



# SUBSTANCE ABUSE AND THE YOUNG: TAKING ACTION

## THE PROBLEM

Substance use by young people is of major concern in South Africa. Alcohol, tobacco and cannabis are the substances that are most commonly used. Most of those who use illegal drugs, such as cannabis, will usually have first used alcohol and/or tobacco.<sup>(1)</sup> Among learners in a high school survey conducted in 2002, about half (49.1%) reported ever having drunk alcohol, one third (30.5%) ever having smoked cigarettes, and 12.8% ever having used cannabis in their lifetime. Just under one quarter (23%) indicated having engaged in binge drinking (drunk five or more drinks on one occasion) during the preceding one-month period.<sup>(2)</sup> The most recent Demographic and Health Survey (of 2003) found that among adolescents aged between 15 and 19 years, 19.9% of the males and 10.2% of the females had ever used tobacco products, and 31.9% of the males and 17.2% of the females reported having ever consumed alcohol.<sup>(3)</sup>

For all young people, not only does substance abuse carry significant health risks, but it can also be associated with serious – and often devastating – social problems. These include:

- **Crime and violence.** Adolescents who use substances (such as tobacco, alcohol and cannabis) frequently are more likely than those who rarely or never use them to experience multiple violent acts.<sup>(4)</sup> Young people who are involved in criminal activities seem to be disproportionately involved in using substances. Another study found that younger arrestees were more likely than their adult counterparts to test positive for the use of various drugs, such as cannabis, mandrax and cocaine.<sup>(5)</sup>
- **Accidents and injury.** Adolescents increase their risk of being injured unintentionally and sometimes fatally in road accidents and fights when under the influence of alcohol and/or other drugs.<sup>(6)</sup>
- **Risky sexual behaviour.** Adolescents who drink alcohol and/or use other drugs are more likely to be sexually active than are those who do not, and also more likely to engage in unprotected sex<sup>(7,8)</sup> which is associated with having unplanned pregnancies<sup>(9)</sup> and contracting sexually transmitted infections, including HIV. The use of substances is reported to decrease adolescents' inhibitions and safer sex negotiation skills, thereby increasing their already-present vulnerability to engaging in sexual risk behaviour.<sup>(10)</sup>
- **Scholastic problems.** A longitudinal study among high school learners in Cape Town found a strong association between binge drinking, school dropout and low academic aspirations over a period of two years.<sup>(11)</sup>
- **Mental and physical health problems.** Research has found that having symptoms

of depression (e.g. disturbed sleep, appetite and pleasure) is associated with adolescents' use of alcohol, cannabis and cigarettes.<sup>(12)</sup> International research has also found links between cannabis use and schizophrenia<sup>(13)</sup>, and between methamphetamine use and various psychiatric disorders.<sup>(14,15)</sup>

## RISK FACTORS

Young people's substance abuse is linked to multiple factors. These include particular features of their community, school and academic environments, their peers/friendships, their parental/familial behaviours and circumstances, and their underlying personal characteristics (e.g. attitudes, personality and mental health status).

- **Societal/community factors.** Both legal and illegal drugs are readily available to many young people in South Africa at the broader societal and the specific community levels. The easier it is for young people to access drugs, the more likely they will be to use them.<sup>(12)</sup> Societal norms and portrayals of drinking and drug use in films and advertisements encourage drinking and other drug use, and alcohol advertisements often target young people.<sup>(16)</sup> At the community level, where they are exposed to public drunkenness, adolescent drunkenness is more likely to prevail.<sup>(17)</sup> Also, personal knowledge of adults who engage in anti-social behaviour is associated with smoking, while subjective adult norms against drug use and community affirmation of positive behaviour have been found to be related to less smoking behaviour among young people.<sup>(18)</sup>
- **School and academic environment.** When schools do not discourage alcohol and other drug use among their learners, then these behaviours are more likely to occur. The availability of drugs in and around schools facilitates their acquisition and use. In addition, having low academic aspirations and performing poorly at school have been found to be related to adolescents' use of alcohol.<sup>(11)</sup>
- **Parental/familial drug taking.** Young people whose parents and caregivers use alcohol and other drugs are more inclined than are those who do not experience drug-taking in their homes to also use them. Adolescents who are exposed to such behaviour are more likely to model it and/or to consider it acceptable.<sup>(19)</sup>
- **Parental/familial environment.** The quantity and quality of the time that parents spend with their adolescent children is linked to those children's use of alcohol and other drugs.<sup>(19)</sup> When parents/primary caregivers spend much time with their children, who in turn feel that their parents/primary caregivers care about them, substance abuse is less likely to occur.<sup>(19)</sup> Those without a nurturing home

environment become more likely to seek out others, and typically fellow age-mates, to fulfil their need for acceptance and recognition.<sup>(19)</sup>

- **Peers/friends.** The more alcohol and other drug users there are in the young person's circle of friends, the more likely he or she is to use such substances.<sup>(12,17,19)</sup> Young people typically report using alcohol and/or other drugs with friends and peers mainly for recreational purposes. Sometimes *peer pressure* seems to lead to drug use, whereby young people are encouraged by their friends to use drugs. Other times peer selection is reportedly in operation, when young people choose as their friends, other young people who use drugs and engage in other deviant behaviours. They then become drug users themselves.<sup>(19)</sup> In addition, drug use is a feature of adolescent gangs and other deviant peer group networks. Being a member of such groups often necessitates the use of different drugs.
- **Individual factors.** Young people who tend to engage in rebellious and deviant behaviours tend to also be prone to using drugs.<sup>(12)</sup> On the other hand, greater religious involvement is associated with less alcohol use and drunkenness<sup>(17)</sup> Having a positive attitude to drug use means that the young person views the behaviour favourably and expects positive outcomes to outweigh negative consequences of the behaviour. For example, the short-term enjoyment that some adolescents believe can be derived from an evening of heavy drinking can be more salient and valued than the possible negative consequences of such behaviour in the longer term. Young people who have a short-term focus are much more likely to abuse substances than are those with a longer-term view of life.<sup>(20)</sup> Depressive symptoms and a poor sense of well-being have also been shown to be associated with the use of cigarettes and illegal drugs among young people.<sup>(12,19)</sup>

## RECOMMENDATIONS

Substance abuse is a problem among young people in many communities in South Africa. However, structural factors, such as poverty and unemployment, make substance abuse problems particularly devastating and difficult to solve in poorer and marginalised communities. Decisions about how best to address substance abuse problems should take cognisance of the nature of the community for which intervention efforts are intended. In addition, international research over the past decade has pointed to the heterogeneity of patterns of substance use from adolescence into adulthood (referred to as substance use trajectories). For tobacco use, for example, four groups have been identified which include non-smokers, maturing-out smokers, late-starting smokers, and early-starting continuing smokers.<sup>(21)</sup> Similarly, different studies have identified between three and six distinct substance use trajectories, most of which recognise that between adolescence and early adulthood some young people remain never users, others are continuous users, others' use begins early but tapers off during early adulthood, while others only start using substances during their late teens or early adulthood.<sup>(22)</sup> Somewhat different intervention approaches are needed when addressing the distinct substance use trajectories.<sup>(21,22)</sup>

Three different approaches are important when tackling substance abuse among young people, depending on the nature and severity of the problem. *Universal prevention* strategies are needed to prevent young people from abusing substances. *Selected prevention strategies* are needed for those who are at risk for substance abuse. *Indicated prevention strategies* are needed to support those who exhibit substance use-related problems, including substance use disorders. Interventions should target the risk factors at all levels. The following recommendations focus on universal, selected and indicated prevention approaches in turn. Additional recommendations concerning tobacco use are specifically discussed in various MRC Policy Briefs<sup>1</sup>.

### UNIVERSAL PREVENTION STRATEGIES

Preventing young people from misusing alcohol and other drugs is a major challenge as many programmes have been found to not be effective.<sup>(23-25)</sup> The next sections provide recommendations on universal prevention programmes, based on findings on the strategies that have been shown to be most effective in preventing or delaying young people's uptake or abuse of substances.<sup>(23-25)</sup>

### Working at the Societal/Community level

Research findings reviewed above suggest that interventions involving communities should be geared towards reducing young people's access to alcohol and other drugs, and modifying societal/community norms that promote their use. Most interventions focusing at the societal level involve regulatory interventions. Specific regulatory activities that are likely to bring about change are those that will:

- Reduce the affordability of legal drugs (e.g. by increasing excise tax on alcohol and tobacco products).
- Reduce the number of outlets that sell tobacco products and alcohol.
- Enforce laws that ban the purchase of alcohol and tobacco products by minors.
- Tighten the penalties for breaching alcohol and tobacco legislation.
- Strengthen supply reduction activities of law enforcement agents (e.g. by preventing the production and distribution of illegal drugs domestically, and cross-border trafficking).
- Support community interventions to reduce the sale of legal and illegal drugs.
- Extend the current ban against advertising to persons under 18 years to apply to those up to and including the age of 25 years.
- Ban alcohol-related sports sponsorships when minors exceed 10% of the likely viewing audience.
- Institute counter-advertising measures to counteract alcohol industry-sponsored drinking messages.
- Institute measures to reduce youth exposure to public drunkenness (e.g. through community mobilisation and stricter enforcement of laws by police).

### Working with Parents/Caregivers/Families

The research findings reviewed above suggest that interventions that (a) reduce substance abuse among adults/parents/care-givers, and/or (b) facilitate optimal parenting are most likely to be associated with reductions in substance use among young people.

Intervention strategies that have been put forward as likely to be effective in reducing alcohol abuse among adults and the general population in South Africa have been outlined elsewhere.<sup>(28)</sup> They include regulatory interventions; decreasing access to alcohol via increased taxes; brief interventions for high risk drinkers; a graduated licensing programme whereby novice drivers are not permitted to have any amount of alcohol in their systems when they are driving a motor vehicle; alcohol outlet policies (e.g. server training, regulation of unlicensed outlets, and removing outlets from residential areas); advertisement restrictions; community mobilisation; and product-related strategies (e.g. limiting container sizes, appropriate labelling).

Participation in programmes for improving parenting behaviours may also translate into less substance abuse among adult programme participants, and indirectly, less substance abuse among their children. One family programme which has been singled out<sup>(23)</sup> because of its apparent long-term effectiveness is known as the Strengthening Families programme.<sup>(29)</sup> This programme provides parents with skills to nurture and manage their children while concurrently running workshops for children aged between 10 and 14 years. The training for parents focuses on such topics as the importance of:

- Nurturing one's children.
- Setting rules (e.g. having house rules).
- Monitoring children's compliance to rules.
- Applying appropriate discipline (e.g. acknowledging and rewarding children's achievements and positive behaviours).<sup>(29)</sup>

This parenting programme also provides booster sessions 6-12 months after completion of initial training. The main aims of the booster sessions are to revise the topics that have been learned and to help parents to be able to deal with issues such as stress and communication problems that may arise while they seek to apply the skills they have learned during the training.<sup>(29)</sup>

Parents'/caregivers' communication with their teenage children has also been emphasised as important in reducing adolescents' substance use. Furthermore, parents can implement various measures when they host social events or when their children

<sup>1</sup>See Children and Tobacco in southern Africa, March 2001; and for adults see Tobacco use by black women in Cape Town, March 2001; and Implementable strategies to strengthen comprehensive tobacco control in South Africa: Towards an optimal policy intervention mix, August 1998.

attend parties and social gatherings that may reduce the likelihood that their children will use alcohol or other drugs (Jardine, personal communication). These include communicating their expectations to their children and supervising and monitoring their behaviour throughout the events. Parents/caregivers should seek to minimise opportunities for young people to access and/or use drugs during such events.

### **Working with Young People**

Attempts to reduce substance abuse by young people should also involve working with young people directly and taking into account their peers' influence on their behaviour. Efforts to lessen substance abuse by young people may involve reversing positive attitudes to drugs, dealing with personality dispositions that predispose them to alcohol and other drug use, and addressing symptoms of mental health problems that may cause and/or exacerbate the abuse of substances. Although most programmes for young people are implemented at schools, many school-based programmes are of minimal effectiveness.<sup>(27,30,31)</sup> Education-only programmes have usually been shown to be particularly ineffective, and programmes that are implemented among groups of high-risk youth are sometimes associated with more rather than less subsequent drug use.<sup>(26)</sup> On the other hand, the types of school-based programmes that have positive results involve:

- 1- Redressing the norm – where young people's characteristically exaggerated estimations of the extent of drug use among their peers are made more realistic.
- 2- Social competence/resistance skills training – where young people are taught skills to enable them to resist pressure from peers to use drugs and/or other generic inter-personal and intra-personal skills (although careful selection of such programmes is important as life skills programmes that teach general life skills have had mixed reviews).
- 3- Clarifying values with young people -- taking them through exercises where they have to answer questions on where they want to be in 2 to 5 years' time.
- 4- Parenting and community programmes that are run concurrently.
- 5- Multiple sessions in the short-term, followed by regular booster sessions over time.

In applying school-based and other youth substance abuse programmes it is important to bear in mind various principles of best practice. Among those outlined in a document produced by the United Nations Office on Drug Control are included, among others, the need for programmes to be targeted to the appropriate audience; the delivery of programmes over time rather than on one occasion; and the avoidance of scare tactics.<sup>(32)</sup>

### **SELECTED PREVENTION STRATEGIES**

For many young people the use of alcohol and other drugs constitutes a recreational activity. However, their abuse of drugs can have far-reaching consequences. Selected prevention strategies are needed to minimise the harm caused by substance abuse among such groups. Selected prevention interventions should seek to reduce problems that result from substance abuse, such as:

1. Crime and violence – by implementing violence prevention interventions.
2. Road accidents and unintentional injuries – by instituting graduated licensing regulations for novice drivers applicable for three years after receipt of licenses (e.g. no alcohol permissible for novice drivers).
3. Unwanted pregnancies – by improving knowledge about and access to family planning programmes to delay the initiation of sex and encourage contraceptive use.
4. Sexually transmitted infections, including HIV – by ensuring delivery of effective STI and HIV prevention programmes targeting young people (e.g. condom distribution).
5. Scholastic problems – by improving the quality of adolescents' education to increase their academic aspirations and performance.
6. Mental health problems – by providing routine screening, early identification of mental health problems, and early referral for treatment as well as social and family support.

Numerous harm reduction interventions have been found to be effective among young people. Included among them are random breath testing of drivers,

graduated licensing programmes of novice drivers, enforcement of drink driving laws, environmental enhancement strategies (such as serving alcohol in shatter-resistant glasses), and syringe exchange programmes for injecting drug users whereby unused needles are given to injection drug users in exchange for their used needles in order to reduce their chance of contracting HIV as a result of needle-sharing.<sup>(26)</sup>

### **INDICATED PREVENTION STRATEGIES**

Rates of entry into substance abuse treatment centres in South Africa are increasing among adolescents. Between one fifth and one quarter of the complement of patients in specialised treatment centres in South Africa are under 20 years of age.<sup>(33)</sup> The range of drugs for which treatment is sought is also on the increase, with cannabis being the most commonly abused drug among adolescent treatment seekers. In some parts of the country a high proportion of adolescents in treatment have alcohol (Mpumalanga and Limpopo), Mandrax (Eastern Cape), heroin (KwaZulu-Natal) and methamphetamine (Western Cape) as primary drugs of abuse.<sup>(33)</sup>

Screening for drug problems, detoxification and brief interventions should ideally be available at schools, primary health clinics, police holding cells, prisons, and trauma units. Support, counselling and treatment are needed for young people with substance use disorders. However, treatment services are currently limited for most young people in general and those from disadvantaged communities in particular.<sup>(34)</sup> Without treatment for substance use disorders, problems seldom disappear, but turn into life-long difficulties with addictions and their related social and health consequences. To address the needs of young people who require treatment for a substance use disorder:

1. More support should be given to community-based support and self-help programmes.
2. Court diversion programmes for rehabilitation and treatment should be available to young people who are involved in criminal activities due to an addiction to drugs.
3. More research should be conducted to determine 'best practices' for the treatment of substance use disorders among adolescents in South Africa.
4. More specialised, public sector inpatient and outpatient treatment centres should be established; and existing and new private facilities should receive state subsidies.<sup>(34)</sup>
5. More age-appropriate services, including ancillary (psychological and medical) care should also be made available to young people.<sup>(34)</sup>
6. More specialised halfway houses should be established to assist those who are being re-integrated into society post-treatment.

## **CONCLUSION**

To effectively address substance abuse problems among young people it is important to recognise that they are complex and multi-faceted requiring a multi-sectoral and holistic approach. To enable government departments to work together on key interventions, the Central Drug Authority (CDA) should be supported so that the activities of the departments of health, social development/welfare, education, finance, community safety, and correctional services are better coordinated. Substance abuse prevention is not only the responsibility of governments.<sup>(35)</sup> Non-governmental organisations and members of civil society can also be involved in efforts to address substance abuse among young people.

Prior to embarking on prevention intervention projects in any particular community, it is important to conduct an initial baseline situation assessment to determine the particular drugs that are abused in that community, the substance abuse-related problems that are of most concern, and the risk and protective factors that are likely to apply to young people in that community. In addition, an evaluation component is a useful adjunct to any new policy and programmatic interventions as it will help to determine whether and how one's efforts are impacting on the communities being targeted.<sup>(31,36)</sup>

Further research on strategies for preventing substance abuse among youth in South Africa is urgently needed. Efficacy and effectiveness studies should be conducted on programmatic and policy interventions.<sup>(26)</sup> In addition, cost effectiveness studies would be useful for obtaining credible estimates of the economic costs of young people's substance abuse to society and South Africa's development.

*In conclusion:*

1. Regulatory interventions - involving policy reform, policy formulation and the enforcement of existing legislation - are the most effective in reducing substance abuse problems among young people.
2. Harm reduction efforts and selected prevention measures are also effective strategies and reduce the levels of crime, violence and sexual risk behaviour that result from young people's use of alcohol and other drugs. Of note are random breath testing, graduated licensing and the enforcement of drink driving laws (which reduce drinking and driving), and early screening and brief intervention programmes to prevent the escalation of substance use to substance abuse and dependence.
3. The expansion of more accessible treatment interventions which are tailored specifically to adolescents and youth with substance use disorders is vital.
4. Careful scrutiny and selection of school-based programmes is vital in order to ensure that programmes that are implemented include the key components of programmes that are most likely to be beneficial. Stand-alone and one-off intervention programmes should be discouraged.
5. Education and persuasion programmes that are considered for implementation should, at a minimum, be intensive and accompanied by media persuasion campaigns that are broad-based and accompanied by community/social movements and regulatory measures.<sup>(37)</sup>

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