

stopping a parent/s' abusing substances were the least [192 ($M=1.54$, $SD=.95$)]. It depicts that less than half of the respondents were exposed whereby participants intervened in stopping parent/s' abusing substances, this is the reason for the low mean score of 1.54. The overall minimum score for past exposure was 7 while the maximum score for current substance use experience was 28.

4.2.5 Current experiences of substance abuse

This section outlines the participants' current experiences or recent occurrence of substance abuse. Substance abuse with partner, frequency of using substances with close friends, frequent thinking of wanting to use daily, frequent thinking of wanting to stop abusing substances, frequent thinking that the participants are following a similar pattern of substance abuse as their friends/parents/ family.

Table 4.13: Current experiences of substance abuse

Variable	N = 192	M	SD
Your partner and yourself abusing substances together.	191	2.09	1.25
Your close friends or associates using together.	191	3.03	.95
You felt that you have to use every day.	191	3.10	1.01
You told yourself you want to stop.	191	3.43	.75
Your friends/family told or asked you to stop.	191	3.28	.10
Your partner told/asked you to stop.	189	2.75	1.27
Your family, friends, children intervened in stopping you abusing substances.	191	2.73	1.14
You thought that you had been following a similar pattern of abusing substances as your parents, family, and friends experienced during your childhood years.	184	2.37	1.23
Current Substance abuse Mean Scores	183	22.72	4.01

Responses were indicated on a Likert Scale of 1=Never and 4=Always.

Minimum Score for past experience = 8

Maximum Score for current experience = 32

Table 4.13 illustrates that the most prevalent response was *You told yourself you wanted to stop* [191 ($M=3.43$, $SD=.75$)], while the least responded to the participants and the partner abusing substances together was [191 ($M=2.09$, $SD=1.25$)].

The results shows that the mean score was high, which illustrates that the majority of the participants response was *You told yourself you wanted to stop*. The results show that the mean score was 2.09 which was low and it illustrates that the participants responded to *Never* for the question asked *How often had you and your partner abused substances together*.

4.2.6 Past exposure of substance use and current experience of substance use

The next section outlines the relationship between the participants' past exposure of substance use and current substance use experiences.

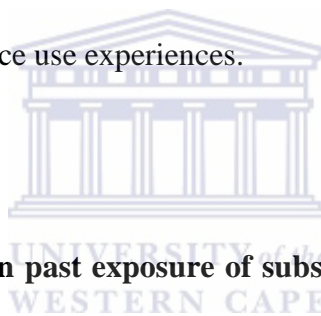


Table 4.14: Correlation between past exposure of substance use and current substance use experiences

4.2.6.1 Hypothesis 1: There is a significant positive relationship between childhood exposure of substance use and substance use as an adult within the total sample ($r=.39$, $p,0.01$). The study proved that there is a relationship between childhood exposure of substance use and current substance use experiences.

Current experience of substance abuse as an adult	Total Sample	Gender		Family Structure	
		Male	Female	Two Parents	One Parent
Past exposure of substance abuse as a child	.39**	.43**	.34**	.38**	.23*

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

Table 4.14 illustrates that the results suggest that there is a significant positive relationship between past exposure of substance use and current substance use experienced within the total sample ($r = .39$, $p<0.01$) as well as within groups. For gender there was a significant positive relationship in respect of males ($r = .43$, $p<0.01$) and for females ($r = .34$,

$p < 0.01$) between current experience and past exposure to substance abuse. For family structure, there was a significant positive relationship between one ($r = .23, p < 0.05$) and two-parent families ($r = .38, p < 0.01$) and between current experience and past exposure to substance abuse.

4.2.7 Group differences on past exposure of substance use and current substance use experiences

The following section will outline the significant differences between groups in terms of past exposure of substance use and current substance use experiences. An independent t-test was conducted to establish the significant differences between the variables. Only significant effects are discussed.



Table 4.15: Group differences on past exposure of substance use and current substance use experiences

4.2.6.2 Hypothesis 2: For gender there was a significantly positive relationship found for males ($r = .43, p < 0.01$) and females ($r = .34, p < 0.01$) between past exposure of substance use and current substance use experiences. The study indicated that there is a difference between male and female and past exposure of substance use and current substance use experiences.

4.2.6.3 Hypothesis 3: There was a significant difference between one and two-parent families. For current substance abuse experiences there was no significant difference between groups in terms of family structure. However, past exposure of substance use had higher mean scores in two-parent family structures ($M = 15.51, SD = 6.32$) than in one parent family structures ($M = 13.30, SD = 6.29$). This difference was significant $t(2.33) = .02, p < .05$, with a small-sized effect $r = .12$. The study indicated that the respondents in two-parent family structures were more likely to use substances than one parent family structures in terms of past exposure of substance use.

One Parent Family			Two Parent Family			Male		Female		
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>T</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Current substance abuse experiences	22.41	3.97	23.34	3.68	1.58	22.96	3.64	22.38	4.46	.43**
Past exposure of substance use	13.30	6.29	15.51	6.32	2.33*	14.33	6.16	14.04	7.22	.34**

* $p < 0.05$

The results of the independent t-test in Table 4.15 indicate that there was a significant difference between one and two-parent families. For current substance use experiences there was no significant difference between groups in terms of family structure. For gender there was a significantly positive relationship found for males ($r = .43, p < 0.01$) and females ($r = .34, p < 0.01$) between current substance use experiences and past exposure of substance use.

4.3 Summary of main findings

The results of the study indicated that there were more male participants than female. The dominant race of the population was coloured, as the research was conducted in Mitchell's Plain. The area predominantly consists of individuals classified as coloured. The unemployment status was extremely high i.e. 79.7%. The results illustrate that there is a change in the SES of participants from childhood to adulthood. Interestingly the highest grade completed was secondary schooling. In terms of ages the youngest participant was 18 years and the oldest participant was 71 years of age, according to table 4.1. The majority of participants indicated that they had not used with their partner [87 (46.0%)]. The dominant substance of choice of the participants was methamphetamine which was 53.6%, which is not uncommon in the Western Cape. The second most frequent substance of choice was heroin which was 26.0% according to table 4.3. The results suggest that 48% of the participants witnessed the incident whereby they experienced substance abuse during childhood. This is followed by 39% of the participants who saw the end-result where the person was under the influence of alcohol or an illicit drug. In terms of past experience when family, friend's used/abused substances was 49% whereby participants felt out of place and used with them. The study also reported that parents' reaction to substance use/abuse according to table 4.8 was that their parent/s merely spoke to them about their concern which accounted for 53.3%. The second most frequent response was 29.9% whereby their parents told them to stay away

from the using friends and they even got a beating. Table 4.9 suggests that 36.3% of the participants' parents were not aware of the friends that used substances at school. The second most frequent response was 35.3% whereby the parent/s warned them about not associating with the using friends. In terms of respondents' experiences of parental substance abuse, 36.4% of the participants saw the end result in their parent/s abusing substances and 35.5% of the participants witnessed their parent/s abusing substances. In terms of respondents' past exposure of substance use according to table 4.12 the highest mean score was 192 ($M=2.54$, $SD=1.030$) whereby past exposure to people/friends who abuse substances are not family members. In terms of exposure to parent/s that abused substances it accounted for 192 ($M=2.12$, $SD=1.190$). Interestingly the study reported that current experiences of substance abuse response were: *you thought that you have been following a similar pattern of abusing substances as your parents, family and friends* which was 184 ($M=2.37$, $SD=1.23$). The highest response was 189 ($M=2.75$, $SD=1.27$) which accounted for their partners telling them/asking them to stop. Results suggest that there is a significant relationship between past exposure of substance use and current substance use experiences. Additional findings show that for gender there was a significantly positive relationship found for males and females between current substance use experience and past exposure of substance use as a child. In terms of family structure there was a positive relationship found in one and two-parent families as well as current substance use experience and past exposure of substance use as a child.

CHAPTER 5

DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This study compared and investigated the possible relationship between childhood exposure to substance use and substance use as an adult. This chapter provides a platform for discussing the results. It provides an outline of the social cognitive learning theory as a theoretical framework that will be used to conceptualise childhood exposure to substance abuse. It is also noticeable that these relationships have lasting consequences that might cause children exposed to substance abuse to be at risk of becoming adults abusing substances.

The findings in Chapter 4 are discussed and aligned with the aims and objectives of the study, as outlined in the thesis. This chapter also elaborates on environment, familial home environment and parent substance use. It also discusses the results of the investigation in relation to literature and the theoretical framework used to clarify the findings in international and local trends. Finally, the limitations of the study are discussed and recommendations are offered.

5.2 Social Cognitive Learning Theory

In the context of the current study the social cognitive learning theory was used. Social learning theory states that drug use develops through modelling, vicarious learning and pharmacological drug effects (Sussman & Ames, 2001). Role models act as teachers in terms of drug use. Social learning theory examines the role of observation of others, their behaviour and their social engagement in drug use behaviour. Social learning theory also places importance on observational learning features.

Social cognitive learning theory addresses the interaction between individual factors, environmental influences and behaviour (Bandura, 2006). Individual factors and social/contextual factors, such as those which relate to families and the communities in which youth live, have a direct influence on behaviour (Brook & Morojele, 2006).

Families and communities are important because an individual's attributes (and behaviour) may reinforce, or be curtailed, by modelling and the responses they receive from them. For the purpose of the current study, the assumption and key focus was on adults who came for treatment for substance abuse. This relates to the findings which indicate that 48% of the respondents witnessed the incident whereby they experienced the exposure to substance abuse during childhood. This links with the social learning theory, which states that the role of the observation of others' behaviour has a possible effect on an individual's behaviour. If you associate and are exposed to individuals who use substances it is more likely that you will use substances as well. The findings show that 39% of the respondents experienced the end result when the person was under the influence of alcohol or an illicit drug.

5.2.1 Bandura's theory of social cognitive learning:

5.2.1 (a) Observational learning

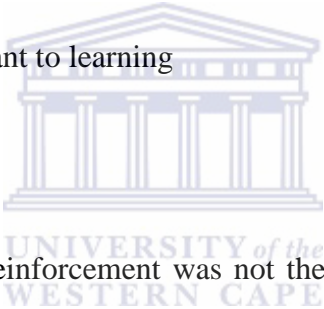
Bandura demonstrated that children learn and imitate behaviors they have observed in other people. Three basic models of observational learning:

- (i) A live model, which involves an actual individual demonstrating or acting-out behaviour.
- (ii) A verbal instructional model, which describes an explanation of behaviour.
- (iii) A symbolic model, which involves real or fictional characters displaying behaviours in books, films and the media.

According to Bandura's theory and the findings of the current study, respondents were exposed to all three types of observational learning. Of the respondents, 48% *witnessed the incident whereby the individual abused substances*, whereby 39% of the respondents saw the end result where the person was under the influence of a substance. In terms of *experience when family/friends used/abused substances* 49.9% felt out of place and used with them but 20.4% of the respondents did not feel out of place, as they were assertive and said no. The *respondents' experience of their parent/s abusing substances* accounted for 36.4%, whereby they saw the end result and there were arguments, fights and the police came to intervene. The highest response for *when they intervened in stopping the parent`s abusing substances* was 36.5% where they witnessed the end result of the parent abusing substances.

5.2.1 (b) Mental states are important to learning

(i) Intrinsic reinforcement



External, environmental reinforcement was not the only factor to influence learning and behaviour. Intrinsic reinforcement is a form of internal reward, such as pride, satisfaction and a sense of accomplishment. The emphasis on internal thoughts/cognitions assists to link learning theories to cognitive developmental theories (Bandura, 2006).

This theory emphasizes that it is not only the environmental factors, things that respondents see and hear, which are factors that may influence learning and behavior. The findings of *past experiences of substance abuse* illustrated that the lowest response was 5.1% which illustrated that they heard about the substance abuse afterwards. *Past experiences whereby the respondents experienced the user hurting other's feelings by shouting, insulting or threatening someone* was 11.4%, which was that they heard about it afterwards. This was the second lowest response. In terms of *past experience, when family/friends used/abused substances*, the respondents felt out of place, and used with them to an amount of 49.9%. The second highest response was 20.4% whereby they did not feel out of place, as they were assertive and said no. The item on the questionnaire that focused on the respondent's *parental abuse of substances* shows that 15.7% of the respondents were not affected by it. This was the second lowest response; the lowest response was that they heard the arguments of the parents, but they stayed in their rooms. In terms of *current experiences of substance abuse* the findings show that the respondents thought that they had been following a similar pattern of abusing substances as their parents, family members and friends, which accounted for a mean of 2.37, which is more than half of the respondents.

5.3 Modelling of parenting as a risk factor

Teens living with both their mother and their father reported significantly less alcohol use, according to research conducted by Ewing and Osilla (2014). Research reported marijuana use by an important adult, for example a parent or role model, was significantly associated with greater adolescent alcohol use. This illustrates that the literature contradicts the findings of the current study which compares one and two-parent families. The response from two parent-families ($M = 15.51$, $SD = 6.32$) than to one parent families ($M = 13.30$, $SD = 6.29$), illustrates that participants were more likely to abuse substances than one parent

families. It illustrates that the mean score was higher for two parent families than in one parent families.

According to Barber (1996) parental behavioural control refers to the extent to which parents regulate or control the behaviour of their children. In terms of the findings table 4.8 illustrates that 53.3% of the participant's parents spoke to them about their concerns caused by certain friends and 3.6% of the participants' parents were not concerned about it. This is similar to what the literature states that the extent of parental control is important, especially the peers that use substances. It illustrates that due to parents not being concerned about their children's friends that use substances, they are more likely to use substances.

During the last two decades, investigators have found two types of parental influences in adolescent drug use.

5.3.1 (i) Parental drug use:

In a study done by Brook and Morojele (2006), they suggest that drug use by parent(s) serves as a behavioural model and predicts child drug use. Parental drug use is hypothesised to be related to adolescents' drug use. The findings in the current study are similar to the literature which indicates in table 4.10 that 36.4% of the participants saw the end result in their parent/s abusing substances and whereby 35.5% of the participants witnessed their parent/s abusing substances. It demonstrates that parents serve as a behavioural model to their children.

In a study done by Brooks and Morojele (2006) they state that adolescents who used illegal substances compared with those who did not use, were significantly more likely to have parents who used legal and illegal drugs. It is postulated that two family mechanisms may be operative. Firstly, drug use may be displayed by some adolescents through modelling

the behaviour of their parents. Secondly, parental attributes expressed in less parental monitoring behaviours and in a low parent-child mutual attachment relationship, may account for the association between parent and adolescent drug use. In terms of the findings *past exposure* accounted for [192 ($M = 2.12$; $SD = 1.190$)] and *past experience of parental substance use* accounted for 36.4%, whereby they saw the end result of their parents abusing substances eg: arguments, fights and police presence. The study supports the literature whereby parental substance abuse has a possible factor for children exposed to substance use (Lonczak et al., 2007; Swaim et al., 2011 & Henry et al., 2011)..

Parental control and parental knowledge and activities of children have been found to be associated with lower levels of child and adolescent deviant behaviour according to Stattin and Kerr (2000). This refutes the findings that show that the past exposure to substance abuse at school was reported [192 ($M = 2.00$; $SD = 1.060$)] which shows that half of the participants responded to being exposed to substance abuse at school and that parents' reaction when they knew that children's friends at school were using, accounted for 36.3%, which states that the parents were not aware of their friends using. The economic disadvantages and the relative absence of fathers as authority figures in black and coloured families, a number of elements of the kinship system, monitor children according to Pluddemann, Myers & Parry, 2008). According to the literature with regards to absent fathers or single parents and substance abuse, this refutes the findings of the study which states that there is a significant difference between one and two-parent families. Participants from two-parent families are more likely to abuse substances than one parent families. Furthermore research has also demonstrated that there is a direct association between marital hostility and youth problem behaviours. This is due to marital conflict and problem behaviours which lead to ineffective parenting. This spills over from marital relationships to the parental relationship and it has been documented in Western samples, according to Stone, Buehler and Barber (2002). With regards to the

findings it is similar to the literature which states that the *current experiences of substance abuse in terms of the participants thought of following a similar pattern to their parents and family members substance using*, accounts for [184 ($M = 2.37$; $SD = 1.23$)] the results shows that more than 50% of the participants responded to following a similar pattern to their parents and family members abusing substances. This illustrates that there is a relationship between parents, family members and friends that use and the participants that were exposed and experienced substance abuse.

Children's drug use can be affected by parental behaviours due to the learning process of observing and role modelling their parent's behaviour. An explanation of social learning theory would lead one to state that the relationship between attachment to parents and children's drug use should be strongly positive and significant for children with drug-using parents. However, behaviour is subjected to various reinforcement from significant others and the socio-cultural environment.

Through observational learning the child can learn drug-use behaviours, but these behaviours can be affected by expected sanctions and reinforcement. It could also be said that parents that use drugs could disapprove of their children's drug-using behaviour. Positive role models, law enforcement, and school peers could also promote nondrug use. When doing research on children's drug use, parents who use drugs should be considered; if not it could lead to misleading conclusions. Dembo and Grandon (1986) show that there is a positive and statistically significant result for parents who use drugs on a low, medium and high level.

5.3.2 (ii) *The domain of child rearing:*

Includes parental monitoring and mutual attachment relationships between child and parent. Parents exert control through supervision and monitoring; these factors have been seen as protective against alcohol and drug use. The mutual attachment between the parent-

child relationship marked by affection and identification with the parents has also been found to predict less alcohol and drug use in adolescents. Linking this to table 4.11 *when participants intervened in stopping their parent/s to use substances* 36.5%, of the participants witnessed how their parents abuse substances; they saw how their parent/s looked after using. Hence 35.3% of the participants were not able to stop their parents, and they rather left the home. The study illustrates that 11.8% of the participants were able to stop their parent/s abusing substances.

Oetting and Donnemeyer (1998) note that adolescents with weak bonds to their families are more likely to be pulled into peer groups involved in delinquency and drug use. This is similar to the findings which show that *exposure to substances at school* accounted for [192($M = 2.00$; $SD = 1.060$)]. It illustrates that half of the participants were exposed to substances at school. Peer influence at school could be a factor for delinquency and drug use.

5.4. Prevalence rates of family factors:

Family factors relating to substance abuse, according to Anderson, Buijn et al., (2009) state that parental drug use is associated with the initiation of use by adolescents. There is a controversy between genetic versus environmental factors. In terms of the findings, factors for substance abuse can be linked to genetic and environmental factors. It cannot be singled out by stating that only one of these can be a factor pertaining to substance abuse as the results show that both environmental and genetic factors play a vital role in the abuse of substances. Parental drug use behaviour can be linked to the findings of the study which shows that the respondents saw the end result of their parent/s' abusing substances whereby fighting, arguments and police intervention resulted which accounts for 36.4%. In terms of *past exposure of parental substance abuse*, the current study suggests that half of the respondents in the study were exposed to parental substance abuse which accounted for [192

($M=2.12$, $SD=1.06$)]. This indicates that 62% of the participants responded to being exposed to parental substance abuse. Lastly, the thoughts of the respondents *that they follow a similar pattern of abusing substances as their parents, family members and friends*, accounted for [184 ($M=2.37$, $SD=1.23$)] which illustrates that 184 participants responded to the question and 62.5% of the responded *that they think they follow a similar pattern of abusing substances as their parents, family members and friends*. The parents' attitudes and parent-child interaction, according to Kandel (1978) are also factors leading to substance abuse in children. The findings in the study illustrate that parents spoke to the respondents in regard to their concern about their friends that abuse substances which was 53.3%, and 3.6% responded that their parents were not concerned, which shows that the majority of the parents were concerned about the friends with whom their children associated.

According to Preston-Whyte (1978) and Moore (1994) economic disadvantages and the absence of fathers as authority figures in black and coloured families are elements of the kinship system. The results of the current study suggest that in table 4.2 the majority of the participants [100 (52.1%)] had enough money to cover basics such as clothes, food, bills, rent and school fees during childhood. However, socio economic status in adulthood shows that the majority of the participants [101 (52.6%)] do not have enough money to cover the basics such as clothes, food, bills, rent and school fees. The findings of the current study are similar to previous studies that examined the economic disadvantages. The findings of the current study shows in table 4.1 that the percentage of black participants was 1.0% and coloured participants was 99.0%. The current study shows in table 4.1 that participants raised in two-parent families was 53.6% and one parent families was 46.4%. This is similar to the findings by Preston-Whyte (1978) and Moore (1994) where they reflect on race; however there is a contradiction to previous studies that examined the absence of father figures as authority as the majority of the participants were raised in two-parent families.

It was found that in addition to individual factors, family and community factors were particularly influential in South African youth substance use. Female substance use was strongly associated with family factors while males were more influenced by community factors. Attention should be given to South African youth living in female-headed households without resident fathers. It could also be said that it is important to keep in mind that family history does not predict outcome. Most offspring of parents that have a substance abuse disorder do not themselves develop a substance abuse disorder. The results in the current study suggest that in table 4.12 the *past exposure to substance abuse by parents* accounted for [192 ($M = 2.12$; $SD = 1.190$)] this results illustrates that more than 55.7% of the participants responded to past exposure to substance abuse by parents which contradicts previous studies that stated that most offspring of parents that have a substance abuse disorder, do not develop a substance abuse disorder. The individual must not only be viewed as the product of risk factors but must be seen as an individual with its own strengths and liabilities.

5.5. Familial home environment

Substance use among adolescents in all parts of the world continues to be a significant health problem. At the present time there are few studies that have examined risk factors for marijuana and other drug use in South Africa. Investigations in the United States have identified risk factors that increase the likelihood of substance use in the demographic, environmental stressors, peer, family and personal domains. Males, older adolescents, and white adolescents report higher frequencies of drug use in the United States than other groups. Environmental stressors include poverty, lack of household amenities and hunger Forrester, Holland & Williams et al., (2014). Interestingly in the current study done it is similar to what research says about poverty, whereby looking at past and present socio-economic status there has been a decrease in the participants' status from childhood to

adulthood. During childhood the majority of the participants [100 (52.1%)] had enough money to cover basics such as clothing, food, bills and rent. However during adulthood their socio-economic status indicates that the majority of the participants [101 (52.6%)] do not have enough money to cover the basics such as clothing, food, bills and rent. A study done by Morojele, Brook, Kachieng et al. (2006) hypothesised that higher levels of environmental stress related to adolescent drug use.

5.6 Childhood exposure to substance use

While we do not fully understand the pathways that lead South African youth to use alcohol or drugs, a number of theories have been used to consider risky behaviour, including substance use, among the youth. The findings of the study will be linked to the theoretical framework. Bandura's (1986) social cognitive theory suggests there is a dynamic interplay between an individual's characteristics, their behaviour, and their environment including friends, family and peers as well as their physical environment. Families and communities are also important because an individual's attributes (and behaviour) may be reinforced. In terms of the results of the study it illustrates that 48% of the participants witnessed an incident whereby they experienced being exposed to substance abuse during childhood. This explains that the social learning theory of childhood exposure to substance abuse can have a possible effect on adults to become substance abusers due to childhood exposure to substance abuse. The individual's family is also important, as children interact with family which also relates to social learning theory. In terms of the findings of the current study 36% of the participants saw the end result where the person was under the influence of alcohol or an illicit drug. The findings illustrate that 36.4% of the participants saw the end result of their parents abusing substances whereby shouting and arguments took place.

According to Kilpatrick, Acierno et al., (2000), a youth's environment is usually influenced by families, peers and schools. Strong family and school bonds contribute to positive bonds with peers and less risky behaviour, while weak family and school bonds can lead to greater risk-taking by the youth or adolescent. The findings of the current study illustrate that the parents' reaction to their childrens' friends that use substances at school was the highest when the parents were not aware of these friends, i.e 36.3%, while the second highest response was 25.3% whereby parents warned their children not to associate with these friends that use substances. The influence of substance abuse among South African youth can have a possible influence on bonds with peers, schools, families and communities.

Research conducted by Meghdadpour, Curtis, & Mac Phail, (2012) states that there is a significant association between substance use and factors from almost all domains. The domains most influential for males are individuals and community and for females individuals and families. In overall, there was a significant association with substance use ($p < 0.05$) for males than among females. In terms of the findings there were more males than females in terms of the demographics of the study.

Social learning theory indicates that a positive relationship exists between children's drug use and parental drug use. Brook and Brook et al., (2003) state that parents could influence the drug-taking behaviour of their offspring. Bandura (2006), states that social behaviour is moulded by a number of processes. It includes the imitation of others' behaviour, differential reinforcement and the evaluation of significant others' behaviour as negative or positive.

According to Bandura (2006) environment is important for children. And social cognitive theory suggests there is a dynamic interplay between individual's characteristics, their behaviour and their environment including friends, family and peers. The findings

suggest that the respondents who *experienced family/friends abusing substances* stated that 49.9% of them felt out of place, and used with them. This demonstrates that family, friends and peers have an influence on children's substance abuse whereby they are influenced by a family member or friend abusing substances. This shows that family and friends are important, and that they play a role in childhood experience when they witness those abusing substances.

With regards to family closeness and drug use it could be argued that these factors might influence gender and ethnicity. However, the results of the current study show that neither gender nor ethnicities are significantly related to drug use. Marijuana use according to Vermeulen-Smit, Koning et al (2012) is primarily viewed as a peer-related phenomenon.

In the following section there will be a discussion on alcohol misuse and social learning theory. Early alcohol use can be a strong predictor of youth to adult misuse according to Kyprietal (2009). It can also increase mental health problems. Alcohol use and alcohol problems can develop from childhood (Zucker et al. 2008). Furthermore children that are part of peer groups who use alcohol could influence the risk of children drinking alcohol Martino, Collins et al., (2006). It could therefore be argued that peer influence can increase the risk of alcohol abuse. In the past sociological explanations of deviant behaviour were developed, but there have been developments in the theoretical perspectives on definitions of deviant behaviour. Behaviour is strengthened through positive reinforcements, negative reinforcements or weakened by aversive stimuli, positive or negative punishment. In addition, people learn in their interaction with the norms and attitudes of significant groups in their lives. These groups are, for example, peer-friendship, schools, churches etc. When positive rewards in the form of drugs are given from peers to individuals the probability of abstinence decreases. In relation to the study (table 4.7), the participants' response related to their

experience of family and friends abusing substances, 49.9% felt out of place, and used with them. According to table 4.10 the participants also indicated that their *experiences of parental substance abuse* was 36.4% which related to the participants seeing the end result of their parents abusing substances e.g. arguments, fights, police etc. This is similar to what research states that behaviour is learnt through different environments like schools, families and churches etc.

In the current study *past exposure of substance abuse at school* according to table 4.12, illustrates that half of the participants were exposed to substances at school [192 ($M = 2.00$; $SD = 1.060$)]. The participants' *exposure to substance abuse as a child* accounted for a response of [191 ($M = 2.47$; $SD = 1.070$)] which illustrates that 79.7% of the participants were exposed to substance abuse as a child. Interestingly this shows that exposure to substance use at school and with parents could have a possible effect on substance use as an adult.

In terms of the drug of choice of the respondents, alcohol accounted for 7.3% of the study. It can be illustrated by the findings that respondents felt out of place and used with friends and family. With regard to the past exposure to substance abuse, the findings shows that the highest response was [192 ($M=2.54$, $SD=1.030$)], which means that more than half of the participants responded to having experienced substance abuse, and they felt out of place and used with friends and family.

According to Fejer and Smart (1973); Johnston (1973), positive attitudes towards using substance are much more likely to be the cause of use of substances than those that experience negative attitudes towards it. Important factors can be peer and parental influence which increase teenage drug and alcohol behavior. The findings shows that 36.4% responded that they saw the end result of their parents abusing substances e.g. police came, arguments and fights. When the participants were exposed to substances as a child they, felt out of place,

which accounted for 49.9%. This result shows that past experience with substance abuse as a child could have a possible influence on an adult's current experiences in abusing substances.

Adolescents may have learnt deviant behaviour by family interaction before association with adolescent peers; this however contradicts the theory. However the process of social learning theory limits both definitions and peer association to affect deviant behaviour. It is also said by Akers (1996) that the association with peers is formed around attractions, friendships, and neighbourhoods which has limited reasons for direct or co-involvement in some deviant behaviour. Past research shows much support for social learning theory as an explanation or reason for deviant behaviour and drug use. The rates of nonmedical prescription drug use are the highest among adolescents and young adults (Johnson et al., 2005; substance abuse and mental health services administration 2006).

5.7 Peers influence

Peer substance use is a well-established predictor of adolescent drug use. The influence that the peer group has is modelled as social reinforcement of non-conforming behaviour. Prior research suggests that peer drug use influences adolescent behaviour and that adolescents' own predispositions to using drugs may lead them to select deviant peers. When looking at the study done (table 4.7) the *experience when family/friends used substances* the majority of the participants felt out of place and used with them, which accounted for 49.9%. According to a study conducted by Brook and Morojele (2006) adolescents with higher levels of drug use reported greater peer smoking, drinking and marijuana use and other illegal drug use which is similar to the findings conducted in the study. According to the findings in the study the *parents' reaction when they found out that their friends in school were using substances*, 36.3% of the parents were not aware that the

friends were using. The second highest response was 35.3% which states that their parents warned them not to associate with these friends.

Literature conducted by Morojele and Brooks (2006) states that older male adolescents reported that their peers used drugs. The adolescents' main explanation of their peers drug use was that it was positively reinforced. The participants believed that it resulted in pleasurable consciousness states, heightened attention, enhanced status and exempted socially unacceptable behaviour. This contradicts what the findings of the study found that participants felt out of place and used with them, which accounted for 49.9%. This illustrates that peer pressure for children has a great influence on decision making to substance use. The findings do show that 20.4% of the participants did not feel out of place, as they were assertive and said no. This is a small percentage of participants who did not feel pressured to use substances.

Interestingly time spent with peers who use alcohol or drugs according to Maxwell (2002); Poelen and Engels, (2007) state it has been shown to be a risk factor associated with alcohol and drug use. Historically, research done by Crawford and Novak (2008) and Windle (2000) indicated that peer influence may have a greater impact on adolescent alcohol and drug use than family factors. It is then important to concurrently control the influence of adolescents' peers, not just focusing on family factors. This is similar to the findings of the study which shows that not only family experience of substance use but friends (peers) who use have a contributing factor to substance use.

5.8. Gender

In a study done by Lynskey, Coffey, Degenhardt, et al., (2003), gender discrepancies in substance use were higher among South African youth, with boys (males) on average reporting higher levels of substance use than girls (females) for alcohol, marijuana and

inhalants. In another study done by Sung et al., (2005), the findings were that females are more likely to report drug use than males which contradicts the previous study. In terms of the literature it is similar to the findings of the study that shows that there is a significantly positive relationship for males ($r = .43, p < 0.01$) and females ($r = .34, p < 0.01$) for substance use. A possible reason could be that males seek assistance for treatment more easily than females do.

5.9 School dropout in addition to substance use

A study conducted in Cape Town, South Africa found that 55% of high school students dropped out before completing their schooling (Flisher et al., 2004). A cross-sectional study done by (Aloise-Young & Chavez, 2002) illustrated that there is an association between alcohol use and school dropout. Previous studies found that marijuana use was directly related to dropping out for males and females among African-American youth in Chicago (Green & Ensminger, 2006).

According to Eggert and Herting, (1993), a number of cross-sectional studies found that, besides marijuana/cannabis, other current illicit drug use was found to be higher among dropouts and students at risk for dropping out than school-going students. A study was done with a random sample of 1535 high school students in 2006 in Cape Town, South Africa. The results showed that of the 43% of students surveyed at baseline, all of them did not complete a follow-up questionnaire after 12 months. This survey indicated that substance use has a negative impact on school performance as well as a negative consequence on adulthood, and restrictive opportunities for tertiary education which are linked to lower life satisfaction, lower income and unemployment.

The findings of the current study illustrates that in table 4.1 the majority of respondents have some form of secondary schooling i.e. at 81.3%, primary schooling was 9.9% and tertiary education was 8.9%.

5.10 Overview of methamphetamine

Substance abuse has become a common phenomenon not only locally but also nationally. Crystal methamphetamine has become the leading drug of abuse in Cape Town over the past years among youth. It is a contributing factor to the increase of high risk behaviour, overdose, physical and psychological damage and economic disadvantage. Research studies have shown that factors that cause adolescents to abuse crystal methamphetamine display a lack of purpose in life, peer pressure and lack of parental supervision or knowledge Pluddemann, Myers & Parry (2008).

Prevention and treatment programmes have therefore been identified to educate youth/children about dangers of crystal methamphetamine and other related issues. In the last few years there has been an increase in methamphetamine epidemic addiction in South Africa, especially Cape Town, which is reported to have the highest rate of methamphetamine use (Pluddeman & Parry, 2007). Methamphetamine use is a continual major public health threat in the Western Cape area as well as on a global scale. The findings of the study illustrates in table 4.3 the highest substance of choice used was methamphetamine which accounted for 53.6%.

5.11 Limitations of the study

The limitations that were encountered during this research study:

- (1) When analyzing the questionnaire, the item, onset of substance abuse within adult relationships, the questionnaire did not accommodate incidents of stressors that occurred later in the relationship. The stressors could be unemployment etc.
- (2) Regarding the sample of the study, the sample was only taken from one particular substance abuse treatment centre, and if another population had been used or if different treatment centres were used the results might not be the same. For this reason results may not be generalized.
- (3) The research study took on a cross-sectional design and this was considered to be a limitation in that it provided a once-off perspective of the relationship between childhood exposure to substance use and substance use as an adult.
- (4) Additionally, a longitudinal study would offer information regarding onset and discontinuance as well as within-individual change (Farrington, 1991).
- (5) Retrospective recall was used which might have implications. Retrospective recall with individuals over 18 years eliminates the need for parental consent and the sample bias of parental consent (Harris, Sutherland & Hutchinson, 2013). Additionally, recall can become less problematic when asked to recall important events and occurrences rather than feelings or emotions (Hutchinson, 2007). For some participants remembering the past and current exposure to substance abuse was something they had to think about, especially in childhood.
- (6) The questionnaire was only available in English and not translated into Afrikaans which could have impacted on the reliability and validity of the study.
- (7) Lastly, the research was conducted in one specific area namely, Mitchell's Plain, and this could have had an impact on demographic information of the study.

5.12 Conclusion

This chapter has assisted in providing insight on research within the sphere of substance abuse, by means of literature investigating substance abuse, the factors that influence it and the effect it potentiates in the lives of future generations that are exposed to it. The theoretical framework gave impending information as to how the relationship between substance abuse and social cognitive learning theory is experiential by the child. It focused on certain aspects such as the family, peers, parenting styles and school dropout rates of children which could be possible factors contributing to substance abuse.

The findings of the current study reveal that in terms of gender, 58.3% of the participants were males and 41.7% were females, which indicate that there was not a great difference between males and females seeking treatment. The study showed that coloureds accounted for 99.0% and blacks accounted for 1.0%, which is not surprising as the Western Cape's population, especially the population of Mitchell's Plain, mainly consists of individuals with the racial classification of being coloured. The results of the current study with regard to employment status of the participants were 79.7% unemployed and 20.3% employed which demonstrates that the majority of participants seeking treatment were unemployed.

In terms of past research conducted on substance abuse, the majority of the participants have some form of secondary schooling which was 81.3%, primary schooling was 9.9% and tertiary education was 8.9%. It would be interesting to conduct research as to which grade the participants completed their schooling. There was not a great difference in the study between the marital status of parents: two-parent families was 53.6% and one parent family was 46.4% which illustrates that it cannot be assumed that one parent families are more likely to abuse substances.

The past and present socio-economic status indicates that in the past there was enough money for products they needed, but interestingly their socio-economic status decreased when they became older: for example presently there is not enough money for products they need.

The results of the current study reveal a positive relationship between childhood exposure of substance abuse and current substance use as an adult. The relationship between past exposure of substance use and current substance use experience within the total sample ($r = .39, p < 0.01$) as well as within groups. Experience of the past could have a possible influence on current experience as an adult abusing substance. The results show that hypothesis 1 of the study was proved.

The study also illustrates that the onset of using substances was the highest when participants were children (0-18 years) which was 35.6% which describes past experience of substance use with family and friends. Current substance abuse (onset of using with partner) was 46.0% which states the participant and their partner never used together. Past and current substance use with family or friends, according to the descriptive statistics of the study, indicated a mean of more than half for all 19 questions. In terms of gender differences there is a significant positive relationship found for males ($r = .43, p < 0.01$) and females ($r = .34, p < 0.01$) between current substance use and experiences and past exposure of substance use. The results show that hypothesis 2 of the study was proved. The results for family structure, shows that there was a significant positive relationship found in one ($r = .23, < 0.05$) and two parent families ($r = .38, p < 0.01$) between current experience and past exposure of substance abuse. The study indicated that the respondents in two-parent family structures were more likely to use substances than one parent family structures in terms of past exposure of substance use. The results show that hypothesis 3 of the study was refuted. In

terms of the question in the survey, that focused on whether they thought that they had been following a similar pattern of abusing substances as their parents, family or friends the result was [184 ($M=2.37$, $SD=1.23$)] which show that 62.5% of the participants agreed with the statement. It is evident from the results that were yielded in this research study that there is a relationship between childhood exposure to substance use and substance use as an adult. Thus, we could conclude that there may be other factors associated with childhood exposure to substance use and substance abuse as an adult. The study's results should be interpreted with caution; findings suggest that there is a relationship between childhood exposure to substance use and current substance use experiences. The results interpreted shows that there is a significant positive relationship found for males and females with regard to past experience to substance use and current substance use experiences. It also shows that two-parent families were more likely to use substances than one parent families. Social learning theory was also postulated; it indicated that learned behaviour has a significant relationship to childhood exposure to substance use and substance use as an adult. Although the limitations of this study may not be generalised as the sample is limited to participants from only one area and the majority was with one specific racial background, the study does highlight the need for further research, particularly into prevention programmes with children who are at high risk for substance use.

5.13 Recommendations

The following are suggestions for programme implementation, development and future research:

- Based on the results that were obtained, the majority of the participants were males rather than females. More research should be conducted with females receiving treatment as they experience other traumas like sexual abuse besides the exposure to substance abuse.

- Exploring substance use, when completing the questionnaire with them, exposure to substance use in childhood had to be explained as it was “normal” for participants to be exposed to substance use.

In the findings there is a significant relationship between childhood exposure of substance use and adult substance use. It is of paramount importance that early intervention is recommended within organisations that render services to children for substance abuse treatment. Even the participants’ children should obtain early intervention as well.

- Looking at factors such as onset of exposure to substance use, literature would propose that adolescence is the best time for early intervention. Adolescence is the phase when emotional maturity is forged in creating friendships with peers.
- Public agencies, social development and local government are still the most predominant means of assistance for substance abuse treatment. Substance abuse needs to be reflected as a disease.

Recommendations for further expansion on the topic of substance abuse are that a bigger sample be used within a longitudinal design. It may provide opportunity in gaining insight as well as predicting factors relating to substance abuse. The results of the study suggest that past experiences to substance abuse as a child was high which states that the participants witnessed the incident whereby they saw how the person used substances. As a recommendation it can be proposed that the focus needs to be on primary prevention placing emphasis on education and educating the public, especially those children who are at high risk for substance abuse.

- The results of the current study show that 49.9% of the participants felt out of place and used drugs or alcohol with their friends and family. Teaching children to “say no” to peer pressure has been a long-standing and well-evaluated component of many school-based drug education programs. Prevention programmes have been aimed at young people to focus on self-efficacy and skills training for improving their resistance to the use of drugs and alcohol. These programmes should be implemented at primary school level as part of a subject like Life Orientation.
- The findings of the current study found that heroin accounted for 26.0% and alcohol for 7.3%. Proper understanding of the different protocols in terms of the treatment of addiction, depending on the substances used or abused should be emphasized at treatment facilities.
- In relation to the current findings 81.3% of the participants completed some form of secondary education and 9.9% of the participants completed some form of primary education. Researchers should explore what happens to substances abusers with a low level of education, especially those individuals with only primary schooling. During treatment, clients use a manual which is written mainly in English, and it could be a barrier if the client cannot read and write.
- The results suggest that 26.0% of the participants were heroin users. Medical treatment for detoxification for heroin users has an age restriction of under 16 years of age at Stikland hospital. It is recommended that research be conducted on what happens to those individuals who are under the age of 16 years.

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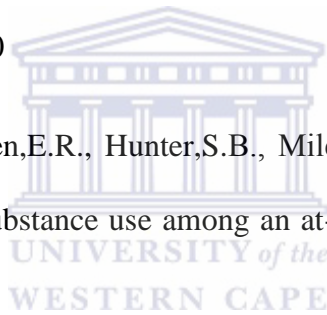
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Appendix I

Instructions:

There are 3 parts to the questionnaire

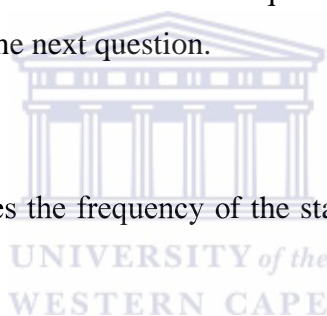
Part 1:

There are two parts to each question:

- Firstly, answer how often the exposure to substance abuse occurred by ticking in the box below the question.
- Secondly, answer all the ways you had experienced substance abuse by ticking in the box below the question.
- If you had answered 'Never' in the first question, skip the second part of the question and move on to the next question.

Part 2:

Tick the box that best describes the frequency of the statement in relation to your current life situation.



Part 3:

This is just general information about you. Please do not write your name on this sheet.

Past (Part 1)

These are short questions about your childhood years relating to the relationship between your exposures to substance abuse as a child. The word “exposure” will relate to any exposure to substance abuse while being a child. The exposure can be via your parents, siblings, aunts, uncles, peers or neighbours.

1.a) How often were you exposed to substance abuse(alcohol and illicit drugs) as a child?	Never	Seldom	Almost Always	Always

1b.) When you were exposed to substance abuse (alcohol and illicit drugs) how did you experience it?	I saw the end-result (e.g. the person was under the influence of alcohol or an illicit drug.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, walked away.)	I heard about it afterwards.

2. a.) As a child have you been exposed to substance abuse whereby shouting, insults, acquisitions, threats took place due to substances?	Never	Seldom	Almost Always	Always

2. b.) How did you experience it when the user hurt other people's feelings by shouting, insulting, accusing or threatening someone; how did you experience it?	I saw the end-result (e.g. the person was hurt, something was broken, police came, and family or neighbours intervened?)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	I heard about it afterwards.

3. a.) How often were you exposed to people/friends who are not family and who abused substances?	Never	Seldom	Almost Always	Always

3.b.) How did you experience it when you were around family/friends that abuse substances?	Felt out of place, and used with them	Felt out of place, was pressured to use	Felt a bit out of place, but was assertive and said no	Did not feel out of place, as I was assertive and said no

4.a.) How often were you exposed to friends/family that used and your parents knew about it?	Never	Seldom	Almost Always	Always

4.b.) When your parents knew about it, what was their reaction?	Told me to stay away from them, even gave me a beating	Just spoke to me about their concern	They seemed concerned, but didn't say anything	They were not concerned about it

5.a.) How often were you exposed to substance abuse at school?	Never	Seldom	Almost Always	Always

5.b.) What was your parent's reaction when they knew that your friends at school use?	They took me out of the school	They warned me about not associating with these friends	They said that I should choose my friends wisely	They were not aware

6.a.) How often were you exposed to your parents abusing substances?	Never	Seldom	Almost Always	Always

6.b.) When your parents abused substances how did you experience it?	I saw the end result in my parent/s abusing substances eg: argument, fights, police intervention, family and neighbours involved, etc	I witnessed my parent/s abusing substances	I heard the arguments, but stayed in my room	Did not affect me


7.a.) How often did you intervene in stopping your parent/s abusing substances?	Never	Seldom	Almost Always	Always

7.b.) When you intervened in stopping your parent/s how did you experience it?	I witnessed the end result of him/her abusing substances eg saw how he/she looked after using	I witnessed him/her abuse it	Was not able to stop him/her, I then rather withdrew from the matter	I was able to stop it

Present (Part 2)

This relates to your current experience or even if it occurred recently. ‘Your partner’ in this regard relates to male or female.

	NEVER	SELDOM	ALMOST ALWAYS	ALWAYS
1. How often had you and your partner abused substances together?				
2. How often had your close friends or using associates used together?				
3. How often have you felt that you have to use every day?				
4. How often have you told yourself that you want to stop?				
5. How often have your friends/family told or asked you to stop?				
6. How often have your partner told/asked you to stop?				

7. How often have your family, friends, children intervened in stopping you from abusing substances?				
8. How often have you thought that you have been following a similar pattern of abusing substances as your parents, family, friends experienced during your childhood years?				

Demographic Information (Part 3)

Gender (M)= Male or (F)= Female _____

How old are you? _____

What race or ethnicity do you consider yourself? (Please tick where appropriate or specify if “d”)

a.) Black

b.)Colored

c.) White

d.) Other _____

Employed (E)/Unemployed (U)? _____

Drug of choice? _____

Description of using? (e.g. Smoke, Sniff, Inject, Drink)

What was your highest grade completed?

- a.) Primary School
- b.) Secondary School
- c.) Tertiary Education

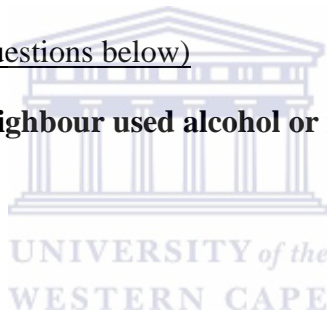
What was the marital status of your parents while growing up?

- a.) Married
- b.) Divorced
- c.) Single parent
- d.) Other _____

(Circle only one answer for the questions below)

When your parent, friend or neighbour used alcohol or illicit drugs when did it start?

- 1a.) As long as I could remember.
- b.) When I was a child (0-18yrs)
- c.) I can't remember.



When did the abuse of substances start between you and your partner?

- 2a.) As long as I've known him/her.
- b.) Before we got into a relationship.
- c.) As soon we got into a relationship.
- d.) I can't remember.
- e.) Never occurred.

When you were growing up, was there always enough money for the things you needed?

- 3a.) No. Sometimes there wouldn't even be money for clothes, food, bills, rent, and school fees.
- b.) Yes.
- c.) Yes. Even enough money for the things we didn't need.

d.) I can't remember.

At present, is their enough money to cover the things you need?

4a.) No. Sometimes there wouldn't even be money for clothes, food, bills, rent, and school fees.

b.) Yes.

c.) Yes. Even enough money for the things I don't need.

d.) I don't know.

(Format and instructions adapted from Edleson, Shin, Johnson Armendariz, 2008)



Appendix II



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INFORMATION SHEET

Title of Research: The relationship between childhood exposure to substance use and substance use as an adult.

What is this study about?

The aim of the study is to determine the relationship between childhood exposure to substance use and substance use as an adult. The study will furthermore attempt to establish the prevalence of childhood exposure to substance abuse and establish the prevalence of current and past substance use with family and friends. It will determine the relationship between past exposure to substance use and current substance use. The study will lastly compare the relationship on the basis of (i) gender and (ii) family structure.

What will be asked if I agree to participate in this study?

If you agree to participate in the study you will be asked to complete a questionnaire. The questionnaire can be completed at the outpatient treatment centre. The questions that will be asked will focus on three sections: namely, how often you were exposed to substance abuse as a child and the frequency of the exposure. Secondly, the frequency of the exposure to substance abuse currently in your life and thirdly, general information about yourself.

What are the risks of the research?

The physical and psychological risks involved in this study are minimal. However, should you require any assistance an appropriate referral source such as a counsellor from the centre will be contacted and a referral will be made.

What are the benefits of the research?

The study will investigate the relationship between childhood exposure to substance use and substance use as an adult. The results of the study may assist service-rendering organisations in assessing current programmes and planning future programmes; for example peer facilitator programmes at school and drug information sessions at early childhood development phase. This will also afford the participants in the study to confront issues which pose personal challenges to them.

Do I have to be in this research or may I stop participating at any time?

Participation in this research is voluntary. Once you have consented to participate in the research, you may withdraw at any time during the process without penalty.

What if I have questions?

The research will be conducted by Carmen Herbert under the guidance of the Social Work Department, University of the Western Cape. If at any time you have queries regarding the nature of the study, you could contact the researcher at the details given below:

Researcher: Miss Carmen Herbert

Cell No: 078 346 7732

E-mail: carherbert@gmail.com

Should you have any questions regarding this study and your rights as a research participant, or you wish to report any problems you have experienced related to the study you may also contact:

Head of Department: Professor Nicolette Roman (Child and Family Studies)

Dean of the Faculty of Community and Health Sciences: Professor Jose Frantz

University of the Western Cape

Private Bag X17

Bellville

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.



Appendix III



UNIVERSITY OF THE WESTERN CAPE

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Consent Form:

Research Title: *The relationship between childhood exposure to substance use and substance use as an adult.*

I hereby acknowledge that the researcher has discussed with me the aspects of the study, its purpose and how it will be carried out, by means of the Information Sheet. I understand the purpose of the study and confirm that I have been allowed adequate opportunity to ask questions where I did not understand the explanation. The decision to participate in the study is solely my own.

The research project involves completing a questionnaire. The questionnaire will assist the researcher to capture all the information needed for the study. Only the researcher, the supervisor and the research coordinator will have access to the questionnaires.

..... I agree to participate by completing the questionnaire in this study.

..... I do not agree to participate by completing the questionnaire in this study.

By signing I agree to participate in the study. I know and understand that my participation is voluntary and that I may choose to withdraw at anytime without prejudice or penalties. I have had the study explained to me and I am willing to participate of my own free will.

Signature of participant Date:

Signature of witness Date:

Signature of researcher Date:

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator.

Study Coordinator's name: Dr. Shaheed Soeker
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