

## Research Article

# The Experiences of Families of Adolescents who use Substances at a Township in Mpumalanga Province, South Africa

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### Abstract

**Background:** As the prevalence of adolescent drug abuse increases in South Africa, families are subjected to the consequences of this risk behaviour of their relative. Many studies on adolescent substance abuse focus on the negative consequences of it on the user and less attention is given to the impact of adolescent family that is affected.

**Purpose:** The purpose aim of the study was to explore the experiences of families living with adolescents who abuse substances at a township in Mpumalanga Province, South Africa.

**Methodology:** A qualitative design and purposive sampling was used to interview parents or caregivers of adolescents who use substances. The sample was recruited from families of adolescents who were referred to The South African National Council on Alcoholism SANCA. Socio-demographic data of both the participants and substance users were collected from the participants. NVIVO 12 software was used for thematic analysis of the data.

**Results:** A sample of 17 families of adolescent drug users consisted of 11 parents, 3 siblings, 2 grandparents, and 1 aunt. Their ages ranged from 30 to 58 years old. The majority (82%) were female, and 52% of participants were single. The majority of drug users (76%) were male and ranged in age from 14 to 19. Drugs commonly used by adolescents were daga, alcohol, and tobacco. The majority of adolescents (94%) were admitted to rehabilitation centers, but all had relapses. The qualitative data revealed nine themes that reflect a range of societal challenges faced by families, including family prejudices and challenges to parenting skills. Coping mechanisms included social and emotional support.

**Conclusion:** The findings show that families living with adolescents who abuse substances are faced with various challenges which affect their health, finances, dignity and relationships in their families. The study con-

firmed the serious challenge of substance abuse, which needs strategic interventions.

**Keywords:** Substance use; Drug abuse; Alcohol; Daggga

### Introduction and Background

Major contributors to the increase in substance abuse include globalization as well as political and social transformation, which have increased movement of people and goods across borders, with an accompanying increase in the availability and supply of illicit substances [1,2]. Alcohol and daggga remain the most common substances used, and a significant public health challenge, especially for adolescents and indigenous communities in Africa, where daggga is easily grown. With the recently legalization of daggga for private recreational use, it is expected that its use will continue to increase, with significant negative public health and social consequences [3].

Substance abuse during adolescents is associated with a range of health challenges, as well as a social and economic burden in societies, thus a direct negative impact on families. It also interferes with the social wellbeing of young people, is associated with chronic health issues, interferes with academic performance, and is responsible for a significant proportion of mental disorders, which makes this an important public health problem [4-9]. Because different substance use harms are associated with different substances, as well as differences in life stage when these harms occur, thus the need for ongoing studies on patterns and trends of substance use among young people, which re-

mains a major impact on global health [10].

The use of psychoactive substances remains a growing problem in South Africa, as the country has also become an end-user, manufacturer, and transit country for illicit drugs, which results in a complex scenario of social challenges, especially among young people. The country also experiences youth drug abuse as a high-profile public health concern, as the high unemployment rates in the country and especially among young people contribute to substance abuse [11,12].

The impact of such use is much higher, as mental challenges have been reported for family members who have substance users [13]. In particular, depressive symptoms have been reported among family members of people who use nyaope, which is a novel psychoactive substance commonly used in some communities in South Africa [14]. The impact of the use of substances thus affects the social wellbeing of other family members, and thus affects family relationships. It is for those reasons that the impact of substance abuse on the family needs consideration if this social challenge is to be addressed holistically.

Families with drug-using members experience processes of deep, prolonged, and grieving over several stages comprising of denial, bargaining, anguish, and acceptance [15]. Substance use by adolescents puts a burden on the wellbeing of their families, and substance use by adolescents affects the overall functioning of the families where it is now characterized by strained relationships across the family systems [16]. The situation often leads parents to neglect the needs of other children, which drives siblings to other sources of guidance.

Families living with adolescents who abuse substances experience many difficulties which disrupts the smooth running of their family, and thus the quality of their lives. Matejevic, et al. (2014) reported that substance abusers tend to be aggressive towards family members, while Mokwena, et al. (2014) reported criminality of nyaope users, which often includes stealing from the family [17,18]. Parents often experience self-blame because they feel responsible for their adolescent child becoming involved with drugs [19]. Families are also often stigmatized and excluded from community activities by society, as they believe parents/caregivers are responsible for the adolescent's behavior [20,21]. Families also have to frequently lock doors to prevent stealing of items by the substance abuser, which results in the disruption of normal family interactions and movement within the home [22]. Moreover, substance abuse among young people and remains a challenge because it disintegrates families and entraps them in generational poverty [23].

Substance abuse patterns show geographic trends, which suggests that both the prevalence of substance use as well

as experiences of families are specific to communities, hence the need to conduct family impact studies across various communities [24,25].

### **Purpose of the study**

The purpose of the study was to explore the experiences of families living with adolescents who abuse substances in a township in Mpumalanga Province.

### **Methodology**

#### **Research design**

A qualitative design, using in-depth interviews, was used to collect data from family members of adolescents who use substances.

#### **Research setting**

The study was conducted in a township in Mpumalanga Province. The South African National Council on Alcoholism (SANCA) has an office in the township, which provides outpatient support services which provide information, treatment and prevention services to clients who have substance abuse challenges. Data collection was done in the homes of the families who live with an adolescent who uses substances.

#### **Population**

The population consisted of family members of adolescents who use substances, and included parents or caregivers of adolescents who use substances, who were referred to, or attend a rehab programme at the South African National Council on Alcoholism (SANCA). The participants were all residents of the township who were 18 years old or above and were willing to participate in the study.

#### **Sample**

A total of 17 family members who consisted of caregivers, parents or siblings of the substance users, who were 18 years of age or above, and were willing to participate were selected to be part of the study. This sample size was determined by data saturation, which is the stage in which interviews no longer produced new information.

The researcher employed purposive sampling of families living with adolescents who abuse substances in order to obtain in-depth knowledge on the phenomenon of the study.

#### **Recruitment**

The participants were recruited from the South African National Council on Alcoholism (SANCA), where social workers assisted the researcher with identifying families which met the criteria for participation in the study. The social worker at SANCA office informed the potential partici-

pants of the study, and requested them to participate. Those willing were linked with the researcher, and appointments were made with a specific member of the family at their home, at a specific time.

### Data collection tools

A quantitative questionnaire was used to collect sociodemographic data of both the participant and the adolescent who uses substances, and an interview guide was used to collect qualitative data. The questions in the interview-guide were developed by the researcher from literature review and consideration of findings from studies which reported on family-centred studies. Xitsonga, which is the spoken local language, was used during interviews.

### Data collection process

A pilot-study with three families was conducted before the main study. On the day of data collection, the purpose of the study was explained to the potential participants, and they were given an opportunity to ask questions or seek clarification. Research participants were then requested to provide informed consent, which included permission to record the interview by use of digital recorder.

Data collection consisted of collection of socio-demographic information, which was followed by the in-depth individual interview, which was audio-taped. Data were collected in Xitsonga, which is the language of communication used in the community. The interviews were conducted in the homes of the participants and data collection continued until saturation was reached.

### Data analysis

The socio-demographic data of both the participants and the adolescents who use substances were analysed descriptively and Nvivo version 12, software for data management. The raw audio data was translated from Xitsonga to English, transcribed verbatim and typed into Word, and uploaded to Nvivo software for thematic analysis.

### Ethical considerations

Ethical clearance for the study was obtained from the Se-fako Makgatho Health Sciences University's Research and Ethics Committee (SMUREC/H/315/2019: PG). Study participants were given all the necessary information about the study, so they could make an informed consent, and all provided informed consent before being interviewed.

### Results

#### Profile of the participants

A total of 17 family members, 14 females and 3 males, participated in the study. The majority (52.94%) were moth-

ers of the substance user, followed by 11.76% of fathers, grandmothers and sisters with the least (5.88%) being brothers and aunts. Their ages ranged from 30 years to 58 years. The rest of the socio-demographic characteristics of the participants are shown in Table 1 below. The socio-demographics of the substance users are reflected on Table 2 below.

**Table 1:** Socio-demographics of the characteristics

| Variable           | Category            | Frequency | Percentage (%) |
|--------------------|---------------------|-----------|----------------|
| Gender             | Female              | 14        | 82.35          |
|                    | Male                | 3         | 17.65          |
| Age in years       | 25-34               | 5         | 29.41          |
|                    | 35-39               | 2         | 11.76          |
|                    | 40-44               | 3         | 17.65          |
|                    | 45-49               | 4         | 23.53          |
|                    | 50+                 | 3         | 17.65          |
| Marital status     | Married             | 6         | 35.29          |
|                    | Single              | 9         | 52.94          |
|                    | Widow               | 2         | 11.76          |
| Education attained | Tertiary            | 6         | 35.3           |
|                    | High school         | 5         | 29.41          |
|                    | Primary             | 4         | 23.53          |
|                    | No formal education | 2         | 11.76          |
| Employment status  | Employed            | 11        | 64.71          |
|                    | Unemployed          | 6         | 35.29          |

**Table 2:** Profile of substance users

| Variable                  | Category          | Frequency | Percentage (%) |
|---------------------------|-------------------|-----------|----------------|
| Gender                    | Female            | 4         | 23.53          |
|                           | Male              | 13        | 76.47          |
| Age in years              | 14-17             | 11        | 64.71          |
|                           | 18-19             | 6         | 35.29          |
| No of years using drugs   | 01-Feb            | 8         | 47.06          |
|                           | 03-Apr            | 7         | 41.18          |
|                           | 05-Jun            | 2         | 11.76          |
| Years using substances    | 01-Feb            | 8         | 47             |
|                           | 03-Apr            | 7         | 41.18          |
|                           | 05-Jun            | 2         | 11.76          |
| Current drugs             | Cig and alcohol   | 4         | 25             |
|                           | Dagga and alcohol | 2         | 12.5           |
|                           | Dagga             | 7         | 43.75          |
|                           | Others            | 3         | 18.75          |
| Ever admitted for rehab   | Yes               | 16        | 94.11          |
|                           | No                | 1         | 5.88           |
| Ever relapsed after rehab | Yes               | 16        | 94.11          |
|                           | NA                | 1         | 5.88           |

### Qualitative findings

The following 9 themes and related sub-themes emerged from data analysis:

Theme 1: Initial finding out about adolescent substance abuse

Sub-theme 1.1: Initial denial about child using drugs

Theme 2: Perceived contributory factors to substance abuse

Theme 3: Negative perceptions of community members about the family of adolescents who use substances

Sub-theme 3.1: the community develops negative perceptions about parenting skills

Theme 4: Unbecoming behaviours associated with use of substances

Theme 5: Consequences of substance abuse on the family

Sub-theme 5.1: Emotional distress

Sub-theme 5.2: Broken family relationships

Sub-theme 5.3: Reputational damage

Sub-theme 5.4: Cost of substance abuse

Theme 6: Safety concerns about adolescent using substances

Theme 7: Coping with adolescent using substances

Sub-theme 7.1: Getting social support

Sub-theme 7.2: Turning to prayer for comfort

Theme 8: Family efforts to help adolescent quit addiction

Theme 9: Utter hopelessness about the situation

The details of the themes, as well as supporting verbatim statements, are given below.

### **Theme 1: Initial finding out about adolescent substance abuse**

This theme is about how families learnt about the adolescent substance abuse and how they reacted to it. The families found out in different ways, some direct and others not so directly:

*“I was told by the school that they found cigarettes in his pockets and his behaviour also started to change”* (Father of a 15 year old user).

*“One day my neighbour told me that my daughter was seen smoking with the nyaope group. I was so shocked and couldn't believe what she was saying about my daughter”* (Mother of an 18 year old user).

*“I was told by a neighbour that my son is taking substances. I was so surprised and asked what they (neighbours) have seen on him”* (Mother of a 17 year old user).

*“They were found in possession of dagga; her grandmother and I were called by the principal and she did not deny”* (Father of a 17 year old user).

### **Sub-theme 1.1: Initial denial about child using drugs:**

Participants reported to have found it hard to believe that their children could have drug problems because of various reasons. Families had their own views of who was likely to be hooked on drugs; hence they initially found it hard to believe their adolescent's addiction.

*“I knew nyaope was happening in the area but never thought my brother would end using too.....I thought things like drugs were for teenagers from poor background”* (Sister of a 17 year old user).

*“I was in denial and could not believe that a 14 year old can do things they accuse him of doing. I asked my son about the accusations, and he denied”* (Mother of a 14 year old user).

*“I just never thought she was the type to use drugs as I believed soccer was enough to keep her busy and away from bad things”* (Grandmother of a 19 year old user).

*“There is no history of drugs in the family, so no one expected it”* (Brother of a 15 year old user).

### **Theme 2: Perceived contributory factors to substance abuse**

Families believe that their children resort to drugs because of certain situations that they experience. These reasons are mostly rooted in negative family experiences and their social environment.

*“He started misbehaving with dagga when his mother and I were fighting. His mother left home after divorce. I guess he did not take it well”* (Father of a 15 year old user).

*“What can we expect from a young lady who does not know both her parents but they are still alive”* (Grandmother of a 19 year old user).

*“I don't know if its adolescence stage or he was struggling to cope with the changes. He started doing what his father used to do, including smoking and raising his voice when talking to me”* (Mother of a 16 year old user).

*“My son told me the reason he started smoking was because everyone was smoking in the house so he got bored and joined the fun. From what I know my child was struggling to deal with grief, he jumped to smoking right after his father's passing”* (Mother of a 16 year old user).

### **Theme 3: Negative perceptions of community members about the family of adolescents who use substances**

The findings established that community members often

have negative opinions about the families of the substance user, which include suggestions that children use substances because of lack of guidance and poor parenting.

**Sub-theme 3.1: the community develops negative perceptions about parenting skills:** Family members often receive negative comments from the community implying that they contributed to their child's behaviour, including name calling by members of the community, as depicted below:

*"They call me mother of a thief, and say I am a bad parent as I have failed to raise my child in a good way"* (Mother of a 14 year old user).

*"I am worried that they will think I failed as a parent, because that is what they say about parents of substance abuser"* (Mother of a 17 year old user).

*"People talk bad about me and my daughter; they keep criticizing me like I failed to guide my daughter"* (Mother of an 18 year old user).

*"They are blaming me for his drug use and say I am not doing anything. If I can start doing something like punishing him, they will still say I am abusing him because his parents passed"* (Aunt of a 17 year old user).

*"You know people are talking behind my back saying I am failing to manage only one child. You won't believe they even think that I am spoiling my child with money because he is the only one left"* (Mother of a 16 year old user).

Sometimes the blame comes from the family

*"He blames me for the child's behaviour, saying I failed to raise him well and now he is embarrassed as the head of the family"* (Mother of a 14 year old user).

#### **Theme 4: Unbecoming behaviours associated with use of substances**

In this theme participants narrated on the inappropriate behaviour of their adolescent since the onset of substance abuse, which include acts of violence and criminal behaviour by the adolescent. Acts of violence were depicted as follows:

*"He once hit me and left lots of scars all over my face"* (Mother of an 18 year old user).

Sometimes the violence is sheer destruction of property

*"He broke all the windows, bedroom cupboards I just replaced most of the things in this house. He once took a chair and hit my room divider until it broke down, and get surprised after work"* (Mother of a 16 year old user).

Examples of criminal behaviour mainly includes theft from

the community members

*"So when my brother steals from them, they come and request that we pay, sometimes they accuse us of working with him. They associate us with what my brother is doing and it is not fair"* (Brother of a 15 year old user).

*"Yes, they blame me for his actions, always complaining about their lost belongings even though I am not the one who sent him to steal"* (Mother of a 14 year old user).

*"Like when he steals something, they expect us to pay and I think they also look at our situation and take advantage of us"* (Sister of a 18 year old user).

The theft includes stealing from the family members

*"He would always have a lot of money to spend and when I check my bag I can see he has been stealing from me. His behaviour completely changed"* (Mother of a 19 year old user).

*"He once stole my Rs.2000.00 and when I ask about it, he denied even though it is only him and I in the house"* (Father of a 15-year-old user).

*"When I go to the bathroom, he searches my house and steals cash"* (Mother of a 17 year old user).

#### **Theme 5: Consequences of substance abuse on the family**

This theme refers to the views of the participants regarding the outcomes or consequences of living with an adolescent who uses substances, and these include emotional distress, broken family relationships, reputational damage and the cost of substance abuse.

**Sub-theme 5.1: Emotional distress:** Findings on what this substance is doing to the family revealed that families experience sadness, stress and psychological pain which in return also affect their health.

*"My blood pressure keeps going high because of this child. He is short-tempered it's not easy to talk to him and he can be angry at me for the whole week. I was almost diagnosed with depression because of always stressing and sometimes could not get any sleep"* (Mother of a 16 year old user).

*"Sometimes I struggle to sleep when I think of her harsh words; my blood pressure is forever unstable"* (Grandmother of a 19 year old user).

*"I feel distressed it is a good thing I pray, otherwise would have fallen straight to depression"* (Grandmother of a 16 year old user).

*"I feel pain and there is nothing else I can do. I just wish he can get a job it can keep him away from his bad friends"*

(Mother of a 17 year old user).

*“These words destroyed me and just regretted being a mother to him. If I was childless, I was going to be free from all the worries”* (Mother of a 16 year old user).

**Sub-theme 5.2: Broken family relationships:** Participants expressed that the family relationships are affected because of dealing with an adolescent who is abusing substances.

*“I am always stressing about what he will do next; this leaves me with less time to focus on my children”* (Aunt of a 17 year old user).

*“This situation has somehow destroyed my relationship with my wife. You know she is only their stepmother; she has her own children to deal with and it’s hard given my daughter’s behaviour”* (Father of a 17 year old user).

*“He is very disrespectful towards his sisters, and they don’t have a good relationship”* (Mother of a 14 year old user).

*“His problems also affect my marriage because my in-laws keep saying I bought a junkie in my husband’s house”* (Aunt of a 17 year old user).

*“My husband and I are not in good terms we are experiencing problems because of him, I even regret giving birth to him because I am forever solving his problems”* (Mother of a 14 year old user).

*“He would take something to sell and deny after; then we start pointing fingers at each other and that makes us fight”* (Sister of an 18 year old user).

*“I even lost confidence in myself because people see me as a sister of a thug. I have also been refraining from community activities like society stokvel as I know they will end up discussing my brother instead”* (Sister of an 18 year old user).

**Sub-theme 5.3: Reputational damage:** The family members’ dignity is compromised because of substance abuse of the adolescent.

*“I don’t have confidence when I am standing in front of my learners, I am so embarrassed”* (Mother of a 16 year old user).

*“To be honest I feel useless, I do not have dignity as a mother. Even if I walk on the street, I feel like people can hear all the insults my son throws at me”* (Mother of an 18 year old user).

**Sub-theme 5.4: Cost of substance abuse:** Research participants revealed that adolescent’s substance abuse in the family has somehow cost them. This ranges from financial cost to compromise their social life and participants also

expressed how it has cost the users themselves:

*“He is really costing me financially and it is frustrating because I have other children to feed”* (Mother of a 14 year old user).

*“Sometimes I would be forced to leave my work and go solve her issues. I was this close to losing my job last year because of her”* (Mother of an 18 year old user).

*“I mean I am taking (financial) responsibility of her three children from different fathers while she becomes a junkie”* (Mother of an 18 year old user).

**Theme 6: Safety concerns about adolescent using substances**

Research participants expressed concerns about adolescents being unsafe in the community due to their behaviour. They find themselves worried about what the community might do if their children misbehave.

*“I am always overthinking things like what if they do crime while high and get attacked by the community”* (Mother of a 17 year old user).

*“He asks for food from people’s homes and it is not safe as people will get tired of feeding him and end up killing him”* (Sister of a 17 year old user).

*“He also has a habit of sleeping on the roadside when he is too intoxicated to walk home. I worry that he can get kidnapped and we don’t get to see him again”* (Father of a 15 year old user).

*“The behaviour of injecting drugs if he can continue with it will have a negative impact on his health”* (Mother of a 16 year old user).

Participants also highlighted that some of the community members fear the substance users and somehow feel unsafe due to their behaviour in the community when they are under the influence of drugs.

*“They would come to complain that my brother has started with his bad behaviour; they do not feel safe with him roaming around their streets”* (Sister of a 17 year old user).

*“Now they are aware that she is not around, and they look relieved. Yes, we great each other but there is no relationship anymore”* (Father of a 17 year old user).

*“Most parents hate me, saying my child will teach their children to use dagga”* (Grandmother of a 16 year old user).

*“Joo, it is a big issue because even the parents came to complain that my daughter stabbed their son on the arm, and they blame us for it”* (Father of a 17 year old female user).

### Theme 7: Coping with adolescent using substances

In this theme participants narrated the ways in which they cope with their young one using substances. From these discussions sub-themes emerged such as how they are getting support and turning to prayer for comfort.

**Sub-theme 7.1: Getting social support:** Families mentioned the availability of support systems as they dealt with having an adolescent substance user in the family.

*“Every time I get stressed by this child I know I can call my sisters and they won’t judge me. My neighbours on the side are on my side, reminding me that I am a good mother and that I have to be strong for my other children”* (Mother of a 13 year old user).

*“The social worker was emotionally supportive to me and even now he still gives tips about parenting a boy child”* (Father of a 15 year old user).

*“I do have support system. His paternal family are very supportive even though his father and I are separated; they call my son and talk to him about his behaviour. My two brothers also talk to him, but he doesn’t listen to them”* (Mother of a 19 year old user).

*“I have support from my big brothers; they tried to talk to him since his father died long ago and he never met him”* (Mother of a 17 year old user).

*“I get support from extended family members, my cousins, uncles and aunts have been helpful throughout. Everyone used to be hands-on in his situation and trying to help him stop using drugs”* (Sister of a 17 year old user).

**Sub-theme 7.2: Turning to prayer for comfort:** Spirituality is often considered as a viable option for help

*“I feel distressed, and it is a good thing I pray, otherwise I would have fallen straight to depression”* (Grandmother of a 16 year old user).

*“I think prayer and the presence of my daughters are the only things that have kept me this far”* (Mother of a 14 year old user).

*“It is painful because they do not know how much I am praying for my daughter to be a better person”* (Mother of an 18 year old user).

*“My neighbour who happens to also be my pastor prays with me on this situation. They are the only people I am close with in this community”* (Mother of a 16 year old user).

*“But I pray that one day things will work out, God has never failed me”* (Mother of a 14 year old user).

*“My first intervention was to invite the prophet to come assist the child and also sending him to SANCA for help”* (Aunt of a 17 year old user).

### Theme 8: Family efforts to help adolescent quit addiction

Families reported to have tried different measures to save the adolescents from substance abuse. The efforts to get the adolescent to use drugs vary from threats:

*“I also tried to threaten her with her own children. So I asked that she stop with drugs or else I will stop supporting her twins and that did not even scare her”* (Mother of an 18 year old user) and

*“I tried to scare her about social workers promising to take her child but that did not help, she just does not care about her own child”* (Grandmother of a 19 year old user).

To spiritual interventions: *“My first intervention was to invite the prophet to come assist the child and also sending him to SANCA for help. When it all failed, I tried to involve my cousin who is a police officer to scare him a little but he did not change his lifestyle”* (Mother of a 14 year old user).

*“I accompanied him for consultation at the hospital and they gave more information on drugs and what substances do to a person (some of the information were from certain organization from Nelspruit that deals with drugs)”* (Mother of a 17 year old user).

Even efforts to change the social environment did not help

*“We also tried to assist him get a job so he can change friends only to find that he does not have his identity document anymore”* (Sister of a 17 year old user).

*“At some point my brother called him to stay with him for a while and he literally ran away from him, and came back home and he just became unruly”* (Brother of a 15 year old user).

### Theme 9: Utter hopelessness about the situation

Families find themselves mourning the child they lost to drugs. Families have lost hope and believe that their adolescent will not go back to being normal again.

*“I have spent countless nights crying myself to sleep and stressing about the son I have lost”* (Mother of a 14 year old user).

*“There are no efforts that I will be doing now; she will just die an addict”* (Mother of an 18 year old user).

*“Nevertheless, it does not matter I already lost him”* (Mother of an 18 year old user).

*“She is a burden in this house, and I don’t think she will ever quit drugs and I have come to accept that there is no hope for her”* (Mother of an 18 year old user).

*“He has anger in his eyes especially when he sees me; I can’t recognise the child he has become”* (Mother of a 16 year old user).

## Discussion

The study sought to explore experiences of families whose adolescents use substances in a South African township in Mpumalanga, and the findings suggests that, not only is substance abuse a significant social problem in this community, but that the substance users are very young, with the youngest being 14 years old. It is also concerning that at least one of the adolescents already has three children and because she uses drugs, the responsibility of her children is left on the mother. This suggests compromised parental responsibility, and associated social risks for the children.

The finding that family members often find out about their adolescents’ using substances from other people can be explained by the relationship between parents and their children. The quality of the relationship between parents and their adolescents influences both the decisions and behaviours of adolescents regarding substance abuse [26]. Moreover, a close relationship between parents and their adolescents will enable the parents and/or other adult relatives to notice changes in behaviour that is associated with substance use. However, in cases where the quality of the relationship is not so good; the parents may miss the change of behaviour for some time, before others like school personnel take notice.

The findings that families perceive friends to be a major contributory factor to their adolescent using substances has been previously reported [27,28]. Although this finding is confirmed by the reported influence of the social environment on behaviour, this thinking disregards the possible influence of their relative on others to use substances. However, in the small community in which the study was conducted, this finding needs specific interventions as such influences will prove to be difficult to manage.

Literature has reported extensively about the stigma towards families of substance abusers, which was also a finding in this study [29-31]. This stigmatization of affected families actually operates as a barrier towards help seeking, which makes it even more difficult for the affected families [32,33]. However, sometimes this is self-created stigma, which results from the perception and not reality of the affected families, which suggests that the affected families themselves need some intervention to address this self-stigmatization, which further compromises mental and social well-being [34].

The finding that adolescents’ substance use results in broken family relationships has been previously reported, and can be explained by the family frustration as they fail to get the adolescent to quit drugs [13,35]. Moreover, parents’ constant attention to the problematic child often results in broken relationships with their other children, who feel neglected and ignored, and thus develop resentment towards the parents and the sibling with deviant behaviour [36]. It is in that way that substance abuse by a member of the family being seen as a threat to the well-being of the whole family, and not only that of the person that uses substances.

The finding that families have safety concerns about the adolescent who uses substances have been previously reported, and emerge from observations and research reports that substance abuse is associated with a range of injuries which include brain injuries, as well as self-harm and suicidal behaviours, which have significant negative outcomes [37,38].

The link between the use of substances among adolescents and a range of criminal activities and behaviours have been well documented, as was one of the findings in this study [39,40]. Other studies have linked adolescent substance abuse with subsequent mental illness, which highlights the seriousness of substance abuse in future health and development of the affected adolescents [41,42]. Such negative outcomes also suggest that substance use in adolescents should not be dismissed as only a passing phase, as its consequences may linger to affect the future of such adolescents.

The findings regarding the complexity of mechanisms used by families to cope with adolescents who use substances have been previously reported, and these include withdrawing, tolerating and engaged coping responses [19,43].

The sense of hopelessness among family members which was identified in this study was previously reported among families who experiences substance abuse difficulties, and has been reported to be different across races and ethnic groups, with such hopelessness being more pronounced among Blacks. Thus suggests that the hopelessness is a result of other social and mental challenges other than the substance abuse [44,45].

## Conclusion

The conclusion from this study is that the scourge of substance abuse needs urgent and carefully strategized approaches because the consequences are extensive as they affect families, as its impact affects the future of the adolescents. The findings suggest that the impact extends to physical, mental and social health of both the substance using adolescent, as well as his/her family.



## Recommendation

It is recommended that community based resources and interventions be developed and availed to families who experience substance abuse by members of their families.

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## Conflict of Interest

We confirm that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere.

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