THE DRUGGING PATTERNS

AND

ATTITUDES TOWARDS SUBSTANCE ABUSE

IN A GROUP OF

JOHANNESBURG STREET CHILDREN

by

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in partial fulfilment of the requirements for the degree of

Master of Education

(Educational Psychology)

DECLARATION

I hereby declare that this research report is my own work. It is being submitted for the degree of Master of Education (Educational Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

Signed:

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ACKNOWLEDGEMENTS

I would like to express my sincere thanks and appreciation to the following people, without whose help this study would not have been possible:

* Professor Mervyn Skuy, my supervisor, for his constructive involvement, abundant patience, encouragement and competent guidance.

* All the staff at Streetwise shelter in Hillbrow, but especially Nox, for his openness and friendly assistance.

* The children living in the Streetwise shelter, who so enthusiastically and openly gave of their time and helped me to learn so much.

* Andy Brown and Jessica Barnes for their kind help and patience in the wordprocessing, layout and printing.

* Suzette Viljoen for her caring support and encouragement through all the stages. Also to my mother, father, sister and brother-in-law for their hope and support and love.

* Finally to Carly Vosters for her love, warmth, caring and understanding, and for the privilege of her compassion and wisdom. She has given me the most anyone can give to another person.

ABSTRACT

A substance abuse problem among street children has been acknowledged and treatment has not proved beneficial. The general aim of this study was to investigate their drugging habits and attitudes to drugging and treatment, in order to elucidate reasons for this failure and provide direction for an effective treatment approach.

An exploratory study utilizing a non-probability sample (N=16) of male street children, aged 12 to 16, from a Johannesburg shelter, was carried out. An unconventional approach to gathering information was developed, within the framework of one-hour group discussions held over seven weeks. Questions devised by the researcher were presented as stimuli for group discussion, story telling, and drawings. Data were also collected through a voting procedure.

Results confirm regular substance abuse and dependency which merits attention. Maintaining factors were the suppression of emotional [illegible], low self esteem, and social motivators, i.e., to gain confidence and maintain networks. Risks and actual negative effects of substance abuse were vaguely perceived.

These findings must be regarded as tentative, due to the small sample. More research, utilizing subjects not living in shelters and those in other shelters, should be done to find out if these findings are replicated.

A suggested treatment modality is group therapy and the changing of group norms. Groups would be conscientising. Specific aims could be formulated by the group members, but could include general life skills and the development of alternative reinforcing activities. Peer mentoring could be considered.

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1 BACKGROUND

The phenomenon of street children is a worldwide one, and South Africa is no exception. Swart (1987a) estimated that there were around five thousand street children in South Africa in 1987. In 1991 there were an estimated 9 000 street children in South Africa, aged between seven and 18 years. Street children have been found to be predominantly male, (98%, according to Swart, 1990b), and all black. Most street children leave home before the age of 13. A third return home within a short period, a third stay on the streets from six to 18 months. The other third stay on the streets for more than two years. The vast majority of street children move to a city area, and most have contact with at least one member of the family (Richter, 1991).

1.1 Who are the street children?

Various definitions of street children exist. Cockburn (1988) maintains that any child who has left home, school and immediate community before the age of sixteen and drifted into a nomadic street life, is a street child. Street children worldwide have, according to Cockburn, certain characteristics in common. They have left homes in which violence is a preferred method of settling disputes, poverty, alcohol abuse, unemployment and marital instability characterize these families.

The UNICEF definition is as follows:

> Street children are those for whom the street, more than their family, has become their real home, a situation in which there is no protection, supervision or direction from responsible adults.
>
> (Konanc, 1989).

Jill Swart (1987b) takes issue with the UNICEF definition of street children, where it is stated that there is "...no protection, supervision or direction from responsible adults". Swart points out that these children have taken sole control of their lives, because of abuse which they have suffered within adult boundaries. She believes that the UNICEF definition of street children fails to recognize that children can play a part in shaping their own destinies, and that sometimes this is

necessary, as they do not receive the care or support which they require from adults and are often abused and neglected by adults.

The children living on the street are, therefore, refugees, dropping out of school because their adult back-up systems are ineffectual. They are not, however, opting out of life, but merely, as pointed out by Swart (1987b) trying to find a creative solution to their problems.

1.1.1 Street children and runaways

In an attempt to elucidate the phenomenon of street children Richter (1991) points to the differences between street children in poor third world countries, and those of rich first world countries, or between 'street children' and 'runaways'. The latter do not work, are usually above 16 years of age, usually stay with friends and return home within a month. They are seen to be seeking adventure, excitement or independence, and to be ungrateful or 'delinquent'. Third world 'street children', on the other hand, are working children, usually between 11 and 16, living independently on the streets for periods of around one year. They are seen to be children who have been abandoned or neglected, and to be 'nuisances and criminal by nature'. Whereas runaways are most frequently arrested for age or status offenses, street children are often arrested for vagrancy.

According to Richter (1991), there are similarities between runaways and street children. Most leave home in an attempt to resolve difficulties in their lives, with feelings of dismay, betrayal and rejection, experiences of family breakdown, substance abuse, physical and emotional abuse and neglect, lack of understanding and support, single parenthood, school failure, little sense of being wanted within the family. Swart put this is perspective as follows:

> It would seem that leaving home is a reaction of an individual to a home, school or personal situation with which he or she cannot cope. The act may be adaptive or not, and the sense of failure to cope may arise from powerlessness in the face of structural impediments (for example, poverty), or hurt and anger engendered within interpersonal relationships. Street children and runaways

> agree: leaving home was not the best solution, but ysical or emotional situation in which they found themselves, left them with no other options which they could perceive
>
> (Swart, 1988: 37).

1.1.2 Family background of the street children

The background of most of the street children is one of extreme poverty. Although very few of them are actually homeless or orphans, many of them are functionally homeless; that is, the family is rendered incapable of caring for these children by some problem such as neglect, substance abuse and eviction. Street children have often left homes in which violence is a preferred method of settling disputes. Poverty, unemployment and marital instability characterize these families (Cockburn, 1988).

The children are often aware of the fact and angry that their parents have not fulfilled their responsibilities towards them, and state that they would like to return home should conditions there improve. It appears that many children send significant portions of their earnings, made largely by helping people park and washing cars, to their families (Richter, 1991).

1.1.3 Experience of school

It has been found that approximately 90% of the street children are learning disabled in some way (Hickson and Gaydon, 1989). Experiences of school failure are common amongst these children. They had thus experienced frequent punishment, failure and humiliation at school. Many of the street children report having run away from home to escape school. Children also commonly cite the fact that parents can no longer afford to keep them at school. It is estimated that about a third of these children are moderately educationally handicapped, and usually functionally illiterate, and although most do want to return to school, it is unlikely that this would be unproblematic (Richter, 1991).

1.1.4 Life on the streets

In seeking to elucidate the phenomenon of street children, Richter (1991), compared street children in Brazil and in South Africa, and found the situation in South Africa to be, in many ways, less favourable. In South Africa, with its Calvinistic, Apartheid society, street people are rare, streets are deserted by night, street children are conspicuous by colour and often meet with hostile reactions by the public at large. The climate and availability of food is also less favourable in South Africa. Chances that children will find work are not high, and provisions such as compulsory and free primary education, laws preventing arrest for vagrancy, constitutional rights for children, and preventive as well as supportive programmes mandated by law are largely lacking.

In South Africa, children mostly arrive on the streets with no money or possessions, and they work during the day, begging, carrying parcels, selling for hawkers, parking, minding and washing cars. Their average daily earnings are reportedly twenty rand (Richter, 1991).

Richter (1991) states that most children leave home in the presence of a friend. Friendship structures are very important to the street children. It is within these groups that children are educated in techniques useful in surviving life on the streets. The groups do provide for companionship, protection and support. Although not all groups have leaders, those which are fairly well established do. These leaders are expected to be fair, trustworthy, clever and generous, and play a nurturing role, especially in relation to the younger children. Fighting and bullying do still occur in these groups, however. Children often have to pay 'protection money' to someone, and their belongings are frequently stolen. Police harassment is common, and right wing attacks do occur.

These children sleep in stormwater drains, and abandoned buildings. It has been shown that street children are at greater risk of being drawn into illegal activities (Konanc, 1989). Most have been arrested at least once, mostly for vagrancy, loitering or begging, as well as for petty theft (Richter, 1991). They appear to perceive the police as hostile and unsympathetic, and not as providing any positive intervention (Swart, 1990a).

Although many people feel compassion for the street children, few of them can relate to them as children, seemingly because they are out of familiar context, and people are unsure of what sort of behaviour to expect of them. There seems to be a degree of fear for these children, and a large degree of hostility, stemming from a lack of understanding of their lives. A common attitude seems to be that harassing these children is an act of 'kindness', as if they would leave the streets and return home again if life on the streets were made as unpleasant as possible.

In a study of the street children, most of them were found to be malnourished. Richter (1988a) found that 21% of the children were chronically undernourished, and 53% of them acutely so. Richter had previously found these proportions amongst samples of 'normal' black children, and some of the street children who had been on the streets for less than a year. The malnourishment then, obviously began while these children were still at home, giving support to their stories of poverty and maltreatment.

The street children are reluctant to seek professional help, being afraid of authority figures, and eager to preserve their anonymity. As a result, many of the children were found to be in need of medical treatment for old problems never attended to, such as eye, ear and dental problems, infections, badly healed limbs from earlier fractures, scabies and infected cuts. Hospitals were found to be negligent of these children, with early discharge being more or less the order of the day (Richter, 1988).

Some of the street children prostitute themselves, and therefore expose themselves to the threat of AIDS. Although no HIV infection has been found in the street children, there is a fairly high incidence of venereal disease, and it is thought that it is merely a matter of time before street children become infected with the HIV (Richter, 1989).

There is little information on how many children die on the streets in South Africa each year, but people connected to agencies working with these children know of instances of children dying through violence, such as stabbing, and of illnesses such as pneumonia and typhoid. These children are often abused by members of the public, and a great deal of anger and aggression is

displayed towards them. Shopowners will often resort to any means to keep the children away from their shops - there are reports of sjambokking, and of children being doused with cold water in winter.

1.1.5 Belief systems

Characteristic of the street children is a strong love of freedom. According to Reynolds (in Swart,1990a) this must be recognized and accommodated in such a way that the children can derive benefit from it. Thus in the implementation of programmes children should be given opportunity to be part of the design and implementation.

Although cherishing their freedom, these children are also afraid of being left alone and unloved. They have idealised notions of family life. Swart (1990b) in her study of the drawings of street children found that many children drew perfect, comfortable homes, in contradiction to what their own homes had really been like. Street children also seem to desire respectability. It has been shown that their locus of control is largely external, and that their self-esteem is poor. Street children demonstrate low levels of interpersonal trust. They are generally very 'unpoliticized'. Their conventional morals appear deviant outside the conventional context (Richter, 1991).

1.2 Street children and substance abuse

One area of concern in providing for the needs of street children is substance abuse. Dr Dallape, who has worked for many years with the street children of Nairobi (in Drake, 1989b) states that the abuse of drugs such as dagga, glue and petrol is common among street children around the world. He states that this drug problem has not been efficiently tackled anywhere in the world, in that appropriate treatment for substance abuse problems does not exist for these children.

According to Richter (1991), research has shown that most children experiment with drugs on the streets, mainly with solvents such as glue, thinners and petrol, and with marijuana and alcohol. Mandrax is beginning to be evident as a drug of choice among the street children as well. About a third of the children use solvents on a chronic basis, and the younger the child is at the time of

first experimentation with these drugs, the more likely it is that he will use them chronically (de Miranda, personal communication, 12 October 1992).

It has further been shown that nearly half of all accidents and injuries occur when the children are under the influence of such drugs. Pick (1985) points to the central nervous system depressant effect of inhalants, and the fact that the resultant lowering of coordination and loosening of inhibitions will make the children more vulnerable to attack and accident.

Research has shown that children use drugs to block out experiences of fear, cold and hunger and loneliness (Richter, 1990), and to deal with the discomfort of stressful daily situations (Pick, 1985). The use of substances further exposes the children to being drawn into criminal activities as well as further contact with the police. The fact that the children are at times used by dealers as 'runners' also makes it more difficult for them to abstain from the substances. Swart (1990), on the basis of her analysis of children's drawings, suggests that rather than seeing the drug dealer as a friend, he is seen by the street children as hateful. Keen (1990) suggests that a first step in tackling the substance abuse problem would be a legal one, in creating legislation against the sale of solvents to minors.

1.2.1 The diagnosis of substance abuse

The diagnosis of drug dependence has changed much over the past few years, and whereas the focus was on physiological dependency, with classic symptoms of withdrawal, tolerance or other physical effects, the emphasis is now more multifocal, including the nature and severity of the dependency, the kinds and degrees of disability, and personal and environmental factors that may effect substance use (Kaufman & McNaul, 1992).

According to DSM-III-R, the diagnosis of psychoactive substance dependence is based on the presence of three of nine criteria. Two of these criteria concern the extent of substance use: if it is used in larger amounts, or over a longer time than intended; and if a great deal of time is spent obtaining or using the substance, or recovering from its use, dependency may be queried. Two criteria concern the actual effects of the use of the substance(s): if an individual is intoxicated or

suffers withdrawal at times when he/she is expected to fulfil major role obligations, or if intoxication is dangerous; and if social, occupational or recreational activities and/or functioning is reduced as a result of usage, dependency may possibly exist. A further three criteria related to the physical effects of substance use: if tolerance, or a need for markedly increased amounts of the substance(s) develops, and if frequent use of the substance is associated with withdrawal or the need to avoid or relieve withdrawal, dependency may be seen to have developed. A persistent desire and unsuccessful efforts to cut down, with continued use despite persistent or recurrent related social, psychological or physical problems, are the final criteria to be kept in mind when dealing with questions of dependency.

To summarize, therefore, 'substance use' can be seen to become 'substance abuse' if, as a result of the continued intake of a psychoactive substance, social, psychological and/or physical functioning is adversely effected, and in spite of these negative effects, use of the substance is continued. If individual social, psychological and/or physical functioning is dependent on the use of a substance, use has also become abuse. Frequency of use is relevant, and by convention it is accepted that use of psychoactive substances can be seen as 'regular' if an individual uses substances more than four times a week, and dependency can be seen to exist.

Some of the known risk factors for drug abuse are cited by Kaufman and McNaul (1992). Drug abuse is highly correlated with antisocial personality disorder, which is predicted by antisocial behaviour in a first-degree relative. Both drug abuse and antisocial behaviour are seen to be highly heritable. Delinquency in youth is also highly predictive of adolescent and young adult drug abuse. Kaufman and McNaul point out that it is not always possible to separate the effect of genetic inheritance and family interaction, however the fact is that in families where drug abuse is common, or where other forms of family dysfunction exist, it is more likely that the children will abuse substances themselves.

1.2.2 Substances commonly abused by street children

a) Dagga

Cannabis Sativa (dagga) is used to relax and relieve cancer patients after chemotherapy, and it is believed that it helps deal with resultant nausea. The medical use of dagga is, however, highly controversial, and generally it is used for non-medical effects. Dagga is smoked or sometimes eaten, often to relieve anxiety, and to escape reality and achieve a feeling of euphoria. It is the commonest illegal drug of abuse in Southern Africa (De Miranda, 1991).

Indications that someone has been smoking dagga include bloodshot eyes, drooping eyelids, unnatural thirst or hunger, uncontrolled moods, talkativeness, disturbance of judgement, giggling and impaired perception. Withdrawal can manifest in the form of restlessness, aggression, insomnia, moodiness, lack of self- control, lethargy, irritability, nausea, decreased appetite and headaches.

b) Inhalants

Most inhalants are found in commercial products which are freely available. The list of inhalants includes benzine, petrol, acetone, hexane, fluorocarbons, carbon tetrachloride, glue, turpentine, and paint thinners. They have no medical use and are used industrially.

Inhalants are classified as central nervous system depressants, when the primary effect on the central nervous system is taken into account. When fumes from the liquids, gases or glues are inhaled, feelings of light-headedness, drowsiness, numbness and weightlessness result. Vivid fantasies are also common, and hallucinations can occur if taken in large doses. A loss of consciousness is also possible if enough inhalant is used (Pick, 1985). Loss of coordination and a lowering of inhibitions can also occur.

Signs of dependence include pallor, fatigue, forgetfulness, tremors, thirst, inability to think logically or clearly, feelings of persecution, irritability and hostility. Withdrawal symptoms are common, and include chills, hallucinations, depression, anxiety, delirium, headaches, muscular cramps, abdominal pains, and hostile outbursts.

The dangers posed by abuse of inhalants are numerous, and are due both to the inhalants as well as other ingredients (for example lead in petrol) which may be more toxic than the solvent itself. Damage to the central and peripheral nervous systems, kidneys, liver and mucous membranes of the respiratory tract are common. Death due to asphyxiation, laryngospasm and cardiac arrest can occur (SANCA, 1990).

It has been stated that users of inhalants are more likely to be young male children or adolescents, from economically disadvantaged, broken or unstable homes, characterized by histories of family deterioration, with inadequate parental supervision, high rates of truancy and poor scholastic performance (Jansen, Richter & Griesel, 1992). These children and adolescents have been shown to have significant adjustment problems, to suffer from feelings of anxiety, depression, aggression, insecurity, shyness and boredom. Their backgrounds are believed to be characterized by hostility and lack of affection (SANCA, 1990).

1.2.3 Treatment of substance abuse

Traditional treatment facilities for substance abuse problems do exist in this country and include the South African National Council on Alcohol and Drug Abuse (Johannesburg Society) Outpatient Clinic in Johannesburg. Treatment at this facility is available to the street children, and is supplied to them free of charge, or at a nominal monthly charge, as it is to all who have no means of support.

Treatment is multifaceted. A trained medical team, including doctors and nursing sisters, deal with the physical aspects of the substance abuse problem. Medical check-ups are done and the overall physical condition of each patient is monitored. Medication is supplied, under strict

medical supervision, to deal with any withdrawal symptoms which are experienced. Urine tests are done on a random basis to assess abstinence or lack of abstinence of the patients.

Educational and motivational groups are run for patients undergoing treatment at the Outpatient Treatment Clinic. Patients are supplied with information on physical, emotional and social dependency, physiological consequences of substance abuse, and on treatment in general during these groups. Treatment is also described in full, including the necessity for abstinence.

In order to deal with the emotional aspects of dependency, each patient at the Outpatient Treatment Clinic is allocated a therapist (social worker or psychologist), whom he/she must see on a weekly basis. Counselling is entirely confidential, and affords each patient the opportunity to deal with issues underl ng their substance abuse, as well as issues arising from abstinence, which may be substantial.

1.2.4 Proble ns experienced in treating street children

Swart (1988a), in describing a certain 'muteness' about street children, pointed to the difficulty in obtaining information about them. Due to their divergent experience, age, and lifestyle, street children are often not easily accessible, or even visible. Stereotypes also blur true understanding of these children. They may be viewed romantically as children who have escaped unbearable situations and now exist in loving and supportive groups, or be viewed with little sympathy as deviant trouble makers, usually criminal. Another set of factors is that this population is so unstable, constantly on the move, and that often it does not have sufficient contact with existing programmes for the small and often untrained staffs of the programmes to collect information.

The children often also resent what they perceive as intrusions into private and often very painful memories and experiences. They also develop great skill as story tellers. This is often necessary for them if they are to survive on the streets, as it is the way they can gain the sympathy and thus the support of the public (Richter, 1991).

According to Richter (1991) there are certain factors which may impede the success of programmes aimed at providing services to the street children. These children are known to run away from their problems, and thus often also run away from these programmes when difficulties arise.

It has also been shown that most are underweight and malnourished, and that about a third of the children have some sort of physical disability, perceptual problem or psychological disorder. About a third also appear to have suffered some sort of blow to the head, and about a third show some form of 'acting out' behaviour such as lying, stealing or fighting. Manifest signs of anxiety and/or depression are also evident (Richter, 1988a).

Although street children have been admitted for treatment at SANCA Johannesburg Outpatient Clinic, it appears that treatment there has not as yet proved successful. The children seem to have difficulty in abstaining from their substances of abuse, and abscond from the clinic early on in treatment. Appointments with therapists are not kept and the children are discharged for non-compliance with the conditions of treatment (De Miranda, personal communication, 12 October 1992).

The reasons for this lack of success are as yet unclear. Motivation for treatment is possibly an area of difficulty, as many of the children are referred to SANCA by child care workers, and it is unknown whether they themselves feel the need for treatment. Indeed, the substances may provide the only source of comfort and satisfaction for these children (Pick, 1985; Konanc, 1989).

The children also appear to have difficulties adapting to the routine involved in receiving treatment, and to have difficulties in keeping appointments at scheduled times. It is also possible that the children feel alienated from the institution as a whole, and from the other patients with whom they come into contact in the building as well as in the educational groups. As yet no attempt has been made to assess the difficulties from the children's point of view, and it is not known what they feel about treatment. An attempt to investigate this issue may assist in providing support for one or more of the above possible explanations for the failure of conventional treatment.

1.3 Requirements of services directed at street children

The country-wide recession, with concomitant unemployment, as well as the influx of people to the cities, is likely to exacerbate the problems of children on the streets, as well as increase their numbers. Furthermore, the population of South Africa is becoming younger, with proportionately more children. Children are already suffering the consequences of the political violence and turmoil, and the impact of AIDS in orphaning many children in the future cannot be ignored. Planning is therefore essential now, if the needs of children who find themselves on the streets are to be met, and must involve government intervention in the provision of direct services to the children, contact with the communities from which these children originate, public awareness, co-ordination and research (Kee[illegible]990).

There are at present many organizations aiming at meeting the needs of the street children. These organizations include those offering shelter and accommodation and those offering food and counselling. In the light of the prevalence of substance abuse among the street children, it seems essential that a service should exist to deal with this issue, on both a preventive and a treatment-oriented basis. Treatment programs which do exist, however, seem to be unsuitable for the street children and to have little chance of success (De Miranda, personal communication, 12 October 1992). The drugging patterns, including history of abuse, current pattern of abuse and history of substance abuse in the immediate family, as well as the attitudes of the street children towards drugging, seem to be an area which is not understood, and no research exists in this regard.

In order that the needs of the children are met, it is essential that an understanding of this situation is gained. Richter (1990) emphasises strongly the importance of gaining information about street children. She believes that if they lack such information, those involved in providing services to the street children will be guided, and often misguided, by their own biases. Programmes cannot, according to Richter, be properly designed unless information necessary to elucidate the needs of the children is available. This information will also make it possible to evaluate the programmes in terms of whether they do meet the needs of the children. Thus, sensitive, non-intrusive information-gathering procedures are necessary.

Reynolds (in Swart, 1990) states that the children's strong love of freedom must be recognized and accommodated in such a way that the children can derive benefit from programmes formulated for their benefit. Although this 'love of freedom' may be seen less glamorously as rebelliousness, it seems essential that the children should be given the opportunity to be part of the design and implementation of programmes for them.

As Mrs Indira Kotval, who runs a project for street children in Bombay, explains

> Ten years' experience with street children suggests ... that preconceived theories, even those that sound good and fit in with current trends in community development, do not necessarily ensure success. Only the experience of working with a community and being sensitively responsive to its particular needs can suggest the right answers.
>
> (in Swart, 1987a: 40).

Swart (1990a) emphasises that if any service is to be rendered to the street children, it is essential to first of all ascertain whether the children themselves perceive a need for such a service. Yet, especially in a situation regarding substance abuse, where children may not feel they need any assistance, some adult mediation would be necessary to address a very real and urgent problem.

Dr Dallape of Nairobi (Drake, 1989a) states that children must be involved in the formulation of programmes. Any analysis undertaken should be participatory, conscientising and action oriented. Street children should participate in deciding any programme formulation and execution. Programmes should be research oriented and inquiring in terms of root causes of problems and constraints in their solutions, and this should be brought to the attention of all involved, especially in policy making. All research should finally be oriented to action which would involve the children in programmes where they can perceive benefit for themselves.

2 RATIONALE

Traditional treatment and support facilities have been shown to be largely inappropriate, and research should aim at the development of appropriate support services for these children. It can be assumed that the number of street children in South Africa will rise over the next few years, and that increased efforts will have to be made to meet their needs.

Street children are known to abuse substances, mainly dagga and inhalants. Their abuse of these substances will effect the success of efforts aimed at helping these children develop to their full potential. Treatment of substance abuse problems in street children at institutions such as SANCA has been shown to be largely ineffectual.

In order that any treatment facility has any chance of success in catering for the needs of street children, it is essential that their love of freedom, or alternatively their rebelliousness, and their dignity is recognized and accommodated. Programmes involving street children should, therefore, be research oriented and involve the children themselves in the enquiry into the causes and specific nature of their substance abuse problems, and constraints in the solution of those problems. It can, therefore, be seen as necessary that the drugging habits of the street children, as well as their attitudes towards substance abuse and the treatment thereof, is investigated, with the aims of (1) elucidating the reasons why traditional approaches to the treatment of substance abuse problems have not been beneficial for the street children, and (2) providing a direction for an effective treatment approach.

3 AIMS

The general aim of this study was to gain a better understanding of the substance abuse of the street children.

More specifically, the first aim was to provide a description of the drugging patterns of the street children, including the history of their substance abuse, current frequency, regularity and type of

their substance abuse, family history of substance abuse, and the connection between friendship structures and substance abuse.

Secondly, the aim was to determine the attitudes of the street children towards substance abuse, focusing on their reasons for using substances, their perceptions of the risks and the actual effects of substance abuse, their perceptions of the differences between users and non-users, and of the social implications of substance abuse.

The third aim was to elicit their views regarding the nature of assistance which would be appropriate for people with substance abuse problems.

4 METHOD

Attempts at understanding their lives may be viewed by the street children as intrusions into private and often very painful memories and experiences, and thus may be resisted. The children may also develop great skill as story tellers. This is often necessary for them if they are to survive on the streets.

4.1 Sample

According to Swart (1990b), due to the nomadism of the street children, the use of formal sampling procedures is impossible. Therefore, although not particularly reliable, a non-probability method of sampling had to be used. Furthermore, because of the in-depth nature of data collection, only a small sample was used, the aim of the study therefore being exploratory.

The sample included 16 boys living in a shelter in Johannesburg, ranging in age from 12 to 16 years. These children were all from lower socio-economic backgrounds, with most (63%) of their mothers being unemployed. Six (38%) of the children stated that they had no knowledge of their fathers. Although it is known that substances are abused by the boys in this shelter, the prevalence of this abuse was as yet unknown.

The shelter is one in Hillbrow which has been established for eight years. Children are accommodated here and provided with their meals. Child care workers are responsible for the care of these children, and there is always one adult in attendance at the shelter.

Most of the children attend Streetwise School during the day, and return to the shelter in the afternoons. Streetwise School, established by Fr. Bill MacCurtain, is an autonomously run project of the Children's Foundation, where basic literacy, numeracy, and practical skills are taught.

At the shelter, some recreation is provided in the form of television and sporting activities. Groups are also run for the children by social workers and occupational therapists working in the field.

4.2 Methods of data collection

Swart (1988a), in describing a certain 'muteness' about street children, pointed to the difficulty in obtaining information about them. She found that, due to a certain lack of trust, as well as low concentration span due to glue sniffing and poor health, formal traditional methods of information gathering were inadequate when working with the street children. Swart therefore recommends the use of non-conventional, creative data gathering methods, which may produce much unsolicited information which is also valuable.

In terms of ensuring reliability, as lying is often a survival strategy for these children, Swart recommends that the accuracy of statements be checked by using more than one strategy for information collection. She thus used drawings by the children to get a more complete picture, as well as to facilitate communication and transcend language limitations. Furthermore, drawings could be used as a less threatening mode of communication.

In 1990, Swart undertook participant observation-based research with the street children and found that group discussions were useful, since the children were unafraid when no consequences resulted from what was discussed and they felt that they could talk about anything. Swart found that the children did not respond well to structured sessions; thus, themes were allowed to arise

spontaneously, and some sessions were recorded, others transcribed, according to what the children found acceptable.

Therefore, in this study, the major form of assessment was the running of groups, within which the researcher facilitated, in a non-intrusive way, the exploration by the children of aspects of their substance abuse. No information regarding the dangers of substance abuse was provided at this stage, as it was essential that the children freely express their ideas and experiences, and that this was in no way contaminated by the researcher.

Groups, lasting an hour, were run on a weekly basis, over a period of seven weeks. To some extent the groups were structured through the use of relaxation and fantasy exercises, which were aimed at maintaining the group members' concentration, as well as obtaining information about their view of the world and of themselves.

Two specific aims had been identified. The first aim was to provide a description of the drugging patterns of the street children. More specifically, the aim was to provide a description of:

(i) The history of their substance abuse

a) the age of onset of substance abuse

b) the type of substance first used

c) the living circumstances on first use of substances

d) the individual who introduced the child to the substance

e) the original reasons for using substances

(ii) Current patterns of substance abuse

a) the place where the substance is usually used

b) the person(s) with whom the substance is usually used

c) the substances used frequently, that is, on more than four occasions

d) the frequency of substance use in the past seven days

e) the nature of substances used in the past seven days

f) the quantity of substance used in the past seven days

(iii) Family history of substance abuse

a) the members of the family who have used substances

b) the types of substances used by family members

c) the frequency of substance use by family members

d) the perceived attitudes of family members to use of substances by children

(iv) Friendship structures and substance abuse

a) the extent of substance abuse in friendship networks

b) the amount of time spent with friends who use substances

c) the amount of time spent with friends who do not use substances

The second aim was to determine the ***attitudes*** of the street children towards substance abuse and its treatment. More specifically, the aim was to gather information on the following:

(i) Attitudes towards substance abuse

a) the reasons for using or not using substances

b) perceptions of the risks involved in substance abuse

c) perceptions of actual effects of substance abuse

d) perceptions of differences between users and non-users

e) perceptions of the social implications of substance abuse

(ii) Views concerning the treatment of users

a) perceptions of appropriate assistance by relevant care givers and authorities (police, child care workers, friends, family and treatment institutions)

A set of questions was designed by the researcher specifically for the purpose of eliciting information in respect to these aims, and presented to the group members in a variety of forms (see List of Questions, Appendix I).

Responses were not obtained by completion of questionnaires by the children. Instead, questions were presented in the form of stimuli for drawings or for stories told by group members. Another

method utilized was to have group members represent their responses symbolically, through 'voting', or placing their cards into boxes representing their answers to some of the questions. Methods of data collection were chosen with the aim of maintaining the interest and concentration of group members, thus distanced responses such as the voting procedure were found to be useful.

The group itself was utilized as an assessment device, rather than purely as a means of intervention. The researcher allowed themes to arise, and used probing questions, and elicited information and feelings, by encouraging group members to express themselves freely (see Appendix II for a transcript of session six).

The findings of this study will be used as the basis for the formulation and implementation of a programme aimed at fulfilling the needs of the group members, with regard to substance abuse. Such a program will not, however, form part of this study.

5 DESIGN

The nature of this study was exploratory, with the twofold aim of investigating the patterns of substance abuse, as well as attitudes of the children towards their substance abuse. Data are descriptive, and frequency of occurrence is expressed in percentages under the headings reflecting the respective aims of this study. In addition, descriptive data emerging from the group are also presented.

Although the ideal sample would have been randomized, this has not been possible, due to the nature and size of the sample of this study. Also, the exploratory use of an in-depth time-consuming approach to data collection limited the number of subjects that could be studied within the scope of this research. Limitations in the generalizability of the findings, due to the use of a small, non-probability sample, must therefore be kept in mind.

6 RESULTS

In this section, results are presented in two sections to reflect the aims of this study, and are discussed fully in the next section.

6.1 Pattern of substance abuse

6.1.1 History of substance abuse

Table 1 provides data concerning the history of substance abuse in the children. These data were gathered at various stages of the groups run with the children. In one group, the researcher asked questions and took notes during the session. A 'voting' method of data collection was also used to obtain more detailed information concerning how old the children were when they first used substances, what substance was first used, and where the children were living at the time of initial experimentation.

In the table below, percentages related to the age of first use of substances, the nature of the first substance used, information regarding where children were living at first use, and regarding the person who introduced the children to the substance, is provided.

Table 1

History of substance abuse in street children

Age of first use	*Number*	*Percentage*
<10	3	19
11	4	25
12	3	19
13	3	19
14	2	13
15	1	6
First substance used		
Dagga	4	25
Inhalants	12	75
Residence at onset of use		
Parental home	6	38
Streets	10	63
Introduction to substance		
Relatives	2	13
Friends	14	88
Total	**16**	**100**

As can be noted from Table 1, all of the children in this group have experimented with one substance at some stage of their lives. The age of initial experimentation varies from 10 to 15 years of age, with most of the children first experimenting with substances between the ages of 11 and 14.

Most of the children (12) initially experimented with inhalants, only four of them initially experimented with dagga. Most (63%) of the children were already living on the streets when they first used a substance. Most of the children (14) were introduced to the substance by friends, and only two by relatives.

The reasons noted, in response to an open ended question posed during one of the groups, for the children's first experimentation with substances were as follows. Most (68%) children cited curiosity, wondering what the particular substance would make them feel like. Another commonly provided (63%) reason was peer pressure, or a feeling that they would like to be part of a group of friends whose opinion was considered important, and thus felt they needed to join in on a group activity. Some (31%) children mentioned unhappiness and the need to feel drunk and happy, some stating that they felt the substance would help them to forget.

6.1.2 Current pattern of substance abuse in street children

Table 2 provides data concerning the current pattern of substance use among the children. This information was also gathered in the groups, mainly through posing questions and having the children note down symbols ('+' indicating they had used, '-' indicating they had not) on a chart thus indicating their responses. 'Voting' responses and open discussions were also used to elicit such information.

Table 2

Current pattern of substance abuse in street children

Frequency of use	***Number***	***Percentage***
Have not used in past week	4	25
Have used daily over past week	10	63
Have used less than four times over past week	2	13
Place where substance used		
On the streets	12	75
In the shelter	0	0
At school	4	25
Persons with whom substance used		
Alone	3	19
With friends	11	69
With relatives*	2	13
Total	**16**	**100**

* = parents or siblings

Most of the children (76%) admitted to having used substances in the past seven days. Of these, ten (63%) stated that they had used substances every day over the past seven days. Only two children (13%) stated that they had used substances on fewer than four occasions in the last week. Four children stated that they had not used any substances over the past seven days.

Of the ten children who stated that they had used substances daily over the past week, two smoked dagga, one smoking three dagga cigarettes ('joints', as referred to by the children) a day and another one. Three smoked glue, all stating that they sniffed around three times a day. Five used both, with a) one joint and three glues b) three joints and two glue c) two joints and one glue d) one joint and one glue e) one joint and one glue.

One of the two children who stated that they had used over the past seven days used three times (only inhalants) and the other twice (using dagga on one occasion and inhalants on another).

Most (75%) of the children use substances in the streets, none admitted to using substances in the shelter. They appear to use on the way to school or after school, although four admitted to also using substances at school.

Most (69%) of the children said that they used substances with friends. Three stated that they commonly used alone. Two stated that they use most frequently with relatives.

6.1.3 Frequency of substance use in the immediate family

In Table 3 data concerning the use of substances by family of the children is described. This data was obtained during the group sessions through a 'voting' procedure.

Table 3

Frequency of substance use in the immediate family

Times	Dagga			Alcohol			Inhalants		
per week	M	F	S	M	F	S	M	F	S*
<4	0	2	3	3	0	0	0	0	8
>4	3	3	8	4	7	0	0	0	8
Total	3	5	11	7	7	0	0	0	16
N =	16	10	16	16	10	16	16	10	16

* M = Mother, F = Father, S = Sibling(s)

Note: Six of the children stated that they know nothing of their fathers.

Most (81%) members of the group stated that member(s) of their family use substances. Three mothers of the children use dagga, all more frequently than three times a week. Five of the fathers use dagga, three of them more frequently than four times a week. Most (69%) of the children have siblings who used dagga, siblings of eight of the children more frequently than four times a week.

Seven of the children had mothers who used alcohol, four of them more frequently than four times a week. Seven of the children had fathers who used alcohol, all of them more frequently than four times a week. None of the siblings of the children used alcohol.
None of the children had parents who used inhalants. All of the children, however, had at least one sibling who used inhalants, half of them using more than four times a week and half of them using less than four times a week.

The children were also asked how they imagined their parents would feel about their substance abuse. Most (75%) children stated that their families would strongly disapprove of them using substances. Four stated that their families would not care or did not mind.

All of the children have friends who use substances. Twelve (75%) of the children stated that their friends used more than four times a week. Nine (56%) of the children said that they spend most of their free time with their drugging friends, the rest stated that they spent most of their free time with their non-drugging friends.

6.2 Attitudes towards substance abuse and views regarding treatment

6.2.1 Attitudes towards substance abuse

Table 4 contains aspects related to the attitudes of street children to substance abuse. These were gleaned mainly through informal discussions, where the researcher facilitated the expression of the children's ideas and made notes during the sessions. Themes were allowed to arise spontaneously during the group sessions. If a group member raised a point the researcher asked the other members to raise their hands if they agreed (see Appendix II, transcript of session 6 for an example). It will be noted, therefore, that not all children agreed with all statements, and that each child could agree with more than one statement. Numbers in this table, therefore, do not add up to 16.

Table 4

Attitudes towards substance abuse

Sample N=16

Perceived positive effects of use	**N**	**%**
'pleasant sensations'	16	100
feeling more confident socially	4	25
feeling less afraid of dangers of street life	3	19
being less aware of their problems	2	13
Risks involved in continued use		
cancer	8	50
weight loss and flu	3	19
getting into trouble at school	2	13
getting into trouble at the shelter	1	6
being vulnerable to attack and robbery	1	6
danger of being arrested by the police	1	6
Actual effects of continued use		
detrimental effects on health (headaches and colds)	2	13
failing at school	1	6
drugs had helped them make and keep friends	4	25
cause children to feel 'happy'	3	19
Differences between users and non-users		
non-users have 'easier lives'	10	63
non-users are 'rich and white'	5	31
non-users are 'clever', 'good at school'	2	13
non-users are 'cowards', 'stupid'	2	13
Social consequences of substance use		
no effect	10	63
no answer	6	37

Regarding the perceived positive effects of substance use, all of the children agreed that substances did cause pleasant sensations and make them feel good. 25% of the children endorsed the view that substances helped them feel more confident socially, and 19% agreed that when they used

substances they were less afraid of the dangers of street life. 13% of the children felt that when they used substances they were less aware generally of their problems and difficulties.

The children were asked what the risks of using substances were. The most common concerns were related to effects on health: 50% of the children agreed that substance use could result in cancer, and 19% cited weight loss and flu as a possible negative result of substance use. 13% agreed that the use of substances could get them into trouble at school; 6% stated that the use of substances could get them into trouble at the shelter. The idea that substance use could make them vulnerable to attack and robbery was endorsed by 6% of the children. Arrest by the police was seen as a potential danger of substance abuse by 6% of the children

Children were asked what actual effects their substance use had had. Few cited actual negative effects, with 13% stating that they had experienced detrimental effects on their health, including headaches and colds, and 6% stating that their substances use had led to them failing at school. The other actual effects cited by the children were that substances helped them make and keep friends (25%) and that substances caused them to feel 'happy' (19%).

Regarding the perceived differences between users and non-users, 63% of the children agreed that non-users had 'easier lives', and 31% felt that non-users tended to be 'rich and white'. Non-users were seen to be 'clever' and good at school by 13% of the children. Only 13% of the children described non-users negatively, as 'cowards' and 'stupid'. Children were asked how they imagined substance use effected their social interaction with others. 63% stated that it had no effect whatsoever. No actual effects were described by the children, and those suggested by the researcher did not meet with agreement from the children.

6.2.2 Views regarding the treatment of substance abuse

The views of the children concerning the treatment of individuals who abuse substances were also obtained through informal discussion, in much the same way as described above. Nine (56%) of the children stated that someone who uses substances would need understanding from others, and

would need people to realize that they were not 'worse people' than those who did not use substances. Four children (25%) stated that they should be allowed to do what they wanted and that people should not interfere with their substance use or any aspect of their lives. Three children (19%) stated that they should be helped to get supplies of their substances. Eight of the children (50%) stated that they would require people to understand them and to try to help them by listening and helping them solve some of the problems that were worrying them, such as problems at school or at home. Five children (31%) stated that dealers should be arrested.

Most (56%) children felt that the police had no part to play in their substance abuse. Two (13%) stated that police should arrest all who have been using substances and lock them away for a while. Child care workers in shelters were seen to need to be protected from the facts of their substance abuse by five (31%) of the children, who stated that they did not feel child care workers should be upset or worried. Three children (19%) said they expected the child care workers to understand when they were inebriated or not feeling good and to help them by not making demands on them, giving them sympathy and time to recover.

Six of the children (38%) believed that friends should help one another by sharing what material possessions they have. 38% of the children felt that each child should be allowed to decide on his own whether to use or not, even on a daily basis. Two children (13%) believed that friends should help one another to find other activities to replace drugging.

Six children (38%) stated that their families should not drink so much themselves, and should discourage children from using, even by using severe punishment such as beating.

Treatment centres were seen to have little role, although two children (13%) said they could be useful in providing medication to help them feel better physically.

7 DISCUSSION

7.1 Limitations of the study

The sample size in this study was small, and thus the findings need to be regarded as tentative. The nature of the sample and the intensity of efforts required to gather information would, however, have made it extremely difficult to make use of a larger sample within the framework of a study such as this.

Another possible limitation is that the study involved street children living in a shelter. Conclusions cannot therefore be drawn about children living without such support, on the streets entirely. The possibility that substance abuse in children living purely on the streets would be worse could be investigated in a further study. The fact that only one shelter was used in the sample also limits the extent of conclusions which can be drawn with regard to substance abuse among street children in general. A further study should be conducted in another shelter to investigate whether these findings are replicated.

Methods of data collection in this study were unconventional, and no standardized tests or measures were used. The researcher considers, however, that they were the most promising means of eliciting information, due to language limitations and other constraints. Limitations in the reliability of the method must also be kept in mind, as although efforts were made to verify information gained, it cannot be assumed that the children were entirely honest in their disclosures.

7.2 Interpretation of findings

This study reveals that all children in the specific shelter under study have used substances at least once in their lives. Findings of this study suggest that the children who are currently using substances use dagga and inhalants, and no Mandrax use was discovered.

75% of the children were found to have used substances in the past week. 63% of the children were found to be using substances on a daily basis. Substance use can be regarded as heavy, with those children who use daily using substances two or three times a day. For all of the children, there was substance abuse of some form in the immediate family. Either the mother or the father were found to use dagga and/or alcohol, and most of the siblings were found to use dagga and/ or inhalants. Purely on the basis of the frequency of use and amount used by the children and by members of the children's families, it can be stated that use of substances among most of the children is regular and dependency does exist.

The maintenance of social networks was one of the positive effects of substance use cited by the children. The importance of social acceptance, for adolescents generally, but more especially for street children who may experience rejection and a feeling of being cast out of mainstream society, apparently plays a large role in maintaining their use of substances, as the drugging subculture may be one of the few networks accessible to them. Substance use may be one of the only ways in which these children can receive social affirmation and a sense of belonging. Having left home, the drugging subculture could promise much needed companionship and acceptance for children who are lonely and afraid.

This sense of being excluded from mainstream society and shut off from access to the rewards of that culture is reflected in the children's perceptions of the differences between users and non-users. The children described non-users mainly in terms of perceived privilege, as being 'rich and white', having 'easier lives', being 'clever' and 'good at school', although some negative descriptions, that is that non-users were 'cowards' and 'stupid' were also given.

Other perceived positive effects of substance abuse include pleasant sensations, feeling socially more confident, less afraid of dangers of street life, and less aware of problems. Perceived risks involved in continued use of substances include cancer, weight loss and flu, getting into trouble at the school and shelter, being vulnerable to attack and robbery and to arrest by the police. The children felt that the actual effect of substance abuse included detrimental effects on health, school failure, and a sense of happiness.

The children felt that people who used substances would need understanding and acceptance, and to be listened to and helped with their problems. Some children stated that they wanted no interference from others in this, or any other aspect of their lives, and others stated that they should be helped to get supplies of their substances.

The police were not seen as having a major role to play in their substance abuse by the children, although some of them stated that dealers should be arrested, and a smaller number believed that users should be arrested. Child care workers in shelters were also expected to have little to do with their substance abuse, although some of the children stated that child care workers should be understanding and sympathetic, and not make demands on them while they were intoxicated. Some children expected their immediate families not to use substances as extensively themselves, and to discourage substance abuse by children. The only contribution of treatment centres recognized was the provision of medication.

Previous studies have revealed that, in South Africa as well as internationally, street children do abuse substances (Dallape, in Drake 1989) and that on average a third of all street children in South Africa use inhalants on a chronic basis (Richter, 1991). Actual findings of this study could suggest that the situation is even worse than initially suggested, namely that 75% of the children in this shelter use substances, either inhalants or dagga.

The extent of dependency can be seen as severe in this group of street children. Use of substances appears to be frequent and regular among most of the children, who are using on a daily basis, up to three times a day. The fact that no Mandrax use was found is possibly more due to financial restraint than any other, more positive reason.

The pattern of substance use in the immediate family of the children is also a significant factor. Definite correlations have been established between substance abuse in parents and in offspring. Antisocial behaviour in adults and conduct disorder in young people has also been found to correlate strongly with substance use. Although neither of these links are clear in terms of causality, it has been established that in families that are dysfunctional, children are more prone

to substance abuse (Khantzian, 1978). The street children, by virtue of their often chaotic family backgrounds and the substance abuse in their parents, are at great risk.

On the basis of the findings of this study, a variety of factors can be seen as responsible for maintaining substance abuse in this group of children. As suggested by Richter (1991) the children find that using substances helps block out unpleasant memories and feelings, the substances help the children to 'forget'. Although for these children basic needs are catered for, in terms of food and shelter, their living circumstances are far from ideal, and their backgrounds usually traumatic. These difficulties may make the children susceptible to future traumatisation, and decrease their ability to tolerate affect, that is emotions are not experienced as bearable. Continuing the vicious circle, use of substances to avoid unpleasant emotions will make it hard for children to use their feelings as a basis of learning from experience, which worsens their situations. The temptation to forget through drugging must be great.

Another function which substance abuse seems to fulfil for the children is closely related to the former. Children state that they feel happy, that they enjoy themselves when under the influence of substances, that they dance, sing and laugh, and enjoy their hallucinations when they hear music or see stars. This could be seen as a function of impoverished environments, where children do not have access to recreational facilities, and probably never have. Environments may also be experienced as unsupportive and even hostile. More important, however, may be a sense on the children's part, that they are not sufficient in themselves, that the substance is seen to perform a useful function, as without it they could not be happy or find a sense of enjoyment within themselves. The use of substances can therefore be seen as an attempt to fuse with the substance to replace that which is needed but not available. Statements by children that non-users differ from them mainly in positive ways, including being 'rich and white' 'clever', 'good at school' and having 'easier lives' supports suggestions that substance abuse is often supported in these children by low self-esteem and feelings of inadequacy, as well as by traumatic and difficult life circumstances.

Some children actually state that they feel more confident in social situations when they are under the influence of a substance, suggesting that they feel they lack the skills necessary to relate to

others in satisfactory ways. This could possibly be related to the low level of trust for others found among street children, as discussed by Swart (1990b). For these children, relationships have not been easy, and possibly skills needed have never been learnt. Findings of this study suggest that substance use is seen to have positive consequences socially, and is not seen by any of them to have any negative social effects.

This reliance on substances for reasons of social and emotional needs constitutes dependency in the true sense. Related to this is an external locus of control, cited by Swart (1990b) as a common characteristic of the street children. This has been supported in many of the statements and in the drawings of the children, who seem to feel to some extent powerless and inadequate in the face of problems experienced in their daily lives. Related to their feelings of inadequacy is low self-esteem, also evidenced in their drawings done as part of this study. According to Khantzian (1978) the central 'deficit' in substance abuse can be seen to be a lack of self-care. In the street children it may be that danger and potential damage are not a concern, and children sense no need to look after themselves.

Findings regarding the children's perceptions of the negative results of substance abuse suggests part of the difficulty in treating their substance abuse problems. As pointed out Richter (1991), most of the injuries sustained by street children result from accidents and attacks while they are under the influence of substances. Perception of this danger is not the norm, as only one child mentioned it as a risk involved in substance abuse. Only one child mentioned the risk of being arrested by the police.

Other risks involved in substance abuse perceived by the street children include health risks, with cancer, weight loss and flu being mentioned specifically. Yet only two children stated that they had actually developed headaches and colds as a result of their substance use. Children maintained that through their substance use they run the risk of getting into trouble at school and at the shelter, yet only one child stated that use had actually contributed to him failing at school.

Some ***possible*** negative results of substance abuse are conceptualized by the children, but ***actual*** negative results are largely not perceived or acknowledged. This suggests a lack of motivation

to stop using substances, and could be seen as one of the major impediments to the treatment of the substance abuse of these street children.

Although motivation for stopping substance use has been seen as an important criterion for treatability, some degree of ambivalence can be expected (Cooper, 1987). 'Lack of motivation' may in fact be seen to some degree as part of the children's difficulty, to be worked through, rather than be seen as an impediment to progress. The substance(s) serve a very important means of escape from the threatening experience of the world, and severe feelings of abandonment and helplessness may be experienced on abstinence. These feelings must be dealt with, and may include mourning and anger.

In the light of this ambivalence towards the substance abuse, it is unlikely that the children would voluntarily submit themselves for treatment. Richter (1988) stated that the children often do not seek help for serious medical problems such as broken limbs, due to their fear of authority figures and their need to protect anonymity. Children may also be neglected by hospitals and other treatment institutions (Richter, 1988). Children's responses in this study indicated that the most they expected from treatment institutions like SANCA was the provision of medication.

Findings of this study suggest negative attitudes on the part of the children towards the treatment of substance use. Rejection of the thought of stopping substance use is suggested in statements by the children that people should not interfere in that aspect of their lives, and that they should be helped in gaining supplies of their substances of choice. Feelings that they were judged unsympathetically and that they needed understanding and support were, however, also expressed. Some children stated that they needed support from their parents, and from child care workers in the shelter, and help in solving the day to day problems they experienced.

7.3 Proposals for an intervention programme

The problem of substance abuse in street children can, if the findings of this study are taken to be an indication, be seen as serious and as demanding immediate attention. The form this

intervention takes should be based on the experiences and perceptions of the children themselves if any success is to be possible. The fact that traditional treatment provided has not met with much success is possibly due to the fact that these experiences and perceptions were not taken into account.

Richter (1991) pointed to the importance of friendship structures in the lives of the street children, and noted that most children when leaving home for the streets, left in the company of a friend. This study suggests that most of the children who use substances first experimented in the company of friend(s), that most of them who use do so in the company of friend(s), and that those who use spend most of their free time in the company of drugging friend(s). Many activities and survival skills are learnt in groups of peers (Richter, 1991), and not all learning may be positive.

Due to the importance of peers and of the acceptance by peers, the treatment modality with the greatest chances of success may be group work. Group therapy has been found to have the highest success rate in the treatment of substance abuse generally, and with adolescents specifically (Cooper, 1987). The experience of this researcher is that the children are willing to deal with issues around substance use honestly and openly in the presence of peers, and it is probable that only in the context of changing group norms will the attitudes of the children towards substance abuse by challenged and possibly changed.

As suggested by Swart (1990b) giving the children a sense of power over their own lives may be the most important goal of any programme aiming at meeting the needs of the street children. So, although general aims may be formulated independently, it is necessary that the children be involved in the setting of specific aims and objectives in any programme aiming at dealing with problems of substance abuse.

The general aims of a programme aimed at dealing with the issues of substance abuse among the street children would obviously be formulated by the facilitator of such a group, as he/she would not be neutral with regard to expectations that the children attain and maintain abstinence from substances. Another general aim would, therefore, be the development of motivation among the

children to abstain from their substances of abuse, in order that they are involved in the group process.

The role of education and the provision of information with the aim of changing attitudes is an area of controversy. Generally, however, it is at present believed that children must be provided with clear messages that substance abuse is harmful, and specific information regarding the effects of substances. Groups should therefore have a 'conscientising' aim (Dallape, in Drake, 1989). The use of educational videos and informative talks cannot, therefore, be ruled out, although their role must be limited, and such techniques should be seen as stimulus for further thought and consideration by the children themselves.

Views expressed by the facilitator in a group addressing issues around substance abuse should, therefore, quite clearly communicate an expectation that the children abstain from substances in the future. This insistence on abstinence may be experienced as positive and containing, if done fairly and firmly, and not in punitive or judgemental ways (Khantzian 1978). It is in fact suggested that if the children are to be able to give up a substance which has served such a vital psychological function, it will be because an adult demands that they pay attention to the danger and potential damage of substance use, and that they learn self care (Dodes, 1984). Trust in the adult facilitating such a group is essential if children are to be open to such a message. Children should feel that they can express their ideas and feelings openly and that no consequences will follow from what they discuss.

In order that the need for self-care could possibly be engendered in the children, group work focusing on general life skills may be useful. The group could therefore be structured with the general aim of providing the children with an opportunity to gain better self-awareness, develop self-esteem, and deal with relationship and other emotional issues in a group of peers. The children themselves should be allowed to decide on the priorities in dealing with such issues, and with the specific manner in which the task should be approached.

During the groups, attention could also be paid to establishing, with the involvement of the children themselves, possibilities for activities which could be reinforcing for the children, and provide other satisfactions without the children needing to resort to the use of substances. Dr Dallape (in Drake, 1989) stresses the importance of sports activities in assisting children with filling up time that was spent on substance use, and providing fulfilment and satisfaction for the children. An approach based on peer mentoring could be usefully applied in this regard too, if children could be trained to some extent and given authority to use and share their knowledge and skills with other children. A more positive group norm could possibly be established.

Certain factors do make the running of such a group difficult. As noted by Swart (1990b), street children often do not respond well to structured groups, and much flexibility and tolerance is necessary if the group is to be successful. This researcher did find that the children responded much more positively when themes were allowed to arise spontaneously. Richter (1991) also pointed out that the street children, by definition, have a tendency to run away from their problems, and thus may leave groups if things become problematic. Sensitive evaluation of group dynamics and needs will therefore be necessary at all times.

7.4 General implications

Attempts made at solving problems with substance abuse on the micro-level will not, however, be sufficient if long-term solutions are to be found. Dr Dallape (in Drake, 1989) states that any efforts at helping street children will be self-defeating unless the causes of the problems are sought at the source. Work in the communities that the children come from is therefore essential, and issues such as poverty, educational and family difficulties will need to be addressed, if possible (Keen, 1990). Public awareness around issues regarding street children is also essential.

Intervention at the political level will also be necessary. Keen (1990) calls on the government to review and reformulate the Child Care Act, providing for the care and protection of children in general and street children in particular, and suggests regulations regarding the sale of solvents

to children as one area of concern. Local authorities should also be held responsible for the provision of funds and facilities necessary for the improvement of the life conditions of children.

7.5 Conclusion

This study has, therefore, pointed to a serious problem of substance abuse in a group of street children. Following a suggestion by Dallape (1989, in Drake) the researcher aimed at a participatory, conscientising, and action-oriented study. To some extent those aims have been fulfilled, although some limitations of the study are relevant to the generalizability of the findings.

APPENDIX I: List of questions

to be used as a guide to eliciting information

during groups run with the children

History of substance abuse

a) how old were you when you first used a substance?

b) what was the first substance you used?

c) where were you living at this time?

d) who introduced you to this substance?

e) why did you decide to use the substance the first time?

Current pattern of substance abuse

a) where do you usually use the substance(s)?

b) with whom do you usually use the substance(s)?

c) have you used any substances in the past seven days?

d) how often in the past seven days, and how much did you use?

e) what substance(s) did you use in the past seven days?

Family history of substance abuse

a) what members of your family use substances?

b) what substance(s) do they use?

c) how frequently do they use this/these substance(s)?

d) how do you think they feel about you using substances?

Friendship networks and substance abuse

a) do you have friends who use substances?

b) if so, how frequently do they do so?

c) how much time do you spend with your friends who do use substances?

d) how much time do you spend with your friends who do not use substances?

Attitudes towards substance abuse

a) why do you/don't you use substances?

b) what risks do you feel are involved in substance abuse?

c) what actual effects have the use of substances had on your life?

d) how do you feel users are different from non-users?

e) how do you feel substance abuse does/would effect how others see you and how they react to you?

Views concerning the treatment of users

a) what kind of help would someone who uses substances need?

b) how do you feel the following people could best help someone who abuses substances:

- the police?
- child care workers in shelters?
- friends?
- family?
- treatment centres?

APPENDIX II: Transcript of session number 6

Present:

(names of children have been changed)

Thabo, Sibusiso, Kenneth, John, Sipho, Paul, Isaac, Josia, David, Hanief, Jerry, Samuel, Petrus, Matthew, Jack, Franz.

This session was taped for purposes of transcription. As in all of the sessions, the researcher was disadvantaged by the fact that she did not understand the children who expressed themselves in Zulu and Sotho. This was in part overcome through the cooperativeness and helpfulness of three group members who carefully listened and translated what those children were saying.

The group was very distracted at first and seemed very excited and could not settle down. Then the children began telling their stories about how they had come to leave home.

Thabo : I leave home because I was naughty. My Mom she sent me to the shop to buy some cigarettes, so I took the money and I ran away. I didn't want hidings again.

Sibusiso : Me also, I stole the money to buy cigarettes. I smoke too much and they get cross with me, I run away.

Kenneth : I know smokes give you lung cancer, you mustn't do it, it's bad. But when I go home for Christmas I will have some beer, I drink beer when Christmas time. But everyone else too smoke, and also drink. Once I drink the meths.

Sibusiso : This bad stuff, it make me sick, quickly drunk, very very strong, too strong stuff.

Researcher : Sibusiso, you say it makes you feel funny, can you tell me how it makes you feel?

Sibusiso : It make me very very drunk, very sick, it very too much strong. I make like (vomiting noises), my head too much sore, I sleep, tired too much.

Researcher : How many of you have used meths, can you put your hands up if you have used it?

(Six boys indicate that they have used meths).

John, you say you used, will you tell us how it was?

John : No, I don't remember, I forget, you mustn't ask me that questions....

Researcher : That's good, John, if you don't want to say anything then you tell us you don't want to say anything. But maybe just now if you do want to then we will all be interested in hearing from you.

Sipho : I smoke a lot cigarettes, I smoke when I was 8 years, I smoke also now, a lot...

Researcher : How much?

Sipho : Maybe six in one day. I smoke it a lot, all the time.

Researcher : How many of you smoke every day?

(nine children indicate that they do)

Where do you smoke?

Thabo : At school, breaktime we quickly smoke some smokes, sometimes when we come back to the shelter also, we go outside, three of us, we smoke sometimes here as well.

Me and Paul we smoke outside.

Paul : Haai, no, me not smoke, he lies, no!

Thabo : (laughs)

(group becomes unruly, children start punching each other and some children seem really upset).

Researcher : I want to hear what everyone has to say, but I cannot, you all are shouting at the same time. Aren't we breaking the rules we made?

Thabo : (shouts) Keep quiet and listen to each other!

Sibusiso : We want to fight, we get cross, we shout and fight...sometimes get very cross

Researcher : Why do you get cross?

(no response).

Isaac : Me and Josia we leave home at the same time, we get on the train and we just go, we go from place to place and we go on the train long time, me very naughty at home and me get hiding and then go to train with Josia, we ride train a long time..... we go train to Joburg and to Benoni and to Joburg and to every place and we ride train and smoke and we get zol and smoke and we just ride. Naughty boys at home we in trouble a lot of time. Then we come to here we stay Hillbrow because we like it and we stop with the trains we live here we come to shelter, we stay here, we have games and play, we not so naughty now, but we smoke zol and glue

Researcher : How do you feel when you smoke glue?

David : Get nice, happy-happy, laugh, funny feeling here (points to head)

Sipho : Not a nice feeling, horrible, get scared and cross...

Researcher : You get scared?

Thabo : No I like to feel like that it's nice, feel happy and laugh also.

Sipho : Scared of funny things.....

Jerry : Makes me funny in head, get dizzy, like you turn around and around and go funny dizzy in head (makes spinning motions with arms)

Researcher : Is it nice to feel like that Jerry?

Jerry : I also feel nice and I laugh a lot and I play.

Thabo : Sometime I get the benzine to smoke, make like this (cups his hands and pretends to be inhaling deeply), take it all inside.

Samuel : When I smoke benzine then I can hear music, I dance, I dance, I smile, I happy and dancing, nice music...I can also laugh, (laughs loudly) and laugh....

(Children start laughing loudly as though under the influence of inhalants).

Sipho : One time I see snakes everywhere where I looks there's snakes, get scared of the snakes, everywhere snakes. Some time I see the stars by my eyes, funny stars they dark stars they all over the place where I look stars and stars...

Petrus : I also see stars when I sniff lot glue..

Researcher : Is that a nice feeling for you, Petrus?

Sipho : I see snakes and stars and I get funny inside. One day I come home from school and I not see my father he very cross and hit me because I smoke glue I can't see what I do and I break things I walk into table he get very cross he hit me lot.

Matthew : Glue not good, it can make you to die.....

Thabo, Petrus, Sipho, Sibusiso : (all agree heartily) yes childrens die of it.....ja, you smoke a lot you can die....you get very sick you die of it if you not careful....ja!

Jack : It's not very good, you feel scared, you not know where are you, you walk like this (makes weaving gestures with his hands), you can fall in front of the car, someone hits you and he steals your money, you get scared, too scared...

Matthew : It make you dizzy, you walk like this (stands up and staggers around, laughs), people they think you funny...

Jack : Or you fall down the people kick you

Thabo : The people they get cross with us.

Researcher : Why do you think they get cross with you?

Thabo : I don't know, how I know, they funny...

Franz : You get sleep, you sleep in road, then you wake up it night dark time....

Researcher : What makes you so tired, Franz?

Petrus : When I get zol I get sleep, very tired and sleep all day.

Researcher : Some of you like to smoke zol and benzine and glue, some of you don't like it. When you are 30 years old, do you still think you will be smoking it?

Kenneth : No, when I am old I will be good, be the father, the children in a big house and no more zol, and my children they smoke it they get beated, I be very cross....

Sibusiso : Why we must stop smoking?

Matthew : You get lung cancer from it if you don't stop.

(group laughs and becomes unruly).

At this point it became really difficult to focus the group again, so researcher thanked them and ended the session.

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