

## Substance use and abuse in marginalised communities in the City of Cape Town, South Africa during the COVID-19 pandemic

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### ABSTRACT

**Purpose:** This study explored the substance use and abuse experiences of youth living in marginalised communities in the City of Cape Town, South Africa, during the COVID-19 pandemic. **Subject and Methodology:** This qualitative study included 17 participants who were attending a community-based health clinic. They were recruited using snowball sampling. Data was collected using both individual as well as semis-structured interviews. The interviews were audio-recorded and transcribed for data analysis. **Findings:** The study reports on the types, quality of, availability and frequency of drugs used during the lockdown period of the pandemic. The ban on the sale of cigarettes and alcohol during the lockdown period led to steep increases in price on the black market. In contrast, illicit drugs were easily available during the lockdown period, with no increase in price. Participants also reported on sources of income for the payment of drugs during the pandemic, ineffective law enforcement of lockdown regulations, as well as inadequate community services and support provided during the lockdown period of the COVID-19 pandemic. **Implication:** Additionally, they reported on their lived experiences of harsh socio- economic conditions which are related to substance abuse. Participants also made a number of recommendations to improve support services in addressing the substance abuse challenges faced by marginalised communities. **Originality:** This study highlights the complex interplay of a number of factors related to substance abuse. These include socio-economic inequity, access to adequate quality support and the exacerbating impact of a significant event such as the COVID-19 pandemic

**Keywords:** *substance abuse; COVID-19 pandemic; contraband; marginalised communities; illicit drugs; alcohol*

### INTRODUCTION:

Substance-abuse is the scourge of poor communities in South Africa and particularly in the Western Cape. Various studies indicate that youth in poor, marginalised communities are increasingly abusing alcohol and drugs. In turn, these forms of substance abuse are associated with other challenges such as teenage pregnancy, sexually transmitted diseases, HIV infection, violence (including gender-based violence), and gangsterism (Ornell et al., 2020). The need for research on substance abuse aligns with the country's national policies such as the National Development Plan (NDP) 2030 (National Planning Commission [NPC], 2012). The NDP clearly specifies that the relationship between drugs, alcohol and violence requires in-depth study. Furthermore, specific projects should be developed by the Justice, Crime Prevention and Security (JCPS) cluster to address these issues comprehensively and decisively. The National Youth Policy 2020-2030 highlights the importance of providing community and institution-based services to improve psycho-social support including family strengthening services to address youth problems such as depression and substance abuse (Department of Women, Youth and Persons with Disabilities, 2019).

The seriousness of the substance abuse problem and its relation to gender-based violence has been highlighted by South Africa's current president, Mr. Cyril Ramaphosa. He stated at a joint sitting of parliament, on 18 September 2019, that substance abuse is a fuel for gender-based violence. The city of

Cape Town (CoCT) has also been proactive in providing various programmes and support services such as Matrix certified clinics, and the City of Cape Town's toll-free, 24-hour alcohol and drug helpline to assist its citizens, especially the youth. The city's alcohol and drug strategy, highlights the intention of the Organisational Development and Transformation Plan (ODTP), (City of Cape Town, 2016) that encourages a multi-pronged approach to dealing with the challenges facing Cape Town. It also aligns closely with the National Drug Master Plan, 2019-2024 (Department of Social Development, 2019). The 'pandemic' of substance abuse in South Africa has intersected with the COVID-19 pandemic, with the latter being appropriately considered as much more than just another health crisis. Its magnitude has catapulted the pandemic into an economic, development and humanitarian crisis, characterized by lasting social, economic and political challenges well into the future (United Nations, n.d.). The pandemic's ramifications are specifically felt in countries like South Africa, already burdened by poverty, fragility, conflict and a weak health care system, which adds to socio-economic hardships. It is important to note that the effects of a pandemic and the associated public health measures may cause distress, with an increased risk of rehabilitated drug addicts relapsing, even among long-term abstainers (Ornell et al., 2020; Rajkumar, 2020). Access to support services and the unique challenges faced by users of substances during a pandemic, and the services provided, has also been highlighted by research (Dunlop et al., 2020; Ornell et al., 2020). The widespread and intense impact of the COVID-19 pandemic on society therefore prompted the need to investigate substance abuse and support available to Cape metropole marginalised communities, given the lockdown restrictions, loss of employment and reduced opportunity to earn an income as a consequence of the COVID-19 pandemic.

## STUDY AIMS AND OBJECTIVES

**Aim:** To explore substance use and abuse amongst youth in the Cape metropole during the COVID-19 pandemic.

### Objectives:

To explore:

- 1 The frequency of substance abuse prior and during the COVID-19 pandemic among youth (aged 18-35years)
- 2 How substances were sourced during the pandemic.
- 3 The challenges faced when trying to attain drugs or alcohol during the pandemic.
- 4 The forms of support available to substance abusers during the COVID-19 pandemic.

## LITERATURE REVIEW

Since early 2020, the world has experienced the onset of the COVID-19 pandemic, which is severe acute respiratory syndrome coronavirus 2 (SARS -COV-2). The spread was so rapid that within the first six months alone, the disease caused 200 000 deaths in Europe (World Health Organization, 2020). Strict measures were therefore imposed globally.

The first Corona virus case was confirmed in South Africa in the Province of KwaZulu-Natal on March 5, 2020, via the National Institute for Communicable Diseases (NICD, 2020). The South African government implemented a national lockdown to contain the disease from 27 March 2020 to 31 April 2020. All South African citizens were ordered to remain in their homes, wear a cloth mask, wash their hands with soap, and maintain a safe distance from others (<https://sacoronavirus.co.za>). Furthermore, the South African government also implemented a ban on the sale of tobacco and alcohol during the lockdown period, 27 March -16 April 2020 (Department of Cooperative Governance & Traditional Affairs, 2020).

As a developing country, the COVID-19 pandemic posed a particular challenge for South Africa, a country with a high prevalence of HIV, tuberculosis and diabetes. In addition, the abuse of substances amongst vulnerable populations, was also a cause for concern. The risk of COVID-19 infection, together with the co-use of substances, particularly by people from vulnerable populations, increased the risk of developing complications from COVID-19 (Egbe et.al. 2019; Harker et al., 2022.). Degenhardt et al., (2018) highlight the importance of focusing on substance abuse and substance abuse disorders within the general context of mental health concerns. The aforementioned should be investigated given their related global disease

burden, and the unique challenges that a pandemic may present for those using substances, along with the services they require during a pandemic (Dunlop et al., 2020; Hall, et al., 2022; Ornell, et al., 2020). Kilian (2021), indicates that clear patterns emerged in particular countries regarding the use of substances during the COVID pandemic. For example, in countries where alcohol was not banned, such as in Australia, Canada and the Netherlands, there was an increase in the availability of alcohol, as a result of the delivery of alcohol to individuals and onsite drinking. For South Africa, Harker (2022), found an increase in the use of substances during the pandemic.

Global concerns were raised about people's mental health during the COVID-19 pandemic, because of experiences of fear, worry and isolation, as well as concerns about the adequacy of public health measures (Harker, et al., 2022; Noyes, et al., 2021; Rajkumar, 2020; Vigo et al., 2020). China reported high rates of moderate or severe psychological impact because of COVID-19, early in the pandemic (Wang et al., 2020). Layman, et al., (2022) also expressed concerns that the pandemic had a negative impact on the general social-wellbeing and mental health of youth. A systematic review by Layman, et al., (2022) found that globally, the psychological effects of the pandemic on youth, showed a significant increase in the prevalence of anxiety, clinical depression and suicidal ideation. Moreover, concerns about mental health, were raised particularly for those individuals who were using substances during the pandemic. Furthermore, these researchers, expressed additional concerns, about the effects of the pandemic possibly increasing, or worsening, substance use behaviours, mainly among the youth (Layman et al., 2022).

Regarding the provision of services, for substance users during the pandemic, Whitfield, Reed, Webster and Hope (2020) found that in England, there had been less harm reduction services provided during the pandemic period. Other scholars, found a global decline in special substance use treatment services, such as: outpatient services, counselling and group therapy, as well as withdrawal management (Dunlop, et al, 2020; Layman, et al, 2022; Taylor, et al, 2021). In South Africa, Harker et al., (2022), found that substance use disorders (SUD) treatment services, or harm reduction services, had been significantly affected during the COVID-19 pandemic, particularly so, at the onset of the pandemic.

## RESEARCH DESIGN AND METHODOLOGY

This study was guided by an interpretivist research paradigm and a qualitative exploratory case study research design. Interpretivism is characterized by the belief that there is no objective reality; rather there are subjective interpretations of reality, that may be complex and divergent (Creswell & Creswell, 2018). In the case of this study, participants' views reflected the diversity of their lived experiences related to substance abuse during the lockdown period of COVID-19. The exploratory case study research design facilitated the 'case' of substance abuse in a marginalized community located in Cape Town. The study was exploratory and qualitative in nature to get some insight into the lived experiences of participants as a forerunner to possible larger scale research on the topic of interest. The researcher adopted a qualitative research design, which is referred to as an interpretive process. (Merriam & Tisdell, 2016).

### Sampling

Snowball sampling was used in this study, given the difficulty in identifying potential participants because of the study's focus (Naderifar et al., 2017). The sample comprised of 17 participants, nine males and eight females, aged 18-35 years, all of which were substance users. The fieldworker, who is a registered social worker, and working in marginalized communities, approached the local community health clinic to introduce him to potential participants after firstly inquiring from patients with substance abuse challenges, if they would be prepared to meet with the fieldworker to discuss the possibility of participating in the study after he had explained the aims, process, outcomes and ethical protocols that would be followed to ensure that the study was conducted in an ethical manner.

### Data collection methods

Data was collected via 17 semi-structured face- to -face individual interviews and two focus group interviews from October 2021 to December 2021. These interviews were conducted with substance users between the age of 18-35. The interviews were conducted in locations that the participants had chosen as well as the dates and times that suited them. The interviews were audio-recorded with permission of the participants and were an hour long.

## Data analysis

Reflexive thematic analysis was employed as a qualitative analytic method for study, which Braun and Clarke (2019) describe as a thoughtful and reflective process when engaging with the data and the analytic process. When more than one researcher is involved in the analysis of data, coding involves a collaborative and reflexive process, with the aim of developing a richer more nuanced interpretation of the data, instead of seeking consensus on meaning. Themes therefore represent creative interpretations of the data that are "...produced at the intersection of the researcher's theoretical assumptions, their analytic resources and skill, and the data themselves" (Braun & Clarke, 2019, p.594). In the current study, each of the researchers firstly analysed the interview transcripts independently in identifying themes. Thereafter they compared their attempts and through reflection and deliberations, then finalized the themes representing the findings of the study.

## Trustworthiness

Lincoln and Guba (2000), establish that trustworthiness in qualitative research is the equivalent of validity and reliability in quantitative research. There are different strategies to attain trustworthiness. In the current study member-checking was conducted to curb the risk of subjectivity. According to Creswell and Creswell (2018) member checking is used to determine the accuracy of the qualitative findings through taking themes back to the participants and determining whether the participants feel that they are accurate. Another trustworthiness strategy adopted in this study was triangulation. According to Creswell and Creswell (2018), triangulation involves the use of different data collection strategies, (individual and focus group interviews, in this instance). Reflexivity, another trustworthiness study was also done in the current study. Reflexivity is an attitude of attending systematically to the context of knowledge construction, especially to the effect of the researcher, at every step of the research process (Lincoln & Guba, 2000). Reflexivity was conducted using bracketing. Lincoln and Guba (2000) define bracketing as a qualitative process in research where the researcher sets aside personal experiences, biases and preconceived notions about a topic in order, and instead, focuses on the analysis of experience.

## ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the university where the study was registered. All necessary measures were taken to ensure that the study was conducted in an ethical manner. Informed consent was ensured as well as other important considerations such as participant anonymity, voluntary participation and withdrawal, and available counselling support for participants who needed such support.

## PRESENTATION AND DISCUSSION OF THE STUDY'S FINDINGS

The following themes emerged from the focus groups and individual interviews: types of drugs used during the lockdown period of the pandemic, the quality of the drugs used during the pandemic, availability of drugs during the pandemic, the frequency of drug use during the pandemic, views on the banning of nicotine/cigarettes and alcohol during the lockdown period, the availability of illicit drugs in comparison to cigarettes and alcohol during the lockdown period, the price of drugs during the pandemic, sources of income for the payment of drugs during the pandemic, ineffective law enforcement of lockdown regulations during the pandemic, community services and support provided during the lockdown period, access to drug counselling and treatment facilities during the COVID-19 pandemic, awareness of rehabilitation and drug counselling services in the community during the pandemic, substance abuse within harsh socio-economic conditions, participants' mental health status during the pandemic and recommendations made by participants to address the challenges they face.

### Types of drugs used during the lockdown period of the COVID-19 pandemic

Participants were well-informed about the types of and quality of drugs sold in the community. They were also knowledgeable about the effects that these drugs had on their psychological and physical wellbeing. The most common drugs used during the lockdown period were: marijuana (dagga), mandrax (known colloquially as buttons) and methamphetamines (known colloquially as Tik). Some participants reported using a combination of these drugs to maximise and also to manage the effects of the individual types of

drugs. They referred to methamphetamines (Tik) as “uppers” and for some dagga and mandrax were described as “downers”.

### **The quality of the drugs available during the COVID-19 pandemic**

Participants indicated that the quality of the drugs available before and during the pandemic, remained the same. However, the quality of drugs sold by the different drug merchants (drug lords), varied, as was the case prior to the pandemic. The following excerpt reflects the view that the pandemic had no effect on the quality of illicit drugs sold on the black market.

No, the quality of drugs was still the same (as before lockdown).

### **Availability of drugs during the COVID-19 pandemic**

Participants reported that there was no decline in the availability of drugs during the pandemic, as it was freely available from drug dealers in the community. One participant affirmed the general consensus of drug availability by stating:

For drug sales, and getting hold of drugs....it was business as usual.

Beck et al. (2022) affirm that the use of substances by youth, is decidedly dependent on the availability and access to these substances. Participants also associated the continuous availability of drugs, with police corruption and, collusion in the illicit drug trade. The following excerpts reflect their views:

The police are also gangsters, they're corrupt just like those unlicensed shebeens, (places where alcohol is illegally sold in the community), they (police) buy (alcohol) from them (the unlicensed shebeen owners)...They (police) look the other way (deliberately ignore the illegal practices) The merchant (drug dealer) was not stopped from selling drugs. In (name of community) the cops are gangsters they know who the merchants are, but won't stop them. The cops will do anything for money.

### **The frequency of drug use during the COVID-19 pandemic**

Most participants reported using their drug of choice three to four times a day. Some participants indicated that the frequency of drug use remained the same during the pandemic, while others indicated that their drug use had increased, because of more available free time and due to boredom, as seen in the following excerpts:

I smoked the same during and before lockdown.

I smoked more dagga (cannabis), as there was more free time. (a female participant)

I agree, ja (yes) I got bored ....I took it three to four times a day

### **The impact of the ban on the sale nicotine/cigarettes and alcohol during the COVID- 19 lockdown period**

Participants reported that the ban on the sale of alcohol during the lockdown period provided a lucrative opportunity for the illicit sale of alcohol, as depicted in the following extracts:

...when all the shebeens, here, (in the community) were closed...

.. There were people (black market traders) selling alcohol, here, but it was more expensive than usual (exorbitant price of black market alcohol) alcohol and cigarettes were available but very expensive.

Other studies support the above finding that a ban on the trade of cigarettes (nicotene) and alcohol by the South African government during the lockdown period, may have encouraged users to buy these products on the black market (Beck, 2022; Callinan, et al., 2021). Smith (2020) reported that on 04 April 2020, cigarette manufacturer, British American Tobacco South Africa (BATSA) had cautioned, that the ban on the sale of cigarettes, could unintentionally coerce, 11 million South African smokers, to purchase cigarettes from covert traders. Participants in this study, confirmed that they were aware of the black-market cigarette trade, and had indeed, purchased these illegal cigarettes. These findings concur with those of



Nicolson (2020), whose survey on 29 April and 11 May 2020, found that 90% of smokers, participating in the survey, had purchased illegal cigarettes. The following extracts substantiate this literature:

Everyone, knew someone who was selling (illegal sales) cigarettes.

Cigarettes were expensive

They (black market traders) were selling cigarettes at R10 each.

Some of the participants in the current study also reported that they committed more illegal acts during the lockdown period to finance their substance use. This finding is discussed under another theme below. Petersen (2020) also reports an increase in illegal activities which occurred during the pandemic. He states that, in a span of 24 hours, four liquor stores had been looted, in the Western Cape, alone. Similarly, De Backer, (2021) asserts that illegal activity is likely to increase during a pandemic, as those addicted to substances, would find any means to fulfil their cravings.

There were also reports of increased anxiety experienced by some drug users who used nicotine/ cigarettes, as a means of managing or controlling their cravings or urges for other drugs. The consequences of the cigarette and alcohol ban during the lockdown period may have contributed to a relapse into the use of particular substances among certain individuals (Callinan. et al.,2021; Sallie et al, 2020). The following excerpt substantiates this:

I used dagga as it was available and cheaper....cause the cigarettes and alcohol were too expensive.

Interestingly, some participants in the current study, expressed that the unavailability of cigarettes, affected their drug use. This was particularly so amongst mandrax users who reported that usually mandrax is mixed with cigarette tobacco and then smoked. The ban on cigarette sales during lockdown, had drastically increased the price of cigarettes on the black market, making it unaffordable for many mandrax-users. This prompted them to switch to using cannabis (dagga) and methamphetamines (Tik).The following excerpt conveys a mandrax user's frustration at not having cigarettes (nicotine/tobacco) to use with mandrax. Cigarettes and alcohol were banned, but, with mandrax you need to use cigarettes and it was difficult to find cigarettes, and it (cigarettes) was very expensive. I needed money to buy them (cigarettes) ...because of the money (having none) ... it was difficult for me (to use mandrax)...dagga and tik were cheaper to use. Another participant stated that the banning of cigarette sales during the lockdown period resulted in an enforced drop in smoking rates as reflected in the following excerpt:

There was a forced change made, we had to smoke less (cigarettes).

Some participants resorted to illicitly producing their own alcohol brews at home as illustrated in the following quote: If we wanted to do alcohol, we made Mampoer (homemade brew). Harker, et.al., (2022) caution, that these home-brewed alcoholic concoctions could have resulted in possible negative health effects, more so, than legally produced alcohol.

### **The availability of illicit drugs in comparison to cigarettes and alcohol during the COVID- 19 lockdown period**

Participants also commented on the relative ease in buying illicit drugs during the lockdown period, compared to alcohol and cigarettes. The following excerpts indicate how easily illicit drugs were available during the lockdown period in comparison to cigarettes/nicotine and alcohol (the banned substances):

...Don't understand why (the price) cigarettes went up but (the price) drugs, that's also illegal, didn't go up.

There was more difficulty finding cigarettes and alcohol, than (finding) drugs.

Everything was easy to get besides cigarettes....and alcohol

### **The price of drugs during the COVID-19 pandemic**

Participants reported that there was no increase in the price of illicit drugs during the pandemic. In fact, a few participants mentioned that the price of drugs had not increased for several years. Participants noted

that because of the ban on the sale of cigarettes and alcohol, these particular products, were sold on the black market at substantially higher prices.

Participants succinctly indicate that the drug price remained unchanged as follows:

The price (of drugs) was normal (remained the same) and you could find it (drugs) anywhere.

There were “No price changes for tik and mandrax.... during lockdown

### **Sources of income for the payment of drugs during the COVID -19 pandemic**

Participants reported that they had various means of attaining finances to pay for drugs. These included both legal and illegal means. For example: doing numerous odd jobs in the community and for family, neighbours and friends; theft and burglary; robbery; shoplifting, hustling, and the collection and sale of recyclable materials.

A participant explains as follows:

“ We did robberies, bin scratching for recycling, did odd jobs... ‘skarrel’(hustling)

However, it should be noted, that during the lockdown period, income sources such as the paper and metal recycling centres, and the shops, were closed, so activities such as recycling and shoplifting ceased. When shops reopened it also posed a problem as the restrictions, allowed for only a few clients to be present in a shop, because of social distancing restrictions. Hence, shoplifting was challenging to pursue.

Participants confirm this as follows:

It was tough we didn’t have the opportunity now (during the COVID-19, lockdown period) to steal from the shops, shops were closed and Eyes were on us.... (they were monitored if shops were open)

It was difficult to shoplift during lockdown ...After hard lockdown, when the shops opened, I would go and steal from shops like... (name of shops). I was caught at ... (name of shop and shopping centre) with stuff worth R8000.

Another participant confirms:

We steal so that we can have money for at least four days.

Participants always found ways to access money to fuel their substance addictions, such as getting money from family members and also combining their finances to buy drugs. The following excerpt substantiates this:

We Do odd jobs for old people... like go to the shop...wash the cars

“Some friends clubbed together (combined their money) to buy drugs”

Therefore, youths often purchased and used drugs with at least, one other person. The following excerpt substantiates this:

I never went for it or used it (drugs), on my own ...friends would be there to get it (drugs)...and we would do it (use drugs) together.

Participants also mentioned that they knew females who provided sex in exchange for drugs. The following are participant responses to substantiate the aforementioned:

I know of people who used their bodies to get drugs (prostituted themselves).

If you’re a female you could go to your sugar daddy for money or drugs.

Similar to these findings, De Backer, (2021), posits that an increase in illegal activity should be expected during a pandemic, as those who are addicted to a substance, would find any means to fulfil their cravings.

### **Ineffective law enforcement of lockdown regulations during the COVID -19 pandemic**

During the first COVID-19 wave, referred to as the “hard lockdown period” in South Africa, the army and police patrols seemed to have minimal impact on the ability of users to access illicit drugs. As mentioned

previously, police complicity in the sale of illicit drugs corruption (with allegations of policemen, being on the payroll of drug merchants) as well as the large number of drug merchants in the community, ensured that the drug trade was unhindered during the pandemic. This ineffective enforcement of the lockdown regulations is reflected in the following excerpts:

First the army was here (present in the community during the initial stage of the pandemic) ... and the police. But when they just move, say ... round the corner, then we all make our move (disregard the restrictions, and leave their homes).

There was no police patrols, it was easy for us to find drugs. .... The merchant (drug dealer), is two doors away

There was no real police presence or law enforcement in the area (community) after the first wave (COVID-19 regulations).

### **Community services and support, provided during the COVID -19 lockdown period**

Though community services were provided, participants mentioned these services did not include services for substance users. Some community members and NGOs provided support to others, such as the provision of food, soup kitchens and workshops for building marital relations. Participants sentiments in this regard, are reflected in the following excerpts:

A lady provided food hampers to people and .... porridge for children

Pastor of the church ...every Wednesday provided (food) donations

A woman few houses away gave bread ... (to the community) every Thursday.

Another woman ...gave classes to women, on how to treat your husband and how you should be treated.

Aunty Moerieda (community worker) in (Non- profit organisation's name) gave food parcels to the people.

### **Access to drug counselling and treatment facilities during the COVID -19 pandemic**

Participants in the current study, indicated that they required access to drug counselling and treatment services, during the lockdown period of the pandemic, but that the services were not operational. The following excerpts reflect this view:

I did not get access to counselling services- I have no idea where to go ... most of the time the social workers (i.e. social work services, based at the healthcare centres, who provide drug counselling services) were closed.

No,.. services were closed, Cafda and so..

I don't know if we have an organisation here. I don't know about anybody (who could offer assistance).

These findings, concerning the lack of access to counselling and treatment services during the pandemic, concur with the findings of other studies (Hall, et al., 2022; Kosonenetal.et al., 2022; Layman, et al., 2022, Roberts, et. Al., 2021; Zaami et al., 2020). These studies suggest that alternatives, to face-to-face meetings, are required to service those individuals who require drug treatment services, during a pandemic. Layman, et al., (2022), suggest e-health treatment as an alternative, for mental health problems and referral should be a greater priority in the future. These researchers advise, that drug treatment services should continue to operate during a pandemic, and that alternative therapies and essential medication should be provided where necessary. They further advise, contingency plans, be implemented by drug treatment centres, to address the shortage of required, tools and therapies.

### **Awareness of rehabilitation and drug counselling services in the community during the COVID-19 pandemic**

Some participants reported that they were aware of counselling services provided by non-governmental organisations such as the Cape Flats Development Association (CAFDA) but were not aware, of any other



services in the immediate proximity, for drug users. A few indicated that they were aware of rehabilitation centres and drug support groups, in surrounding areas like Grassy Park and Muizenberg, but not in the immediate proximity.

I have no idea where to go...I know Cafda and that's all.

No I don't know about (drug counselling services) in this area ....but I know in Lakeview there's a rehab.

There was no support systems open for us during the pandemic:

Most participants indicated that their families and community members provided them with support, (in the absence of drug counselling services). However, they were not really supported by their friends; except for when friends were willing to share costs in buying drugs for use. The following excerpts from various participants reflect these views:

My dad provided money and food for all of us.

Another participant stated: I got a lot of support from my mother in-law

They (family) provided food and shelter

I had no support from friends.... I never went for it or used it (drugs),on my own ...friends would be there to get it (drugs)...and we would do it (use drugs) together.

I cut out my friends (got rid of them) these are not friends...they are only around when they need you to "Koppel" (combine finances, to buy drugs).

They (friends) are not supportive....I had no support from my friends... they only come around when we need to get a hit (do drugs).

Beck et al. (2022) aver that the use of substances by youth is more likely to occur outside the home environment and generally within a peer group setting. Participants in this study confirmed this view.

### **Substance abuse within harsh socio- economic conditions**

Participants commented on their social conditions, which included: poverty, abuse, gangsterism, lack of job opportunities, high rates of unemployment, overcrowded living conditions and the poor provision of basic services. The cycle of oppression and poverty was clearly evident in the statements made by participants. It also became apparent, that substance users added to these difficult social conditions through their various acts of violence, murder, abuse, robbery, gangsterism, occurring in the communities. The following excerpts reflect the harsh conditions under which participants live:

So the junkiest (worst) part is you get up hungry and now there is nothing to eat...you open the breadbin and then you get frustrated... there's nothing.

My one friend... her kids were taken away from her and the father (partner) died (of drug use) and she's...in and out of jail

So basically, my brothers and I are all on drugs...one passed away two days ago...he was very heavy on tik.

Both of us (refers to her partner) do drugs, so it doesn't help if one wants to stop (doing drugs) ... there are always arguments.

Participants remarked on the state of violence and gangsterism in the community as follows: Before lockdown..., I went to jail for... stealing and robbing ...for armed robbery, it opened my eyes (taught me a lesson). But, my brothers did that (engaged in, robbery, burglary and theft), during lockdown ...they're gangsters.

Other participants stated how the violence in society was evident in the home environment;

My kid's father abused me ...this caused it (drug use) ...I met a friend, who was also abused (by her husband), and we started using drugs together.

Research indicates that youth who experience challenging home environments, with low or limited resources, or both the aforementioned, are more likely than their peers, to experience the negative effects to sudden changes in their environment. Therefore, these vulnerable youth may use substances, as a means of coping (Affifi et al.,2020; Stritzel, 2022). De Backer (2021) confirms that certain characteristics of addiction such as high risk-taking behaviour and deception could essentially increase, as those individuals, addicted to substances resort to violence and criminal activity. The aforementioned, results in the decline of core morals within the social context.

Participants also mentioned that, drug users could, easily be exploited by other members of the community as illustrated in the following example.

People (community members) want you to work for them and then they pay you next to nothing (very little), they see you as just a druggie (worthless drug addict).

This exploitation of drug users is also highlighted by Nissen (2014) who commented on the issue of social justice and the role of unequal distribution of power in the various relationships that drug users have with others.

### **Participants' mental health status**

Participants expressed feelings of: hopelessness, fear, anxiety, shame, depression and anger due to their drug use. They also commented on the effects of drug use on their interpersonal relationships as well as their cognitive status. According to Roberts et al., (2021), alcohol and substance use frequently co-occur with mental health challenges (Roberts, et al., 2021). Participants displayed a keen awareness of the negative effects of their drug use, especially on their families. But they were equally aware, that it was extremely difficult to stop their drug use because of widespread drug use in their communities. A participant mentioned that

We can't step away from drugs... as drugs is everywhere in the community.

Participants felt that their socio-economic challenges contributed to experiences of depression which led to drug use as reflected in the following comment:

There's a lack of job opportunities ... without work, you get depressed and then do the drugs.

Substance dependence and alcohol use, are known risk factors for suicide (Czeisler et al., 2020; Lynch et al., 2020). Furthermore, Grobler (2020) posits that the implementation of lock down in South Africa, saw an increase in signs of anxiety, depression, suicidality.

A female participant mentioned that she had contemplated suicide on more than one occasion, but had not attempted suicide for the sake of her children. She expresses her sense of hopelessness in the following comment:

I came to a stage where I felt I can't do this (life) anymore, I can rather commit suicide ...it's so hopeless here (living in such circumstances),...then I think, why must I do this (commit suicide), ...I have kids and that won't be right (fair) towards them.

Participants also felt judged and stigmatized, in the community because of their drug use. The following excerpts reflects this sentiment:

People say "stop doing drugs". Don't judge us, because if you do...

When they judge you, they say things that you'll do (predict future behaviour), and then they put things on my mind (provide you with ideas) and I go and do it (use drugs and act out).

My family..., they're. on my head (nag), and they keep on telling me they disappointed in me, doing drugs. However, the majority expressed their regret at their drug addiction and the problems it caused for their families as reflected by the following comment:

I would like us to be a family again, and reunited with my family

### **Recommendations made by participants to address the challenges they face**

The following recommendations include some suggestions, made by participants, that serve as recommendations.

- The city of Cape Town (CoCT) needs to provide more support for drug users in the way of rehabilitation, motivational talks, skills development programmes and job opportunities. The following excerpts reflect these sentiments:  
They can provide for more rehabs in the area...  
They can link us with some places that can give work and teach us skills.
- The CoCT should ensure that trained individuals provide the support and that continuous monitoring and evaluation of relevant service providers are conducted, to ensure proper service delivery.
- The CoCT must provide legal assistance to users and their families, in instances when they cannot attend rehabilitation programmes because they are obligated to attend court proceedings instead. The following comment illustrates this conundrum:  
I would like them to put in place for users, legal assistance-I couldn't go to rehab because I had a bad case... the court won't allow you to go to rehab
- The CoCT should provide funding opportunities for attendees of rehabilitation programmes, to begin small entrepreneurial enterprises, such as running vending stalls in their communities, in partnership with the city. This means that profits can then be shared between themselves and the CoCT, as illustrated by the following comment: ...they should provide some fundraising stalls for us, to sell stuff, then we could split the money between the city and us...at least it would be some income .
- The different arms of government need to collaborate and synchronise services for communities where substance abuse is a challenge.
- Primary health care workers of both public and non-governmental institutions need to combine their skills and services, and establish strong links to present community services in an integrated and holistic manner. Thus, regular teambuilding exercises and workshops, should be presented, training should be consistent for all, planning and coordination of health care activities, should be promoted, to address the challenges and review information of the health needs of the specific communities.
- To enhance access to support, substance users suggested that software applications (Apps) be made available to provide e- health treatment programmes via cellphones. These could be funded via government/ private collaborations and marketed at support service centres.
- An asset based approach to rehabilitation should be adopted by identifying and augmenting the existing resources available in communities.
- Contextually-relevant community-based research should be conducted to provide appropriate support to the challenge of substance use in different communities.
- Lastly, the different spheres of government have to find innovative ways in addressing the saturation of illicit drugs in the marginalised communities of the Cape metropole, and the concomitant social ills.

## CONCLUSION:

The findings of this study resonate with those of other studies that there was an increase in drug use among some substance abusers during the COVID-19 pandemic (Chodkiewicz, et al., 2020; Harker, et al., 2022; Rolland et al., 2020; Tran, et al. 2020; Vanderbruggen, 2020; Taylor, et al., 2021). Conversely, the findings of this study, do not concur with the findings of Layman, et al., (2022), whose systematic review of 49 studies, indicate an overall decline in the prevalence of substance use amongst youth, during the COVID 19 pandemic. The study found that the price of illicit drugs did not change during any stage of the COVID-19 period, including during the lockdown period. However the ban of the sale of cigarettes and alcohol during the lockdown period, resulted in a proliferation of the sale of these products on the black market, at substantially increased prices.

The study also highlights diminished access to substance abuse treatment services, during the critical pandemic period. Other studies have also found a decline in special substance use treatment services, such as: outpatient services, counselling and group therapy, as well as withdrawal management during the pandemic (Beck, et al., 2022; Dunlop, et al, 2020; Kosonen, et al., 2022; Layman, et al, 2022; Taylor, et al, 2021).

## LIMITATIONS OF THE STUDY

It should be noted that as this study was conducted in one community of marginalised individuals, its findings cannot be generalisable to the whole population. It is acknowledged that some of the

recommendations such as the provision of e-health services to drug users, could pose problems for poverty stricken youth as they may not have the funds to purchase data computer equipment or cell phones.

## DECLARATIONS

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