

# Illicit use of Drugs among the Youth and Adults in the Frances Baard Region: Northern Cape, South Africa

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**Abstract:-** The use of illicit substances (and resulting addiction) by adolescents and young adults has many adverse consequences both for the individual and for society. This article aims to explore the prevalence, factors and practices of illegal drug use by youth and adults in the Frances Baard District Municipality, Northern Cape Province, South Africa. A categorical data method was adopted. Acquisition of information were through in-depth focus group interviews. A thematic analysis was utilised to analyse audio-taped data. Various substances are abused by the youth and adult population as revealed by the findings. Peer pressure, stress, and depression are some intermediary influencing utilization of these solidly. Significantly, the findings disclose substance abuse is conduct that is learned or done deliberately, in spite of users knowing the risks and potential negative side effects. This study concluded that adolescents and young adults are mindful of the intent unfavorable drug habits, but justify their use at a moment that means to cope with pressures of, inter alia, unemployment. It is acknowledged that illicit substance use among the youth and adults often occurs due to the level of 'freedom' they experience because they often live with abusive parents or come from broken homes where care is lacking. Measures need to be implemented to address substance abuse among youth and adults to prohibit the spread. Therefore, there is an urgent need to guarantee proper implementation of support structures, including legislation and legal action, to eradicate substance abuse among the youth and adults in the Frances Baard District Municipality, Northern Cape.

**Keywords:-** Drug Abuse, Addiction, Substance Abuse, Perception, Risk factor, Drug, Effect, Youth, Adults, South Africa.

## I. INTRODUCTION

The Youth Risk Behaviour Survey conducted nationally that included 1147 youth participants in 22 schools across the Northern Cape revealed some startling statistics which will be quoted in this paper. The Northern Cape had the highest proportion of learners who have used alcohol on school property, during school time, during the duration of the survey. Similarly, the Province also had the highest prevalence of learners who used dagga before the age of 13 (9.2%) compared to the Free State (3.2%) and the North West which had the lowest against the national average of 5.2%. It also had the highest prevalence of learners having used dagga on school property during the

month preceding the month of the survey, with children who are 13 and below, and increasing with age, being part of this group. The statistics continue to paint an even bleaker picture. We had the shameful honor of having the highest prevalence of learners who have used cocaine; a total of 10.4% when compared to other provinces and the national average of 6.7%. The Province also shares with Limpopo the highest prevalence of learners who have used heroin (10.4%).

The increase in substance use, which could result in its abuse and potential dependence amongst adolescents in South Africa, is no exception (Patrick, Palen, Caldwell, Gleeson, Smith, Wegner, 2010). Substance dependence implies that "[a] person is dependent when it becomes very difficult to refrain from taking the substance without help. The dependence may be physical or psychological or both" (DSD, 2013:7). The strong symbolic value of illicit drug use makes it a contested issue. It attracts mixed public opinion, intense media attention and close political scrutiny in South Africa (Pienaar & Savic, 2016). Illicit drug use is among the most pressing problems facing South Africa and has been a major concern for the crime and health experts for approximately two decades (Pienaar & Savic, 2015). Despite the alarming statistics, several recent studies have suggested that the scientific literature has not reflected the clear need to research illicit drug abuse among the South African populace (Mokwena & Huma, 2014). The most common illicit drugs in South Africa include cannabis, cocaine, amphetamine-type stimulants and opioids (World Health Organization, 2010). Previous studies in South Africa revealed that specific sociodemographic factors are associated with drug use among both genders. However, females use fewer drugs than men. Moreover, youth, specific population groups, lower-income or unemployment, weak parental control, and geo-locality factors (Peltzer & Ramlagan, 2018) are all associated with illegal drug use in South Africa. Furthermore, certain commonplace mental health disorders such as depression and anxiety are also linked to illegal drug use. Criminal victimization has also been found to be associated with illegal drugs in South Africa (van Zyl, 2013; Madi & Matla, 2003; Morejele et al., 2006; Nesper et al., 2001; Rocha-Silva, 1997).

## II. CONCEPTUALISATION OF RELEVANT TERMS

### A. DRUG

"A drug is a solid, liquid or gas that brings about physical and psychological changes" (Daley, 2016:8). It "changes the way the body functions mentally, physically, or emotionally".

### B. SUBSTANCE ABUSE

Drug misuse is defined as "a pattern of harmful use of any substance for mood-altering purposes" (Lightowers and Pina-Sánchez, 2017:132). Lightowers and Pina-Sánchez, (2017:136), states drug dependence is "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or quantities other than directed". "Maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more individual problems" (ibid).

### C. ADDICTION

Addiction is "a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works" (Baconi, 2015:13). Literature searches revealed that addiction has many aspects including "engagement in the behaviour to accomplish appetite effects, the preoccupation with the behaviour, an impermanent gratification, loss of control and, lastly, suffering negative consequences". "Addiction is a brain disease of temptation and of choice itself" (Berridge, 2017:29).

### D. PERCEPTIONS

"The process by which people translate sensory impressions into a coherent and unified view of the world around them". Perceptions, therefore, are individuals' thoughts and opinions as they happens. Perception is awareness, comprehension or an understanding of something. An example of perception is knowing when to try a different technique with a student to increase their learning.

### E. YOUTH

According to Marcum (2013), youth are a "heterogeneous group; whose most common denominator is their age". Researchers are not, in agreement about age groups, and this term is characterised by differences all over the world. The Swedish populace ranks 'youth' as people between 13-24 years.

### F. "DRUGS AND DRUG TRAFFICKING ACT", 1992 (NO 140 OF 1992)

South African Police Service (SAPS) responsibility in handling substance abusers and relating to drug offences including "entry, search, seizure, detention and the recovery of the proceeds of drug trafficking".

### G. SOUTH AFRICA NATIONAL DRUG MASTER PLAN (NDMP), 2019-2024

In response to the evaluation findings, an Improvement Plan was developed to address the gaps raised by the implementation evaluation. Hence, the NDMP 2013 – 2017 was reviewed into this new draft document, National Drug Master Plan 2019 – 2024. This NDMP 2019 – 2024 will be better implemented than the previous NDMPs. This NDMP was influenced by amongst other things the United Nations General Assembly Special Session (UNGASS) which took place in April 2016, in New York, USA, and developed an outcome document, which is being implemented by all countries to combat substance abuse.

### H. METHAMPHETAMINE

The National Drug Master Plan (2019 - 2024:7), methamphetamine, also known as crank or speed is a stimulant that changes the brain's chemistry by blocking dopamine in the brain. When someone uses meth, the drug enters the brain and releases huge amounts of dopamine, causing an extreme high (National Institute on Drug Abuse, 2013).

### I. CANNABIS

According to Rehn, Jenkins & Cristal (2001), cannabis (also known as marijuana, dagga, weed or dope). The side effects of dagga use include thirsts and cravings, uninhibited mood swings, verbosity, impaired perception (including visual, hearing and equilibrium) and judgement, mental disorders and a feeling overjoyed and enthusiastic cheerfulness (a sense of getting away from reality). Ondieki & Mokua, (2012), state that cannabis use results in users feeling intoxicated, confused, ecstatic and calm. The sensory effects of dagga make it particularly appealing to young people who frequently use it to elicit distinct euphoric experiences. Rastafarian believers assert that cannabis (referred to as "wisdom weed" in this context) because cannabis grew on the grave of King Solomon. Ondieki & Mokua, (2012), record that it is believed smoking weed makes the user more intelligent. Allan (2001) however argued that there is no Biblical evidence supporting the use of Marijuana and that drug use should not be dressed up as religion or religious experiences.

### J. COCAINE

Cocaine turns out to be a glittering whitish pulverised substance derived from the leaves of the South American coco plant but often diluted with other ingredients. It is ingested either by snorting it through the nasal cavity or injecting (Mhlongo 2005, Quintero 2011:121). Cocaine increases verbosity and acts as a pain suppressant, but once the 'high has worn off leave them feeling depressed, irritable, nervous and wanting more (Quintero, 2011:123). Pridemore and Eckhardt, (2008), state that the use of cocaine almost inevitably leads to addiction and rapid decline in health, particularly in the nervous system. In slang named "coke, snow, flake, snowbirds, blow, hardy and nose candy" (Ondieki and Mokua, 2012).

### K. HEROIN

Heroin may be processed into a white powder which is typically taken via syringe and needle for intravenous administration or snorted into the nasal passages, but may also be processed into dark granules- this form is used for smoking. As indicated by Schilling, El-Bassel, Gilbert, & Schinke (1991), heroin is effective as a painkiller, but has an adverse effect on the digestive system (constipation is a common side-effect) and the sense organ, and cardiovascular system. Heroin users frequently build up a resistance to the drug, requiring a higher and higher dosage to receive the 'high'.

### L. NYAOPE

Nyaope, also known as "whoonga" is made from a cocktail of ingredients including rat poison, heroin and antiretroviral drugs according to the Department of Social Development (2013). Nyaope leads to strong cravings as well as severe abdominal pain and seizures, nausea, excessive salivation and psychosis (Khine, Mokwena, Homa & Fernndes 2015), all of which are withdrawal indicators experienced by most users (Goldenberg, 2010). Users are urged to take more nyaope to relieve these symptoms. Until the pharmacological ingredients of these street drugs are understood, treatment policies and rehabilitation care for the users will be complex and problematic (Khine et al, 2015).

### M. HOOKAH/HUBBLY

Hookah pipe is understood to be a traditional cultural phenomenon (World Health Organization, 2015) which originated in Middle Eastern countries (Almeida, 2016). However, hookah has recently been used in bars, cafés and restaurants (Atkins, 2012) and it has become more of a social phenomenon. In a study conducted by CANSAA (the Cancer Association of South Africa), in 2013 it was found that hookah contains high levels of arsenic, lead and nickel, and when compared to a single cigarette, hookah smoke contains 36 times more tar and 15 times more carbon monoxide. Smoking hookah poses serious health risks to both the smokers and nonsmokers, including lung cancer, heart disease, lung damage and dental disease and adverse pregnancy outcomes. Sharing the pipe also exposed users to contagious diseases like herpes simplex, hepatitis and TB. Thus, while hookah pipes are commonly perceived to be safer than cigarettes, they may be even more harmful.

### N. SUBSTANCE ABUSE RISK FACTORS

Studies conducted by Jukiewicz et al., 2017 and Khoury et al., 2010 have shown that multiple factors may lead to substance abuse amongst the youth and adults. These indicators are discussed in more detail below.

### O. PEER PRESSURE

Peer group pressure, especially among youth, is a significant factor that frequently leads to substance abuse (Masese, Joseph and Ngesu, 2012). "Adolescents tend to emulate peer behaviour and seek reinforcement from their peers" (Pullen and Oser, 2014). Access to illicit substances also encourages young people's immersion in the culture of drug abuse (Pullen and Oser 2014).

D'Angelo and Omar, (2010), state that pre-adolescence is a stage when youths attempt to assert their social standing and it is often caught up with ideas of status, reputation and prestige, "when the youth experiences trouble among same-sex dyads, roundabout sex dyads, or a group of peers, this can lead to an agonizing and emotional disturbance for the teenager". Van Zyl-Smit, Allwood, Stickells, Abdool-Gaffar, Murphy, Lalloo, Vanker, Dheda, & Richards, (2013) note that these stressors can lead to an emotional crisis in the youth under consideration and a typical coping mechanism is to try to impress and make new friends through participating in dangerous activities and even joining unsavoury groups.

### P. AVAILABILITY OF DRUGS

The South African laws governing the purchase of substances state that only persons older than 18 years may buy tobacco or alcohol. However, this law is not effectively policed, as evidenced by teenagers - in many cases in their school uniforms - purchasing these items. Craig (2004) reminds us human beings often indulge in dangerous drugs due to ease and attainability "and such is facilitated by those who benefit financially from drug sales". Many students use alcohol and marijuana, at school break time at the school ablution facilities (Wechsberg et al., 2010; Sahu & Sahu, 2016).

### Q. PSYCHOPATHOLOGY AND PSYCHOLOGICAL FACTORS OF SUBSTANCE ABUSE

Researchers for The National Institute of Drug Abuse discovered that up to 6 out of 10 people suffer from psychological disorders and these may include substance misuse disorder: all disorders are exacerbated by trauma which sadly many people have experienced. This important fact may be being disregarded in the treatment of those suffering from the misery of drug abuse. An essential perspective which must be thoughtful to patients' treatment and diagnoses is the innovation of a treatment programme. Recovering addicts are very vulnerable to relapse (especially three months after the start of treatment) and so treatment programmes also need to make provision for the long-term care of patients.

### R. SOCIO-ECONOMIC FACTORS OF SUBSTANCE ABUSE

Substance abuse is closely associated with unemployment, poverty, low education levels and physical abuse including domestic violence. Chemical abuse and addiction arises across all social classes (Wallace, & Muroff, 2002), people from socio-economically constrained backgrounds have fewer defenses against substance misuse disorders, but those from higher-earning financial groups have increased access to addictive substances. Poorer people have less access to treatment and are more likely to end up in correctional facilities or mortuaries, while addicts from the middle and higher classes tend to have better access to help and are treated privately (Booyens, 2009).

### III. PROBLEM STATEMENT

Adolescent phase is one of the most challenging stages in human development. During this stage, the youth experiment significantly and some will inevitably experiment with drugs and alcohol. Consequently, the use and abuse of psychoactive substances is one of the major health problems facing adolescents in South Africa. The problem statement for this study is to understand the reasons for the proliferation of narcotic dependence amongst grown person and young person in the Frances Baard District Municipality, Northern Cape, South Africa.

Research indicates that there are high rates of psychoactive substance abuse by adolescents in South Africa (Morojele, et al., 2013; Reddy et al., 2010; Routledge, 2005). Peltzer and Ramlagan's (2009) meta-analytic study of research from 1993 to 2006, revealed disturbing rates in the increase of alcohol use from 21.5% to 61% and binge drinking from 14% to 40%, while 19% of those researched were found to use dangerous drugs.

### IV. AIM OF THE STUDY

The study aims to explore the prevalence, factors and practices surrounding the illicit use of drugs and the addiction resultant from that among the adolescents and young adults in the Frances Baard District Municipality, Northern Cape South Africa in South Africa.

#### A. RESEARCH QUESTIONS

This study research questions:

- Opinions of the adolescents and young adults around substance abuse?
- What are the factors that affect the prevalence of narcotics abuse among the adolescents and young adults?
- What are the effects of narcotics abuse on among the adolescents and young adults?

#### B. RESEARCH OBJECTIVES

The purpose of the research is expressed by stating the problem and providing the angle from which the research will be conducted to address the problem. Aims of the investigation:

- explore perceptions of adolescents and young adults on substance abuse;
- explore the risk factors that affect the prevalence of narcotics abuse among the adolescents and young adults;
- understand the effects of narcotics abuse on adolescents and young adult.

#### C. STUDY SIGNIFICANCE

Phaswana-Mafuya, Peltzer, Ramlagan, Chirinda & Kose (2013), state that there is a high prevalence of narcotics abuse among South Africa's youth, and the problem appears to be increasing. Furthermore substance abuse amongst South Africa adolescents and young adults emphasizing the seriousness of the catastrophe and calling attention to that fact and more (Ramlagan, Peltzer & Phaswana-Mafuya, 2013). The findings of this study are positive and will undoubtedly be of significant interest to parents who hope to spot the first stages of narcotic abuse.

### V. METHODOLOGY

Qualitative data were collected via self-report questionnaires, physiological tests, and participant-observation. The case study method of research design was also employed in this study. According to Zainal (2007) case studies "explore and investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships".

#### A. RESEARCH POPULATION, SAMPLE SIZE, AND PROCEDURE

The purposive-heterogeneous method, was used because of the features of a this population and the objectives of this substance abuse study. The researcher particularly wanted subjects to share their personal experiences, their opinions, their perceptions and their knowledge about substance abuse. A size of 20 participants were used for the analysis divided into three focus groups as follows: Group one (3 males) and (3 females) total 6, Group two (3 males) and (3 females) total 6, Group three (4 males) and (4 females) total 8. The participants for the study were drawn from community members, community leaders, youth and adults from various towns in the Frances Baard region. Data was collected in the focus group discussions. Each focus group was allocated an hour and was held at a location convenient for the participants.

The approach implemented by the researcher for analysing the data once it had been gathered, was "thematic content analysis". This approach was well-suited to the study.

- Familiarization with the collected data: listen and re-listened to audio tapes, then read and re-read the transcript;
- Generation of initial codes: sort and organize data into codes, then connect it to the theoretical approach;
- Discovery of study-related themes: review proposed themes then name themes/ write an analytic, narrative-based, analysis on the data.

#### B. ETHICAL CONSIDERATIONS

This study complied with research ethics regarding sensitive issues such as anonymity, confidentiality and transparency of stakeholders. Importantly, the researcher first sought the ethical clearance and authority to gather data from key institutions including the Department of Social work, Kimberley regional Project Office and the respondents

### VI. KEY FINDINGS AND DISCUSSIONS

The researcher achieved the aims of the enquiry and the participant's responses are discussed, by theme, below.

#### A. THEME1: Adolescent and young adult perceptions about substance abuse

Mandoza responded as follows: "...some youth and adult users rub the drug onto their gums (oral use). Dissolving it in water and injecting it (intravenous use) releases the drug directly into the bloodstream and heightens the intensity of its effects [sic]".

Fakaza remarks as follows: "...most youth and adults when they have/smoke cocaine (inhalation), they inhale its vapor or smoke into the lungs, where absorption into the bloodstream is almost as rapid as by injection. This fast euphoric effect is one of the reasons that crack became enormously popular among youth [sic]".

Magents answered: "...the youth and adults adopted drug abuse from the high school. They saw it from celebrities, the 2000s generation saw the celebrities promoting it, and then they think its fashion so might as well do it. Rap music celebrities sing about the purple drink and put it in bottles and double red cups, and the youths saw them smoking cocaine in their music videos thinking it is cool [sic]".

Tom stated: "substance abuse includes alcohol and drugs. The perception is that it is okay to do it because we have the mentality that we want to test and we want to live our lives so the perception of youth is that whenever we do it, we do it just for fun. However, we do not mind the consequences and repercussions. If you go around townships the majority of youths especially black are taking cocaine, nyaupe, heroine and alcohol without knowing the repercussions of the drug on their mental health as it is not designed to have overdosed but they overdose it every day [sic]".

In summary, Druzila responded as follows: "...a girl showed me the 'screw-screw' people who use drugs. Usually, the young people wear shorts, colourful socks and oversized jackets. They also wear shades most of the time because of their eyes. They usually use foul language such as, 'what the fuck dude' and have dreadlocks as well, and they view it as swag [sic]".

#### *B. THEME 2: Prevalence and risk factors of substance abuse among adolescents and young adults*

Castello said: "...I think most of the time there is pressure from the peers and this necessarily 'forces' one to drink and smoke. Without doing the above-mentioned a youth/ adult may feel left out. I know sometimes I feel an urge to smoke weed and drink, mostly the fear of missing out and that is peer pressure 'cause the person having fun does not realise that they negatively influence their peer [sic]".

Msenti stated: "...we are from different backgrounds, different homes and places and sometimes we meet people from different places we may never know how they grew up or understand how they do things. Mostly we come here surrounded by fake people so sometimes whatever they do we do because of trying to fit in with them trying to understand them [sic]".

While Shane stated: "...there are personal problems like dealing with relationships and heartbreaks, it can be from home as our parents are putting pressure on us in terms of completing these degrees without knowing that it's hard so we deviate to substance abuse[sic]".

#### *C. Theme 3: Effects of substance abuse among adolescents and young adults.*

According to Christopher: "...some youth are suffering from stress and they were told that if you want to relieve stress then escape your realities turn to substance abuse [sic]".

Mulauzi: "...most people do not know how to deal with their feelings and their emotions and most of the time abusing substances emanates from destructive behaviour. Most youth and adults suffer from emotional pain and they try to numb and escape reality. A drinker, for example, may not be aware of the effort of trying to numb that pain because they are drunk all the time. It makes it hard for the substance abuser to reflect on why they feel this way and what got them there in the first place [sic]".

Lerate: "black people from townships are the most affected by substance abuse because depression is prevalent in those areas. The black community just does not want to come to terms with the fact that depression exists within the society. We do not want to accept the depression we have there is a mentality that black people do not suffer from that, as we perceive ourselves as able to handle problems".

People who have a history of depression are twice as likely as those who do not to misuse substances and they may well have affective disorders too (Baker, Bradon, and Chassin, 2004). Interviews with the above-listed participants during the focus group highlighted that young people often abuse substances because they feel stressed and depressed. These substances give them a reprieve from their (Carpenter, 2001).

## **VII. RECOMMENDATIONS AND CONCLUSIONS**

### *A. RECOMMENDATION 1: PROVISION FOR HEALTH PROMOTION ACTIVITIES, PROGRAMMES, AND SERVICES*

The Department of Health must work hard to ensure substance abuse issues are on the agenda of other government bodies responsible for national planning and policy. Health promotion activities and advocacy programmes should be geared toward supportive environments to strengthen communities and re-orientate health services with an emphasis on prevention rather than treatment and care. Substance abuse health promotion should include inter-sectoral collaboration and inter-organizational partnerships, community participation and engagement.

Fetal Alcohol Syndrome (FAS) is a serious problem in the Northern Cape Province and The Department of Health and Social Development should intensify education of high-risk groups (e.g. teenagers, pregnant women, and persons in certain occupations) and persons who work with high-risk groups (e.g. the police and servers at liquor outlets) about FAS interventions (as part of the health promotion programmes) to inform the youth about the effects of FAS.

The Department of Health should increase access to affordable and effective treatment and rehabilitation, including access to detoxification services in public

hospitals and brief intervention therapy through a special community programme and treatment referrals.

The Department of Health should make available a range of interventions including those designed to reduce the impact of injected drug use, such as needle exchange programmes and oral methadone maintenance for heroin addicts – in a way that does not condone the use of this equipment.

#### *B. RECOMMENDATION 2: CONSTRUCTIVE MEDIA-BASED PUBLIC EDUCATION CAMPAIGNS*

The media needs to play a constructive role in preventing substance abuse amongst the youth to ensure that appropriate messages are designed and communicated through audience targeting. This should be buttressed by substance abuse control and media policies. Schools constitute a prominent part of adolescents' social environment and should develop and implement anti-drug policies to create safe, drug-free school environments.

#### *C. RECOMMENDATION 3: DEVELOPMENT AND IMPLEMENTATION OF SCHOOL-BASED SUBSTANCE ABUSE PROGRAMMES*

The Departments of Social Development and Education should consider improving the implementation of school-based prevention programmes with a special focus on reinforcing "Ke Moja, No thanks I am fine without drugs" programme. This could be achieved through:

- Programmes offering active learning sessions which create awareness of the influence of substances amongst the youth;
- Empowering the youth with skills to resist drug temptations and, deconstructing media messages that promote substance use,
- Youth involvement in the implementation of interventions.

#### *D. RECOMMENDATION 4: PROVISION OF RECREATIONAL FACILITIES*

Recreational facilities should be developed in deprived communities to keep the youth engaged and as a substitute for focusing on drug-related ventures. The fact that adolescents revert to substance use to cope with life challenges places an onus on the local and provincial government to provide opportunities and facilities to address adverse social circumstances. These opportunities and facilities could include sports and recreational activities, services by community-based centres and mentorship programmes.

#### *E. RECOMMENDATION 5: LAW ENFORCEMENT*

Law enforcement to curb the public availability and accessibility of drugs should be prioritised, for example, visible policing. Effective law enforcement could create safe social environments, without exposure to the dangers associated with drug use, to which all South Africans are constitutionally entitled. Law enforcement to do the following to address drug and alcohol abuse in the communities:

- Daily clampdown of drug houses by intelligence operations – properties of dealers to be seized;

- Close down illegal shebeens and taverns and arrest dealers;
- Police to be visible in communities;
- Police to be available for action and must stop protecting drug lords;
- The strict control of immigrants;
- Prohibit sales to unlicensed traders and illegal transportation of alcohol around towns.

#### *F. RECOMMENDATION 6: COMMUNITY SOCIAL GROUPS AND PARENTS*

Provincial Government should provide support to community structures to address substance abuse-related problems including out-patient programmes for chronic substance abusers. Drug awareness programmes could engage celebrities serving as positive role models who oppose substance use. The findings indicate that youth and adolescents could learn through social interaction and social media to view substance abuse as unfavourable and define it as unacceptable. The following services are regarded as key to safeguarding them against substance use in the social environment awareness campaigns and individual and group counseling by social workers.

Joint Stakeholders programmes to be conducted by law enforcement, Department of Health, Department of Social Development, religious organizations, and all interested role players to conduct various public education programmes aimed at the community at large, both active measures (e.g. mass media and social marketing campaigns – including counter-advertising relating to alcohol) and passive measures (e.g. warning labels on alcohol containers). The community should develop a community-based programme through the ward councilors to address the following:

- Community members should be encouraged to report on drug dealers in a way that will not put them in harm's way;
- Community awareness and mobilization campaigns should be arranged regularly - Involvement in programmes and CPF's should be intensified;
- There should be the active involvement of community Police Forums and Ward Councilors.
- There should be close cooperation between police and communities through the police ward councilor programme to update the community on crime-related matters in their ward;
- There should be no sale of drugs or alcohol to children in any community;
- Parents should intensify responsibility for their children at all times and report problematic children to police and social workers for counseling;
- The community should play a role in closing down unregistered shebeens and the police should see that registered Taverns and Clubs close at the allocated time.

#### *G. RECOMMENDATION 7: PROVINCIAL GOVERNMENT*

Government plays an important role in addressing drug abuse. By inference the Provincial Government Departments should prioritise decreasing alcohol and drug abuse rates by:

- Creating jobs;
- Strict implementation of laws [for trafficking and trading];

- Stopping alcohol adverts on all community radio stations and bill boards;
- Providing on-going drug education to all community members;
- Prioritising addressing substance abuse;
- Increasing participation in, and funds for, healthy community projects
- Rolling out more programmes that are proved to have a positive impact on mental health;
- Building recreational facilities
- Building easily accessible rehabilitation centres.

### VIII. CONCLUSION

The study aimed to establish the risk factors which lead to narcotic abuse among adolescents and young adults. Peer pressure, socialization, depression and the search for 'enjoyment' increase the risks of substance abuse. The study recognizes and appreciates the effects of drug abuse among adolescents and young adults. It was determined that the substance abusers (especially the males) have difficulty controlling their emotions and feelings and they tend to be aggressive. This situation frequently leads to sexual assault and/or rape. The study concludes with seven recommendations to address the substance abuse problems and knock-on economic, health and safety effects on communities of substance abuse, in the Frances Baard Region of South Africa.

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