Roman, 2014). These challenges produce stressors that compromise the available time and energy single parents have left to dedicate to some elements of parenting, such as spending quality time with their children (protective factor), and the monitoring of children's whereabouts and peer associations.

Power struggle during adolescence may result in increased confrontations between parents and adolescents, may result in adjustment problems among adolescents. The findings of this study indicate that there was a clear deficit in the quality of the parent-child relationship. Additionally, healthy communication is generally regarded as a central feature in the parent-child relationship. According to Werner and Silbereisen (2003), when parent-adolescent communication is good, the family is closer, more loving, and more flexible in solving family problems.

According to a South African study by Holborn and Eddy (2011), the number of fathers who are alive but absent increased from 41,6% to 47,4%. These statistics are consistent with the findings of this current study, where more than half of the 37 male participants reported growing up with their mothers only, and many of them reported having absent, non-resident or uninvolved father figures in their lives. Other negative family functioning such as troubled parent-child relationships, and conflict-ridden, stressful and often abusive family situations were identified as risk factors that contributed to the adolescents' drug-using pathways.

Another significant risk factor for adolescent drug use is substance abuse within the family by parents and other family members. Previous studies revealed that children are at risk for poor outcomes when they are exposed to a high-risk environment, characterised by family crises and conflicts, such as having substance-abusing parents, incarcerated parents, or parents undergoing divorce (Frederick, 2010). Consistent with previous studies, the majority of the participants in this study had a parent or family member who used alcohol and other substances. According to Bandura's (1986, 1991) Social Learning Theory, children tend to observe and model

the behaviours, emotional reactions and attitudes of others. For example, if parents, or significant others, use mood-altering substances adolescents are likely to repeat those behaviours. As in the case of the adolescents in this study, many of their parents and/or family members used alcohol and other drugs, which would act as a risk factor for the adolescents' own drug use.

Consistent with the outcome of this current study, other researchers have also found that family conflict is predictive of adolescent substance use (Brook et al., 2001). Notably stressful home situations will exacerbate the need for young people to use maladaptive ways of coping, and this would suggest that the adolescents in this study may have used substances as a coping mechanism for family conflict, disorganised family lives and parental rejection. Researchers have cited many reasons and risk factors for drug taking behaviour (Hawkins et al., 1992), however, there appears to be consensus that children are influenced by their parents and immediate family, and thereafter, by the other social domains in which they live (Branstetter et al., 2011).

The findings of this current study confirm that young drug users have various risk factors operating in their lives, which interact to put them highly at risk for drug use. It confirms that young people from adverse family situations, residing in disadvantaged communities where drugs are easily available, are particular vulnerable to become lured into drug abuse and crime.

Conclusion

The focus of this paper was on the familial contexts and the childhood experiences of young drug users. Consistent with previous studies, this study uncovered many risk factors within the family domains of the young drug abusers. 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. The findings suggest that prevention initiatives should focus on strengthening family functioning by reducing high conflict, stress, violent and abusive family situations, as well as to enhance the caregiver-child relationship, with the assistance of government and safety officials as well as community workshops focusing on parenting/caregiver-child relationships. Preventive initiatives should encourage live-in and non-live-in fathers to be actively involved in the lives of their children, and should aim to reduce parental/caregiver substance abuse by creating awareness on the possible outcomes when these are not present. Albeit limited in scope, this study contributes to the body of knowledge on this phenomenon in a number of ways including: it gives a voice to the young drug user, as it focuses on drug use from their own perspective; it explores the precursors to their drug use and provides the familial and contextual factors at play in their lives; and it contributes to primary prevention efforts, as it highlights the need to investigate the factors that will protect young people from starting drug use in the first place.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

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