CRITICAL SOCIAL WORK STUDIES IN SOUTH AFRICA

Prospects and Challenges

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https://doi.org/10.52779/9781990855037/13

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NARRATIVES OF A HISTORICIALLY MARGINALISED SOUTH AFRICAN COMMUNITY AND ITS IMPLICATIONS FOR DRUG ABUSE PREVENTION

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ABSTRACT

This chapter reports on a qualitative narrative inquiry conducted with three sample groups of adolescents aged 16 to 18 year olds (i.e. 10 substance users, 28 non-users and 9 peer mentors) from a historically marginalised community and a fourth sample group of social service professionals. Employing a social constructionist and historical trauma theory (HTT) lens, the findings expose the perpetual narratives of race essentialism that manifest in the negative stereotyping of drug use as inherently typical of a particular race group, dismissing the influence of historical trauma. An argument is advanced for culturally sensitive drug abuse prevention guidelines addressing the multisystemic risk and protective factors of the specific target audience. This approach can promote healing from risk factors underpinned by historical trauma and generational victimhood.

KEYWORDS

culturally marginalised, marginalised communities, historical trauma, communities, sensitive drug abuse prevention

INTRODUCTION

The harmful use of alcohol, tobacco and other drugs is largely responsible for the global burden of disease (Degenhardt, Charlson, Santomauro & Erskine, 2018). Mennis, Stahler and Mason (2016) confirm that substance use disorders are largely recognised as one of the significant global public health problems. In South Africa, the social, economic and health consequences have been equally worrying. A study by Bertscher, London and Orgill (2018) confirm that alcohol is a major contributor to the non-communicable disease burden in South Africa. Professor Charles Parry, from the South African Medical Research Council, has contended that alcohol abuse has significant consequences for South Africa's health system and that the average daily alcohol-related deaths amounted to 171, mainly among low income groups (Probst, Parry & Wittchen, 2018).

https://doi.org/10.52779/9781998959037/13

This phenomenon is also prevalent in other parts of the globe, with researchers identifying the common denominator to be inequality. The literature demonstrates an association between income inequality, poverty ratios, alcohol use and alcohol-related problems. Alcohol use has emerged as a social connector in poverty-stricken communities, as well as a coping response to the hopelessness arising from being stuck in the poverty trap. An American study with a sample of close to 14 000 concluded that higher levels of alcohol problems in high-inequality states could possibly be attributed to social context, suggesting more normative acceptance of alcohol use, and more intense policing with subsequent legal consequences (Karriker-Jaffe, Roberts & Bond, 2013). In addition, South Africa has the highest documented incidence of Foetal Alcohol syndrome (FASD) in the world, with the mothers coming from grossly economically and socially disadvantaged communities (Probst et al., 2018).

The concepts of 'drugs' and 'substances' will be used interchangeably in this chapter to refer to both licit and illicit substances or products that can have a psycho-affective effect on the user (WHO, 2018). The chapter also distinguishes between varying levels of drug use, ranging from experimentation, to use, misuse, abuse and dependence.

Pre-1994, racial discourses in South Africa perpetuated a harmful correlation between alcohol and other drug use (AOD) and Coloured identity.[1] The origin of this causal link dates back to the oppressive practice of the Dop (tot) system used by White farm owners throughout the Cape Winelands to pay and subsequently control their mainly Coloured farm workers (Hendricks, 2005; London, 1999). This practice not only perpetuated grave inequalities and power imbalances, but also institutionalised a dependency on alcohol. May, Marais, De Vries, Hasken, Stegall, Hedrick, Snell, Seedat and Parry (2019) confirm that although the Dop system largely ceased post-1994, its influence in shaping the normative patterns of alcohol drinking practices is undisputable among farm workers in the Western Cape, the majority of whom are descendants of the Coloured race.

The epidemiological data from the South African Community Epidemiology Network on Drug Use (SACENDU) (Dada, Harker-Burnhams, Kitleli, Gerber, Rosslee & Fourie, 2020) confirm that a higher prevalence of problematic drug and alcohol use among young Black African and Coloured population groups has the potential to reinforce stereotypes and social exclusion without a critical interrogation of the reason for these demographic profiles. The pronouncements of political leaders

1 The Population Registration Act of 1950 was a policy enforced by the apartheid government in South Africa to legalise discrimination and achieve racial segregation. This policy was repealed in 1991, however the demographic race markers that categorised South Africans as Black African, Coloured, White and Asian/Indian are still being used to monitor the redress of apartheid-imposed disparities. The term Coloured refers to a grouping of people of mixed-race ancestry that self-identify as a particular ethnic and cultural grouping in South Africa, and is used in this chapter as the key focus is on the association between race and drug use.

https://doi.org/10.52779/9781998959037/13

A. Keet, N. Perumal & V. Goliath (eds). Critical Social Work Studies in South Africa: Prospects and Challenges. Stellenbosch: Mandela University Press

that resonate with these stereotypes and 'othering' are particularly worrying, since they play a critical role in allocating resources for the prevention and treatment of drug use.

As an example of stereotypes and othering, the incident relating to Blackman Ngoro, the political advisor of the Mayor of Cape Town at the time (Hendricks, 2005:2), who revealed this prejudiced social construction on a political website, referring to "Coloureds" as "drunkards" and went on to categorise "Africans" as "culturally superior to Coloureds". This was 11 years post the attainment of democracy in South Africa. Fifteen years later, during South Africa's nationwide lockdown as a result of the Covid-19 pandemic, another municipal mayor, Nkosinjane Speelman, referred to the Coloured people in Bronville (a township in the Free State, established for Coloured people under the Group Areas Act of 1950) as "boesmans and drunkards" who needed to be firmly controlled by the defence forces, deployed to help reinforce the country's lockdown regulations (Mahlati, 2020). The irony imbedded in these scenarios is that the democratically elected leaders emulate the 'divide and rule' strategies employed by the pre-1994 apartheid White-dominated government, creating deep divisions between Black Africans that infuse racism and work against social connectedness.

Of even greater concern however, is the work of academic scholars who reinforce racial and cultural essentialism, a practice carefully crafted by the architects of colonialism and apartheid. Prof Jonathan Jansen, Professor in the Department of Education Policy Studies at Stellenbosch University, foregrounded this problem at his 2019 inaugural address, titled: "From *'die sedelike toestand van die kleurling*' to 'the cognitive functioning of Coloured women': A century of research on Coloured people at Stellenbosch University" (Jansen, 2019). He challenged the longstanding practice of race essentialism, which underscored the research at Stellenbosch University on Coloured people. According to Jansen, this type of research aims to associate certain characteristics and sometimes health outcomes with a particular race group, which in the process leads to the demeaning of people (in this case, Coloured people) by painting them in a negative light. He critiqued the more than 100 years of research on Coloured people at Stellenbosch University, most of which concluded that Coloured was not only inferior, but also worse off in relation to another group. In his address, Jansen also argued that the rationale for conducting this type of research was to protect the 'purity of race' of the poor White people after the Boer War. The tendency to assign specific behaviours to certain race groups (Adonis, 2018) not only reinforces historical injustices but also dehumanises and limits the potential effectiveness of social work practice.

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The research that forms the foundation of this chapter was conducted in a historically marginalised community in the Eastern Cape, characterised by high levels of poverty, poor education and limited employment opportunities, together with other manifestations of social and economic marginalisation effected through deliberate social engineering by both the apartheid government and the failures of the present post-apartheid government. This concerning scenario is particularly notable for adolescents and children growing up in an increasingly multicultural South African context where the slow rate of economic and social transformation has the potential to reproduce experiences of social and economic exclusion (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010:2), especially in what is perceived to be historically marginalised communities. The literature confirmed that historical (and continuing) inequalities across the globe, and especially in South Africa, which is one of the most unequal countries in the world, account for the higher prevalence of economic and social problems in low-income communities (Peltzer & Phaswana-Mafuya, 2018).

This chapter, employing a social constructionist and historical trauma theory (HTT) lens, exposes the perpetual narratives of race essentialism that manifest in the negative stereotyping of particular social problems (drug use in this case) as inherently typical of a particular race group, without acknowledgement of it possibly being the manifestation of historical trauma responses. While the higher prevalence of problematic drug use among Black populations is not disputed (May et al., 2019; Myers, Kline, Browne, Carney, Parry, Johnson &Wechsberg, 2013), its association with historical trauma requires a closer examination to guide prevention approaches. HTT is the most suitable theoretical lens in this regard.

According to Sotero (2006), HTT is underpinned by four key assumptions, i.e.:

1. that a target population is systematically and deliberately subjected to trauma by a dominant more powerful group;
2. that the trauma is ongoing, rather than a singular experience;
3. the ripple effect of the trauma is felt through the entire community and
4. the magnitude of the trauma leaves a legacy of multisystemic devastation that is transmitted across generations.

Sotero (2006) argues that the subjugation thrives under four conditions:

1. the presence of physical and psychological violence;
2. segregation and/or displacement;
3. economic dispossession and
4. cultural segregation.

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Each of these conditions was relevant to the community in which the research study was conducted, thus endorsing the relevance of HTT as a lens for the study.

The study had an emancipatory goal to actively challenge the internalised victimhood that resulted from the dispossession (Butler & Athanasiou, 2013) experienced by Black South Africans under the segregation policies of the apartheid government which uprooted them from their homes and restricted their freedom of movement (refer to the Group Areas Act of 1950 and the Pass Laws Act 1952). The counternarratives that were co-constructed are presented as protective factors that moderate the effects of historical trauma in order to create a landscape of hope and resilience. This social constructionist lens was adopted after the first round of data generation revealed the internalised enslavement as a historical trauma response (Brave Heart, 2003), resulting from the historical trauma of the Dop system, the forced removals and the inequality from South Africa's legacy of apartheid. The author's proposition is that internalised marginalisation and disempowerment evident in people being subjugated and demeaned in this way needs to be countered, especially since dignified, contextualised responses to social problems are rapidly dissipating.

The humiliating eviction of a naked man and the subsequent demolition of the structure he (illegally) occupied in Khayelitsha (a Cape Town township), on a piece of land belonging to the City of Cape Town, is a case in point (Stent, 2020). This eviction occurred while the country was under lockdown level 3 in terms of the Regulations issued in terms of Section 27(2) of the Disaster Management Act of 2002 (RSA, 2002). According to these regulations and the Prevention of Illegal Eviction from and Unlawful Occupation of Land Act, 1998 (No. 19 of 1998), this eviction was prohibited in the absence of a court order. Similarly, in Gauteng, residents of largely Coloured communities initiated a '"Gauteng shutdown" in 2018, protesting against the felt marginalisation by government and pleading for protection against the rising crime, gang violence and rampant drug use in their communities (Njilo & Child, 2018). The argument of the residents was that their pleas for protection by the government were overlooked because of their race and thus minority status in the country. These examples of how historical trauma responses manifest, embody the powerful words of Frantz Fanon (1952, published in 1970): "We revolt, simply because for many reasons, we can no longer breathe."

DRUG PREVENTION

The definition and meaning of 'drug prevention' have evolved over time. As indicated, this chapter focuses on the harmful use of alcohol and other drugs, propositioning it as a manifestation of historical trauma, and arguing for a prevention and treatment approach that addresses this association. The goals of drug prevention programmes

https://doi.org/10.52779/9781998959037/13

are generally to delay the onset of drug use (McWhirter, McWhirter, McWhirter & McWhirter, 2013), and to reduce its health and social consequences, since the evidence shows a correlation between early onset of drug use, rapid progression to harmful drug use and poor treatment prognosis.

At a micro level, prevention programmes focus on individuals at risk of substance use, and, at a macro level, programmes are located at the level of international treaties, conventions and other structural interventions (Harker, Myers & Parry, 2008). The categories of primary, secondary and tertiary prevention (informed by the traditional Public Health Model) were added in 1964, with primary prevention aimed at preventing (new) onset of drug use, secondary prevention aimed at identifying and treating those with and affected by a drug problem, and tertiary prevention focused on avoiding a relapse and maintaining the health of those who had been treated (McNeece & DiNitto, 2005). It is indisputable that drug abuse prevention is more affordable than treatment, and also has the potential to prevent a myriad of drug-related problems (Dada et al., 2020). Substance abuse prevention approaches (dating back to the early 1930s in the US) have evolved from strong regulatory approaches involving the banning of substances; to an increase in taxes (McNeece & DiNitto, 2005); to scare tactics employed during substance awareness campaigns in the 1960s and affective education and behavioural interventions (involving life skills training); community involvement and eventually harm reduction approaches (Van Wormer & Davis, 2008). The field of drug prevention and treatment has been recognised as a specialist field (Harker et al., 2008; RSA, 2012) that requires programme implementers who are adequately trained. To this extent, the third edition of the National Drug Master Plan (NDMP) (2019-2024) proposes the establishment of a Professional Licensing or Qualifications Board to formulate norms for skills training and monitoring in the areas of drug prevention and addiction management. Social service and related professionals are therefore encouraged to advance their knowledge and skills in this field of service.

South Africa's Central Drug Authority (CDA), which developed the NDMP for the country's response to the scourge of drugs, proposes an integrated implementation of the three strategies for the prevention and treatment of substance abuse, i.e. harm reduction, supply reduction and demand reduction (RSA, 2018). The Department of Planning, Monitoring and Evaluation (DPME) in partnership with the Department of Social Development (DSD) commissioned an implementation evaluation of the NDMP (2019-2024) (RSA, 2012). Two of its key findings, as they relate to the proposition of this book chapter, are better integration between the demand, supply and harm reduction strategies is needed to reduce fragmentation and duplication of services and also to enhance the availability and accessibility of early intervention,

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treatment and aftercare services. The evaluation commission furthermore found that the racial discrimination in demand reduction strategies needs to be addressed, since Black people are more likely to be criminalised for their drug use (RSA, 2016).

Social workers have a key mandate to advance social justice and equity (IFSW, 2014), and therefore their advocacy for this decriminalisation is critical. The role of social workers is further mandated in the global definition of social work, as a "practice-based profession and academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people" (IFSW, 2014). Social workers therefore have a critical role to play in prevention and in ameliorating the harmful consequences of isolation, family disharmony and economic d isempowerment emanating from drug abuse (Unegbu, 2020).

The NDMP (2019-2024) (RSA, 2012) stipulates the role that each government department and different role players should assume in enhancing the effectiveness of drug prevention in South Africa, highlighting the DSD as occupying the primary role in this regard. DSD, a primary employer of social service professionals, plays a key role in the Local Drug Action Committee (LDAC), which coordinates cooperation and collaboration among Non-government Organisations (NGOs), Faith-based Organisations (FBOs), Community-based Organisations (CBOs), civil society organisations (CSOs) and Business Against Crime (BAC). In addition, the White Paper on Families (RSA, 2012:65) emphasises the central role of social service professionals in ensuring that the vision of the policy is effected. These roles, which include psychosocial and emotional support to families and providing child protection services, coincide with the protective processes that social workers can work towards enhancing in families.

In the absence of a longitudinal evaluation of drug prevention programmes in South Africa, and the rising statistics in drug use cited earlier in the chapter, a key proposition of this study was that the current drug prevention programmes are failing to yield significant changes in drug abuse among adolescents, since the programmes are incongruent with the causes, meaning and social constructions these young people have of drug use in their communities. In particular, the author argues that drug prevention programmes fail because they are silent on the association between drug use and the degree of historical trauma exposure. Brave Heart (2003), who was the first to do research in the area of HTT, argues that substance abuse is one of the most common historical trauma responses and that its numbing effect serves as a buffer against the emotional pain of the traumatic memories. Instead of addressing this underlying cause, drug prevention messages frequently appeal to people's autonomy and mental control in resisting drug use.

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A second proposition was that current prevention programmes fail to interrogate and problematise the social constructions of a normative drug use culture and their associated deficit-oriented stereotypes, directed at and internalised by the target communities. This coheres with the approach outlined in the NDMP (2019- 2024) (RSA, 2018), and the Prevention of and Treatment for Substance Abuse Act (70 of 2008:15), which propose that prevention programmes should address the values, perceptions, expectations and beliefs that the community associates with substance abuse. Instead of imposing Westernised world views, the quest is to produce local solutions to local problems. Resnicow, Soler, Braithwaite, Ahluwalia and Butler (2000:272) describe cultural sensitivity in substance abuse prevention (and other health promoting interventions) as an approach that takes into account the cultural experiences, norms, values, behavioural patterns and belief systems of a target population. These elements are then incorporated in the design, delivery and evaluation of the prevention materials. The goals of the study, which this chapter is premised on, was thus to explore the socio-cultural constructions of drug use, non-use and drug prevention by youth residents in Coloured townships in the Eastern Cape.

THE RESEARCH METHODOLOGY

A narrative inquiry research design (Clandinin & Connolly, 2007) was employed in this qualitative study. This design, with its emancipatory potential, allowed for a more complete story of the studied phenomenon, contextualised in culture and social context, and over a period of time. Accordingly, the intention with this study was to facilitate a conversation which would contribute to the participants questioning the normalised, culturally stigmatised and marginalising story of substance abuse.

A purposive sampling strategy was employed for the following three sample groups of 16 to 18 year olds (i.e. 10 substance users, 28 non-users and 9 peer mentors). Generic inclusion criteria revolved around demographic variables (i.e. ages 16-18 years, with all participants residing in the specified geographical community). Further criteria included that the substance users could be in any stage of substance use, and were recruited with the assistance of addiction counsellors and support-group facilitators. The non-users and adolescent peer mentors were recruited with the assistance of school teachers. The inclusion criteria denoted abstinence from all substances, and being an active, trained peer mentor in the Teenagers against Substance Abuse (TADA) school-based substance abuse prevention programme for the two sample groups, respectively. The final sample group of nine social service professionals comprised social workers and social auxiliary workers respectively who have been rendering drug prevention programmes for more than two years.

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Data was triangulated in this qualitative study through three different methods of data generation with the three different sample groups (Denzin & Lincoln, 2003). Participants in the first sample of adolescent substance users were each interviewed individually using a life-grid interview as interview guide (Wilson, Cunningham-Burley, Bancroft, Backett-Milburn & Masters, 2007:144). The life-grid is a data generation tool that prompts people to reflect on their life history, highlighting salient experiences that hold particular meaning for them. For the purposes of this study, the participants were invited to reflect on any key experiences (from as far back as they could remember) that they regarded as relevant to their substance use. Secondly, the adolescent non-users' views were gleaned from individually written narratives in response to five semi-structured questions. Thirdly, the views of the adolescent peer mentors were explored using a focus group interview.

The narratives from the sample of nine social service professionals were generated in two separate focus group interviews. Particular attention was given to the caution offered by Clandinin and Connelly (2007) that the researcher would be listening to the participants' interpretation of their experiences, rather than having direct entry to their experiences. Furthermore, their narratives represented interpretative repertoires, i.e. a coherent system of meanings that have developed over time and are used to evaluate actions or events from a cultural context rather than an individual perspective. In return, the researchers' reflections, prompts and questions to their interpretations brought about a co-construction, implying that the researchers became an intricate, subjective part of the narration (Glover, 2004).

Narrative thematic analysis was employed for the purpose of analysing the varying meaning constructions represented in the stories of the different sample groups (Denzin & Lincoln, 2003). The use of multiple-data generation methods in different contexts, i.e. the homes of substance users and the school for non-users and peer mentors; remaining sensitive to the specific socio-cultural context and the researchers' protracted commitment to the field of study served to enhance the trustworthiness of the study (Yardley, 2000). The ethical consideration of anonymity could not be observed in the focus group interviews. Therefore, the contracting with the research participants was important to reiterate that all information shared would remain confidential and the contributions would have identity protectors. The autonomy and respect for the dignity for all participants were observed, but in particular for the sample of drug users. Their explicit informed consent was sought and efforts made to ensure that their participation was indeed voluntary and not due to coercion by the gatekeepers.

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PRESENTATION AND DISCUSSION OF THE FINDINGS

The study was located in the Northern Areas of Gqeberha, a geographical community established as a result of the Group Areas Act 41 of 1950, which became characterised as a space occupied by '*people, indigenous and other, who were forcefully placed and removed periodically*' from established neighbourhoods, which under apartheid rule were declared "White suburbs". Du Preez (2013:15) emphasises that, despite a long history of slavery, genocide, pass-laws and forced removals, the residents from the Northern Areas refused to surrender control to their colonialist and apartheid oppressors. Instead, they rallied together in showing passive and active forms of resistance. The 1990 Uprisings in the Northern Areas were one such form of resistance. The uprisings started on 6 August 1990 as a community protest against rent increases, and turned violent when the police dispersed the crowds with teargas. This culminated in six days of violence and looting of local shops and businesses, and claimed more than 50 lives, hundreds injured and resulted in the demolition of businesses and schools (Barry, 2013:17-19).

These uprisings gave rise to reduced cohesion and deep-seated feelings of mistrust among community members, especially since many of the shop owners (resident in the higher income neighbourhoods of the Northern Areas) lost their livelihoods when their businesses, located in the lower income neighbourhoods of the Northern Areas, were looted and torched during the uprisings. Since the dawn of democracy, the area (and the schools) has become more integrated with an increasing number of Black Africans moving into the higher income neighbourhoods of the Northern Areas. However, the high incidence of corruption and the failure of the democratic government to accelerate the liberation from structural and economic injustices for the majority of the South African population continue to deepen the social divide.

The results, presented and discussed below, confirmed a dominant historical association of substance abuse with "Coloured" identity, thus endorsing narratives of internalised race-based oppression, discrimination and large-scale generational victimhood, reinforced by narratives from all four sample groups. This dominant theme is foregrounded in the following presentation of the results, followed by the second theme of multi-systemic risk and protective factors that increase and protect against harmful drug use respectively.

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NARRATIVE CONSTRUCTIONS ILLUSTRATING INTERNALISED RACE-BASED OPPRESSION AND DISCRIMINATION ASSOCIATED WITH DRUG USE

The narratives by the sample of substance users, non-users, peer mentors and social service professionals describe 'Coloured' in a largely negative light, foregrounding the internalisation of this ascribed inferiority, underachievement and injustice, and more so in relation to the assumed superior race (White during the apartheid era and Black African in the democratic dispensation). The narratives illustrate how the well-crafted strategy by the apartheid government that aimed at creating division within oppressed groups contributed to an internalised oppression characterised by race essentialism.

> The norm … they would run to substances or to weed … Or to becoming alcoholics … Whereas as you would find people in the white area, they're hardly out of their houses, when they're not, they're out socialising … About proper things … I mean speaking about maybe businesses or, or positive thing. (User)

> Many races look down upon Coloureds as the majority of us are addicted to substances. They group us all under the same banner. (Non-user)

Further narratives echoing the self-deprecating generational script associating drug use with 'Coloured' identity are outlined below:

> I would say it is from the earlier generation. Children drink because their parents and grandparents also used these substances. (Non-user)

> Sometimes it is their circumstances; how they live; and their view of what is happening around them … observing how others do it around them … So everyone is doing it. (Peer mentor)

> I was also thinking of Coloureds in terms of, gangsterism, lazy people just want to stand 'bakhand' [begging for hand-outs], you know. (Social Service practitioner)

> And sometimes if I think of adult adolescents/youth, Coloured, I see a group of people; they either don't know how to work or they don't want to work, you know, they are much more laid back, I don't care, my parents will look after me, type of attitude. (Social Service practitioner)

Adhikari (2005) attributes this normalisation thesis to the effect of apartheid, which categorised people on the basis of race and racial hierarchies in terms of the Population Registration Act of 1950 (RSA, 1950b), resulting in the privileged treatment of so-called superior groups (i.e. Whites). Swanson, Spencer, Harpalani, Dupree and Noll (2003:743) confirm that in American society, the mere categorisation of people based on their physical differences has contributed to this notion of the 'White race' being pure and the Non-whites being impure. The authors postulate that it

https://doi.org/10.52779/9781998959037/13

is this notion that has fuelled racism and contributed to negative perceptions of Black and Coloured people characterised by pathological labels. The participants' narratives illustrate how the racial categorisation not only contributed to harmful stereotyping, but also to an internalisation of this ascribed inferiority and associated underachievement. This prevalent racial stereotype that attributes harmful drinking patterns to the Non-white South African population has been challenged by Seekings and Nattrass (2002, cited in Herrick, 2012:1049), who claim post-apartheid South Africa has more class inequality than race inequality these days, and that it would be more relevant to investigate how the current inequity now informs and maintains these drinking practices.

Adhikari (2005) and Alexander (2007) concur, explaining that South Africa's affirmative action policies perpetuate racial identities and segregation in South Africa. This has resulted in the Coloured group being classified as a minority group, categorised in the Labour Relations Act (as Black, but not African), which places them in a lower priority category for affirmative action. This resonates with the poignant description by Adhikari (2005) in his book titled *Not White Enough, Not Black Enough*, which suggests that the Coloured group has been marginalised by the South African democratic government's economic transformation policies. Oppelt (2012:15), agreeing with the views expressed above, has coined the phrase to describe the Coloured ethnic group as the "nowhere people" who, she warns, will find ways to subvert their continued marginality in South African society. This view resonates with the community service delivery protest reported on by Njilo and Child (2018) and the illegal occupation of land reported by Stent (2020).

The findings by Adonis (2018) also show that many Black South Africans also experience generational victimhood. Adonis's (2018) findings from a study with descendants of victims of apartheid's gross human violations concluded that the research participants agreed that they were yet to experience socio-economic liberation. According to Kinnes (2012), it is in this context that gangs are formed, especially to assert themselves against the unequal distribution of power, and hence to promote advancement opportunities for marginalised groups. Peltzer et al. (2010:7) also assert that communities marred by high drug availability and use rapidly contribute to a decline in traditional social relationships and weakened family bonds. These conditions, they argue, "resulted from decades of apartheid policies that have created an environment in which temporary escape from the harsh reality of everyday life is often sought through the consumption of psychoactive substances". These narratives and supporting literature clearly demonstrate the manifestation of historical trauma responses (Brave Heart, 2003) and the intergenerational transmission of historical trauma (Sotero, 2006).

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DECONSTRUCTION OF RACE-BASED ASSOCIATION WITH DRUG ABUSE

The largely debilitating social constructions depicted in the first theme have been juxtaposed against a minority voice from a few participants who either challenged the negative construction and race-based oppression or presented a positive construction of racial identity, which ironically has the potential to reinforce racial prejudice.

> Some Coloured[s] are rich and some are poor, but in this lifetime what you make of your life is really up to you. It's your choice. (Non-user)

> But for me when I hear the word 'Coloured' I think honest, kind, grateful, successful achievers and a very colourful and unique race. (Non-user)

> People understand and know each other for years. In other neighbourhoods people don't know each other and make no effort to get to do so. (Peer mentor)

> And I also think drugs, it is available these days, freely available, it's not something you really have to go and search for; you just go down the road or two houses away there are people selling drugs … I think it's accessible everywhere these days, but I think it might be more accessible in certain areas than in other areas. (Social service practitioner)

One powerful opposition voice, which unfortunately was a minority voice in the adolescents' narratives, came from a non-user who challenged the relevance of the racial categorisation and rejected the negative associations that accompany such categorisation as follows:

> Today the term 'Coloured' is outdated, and archaic and today it is considered an offensive term. When you get down to it, we are all Coloured, be it black, brown, white, red or yellow. I personally don't like the term 'Coloured'. Coloured used to be a perfectly acceptable term. I feel it is offensive to me, because people will always look down on you. People call you low class. (Non-user)

The participant's ability to 'scrutinise' and ultimately challenge a societal narrative incoherent with the personal narrative and identity she wishes to adopt, should form an essential part of culturally sensitive prevention interventions. These counter narratives cohere with the conclusions that Torres (2009:73) arrived at from his research about the effect of forced removals on the trauma memories on Coloured identity in Cape Town. In particular, he found that amid the trauma of being removed, the removal created narratives of coping and "built networks of trust, comfort and solace with other removees who faced an uncertain future". Swartz (2010:7) argues for a meaning-making that transcends racial divides, and instead cultivates "active inter-cultural social communication and education, to build an active understanding and hopefully, sensitivity and respect for other cultures". However, this should be preceded by an interrogation of one's own cultural narratives and meaning constructions.

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Concurring with this latter view, Smokowski, Reynolds and Bezruczko (2000:436), who conducted research about resilience in minority adolescents in America, advocate for the relevance of racial identification and socialisation. These authors found in their study that Black adolescents were particularly adamant to prove that they could surpass the small milestones that are usually expected of their ethnic group – an achievement that boosted their self-worth. Similar studies by Brody et al. (2004:903) and Belgrave, Chase-Vaughn, Gray, Addison and Cherry (2000) among African American pre-adolescents found that the youth who held a positive view of themselves, their culture and their ethnic group had a higher propensity for positive behaviour and an education in risky behaviour. While racial categorisation reinforces prejudices and negative stereotypes, the value of cultivating a collective pride in ethnic and community identity becomes apparent when reviewing the apathy and resignation evident in participant narratives in the first theme of this study. Similarly, Brave Heart (2003) found evidence in her work with the Lakota Native Americans that reattachment to traditional values and culture serve as a protective factor against the use of substances (with their emotion numbing properties).

MULTI-SYSTEMIC RISK AND PROTECTIVE FACTORS THAT INCREASE AND PROTECT AGAINST HARMFUL DRUG USE RESPECTIVELY

The findings illustrate that drug use (of varying degrees) and non-use are a complex phenomenon, which requires a holistic appreciation of the multiple systemic ecologies that contribute to its prevalence. The narratives from the research participants identified risk factors and processes that would need to be reduced in order to ameliorate the vulnerability to drug use and protective factors and processes that could buffer and strengthen drug non-use or non-problematic drug use. The research participants identified risk and protective factors that can be located in the multiple systemic layers of individual, family, peer, school, community and societal ecologies.

The table on the next page outlines the risk and protective factors that the research participants proposed as socio-cultural explanations for drug use and non-use, that by implication would need to become the focus of drug prevention approaches.

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Table 13.1 Risk and protective factors associated with drug use and non-use

2.1 Risk and protective factors located in the individual domain	2.1.1 Individual risk factors	i) Personality factors ii) Moral development iii) Negative life events (adverse childhood experiences) iv) A pro-drug attitude
	2.1.2 Individual protective factors	i) Health-promoting characteristics and habits (like self-control, self-efficacy, having a future vision) ii) Anti-drug attitudes iii) Religious beliefs and spirituality
2.2 Risk and protective factors located in the family domain	2.2.1 Family risk factors	i) Parenting practices ii) Relationship discord and low family cohesion iii) Family structure and stressors
	2.2.2 Family protective factors	i) Parenting practices ii) Nurturing relationships and high family cohesion
2.3 Risk and protective factors located in the peer domain	2.3.1 Peer risk factors	i) Negative peer association ii) Alienation by prosocial peers iii) Consequences of resisting peer pressure
	2.3.2 Peer protective factors	i) Association with prosocial peers ii) Disengaging from negative peer influence and peer resistance skills iii) Mobilising peer advocacy
2.4 Risk and protective factors located in the school domain	2.4.1 School risk factors	i) Low attachment, low commitment to school and learning difficulties ii) Teacher attitude iii) Unsafe school environment iv) Absence of sport, cultural and extra-curricular activities
	2.4.2 School protective factors	i) Learning about drug-related harm ii) Teacher support iii) Parent-teacher collaboration iv) Safer school environment
2.5 Risk and protective factors located in the community domain	2.5.1 Community risk factors	i) Easy access to drugs ii) Normalisation of drug use iii) Low community cohesion linked to self-deprecating generational scripts
	2.5.2 Community protective factors	i) Witnessing drug related harm in community ii) Community cohesion iii) Community mobilisation iv) Prosocial community outlets

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Table 13.1 Risk and protective factors associated with drug use and non-use (Continue)

2.6 Risk and protective factors located in the societal domain	2.6.1 Societal risk factors	i) Inequality (unemployment, social and economic exclusion) ii) Media influences
	2.6.2 Societal protective factors	i) Equality (in resources and opportunities) ii) Social learning via media

The findings negate the social construction of drug use and prevention, which attribute the cause of drug use to the individual user. Instead, they demonstrate a dynamic interplay between risk factors, moderated and mediated by protective factors across multiple systemic levels of influence that can determine someone's propensity to drug use – a construction that resonates with HTT (Guttmannova et al., 2017; Kelly, Baker, Deane, Kay-Lambkin, Bonevski & Tregarthen, 2009). A few of the participant narratives that illustrate this dynamic interplay of risk factors are cited below:

> Poverty always plays a big role in drug and alcohol abuse amongst Coloured people. Because kids grow up in poverty and they see people/their parents and family members using drugs and alcohol from a very young age; they grow up with the idea that using drugs and abusing alcohol is right. Many youngsters growing up in these "poverty areas" are attracted to the lifestyles of the gang members in their neighbourhoods. They try to escape their conditions at home by using drugs and by becoming part of these gangs. In these gangs they commit crimes and they start abusing drugs and alcohol. (Non-user)

> Parents don't have enough money to put their children in school or to continue their studies. As a result of that, teenagers sit around on corners of streets, and that's when they start adapting to life on the streets. (Non-user)

> Here in this place, everywhere you go, there is drugs. You have to choose your friends. If you don't choose your friends, then you must know … that's the decision you have made. (User)

> Taverns are also reasons for drug use and so are the drug dealers who live amongst us. Taverns which are not far from where we stay, is one of the big causes of drug use amongst Coloureds. (Non-user)

> Coloureds have a habit of not completing school. Without matric you cannot get anywhere. So they don't get work and then alcohol and drugs become the only solution. (Non-user)

> Coloureds do not get jobs easily. All over it is Black empowerment. This is a generation problem, because of the high unemployment rate. Men usually feel they are the head of a household, and if they can't provide for their family, they end up taking substances and abuse using the drugs. People live in poverty. They steal, assault, breaking in houses, robbing, just to get drugs. (Non-user)

https://doi.org/10.52779/9781998959037/13

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Of the six participant quotes, only one attributes total responsibility to the individual to make wise choices in friend selection. The narratives of the other five all resonate with the conceptual model of HTT purported by Sotero (2006). While there are multiple common risk and protective factors associated with substance use and non-use among adolescents operating in mutually exclusive, reciprocal, but also autonomous ways, there are also unique factors related to the social, economic and cultural context. Mennis et al. (2016:3-6) draw attention to racial and socio-economic inequalities that create substance use environments and thus place young people at greater risk of engaging in substance use and remaining entrapped in harmful substance use.

In South Africa, these social environments were created by forced removals into areas that were never designed with the full human development of occupants in mind, thus creating breeding grounds for neighbourhood fracture and disorder. Neighbourhood disorder, easy access and exposure to substance abuse, combined with difficulty to access unaffordable treatment (for substance use disorder) constitute the environmental injustice that, the authors argue, ought to be addressed.

Neighbourhood disorder has been very closely associated with the presence of shebeens and taverns – informal trading places of alcoholic beverages in communities. Ironically, the existence of shebeens can also be traced back to the "colonial governments' policies of restricting blacks from formal economic activity" (Sibeene 2006:1). The Black women (referred to as township mamas) (Rörich, 1989:101) subsequently seized the opportunity to create an income generator by opening a room in their homes to rural Black migrant workers whose migration to industrialised areas to work in White colonists' mines was accelerated by the Land Act of 1913. The "slumyards" of Johannesburg that emerged as a result of this Act became the trading ground for unemployed women who also saw the opportunity to create a sense of community for people who had been dispossessed (Butler & Athanasiou, 2013) of their land. Shebeens became a place where high levels of stress emanating from White colonial oppression were quickly forgotten, and soon became a place where a Black working-class identity was forged, and "a symbol of slumyard cultural and social interaction" (Rörich 1989:101) was birthed. From the research findings, it is evident that what originated as an institution of resistance to White oppression has reinforced a culture of normalised substance use, and become a symbol of self-oppression in historically marginalised communities.

Following the inception of the democratic government, Herrick (2012) warns that the normalisation of alcoholism in South African culture, coupled with the reduction in life expectancy, had also contributed to ambivalent attitudes towards risk-taking behaviour. The failure to effect structural and physical transformation of these communities, or to humanise conditions of living, continue to make these

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communities more vulnerable to disorganisation. This, coupled with the absence of positive adult-role modelling, and of positive social and recreational outlets, further reduces the chances for positive adolescent outcomes in these communities (Eriksson, Cater, Andershed & Andershed, 2010:479; Kim, Zane, & Hong 2002:567-568). International and local studies confirmed this, i.e. environments where adolescents are surrounded by prosocial peers have a greater potential to facilitate the promotion of resilience, as opposed to disorganised communities, characterised by the presence of negative peer influence, and the absence of supervising adult figures and nurturing parent-child relationships.

These narrations resonate with the views expressed in the White Paper on Families (RSA, 2012), namely that family functioning is influenced by one's social context, thus highlighting that families with few resources, who live in resource-constrained areas, experience more difficulty in providing their children with an upbringing that will steer them away from troubling and at-risk behaviour.

The research participants' social construction about the low value attached to education and its potential to secure a more hopeful future is also endorsed in a previous study by Altman (2012). This South African Community Capability Study, undertaken by the Centre for Democratising Information (Altman, 2012), indicated that 30.8% of 'Coloured' youth described education as useless and less interesting, as opposed to 17% of 'African' youth and 0% of both 'White' and 'Indian' youth respectively. Altman (2012) hypothesised that this attitude could be informed by the high unemployment rate among this group and the perceived limited opportunities, with employment equity currently guiding recruitment in the South African labour market (Employment Equity Act No. 55 of 1998) (RSA, 1998). The inequality in the education system and its consequences are also reiterated by Peltzer et al. (2010:6).

The study therefore revealed that the risks that adolescents are exposed to are heightened by the structural challenges that characterise the community and society in which they grow up. There are noticeable narratives of generational victimhood (Adonis, 2018) compounded by a sense of perpetual marginalisation of Coloured people by the democratic government, as well as narratives of hopelessness in light of the unemployment and underemployment, poverty and disparity at socio-economic and educational levels (Harker Burnhams, Dada & Myers, 2012:19-20; Reddy et al., 2010) are reminiscent of conditions under the apartheid regime in South Africa that are now replicated in the narratives of adolescents – resembling the intergenerational transmission of the effects of racial oppression. Similarly, the individual's health is embedded in the health of its wider context, and therefore a change at the macro level of society is likely to have positive effects at micro level as well.

https://doi.org/10.52779/9781998959037/13

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Despite the community challenges described earlier in this chapter, the number of adolescents who present negative health and behavioural outcomes is still in the minority, when compared with their prosocial counterparts. This underscores the numerous stories of resilience among adolescents from historically marginalised groups (Elliott, Elliott, Menard, Wilson, Rankin, & Huizinga, 2006), who to some extent have not internalised the intergenerational transmission of trauma. The recommendations below build on the co-constructed narratives of hope and liberation from the legacy of dispossession, which has the potential to promote community and cultural resilience.

IMPLICATIONS FOR DRUG ABUSE PREVENTION

The findings of the empirical study and the literature review underscore that drug prevention interventions must be informed by the social constructions of the participants at whom the intervention is aimed. Culturally sensitive drug prevention guidelines for this specific sample group would thus veer away from focusing on the individual's personal inadequacy, but instead focus on adverse childhood experiences, which will afford the emotional and psychological release from blame and guilt (Sotero, 2006). This would obviate the need for access to drugs as an emotion numbing tool, and thus open up avenues to generate health promoting early interventions.

Incorporating a focus on the participants' cultural, socio-economic and political contexts will allow a deconstruction of the systemic discrimination and racial biases they may have experienced (Varanasi, 2021) and help make sense of what is required to foster an individual, family and community vision and goals for the future. This will enable the social worker to remain respectful of the community's self-understanding of historical trauma, the impact of historical trauma responses in the form of self-deprecating generational scrips, normative drug use and low community cohesion. Culturally sensitive drug prevention guidelines would furthermore include an exploration of the participants' cultural traditions; religious beliefs; spiritual rituals and community celebrations, which enable them to connect their past with the present. Through these processes, counter narratives of health promoting and prosocial family, peer, school and community capacities can be co-generated. A specific focus on parent training is essential to increase the repertoire of parents' emotional responsiveness especially in the absence of parents having received this in their own childhood.

The findings furthermore imply that culturally sensitive drug prevention guidelines need to be comprehensive and multisystemic in nature; and that at a macro level, the prevailing structural inequalities and social injustices should not only be illuminated,

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but marginalised communities supported to lead the activism for liberation and equity in access to psycho-social-emotional and economic resources. Social service professionals have a critical role to play in this regard.

Since drug prevention and treatment is regarded as a specialist field, the findings furthermore imply that the powers and duties of the Central Drug Authority and its supporting structures (i.e. the Provincial Substance Abuse Forums and Local Drug Action Committees) should be expanded to ensure the coordination and implementation of training for prevention practitioners, the implementation of programmes, and especially the cultural adaptation and evaluation of prevention interventions (refer to the Prevention of and Treatment for Substance Abuse Act, 70 of 2008) (RSA, 2008b). Harker et al. (2008:34-35) emphasise the importance of ongoing supervision for all presenters of drug prevention programmes. Finally, the findings imply that prevention workers need to stay informed about new developments in the field, and receive training on HTT and culturally relevant drug prevention approaches.

CONCLUSION

Culturally sensitive drug prevention guidelines that promote healing from historical trauma and generational victimhood have the potential to promote protective peer, school, family, community and societal processes which can delay and reduce the onset of drug use and culminate in the development of transformative supportive and cohesive systems in marginalised communities. Claiming ownership of our voices that actively liberates us from the intergenerational shame we have come to internalise will also activate our ability to co-create supportive nurturing communities that are able to generate their own solutions, while continuing the fight against structural inequality.

In the words of Steve Biko (1978): *In time, we shall be in a position to bestow on South Africa the greatest possible gift – a more human face.*

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