EXPERIENCES OF SOCIAL WORKERS RENDERING SERVICES TO YOUNG PEOPLE MISUSING CRYSTAL METHAMPHETAMINE SUBSTANCE IN EKURHULENI MUNICIPALITY

by

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submitted in accordance with the requirements for

the degree of

MASTER OF SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

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May 2026

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Experiences of social workers rendering services to young people misusing crystal methamphetamine substance in Ekurhuleni Municipality

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AKNOWLEDGEMENTS

First and foremost, I would like to thank the Almighty God for granting me the wisdom and strength to commit myself and complete this study. Additionally, I want to sincerely thank everyone who helped and encouraged me to finish my study:

- To my late mother, Matshidiso Susan Mosoua, this study is dedicated to you, and I believe you are watching and protecting me throughout my life.
- To my father and my role model, Daniel Vuyisile Makhubo “Shobane omuhle”, thank you very much for always being there to support and instil hope in me whenever things got tough.
- To my family, without your support, patience and understanding this study was not going to be successful, I love you all.
- My supervisor, Dr Jan Masombuka, I have learned a lot from your knowledge and wisdom. I thank you for your patience as well as the support and guidance you have given me throughout my study journey.
- To Dr Schultz (Coder) and Dr. Lombard (Editor), thank you for your services and ensuring quality in my study.
- To the Gauteng Department of Social Development, thank you for allowing me the opportunity to conduct the study with the social workers in the Department. Without your permission this study would not be successful.
- Thank you again to all the social workers who believed in my study, trusted me with their time and willingly participated in my study.
- Finally, I would like to give special thanks to Ms. Mabolotse Thabang Mapheto for holding my hand throughout this journey. You always availed yourself and supported me in times of need. I thank God for meeting you and I wish He can grant you more strength to continue encourage and support others.

ABSTRACT

The misuse of crystal meth substance by young people is an alarming problem globally. This problem does not only affect the young people as misusers but also their families since they directly interact with them and their communities at large. Social workers are therefore the essential service providers responsible for assisting young people and their families to tackle this substance dependency problem.

The study aimed at exploring the experiences of social workers rendering services to young people misusing crystal meth. Therefore, a qualitative research approach was employed to explore, describe and contextualise the unique experiences of social workers experiences in the substance field. Purposive sampling was used to select 14 social workers who render services to young people misusing crystal meth at the four service points of the Gauteng Department of Social Development Ekurhuleni Municipality. Face-to-face individual semi structured interviews were used to collect data using the interview guide.

In order to gather a thorough understanding and verify data on the experiences of social workers, Tech (1990)'s steps of qualitative data analyses were applied. Guba's (1981) model was also used to ensure credibility, transferability, dependability and confirmability of the study. The ethical principles used in the study included the informed consent, confidentiality and anonymity, beneficence and debriefing of participants. The findings of the study revealed that social workers are experiencing challenges in their intervention with young people misusing crystal meth. This study will contribute by adding to the body of the existing literature on the experiences of social workers rendering services to young people misusing crystal meth and the recommendations are aimed for improving service delivery in social work practice and for future research.

Key words

Experience, crystal meth, substance misuse, social worker, services, young people.

ACRONYMS

ACRONYMS	DESCRIPTION
ACDC	Awareness-cum-de-addiction Camps
ADHD	Attention Deficit Hyperactivity Disorder
BSW	Bachelor of Social Work
CBD	Central Business District
CBT	Cognitive Behavioural Therapy
CDA	Central Drug Authority
COEMM	City of Ekurhuleni Metropolitan Municipality
Coronavirus Disease 2019	Covid 19
CPD	Continuing Professional Development
CREC	College Research Ethics Committee
Crystal Meth	Crystal Methamphetamine
CSO	Civil Society Organisations
DoE	Department of Education
DOH	Department of Health
DoJ&CD	Department of Justice and Constitutional Development
DSD	Department of Social Development
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESA	Eastern and Southern Africa
EST	Ecological Systems Theory
FBO	Faith-Based Organisations
HOD	Head of Department
IRCA	Integrated Rehabilitations Centres for Addicts
MOH	Ministry of Health
NDMP	National Drug Master Plan

NGO	Non-Governmental Organisations
NIDA	National Institute on Drug Abuse
NIT	National Ice Taskforce
NPS	New Psychoactive Substances
PWID	People Who Inject Drugs
RRTC	Regional Resources and Training Centres
SA	South Africa
SACENDU	South African Community Epidemiology Network on Drug Use
SANYP	South African National Youth Policy
SAPS	South African Police Services
SARS	South African Revenue Service
SAQA	South African Qualifications Authority
SCSSP	South African Council for Social Services Professions
UNICEF	United Nations International Children's Emergency Fund
UNISA	University of South Africa
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
WDR	World Drug Report
WHO	World Health Organisation

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1. CHAPTER 1: GENERAL INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter provides an overview of the experiences of social workers rendering services to young people misusing the stimulant substance crystal methamphetamine (crystal meth). Discussed are the general background of the study, the problem statement, the rationale of the study, the purpose of the study, the study's objectives and the research question. The theoretical framework that guided this study is briefly explained in this chapter as well as the research paradigm, the research methodology and the ethical principles employed in the study. Also included are the contributions and limitations of the study, clarification of key concepts and the structure of the study and a summary of the chapter.

1.2 Background of the study

Substance misuse is a global concern with various implications that go beyond the individual and reach deep into society's fabric (Paul, Dangaroo, Saikia, Ganie, Zaid et al., 2024). According to the 2020 World Drug Report (WDR), an estimated 269 million people worldwide misused substances at least once during 2018; among those, some 35.6 million are estimated to suffer from substance misuse disorder and need intervention (United Nations Office on Drugs and Crime [UNODC], 2020). The type of substance misuse may differ from country to country and from region to region, however, the six primarily used substances worldwide are alcohol, amphetamine, cannabis, cocaine, tobacco and opioids (Hanif, 2019). Surveys on substance misuse among the general population, indicate that the range in which substances are misused among young people remains higher than that among older people (UNODC, 2018a). To explicate this, authors like Cadri, Beema, Schuster, Barnett, Asampong et al. (2019*)*; Osadolor (2022); and Hanif (2019) cited that, young people are more likely than older people to misuse substances and to suffer from its related negative consequences . Essentially, since its establishment as a global professional discipline, social work has retained a strong connection to providing comprehensive services for individuals struggling with substance misuse (Carelse & Green, 2019).

Accordingly, crystal meth is widely recognised as one of the most hazardous substances in the United States of America (USA), with an alarmingly high death rate,

particularly evident in the western regions of the country. Hence, the shifting societal paradigms have notably impacted younger people, raising significant concerns regarding their vulnerability to this substance (Edinoff, Kaufman, Green, Provenzano, Lawson et al., 2022). In East and Southeast Asia, crystal meth has long been accessible, and its misuse is regarded as one of the concerning threats especially among young people (UNODC, 2018b). This form of substance is manufactured in countries like China or Myanmar, where it is locally sold at a low price and smuggled onwards to other countries such as Australia, Japan, and the Republic of Korea (UNODC, 2018b). In China, crystal meth and ketamine are identified as the top two most popular synthetic substances and are mostly consumed by groups of young people in places where they entertain themselves, such as night clubs and karaoke bars (Zhang & Chin, 2016). Consequently, many regions in England are experiencing a significant medical shortfall due to the increasing speed in the misuse of this substance by young people (Kohno, Beste & Pilhatsch, 2020).

The best available treatment for methamphetamine use disorder in the United States is behavioural therapy which is a contingency management that employs tangible rewards and motivational incentives to help users reach treatment goals, cognitive behaviour therapy which addresses relapse by modifying attitudes and personal beliefs of users and the matrix model therapy which combines various addiction treatment components (Mszczynska, 2021). In India, South Asia, the prevention of substance misuse is being implemented for the identification, counselling, treatment and rehabilitation of misusers through voluntary and other eligible organisations. These organisations are agencies form the government-supported schemes Integrated Rehabilitation Centres for Addicts (IRCAs), Regional Resources and Training Centres (RRTCs) for holding Awareness-cum-de-addiction Camps (ACDCs) (Hanif, 2019). In China substance treatment services are rendered by government facilities and in a form of religious based rehabilitation facilities. These programmes solely rely on residential stay in locked facilities which are thought to be insufficient and inadequate since they view total abstinence as the only effective treatment method (Cachia & Lwin, 2019).

African countries are not spared from the problem. In this regard, Eligh (2021) enlightened that crystal meth misuse is prevalent in African countries. To elucidate this phenomenon, the study conducted by Dumbili and Ebuenyi (2022) in Nigeria revealed

that there is an increase in the misuse of crystal meth, particularly amongst young people in Eastern Nigeria. Subsequently, the study also revealed that many parents and siblings in the Southeast region of Nigeria were victims of homicide and arson resulting from the abnormal behaviour of a young person misusing crystal meth**.** Additionally, crystal meth was found to be the most popular substance of choice misused by young people in Zimbabwe (Nyashanu, Brown, Nyashanu & Frost, 2023). This problem was made worse by the coronavirus disease 2019 (Covid-19) pandemic which led to increasing unemployment, social isolation and limited recreational activities which contributed to the spread of crystal meth substance (Zimbabwe Civil Liberties and Drug Network, 2023). In the same vein, Tome and Abur (2023) found that its misuse caused mental effects such as hallucination, depression, psychosis, memory loss and violent behaviour affecting young people in Harare.

The key interventions offered to the most vulnerable crystal meth misusers in Nigeria includes counselling and detoxification followed by relapse prevention or social rehabilitation programmes (UNODC, 2018a). According to the Zimbabwe Civil Liberties and Drug Network (2023), that country lacks harm reduction tailored treatment services for people misusing crystal meth, and Zimbabwe's criminalisation of substance misuse and possession is viewed as a huge barrier to accessing health services and intervention. In this regard, many of Zimbabwe's effective treatment services on crystal meth misuse are privatised and costly, while those offered by the government are underfunded to fulfil the demands of the population (Nyashanu et al, 2023).

In South Africa (SA), the types of illicit substances that are misused by young people include heroin, mandrax, snuff, inhalants, crack, crystal meth, cocaine, ecstasy, and nyaope, as well as prescription drugs such as tranquillizers, analgesics, and sleeping medications (Department of Social Development [DSD], 2021). Yet, Asante and Lentoor (2017) confirmed an alarming rate at which the misuse of crystal meth is witnessed in the country, with the Western Cape having appeared to be one of the provinces with the greatest level of its misuse (Tomas, Lategan, Vester, Kidd & Weich, 2016). According to the South African Community Epidemiology Network on Drug Use (SACENDU) (2021), it was found that in the year 2021, treatment admissions for people misusing substances in Gauteng was 6 226 higher as compared to the Western Cape's admissions of 2 433 and 723 in KwaZulu Natal. Consequently, crystal

meth continued to be the most commonly reported primary or secondary substance of choice in the Western Cape and Gauteng provinces (SACENDU, 2024). It has been found that about 4.35% of young people attending schools in Ekurhuleni Municipality misuse crystal meth (Nkangane, 2022). According to a different study conducted in the same municipality, many patients relapse during or even after treatment due to a variety of reasons, some of which may be the same ones that first led them to begin misusing substances including crystal meth (Ngwenya, 2022). Thus, the increasing demand for service delivery confirms a greater need for effective social work interventions particularly on crystal meth misuse with young people. It is therefore, against this background that this study intended to explore the experiences of social workers, as frontline workers in rendering services to young people misusing crystal meth in Ekurhuleni Municipality.

There are a number of factors influencing young people's crystal meth misuse and these are inclusive of peer acceptance, emotional wellbeing, performance enhancement and curiosity and thrill seeking (Bunu, Isyaku & Umar, 2023). The environmental factors on the other hand comprise of the low cost of the crystal meth substance, easy availability of the substance, media portrayal of the substance, and cultural acceptance of substance misuse by the community including low bonding with the neighbourhood (Paul et.al., 2024). Additional factors contributing to the complexity of the problem includes the range of substances and their health consequences, social and economic effects, global trafficking networks, legal and legislative issues, stigma and treatment barriers, prevention and educational initiatives, international collaboration, and rapid technological developments (Govindharaj & Kareem, 2024).

Even though the misuse of crystal meth is known to be increasing the feeling of euphoria, which is the sense of pleasure and excitement, it should not be overlooked that such feelings are temporary and are outweighed by the harmful effects that impact negatively on the lives of young people. This is due to the reason that young people who frequently misuse crystal meth substance often experience a wide range of issues such as health-related issues including mental health, poor academic performance, poor peer relationships and engagement in social crimes including bullying, theft and domestic violence (Osadolor, 2022). This is supported by Okafor (2020) when indicating that, while young people are supposed to be major agents of change and development, some of them have been destroyed by the misuse of substances such

as crystal meth. Consequently, studies indicate that 12 to 19-year-olds react severely to crystal meth as it is a highly addictive substance (Asante & Lentoor, 2017). In support of the above statement, Nath, Choudhari, Dakhode, Runnaware & Gaidhane (2022) confirmed the increase of substance misuse among young people between the above-mentioned ages which result in conduct disorders such as aggression, impulsivity and attention deficit hyper activity disorder (ADHD). Kumar (2021) suggested that the misuse of crystal meth among young people leads to risky sexual behaviours and lower quality of life. Nevertheless, the effects depend on how one misuses the substance, thus, a small dose by mouth makes one feel more alert and energetic, while a high dose injected or smoked can cause panic, paranoia and hallucinogens (Balamurugan, 2018).

The National Drug Master Plan (NDMP) (2019–2024) highlighted that substance policy approaches differ from country to country in their objectives, focus and principles worldwide. The World Health Organisation (WHO) (2024) indicated that 80% of the world's countries are rendering specialised services in this regard. However, in SA, social workers employed by the DSD apply a generic approach to all substance misuse cases and are guided by SA's legislation which looks fine on paper but has several loopholes in the application of its laws (Khosa & Ndou, 2022). This is inclusive of the NDMP which has been found to have been unsuccessful in creating a drug-free SA (Mbulayi & Makuyana, 2017).

Social workers play a crucial role in rendering services to young people misusing substances (Madisha & Skhosana, 2022). In this regard, screening and assessment, interventions and counselling, and working together with other professionals in an interdisciplinary team, are the main focus of social workers when dealing with substance misuse cases (Oborne-Leute, Pugatch & Hruschak, 2019). Therefore, as frontline workers, social workers are expected to render the needed support and therapeutic services not only to young people misusing crystal meth but also to their parents and siblings to rebuild and strengthen the relationship that has been destroyed as the results of the misuse of this substance (Dykes & Casker, 2021).

Social workers in the field of substance misuse often engage with young people who are experiencing challenges related to crystal meth misuse resulting in high caseloads (Mekonnen & Lee, 2021). Consequently, high caseloads lead to social workers feeling

overburdened, emotionally drained and exhausted, thus limiting their capacity to effectively engage with young people misusing crystal meth (De Lucia & Solano, 2023). Moreover, there is a lack of theoretical knowledge and practical skills needed for social workers to effectively intervene with young people misusing substances (Crome & Williams, 2019). Nonetheless, social workers are expected to screen and respond effectively to these young people at risk (Ting, Emery & Sacco, 2019). As a DSD employee, the researcher has observed the increasing workloads of social workers resulting from reported cases of young people misusing crystal meth. This, impacts service delivery due to the additional strain and high demand it has on social work services (Engelbrecht, 2019). In line with the above, the researcher identified a need to understand the experiences of social workers rendering services to young people misusing crystal meth. It is therefore, against this background that this study aims to provide an in-depth understanding of the experiences of social workers rendering services to young people misusing crystal meth substances in Ekurhuleni Municipality.

1.3 Problem statement

The first step in the reflective thinking process of scientific investigation is formulating the research problem (Bhagyamma, 2023). Formulating a research problem is crucial because, as the issue or concern in a particular setting that motivates and directs the need for conducting a study, it establishes a foundation for the entire project (Pardede, 2018). Nonetheless, the formulation of a research problem statement depends on interests that need to be addressed, with which research objectives are presented (Mahyuddin, Onziral & Aulia, 2019). Thus, the research problem is usually formulated based on gaps or shortages in existing knowledge, unanswered questions, practical difficulties, or emerging problems within a particular field or discipline (Madhu, Hanumanthappa, Geetha & Sri, 2024). Hence, in this study context, the problem formulation relates to the aspects that led to identifying the need to research the experiences of social workers rendering services to young people misusing crystal meth in Ekurhuleni Municipality.

Working with young people misusing crystal meth has its unique challenges (Grigg, Manning, Arunogiri, Volpe, Frei et al., 2018). The situation described in the preceding section under the background of the study, suggests the need to explore the

experiences of social workers as frontline workers in rendering services to young people misusing crystal meth. It is noteworthy that SA's democratic transition and border opening has resulted in the influx of substances and an increasing burden associated with substance misuse (Dykes & Casker, 2021). As a result, substance problems continue to worsen despite the numerous policies and programmes developed in the country to deal with it, such as the NDMP, the Prevention of and Treatment for Substance Abuse Act 70 of 2008 and The Drug and Drug Trafficking Act of 1992 (Bala & Kang'ethe, 2021).

In SA, the DSD is a custodian of social services, thus, a leading stakeholder responsible for addressing the substance misuse problem in the country (DSD, 2023). As a custodian of social services, the DSD plays a frontline role, through its social workers, and is mandated by Section 4, sub-section k of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (hereafter referred to as the Act) to render effective, efficient, relevant, prompt and sustainable services amongst others, to young person misusing crystal meth (Republic of South Africa [RSA], 2008). In this regard, the role of DSD social workers is to effectively render prevention, early intervention, treatment, aftercare and reintegration services in order to lessen the demand for crystal meth misuse and the harm that results from it (DSD, 2023).

Social workers use a variety of interventions to help young people suffering from crystal meth misuse, including harm reduction strategies to reduce the negative effects associated with it, individual and group counselling for young people in recovery, and support and counselling for their family members (Padole, 2024). However, Madisha and Skhosana (2022) suggest that the process of rendering social welfare services to substance misusers requires a serious revamp and resources should be provided for social workers to render effective services in this regard. Research revealed that there is an increasing need for appropriate crystal meth treatment (Nyashanu et al., 2023). Moreover, Snijder and Kershaw (2019) emphasised the necessity for holistic treatment that not only addresses crystal meth related issues but also supports young people in other areas of their lives.

Social workers in the field of substance misuse work with different stakeholders to help them better intervene with substance misusers including young people who misuse crystal meth. For social workers to refer young crystal meth misusers to proper levels

of care they must be well aware of the full continuum of care (Osborne-Leute, Pugatch & Hruschak, 2019). In this view, social workers rely on the health care system to assist with the medical and psychological assessments of young people misusing crystal meth as a requirement for treatment. Hence, they refer young crystal meth misusers to healthcare facilities because primary healthcare practitioners are well equipped to treat the broad range of healthcare issues related to substance misuse, including the management of medical and psychiatric disorders (Kaswa, 2021). Nevertheless, in SA, treatment for the substance misuse problem is insufficient and there is poor coordination between the sectors concerned (Department of Health [DoH], 2023).

According to Janson, Nyenga, Saleem, Mayo-Wilson, Mushy et al., (2024) there is a limited availability of treatment centres resulting from the lack of government funding, leading to long waiting lists for in-patient treatment admissions. Notably, the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No.70 of 2008) stipulates that the Minister in consultation with the Member of the Executive Council (MEC) concerned, must establish, maintain and at least manage one treatment centre in each province for the reception, treatment, rehabilitation and skills development of service users (RSA, 2008). The DSD has rehabilitation facilities across the nine provinces that are equipped with professional experts and resources that assist substance misusers in their recovery and offer their families the required support (Vuk'uzenzele Newspaper, 2023). These facilities include the Dr Fabian and Florence Ribeiro Treatment Centre situated in Pretoria which is mainly utilised by social workers rendering services to young people misusing crystal meth substance in the Ekurhuleni Municipality. However, due to the shortage of state-owned treatment centres in the country, treatment services are mostly offered by non-governmental organisations and by private treatment centres (DSD, 2023). Cognisance is taken that there is a lack of specialised training for the development of for social workers in this regard (UNODC, 2024) which might help fill their knowledge and practice gaps (Mekonnen & Lee, 2020) when it comes to crystal meth-related services.

Consequently, the problem statement of the study was formulated as follows: *knowledge is required on the experiences of social workers rendering services to young people misusing crystal meth substance in Ekurhuleni Municipality.*

1.4 Rationale of the study

The rationale is described as the reason that motivated the researcher to undertake a study (Morchid, 2021). The rationale is required to support the necessity of the study and the methodology used to undertake it (Javernick-Will, 2018). Thus, in writing up a rationale, the researcher clarifies the contributions that the study will make to the body of knowledge in a given field or discipline and clearly detects the benefits of the study for society in general and specifically for individuals, corporate bodies, government and/or its agencies (Adu & Badanu, 2022). In the context of this study, the rationale is described as the reason that motivated the researcher to explore and describe the experiences of social workers rendering services to young people misusing crystal meth substance.

The researcher's motivation for conducting the study was derived from the observation of the increasing caseloads of social workers resulting from young people reaching out for assistance due to their misuse of crystal meth substances. Nonetheless, these social workers are expected to render effective and professional service to young people misusing crystal meth even though they experience severe work-related stress resulting from a lack of resources such as transport, computers and inadequate emotional support from supervisors (Kheswa, 2019). Even so, due to the challenges of social workers resulting from the absence of clarity at work, they are left alone while having to resolve problems, an overwhelming workload, unreasonably high standards placed on them, and poor salaries (Raudeliunaite & Volff, 2020). Along with that, working with young people with crystal meth misuse problems can represent a risk to the safety and wellbeing of social workers (Madisha & Skhosana, 2022) since they are in direct contact with service users. The latter authors continue to indicate that there is a little or no success rate of substance misuse intervention resulting from a lack of support and training from the DSD. In addition, there is a lack of cooperation from service users in the sense that they often do not honour the scheduled appointments and self-discharge themselves when placed at inpatient treatment centres (Sekgobela, 2021).

In SA, studies were conducted by Singwane and Ramoshaba (2023a), focusing on the lived experiences of young people misusing crystal meth, and Asante and Lentoor (2017), who focused on the experiences of caregivers of young crystal meth misusers

as people directly in contact with them. However, little research is available regarding the experiences of social workers rendering services to young people misusing crystal meth substance. This is supported by the findings of another study conducted by Singwane and Ramoshaba (2023b) which highlighted that there is little research available focusing on social workers as service providers to young people misusing substances.

For this reason, the researcher explored the experiences of social workers rendering services to young people misusing crystal meth substance with the aim to contribute to the social work knowledge base and literature on the topic and provide guidelines for more effective social work service delivery to them.

1.5 Research question, purpose and objectives

Based on the research problem and the rationale of the study, the focus of the below section falls on the research question, purpose and objectives of the study.

1.5.1 Research question

After clarifying the research problem, to define the specific issue the study aims to address, a specific research question is formulated. The research problem defines *what* is wrong, and the research question defines *what* will be tested. According to Williams, Wiggins and Vogt (2022), research questions often arise after a social problem is perceived and considered important to be the focus of social research. Putting it differently, Singh (2019) explains that all research begins with the inquiry, and when formulating a research question. That inquiry ought to be relevant, researchable, interesting, focused and specific. This is further emphasised by Ratan, Anand and Ratan (2019) stating that a good research question is an assert in that it clarifies the problem statement, defines and refines the topic being studied, adds focus to the problem statement, guides data collection and analyses and establishes the research context. Once the researchers have decided on the problem to study and know what previous research has been done on it, they will be able to identify the gap in the literature that needs to be addressed (Mattick, Johnston & de la Croix, 2018). For this reason, the researcher describes the research question as the main question that the researcher intends to answer by conducting the study. Thus, to achieve the study purpose, the following research question was formulated:

What are the experiences of social workers rendering services to young people misusing crystal meth substances?

1.5.2 Purpose of the study

The research purpose or goal is a statement of "why" the investigation is being conducted, and it aims to discover answers to questions through the application of scientific procedure (Singh, 2019; Pandey & Pandey, 2024). According to Thomas (2023), the research purpose provides a general direction of the study and indicate the intended achievements of the research. The researcher defines the research purpose as the goal that the researcher wants to accomplish by conducting the study. Thus, the purpose of this study is as follows:

To gather an in-depth understanding of the experiences of social workers rendering services to young people misusing crystal meth in Ekurhuleni Municipality.

1.5.3 Objectives of the study

Research objectives are specific, measurable and attainable goals that the researcher hope to achieve in a given amount of time (Thomas, 2023). However, before developing research objectives, the researcher should be updated about the research area and identify the knowledge gap or gaps that need to be filled (Ghanad: 2023). Therefore, research objectives are described as descriptions of what needs to be done and provide a clear, workable picture of the research study (Bopape, 2022). In other words, the research objectives consist of a list of steps to be taken in ensuring that the purpose of the study is achieved. In order to achieve the purpose of this study, the following objectives were formulated:

- To explore the experiences of social workers in rendering services to young people misusing crystal meth.
- To describe the experiences of social workers in rendering services to young people misusing crystal meth.
- To draw conclusions and make recommendations for rendering effective social work services to young people misusing crystal meth.

1.6 Theoretical framework

A theoretical framework plays a crucial role in the design of knowledge in that it offers the necessary theoretical justification required for the developed research problem (Mosquera, Fontal, Romero & Martinez, 2022). In addition, a theoretical framework helps the researcher in finding the appropriate research approach, analytical tools and procedures for the research inquiry (Adom & Hussein, 2018). According to the researcher, a theoretical framework serves as a lens through which the study topic is viewed, and it assists the researcher with the basis for understanding and analysing data. In line with the study's purpose, the researcher adopted Bronfenbrenner's (1979) ecological systems theory (EST) as a theoretical framework guiding the study. According to Jackman, Sanderson, Allen-Collinson and Jacobs (2022) the EST emphasises that people and their environmental systems are reciprocal and interdependent rather than independent.

This theory focuses on the system of interactions within the individual and between the individual and the environmental context of which he or she is a part (Ettekal & Mahoney, 2017). According to Eriksson, Ghazinour and Hammarstrom (2018), the context in this theory is described as consisting of four interrelated systems which are the microsystem, mesosystem, exosystems and macrosystem. In this study, this theory refers to the social workers' interactions and relationships with their surroundings in both their personal and professional work environment. Chapter two presents detailed information about the chosen theoretical framework and its application in this study.

1.7 Research paradigm

In qualitative research, a wide variety of paradigms exists, namely, positivism, critical theory, realism and interpretivism (Gretschel, Ramugondo & Galvaan, 2023). Qualitative researchers choose paradigms that are theoretically relevant to their study. The research paradigm is described by Rehman and Alharthi (2016) as the researcher's way of understanding the reality of the world and studying it. For the purpose of this study, the researcher applied the interpretivism paradigm as it was appropriate for the study in that it uses procedures that generate qualitative data through open-ended interviews with varying degrees of structure, observations, field notes and documents (Rehman & Alharthi, 2016). By adopting this paradigm

researchers can explore the intricacies of human experiences and contribute to information that presents the diversity and depth of the social environment (Omodan, 2024).

According to Pervin and Mokhtar (2022), this paradigm encourages researchers to understand and clarify complex social phenomena from the perspective of embedded participants, as well as manage different views and thoughts of these participants without considering their personal biases or made-up choices and include them in their conclusion. Therefore, by using this paradigm, the participating social workers were allowed an opportunity to interpret and make sense of their everyday experiences with young people misusing crystal meth substance without being influenced by the researcher's biases and judgement.

1.8 Research methodology

Research methodology is defined by Mishra and Alok (2017) as the approach by which research problems are fully resolved and is a science that studies the systematic conduct of research. The researcher has employed a qualitative research approach to explore and describe the experiences of social workers rendering services to young people misusing crystal meth. This approach was found suitable for the study in that it focused on the personal experiences of the participants about the matter researched and consisted of collecting data by conducting interviews using open-ended questions to gather an in-depth knowledge on the topic, observation of verbal and non-verbal communication of participants, and as transcribing field notes. Detailed information on the methodology used in this study is discussed in Chapter three.

1.9 Ethical considerations

To produce reliable results and prevent misconduct in scientific research, researchers must adhere to the necessary ethical standards (Islam & Samsudin, 2020). The ethical principles used to ensure quality and rigour of the study include the principle of informed consent, confidentiality and anonymity, beneficence and debriefing of participants, the application of which is explicated in Chapter three.

1.10 Contributions and limitations of the study

The contributions and limitations of the study respectively entail the following:

1.10.1 Contributions

The study's findings contributing to the social work knowledge base will assist social workers in better understanding the unique experiences of social workers in practice and developing tailored interventions that improve service delivery to young people misusing crystal meth. These research outcomes will inform educational programmes for social work students and social workers by integrating lessons learned and real-world experiences, preparing them for similar career experiences. Furthermore, the study can influence policy by highlighting the need for targeted resources and supportive measures for social workers and the communities they serve. Thereby, ultimately advocating for comprehensive approaches to address crystal meth misuse among young people.

1.10.2 Limitations

The researcher identified the following limitations in the study:

- The study consisted on data only collected from social workers who are employed by the DSD in Ekurhuleni Municipality, thus excluding social workers from non-governmental organisations and those outside the region.
- The interviews took place at the participants' workplace in the interview rooms that are shared by all staff members for screening their clients. Thus, there was interference from other staff members who intended to use the same office to attend to their clients. The interview rooms were small and very close to other offices resulting in noise detractions from officials in other offices. However, officials were directed to use other screening rooms if possible and both the researcher and participants ensured that the shared information remained private and unheard by others.
- The researcher has identified the gap in the participation of other racial groups since it may have prevented access to the variety of knowledge about the phenomenon being studied across other ethical groups.

1.11 Clarification of key concepts

In order to enhance the understanding of the whole study, the key concepts: experience, crystal methamphetamine, substance misuse, social worker, services and young person are clarified.

1.11.1 Experience

According to Dewey's philosophy, **'**experience' is the manifestation of interactions between organisms and the environment (Acampado, 2019). Experience is also described as any event, positive or negative, that causes an emotional reaction (Jacobs, 2022). Experiences in the context of this study refers to the social workers' encounter on the circumstances they face when rendering services to young people misusing crystal meth.

1.11.2 Crystal meth

Asante and Lentoor (2017) describe crystal methamphetamine or 'crystal meth' as a highly addictive synthetic psychostimulant that increases energy and feelings of euphoria, among other psychological effects. Crystal meth is a substance in the form of crystals that look like glass fragments or shiny, bluish-white rocks that are highly addictive and may affect the central nervous system (National Institute on Drug Abuse [NIDA], 2019). In the context of this study, the researcher adopted the definition of crystal meth as described above by the NIDA.

1.11.3 Substance misuse

According to McLellan (2017), substance misuse refers to the use of any addictive stimulant at high doses or in inappropriate situations that can cause a health or social problem – immediately or over time. Accordingly, the National Drug Master Plan [NDMP] (2019-2024) (RSA, 2019) described substance misuse as the use of a substance for a purpose not consistent with legal or medical guidelines. Therefore, in the context of this study, substance misuse refers to the use of crystal meth in an excessive manner that places the young person's life in threat.

1.11.4 Social worker

In general terms, Rahman (2020) describes a social worker as a professional who helps to relieve people's suffering, fights for social justice and improves lives and

communities. In South African terms, a social worker is a person who is registered or deemed to be registered as a social worker in terms of section 17 of the Social Service Professions Act, 1978 as amended (Republic of South Africa [RSA], 2019) with the South African Council for Social Service Profession (SACSSP). Hence, a social worker in this study refers to a person registered as a social worker with the SACSSP and designated to render services to young people misusing crystal meth in Ekurhuleni Municipality.

1.11.5 Services

Services are activities that create value and provide benefits for service users at specific times and places as a result of bringing about a desired change on behalf of the service user (Pradhan & Samal, 2019). Section 1 of the Prevention of and Treatment for Substance Abuse Act 2008 (RSA, 2008) refers to prevention, early intervention, treatment, and reintegration and aftercare services. Therefore, services in the context of the study refer to the prevention, early intervention, treatment, reintegration and aftercare services rendered by social workers to young people misusing crystal meth.

1.11.6 Young person

The United Nations International Children's Emergency Fund (UNICEF) (2022) views a young person as any person between the age of 10 and 24 years. However, the South African National Youth Policy (SANYP) 2020–2030 describes a young person as anyone between the age of 14 to 35 years (RSA, 2019). For the purpose of the present study, a young person is viewed as any person between the age of 14 and 35 years who misuses crystal meth substance.

1.12 Structure of the study

The study consists of the following five chapters:

Chapter one General introduction and background: Provides the introduction and the background context of crystal meth misuse as a global problem among young people. The problem statement and rationale of the study are included, followed by the research question, purpose and objectives of the study. A brief presentation of the theoretical framework guiding the study, the research methodology and ethical principles applied in this study are provided. The chapter also touches on the

contributions and limitations of the study and the clarification of key concepts and presents a summary of the chapter.

Chapter two - Literature review and theoretical framework: Focuses on the literature review on the nature of crystal meth misuse in the global, continental and South African contexts. The chapter looks at the causes and effects of crystal meth misuse and the impact of young people's crystal meth misuse on social work services. The levels of social work intervention, social work helping process and the role of social workers in young people misusing crystal meth are also discussed. This includes the discussion of the policy and legal framework relating to crystal meth misuse and the EST as a framework that guided the study, followed by the summary of the chapter.

Chapter three - Application of the research methodology: Explains the in-depth application of the qualitative research methodology and the rationale for choosing it. This includes the description of the study setting and the rationale for choosing the research population, sample and sampling size, data collection methods and procedures, pilot study, the role of the researcher and data analyses methods used in the study. Additionally, this chapter focuses on the detailed explanation of how rigor and trustworthiness were ensured in the study, followed by the ethical principles as applied in the study and then the summary of the chapter.

Chapter four - Presentation and discussion of the study's findings: Pays attention to the presentation and discussion of the study's findings which focused on the biographical information of the social workers who participated in the study and the presentation of the findings gathered regarding the experiences social workers rendering services to young people misusing crystal meth. The summary of the chapter is also included.

Chapter five - Summary, conclusions and recommendations: Summarises all the chapters and gives a presentation of the conclusions and recommendations made from the study's findings, followed by the chapter summary.

1.13 Summary of the chapter

This chapter presents the overall general background and introduction of the study which touched on the problem statement and rationale of the study. The research question, purpose and objectives of the study are also outlined. The chapter also

explains the theoretical framework that guided the study, the research paradigm and the research methodology applied. Furthermore, a discussion on the ethical considerations, contributions and limitations of the study, definition of key concepts and finally the overall structure of the dissertation are included.

Chapter two presents a literature review and the theoretical framework of the study.

2. CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Whilst Chapter one provided a general background of the study, Chapter two presents a literature review on the research topic, the experiences of social workers rendering services to young people misusing crystal meth. This chapter describes the theoretical framework of the study as well as its application. A literature review is defined as a methodological tool used to answer research questions, assess theory or evidence, examine the validity or accuracy of specific theories, and provide an overview of a particular issue or research problem (Ebidor & Ikhide, 2024). A literature review is a crucial element which acts as a link between existing knowledge and the research being undertaken (Abdalla, 2024). Thus, by conducting a literature review, the researcher illustrates how the study contributes to the existing body of knowledge (Ghanad, 2023).

In the literature review, the researcher presents an overview of the nature of crystal meth misuse, the causes and effects of crystal meth misuse among young people and the impact of young people's crystal meth misuse on social work services. Attention is given to the levels of social work intervention, the social work helping process with young people misusing crystal meth as well as the policy and legislation regarding crystal meth misuse. The chapter also discusses the EST as a guiding framework of the study, the environmental systems that forms the EST and finally presents a summary of the chapter.

2.2 Overview of the nature of crystal meth misuse

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2019) indicated that methamphetamine may exist in two forms, namely, as base and as salt. This report further explains that the pure base form is a transparent, colourless, volatile oil that is insoluble in water and can be easily transformed into hydrochloride which is commonly referred to as crystal meth. As noted in Chapter one (section 1.2), the misuse of crystal meth, which is often referred to as "tik", "tina", "work" or "ice", is currently being reported nationwide (RSA, 2019).

Crystal meth was first manufactured in 1893, and it is viewed as an extremely strong central nervous system stimulant which can be injected, smoked, eaten or snorted

(Kumar, 2021). Along with the above, the UNODC Research Brief (2023) claimed that seizure data suggested that Afghanistan has become a significant regional producer of crystal meth due to the availability of the ephedra plant which is thought to be a key ingredient used in the production of crystal meth. It is worth noting that, crystal meth was used as medication to treat disorders like ADHD and obesity in the past (Prakach, Tangalakis, Antonipillai, Stojanovska, Nurgali et al., 2017). However, people quickly learned about its euphoric, stimulating side effects (Moszszynska, 2021). Hence, the increase in its misuse due to its pleasurable benefits which include high energy levels, improved libido, decreased hunger, decreased fatigue and high self-confidence (Bhojane, Malunje, Kadam, Darade, Bhuse et al., 2025).

Young people are in a critical stage for the development of behaviour that has a detrimental effect on their health, such as the misuse of dangerous substances (Cadri et al., 2019). Due to their low self-esteem, young people frequently look for a group of peers and a place to find a new and approved identity which makes friend gatherings and parties the best places to try new substances like crystal meth (Rastegari, Haghdoost, Baneshi, Azizan & Mehrolhassani, 2023). As a result, young people's curiosity and willingness to take risks makes them prone to crystal meth misuse. Owing to this, crystal meth became the most used substance of choice misused by young people. Hence the misuse of this substance among these youngsters is regarded by several authors as a significant social and public health concern (Deen, Kershaw, Newton, Stapinski, Birrel et al., 2021; Mmethi, Modjadji, Mathibe, Thovhogi, Sekgala et al., 2024).

Crystal meth misuse among young people as a global issue, among young people in Africa and among young people in South Africa respectively entail the following:

2.2.1 Crystal meth misuse among young people as a global issue

Globally, substance misuse is among the leading causes of premature deaths in the general population, and substance misuse is mostly initiated during pre-adolescence to young adulthood (Cadri et.al, 2019). Amongst other substances, crystal meth serves as a worldwide problem that keeps on changing and evolving (Stoneberg, Shukla & Magness, 2018). This is due to the observed amount of crystal meth produced that has been breaking records worldwide, its market penetration has grown and diversified, and its price and cost per unit of production has decreased (Eligh, 2022).

Thus, making it more affordable and accessible to the young generation regardless of the negative impact it has on their lives. To elucidate this further, in Iraq, crystal meth is said to be the most rapidly accessible substance and its use is widespread among young people between the ages of 15 to 35 years, with treatment centres frequently treating misusers between the ages of 17 and 25 years (Al-Imam, Motyka, Hoffmann, Al-Ka'aby, Younus et al., 2023). These authors also indicate that for many vulnerable young people in Iraq crystal meth provides an escape from reality due to the current political difficulties, unemployment and corruption. It is also noted that due to the misuse of this substance Iraq's young crystal meth misusers are showing high incidences of a variety of manifestations such as delusions, hallucinations, mental disorders and physical symptoms (Al-Ka'aby, Jameel, Yaseen, Al-Imam & Al-Hemiary, 2025). However, despite the Iraqi Ministry of Health (MOH)'s efforts to enhance substance misuse prevention and treatment, 777 outpatients and inpatients suffered from crystal meth misuse dependency in 2022 (Muslim, Al-Jumaili & Al-Ani, 2024:203). Yet, the city of Al-Basrah which is flooded with young people's crystal meth misuse, consists of four million residents and only has 44 beds to accommodate young people in need of treatment with its treatment facilities lacking resources (Al-Imam et al., 2023).

In 2016, crystal meth became the most commonly misused substance in Australia, with approximately 0.8% of young people aged 14 to 19 years reporting its use (Spivak, Shepherd, Borschmann, Kinner, Ogloff er al., 2020). In addition, about 300,000 Australians were reported misusing crystal meth in 2019, with about one in five young people reported to be misusing it weekly or more often, especially those within the age range of 20 and 29 years (Klein, Terry & Peck, 2024). The findings of the Australian study highlighted that injecting crystal meth is linked to an increased chance of engaging in criminal activity, aggressive behaviour and antisocial behaviour (Dadhe & Bettman, 2019). Thus, due to the increasing prevalence of young people's crystal meth misuse in regional and remote Australian communities, the Commonwealth government established the National Ice Taskforce (NIT) to provide advice on addressing crystal meth misuse (Scott, 2024).

Substance treatment in Australia is complicated and broad with treatment options divided between generalist and specialist care systems. In this regard, the report of

the Commonwealth of Australia (2018) on the inquiry into crystal methamphetamine (ice) identified the following four primary treatment categories available:

- Withdrawal or detoxification programmes.
- Psycho-social therapies (such as counselling or psychotherapy).
- Residential rehabilitation.
- Pharmacotherapy maintenance.

The report concluded that these key categories include the assessments of young people misusing crystal meth, case management and support for young people, information and education giving, and aftercare services to the affected youth and their families. These services can be rendered telephonically, online, in a group setting or as a community outreach (Commonwealth of Australia, 2018).

In New Zealand, the misuse of crystal meth is a prevalent issue in various communities throughout the region, with a significant proportion of young people engaging in the use of this substance in their twenties (New Zealand Police, 2023). However, the New Zealand health survey elucidated that, yearly use of crystal meth substance among young people between the ages of 16 and 24 is lower with 1.4% than those aged between 25 and 34 at 1.7% and it stressed the seriousness of its impact to those who become dependent on the substance (Yasbek, Mercier, Elder, Crossin & Baker, 2022). According to a study conducted on adverse childhood experiences of crystal meth misusers in Aotearoa New Zealand, risk factors such as exposure to traumatic life experiences (including child abuse and neglect, family violence and household dysfunction, mental illness and belonging to a marginalized and lower social-economic group) were identified to be associated with young people's misuse of crystal meth substance (Bax, 2021). For this reason, crystal meth in the region was ranked the most harmful substance to young people due to its impact on education, death from overdoses, and the impact of losing close relationships and support systems as a young person (Crossin, Cleland, Wilkins & Rychert, 2023).

Adding to the above, between the years 2015 and 2020, the number of discharges from publicly funded institutions with a main diagnosis of mental or behavioural problems involving crystal meth increased from 216 to 901 in New Zealand (Parliamentary Service, 2021). According to Newcombe, de Fossard, McKetin, Nosa,

Parag et al., (2025) the following treatments are available and rendered by substance service providers to young crystal meth misusers in New Zealand:

- **Detoxification** – Usually a brief one week, inpatient or outpatient withdrawal management with or without the use of medication.
- **Residential rehabilitation** – Involves longer stays at a residential setting that provide intensive therapeutic programs.
- **Outpatient counselling** – Clients attend additional services regularly for weeks or months for individual counselling sessions and group sessions.

2.2.2 Crystal meth misuse among young people in Africa

The problem of crystal meth misuse among young people is also detected in African countries. As a result, many African countries' governments are tasked with finding effective strategies to combat the problem of crystal meth misuse (Tome & Abur, 2023). Several main airports in Africa, such as Kamuzu International Airport (Malawi), Cape Town and O.R. Tambo international airports (SA) and Addis Ababa Bole International airport (Ethiopia) are identified as being particular transshipment points for substances like crystal meth (UNODC, 2023). Hence, crystal meth is available for retail purchase and use in every country of the Eastern and Southern Africa (ESA) region and is being produced in fast-growing quantities throughout these countries for both domestic use and for integration into global supply chains (Eligh, 2021a).

In Kenya, Eastern Africa, young people in secondary schools are likely to engage in substances like crystal meth during the ages of 13 and 15 years (Kamenderi, Muteti, Okioma, Nyamongo, Kimani et al., 2020). Based on the results of the study conducted on factors associated with substance use among young people in colleges of Mlolongo area Kenya, young people's need to feel more at ease and to enjoy the company of peers, poor impulse control and tendency to seek sensation rather than avoid harm, low self-esteem and escape from anxiety and emotional problems were identified as factors contributing to young people's misuse of crystal meth substance (Asanyo, 2019). Prior to the above study, Kiriru (2018) conducted a study on the negative effects resulting from the misuse of crystal meth among young people at a selected private university in Kenya. This included conflicts and arguments, property loss and damage, regrettable sex, unprotected sex, and health issues. The same study also documented

socio-economic factors, demographic factors, technological factors, peer pressure and policy implementation factors as contributing factors to young people's crystal meth misuse. In this regard, the Republic of Kenya (2017)'s National Protocol for Treatment of Substance Use Disorders mandated the following treatment services as a response to the problem of substance misuse in the region:

- **Community based services** – designed to present information and harm reduction strategies to people who are not in contact with substance treatment services.
- **Outpatient treatment** – is a non-residential treatment and care provided to substance misusers and is ideal for long-term maintenance care that includes both the pharmacological and psychosocial interventions.
- **Inpatient/residential treatment** – provides a setting where treatment is available 24 hours a day to handle the symptoms and consequences that are likely to arise during substance withdrawal. It enables the service user to be temporarily removed from the environment of substance misuse, as well as the monitoring and stabilisation of related physiological and emotional indicators.
- **Recovery management (also referred to as aftercare or social support)** – is a long-term recovery-focused approach to treating substance use disorders that comes after abstinence is stabilised during outpatient or residential treatment.

In Southern Africa, particularly in Botswana, young people's crystal meth misuse is usually initiated during their entry into the university. This is because, university entry is the time when young people transition from a supervised high school life to a more independent one that can be easily influenced by a liberal campus environment (Olashore, Ogunwobi, Totego & Opondo, 2018). However, this does not take away that young people in high schools are also engaging in the misuse of this substance. To support this, a study conducted on the pattern of substance use and substance use disorder in adolescent learners at public secondary schools in Gaborone, Botswana, confirmed peer influence as a major contributor to young people's crystal meth misuse (Olashore, Paruk, Maphorisa & Mosupiemang, 2020). Additionally, the misuse of crystal meth substance among young people in Botswana is further associated with mental health conditions such as personality disorders, mood swings, depression and suicidal thoughts (Diraditsile & Rasesigo, 2018). Consequently, the lack of educators'

essential skills and emotional support to handle cases involving substance misuse, is one of the causes of Botswana's high rate of crystal meth misuse (Gasebonno, 2021). Hence, it is imperative that substance screening and age-appropriate substance use interventions are combined with school health services to fully address the immediate and long-term effects of crystal meth misuse in the region (Olashore et al., 2020). In support of the above, the results of a study conducted in a junior secondary school in Botswana, on children, substance abuse and the role of social work, recommended the introduction of school social workers to deal directly with substance misuse by students so that they identify possible underlying problems and provide young people with necessary assistance (Diraditsile & Mabote, 2019).

In another Southern African country, Zambia, the trend in the misuse of crystal meth substance among young people increased from 0.35 in 2021 to 0.68 in 2023 (Longwe, Hachilensa, Chunga, Banda, Ng'andu et al., 2025). The reasons resulting in the misuse of this substance among Zambian university students aged 18 and 29 years, entail dealing with family and school issues, wanting to fit in with peers, not understanding the risks associated with crystal meth misuse, having easy access to the substance, its low cost, having too much pocket money, boredom and wishing to increase intelligence (Kasaro, Chiundira, Velmurugan & Chansa, 2021). The impact of crystal meth intake among Zambian young people results in academic challenges, health-related issues, strained peer relationships and exposure to the juvenile court system due to being in conflict with the law (Republic of Zambia, 2024).

A study conducted by Chizimba and Kazembe (2025) in Lusaka, Zambia, on assessing the emotional and psychological impact of crystal meth misuse, found that the absence of community-based support programmes, extreme cost of treatment and shortage of rehabilitation centres are obstacles to providing effective psychosocial support to young people misusing crystal meth. For this reason, Zambia is in the process of constructing a National Drug Rehabilitation and Skills Development Centre, which is expected to help substance misusers with effective treatment and support to overcome dependence but faces challenges with the expense of building the facility (UNODC, 2023).

2.2.3 Crystal meth misuse among young people in South Africa

South Africa has experienced a sharp rise in substance misuse with over four million young people aged 15 years and older reported to be misusing substances in 2020 (Mutai, Stone, Scheibe, Fraser, Johnson et al., 2024). Even though Mbandlwa and Dorasamy (2020) and Mkhize and Gutura (2021) view alcohol and cannabis as the most commonly misused substances in South Africa, crystal meth substance is also gaining popularity and the misuse of this substance amongst young people is increasing in the country (Gordon, Kutywayo, Frade, Naidoo & Mullick, 2021). According to Eligh (2021a) the supply of crystal meth began in South Africa in the early 1990s. The misuse of crystal meth in the country, especially in Cape Town and its surrounding areas has been rising alarmingly due to its easy availability and affordability (Weybright, Caldwell, Wegner, Smith and Jacobs, 2016). For this reason, crystal meth is viewed by the latter authors as the primary misused substance by patients seeking treatment in the Western Cape Province.

The report by UNODC (2018b) revealed that two crystal meth seizures amounting at R18 million were made by customs officials of the South African Revenue Service (SARS) at OR Tambo International Airport in Johannesburg in February 2018. The report further elaborated that the first known quantity of crystal meth, valued at around R17 million, was found in the luggage of a passenger who had arrived in South Africa from Nairobi, Kenya. A second crystal meth seizure valued at slightly under R1 million, was found in a package headed to Malaysia. This report continued to point out that prior to these events, the South African Police Service (SAPS) claimed to have confiscated 26 kg of crystal meth at an estimated street value of R9 million at Cape Town International Airport in the luggage of a passenger who had travelled from Lagos, Nigeria.

It is worth noting that substance misuse among public secondary school learners is increasing rapidly with negative effects including school dropouts, injuries, fatalities, property damages, and lowered academic standards (Khoza & Shilubane, 2021). Thus, the misuse of substances such as crystal meth, is proven to have penetrated into SA's high schools, leaving young people to suffer its undesirable consequences. To substantiate the above statement, studies were conducted in high schools from different provinces of South Africa such as Mpumalanga (Mmethi et al., 2024), Free

State (Mokwena & Setshego, 2021), Kwazulu-Natal (Khuzwayo, Taylor & Connolly, 2020) and Gauteng (Mohale & Mokwena, 2020). These studies confirmed that young people in South African high schools are highly impacted by the misuse of substances like crystal meth, pointing to a persistent public health issue which places them at risk for social, behavioural and health issues

In addition, the report by SACENDU (2024) revealed that crystal meth is the most commonly reported primary or secondary substance of choice in the Western Cape and Gauteng provinces. The report continues to demonstrate high admissions of young people aged 18 years and younger ranging from 69% in Western Cape to 84% in Gauteng during January to June 2024 (SACENDU, 2024). Moreover, this report indicated that in the Ekurhuleni region, 832 people who inject drugs (PWID) accessed services, whereas twelve deaths were reported during the year 2024. The fact that the above report emphasises the increasing number of treatment admissions among young people, and the observed deaths resulting from crystal meth, confirms the relevance and significance of the study in that it is aimed at making recommendations for effective interventions to address the problem of crystal meth misuse among young people.

2.3 Causes and effects of crystal meth misuse among young people

The following section explains the causes and effects of crystal meth misuse among young people. In explaining the causes of young people's crystal meth misuse aspects such as family factors, peer pressure, individual factors and the environmental factors are included. The discussion will further include the effects of crystal meth misuse on the young person, their family and the community.

2.3.1 Causes of crystal meth misuse among young people

As indicated above, adolescence, the period of transition between childhood and adulthood, is a serious life stage in which young people frequently are exposed and susceptible to beginning substance misuse. In addition, those between the ages of 18 and 25 happen to be the part of the population that displays the most vulnerable characteristics to crystal meth misuse (Nawi, Ismail, Ibrahim, Hassa, Manaf et al., 2021; Chisom, Beatrice, Iyanuoluwa & Oluwatoyin, 2022). It is also important to understand that no single factor influences young people's misuse of this substance (Bunu et al., 2023). There are several factors that are seen to be impacting young

people's decision to misuse crystal meth at different stages of adolescents and early adulthood (Chisom et al., 2022). For instance, young people who are driven by a desire for adventure may engage in crystal meth misuse to satisfy their cravings (John, Otene & Antenyi, 2023). Additionally, Jumbe, Kamninga, Mmalwimba and Kalu (2021) identified families, social networks and peer pressure as the main factors influencing crystal meth misuse among young people. In support of the family factors and peer pressure, Bunu et al., (2023) continued to add individual factors and environmental factors as the main influences of young people's misuse of substances such as crystal meth. These factors are explained below.

2.3.1.1 Family factors

The fact that many young people are still residing with their families confirms the important role played by families in shaping young people's lives and future. This is due to the reason that parents and other elder family members serve as unavoidable role models to the younger ones. Therefore, when the parent-child bond is weak, young people's misuse of crystal meth may consequently manifest as rebellion against their parents (Chisom et al., 2022). This indicates the need for parents to be more deliberate in their parenting and behaviour around their children. Other family factors include father's substance misuse, marital conflict, inadequate maternal supervision, frequent movements, lack of bonding to the father, and lack of family unity (Paul et al., 2024). This means that young people may engage in crystal meth misuse as a way to find joy and cope with stress especially in social events, on the streets, and at home (Mmethi et al., 2024).

2.3.1.2 Peer pressure

Young people are likely to spend most of their time with friends either at school or in the community. This places them at risk of peer influence. According to Okoka, Kheswa and Kennedy (2023), peer pressure is referred to as a direct or indirect pressure from friends, peers or group members to participate in an activity or peer norm that is readily connected to a person or individuals who have a strong desire to be a part of that groups. Thus, peer pressure is one of the main factors influencing young people as many feel pressured by their peers to attempt the use of substances (Elnagar, Basmair & Canoe, 2024). According to Mathew (2020) peer pressure is a tactic used by any group to influence substance misuse by emphasising popularity and fostering fear of

rejection and possible isolation which is particularly important for young people's group. Mmethi et.al (2024) further cited that young people's crystal meth misuse results from their desire to feel good, feel better, and perform better, out of curiosity or because others are doing it.

2.3.1.3 Individual factors

The individual factors influencing crystal meth misuse include mental disorders, family disputes, parental addiction, and access to the substance (Rastegari et al, 2023). Another important risk factor for crystal meth misuse is childhood trauma and negative experiences such as physical, emotional and sexual abuse (Jumbe et al., 2021). Also included are the demographic and socioeconomic risk factors which such as being male, of younger age, from divorced parents, lower educational attainment, and having a mother who is either employed or unemployed (Jumbe et al., 2021). In the context of education, crystal meth misuse has been strongly linked to lower academic performance, which often leads to school dropout (Mokwena & Setshego, 2021). Equally so, the results of the study conducted by Khoza and Shilubane (2021) on substance use and associated factors among in-school adolescents in SA, indicated that 68% of the educators agreed, and 22% strongly agreed that low self-esteem and poor self-control are psychological factors contributing to young people's involvement in substances such as crystal meth.

2.3.1.4 Environmental factors

The social environment such as the availability and easy access to illegal substances within the community or the household, financial difficulties, high unemployment, lack of suitable social support networks, pressure to provide for everyday family needs and family conflicts are identified as important examples of factors associated with the misuse of substances like crystal meth among young people (Mokwena & Setshego, 2021). Given that crystal meth is inexpensive, widely available and simple to produce (Asante & Lentoor, 2017), both its presence and that of substance dealers around the school environment are factors influencing young people's access to this substance (Nawi et. al, 2021). In addition, public entertainment places, open dumpsites, open mines, abandoned structures and hallways in a community serve as hotspots for substance initiation venues providing unregulated spaces for drug use and trading (Badambula & Badambula, 2018).

2.4 The effects of crystal meth misuse

It is also important to acknowledge that the misuse of crystal meth does not only affect the misusers but also the families and communities where the misuse occurs (New Zealand Police: 2023; Ngwenya, 2022). Below are the different levels impacted by the misuse of crystal meth among young people:

2.4.1 Effects of crystal meth misuse on the young person

Even though young people's misuse of crystal meth starts as an experiment, it eventually becomes a common occurrence that leads to dependence (Ngwenya, 2022). In this regard, Eisler (2020) emphasised that regular misuse of crystal meth over an extended period of time increases the likelihood of psychosis or psychotic symptoms including hallucinations and delusions, violent behaviour and paranoia. This exposes medical and healthcare professionals treating these patients to risks and challenges. These side effects are confirmed by Al-Imam, Motyka, Hoffmann, Al-Ka'aby, Younus et.al. (2023), who further elucidated that young people misusing crystal meth are more likely to experience suicidal thoughts if they are chronic users of this substance for more than one year, have family members who misuse illegal substances and misuse other illegal substances in addition to crystal meth. The unfortunate and dangerous part of misusing this kind of substance is that its symptoms may last longer even after a young person has stopped misusing the substance (Prakach et al., 2017).

2.4.2 Effects of crystal meth misuse on the family

Crystal meth misuse is seriously impairing young people's lives and is the main cause of suffering for many families who are unable to cope with its consequences (Eisler, 2020). For this reason, the misuse of crystal meth substance is regarded as a sickness of the whole family rather than just of the misuser in that families frequently struggle with sleeplessness, anxiety and depression as a result of stress (Dykes & Casker, 2021). This is further supported by the findings of the study conducted by Sampson, Heinsch, Geddes, Velleman, Velleman et al., (2023) on the experiences of families living with someone misusing crystal meth, where parents and caregivers expressed their fear of social rejection, their feelings of shame and guilt, and their inability to provide a logical justification for their continued support of someone suffering from this particular dependence. In addition to the above findings, participants in a similar study

conducted by Asante and Lentoor (2017) indicated that caregivers of young people misusing crystal meth experience financial strain and family distractions. These findings confirm the importance of offering support and assistance to family members and friends in their own right, and not solely to the young person misusing crystal meth (Sampson et. al, 2023).

2.4.3 Effects of crystal meth misuse on the community

When young people are under the influence of substances such as crystal meth they tend to engage in unlawful activities such as armed robbery, kidnapping, and rape (John et al., 2023). Taking into consideration that crystal meth is the second most injected substance, it therefore contributes to the spread of bloodborne viruses including HIV/AIDS and hepatitis resulting from injecting it without the availability of sterile injecting equipment (Substance Abuse Policy, 2021). According to the profile of homelessness in South Africa compiled by Statistics South Africa, substance misuse and family fights were cited as main reasons for homelessness (RSA, 2022). Additionally, crystal meth misuse among South African primary and secondary school learners is the biggest cause of school crime, violence, deliberate and unintentional injuries as well as other social and health problems such as teenage pregnancy and HIV/AIDS (Nkomo, Khosa & Dube, 2021).

2.4.4 Impact of young people's misuse of crystal meth on social work services

It is generally known that social workers in collaboration with various stakeholders play a crucial role in helping young people who are struggling with the problem of crystal meth misuse (Hillen, 2018). Thus, as the number of young people misusing crystal meth increases in the country, so does the need for social workers to meet the demand of those affected by the misuse of this substance. However, as frontline workers, social workers encounter several obstacles in their attempt to render effective services to young people misusing substances like crystal meth (Masombuka & Mathibela, 2025; Vilakazi & Nkomo, 2023; Saadi, Almayez, Alrashdi, Alanazi, Alrashdi et al., 2024). Amongst the obstacles faced by social workers are the higher caseloads of young people misusing crystal meth that make it impossible for social workers to spend adequate time with these young people which in turn lowers the quality of services they provide (Shudung, Mbedzi & Skhosana, 2023).

SA is among the countries with inadequate funding, a shortage of social workers to provide effective services and poor knowledge on the prevalence and trends of substance misuse (Ngubane, 2021). For this reason, the quantity and quality of treatment provided, and the distribution of resources continue to be a major challenge in the fight against crystal meth misuse (Ngubane, 2021). To support the latter, when examining the financial aspects of social welfare organisations' service delivery, it was discovered that only 10% of the DSD's funding goes towards social welfare programmes with the other 88% going towards social grants (Viljoen, 2020). This means that social workers lack the appropriate resources to make their work easy when intervening with young people misusing crystal meth.

Despite the widespread misuse of crystal meth and the negative effects that comes with it, there is a large treatment gap as young people misusing this substance do not present themselves for treatment (Nyashanu & Visser, 2022). Consequently, one study found that it takes crystal meth misusers an average of five years to seek treatment once the issues of crystal meth misuse begins (Kershaw, Sunderland, Grager, Birrell, Deen et al., 2024). This is in line with the findings of the study conducted by Nyashanu et al., (2024) in which the stigma from communities against drug misuse was identified as one of the reasons why young people are reluctant to seek treatment. A comparable study also documented that crystal meth misusers are being called names for misusing this type of substance (Singwane & Ramoshaba, 2023a). Hence, it is important to educate and increase awareness in communities to lessen and eliminate the stigmatisation of young people misusing crystal meth (Nyashanu et al, 2024). In contrast, Kershaw et al., (2024) reported the lack of treatment to be due to young people's low confidence in the success of treatment programmes as well as time and location restrictions.

Apart from young people's reluctance to access substance misuse services, there is also evidence that the recovery process, particularly in cases of crystal meth misuse, has been associated with high a relapse rate (Kaviyani, Khorrami, Heydari & Namvar, 2023). Because of their practice principle of non-judgemental attitude, social workers find themselves working with the same service users over and over again (Okamoto, Dattilio, Dobson & Kazantzis, 2019). To substantiate the above, Moszczynska, (2021) claimed that crystal meth relapse statistics indicate that 61% of crystal meth misusers will relapse within one year of completing treatment and an additional 25% will relapse

before five years. Thus, in order to manage and provide effective treatment services, it is essential to identify factors associated with the relapse among young crystal meth misusers. Even worst the trend of increasing crystal misuse has been going on for years and is frequently a sign of complex underlying economic and social issues that call for a combined financial and human resources of multiple institutions including social agencies, community organisations, law enforcement and all levels of government (Eisler, 2020). This is the reason John et al., (2023) emphasised that effective prevention programmes should involve the family, schools, communities, and the media. This includes establishing a healthy home environment where parents can keep an open eye on their children, making rehabilitation centres easily and affordably accessible, creating job opportunities for young people, implementing effective substance misuse awareness programmes, establishing recreational facilities and introducing compulsory physical fitness classes in the schools and colleges. Above all, early intervention, prevention, and awareness programmes are in place, but they must be maintained, properly executed and regularly evaluated to make sure they address the present situation and provide the intended results (Ngubane, 2021).

2.5 Levels of social work intervention with young people misusing crystal meth

For social workers to achieve their goals of creating a drug free society, section 3, subsection 2 of the Treatment of and Prevention for Substance Abuse Act 2008 stipulates that, the ministers and organs of state must adopt a multifaceted and integrated approach to improve the cooperation and coordination in the management of substance misuse and ensure the effective implementation of the NDMP (RSA, 2008). Thus, the NDMP plan emphasises that an effective response to substance misuse will consist of the prevention of social marginalisation and the promotion of non-stigmatising attitudes, encouraging substance misusers to seek treatment and care, and intensifying local capacity in communities for prevention, treatment, recovery, and reintegration (RSA, 2019). In this regard it is indicated by the Prevention for and Treatment of Substance Disorders Policy that, through interventions such as the provision of prevention, early intervention, treatment, aftercare and reintegration services, the DSD must reduce the demand for substance misuse and the damage resulting from it (RSA, 2023c). For the purpose of this study, the above policy explains the mentioned interventions as follows (RSA, 2023c):

- **Prevention services**: refer to all activities intended to prevent the first use of crystal meth and the delay of the start of problematic use of this substance, such as information giving and presenting awareness campaigns at schools, clinics and in the community. In this study, the interventions aimed at preventing young people's misuse of crystal meth involve educating young people on the risks of crystal meth misuse, skill-building to resist peer pressure, and fostering positive social norms regarding crystal meth misuse (Mmethi et al, 2024). This means implementing the Anti-Substance Abuse Programme of Action aiming to create a culture free of substance misuse (Muthelo, Mbombi, Mphekgwana, Mabila, Dhau et al., 2021), such as the "Ke Moja, I'm fine without drugs" programme that was launched by the South African government through the DSD as a way to prevent substance misuse within South African schools (Khosa, Dube & Nkomo, 2017) and the establishment of registered treatment centres (Nkomo et al., 2021).
- **Early intervention**: this emphasises the importance of screening for dangerous substance misuse to determine the nature of substances misused by young people. For this reason, social workers assist young people in identifying the risk factors as well as modifying their behaviour and attitudes through counselling and support.
- **Treatment services:** are intended to lessen the negative health and social effects associated with young people's crystal meth misuse. For this reason, treatment services are beneficial for young people who are dependent on psychoactive substances such as crystal meth. This includes admission of young crystal meth misusers to an in-patient or out-patient treatment centre for therapy.
- **Reintegration services:** should address issues that may have contributed to young people's crystal meth misuse and also prevent structural and environmental aspects that might negatively influence recovery. This includes ensuring that family conflicts are resolved, linking young persons with necessary resources to improve their life, such as referral for skills development, re-admission to school, and job placement.

- **Aftercare services:** these service are essential for all service users undergoing treatment as it aims to increase their capacity for recovery thus preventing relapse. This includes providing young crystal meth misusers with ongoing outpatient care and support after treatment to ensure that they maintain their sobriety by means of individual, group or family counselling and self-help groups.

2.6 The social work helping process for young people misusing crystal meth

In their intervention with young people misusing crystal meth, social workers follow the helping process (also referred to as the problem-solving process) to guide young people through the six stages of the problem-solving, namely, engagement, assessment, planning, intervention, evaluation and termination (Cummins & Sevel, 2017; Van Breda, 2018). The particular activities applied at each stage may differ depending on the client population and the social worker's theoretical base (Ronad & Mathew, 2024). The stages of the helping process are explained as follows:

2.6.1 Engagement

This is the stage when the young crystal meth misuser approaches the social worker's office in request for assistance to address his or her problem of crystal meth misuse. The main goal of engagement is to establish a warm and trustworthy helping relationship. This stage is not only important for developing a helping relationship but also for determining its nature (Van Breda, 2018). In general, the aim of the treatment that starts with the first interaction between a client and a social worker seeks to help clients to improve their psychosocial functioning (Greene, 2017). In this regard, engagement is a crucial stage in the helping process, as young people are more likely to return for a second session after feeling understood and having obtained some knowledge and clarity about their problem (Cummins & Sevel, 2017).

2.6.2 Assessment

Assessment involves scientific inquiry, critical thinking, and lifelong learning as the social worker brings into play his or her professional knowledge and skill together with the client's first-hand experience, in a collaborative process of reflection, analyses and synthesis (Cournoyer, 2016). During the intake and assessment phase, the social worker collects information from the young person and occasionally from other family

members of the person (Cummins & Sevel, 2017). The information that the social worker collects during the assessment will help identify the type of service required, measure community preparedness and bring about a suitable solution (Maikano, Mogomotsi, Diraditsele & Jeremiah, 2021). This entails the social worker's understanding of the risks and protective factors associated with a young person's misuse of crystal meth as well as identifying available resources necessary to deal with crystal meth dependency.

2.6.3 Planning

Planning moves from prioritising the list of the client's problems found during the assessment, converting these problems into needs, then determining if these needs require a micro, meso or macro intervention, setting goals, objectives and action steps, and formalising the plan with a contract (Van Breda, 2018). This means that after agreeing on focal issues to address, social workers and young crystal meth misusers formulate goals that if achieved will address their crystal meth problem (Cournoyer, 2016). During this stage, specific goals must be clearly defined and include details like what is to be accomplished, where, when and why (Bogo, 2018). This entails the formulation of a treatment plan to be followed, such as identifying the type of treatment to be rendered to the young person, meaning in-patient or out-patient treatment, the reason for the treatment, the place in which the treatment will be rendered and the time frame for the completion of treatment.

2.6.4 Implementation

According to Van Breda (2018), the implementation phase of the helping process focuses on putting the plan that was developed in the preceding stage into action. Therefore, implementation of the helping process with young people misusing crystal meth might require social workers to include school based and family-based prevention programmes, since young people spend a significant amount of time at home and school (Maikano et al., 2021). This is the stage whereby the social worker provides the required service to young crystal meth misusers. These services include counselling, presenting awareness campaigns, admitting young crystal meth misusers to the in or out-patient treatment centre, reintegration and rendering aftercare services.

2.6.5 Evaluation

Evaluation is carried out by examining progress with the achievement of the primary goal of the intervention (Maikano et al., 2021). It is argued by Van Breda (2018) that, the worth of an intervention is evaluated in relation to the goals and objectives established during the planning stage. Thus, during the evaluation stage, the social worker assesses the young person's accomplishments and obstacles to change and the degree to which the goals set by the young person and the social worker at the beginning of the helping relationship, have been met (Cummins & Sevel, 2017). Thus, the social worker reflects on the interventions implemented as well as the impact it made on the young person's life.

2.6.6 Termination

Termination is viewed as the ending of the client-social worker relationship and is linked to factors in the psychotherapy process and outcome, including the merging of treatment benefits, strong feelings about the service user and the social worker as well as the service user's readiness for further development (Bhatia & Gelso, 2017). Ideally, termination should take place when the young person and the social worker feel that the goals they established have been accomplished, that sufficient progress has been made or that the young person's crystal meth problem is resolved (Bogo, 2018). This means that when the social worker is satisfied with the impact the rendered services had on the young person's life, including their ability to sustain the change, the social worker may terminate the working relationship with the young person.

2.7 Role of social workers regarding young people misusing crystal meth

Social workers play an essential role in the field of substance misuse by providing direct interventions and serving as a bridge between young people and the desired resources (Padole, 2024). Despite this, Singwane and Ramoshaba (2023b) found that there is no clear indication of what the roles and responsibilities of social workers in both the governmental and non-governmental organisations are when it comes to managing substance dependency. As a result, the latter study emphasised the need for continuing professional development to help social workers better understand their roles and responsibilities in working with young people misusing crystal meth. Even so, Ghuble (2025) described the role of social workers as that of addressing the underlying cause of crystal meth misuse, offering direct support, and promoting

systemic change. This author further identified the following key responsibilities of social workers in this regard (Ghuble, 2025):

- **Prevention**

  Social workers target vulnerable young people through awareness programmes, workshops and school programmes to educate them about the dangers of crystal meth misuse.

- **Intervention**

  They use evidence-based techniques like motivational interviewing and cognitive behavioural therapy (CBT) to offer counselling and treatment to young people suffering from the crystal meth misuse problem.

- **Rehabilitation**

  Social workers ensure long term recovery by promoting access to treatment facilities, coordinating aftercare and facilitating reintegration of young people into the society.

- **Advocacy**

  Social workers advocate for laws that enhance access to healthcare treatments, lesson stigma and boost funding for treatment centres.

- **Community Engagement**

  By mobilising resources within the community, social workers establish support networks that promote resilience and collaborative action against young people's misuse of crystal meth.

- **Family Support**

  Lastly, social workers assist families to resolve co-dependency, educate them about crystal meth dependence and mending broken relationships.

2.8 Policy and legal framework on the misuse of crystal meth

People who are mostly impacted by the issue of substance misuse must be given the opportunity to participate in agenda setting and decision making when developing future policies (Mbulayi & Makunyana, 2017). It is noted in this regard that social workers are often the first to respond to social problems, thus they may contribute to determining what works and what does not in social policy measures and programmes (Carrilho & Branco, 2023). Nonetheless, the majority of organisations seems to be unaware of the crucial role social workers play, which prevent them from participation

in policy making because they are usually not consulted (Shayamano, 2025). For an example, SA's legalisation of cannabis might impact negatively on social workers' intervention as it may put them in a difficult position when it comes to raising awareness regarding its dangers as well as its possibility to escalate to the misuse of other substances such as crystal meth. This is because, the role of cannabis as a gateway drug to a variety of other illegal substances like crystal meth amongst young people with mental disorders, is a major concern for public health in South Africa (Mokwena, 2019). For this reason, educators may anticipate an increase in the number of learners who would openly misuse substances within the school environment since cannabis is one of the substances most misused by leaners (Khoza & Shilubane, 2021).

Essentially, government should enact policies to combat the increased accessibility of substances in the society and provide employment opportunities for young people to become self-reliant (John et al., 2023). Singwane and Ramoshaba (2023a) expressed the need for more inpatient treatment centres in South Africa as a way to combat the scourge of substance misuse. The government policies are embodied in the following legislation, action plan and institution that play an important role in SA's response to and dealing with the substance misuse problem:

2.8.1 The Constitution of South Africa

It is clear that public servants including social workers have a vital role in ensuring the effectiveness and fast-tracking of the process of service delivery (Manamela, 2021). However, as professional people, social workers are guided by the country's laws and policies in their interventions with clients, including young people misusing crystal meth. Thus, the 1996 South African Constitution explicitly pledges to improve the quality of life of all citizens and free the potential of each person, as well as establishing a society based on democratic values, social justice and fundamental human rights (Albertyn, 2019). Section 7 subsection 1 of the Constitution stressed the rights of everyone in our nation and affirms the democratic principles of human dignity, equality and freedom (RSA, 1996). Fundamentally, social workers have an individual duty to ensure that the human rights of crystal meth misusers are respected (Harms-Smith, Martinez-Herrero, Arnell, Bolger, Butler-Warke et al., 2020). Hence, the social work

profession's code of ethics places a high priority on human dignity and requires that service users be treated with respect and dignity (Borowski, 2021).

In addition, Section 9, subsection 2 of the Constitution indicates that, to promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons disadvantaged by unjust discrimination, may be taken (Constitution of the Republic of South Africa, 1996). This implies that, social workers need to bear in mind the rights of crystal meth misusers to acquire quality services and are obliged to respect, remain non-judgmental and treat them in a fair and equitable manner regardless of their substance dependence problem or family background. While taking into consideration SA's constitution, social workers are guided by the NDMP that was drafted in accordance with the Prevention of and Treatment for Substance Abuse Act 70 of 2008 of which the administration unit is the Central Drug Authority (CDA) whose secretariat is located in the DSD (RSA, 2019). These policies and legislation are explained below.

2.8.2 Prevention of and Treatment for Substance Abuse Act 70 of 2008

Section 3, subsection 1 of the Treatment of and Prevention for Substance Abuse Act 2008 (RSA, 2008) identifies three pillars of intervention that the Minister of Social Development and other ministers responsible for the departments and organs of the state must employ in combating the substance misuse problem, which includes the following:

- **Demand reduction:** which is concerned with services aimed at discouraging the misuse of substances by members of the public. This means the provision of prevention and early intervention services aiming at discouraging young people from starting to use crystal meth.
- **Harm reduction:** which for the purposes of this Act is limited to the holistic treatment of service users and their families, and mitigating the social, psychological and health impact of substance misuse. This includes the provision of integrated interventions that take into consideration other environmental systems that are impacted by young people's misuse of crystal meth, including their family.
- **Supply reduction:** which refers to efforts aimed at stopping the production and distribution of illegal substances and associated crimes through law

enforcement. This is therefore dealt with by the law enforcement officers, such as the police, courts and other legal agencies.

The Prevention of and Treatment for Substance Use Disorders Policy (2023c) clarified that the core mandate of the DSD in terms of the above three pillars is the demand reduction and treatment of substance use disorders and related activities to reduce harm caused by substance use and misuse. Thus, the DSD implements these pillars through collaborative partnerships including other government departments, non-governmental organisations (NGOs), faith-based organisations (FBOs) and civil society organisations (CSOs), as well as other relevant stakeholders in the field of substance misuse.

2.8.3 National Drug Master Plan (NDMP) 2019-2024

The NDMP (2019-2024) was drafted with a vision to create a South Africa free of substance misuse (RSA, 2019). Thus, the NDMP is the blueprint for the management of substance misuse and trafficking in illegal substances (RSA, 2023a). In this view, this policy aims to fight substance misuse through prevention, treatment and harm reduction (Harker & Sibeko, 2025), while taking into consideration the following mission:

- “To embrace a balanced, integrated and evidenced-based approach to domestic substance use, misuse and abuse.
- To invest in building safe communities through appropriate substance prevention and impact minimisation strategies.
- To control the demand and supply of substances misuse.
- To effectively control substances for therapeutic use and the emergence of New Psychoactive Substances (NPS).
- To coordinate and deliver effective government prevention interventions in combating substance misuse, illegal substance trade, and substance trafficking through the implementation of defined outcomes and effective monitoring and evaluation of impact that will lead to the complete eradication of unemployment, poverty and inequality in South Africa.”

2.8.4. Central Drug Authority (CDA)

The Central Drug Authority (CDA) in South Africa aims to facilitate coordination among government departments, provincial forums and local drug action committees while advising the Minister of Social Development on effective measures and policies to address substance misuse (Harker & Sibeko, 2025:2). Notably, in terms of section 56 of the Substance Abuse Act 70 of 2008 (RSA, 2008) the powers and duties to the CDA, requires it to:

(a) “oversee and monitor the implementation of the National Drug Master Plan;

(b) facilitate and encourage the coordination of strategic projects;

(c) facilitate the rationalisation of existing resources and monitor their effective use;

(d) encourage government departments and private institutions to compile plans to address substance abuse in line with the goals of the National Drug Master Plan;

(e) ensure that each department of state has its own performance indicators;

(f) facilitate the initiation and promotion of measures to combat the use of substances;

(g) ensure the establishment and maintenance of information systems which will support the implementation, evaluation and ongoing development of the National Drug Master Plan;

(h) submit an annual report that sets out a comprehensive description of the national effort relating to the problem of substance abuse;

(i) ensure the development of effective strategies on prevention, early intervention, reintegration and aftercare services, and in particular ensure the development of effective strategies regarding the prevention of HIV infection and other medical consequences related to substance abuse;

(j) advise the Government on policies and programmes in the field of substance abuse and drug trafficking;

(k) recommend to Cabinet the review of the National Drug Master Plan every five years; (l) organise a biennial summit on substance abuse to enable role-players in the field of substance abuse to share information; and

(m) may exercise such powers and must perform such duties as may be determined by the Minister from time to time".

2.9 Theoretical Framework of the study

A theoretical framework is defined as the section of a study that consists of a variety of references, concepts, theories and background information that support the study (Mosquera et al., 2022). The purpose of the theoretical framework is to describe the existing theories that are relevant to the study being conducted and their relationships (Salawu, Shamsuddin, Bolatitio & Masibo 2023). Accordingly, Hiebert, Cai, Hwang, Morris and Hohensee (2023) emphasised that researchers need theoretical framework for the following purposes:

- The researcher will have good reasons to anticipate that their predictions will come true.
- The researcher will develop suitable techniques to verify their predictions.
- The researcher will appropriately interpret their findings
- The interpretations added by the researcher will add to the body of information that can enhance education.

As indicated in Chapter one (section 1.6), using the ecological systems theoretical framework (EST) in this study has assisted with providing a better understanding of the research topic as well as analysing the data collected from the research participants.

2.9.1 Ecological Systems Theory (EST)

The Ecological Systems Theory (EST) of Bronfenbrenner (1979) is used as a lens to understand the experiences of social workers rendering services to young people misusing crystal meth. According to Bronfenbrenner, human development results from the interactions between the developing human body and its surrounding environment, and the growing individual is viewed as flexible within the social context of his or her environment (Crawford, 2020). In other words, this theory postulates that an individual's development is influenced by a series of interconnected environmental systems, ranging from the immediate surroundings (such as the family) to broad societal structures (such as culture) (Guy-Evans, 2024).

To further explain the EST, Singh and Azman (2022) elucidated that this theory views the environment as constant and playing an everlasting role in a person's life, offering a useful framework for evaluating challenges in coping with traumatic experiences, life changes, environmental stresses and the interpersonal aspects. In this study, the latter means EST places social workers as main role players in their working environment (substance field) while providing a useful structure to assess the challenges they experience in their attempt to effectively intervene with young people misusing crystal meth. This theory further includes both the idea of bidirectional influence, which considers both the influence of the environment on the person and the mutual influence of the person on the environment, as well as the idea of indirect influence (Perera, 2023). Hence, Fisher and Lombard (2025) refer to this as the reciprocal influences of organisms and environments upon each other. Thus, as social workers' interventions (whether effective or ineffective) have an impact on young people misusing crystal meth and on DSD as the employer organisation, they also are impacted by the responses or actions they receive from these systems.

Therefore, the researcher is of the view that social workers as service providers to young people misusing crystal meth, cannot succeed alone but depend on the support they receive from DSD as their main employing organisation and external stakeholder. Hence, the work performance of social workers may positively change as a result of acceptable changes, positive relationships and support provided to them within and outside the DSD environment. In contrast, without a positive relationship shared among social workers, DSD and other stakeholders social workers might struggle to make their service users happy meaning that they may not be effective in their intervention thus leading to negative outcomes. Finally, the use of EST acknowledges the multiple systems that social workers engage with daily as well as recognising the internal factors that affect social workers' functioning (Unegbu, 2020).

2.9.2 Environmental systems forming the Ecological Systems Theory

There are four interrelated types of environmental systems in Bronfenbrenner's EST, namely, the microsystem - the immediate environment where the developing person engages in activities and interactions, the mesosystem - interrelations among different microsystems in which that person is situated, the exosystem - context having an indirect influence on the person, and the macrosystem - context with a shared belief

system (Ettekal & Mahonie, 2017; Erikson et al., 2018). The application of the EST in this study assisted the researcher to thoroughly explore and describe the experiences of social workers rendering services to young people misusing crystal meth. To achieve this, the researcher took into consideration the important role played by the four environmental systems as stipulated by Guy-Evans (2024) in figure 2.1 followed by a description of their application in this study below.

Figure 2.1: Environmental systems in the Ecological Systems Theory (Guy-Evans, 2024)

2.9.2.1 Microsystem

This system refers to a pattern of activities, social roles and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social, symbolic features that invite, permit or inhibit engagement in sustained, progressively complex interaction with, and activity in the immediate environment (Tong & An, 2024). Crawford (2020) emphasised two important factors in the microsystem, namely, the persons' behavioural changes and psychological growth as well as people's experiences, as essential to understand how the impacts of the microsystem operate. In the context of this study, it is important to acknowledge that

social workers' daily experiences and achievements are greatly influenced by the environment in which they work (Maina, Ogenchuk & Gaudet, 2021).

The researcher is of the view that the microsystem in this study focuses on the immediate relationship between the social worker and the young person misusing crystal meth since they directly interact with and have an influence on each other. Therefore, in order for social workers to impact positively in the lives of young people misusing crystal meth, there need to be a positive client-social worker relationship and cooperation. However, section 2.3.1.3 of this chapter identified peer pressure and lack of information as the individual factors resulting to young people's crystal meth misuse. Thus, leading to increasing social workers' caseload of young people misusing crystal meth which impact negatively on social work services. This is because high caseload might result to social workers feeling overburdened and emotionally drained (see section 1.2) thus lowering the quality of services rendered to young people misusing crystal meth as highlighted in section 2.4.4 which focuses on the effect of young people's crystal meth misuse on social work service.

2.9.2.2 Mesosystem

A mesosystem is where a person's individual microsystems do not function independently but are interconnected and assert influence upon one another (Guy-Evans, 2024). Significantly, a person might be impacted by the systems that make up the microsystem both independently and in collaboration with each other. In this regard, mesosystem focuses on the connections between a person's primary environments. In this study the researcher views young people's families and social workers' supervisors or management as the mesosystems playing an important role in the social workers' environment. This is because for social workers to be effective in their intervention with young people misusing crystal meth, they need to work hand in hand with young people's families. On the other hand, supervisors play a crucial role in supporting social workers when experiencing challenges in their intervention with young people misusing crystal meth.

Nonetheless, due to the family factors such as poor parental-child bond and lack of family unity mentioned in section 2.3.1.1 social workers might encounter a lack of parental involvement and support towards the young person misusing crystal meth. In addition to the latter, section 2.3.1.4 identified high unemployment and financial

difficulties as other factors interfering with social worker's effectiveness as it reduces young people's opportunity to access social work services before and after treatment. This in turn might lead to young people's inability to start treatment or to relapse after treatment which might be discouraging to social workers.

As the researcher mentioned above that supervisors also serve as the mesosystem in the social worker's environment as they provide social workers with the necessary support so that they can be more effective in their job (Mokgadi & Maripe:2020). This may assist in raising social workers' professional awareness, improve their morale and motivation to deliver insightful services to young people misusing crystal meth in a most effective way possible (Tsima & Ncube, 2023).

2.9.2.3 Exosystem

The exosystem relates to the larger formal and informal social structures that the individual does not participate in directly, but that still have an impact on the individual's life, wellbeing and development (Sadownik, 2023). This system indicates a broader level that indirectly influences social workers' interaction at the micro and meso levels (Singh & Azman, 2022). The crucial role of collaboration between social workers and the internal and external stakeholders in emphasised in section 2.4.4 of this chapter. For the purpose of this study, the exosystem refers to the relevant stakeholders involved in the fight against crystal meth misuse such as schools, SAPS and communities at large. The preceding section focused on crystal meth misuse among young people in South Africa highlighted the high influx of crystal meth misuse among young people's in SA's high schools (see section 2.2.3). Hence, it is suggested in the same section to introduce school social workers dealing specifically with substance cases and to improve prevention and early intervention services.

Also mentioned above is the easy access and availability of crystal meth substance within the communities which makes it difficult for social workers to meet the demand for social work services due to shortage of social workers (see section 2.4.4), thus calling for extensive integration of services among different stakeholders.

2.9.2.4 Macrosystem

The macrosystem is defined as the overall culture and societal structure that creates a pattern of interaction between micro-, messo- and exosystems (Crawford; 2020). For

an example, neighbourhood social factors have a significant impact on the risk of crystal meth misuse since they establish social norms, impose social control patterns and alter physiological and physiological stress responses (UNODC, 2018c). The macrosystem in this study focuses on the norms and rituals of the society which includes stigma from the community against crystal meth misuse which leads to young people's lack of confidence to seek assistance. Hence, it is important for social workers to educate and raise awareness in the communities to reduce stigmatisation (see section 2.4.4). This means, social workers must be knowledgeable about the vulnerable groups including young people in the society, as well as the main and secondary resources both outside and inside their immediate community that may be able to ease their substance suffering (Ebue, Uche & Agah, 2017).

This system also focuses on the laws and regulations that guide social worker's intervention with young people misusing crystal meth such as the NDMP, the Prevention of and Treatment for Substance Abuse Act 70 of 2008 and the Drug and Drug Trafficking Act of 1992 as stipulated in Chapter one, section 1.3 under problem statement. The researcher also views the laws guiding the funding processes as the macro system impacting on social worker's intervention with young people misusing crystal meth. This is because lack of funding plays a role in decreasing chances of establishing more treatment centres to accommodate the observed increasing number of young people misusing crystal meth. This is line with Ndou and Khoza (2023)'s emphasis of poor balance between demand for treatment and admission space due to the limited number of inpatient treatment centres which is the biggest reason for young people's relapse.

Poor funding is again the reason social workers have limited resources useful in their intervention with young people misusing crystal meth e.g. car allocation, office space and training allocation to increase knowledge and practical skills needed for social workers to be effective in their intervention with young people misusing crystal meth (see Chapter one, section 1.2.).

2.10 Summary of the chapter

This chapter presented an overview of the nature of crystal meth misuse among young people by means of a literature review. This included the discussion on crystal meth misuse as a global issue, crystal meth misuse in Africa and crystal meth misuse in

South Africa. The chapter paid attention to the causes and effects of crystal meth misuse among young people, their families and communities. The impact of crystal meth misuse on social workers, social work level of interventions, social work helping process and the role of social workers in young people misusing crystal meth as described. This involved the discussion on the policy and legislation framework used in regard to crystal meth misuse in SA. Furthermore, the ecological systems theory was discussed as a theory guiding the study.

Chapter three describes the application of the research methodology.

3. CHAPTER 3: APPLICATION OF THE RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents a detailed practical unfolding and an in-depth discussion of the research methodology employed in the study. It attends to the qualitative research approach and design used to explore and describe the experiences of social workers rendering services to young people misusing crystal meth. The chapter continues to discuss the research methods, how the researcher prepared for data collection, as well as the methods used to collect data. The interview skills used during data collection, the pilot testing and the role of the researcher are also clarified. The steps used to analyse the data and ensure the rigour and trustworthiness of the study are discussed and the ethical principles applied in the study are explained. As with the other chapters, this chapter is concluded with a summary, which includes the key points covered in the chapter.

3.2 Research methodology

Research methodology is the science of studying how scientific research is carried out (Patel & Patel, 2019). In the research methodology, the different approaches used by the researcher to investigate the research topic and the justification behind them are observed (Swarooprani, 2022). The research methodology used in the study was employed for the following purposes as explained by Khan, Raman, Sambamoorthy and Prashanth (2023):

- **Guiding the research process:** The research methodology guided the researcher in the study with every step of the research process, from formulating the research question and objectives, to collecting, analysing, and interpreting the data collected from social workers rendering services to young people misusing crystal meth.
- **Selecting appropriate methods and tools:** It assisted the researcher with choosing the appropriate research methods and approaches for conducting a qualitative study. As a result, qualitative research allowed for a deeper understanding of the phenomenon studied, by gathering detailed insights and experiences from participants.
- **Ensuring research validity and reliability:** It enhanced the validity and reliability of the study findings. This was achieved through the application of

appropriate methods for data collection, data analysis techniques and sampling procedures.

- **Addressing ethical considerations**: It placed a strong focus on the application of ethical principles, which guided the researcher in conducting the study with the participants. The researcher applied the principles of informed consent, confidentiality, beneficence and debriefing of participants. Applying these principles ensured participant safety, privacy, and data integrity throughout the study.

3.3 The research approach

According to Taherdoost (2020) research can be categorised into three approaches namely the qualitative, quantitative and mixed methods approaches. Figure 3.1 outlines the different approaches categorised according to their characteristics.

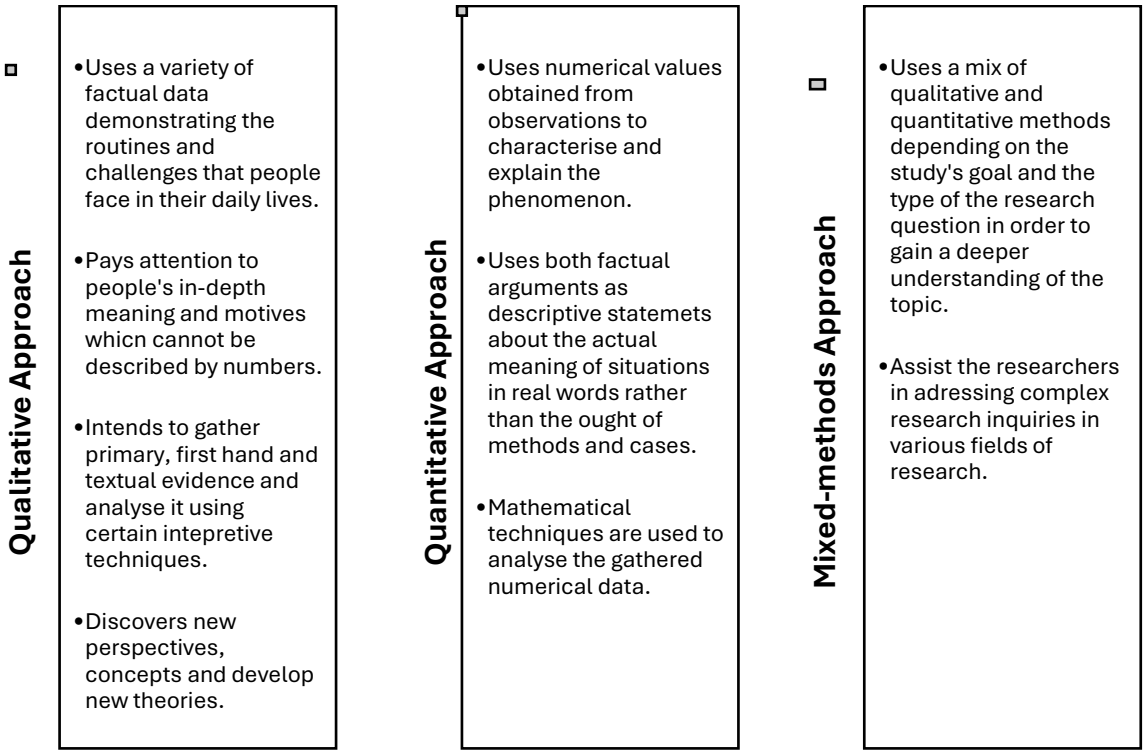

Figure 3.1 Summary of different research approaches (Taherdoost, 2020)

In this study the researcher employed a qualitative research approach and the rationale for the selection of this approach is discussed below.

3.4 Rationale for the selection of a qualitative research approach

According to Cresswell and Cresswell (2018), research approaches are plans and procedures for the research study that include the stages from the broad hypothesis to specific techniques of data collection, analysis and interpretation., For the purpose of this study, the research approach is described as the framework that guided the researcher to answer the research question about the experiences of social workers rendering services to young people misusing crystal meth, using the qualitative methods to collect data and thematic analyses to analyse the findings of the collected data. Therefore, for the researcher to gather an in-depth understanding of the social workers' experiences and achieve the purpose of this study, a qualitative research approach was employed. The researcher's rationale for choosing this approach is that it is based on the social workers' own experiences as agents of meaning-making in their everyday lives of rendering services to young people misusing crystal meth (Ugwu & Eze, 2023).

Another reason for the researcher's choice of this approach is that, it is flexible and spontaneous (allowing the interview questions to be adjusted when the need arises), does not entail a large study sample, offers the researcher an opportunity to meet and discuss matters with the participants, allows for gathering and understanding of non-verbal cues (such as smiles, frowns and tears) and provides the researcher a chance to ask questions and obtain a deeper understanding of phenomena under investigation (Oranga & Matere: 2023). Through this approach the researcher was able to gather a detailed description of the experiences of social workers rendering services to young people misusing crystal meth.

The researcher wanted to obtain an in-depth understanding of the professional behaviour, experiences, emotions, and social contexts of social workers rendering services to young people misusing crystal meth. Due to its nature and characteristics, qualitative research provides a deeper understanding of the human experiences of the participants involved in the matter being researched. Accordingly, the researcher took the following characteristics of qualitative research described by Cresswell and Poth (2023) into consideration:

- **Natural setting:** The researcher conducted the study within the participants' working environment in which they render services to young people misusing crystal meth. The setting of the study included the Ekurhuleni Municipality's DSD offices, namely the Germiston, Boksburg, Benoni and Kempton Park service points. By conducting the study at the social workers' workplaces, the researcher was able to gain a comprehensive understanding of the social workers' needs, experiences and challenges encountered when rendering services to young people misusing crystal meth substance.
- **Researcher as a key instrument:** Using the qualitative research approach allowed the researcher to be the main data collection instrument, by visiting the above offices and personally conducting the interviews. This allowed the researcher to explore the topic comprehensively by collecting in-depth data through face-to-face interviews with social workers, observing participants and interpreting the data.
- **Multiple methods**: The researcher did not only rely on a single method of collecting information from the social workers but also used multiple methods such as observations and audio recordings, which were later transcribed, analysed and interpreted in an exact manner as narrated by the participants.
- **Participants' multiple perspectives and meanings:** Participants' unique views and interpretations of their experiences were gathered in an exact manner interpreted without being influenced by the researchers' biases and judgements.
- **Context-dependent:** Conducting the study within the setting where the participants rendered their professional services, provided the researcher with a clear understanding of the influence their working environment has on the social workers' experiences. This means that collecting data within the selected DSD offices allowed the researcher access to gather information and obtain insight on the organisational culture and social factors that have an impact on the social workers' everyday experiences.
- **Emergent design:** In conducing the interviews, the researcher remained flexible and open to adjust to any unforeseen changes that occurred during data collection. For this reason, after conducting pilot testing, the researcher had to adapt her interview technique and add two more biographical questions on the interview guide (see section 3.10. under pilot testing).

- **Reflexivity:** The researcher kept in mind her position as a researcher in the study and by means of the process of critical self-reflection ensured that she understood her beliefs and influences while collecting, analysing and interpreting the data. Through the continuous practise of reflexivity in the form of self-criticism and awareness, the credibility and trustworthiness of the study were improved.
- **Complex account:** The researcher constructed a complex picture of the experiences of social workers rendering services to young people misusing crystal meth. This was achieved by reporting different perspectives narrated by social workers, identifying various aspects involved in the situation and drawing the overall conclusion of data that emerged from the findings.

3.5 Research design

A research design is described as a comprehensive framework that outlines the whole research study plan (Ansari, Rahim, Bhoje & Bhosale, 2022). The research design is determined by the choices that the researcher makes about what, where, when, how much and how to conduct the study (Thakur, 2021). Oranga and Matere (2023) identified the five main qualitative designs namely, the case study research, ethnographic design, phenomenological design, grounded research and narrative designs, which are summarised in Table 3.1.

Table 3.1 Types of research design

Types of research design	Description of the research design
Case study research	• It pinpoints the comprehensive and meaningful aspects of real-life events (Chowdhury & Shil, 2021). • It is viewed as an effective approach to investigate complicated issues in practical situations (Patnaik & Pandey, 2019).
Ethnographical research design	• Involves gathering observational data from a certain cultural group in their natural environment for a specific period of time (Adeniran & Tayo-Ladega, 2024).

	• Its goal is to observe a situation which is unique, original and natural (Sharma & Sarkar, 2019).
Phenomenological design	• Is a qualitative approach that aims to describe the participants' lived experiences about a phenomenon as narrated by the participants (Asenahabi, 2019). • It uses perception to find meaning and can be achieved through narrative sharing (Adeniran & Tayo-Ladega, 2024).
Grounded research	• It is an abductive method that uses actual facts gathered in the field to generate theory (Babshuk & Boswell, 2022). • Enables the development of ideas that are firmly grounded in the perspectives and experiences of the people under investigation (Toyon, 2023).
Narrative design	• Is a qualitative research technique used to comprehend how people create narratives from their personal experiences (McLeod, 2024a). • It uses story analyses and elicitation to gain an understand of individuals, cultures and societies (Wolgemuth & Agosto, 2019.

Developing a research design for this study has assisted the researcher to arrange ideas into a shape that allowed for the identification of faults and shortages (Akhtar, 2016:). For the purpose of this study, the researcher identified the phenomenological design backed by exploratory, descriptive, and contextual research designs. The phenomenological design was appropriate to carry out the study in that it aims at describing the phenomenon, such as emotions, thoughts and actions of human beings (Umanailo, 2019). Phenomenological research designs are used in studies that seek to understand people's experiences and interpretation of a particular phenomenon (Pathak, 2017). In choosing this design, the researcher considered the following advantages of applying the phenomenological research design as explained by Ugwu and Eze (2023:23):

- The goal is to provide an accurate description of the structure of the phenomenon - by employing the phenomenological research design, the

researcher was able to accomplish the goal of providing a full description of the social worker's experiences encountered when rendering services to young people misusing the crystal meth.

- The aim is to understand the significance of a certain experience for a group of individuals and their feelings about it. Through the full description of the social workers' experiences, the researcher was able to gather a thorough understanding of the social workers concerned's feelings and meaning making about their everyday experiences.
- In applying the phenomenological research design researchers set aside their assumptions and expectations in order to focus primarily on the here and now –the present moment - when collecting data from the participants. In this research the researcher ensured that she put aside her assumptions and biases by means of reflexivity and focused only on the information that was narrated by the participants.
- Phenomenological research requires the researcher to firstly provide an unbiased view of the lived experiences concerned, prior to considering how well the experiences correspond with the pre-existing theory. In doing so, the researcher firstly presented the objective description of the participating social workers' lived experiences as narrated during data collection, before considering how well the participants' descriptions aligned with the existing theories on the experiences of social workers rendering services to young people misusing crystal meth.

For the researcher to develop an in-depth understanding of the social workers' experiences when rendering services to young people misusing crystal meth, the phenomenological research design is supported by exploratory, descriptive and contextual research designs entailing the following:

3.5.1. Exploratory research design

An exploratory research design is a theory-based design where the researcher's main goal is to explore the issue under investigation (Thakur, 2021). This research design focuses on studying what is happening, posing questions, gaining a new understanding, assessing phenomena in a new light as well as developing ideas for future research about it (Al-Ababneh, 2020). Although addressing a fertile area of

research, this study about the experiences of social workers rendering services to young people misusing the crystal meth was undertaken to address a literature gap identified about it (Sakyi, Musona & Mweshi, 2020). Since the researcher recognised the need to learn more about the social workers' experiences and to gather an in-depth understanding of the phenomenon, the exploratory research design was found suitable for the study. To complete the exploratory part of the study, explorative face-to-face interviews assisted by an interview guide with open-ended questions were conducted with the participants.

3.5.2 Descriptive research design

A descriptive research design refers to the "what" question, as the initial stage towards explanation (Imbeau, Tomkinson & Malki, 2021). In a descriptive research design, a researcher is concerned with providing a description of the situation or case under investigation (Khanday & Khanam, 2019). Thus, a descriptive research design aims at gathering information to systematically describe an object, situation or population (Ansari, Rahim, Bhoje & Bhosale, 2022). This design is employed when the research question aims to provide a detailed description of a particular experience and when the researcher wants to describe the participants' views and emotions in their own words (Toyon, 2023). Applying a descriptive research design in this study allowed the participants the opportunity to describe their experiences and thoughts in relation to the topic under investigation. As a result, the researcher was able to answer the research question by describing the experiences of social workers rendering services to young people misusing the crystal meth after processing the data obtained from the participants.

3.5.3 Contextual research design

Many phenomena are greatly affected by their context (Bunkar, Chauhan, Verma & Sirilakshmi, 2024). For this reason, Duda, Warburton and Black (2020) explicated that the contextual research design includes interviewing and observing research participants while they are performing their duties at work. In this regard, qualitative researchers consider the natural context in which individuals or groups function to gain a thorough understanding of real-world problems and ensure that the findings of the research project are meaningful, trustworthy, generalisable, confirmable and replicable (Korstjens & Moser, 2017; Shehadeh, 2020). Through the application of this

research design, the researcher was able to collect qualitative data within the working environment of social workers rendering services to young people misusing crystal meth which is the four selected offices in Ekurhuleni Municipality. This design also enabled the researcher to choose the suitable study population, sampling methods, sampling techniques and method of data collection.

3.6 Research methods

According to Sakyi, Musona & Mweshi (2020), research methods focuses on data collection tools like the interviews, questionnaires, and focus group discussions. Thus, the section focuses on the research methods the researcher applied to prepare, collect and analyse data on the experiences of social workers rendering services to young people misusing crystal meth.

3.6.1 Study setting

The study setting includes the geographic location and type of setting where the research interviews will take place (Phillippi & Lauderdale, 2017). The study setting's nature, context, atmosphere and logistics may have an impact on the methodology used in the study (Majid, 2018). To explain this further, Billups (2022) emphasised that research is better carried out in a natural setting that is native to the participants, rather than in a controlled environment that may be designed to lessen bias or unrelated factors.

This research was undertaken at DSD service points in the City of Ekurhuleni Metropolitan Municipality (COEMM) in which substance treatment services are rendered. Ekurhuleni is situated in the east of Johannesburg and "Ekurhuleni" is a Tsonga word meaning "Place of Peace". The DSD has six service points in Ekurhuleni, namely, the Germiston, Kempton Park, Benoni, Nigel, Boksburg and Springs. However, only four service points formed part of the study, namely the Germiston, Boksburg, Benoni and Kempton Park service points. Also referred to as the East Rand Region, the Ekurhuleni Municipality also includes O.R. Tambo International Airport and is regarded as a crucial industrial hub (Provincial Profiles, 2025). The chosen setting was cost-effective and easily accessible for the researcher since the researcher works and resides in the same municipality.

The location of the six service points are shown in Figure 3.2.

Figure 3.2 Map of the City of Ekurhuleni Metropolitan Municipality (COEMM) [Adapted from Ekurhuleni Metropolitan Municipality. n.d.]

3.6.2 Study population

The study or research population is described as a grouping or collection of all the units on which the findings of the research are to be used (Shukla, 2020). Putting it differently, Willie (2024) refers to the population as a bigger group with comparable characteristics within a specific context. For the purpose of the study, the study population consisted of all the social workers employed by the Gauteng DSD in Ekurhuleni Municipality who are rendering services to young people misusing crystal meth. The reason for the researcher's choice of the population was that social workers are key service providers to young people misusing crystal meth substances, they are knowledgeable about the phenomenon under study, and therefore, they are suitable to provide information to answer the research question through exploration and description of the experiences they encounter in the field. In this study, a sample of the study population was used, since it would be expensive and time-consuming to use the whole population of study (Makwana, Engineer, Dabhi & Chudasama, 2023).

Consequently, a sample was drawn from the population of social workers rendering services to young people misusing crystal meth substance within the Ekurhuleni Municipality of Gauteng Province. Eventually, 14 social workers who met the inclusion criteria provided the researcher with an in-depth understanding of their experiences

encountered when rendering services to young people misusing crystal meth substance.

3.6.3 Sampling

Sampling in research is referred to as the process of choosing a sample of a population from an individual person or a big group for a certain kind of research goal (Makwana et al., 2023). In the same vain, Singh (2019) describes sampling as a the method that involves selection of the portion or sample for the study in order to draw conclusions about the population or the universe. Accordingly, there are two main types of sampling techniques, namely probability (random) sampling and non-probability (purposive) sampling (Toyon, 2023). Probability or random sampling refers to the sampling method that gives every unit of the population an equal chance of being selected in a sample (Shukla, 2020). Nonprobability or purposive sampling on the other hand is used when there is no equal chance to choose the research participants in the study when participants are selected based on specific aspects or characteristics (Rahman, 2023).

In this study, the researcher employed non-probability sampling to select social workers rendering services to young people misusing crystal meth in four service points of the Ekurhuleni Municipality to participate in the study. Rahi (2017) describes purposive sampling as a process where the researcher's own judgement is applied to choose a group of people who have knowledge about the problem being researched. During this process, researchers take into consideration the inclusion and exclusion of specific criteria for selecting participants in the study. The inclusion criteria describe potential study participants who can best respond to the research topic (Capili, 2021).

In this study, the inclusion criteria applied to social workers selected who were:

- Employed by the Gauteng Department of Social Development in the Ekurhuleni Municipality.
- Registered with the South African Council for Social Service Professions (SACSSP).
- Had two or more years of experience working with young people misusing crystal meth.
- Willing to participate in the study through signing of consent forms.

Exclusion criteria describing features of persons that match the inclusion criteria but present with extra features that might hinder the success of the research (Patino & Ferreira, 2018) were also taken into consideration. In this regard, exclusion criteria consisted of social workers:

- Employed by the DSD, who were not rendering services to young people misusing the crystal meth.
- With less than two years of experience working with young people misusing crystal meth,
- Who did not give consent to participate in the study

A total of 14 participants meeting the inclusion criteria, eventually formed the sample for the study. Participants consisted of both males and females of all ages from different ethnic groups. The English language was used to collect data from social workers as it was the language they used in their University studies.

To prevent unnecessary influence and possible bias on the part of the researcher, social workers who worked at the same office as the researcher were completely excluded in the study. Therefore, despite the fact that the researcher is also employed by DSD, there was no conflict of interest in that the researcher was not directly involved with any of the participants

Before the researcher could begin with the study, to acquire the necessary ethical clearance, a research proposal had to be compiled and submitted to the university. According to Srivastava (2020) the research proposal needs to be sent to the relevant research ethics committee for review, feedback and approval before the study begins. Accordingly, the researcher obtained approval and ethical clearance from the College of Human Sciences-CREC at the University of South Africa (UNISA). Ethical clearer reference number 1612 was allocated to the submission before the researcher could commence with the sampling process.

To gain access to the study area, the service points of the DSD in Ekurhuleni Municipality, the researcher needed to first acquire consent from the DSD to undertake

the research by involving the DSD social workers. To achieve this, the researcher sent an email to the Gauteng Head of Department (HOD) of the DSD to request permission to conduct the study with the social workers within the Department (see Appendix 3). Permission was granted by letter to the researcher allowing her to conduct the study with the DSD social workers in Ekurhuleni municipality.

Cooperation from the gatekeepers concerned (Creswell & Creswell, 2018) was necessary to obtain access to the possible participants.. This is in line with the view of Grundelova, Broskevicova and Kowolova (2025) that during the research process, researchers frequently have to rely on gatekeepers to obtain access to the study population. A gatekeeper is described by Singh and Wassenaar (2016) as a person in charge of granting access to a facility or an organisation.

After obtaining permission to undertake the research at the DSD, the researcher was provided with the contact details of the Ekurhuleni Regional Director who was the main gatekeeper in the study. The researcher emailed the approval granted by the HOD together with the participant information sheet (Appendix 4) to the Regional Director. This was followed by a telephonic contact with the director's office explaining the purpose of the study, the risks and the benefits of the study. Consequently, the researcher was linked with the supervisors of social workers rendering services to young people misusing crystal meth in the region.

The researcher engaged with the supervisors through email, telephonic contact and face-to-face meetings to introduce the study and its purpose. As a result, lists of names and contact details of possible participants were provided to the researcher by the supervisors who acted as direct gatekeepers. The researcher then sent individual emails to the respective social workers requesting their voluntary participation in the study. The researcher also arranged meeting the possible participants to introduce herself and provide them with clarity on the purpose of the study, the risks involved as well as the benefits of the study so that they could decide whether to partake in the study or not. This is supported by Manandhar and Joshi (2020) elucidating that respect for persons necessitates giving possible research participants freedom to decide whether or not to participate in the study.

3.6.4 Sample size

It is difficult to generalise the study if a proper sample size is not ensured (Rahman, 2023). According to Carg, Dhill, Kalluri and Agrawal (2024), sample size determination is the process of choosing the right number of participants for inclusion in a research project. In this regard, selecting the appropriate sample size is crucial for the researcher to draw valid conclusions from the study's findings (Memon, Ting, Cheah, Thurasamy, Chuah et al., 2020). It is noted that over-sampling and under-sampling waste research funds and participants' time (Sarfo, Debrah, Gbordzoe & Afful, 2021). In qualitative research sample size is not determined prior to the commencement of the research, but during the data collection process by the principle of data saturation. This principle is explained by Hennink & Kaiser (2022) as the moment during data collection when the researcher observes that no new problems or insights are found and when data starts to repeat itself. At this point, no further interviews are conducted. In this research, after the researcher with the consultation of the supervisor observed that there was no more new information reported on the participants' experiences when rendering services to young people misusing crystal, no further interviews were conducted. Hence, data saturation was reached after the researcher interviewed the fourteenth participant and interviews were terminated.

3.7 Preparation for data collection

Data collection is the process of gathering data with the intention of gaining an understanding of the research topic Taherdoost (2021). For the purpose of this study, the researcher collected data on the experiences of social workers rendering services to young people misusing crystal meth from a sample of social workers rendering services to young people misusing crystal meth. Prior to commencing with data collection and in preparation for it, the researcher had to consult with experienced researchers and read up on the literature about the research processes, conduct information sessions with the participants to ensure they understood the entire process and obtain an understanding of their expectations. In this instance, the researcher prepared a data collection tool (Appendix 6) in the form of an interview guide with open-ended questions aimed at finding answers to the research question. After obtaining permission for the undertaking of the research from the university and the DSD, the researcher had to prepare the participants for their participation and

contribution by sending them emails with the information sheet and requesting their permission to participate in the study. Preparative discussions then took place with the prospective participants to inform them of the study's purpose, possible risks and the interviews to be conducted with them. They were also informed of their right to withdraw from the study at any time should they so wish.

As part of their preparation, the prospective participants were given sufficient time to review the information sheet, and the informed consent form (Appendix 5) provided to participants who indicated their willingness to participate in the study. According to Manti and Licari (2018) the informed consent form must be prepared in a language that is easily understood by the participants, it must reduce the likelihood of coercion or undue influence, and the participants must be given enough time to think about their participation. In this process the researcher also obtained permission from the participants for the interviews to be recorded. After the participants had signed the consent forms and returned them to the researcher, telephone calls were made and emails were sent to secure appointments with the participants on dates and at times that suited them. The researcher subsequently visited them and conducted face-to-face interviews with the participants at their offices. In this regard, face-to-face interactions allow participants to provide their perspectives in the same setting where they experience the phenomenon under research and where it is familiar enough to offset any feelings of isolation or conflict (Billups, 2022).

To be prepared for the direct contact with the participants, the researcher attended to her personal professional appearance. The necessary stationery material in the form of a notebook and pen and the required technical equipment (laptop and phone for recording) were checked to be operational and set aside.

3.8 Method of data collection

Different types of data correspond to different methods of data collection. Qualitative data collection methods include making observations, reviewing documents and conducting in-depth interviews (Taherdoost, 2020). Qualitative data are collected to answer "how" and "why" questions with the aim to understand research phenomena associated with feelings, perceptions and emotions (Karunarathna, Bandara & Jayawardana; 2024). In this study the researcher employed individual face-to-face

semi-structured interviews with an aid of an interview guide with open-ended questions as the key method of data collection. Additionally, making observations and field notes were found suitable supplementary methods to collect data on for this research. The data collection methods are portrayed in Figure 3.3. and described thereafter:

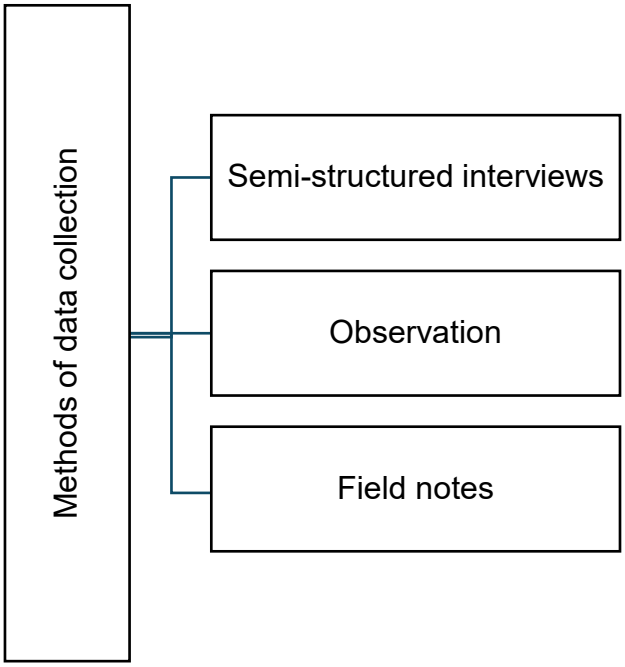

Figure 3.3 Methods of data collection

3.8.1 Semi-structured interviews

Semi-structured interviews are formal and follow a set of guidelines prepared beforehand (Taherdoost, 2020). According to Islam and Aldaihani (2022), the aim of the semi-structured interview is to explore the experiences, viewpoints, thoughts, beliefs, or motivations of individuals regarding certain topics. Semi structured interviews are often conducted in a face-to-face setting, allowing the researcher to gain more insight, ask questions and examine the phenomenon from many points of view (Sileyew, 2019). Taking this definition into account, the researcher used open-ended questions in which the participants provided detailed information on their everyday experiences allowing the researcher to gain an in-depth knowledge and understanding of their perceptions of their service rendering to young people misusing the crystal meth substance. Additionally, semi-structured interviews combine aspects of both structured and unstructured interviews and provided the researcher with freedom to make adjustments, although they might adhere to a general plan and set

of questions (Ugwu & Eze, 2023). Given the topic of the study, the researcher employed semi-structured interviews using a set of open-ended questions from the interview guide referred to, as the data collection tool (Appendix 6). The data collection tool consisted of a list questions about the biographical details of the participants and a list with the topical questions consisting of the open-ended questions aiming to explore the experiences of the social workers. The majority of studies often target a wide range of demographic characteristics such as age, race and education to test if potential participants qualify for the eligibility criteria so that they represent the experiences of the broader community (Pascale, Lineback, Bates & Beaty, 2022).

The use of biographical questions asked in this research assisted the researcher in selecting participants limited to social workers employed within Ekurhuleni Municipality, over the age of 18 years, from any gender, racial and ethnic group and who have two or more years of experience working with young people misusing crystal meth. After the pilot testing the list of biographical questions to the social workers rendering services to young people misusing crystal meth consisted of the following questions:

• How old are you?
• Which ethnic group do you belong to?
• What is your racial group?
• Which gender do you associate yourself with?
• At which service point of the DSD, within Ekurhuleni, are you employed?
• How long have you been rendering services to young people misusing crystal meth within DSD?
• Do you have additional social work experience prior to being employed by DSD Ekurhuleni
• What is your highest social work qualification?

It was noted that researchers have a choice to include a list of main questions that are directly linked to the research question in their interview guide, along with possible follow-up questions and probes, or merely an outline of topics or themes to be covered during the interview (Roberts, 2020). Thus, in this study the main questions that assisted the researcher to obtain information to answer the research question covered

the description of the experiences and challenges of social workers as well as their suggestions for improved social work practice. The main topical questions for social workers rendering services to young people misusing crystal meth were posed as follows:

• Tell me more about the intervention process in rendering services to young people misusing crystal meth.
• Explain to me your experience of rendering services to young people misusing crystal meth?
• Describe your challenges in rendering services to young people misusing crystal meth?
• What suggestions do you have to address the challenges and ensure effectiveness in rendering services to young people misusing crystal meth?
• Based on your experience, what things would you wish should be changed regarding the rendering of services to young people misusing crystal meth?

3.8.2 Observation

Researchers can collect data by using the observation method which involves keeping an eye on people, events or taking note of physical characteristics as they appear (Ugwu & Eze, 2023). Through this data collection method researchers observe, assess, draw conclusions and make comments on relationships and interactions (Cielsielska, Bostrom & Ohlander, 2018). In this study, although not observing the participants' contact with clients, the researcher used observation to collect information by observing participants' general conduct in their work-places, the naturalistic situations where the social worker's experiences usually take place (Satapathy, 2023). Since the interviews were conducted within the working environment of the social workers, the researcher could observe the participants' conduct and everyday experiences in their work-places.

3.8.3 Field notes

Field notes need less theory and more practice by being taken in the field and is aimed at observing, taking notes, reflecting and registering emotional responses (Pacheko-

Vega, 2019). Therefore, taking qualitative research field notes are widely advised as a way to record needed contextual information (Phillippi & Lauderdale, 2018). Field notes include detailed descriptions of the study background, interactions, interviews and focus group conduct (Phillipi & Lauderdale, 2017). As the researcher was interviewing and exploring social workers' experiences, a notebook and a pen was handy to record additional information about the information shared. Through observation, the researcher was also able to record the social workers' emotions and actions as they were expressing their views on the topic.

3.9 Interview skills employed in the study

During the process of data collection, the researcher used specific interview skills such as building rapport, active listening and probing to gather a thorough understanding of social workers' experiences when rendering services to young people misusing crystal meth and these are explained below.

3.9.1 Building rapport

Rapport building promotes mutual trust, understanding, and respect between researchers and participants, enabling them to openly share personal information, perspectives, and experiences (Kumar & Negi, 2023). Rapport building is believed to be necessary for an unrestricted flow of information in interview situations and is a requirement for obtaining rich interview data (Schmid, Garrels & Skaland, 2024). In this regard, the researcher ensured building positive relationships with the participants to boost mutual trust between the researcher and the participants. This assisted in promoting honest and accurate responses from participants and enabling a free flow of information between the researcher and the participants (Morris, Hodgkin & Beauchamp, 2025). To ensure an honest response, completeness, data accuracy, and an unbiased, verbatim record of the interviews, the researcher requested participants' permission to use an audio recorder as her alternative tool to collect data. The researcher also employed active listening and probing as other essential skills necessary to establish effective rapport with the participants.

3.9.2 Active listening

Active listening provides clear signs to ensure that the researcher's goals are prioritised during the interview and also encourage opportunities for mutual understanding through construction of meaning (Louw, Watson & Jirmakon, 2018). This means that active listening requires researchers to try to comprehend the participant's interpretation of their experience without allowing their own interpretative structures to interfere with their comprehension of the participant (Tustonja, Stipic, Skoko, Culjak & Vegar, 2023). For the researcher to apply effective listening and gather a detailed understanding of the social worker's experiences, the researcher ensured that full attention was given to what was said by the participants, asked questions where clarity was needed and probed to ensure common interpretation of the experiences. The need for active listening is stressed by Ismatovna (2020) stating that when researchers engage in active listening, they will comprehend and get the important details since there is less chance of missing any crucial information.

3.9.3 Probing

The researcher also used the skill of probing to obtain in-depth information from the participants as they narrated their everyday experiences when rendering services to young people misusing the crystal meth substance. Probing includes statements and questions from the researcher that allow the participants to explore more fully any significant issue of their lived experiences (Kabir, 2017). Therefore, probing is a necessary skill that the researcher employs during the interviews to obtain in-depth information from the participants (Robinson, 2023). Through the use of this skill, participants were able to explore and describe the experiences they encounter when rendering services to young people misusing crystal meth in detail. This was achieved as the researcher reflected back on what was said and asked for clarification where something was unclear, thus, allowing the participants to further elaborate or explain their answers in a manner that was clearly understood by the researcher. This also made participants feel that their views and contribution to the study were validated and valued.

3.10 Pilot testing

Pilot testing is considered the initial step towards identifying potential issues before a project is completely executed (Renuse, 2024). Accordingly, pilot testing is essential for ensuring validity and reliability, minimising bias, and psychologically preparing researchers for data collection (Tate, Beauregard, Peter & Marotta, 2021). Hence, before the researcher could begin with the actual data collection process, the interview guide and the researcher's application of the interviewing skills in a research context, were pilot tested. The researcher's aim with conducting a pilot test was to identify any need for adaptations to the interview guide and in the method of conducting the interviews. For this purpose, the researcher first conducted interviews with two social workers who met all the inclusion criteria of the study and honest feedback was requested from them with regard to the data collection tool employed in the study.

During pilot testing, the same research processes were followed, such as ensuring that the two identified participants understood the purpose of the study, were aware of the voluntary participation, as well as signing consent forms as their permission to partake in pilot testing of the study. However, these participants were not included in the main study, hence the information obtained from them were not considered during data analyses. Through the self-evaluation done after the pilot testing, the researcher gained the knowledge to streamline the interviewing process. For instance, the researcher had to modify her interview style and concentrate on asking one question at a time instead of asking several questions in one sentence. The piloting further led to the researcher adjusting the initial interview guide by adding the following questions under biographical information:

- Do you have additional social work experience prior to being employed by DSD Ekurhuleni?
- What is your highest social work qualification?

3.11 Role of the researcher

In qualitative research, the researcher's primary role is to serve as the primary tool for data collection and analyses (Adeniran & Tayo-Ladega, 2024). As already explained, qualitative researchers are expected to engage in reflexivity whereby they analyse their own positionalities or social locations, as well as how their own biases or

preferences influence how, where and with whom they conduct research (Thurairajah, 2019). In other words, while playing the role of interviewer, researchers should assess how well they can allow others to express opinions that they disagree with without actually compromising their own beliefs (Collins & Stockton, 2022). In this study, the researcher's role as a researcher was clarified with the participants and the researcher's motive for conducting the study was emphasised. The researcher had to remain fair and unbiased during data collection and the analysis process, without exercising any influence on the participants' responses. Hence, the participants' consent to participate in the study was given freely and voluntarily.

3.12 Data analysis method

Data analysis is described by Taherdoost (2020) as the process of turning the collected data into meaningful information. Qualitative data analysis is described as the classification and interpretation of linguistic (or visual) content to draw conclusions about implicit and explicit dimensions and patterns of meaning-making as well as what is conveyed in it (Dawit, 2020). Since the researcher was given permission by the participants to audio record the interviews, the researcher transcribed the audio-recorded and semi-structured interviews to gather an in-depth understanding of the social workers' experiences when rendering services to young people misusing crystal meth. To ensure that the study's findings were effectively coded and interpreted, the researcher opted to use the services of an independent coder. The collected data were analysed using Tech's steps for qualitative data analysis sited from Cresswell and Cresswell (2018) which were applied as follows:

- *Step 1: Organise and prepare the data for analysis* – data preparation is the process of arranging and modifying data before it is analysed (Abdallah & Webb, 2017). During this step, the researcher collected and brought together all the information gathered during the interviews conducted with the social workers and these included the 14 transcripts, audio recording and observational field notes.
- *Step 2: Read or look at all the data* – after preparing and organising the data, the researcher started to read all the collected data from the 14 transcripts one by one to fully understand what was said, and to clarify what it meant to the

participants. Based on that, the researcher started recording her general understanding of the data while taking into consideration her influence on its interpretation.

- *Step 3: Start coding all of the data* - Coding refers to the process of allocating numbers or other symbols to answers in order to classify them into a restricted number of categories (Dawit, 2020). Even though the researcher has coded the data independently, a consideration was made to acquire services of an independent coder who also analysed the collected data to ensure the study's validity and trustworthiness. Thus, after reading all the available data and establishing its meaning, it was coded and categorised by separating it according to similarities and differences. During this process, both the researcher and the coder ensured that all the transcribed data appeared during the data analysis and that no information was left out.
- *Step 4: Use the coding process to generate a description of the setting or people as well as categories and themes for analyses* – Themes represent repeated meaningful patterns of significance that are directly related to the research question and are generated from the codes (Ahmed, Mohammed, Nashwan & Ibrahim, 2025). From the coding, the researcher developed a list of themes, subthemes and categories that were used as headings in the analyses of findings.
- *Step 5: Advance how the description and themes will be presented in the qualitative narrative* – after both the researcher and the coder have completed their individual analyses, a consensus session which also included the supervisor was held. During the session the developed themes were compared and analysed and therefore a consensus was reached on how the themes would be presented.
- *Step 6: Making an interpretation in qualitative research* – The researcher interprets the themes that have been found to create an engaging and perceptive narrative about the facts (McLeod, 2024b). During this last step of the data analysis, the researcher interpreted the study's findings about the experiences of social workers rendering services to young people misusing crystal meth. This was done by comparing the data from the participants' storylines with the existing literature, gaps were identified and based on the findings the conclusions and recommendations were made.

3.13 Ensuring rigour and trustworthiness of the study

The goal of ensuring rigour in qualitative research is to guarantee that the research design, methodology and results are explicit, public, replicable, open to criticism and free of bias (Johnson & Chauvin, 2020). Trustworthiness in qualitative research is important for determining the credibility, confirmability, dependability, and transferability of the research results (Tariq, 2025). In ensuring rigour and trustworthiness of the study, the researcher verified the data and its processing as follows by using Guba (1981)'s data verification criteria as recommended by Makri and Neely (2021):

3.13.1 Credibility:

Researchers establish credibility through prolonged engagement, consistent observation and triangulation (Ahmed, 2024). In this study, the researcher established credibility by providing adequate time for interviews, building rapport and encouraging open and honest communication with the participants. The researcher employed observation skills to ensure that the participants' verbal and nonverbal communication complement each other. As explained, the researcher utilised the services of an independent coder to assist with the data analysis and for peer review. For this purpose, the researcher also consulted the research supervisor as an expert in qualitative research. To compare and combine the themes and subthemes that emerged during data collection, a consensus discussion involving the researcher, supervisor and the independent coder was conducted.

3.13.2 Transferability

Transferability is a process of applying knowledge gathered from specific people, places, and times to others that have not been explicitly studied (Drisko, 2025). The researcher ensured that she obtained detailed descriptions of data, particularly from the social workers who were knowledgeable about the research topic, while focusing more on the study's background and methodology. This made it possible for the study and its findings to be favourably compared to research carried out in similar contexts. Furthermore, the researcher demonstrated the use of theory and methodology to

explore the experiences of social workers rendering services to young people misusing the crystal meth.

3.13.3 Dependability

Dependability refers to the ability of the results to remain constant and reliable over time and under different circumstances (Tariq, 2025). To guarantee consistency and reliability, the researcher ensured that all the methods and processes employed in the study were logical, well-documented and audited. This is in accordance with Kostjens and Moser (2017)'s statement that researchers must verify that the analytic procedure complies with the organised guidelines for a certain design. Dependability was further confirmed through the independent coding of data by the researcher and the independent coder, as well as the consensus discussion held in consultation with the supervisor.

3.13.4 Conformability

The term conformability describes objectivity or the possibility that two or more independent individuals may agree about the data accuracy, which means the potential for congruence between two or more independent people about the data's accuracy, applicability, or significance of the facts (Elo, Kaariainan, Kantse, Polkki, Utriainen & Kyngas, 2020). In this study, the researcher referred to the detailed recorded transcripts and audio recordings and ensured that the findings represented the experiences and perceptions of participants and not those of the researcher. This was achieved by the researcher engaging in reflexivity and through member checking, whereby the researcher sent all the transcripts to the participants to confirm whether their meanings were captured in the interviews or during the final analysis of the data (Grant, Longhurst & Their, 2024).

3.14 Ethical principles applied in the study

Research ethics has to do with norms, values and practices pertaining to the gathering, analyses and dissemination of scientific findings about the world (Bos, 2020). There are two major dimensions of ethics in all research, namely, procedural ethics, which usually involves seeking approval from a relevant ethics committee to undertake research involving humans and "ethics in practice", or the everyday ethical

issues that arise in the conduct of research (Islam & Samsudin, 2020). It is also clarified that research ethics is influenced by both the general trust in scientists, data protection, anonymity, and confidentiality, as well as the ability to build and maintain trust-based relationships with the participants (Zakauskas, Vveinhardt & Andriukaitiene, 2018).

The researcher applied the necessary ethical principles and measures throughout the research project to ensure the study was a success. In adherence to procedural ethics, the researcher applied for approval to conduct the study from the UNISA College Research Ethics Committee (CREC) with a research proposal and the ethical clearance was issued. Before commencing with data collection, the researcher engaged with the Head of the Gauteng DSD to request approval to collect data within the offices of the DSD, Ekurhuleni Municipality and the approval letter was issued.

In adhering to “ethics in practice”, the principles of informed consent, confidentiality, beneficence and debriefing of participants were considered and applied in the following manner:

3.14.1 Informed consent

All participants must willingly agree to engage in research without pressure from financial benefit or other coercion; thus, their agreement must include a knowledge of the research and its risks (Weinbaum, Landree, Blumenthal, Piquado & Gutierrez, 2019). Information given to the research participants should be sufficient, understandable to participants of research with decision-making capacity and the participants should willingly choose to participate (Manandhar & Joshi, 2020). The researcher ensured that information was provided to the participants with regards to issues pertaining the study through providing them with the information sheet and conducting a face-to-face information session. This ensured that that participants were well informed of the study's purpose and understood their role in the study before they could give consent to participate in the study. Thus, allowing them to understand the information and have the freedom of choice to agree on whether to participate in the research or to decline (Arifin, 2018).

No participants were influenced or pressured to partake in the study. The researcher explained the issue of voluntary participation, and this was confirmed through the signing of the consent forms preceding the data collection. The participants were informed of their right not to answer any questions they deemed uncomfortable and also understood their right to terminate participation at any given time. Consent was also required regarding the researcher's use of audio recordings to collect the information.

3.14.2 Confidentiality and anonymity

According to Bos (2020), confidentiality in research refers to the understanding between the researcher and participant that ensures that sensitive or private information will be handled carefully. Therefore, no party other than the researcher and, if applicable, the research team members should have access to the data (Mirza, Bellalem & Mirza, 2023). As participants' private information is kept confidential and protected, both the research and the participants benefit from the research process (Kang & Hwang, 2023). In ensuring privacy and confidentiality, the researcher requested secure and private offices where individual interviews were conducted with the participants. The researcher ensured that the interview date and venue were kept secret from other colleagues to ensure that participants felt comfortable and safe to partake in the study. This was to reduce the chances of stigmatisation and victimisation of participants by fellow officials or supervisors.

Confidentiality was also applied after data collection since data may be sensitive, comprising personal information and therefore need to be managed with suitable security measures (Sanjeeva, 2018). All the gathered data, including transcripts, audio recordings and notes, were kept in the researcher's lockable cabinet in the office and in a password-safe cloud in her computer to ensure confidentiality is maintained. Furthermore, participants were informed that only the researcher, the research supervisor and if necessary, the ethics committee would have access to the information.

The principle of anonymity was also applied in the study as the participants were informed that code numbers will be used during the recording and presentation of findings as a way to protect their personal identity. This is due to the reason that when

the participant's identity is kept private they are more likely to provide genuine answers to questions asked (Kang & Whang, 2023).

3.14.3 Beneficence

Researchers should prioritise the welfare of the research participants as a goal to ensure that the benefits of the research exceed the risks (Weinbaum et al., 2019). In this view, the researcher must describe the extent and likelihood of any predictable danger or discomfort that the research participants may experience including harm, deception, privacy and confidentiality (Human Research Ethics Committee, 2021). The researcher ensured that no harm would be done to the participants by remaining sensitive and empathetic when asking questions. Participants were informed that they could avoid answering questions that made them uncomfortable and withdraw their participation at any moment. Harm to participants was also prevented by remaining truthful and honest with the participants and clarifying that there would be no financial gain or remuneration for their participation in the study. However, the participants were informed that they would benefit from the knowledge and effective practice that might result from the study.

3.14.4 Debriefing of participants.

According to Verbeke, Krawczyk, Baeyens, Piasecky and Borry (2023), debriefing is essential for reducing or preventing harm to or mistreatment of participants and their relationships with research. Even though the researcher had emailed the information sheet to the participants, she saw a need to visit the participants' offices and further explain the study purpose in a face-to-face interaction to ensure that participants were well informed about the nature and content of the research before giving consent to participate in the study. In studies where the participants experience a high level of distress, there should be a debriefing session once the study is finished, or the individuals should be referred for proper professional intervention (Ajemba & Arene, 2022). Thus, the researcher understood that the research topic regarding social workers' experiences in the field is sensitive and might trigger participants' emotions as a result, an external social worker was assigned to provide prompt debriefing

following the process of data collection, if necessary. However, none of the participants required the service. This can be ascribed to the fact that participants were thoroughly briefed about sensitive issues that would come up during the interviews prior to data collection when the researcher had face-to-face sessions with the participants.

3.15 Summary of the chapter

This chapter presents a detailed practical unfolding and an in-depth discussion of the research methodology employed in the study. It focuses on the qualitative research approach and design used to explore and describe the experiences of social workers rendering services to young people misusing the crystal meth substance. The chapter continues to discuss the research methods, how the researcher prepared for data collection, as well as the methods used to collect the data. The interview skills used during data collection, the pilot testing and the role of the researcher are also clarified. The steps used to analyse the data and ensure the rigour and trustworthiness of the study, and the ethical principles applied in the study are discussed, followed by a chapter summary.

Chapter four presents and discusses the study's findings.

4. CHAPTER 4: PRESENTATION AND DISCUSSION OF THE STUDY FINDINGS

4.1 Introduction

In this Chapter the findings that emerged from the study conducted on the experiences of social workers rendering services to young people misusing the crystal meth substance are presented. As set out in Chapter three, the researcher employed a qualitative research approach in this study, which was deemed suitable for achieving the study's purpose. Semi-structured interviews were used to collect data from the 14 participating social workers who rendered services to young people misusing crystal meth at the four service points of the DSD in Ekurhuleni Municipality, namely Germiston, Boksburg, Benoni and Kempton Park.

The data gathered were analysed using Tech's analyses sited from Creswell and Cresswell (2018) and grouped into themes, subthemes and categories, as is reflected in this chapter. The presentation of the findings firstly focuses on the biographical details of the 14 social workers who participated in the study. This is followed by a discussion of the findings of their experiences in rendering services to young people misusing crystal meth. Finally, a summary of the chapter is presented.

4.2 Biographical details of social workers who participated in the study

The researcher conducted semi-structured interviews with 14 social workers from the above-mentioned four offices of DSD who met the inclusion criteria of the study as outlined in Chapter three (section 3.6.3). The biographical details of the these social workers are placed into different groupings listed in Table 4.1. Code numbers were given to the social workers (SW1-SW14) to protect and ensure their anonymity. Table 4.1 lists the particulars of the participants' gender, racial groups, ethnical groups, social work qualifications, DSD service points and years of experience in the substance field. This is followed by a discussion of these particulars.

Table 4.1: Biographical details of participating social workers

Participant code	Age	Gender	Race	Ethnicity	Highest qualification	DSD service point	Years of experience in the substance field
SW 1	33	Female	Black	S. Sotho	BA Social Work	Boksburg	2 years
SW 2	44	Male	Black	Xhosa	BA Social Work	Benoni	10 years
SW 3	32	Female	Black	Swati	BA Social Work	Benoni	9 years
SW 4	32	Female	Black	Xhosa	BA Social Work	Germiston	10 years
SW 5	37	Male	Black	Swati	BA Social Work	Germiston	10 years
SW 6	31	Female	Black	Tsonga	BA Social Work	Germiston	6 years
SW 7	47	Female	Black	Pedi	BA Social Work	Germiston	9 years
SW 8	36	Female	Black	Zulu	BA Social Work	Benoni	10 years
SW 9	57	Female	Black	Pedi	BA Social Work	Boksburg	26 years
SW10	48	Female	Black	Pedi	BA Social Work	Boksburg	2 years
SW11	35	Female	Black	Tsonga	BA Social Work	Kempton Park	11 years
SW12	43	Female	Black	Zulu	BA Social Work	Kempton Park	4 years
SW13	50	Female	Black	Zulu	BA Social Work	Kempton Park	6 years
SW14	50	Female	Black	Zulu	BA Social Work	Kempton Park	7 years

4.2.1 Ages of the participants

The study consisted of social workers over the age of 18 years, whose ages ranged from 31 to 57 years old. The sample consisted of five participants whose ages ranged from 31 to 35 years, two who fell into the age group of 36 to 40 years, another two were within the age group of 41 to 45, four were in the age group of 46 to 50, and only one participant was over the age of 50 years. Smeets (2024) stresses the importance of knowing research participants' ages, since the behaviour under study is likely to be influenced by age in some manner. The researcher investigated the experiences of social workers; hence consideration was given to the importance of the participants' ages to determine their social work qualification as well as their ability to contribute to answering the research question.

4.2.2. Gender of participants

Traditionally the concept gender distinguishes between people being male or female. In the context of this research, the study consisted of 12 (86%) female participants and 2 (14%) male participants as shown in Figure 4.1. It is noteworthy that social work is frequently labelled as being female-dominated in both academic and professional settings (Galley, 2020). This is due to the reason that the job aligns with women's normative caring and charitable role in the Western society (Jones, Mlcek, Healy, and Bridges, 2019). Based on the above notion that social work is a female-oriented profession and the results of the gender participation in the study, it is understandable that female participants dominated the study.

The gender distribution of the participants in this study is shown in Figure 4.1.

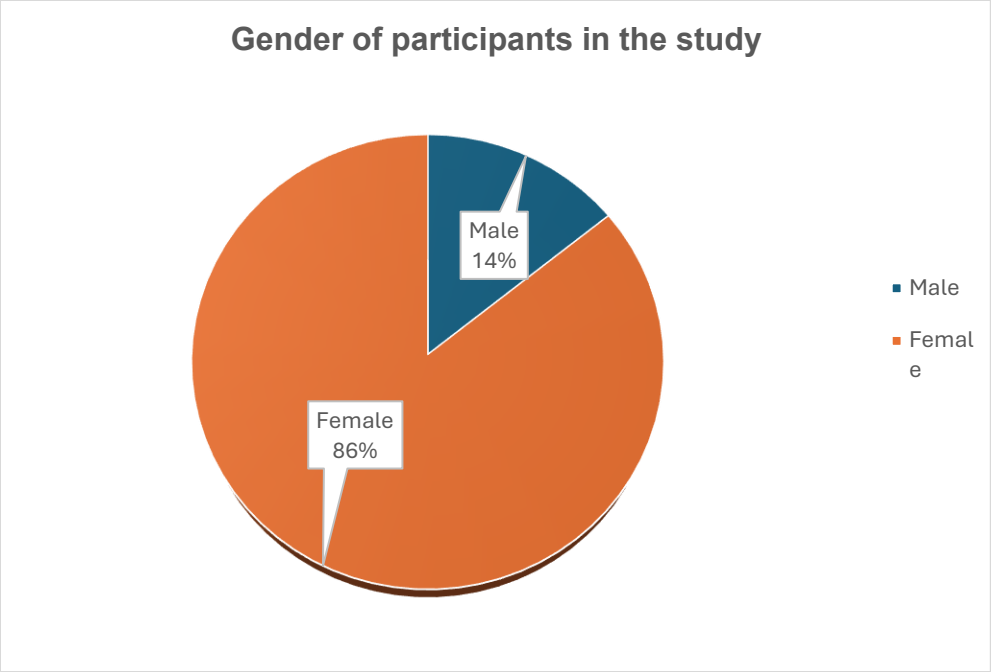

Figure 4.1 Gender of participating social workers

4.2.3 Racial and ethnical groups of the participants

The study consisted of only Black social workers who participated, despite the geographical location of three of the offices (Germiston, Kempton Park, and Boksburg) where data were collected being based in the central business district (CBD). Nevertheless, the researcher is of the view that the reason for this might be resulting from the fact that the number of the Black African part of the population in Gauteng is estimated to be higher than the other racial groups (Provincial Profiles, 2025). This corresponds with the mid-year population data reflected by Statistics South Africa (2025) which indicated that in 2025, the estimated number of the Black African population was 51 604 376 persons (81.8% of the total population), followed by Coloureds who were estimated to be 5 344 113 persons (8.5% of the total population), whereas Whites were estimated to be 4 497 484 persons (7.1%) and Indians as 1 654 971 persons (2% of the total population). It is also important to take note that during the pre-democratic era, when these four major population groups (Africans, Indians, Whites and Coloureds) lived apart, social workers could only work in areas assigned to their clients' respective racial groups by the government (Noyoo, Seepamore, Ncube & Sobantu, 2021).

In addition, the participants in this study represented six ethnic groups, of which four participants were from the amaZulu, two from the amaXhosa, three from the maPedi, two from the amaSwati, two from the Tsonga, and one from the baSotho. A crucial choice for the researcher is whether to measure ethnicity and race independently or together (Hughes et al., 2022). However, in this study the researcher has opted to discuss the results of the racial and ethnic groups of participants together. The ethnic groups of the participants are denoted in the following graph (Figure 4.2).

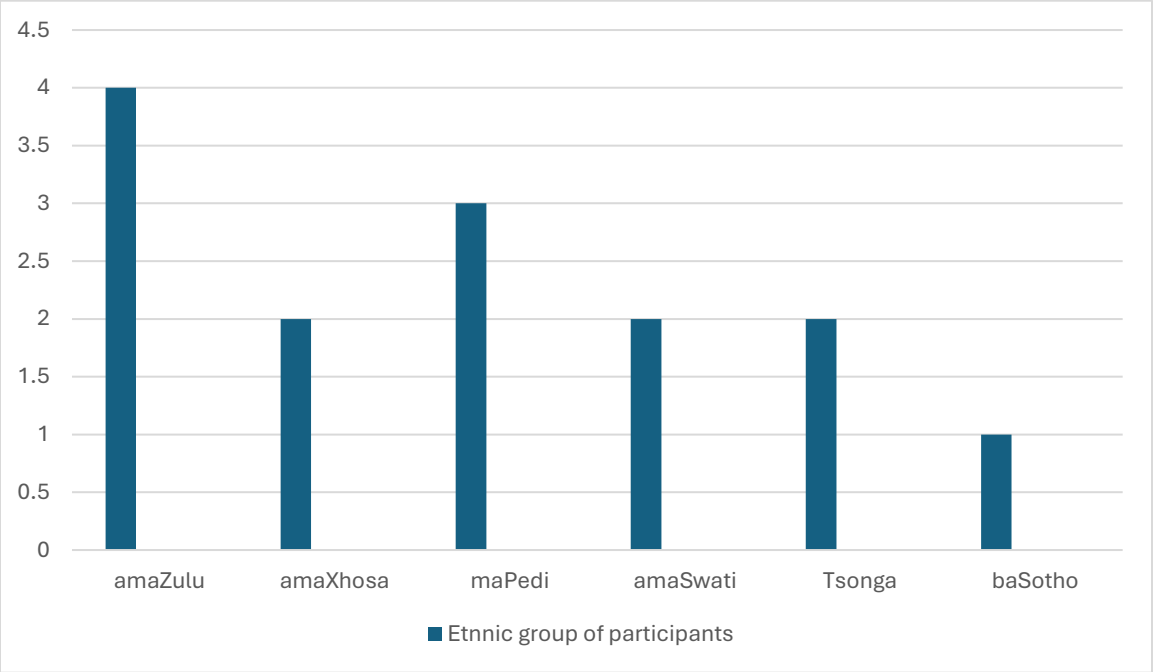

Figure 4.2 Ethic groups of the participants.

4.2.4 Highest qualification

All the social workers who participated in the study had BA degrees in Social Work and they are all registered with the SACSSP. This qualification is registered by the South African Qualifications Authority (SAQA), and prior to SAQA's existence recognized by the SACSSP, prescribed in terms of regulations 1 and 2(1) of the Regulations Regarding the Registration of Social Workers for the Purpose of the Registration of a Social Worker (RSA, 2011) in terms of Section 17(1) of the Social Service Professions Act 110, 1978 (RSA, 1978). It is also in line with the DSD's Policy for Social Service Practitioners which

stipulates that to practice as a social worker, a four year Bachelor of Social Science degree (NQF 8) is required (Department of Social Development, 2017).

4.2.5 DSD Service points of in which participants are employed

The participants in the study were stationed at four of the six service points of the DSD in Ekurhuleni Municipality as indicated in Chapter three. The Germiston office had four social workers and Kempton Park office also had four social workers who indicated their willingness and consented to participate in the study. Whereas, Benoni office consisted of three social workers as well as Boksburg office consisted of three social workers who took part in the study.

According to the department's Annual Report for the year ending 2024, the Department of Welfare was renamed the Department of Social Development (DSD) because its development, social protection and social welfare services involve every stage of human life and includes advocacy, promotion, prevention, care, mitigation and palliation (DSD, 2024). In this regard, the prevention of substance misuse is one of the roles played by the study participants employed by the DSD. In ensuring that young people of this area are able to access substance misuse services, the DSD located social workers within its six service points at the Ekurhuleni Municipality to render substance dependency services.

4.2.6 Participants' work experience

The work experience of the participants in the study ranged from a minimum of two years to a maximum of 26 years. As such, three participants working with young people misusing the crystal meth substance's experience was from one to five years, nine participants' experience ranged from 6 to 10 years, only one participant was between 11 and 15 years, and another one had over 15 years of experience (see Table 4.2). Among the fourteen social workers, only two reported that they had additional social work experience outside the DSD. The researcher considered the participants' years of experience in rendering services to young people misusing crystal meth as an important factor in measuring the quality of the data collected in the study. According to Ferguson (2022), experience is the most effective way to learn many aspects of social work duties.

Hence, it is essential for social workers to possess a thorough understanding of their profession to enhance the effectiveness of their services to clients. This corresponds with the view of Singwane and Ramoshaba (2023b) that additional knowledge, skills and expertise are required beyond the general knowledge and abilities needed to do general social work. This means that having required social workers who participated in the research to have had more than two years of experience, ensured that rich data could be collected since the participants were experts in and had more insight into the topic under study.

Table 4.2 Participants' years of professional experience

Years of experience	Total number of participants	Percentage
1-5 years	3	22%
6-10 years	9	64%
11-15 years	1	7%
15 years and above	1	7%

4.3 Findings about social workers rendering services to young people misusing crystal meth

In analysing the data that emerged from the individual semi-structured interviews conducted with the 14 social workers rendering services to young people misusing crystal meth, the information received was grouped into the following five themes:

- Description of social work intervention process with young people misusing crystal meth
- Experiences of social workers rendering services to young people misusing crystal meth
- Challenges of social workers rendering services to young people misusing crystal meth
- The feelings of social workers as service providers to young people misusing crystal meth

- Proposals to improve social work service delivery to young people misusing crystal meth

The themes were further broken down into subthemes and categories as shown in Figure 4-3 listing the themes together with their subthemes and categories where applicable. The themes, subthemes and categories are subsequently discussed individually. In presenting the findings, quotes and storylines from the participants' narratives are used to authenticate and endorse the findings. References from the social work body of knowledge in the form of a literature control, are used to emphasise similarities and contrast differences in the research findings.

Table 4.3 Themes, subthemes and categories

Themes	Subtheme	Categories
1. Description of the process of social work intervention with young people misusing crystal meth	1.1 The process of social work intervention with young people misusing crystal meth	1.1.1 Screening and intake of the young person 1.1.2 Assessment of the young person 1.1.3 Preparing the young person for inpatient treatment admission. 1.1.4 Compiling a psychosocial report to refer the young person to the inpatient treatment centre 1.1.5 Community outreach and awareness campaigns
	1.2 The process of social work intervention to the families of young people misusing crystal meth	1.2.1 Information and support groups for the parents 1.2.2 Aftercare and reintegration services
2. Experiences of social workers in rendering services to the families of young	2.1 Social workers' experience of family understanding and behaviour towards the young person	

people misusing crystal meth	2.2 Social workers' experience of supportive and cooperative families 2.3 Social workers experience lack of service accessibility and support to young people and their families	
3. Challenges of social workers rendering services to young people misusing crystal meth	3.1 Challenges related to young people misusing crystal meth	3.1.1 Social workers describe the consequences of crystal meth misuse as complicated 3.1.2 Social workers perceive a lack of insight into the misuse of crystal meth amongst young people 3.1.3 Social workers experience a lack of cooperation from young people 3.1.4 Social workers experience that young people relapse after treatment
	3.2 Internal challenges relating to the employing organisation	3.2.1 High caseloads 3.2.2 Lack of resources for social workers 3.2.3 Lack of research and training of social workers 3.2.4 Lack of support for social workers
	3.3 Challenges related to stakeholders	3.3.1 Extended waiting period for admission of young people to inpatient treatment centres 3.3.2 Challenges relating to the court process in admitting young people for involuntary treatment 3.3.3 Challenges relating to health care providers 3.3.4 Challenges relating to schools 3.3.5 Challenges relating to political interference 3.3.6 Challenges relating to the police

4. Social workers' feelings pertaining to their role as service providers to young people misusing crystal meth	4.1 Social workers feel unsafe in their involvement with young people misusing crystal meth	
5. Proposals to improve social work service delivery to young people misusing crystal meth	5.1 Proposals for the National Government	5.1.1 Establishing a specialist SAPS substance unit 5.1.2 Addressing cannabis decriminalisation more responsibly 5.1.3 Proposal for schools to include substance misuse as part of the school curriculum 5.1.4 Proposal for the court
	5.2 Proposals for the DSD	5.2.1 Establishing more treatment centres 5.2.2 Diversified service provision 5.2.3 Improved early intervention 5.2.4 Improved family involvement
	5.3 Proposals for social workers as service providers	5.3.1 More support and access to resources 5.3.2 Training for social workers 5.3.3 Improved reintegration services

4.3.1 Theme 1: Description of social work intervention with young people misusing crystal meth

The theme emerged from the narratives provided by participants as they described their social work intervention with young people misusing crystal meth. Their narratives describe the process they follow to support and assist young people misusing crystal meth and their families. Participants emphasised that social work intervention is not a one-size-fits-all process; rather, the discretion exercised by the social worker is crucial in tailoring the support provided to each case. As a result, two subthemes emerged under this theme, namely, the process of social work intervention with young people misusing crystal meth and the process of social work intervention to the families of young people misusing crystal meth.

4.3.1.1 Subtheme 1.1. The process of social work intervention with young people misusing crystal meth .

Participants lamented that the initial stage of the social work intervention is predominantly centred on the young person misusing crystal meth. This is done to ensure that a supportive and conducive environment is created for young people so that they feel safe to share their experiences, receive support, and access resources that aim to alleviate the impacts of their crystal meth misuse challenges. Subsequently, the subtheme emerged from the participants' responses regarding their descriptions of the social work intervention process to young people misusing substances. Thus, under this subtheme five categories emerged, namely, screening and intake of the young person, assessment of the young person, preparing the young person for inpatient treatment admission, compiling a psychosocial report to refer the young person to the inpatient treatment centre and community outreach and awareness campaigns. The following particulars were extracted from the transcripts in relation to the participants' description of the social work intervention process to young people misusing substances:

(1) Category 1.1.1 Screening and intake of the young person

The participants explained that the first intervention that takes place with the young person is screening and intake which is the stage whereby the social worker makes the first interaction with the young person. This involves the young person visiting or calling the social workers' office requesting their assistance. During this stage, the social worker builds a rapport with the young person so that it is easy for them to explain their problem, which is the reason bringing them to the social worker's office. This stage of the intervention process involves the social worker thoroughly understanding the young person's problem so that an assessment can be done to identify aspects contributing to the presented issue. The following storylines were narrated by the participants in relation to the screening and intake phase of the intervention process with the young person:

"We have a call centerer number where service users can call and request assistance with regard to their substance problem. However, we also have a walk-in office where clients can come and as social workers, we explain the treatment processes to them" (SW3).

“We do screening and the social worker will also do an assessment and get the background information of the service user (SW10).

“The intervention process starts with the service user coming to the office, and we conduct an assessment” (SW6).

“Normally, the service user will come to the office then as a social worker I will do intake and, on intake is where I will find out what substance the service user is misusing. Then after I will set another appointment with the service user for further assessment” (SW11).

“Firstly, when the service user comes to the office one of us will do intake from there the case is referred to the supervisor and then it is going to be allocated to the responsible social worker. Then within the period of two weeks the social worker will contact the service user” (SW9).

Based on the above information narrated by the participants, it is clear that screening and intake are the initial stages of the helping process during which the social worker makes first contact with the client and starts to build the foundation for establishing the helping relationship (Cummins & Sevel, 2017). Screening described in this study simply focuses on identifying young people presenting with crystal meth misuse problem. According to Diraditsile and Mabote (2019) the result of the screening will dictate one of three responses, which are no intervention, short intervention, or treatment. Therefore, during this intervention phase, the social worker investigates the young person’s problem by gathering information about the person to get a picture of how the young person functions in important parts of his or her life. After the young person is screened and the person’s problem is understood, the social worker moves to the next stage of the intervention process which is assessment.

(2) Category 1.1.2 Assessment of the young person

Participants explained that, after making their first contact with the young person they assess the person. Some participants stated that they prefer that young persons should bring their family member along during assessment. This is due to the reason that in the assessment stage, young persons are interviewed to identify the main problem by taking into consideration their family background and medical condition that might have an influence on their problem. It was also narrated that through assessment, the social worker will be able to get a better understanding of a young person's substance problem, identify the risks and protective factors and thus decide on a suitable treatment plan to better tackle the young person's problem. The following storylines emerged explaining this phase of intervention:

"The service user will come to the office, and as a social worker, you will conduct an assessment with them, most of the time we prefer that the service user should bring along a family member for assessment" (SW4).

"We first have to assess the service user and see if their situation warrants them to be admitted to an inpatient treatment centre. After conducting an assessment with the servicer user, we then provide them with a medical certificate which they take to the public clinic or private doctor for medical assessment" (SW2).

"During assessment, we gather necessary information such as the service user's background information, where they were born, their health aspects, employment aspects and substance abuse aspects and the purpose of assessment is to get to understand the service user's problem better" (SW6).

"After intake, we conduct an assessment of the service user's background, which focuses on their educational background. We also understand the service user's family history including whether there is a family member who has a history of substance misuse or if there have been family issues like domestic violence. We also gather information on the service user's health status and refer to the medical doctor for medical assessment" (SW7).

The above storylines align with Polites, Sewick, Florin, and Trytek (2024)'s definition of assessment, describing assessment as a technique by which the service provider discovers and analyses an individual's assets, shortcomings, problems and needs to establish a treatment plan. Ronad (2023) argued that assessment is a crucial stage in social work and it entails the social worker assessing all of the client's personal information and creating an intervention plan based on the information obtained from the client. Similarly, assessment is used to draw preliminary conclusions that explain, clarify, predict, evaluate and recommend intervention strategies (Parker, 2017). During this phase, the social worker uses all the gathered information to come up with the best intervention plan to assist the young person in dealing with their crystal meth misuse problem.

(3) Category 1.1.3 Preparing the young person for inpatient treatment admission

Participants expressed the importance of preparing service users before their admission to the inpatient treatment centre. According to the participants, before young people are admitted to the inpatient treatment centre they attend preparatory classes which participants referred to as readiness intervention. This is the stage where young people are provided with information regarding the rules and regulations of the treatment centres. This includes explaining the importance of good conduct as well as making them aware of the type of treatment they will receive while in the treatment centre. The participants further explained that they do not only prepare young people but also their families so that they are treated as changed individuals after their discharge from the treatment centre. Preparatory classes are reported to be rendered in a form of individual counselling, group counselling and support groups. The participants narrated their stories on preparatory intervention as follows:

"In the meantime, we conduct readiness intervention, which is the preparation classes where we educate service users about the dangers of substances and getting them ready for admission" (SW2).

"While the service user is waiting for admission to the inpatient treatment centre, we do preparatory group sessions to prepare them so that they are aware of what is expected

of them. In my experience service users that attend preparatory sessions are more ready than those that don't attend preparatory group" (SW3).

"So, before the service user is admitted for inpatient treatment, we do pre-counselling which is preparing them for treatment admission so that they are aware of the rules placed within the treatment centres. We also prepare family members" (SW5).

"We also do the pre-counselling sessions before the service users get admitted, where we prepare them on what to expect at the treatment centre and making them understand the rules and regulations on how they should conduct themselves within the treatment centres. Again, we conduct support groups and offer parenting skills for the parents of the service users preparing them to receive service users as new individuals when they come back and to treat them differently as they will now be rehabilitated" (SW7).

"You will also prepare the service user regarding what is required as well as the do's and don'ts of the treatment centre" (SW13)

It is important that social workers prepare young people before they are admitted to the inpatient treatment centre so that they are well aware of both their role and that of the treatment centre. This is to ensure that these young people understand the benefits of the treatment so that they are able to commit to and complete the treatment process. During the preparation stage, the social worker encourages the young person and offer support to obtain resources and assistance (Cupido & van der Westhuizen, 2025). This also includes ensuring that before a young person is admitted to the inpatient treatment centre, basic information concerning treatment services such as the procedures and treatment services the young person will receive, and the facility's rules and regulations that apply to the young person's behaviour are provided to them (Polites, Sewick, Florin & Trytek, 2024). In other words, young persons are equipped with necessary knowledge about what they will experience in the treatment centre, before they can be admitted. This is to prevent the situation whereby the young persons are reluctant to comply with what is required of them within the treatment centre which might hinder treatment success.

(4) Category 1.1.4 Compiling a psychosocial report to refer the young person to the inpatient treatment centre

Participants explicated that through the young people's background information that they gather during the assessment, they compile a psychosocial report which is then referred to the inpatient treatment centre to apply for the young person's admission for treatment. They continued to state that, when submitting the psychosocial report to the inpatient treatment centres, documents such as the young people's identity documents, proof of residence, medical certificates as well as the affidavits consenting for their treatment should be attached. The referred application will be reviewed by the treatment centre and if satisfied and when there is space available, a date will then be issued to the social worker confirming the admission of the young person to the inpatient treatment centre. Participants narrated this step of intervention as follows:

"With the information that we gather during assessment, we then compile a psychosocial report and send the application to the inpatient treatment centre" (SW3).

"Then I submit the psychosocial report and attach all the documents to the treatment centre to apply for an inpatient treatment and then we wait for the admission date from the treatment centre" (SW4).

"After gathering the information, we then compile a psychosocial report and attach relevant documents like service user's proof of residence, ID copy, medical certificate and an affidavit stating their willingness to acquire treatment. After we send the application to the inpatient treatment centre and then wait for the treatment centre to give us the admission date" (CW7).

"then after you take the documents together with the psychosocial report and submit the application to the inpatient treatment centre after we wait for the treatment centre to respond" (SW9).

“After you will submit the psychosocial report together with the documents making an application to various inpatient treatment centres. From there, you wait for the response from the treatment centres” (SW13).

The Referral Policy for South African Health Services (RSA, 2020) describes referral as a method by which institutions and experts collaborate and communicate to safeguard, promote and restore a person’s health. In the same way, referral is an important part of service delivery and entails linking service users with organisations that have the resources that may assist them in achieving their goals (Parvathy, Hemalatha & Tariang, 2020). Accordingly, a successful referral must include affordable services, availability of qualified staff to deliver high quality care, necessary medication, supplies, and resources (Kamau, Onyango-Osuga & Njuguna, 2017). In this instance, social workers use the psychosocial report as their referral document consisting of the detailed explanation of the young person’s crystal meth problem and motivation for the treatment admission. Treatment centres are well equipped to cater for their treatment needs. Meaning that when young people are successfully admitted by the treatment centres they will be given holistic attention by the relevant professionals within the treatment centre.

(5) Category 1.1.5 Community outreach and awareness campaigns

Participants identified community outreach and awareness campaigns as a way to make communities informed and knowledgeable of the dangers of substance misuse, as well as aware of the services rendered by DSD with regard to substance misuse cases. Participants shared that these interventions are implemented in public places where young people are mostly found and that these places include schools, clinics, shopping centres and is also done through door-to-door campaigns. They also stated that they work with local community organisations and do presentations for other professionals who share the same goal of fighting against the problem of substance misuse among young people. Furthermore, participants reported that during these community outreaches they also conduct intake to render substance services to the community members in need. The social workers’ description of their intervention in the form of community outreach and awareness campaigns was as follows:

“Community work involves awareness campaigns that we do throughout our assigned communities. We also visit schools where we talk about the dangers of substance use. Occasionally we do presentations to other professionals such as nurses, doctors and teachers” (SW1).

“During the campaigns, we go to places where the community members can access our services easily, and we also do intake there. We conduct community awareness in different schools, communities, clinics, shopping centres, and we also do door-to -door and visit FET colleges” (SW4).

“So, we render awareness programs at schools and communities, we also go to the local organisations that deal with the youth in the community, because we believe that prevention is better than cure. We conduct awareness programs to educate young people about the dangers of substances and to inform them about the services provided by the department. Sometimes we also conduct door-to-door campaigns” (SW7).

“We also conduct awareness campaigns at schools, clinics, and sometimes we even go to the local NGOs providing information to the community so that they know what to do when they are faced with a challenge of a family member or neighbour who is misusing substances and is in need of help. (SW12).

“Our community work is mostly information-based, we give information to the community and the public regarding the services that we render as DSD and also give information on the impact of substance misuse, and finally, we encourage them to seek help. We sometimes partner with other stakeholders when conducting an awareness campaign” (SW13).

Social workers’ fundamental goal is to offer support to individuals and groups in their natural environments to enhance the wellbeing of the person and both the community and its members. Accordingly, Machete, Ohio and Mofokeng (2022:) confirmed that community awareness campaigns include workshops and substance awareness campaigns held in public spaces like shopping malls to raise public knowledge of the risks

associated with substances as well as home visits to identify issues and caring for the service users. These programmes often focus on creating healthy behaviour, spreading information on the dangers of crystal meth misuse and changing young people's attitudes (Katas, Nwankwo, Igwama, Olaboye & Anyanwu, 2024). Through these intervention strategies, young people are able to access essential information and skills to prevent crystal meth misuse and to acquire assistance from various stakeholders who team up with social workers during these campaigns. Taking substance services out of the office to the communities, in the form of outreach and awareness campaigns, may allow social workers to reach larger numbers of young people misusing crystal meth within the comfort of their community environment. Thus, increasing young people's sense of belonging knowing that they are not the only ones suffering from substance problem which might also increase their likelihood of voluntary participation in the treatment.

4.3.1.2 Subtheme 1.2 The process of social work intervention with the families of young people misusing crystal meth.

This subtheme focuses on the social work interventions that are meant to support young people's families by involving them in the treatment and recovery journey of their family members who are struggling from crystal meth dependence. Under this theme, two categories emerged namely, information and support groups for the parents of young people misusing crystal meth and aftercare and reintegration services. The views and experience of the participants on these categories are explained and narrated below.

(1) Category 1.2.1 Support groups for parents

Participants reported that they not only render services to young people misusing crystal meth but also to their parents. They shared that their intervention rendered to young people's families entails conducting support groups with the parents by giving them information on substance misuse and empowering them with parenting skills. The group sessions conducted with the parents allow parents an opportunity to heal by sharing their unique experiences of living with young people misusing crystal meth and their coping mechanisms in dealing with young people's behaviour. Participants illuminated that while parents are waiting for their children to be admitted for inpatient treatment, they prepare

them so that they are able to accept and support their children throughout their treatment journey. Parents are also prepared for the young people's discharge after treatment to encourage their continued support which might assist in ensuring that young people are resilient and do not giving in to the temptations that might land them back to crystal meth misuse. This was explained as follows:

"We teach parents about the dangers of substance misuse, and we help them understand the issue of substance dependency so that the parents can start the process of healing while their child is still at the treatment centre. This is to ensure that after the service user has completed the treatment, both the service user and the parent are healed" (SW3).

"Again, we conduct support groups and offer parenting skills for the parents of the service users, preparing them to receive service users as new individuals when they come back and to treat them differently as they will now be rehabilitated. However, parenting skills are conducted even before the service users are admitted to encourage parents to give them support" (SW7).

"Since some families don't have knowledge about substance abuse we then talk to the family members about the problem of substance abuse and we give them skills on how they can handle a family member who misuses crystal meth and also talk about how this substance affects the service users themselves" (SW8).

"We also conduct group sessions for parents or families of the service users, where we also discuss their experiences as well as understanding how they cope with their children's substance dependency" (SW9).

As stated by Mathibela and Botha (2025), one person alone cannot bear the heavy load of supporting and caring for the young person suffering from crystal meth misuse. This means that parents of young people misusing crystal meth are facing obstacles in the journey of helping their substance dependent child, hence it is necessary that they must be provided with the required support to cope. In line with the above mentioned services rendered to the parents of young people misusing crystal meth, Masombuka and Mathibela (2025c) pointed out from the findings of their study that parents need an

environment where they can freely express their feelings, they require more knowledge on how to deal with young people misusing substances, and that they need counselling because they are left trying to deal with their stresses resulting from young people's substance problems. This confirms that group work provides a safe space in which parents can share their struggles so that they are equipped with tools necessary to cope with the behaviour displayed by their children who suffer from crystal meth misuse and can learn from the experiences of other parents.

(2) Category 1.2.2 Aftercare and reintegration services

Participants shared that they render aftercare and reintegration services as a way to assist young people to maintain their sobriety and prevent relapse after treatment. According to the participants, aftercare services already start when young people are still undergoing treatment. This includes monitoring young people's families through telephone calls and home visits to check how families are coping in the absence of their family member and ensuring that they maintain contact with the member while in the treatment centre. Individual, family and group counselling were also identified as services rendered to young people and their families. Participants expressed that they also assist families to resolve conflicts that might have been caused as a result of young people's substance behaviour. This is to ensure that young people do not return to the same family environment after treatment. On the other hand, participants narrated that reintegration services ensure that young people are successfully reunified with their communities. They achieve this by referring young people to skills development centres to acquire knowledge and skills that may help better their lives and recover from substance dependence. This was verbalised as follows:

"Aftercare can be done as group work. It usually starts while the service user is still admitted at the treatment centre, we contact the family to monitor how they are coping, and we check whether they visit the service user while in the treatment centre because support is also important. We render reunification services two weeks prior to the service user's discharge from the treatment centre, we prepare the family and inform them that their family member is coming back we check their feelings regarding that, this is because

usually the service user might have caused problems that might have caused tension within the family before their admission so we try and resolve that before they come back. We also do check-ups where we communicate with the social workers from the treatment centre regarding the service user's progress" (SW6).

"We have social workers who are dealing specifically with aftercare and reintegration services, and they will conduct support groups for service users and then they also refer service users to skills development centres, which assists the service user to remain sober. They also assist service users in finding something to do with their lives because sometimes you find that other service users don't even have a skill that will assist them in generating income for them to survive. In those skills development centres, there are skills which the service users can benefit from. Aftercare also assists the service user to stay sober by offering them support" (SW4).

"We also do group work, and the groups are mainly for aftercare programs that focus on service users who are discharged from the treatment centre. We do relapse prevention, and we will be discussing the triggers as well as checking how service users are coping after their discharge. Remember, they are going back to the same environment, so there will be a lot of triggers, hence they need support. That is why it is important to conduct aftercare programs" (SW9).

"After the service user has completed the treatment program we render aftercare services. We conduct one -on- one or group sessions in which we support service users for the period of six months, and we refer service users who have grade ten, eleven and twelve to a skills development centre where they stay for a period of six months. The skills that are offered include brick laying, plumbing and electrical. We also provide counselling to the family if there is a need" (SW10).

"When the service user is discharged from the treatment centre we conduct aftercare program to monitor the service user's progress as well as monitoring the family's progress" (SW3).

The narrated storylines revealed the importance of aftercare and reintegration services in ensuring that both young people and their families are coping well after treatment. According to Jacky and Samson (2021), the aftercare and reintegration programme is the service that assists substance-dependent individuals in readjusting to community life following treatment and recovery stages. These services may occur in the form of self-help, home visits, 12-step and mutual support groups, as well as individual and family interventions (Mpanza, Govender & Voce, 2022). The main purpose of aftercare and reintegration programmes is to ensure that young people are well received by both their families and communities at large. The role of social workers in this regard is to offer support in a form of individual counselling to strengthen young people's coping skills after treatment, family counselling to ensure families continue to function in their full capacity after the return of their family member from treatment and group counselling for young people and their parents. This also involve linking young people with the resources available in their communities such as skills development centres and other community organisations aiming at empowering young people so that they are self-sufficient.

4.3.2 Theme 2: Experiences of social workers rendering services to the families of young people misusing crystal meth

This theme deals with the experiences of social workers with the families of young people misusing crystal meth. Participants stated that they involve the parents of young people misusing crystal meth in their intervention process. They implied that involving the parents is important for the recovery of their family member suffering from crystal meth misuse. As a result, three subthemes emerged from this theme, which are social workers' experience of family understanding and behaviour towards the young person, social workers' experience of supportive and cooperative families, and social workers experiencing lack of service accessibility and support to young people misusing crystal meth.

4.3.2.1 Subtheme 2.1 Social workers' experience of family understanding and behaviour towards the young person

Participants revealed that parents are willing to assist social workers in their intervention with young people misusing crystal meth. However, parents seem to have limited information with regards to the type of substances misused by the young people, when they started misusing the substance and how the substance is impacting on their lives. Participants also shared that due to their lack of knowledge and love for their children, parents' actions sometimes happen to be indirectly enabling young people's crystal meth behaviour by allowing them too much freedom and giving them money without realising that some may use that money to feed their substance craving. Due to this reason, participants concluded as follows that parents need to be educated about substance dependence and its consequences and they must be given skills to better deal with this problem:

"I think parents are on board, however, parents need to be educated in what social workers are dealing with. They see addiction as a behaviour that needs to be changed, they always say "I don't know why my child is using substances because there is food in the fridge". So, there is lack of understanding that substance dependency can be seen as a brain disorder. We need to start teaching parents by making them aware of how they are enabling the behaviour by providing their children too much freedom and giving them money whenever they ask for it, as some use that money to buy substances" (SW1).

Sometimes, when interviewing the parent and not the user, it is not the same because the user actually knows themselves and what they are using, how many times they are using and those kinds of things, so the parent will just answer what they know. Also, you get that the parent does not know what the child is using, they just know that the child is using a substance, whether when they started or not they don't have a lot of information, so it makes it a bit difficult because you need to interview the user (SW3).

"Since some families don't have knowledge about substance abuse, we then talk to the family members about the problem of substance abuse, and we give them skills on how they can handle a family member who misuses crystal meth" (SW8).

To confirm the above storylines, Mafa and Makhubele (2020) emphasised that parents are directly or indirectly influencing young people's decisions to start misusing both legal and illegal substances. This means that young people's vulnerability to crystal meth misuse may be influenced by the environment parents create, including how they communicate with their children and how much independence they grant them (Niazi, Dick, Adkins & Cooke, 2017). As a result, Asante and Lentoor (2017) argued that parents and caregivers of young people misusing crystal meth should be prepared with the necessary skills to recognise substance misuse in their children and know how to meet their children's needs. To put it differently, Sandeep, Roy, Mahanta, Gupt, Rathore et al. (2024) stressed the importance of training parents in effective parenting skills to enhance the interpersonal skills between them and their children. Subsequently, parenting skills programmes are the most effective way to prevent young people's substance misuse since in these programmes parents are taught how to raise their children warmly, how to set rules for acceptable behaviour, how to keep a close eye on their children during their free time, how to make friends and how to develop social and personal skills (Abdullahi & Sarmast, 2019).

4.3.2.2 Subtheme 2.2 Social workers' experience of supportive and cooperative families

A number of participants reported that they encounter both positive and negative experiences with regards to the cooperation of the parents or families of young people misusing crystal meth. They stated that some parents are supportive in that they ensure that young people acquires treatment and their support towards these young people tend to continue even when young people are discharged from the treatment centre. Equally so, some participants reported that the disturbing behaviour of young people resulting from crystal meth misuse is the reason some parents are losing interest in supporting young people in their recovery journey. The negative and positive encounters of social workers with the parents of the young people misusing crystal meth entail the following:

- **Positive experiences:**

Participants identified family support as the positive experience encountered by social workers when rendering services to young people misusing crystal meth. They informed that some families are supportive and others are too supportive. Participants reported that the kind of support young people receive from their families includes accompanying young people to the social workers' office and making follow up calls to social workers regarding progress with the treatment admission of their family member. The participants had the following to say about their positive experiences:

"What I have also observed is that many times when crystal meth clients come to the office they have to be accompanied by a family member" (SW2).

"Some families are very close and caring and want to assist their family member who is misusing substances" (SW2).

"But families are supportive, it is only those that are tired due to the experiences they have with the substance user" (SW3).

"There are parents who are supportive and there are those who are too supportive and you know when the parent is too supportive you won't sleep you can even receive a call late at night" (SW11).

According to Masombuka and Qalinge (2020), parents are affected by their children's substance misuse, and as natural care-givers they are likely to blame themselves for their children's actions. This validates the critical role that parents play in the development and recovery of a young person misusing crystal meth as they may either increase the person's risk or foster the person's resilience and protection (Mathibela & Botha, 2025). To add to this, parents' emotional availability and open communication towards their children reduce their risk of engaging in substance misuse (Roy, 2025). In this regard, parents' response towards the behaviour of their children misusing crystal meth determines the success or failure of the young person's ability to deal with the substance problem. It is therefore reasonable to assume that the bond shared between the young

people and their parents makes it easy for parents to be involved, hence it is important for social workers to render interventions that focus on improving parent-child relationships.

- **Negative experiences:**

Participants reported that even though parents are supportive they tend to lose interest when they observe that their efforts are not being reciprocated by the young people whom they tried to assist with acquiring treatment. According to the participants, this happens when parents observe a lack of cooperation from young people and when young people relapse after their parents have worked hard in ensuring they were successfully admitted to the inpatient treatment centre. It was further lamented that under these circumstances, some parents threaten to chase their children out of their house if they do not cooperate with treatment and some detach, leaving young people to deal with the substance problem on their own. In the same vein, some parents are likely to opt for the young person to stay in the streets rather than staying in their house and stealing from them. On the other hand, participants pointed out that another negative experience they encounter with the families is when the parents are not consistent in their attendance of group sessions and when they lack interest or the means in financially assisting the young person while at the treatment centre thus leaving the responsibility with the social workers. Participants described their negative encounters with the parents of the young people misusing crystal meth as follows:

“Another thing is that people who use crystal meth tend to be very aggressive and violent, so in those cases, parents find it difficult to support them and end up giving them an ultimatum that they must reach out for treatment, otherwise, they will not be allowed to stay with them in the same house” (SW3).

“it becomes a challenge when the family is not cooperative but then at times you cannot blame the family because the service user is stealing from them and is making their lives miserable” (SW4).

Some treatment centres need service users to bring their own snacks or money for tuck-shop so if parents don’t cooperate it becomes a problem because they start getting

problematic within the centre and sometimes we use our own money to buy them cigarette or anything that they need while in the treatment centre" (SW8).

"But then we still try to conduct group sessions with the parents, but they will come for few sessions, maybe one to four sessions, then after they leave. We don't know if they lose interest or what, but you know our clients they want to be given something to eat when they attend group sessions they don't want to just come, sit, talk and go so parents don't complete the group sessions" (SW10).

"Hence you find other service users are already living in the street the family has tried to intervene but now they feel there is nothing they can do" (SW12).

"But the other parents don't care, I remember I once had a client who was staying on the streets he begged me not to tell his mother that he was going for treatment I tried explaining that I needed his parent to sign the consent form and he requested to sign by himself and he was taken to the inpatient treatment centre. So for other parents it is not like they are not supportive but because they are tired you know it is not easy to live with someone who misuses crystal meth hence for some parents it feels better when they live on streets than staying with them and some of the service users have been taken for treatment by their parents and they relapsed some parents have been supporting them but there is no change. So parents lose the love and end up not caring anymore" (SW11).

According to Masombuka and Mathibela (2025a), when a young person is misusing or recovering from substance misuse, the other components of the family system become affected and may eventually break down. Likewise, parents are hesitant to assist in the intervention of a young person misusing substances due to the poor parent-child connection that result from the behaviour of a young person (Masombuka, 2024). In essence, if parents do not show emotional warmth and empathy, their children may turn to substance misuse as an inappropriate means of coping (Roy, 2025). As a consequence, young people may relapse after treatment due to the lack of support received from the family during treatment or recovery. Yet families view a young person's relapse as a sign that they are not serious about improving their lives, hence they lose

faith in them and fail to support them even when they readily seek assistance (Khanyi & Malesa, 2022).

4.3.2.3 Subtheme 2.3. Social workers experience lack of service accessibility and support to young people and their families

Participants are of the view that the geographical areas in which social workers' offices are based makes it challenging for young people and their families to access services and support required from social workers. They stated that poor financial standing and long walking distance to access social workers' services are some of the reasons young people and their families are unable to complete aftercare services. Again, participants pointed out that communities are lacking recreational facilities in which young people can keep themselves busy, yet attention is not given to the few that are available. Participants further acknowledged the shortage of skills development centres within the communities.

"Our services are not accessible because right now we are the only office here in Boksburg that renders substance abuse services under DSD and Boksburg is in town. If you are coming from Vosloorus to Boksburg you have to catch a small taxi which is R12 and then the big taxi which is R21, and this will be double the price if it involves both the parent and the service user. It is also a struggle for the service users to get to our office to attend group work, and I think this also contributes to premature termination of aftercare group sessions because Boksburg is far and we are dealing with vulnerable clients who are unemployed and coming from poor backgrounds" (SW1).

"Knowing the areas that we service like Actonville, Wattville, Daveyton you won't find any recreational facilities, of course there are few, but they are not well maintained to function. You can imagine a person looking for something to keep themselves busy, they walk out of the gate and they literally find nothing" (SW2).

"I feel like the families are not supported. During assessment everything becomes about the substance misuser, they get admitted to the treatment centre and be rehabilitated then everything has changed about them but then the families are left out, and some

might need to be assisted with parenting skills so I think there can be more parents that need to be referred for parenting skills" (SW4).

"… and when the family request police services to assist with restraining the service user and take him or her to the hospital, the police officials will not want to assist based on the reason that the service user does not have a criminal case" (SW7).

"*We used to do group work for aftercare service but as most of our service users are unemployed and are coming from poor family backgrounds so it is a challenge. It is a challenge because of the distance between our office and the community where service users reside, and for us to also go to the community is another challenge because they stay in different areas" (SW10).*

"… and they are capable of doing good things with their own hands but because there is no funding, then they cannot do anything and I also think it will help having skills development centres that focus mainly on our discharged service users" (SW11).

The growing problems of unemployment, poverty, and lack of educational possibilities result in young people turning to substance misuse as a coping mechanism to social isolation and financial despair (Ngo, Ibe & Nwoke, 2025). In other words, when young people find themselves idling in the communities without any support being offered to help them improve their lives, they end up engaging in crystal meth misuse as a way to deal with their everyday stresses. Therefore, Zaidi (2020) found that families, peer groups, communities and organisations that provide spiritual, emotional and social support can all be beneficial resources for the recovery of young people misusing crystal meth and their families. To confirm the latter, Jia, Zhang and Xu (2023) shared that social support plays an important role in raising the exercise efficacy of young people who struggle with substance dependence and helps with decreasing the likelihood of relapse. The above narratives from the participants are confirmed by the above authors since they also emphasise the importance of accessible community resources to support young people in maintaining their sense of independence and improving their quality of life.

4.3.3 Theme 3: Challenges of social workers rendering services to young people misusing crystal meth

This theme developed as the participants acknowledged that social workers are faced with challenging situations in their attempts to render effective services to young people misusing crystal meth. Despite relying on the DSD as their employer being vital to provide social workers with the required support and resources, they also rely on external organisations as resources needed to achieve young people's treatment goals. However, this comes with specific challenges that impede social workers' success in their intervention. Three subthemes emerged with regards to the challenges of social workers rendering services to young people misusing crystal meth. These subthemes consisted of challenges related to young people misusing crystal meth, internal challenges relating to the employing organisation, and challenges related to stakeholders.

4.3.3.1 Subtheme 3.1. Challenges related to young people misusing crystal meth

Participants expressed that working with young people misusing crystal meth is not easy since it comes with challenges that impede success in social workers' interventions. When participants narrated their challenging experiences related to young people, four categories emerged out of this subtheme. With regards to the first category, social workers describe the consequences of crystal meth misuse as complicated. The second category is that social workers perceive a lack of insight into the misuse of crystal meth amongst young people. The third category is that social workers' experience of a lack of cooperation from the young people. Lastly social workers experience that young people relapse after treatment.

(1) Category 3.1.1. Social workers describe the consequences of crystal meth misuse as complicated

Participants articulated that unlike other substances misused by young people, the effects of crystal meth misuse are severe in a manner that it can damage the brain, thus leading to young people's hospitalisation and dependence on chronic medication. Participants continued to share that the effects of crystal meth misuse are also seen through young people's destructive and ill-mannered behaviour, some violate their parents sexually while

others steal from their families and destroy things in the house. This behaviour is reported by participants as destroying family relationships and trust, since family members end up viewing these young people as dangerous and limit their interaction with them. The consequences of crystal meth misuse were narrated as follows by participants:

“So, the admission process is delayed because the service user needs to be transferred to hospital and the length of their admission will depend on their mental condition. Sometimes the psychiatric report will state that the service user has schizophrenia and substance-induced disorder, meaning there are two mental illnesses occurring simultaneously” (SW1).

“Another thing is that due to their mental condition, the service users tend to display aggressive behaviour. They will break windows, break doors and fight with people at home and then the families will call the social worker to report the young person’s behaviour In those instances we normally advise families to call an ambulance” (SW2).

“they are hearing voices, and they don’t even understand where they are so due to the mental problem most of the users end up on chronic medication for mental problem and some are now receiving disability grants because of the brain damage” (SW8).

“*Even their families don’t feel safe around them because of their behaviour, they are dangerous. Some even rape their parents, they are disrespectful and swear at their parents, they also steal from their parents” (CW14).*

In line with the above storylines, it is confirmed that the misuse of crystal meth affect the manner in which young people think, feel and act (Kumar, 2021). Because social workers’ interventions are guided by the value of a non-judgemental attitude, they are expected to be empathetic and understanding of young people’s behaviour so that they do not feel judged and then stop the treatment journey before its due time. In addition to this, Claver (2024) asserted that crystal meth related disorders are a complicated and difficult area of substance misuse disorder in that they cover a broad range of problems from severe

intoxication to long term dependency and withdrawal. Hence, it is more likely for young people misusing crystal meth to struggle with recovery which may in turn lead to relapse.

(2) Category 3.1.2. Social workers perceive a lack of insight into the misuse of crystal meth amongst young people

Participants reported under this category that, young people are misinformed and lacking the right information of how crystal meth misuses can damage their brain. Accordingly, participants said that young people prefer misusing crystal meth over other substances due to their belief that they cannot be easily recognised as substance misusers because they are able to still maintain their physical hygiene. Therefore, they see nothing wrong with misusing crystal meth, and some even view themselves as immune to its consequences. Due to the myths surrounding young people that link crystal meth misuse with being sophisticated and likable, social workers find it hard to convince them to quit misusing crystal meth. Below are the storylines from participants' responses to young people's lack of insight about it.

"So, there is a disbelief or denial about the damage that crystal meth can cause to the brain, and it is therefore difficult for me as a social worker to convince young people to quit misusing crystal meth, in that they are surrounded by myths about why some people are affected while others are not" (SW1).

"In fact, in my experience of rendering substance misuse services, I am more worried about the misuse of crystal meth, especially because young people seem to think it is cool or it is the nicest thing, they don't see anything wrong. It is only when they see someone getting sick from it do they then start wondering why, and they sometimes even think it happened to that person because it is that person, but it cannot happen to them" (SW2).

"The other issue of how they get hooked to crystal meth is that when they come back from rehab and relapse, they think using crystal meth is better than using nyaope, So that is a trend going on around young people because they think when you are using nyaope you are smelly and you are easily seen but when using crystal meth no one is going to see you as you still bath" (SW3).

“You can hear from the way the service users speak that they are not in their normal senses, they talk about things that are not there, they exaggerate things, and it’s like they created their own world in which they are living” (SW12).

Instead of seeking the right information from social workers or other professionals who are knowledgeable about substance misuse, young people are likely to rely on their peers for information which is often unreal and misleading. This agrees with the findings of the study of Sedibe and Hendricks (2021), conducted on substance misuse among adolescent learners in townships, which revealed that peer influence among teenage learners tricked them into believing that misusing substances would not have any negative consequences. As such, peer influence is found to be playing a vital role in prediction and in the ongoing misuse of substance (Shanmugam, 2017). Notably, the misleading information acquired from their peers adds as a contributing factor to young people’s reluctance to seek professional help, as they believe they will not be negatively affected by their actions. Additionally, social media is regarded as one of the crucial tools for educating young people about substance misuse (Rafique, Huma & Iqbal, 2024). In contrary, it gives young people access to role model harmful substance behaviour such as the use of prescribed substances while normalising and glorifying such behaviour (Elnagar et al., 2024).

(3) Category 3.1.3. Social workers experience a lack of cooperation from young people

Participants narrated that young people lack cooperation with regards to treatment. In their narratives, participants described that due to the reason that many young people are pushed by their families to undergo treatment, they tend to struggle to cooperate and comply with the treatment requirements. As a result, young people do not honour social workers’ appointments, and some do not come back after assessment. Some young people do not return to the social workers’ office after their referral for medical assessment or to the police station to make an affidavit consenting to their willingness to treatment admission. It was further stated that some young people demand to be discharged before

or in the middle of the treatment and others display aggressive behaviour as the way to threaten social workers not to continue involving them in the treatment process. Some of those who completed treatment are reported to be not consistent with attending aftercare and reintegration programmes, while some terminate prematurely or relapse. Participants expressed themselves as follows in this regard:

“My aftercare sessions usually last six months, however, service users will come three to four times, and then they lose interest, or they relapsed” (SW1).

“Another challenge is that our clients are impatient they can’t stand the waiting period for their admission hence during the day of admission some state they are no longer interested in getting treatment. So, it is a challenge because as a social worker, you have been waiting for the admission date, and you have already prepared the client. Also, the fact that we have to transport the service users to the treatment centres is a concern because when they did not smoke on the day of admission, they become aggressive some service users will demand that you stop the car while on the way to the treatment centre, and they will demand to be taken back home” (SW3).

“Another thing is that the service user will not be willing to go to the doctor for medical assessment or to go to the police station to make an affidavit, simply because they are not willing to be admitted to the in-patient treatment centre” (SW6).

“Some don’t even go to the clinic for medical assessment because they are not taking their chronic medication” (SW7).

While young people are thought to be intentionally not willing to participate in substance treatment and aftercare, Stanojlovic and Davidson (2021) find the biggest obstacle to accessing aftercare services to be weak pre-treatment motivation and a long distance to the aftercare services. Meaning that, even when young people might be willing to undergo aftercare treatment, they might be disadvantaged by their unfavourable financial circumstances preventing them from affording transportation to access the needed services. This is confirmed by Janson et.al. (2024) when sharing that, a lack of funding

for transport continues to hinder Black South Africans‘ access to treatment. This continues to confirm that the problems of job scarcity and lack of financial support are among the reasons why young people cannot join, be consistent in attending, or complete aftercare programmes.

(4) Category 3.1.4. Social workers experience that young people relapse after treatment

All participants confirmed to be experiencing a high relapse rate in their caseloads of young people misusing crystal meth. They indicated that young people are sent to inpatient treatment centres and upon their discharge they lack the motivation to engage in aftercare and reintegration services which in turn results in them relapsing. Some participants illustrated that they feel demotivated by young people’s relapses as their efforts seem to be unappreciated. Some participants however, shared that they find relief in those few young people that manage to recover from crystal meth misuse. The social workers’ encounter of young people’s relapse is explained below:

“It is discouraging I don’t want to lie. At some point I feel like I am not making an impact even though it is just that one or two service users. However, because we understand that substance abuse is not an easy thing to deal with, service users come back after they relapse and we restart the admission process with them” (SW6).

“In general, most of our service users relapse. I can say out of 100% only 10% survive and the whole 90% of them relapse and when we ask service users about the reasons that resulted in their relapse, they identify their families as the main reasons for their relapse” (SW10).

“I have more relapse cases, I can say for example if I take 50 service users to the treatment centre per year, I will have one or zero successful stories” (SW11).

“In my cases, out of 100% it is only 1% that survives. Most of them relapse, and the sad part is that they come back to me, and because I cannot turn them away I have an obligation to engage with the service user and preach the same thing again” (SW12).

Lewis (2020) asserted that relapse is always possible. This means that many young people experiencing substance problems participate in treatment and soon afterwards relapse, and they are not in a position to maintain complete abstinence from substance dependence (Mkhize & Gutura, 2021). This is mainly because those who come through non-voluntarily treatment will do so to impress and appease their families, courts and employers, however, this motivation is unsustainable since they return to their old habits after a few months (Khanyi & Malesa, 2022). As noted by Kaviyani et al., (2023), family problems such as intense parental control, being forced by the family to quit, low family income, and discriminatory treatment in the family are some environmental factors influencing the return to crystal meth misuse. For this reason, a holistic approach is needed to intervene with young people misusing crystal meth through the involvement of their families, to raise awareness of the implications of substance misuse, the role of families and also involving community organisations to include young people and their families in programmes that might assist in bettering their lives through skills and employment.

4.3.3.2 Subtheme 3.2. Internal challenges relating to the employing organisation

Participants shared their accounts of challenges they face within the DSD as they render services to young people misusing crystal meth. They asserted that the challenges they encounter in their working environment hinders progress in their intervention with young people misusing crystal meth. Consequently, this subtheme emerged from the participants' responses regarding their internal challenges which brought about four categories, namely, high caseloads, lack of resources for social workers, lack of research and training for social workers, and lack of support for social workers.

(1) Category 3.2.1. High caseloads

According to the participants, they are experiencing an influx of cases of young people misusing crystal meth on intake and these cases require different approaches since they are unique and require more time and resources. Because of this, social workers finds themselves having high caseloads of young people misusing crystal meth. They find this challenging to handle due to the complexity of the cases. Participants also indicated a

lack of balance between the number of cases they have compared to the number of beds available in the treatment centres. However, they acknowledged that some of these cases get stuck because of young people's lack of cooperation and outstanding documents. The storylines under this category are narrated below.

"I don't know if I even know the definition of manageable. I don't think the cases are manageable. Currently I have about 120 cases on my caseload however, not all of them are active. Again, cases differ in terms of the intervention that they need. Another instances involve a mental patient, and you are required to constantly visit the hospital to interview service users there. Another one requires you to get them arrested. In another case there is a family dispute that requires mediation services and other family members might require individual counselling So it is not a situation where you would say I am done with this case, let me shift to the next. Again, the volume of intake that comes in is occasionally unmanageable" (SW1).

"It is a lot, but we have to do it because the clients fall under our jurisdiction. But it is manageable and also there is a peak because we usually have a lot of relapse cases in December because during December service users feel they are missing out on festive season and they self-discharge and then come back for re-admission in January" (SW3).

"I think treatment centres are trying their best, it is just the issue of the influx of cases that we have as compared to the number of beds that they have. We do get admission dates but not as often as we would like" (SW6).

"As I have indicated that the intake or influx is huge, but the admissions are very few. Every week you have to report on how many intakes did you make how many reports did you compile, how many admissions did you do. But, at this point in time I think I can manage my caseload except for the cases where service users are not cooperative or have not submitted the required documents" (SW7).

Having a high workload in an already demanding work environment makes it challenging for social workers to accomplish everything expected of them (Truter & Fouche, 2019). Factors contributing to heavy workloads include the rise in the number of referred cases and unpredictable work such as crises, court waiting periods and unanticipated case demands (Chen, 2019). In cases of crystal meth misuse, the duties of social workers involve assessments, compiling reports, planning and implementing programmes (LeBlanc, Sleeper, Mueller, Jenkins & Harper-Briggs, 2019). However, based on the findings that social workers regard crystal meth cases as complicated, this means that they experience a difficulty in effectively executing the above-mentioned duties due to high caseloads. Even so, the workload of social workers is likely to grow when they are handling a high proportion of complicated and severe cases (Yin, Pierce & Hall, 2019). As a result, a suggestion of “safe staffing” is put forth which calls for having an adequate number of social workers, with the necessary training, expertise and moral principles to render effective, safe and high quality support and services to young people misusing crystal meth (Mcffaden, Davies, Manthorpe, McLochlain, McGrory et al., 2024).

(2) Category 3.2.2. Lack of resources for social workers

The participants acknowledged that they have been allocated with resources such as laptops and cell phones. Their responses however listed the needs for sufficient stationery, a photocopy machine, printer, paper, and sometimes ink, toner and a network as resources that are lacking within the department. They also drew attention to the limited number of consultation rooms which result in young people having to wait too long to receive social work service and that the shortage of cars requires them to share vehicles with other officials. Some participants stated that they use their personal cars to conduct home visits or transport clients to the treatment centres. Others mentioned that a danger allowance as a resource is needed to protect social workers in their everyday interaction with young people misusing crystal meth. The following storylines were narrated as participants shared their views regarding the lack of sufficient resources.

“We have limited consultation rooms, so the service users wait long before they can be assisted because you are waiting for an interview room to be available. And occasionally

we don't have a printer to print the reports. Currently, there is no ink and network to email the reports to treatment centres. Again, there is no paper to print the report on, and we spend a long amount of time without paper" (SW1).

"Currently, we don't have paper, maybe it's because it is a new financial year but it's not that bad because we have cell phones and laptops, but our danger allowance was taken away from us. I am not happy that now they are telling me that I do not qualify for danger allowance like how? Because I am still servicing the same client that I was servicing from day one, and then we don't have stationery so now you have to stress about that. We do have cars but sometimes you opt to use your own car, because we don't want stress" (SW4).

"…and that is a problem because you have to pair yourself with other social workers or when you go to request for a car you find that there are no cars or some cars are taken for service. So the cars are not enough for social workers to request all at once" (SW5).

"You know the department is failing us, we share cars with other units, you find that other units have organised events or they are attending trainingIs so we don't always have cars to transport service users, and that is a challenge for us" (SW6).

"Right now, we are experiencing a shortage of papers, we don't have papers to even print the reports, so it is a struggle. Sometimes you can't send emails or the report due to network problems and at times we don't have a photocopy machine, or it is broken. Last time we were forced to hand deliver our applications and at some point we use our phones to scan the reports" (SW7).

"We do not have enough cars and at the moment we don't even have stationery" (SW9).

"…and after the meeting, I can visit service users but because there are not enough resources, I have to use my own car to go there. We are also struggling with paper; there is no paper in this office so you can't print. They give us one rim for the whole month, and it has 500 sheets inside and we are expected to all share the rim. Like now I am doing

group work, I typed all the process notes, but I cannot print because we are prioritizing for those who are printing the reports. Even the pen we are told we can only order blue pen once a month there is no stationery there is nothing. The printer now indicates there is no toner so there is a possibility that we can wait for a month for a toner" (SW11).

The above storylines are confirmed by the findings from the study conducted by Masombuka and Mathibela (2025b), which indicated that social workers need private office space and easily available cars in order to render competent and successful substance misuse treatment to clients. In this regard, if enough private offices are provided, social workers may quickly attend to young crystal meth misusers to prevent a situation where young people lose their patience from waiting and leave the office before they could acquire the required service. The easy availability of cars may ensure that social workers thoroughly investigate their cases of young people misusing crystal meth while ensuring that they are linked and able to access the resources outside the social workers' office and without having to worry about transport issues. While exploring the resilience skills and strategies of social workers in their study, the authors Mangolele and Carlitz (2025) identified a lack of support, insufficient resources and high caseloads as other challenges experienced by social workers in the workplace.

(3) Category 3.2.3. Lack of research and training of social workers

Participants revealed that they are allocated training opportunities, however, the training that they receive are not enough and are not specifically focused on social worker's interventions with young people misusing crystal meth. Hence, some participants disclosed that they are using their own knowledge and understanding when rendering services to young people misusing crystal meth. Participants pointed out that the industry of substance misuse is evolving and calls for relevant training to equip them with the required skills and knowledge to address the specific challenges associated with crystal meth misuse. The following storylines explain the aspect of the lack of research and training for social workers:.

“We do get trainings but recently we don’t get a lot of them hence I use my own thinking and understanding. But I think we should be allocated more trainings because things are evolving especially with the trend of crystal meth misuse” (SW3).

“We are allocated trainings, but we need to have more of them” (SW6).

“No, I don’t think the trainings are enough I think they need to train us more because when we compare ourselves to NGOs it seems they have more information on how to make their programmes interesting” (SW8).

“We do have trainings, but they are very limited. However, we don’t have trainings that are focused specifically on crystal meth. I believe the industry of substances is changing on a daily basis, but we are not catching up in terms of training and equipping people that are on the ground on how to deal with crystal meth cases” (SW13).

Without proper training and support, social workers may find it difficult to carry out the best interventions which might eventually affect the quality of services provided to young people and their families (Perez & Rios, 2024). Hence, Madisha and Skhosana (2022) suggested that training and resources are urgently needed to assist social workers to render effective services to these young people and their families and must be provided by the DSD as the guardian of social services. This is because providing social workers with relevant training will improve their capacity to provide comprehensive substance misuse services, strengthen their professional skills and ensure that they are up to date about the latest research, best practices and innovative methods in substance use treatment (Masombuka & Mathibela, 2025b). The researcher is of the view that through this training, social workers may exhibit confidence and trust in their capabilities which might lead to positive outcomes in their interventions with young people misusing crystal meth.

(4) Category 3.2.4. Lack of support for social workers

This category focuses on the responses of participants narrated in relation to the support they receive within DSD, and they pointed out that they are experiencing a lack of support

from the department. Participants shared that there is no reporting procedure or platform in which they can raise their concerns regarding the challenges experienced in the workplace. They stated that due to insufficient funding experienced by the department, social workers' issues are not appropriately attended to. Nonetheless, participants indicated that during individual and group supervision they share their challenges with their supervisors who then escalate matters to the managers. As a result, some participants expressed as follows that they no longer voice out their concerns because they receive little to no response from those responsible:

"We only talk to our supervisor, and our supervisor can then talk to the manager. But usually when there is something we are not happy about we usually don't voice them out because there is no platform for that" (SW3).

"We do raise our concerns with our supervisor, but I don't think there is much that my supervisor can do" (SW8).

"There is no reporting procedure, we just talk to the supervisor but she will say there is nothing she can do. It is a problem for everyone because she is also experiencing challenges and we are told there is no budget. As social workers rendering services to these young people misusing crystal meth we are not getting support from the department, but our supervisor is supportive" (SW10).

"Why do we have to report the challenges if they are not attended to. When we are having our monthly meetings and when we are having our supervision meetings we would report but even our supervisors are not given that much to assist" (SW13).

According Kheswa (2019), without support, social workers are more likely to experience stress and burnout as a result of feeling undervalued at work and having little control over their workload. The above findings show the important role played by supervisors in advocating for the allocation of resources for social workers. As stated by Bara (2022), the support function of the supervisor seeks to lessen the stress of the social worker in the workplace and to improve their performance and success. Additionally, social support is also viewed as the important contributor to positive outcomes for both social workers and the DSD, since it can result in better relationships, more affective reactions and

improved performance (Jolly, Kong & Kim, 2021). Mangolele and Calitz (2025) further revealed that supportive relationships of social workers with coworkers, managers and supervisors are essential for their capacity to handle the demands of their jobs. Workplace support for social workers may also include implementing sufficient and equal resource distribution practices, guaranteeing transparency in decision-making processes and communicating departmental changes in a clear and consistent manner.

4.3.3.3 Subtheme 3.3. Challenges related to stakeholders

As participants shared their experiences of challenges they come across when they work with stakeholders, a confirmation was made that working with young people misusing crystal meth requires social workers to foster positive working relationships with external stakeholders. Even so, participants voiced that they encounter challenges with some stakeholders that they must involve to achieve their goals with young people misusing crystal meth. Thus, six categories emerged under this subtheme, namely, the challenge of extended waiting periods for admission of young people to inpatient treatment centres, challenges relating to the court process in admitting young people for involuntary treatment, challenges relating to the healthcare providers, challenges relating to schools, challenges relating to political interference, and challenges relating to the police.

(1) Category 3.3.1. Extended waiting period for admission of young people to inpatient treatment centres

Participants articulated in their accounts of the challenges they face with regards to young people's admission to the inpatient treatment centres, that the process of treatment admission usually takes about two to three months or even longer. The waiting period according to the participants is long and impacts negatively on young people as some lose hope and end up changing their minds. Participants explained that the long waiting period result in some young people leaving their families and joining their friends who stay in the streets. This then becomes a challenge to social workers when they have to trace them once their treatment admission date is confirmed. Participants also are of the view that the long waiting period and slow treatment admissions result from the shortage of treatment centres. Participants stated it as follows

“At first we waited two to three weeks, but of late it takes longer, it can take up to three months for the service user to get an admission date. Even now we are only using few treatment centres, two treatment centres have been closed” (SW3).

“I think also our admission processes are taking long you know, it is difficult dealing with a crystal dependent person because today they can wake up saying they want to be admitted to an inpatient treatment centre and tomorrow it is a different story” (SW4).

“It takes about two to three months because we are not the only office that is referring service users to these treatment centres, We are competing with other offices, and it is only three treatment centres that we usually send to hence the waiting period is very long” (SW5).

“Due to the long waiting period of admission, service users lose hope, they leave their families and return to the streets then the family will also give up and not want to cooperate with regards to tracing the service user then it becomes difficult for us to trace the family. It’s like we are running around a circle that is unsolvable” (SW13).

One of the key factors influencing service users’ satisfaction and treatment compliance is the amount of time they must wait to acquire treatment services (RSA, 2023; Nwagbara, Hlongwana & Chima, 2024). Consequently, the long waiting period for inpatient treatment admission is found to be the main reason young people are not seeking treatment for their substance misuse problems (Guitar, 2017). Therefore, to reduce the long waiting duration, inpatient treatment centres must have additional beds, effective processes, adequate staff and lower costs for treatment (Ellerbe, Manfredi, Gupta, Phelps, Bowe et al., 2017). Additionally, Guitar (2017)’s study led to the following three recommendations shortening the time between young people’s initial contact for treatment and the pre-intake interview, starting regular telephone contacts with young people who are waiting for treatment, and reducing resentful demoralization among young people who are ready for change but are compelled to wait for treatment.

(2) Category 3.3.2. Challenges relating to the court process in admitting young people for involuntary treatment

Participants described that, their challenges relating to the court process of involuntary admission includes the delay in the court processes resulting from the lack of understanding in the interpretation of the Substance Abuse Act. Participants stated that the DSD and the court seem to have a different understanding of how Section 33 of the Act cases should be treated. They shared the view that courts require young people to firstly have a case number before their involuntary application can be processed. This is despite the clear indication from the Substance Abuse Act which state that anyone who is a danger to himself or herself or to the immediate environment or causes a major public health risk can be admitted as involuntary user (RSA, 2008). Hence, the participants referred to the court processes as tiring since their cases are not receiving urgent attention leading to them spend most of their time in court. The participants also accentuated that courts have observed that young people comply with treatment admissions only because they avoid being apprehended, hence they return to their old doings and relapse after treatment.

"As a result, we have observed that the courts no longer show interest in involuntary cases. Magistrates don't entertain such cases due to the reason that service users only comply because of court order but once the duration of the order has lapsed they are back in society, they are free, and they misuse substances again" (SW2).

"However, the process is not easy we have many involuntary cases, but the process takes time, and at the moment the courts that we are using no longer want to do involuntary cases because they feel it requires a lot of work. The courts feel that if they have to arrest everyone who is not complying, then there are going to be a lot of people who need to be arrested, and there is no space in prison. But if the court does not want to do involuntary cases then it is difficult for us to force clients to get treatment" (SW3).

“And then another challenge is that of involuntary treatment admission. That process is a challenge because the court will give you a hard time. I also feel like courts don’t take social workers seriously, they will be sending you from pillar to post and that is tiring (SW4).

“The courts don’t want to assist when it comes to involuntary treatment especially if the service user does not have a case number, without a case number courts are reluctant to assist. Even though the Substance Abuse Act does not state that the person has to have a case number and the Act is clear that every person who is a danger to him or herself can be admitted to an inpatient treatment centre. So, it is just the courts that are interpreting the Act differently” (SW5).

“So, you will find that no one attends to your case, and you might be told to come on the next day hence you can find yourself going to court the whole week without being assisted” (SW7).

Involuntary service users usually a show lack of ability to identify the problem, little awareness of the problem due to lack of insight and a lack of interest to participate in the treatment programme (Cupido & van der Westhuizen, 2025:). Section 33 (1) subsections (a), (b) and (c) of the Prevention of and Treatment for Substance Abuse Act stipulate that involuntary service users pose a risk to themselves or to the immediate surroundings, a serious risk to public health, threatens their own or others’ welfare and engage in criminal activities to maintain their substance dependence (RSA, 2008). Consequently, in an event where the above-mentioned individual is not capable, willing or available to make an involuntary application for treatment and rehabilitation, only the spouse, next of kin, associate, parent or guardian of the service user may make such an application (Swanepoel & Mahomed, 2021). As clear as it is, participants alleged that they still find themselves experiencing challenges when dealing with involuntary cases of young crystal meth misusers, and that this results from the lengthy processes by the courts which delays their progress in solving cases of young people misusing crystal meth.

(3) Category 3.3.3. Challenges relating to healthcare providers

Participants reported that they are experiencing a challenge when it comes to the involvement of health care professionals in their cases of young people misusing crystal meth. Participants revealed that one of the challenges they are facing is that of the negative outcomes of feedback received from young people when they are referred to healthcare facilities for medical assessment. This is because young people report to the social workers that due to their mental condition, they are being treated as being crazy and are often turned away from the healthcare facilities or given new appointment dates for assessment. The participants continued to state that young people's medical assessment forms are frequently inappropriately completed by the health care practitioners. This then results in their application being rejected by the inpatient treatment centres. Young people struggle to receive enough medication from the healthcare facilities which may be required by the treatment centres as the requirement for their admission. Participants also revealed that they face obstacles when they need assistance from an ambulance as ambulances take time to respond to their requests for assistance with transporting young people who are mentally affected to the hospital. Thus, participants suggested that a good stakeholder relationship must be fostered between the DSD and the DoH. Participants responded as follows regarding the challenges they experience relating to healthcare providers.

"If we can foster a good stakeholder relationship with stakeholders like clinics, hospitals and doctors this will prevent us from being turned away by the treatment centres because doctors did not complete medical forms properly" (SW3).

"I think we have a challenge with the Department of Health when it comes to them assisting service users who have a mental problem. Sometimes when we send service users for medication which is required for their admission, they refuse to give them medication that will last them for nine weeks which is their admission period at Dr. Florence and Fabian Treatment Centre. This is a challenge because the treatment centre has rules that service users should bring enough medication so we get caught up in the

middle in that the treatment centres will require the service user to bring enough medication" (SW4).

"But it is very challenging to get the police and the ambulance to assist at the same time, you have to call them ten times before they can assist you" (SW5).

"They are seen as crazy people, and they are even turned away by the health practitioners. Sometimes, when they complete the medical form the information is incomplete or missing whereas the treatment centre requires a detailed medical report. Even the doctors or psychiatrists don't complete information such as their practice number, or the stamp of the hospital or the clinic. So it becomes a problem to turn back the service user because at some point they may lose hope and give up" (SW7).

"The other challenge that contributes to young people not coming back is that when we refer service users to the clinic for medical assessment, they are turned away and given other dates, and that affect the intervention process" (SW10).

Health care practitioners are an important resource needed by social workers to assist with completing young people's medical reports for their admission to the inpatient treatment centre. However, if the assessment is not appropriately done or the medical forms are not properly completed, the chances of young people's application being accepted by the inpatient treatment centres are low. This means healthcare workers play an important role in reducing the widespread problem of crystal meth misuse among young people. This is due to the reason that their knowledge and standing in the healthcare system put them in a position to play a significant role in preventing, dictating, and addressing substances misuse, thereby improving the general wellbeing of young people (Kerker & Adeyongo, 2024). Consequently, health care providers need to treat young people suffering from crystal meth dependence with respect, compassion and excellence in order to create a welcoming atmosphere for them (Dhillon & Singh, 2022). This may assist with encouraging young people to openly and confidently approach public health facilities for assistance with their substance problem without the fear of being judged.

(4) Category 3.3.4. Challenges relating to schools

Some participants explained that as much as young people are easily located in school settings, it is challenging for them to access learners and render preventive and early intervention services within the school environments. They further stated as follows that if they are allowed to render prevention services to learners, they are allocated limited time and space which prevent social worker from rendering comprehensive and effective services to the learners:

"Also, schools don't have time and space to accommodate social workers to conduct group work with learners as a results, you will conduct a group somewhere under the tree and you are being allocated only 30 minutes. Hence I am not sure if we are making an impact in our intervention with learners" (SW1).

"Schools have their own timetables and their own work to do, so they will usually be reluctant to give you a slot to do that. Usually, they will give you an assembly and that is not impactful unlike in a classroom when you are standing in front of a smaller group" (SW2).

Schools are important social institutions that play a vital role in young people's safe and healthy development, including the prevention of substance misuse (El-Khatib, Herrera, Compello, Mattfeld & Maalouf, 2021). As a matter of fact, crystal meth is among the common substances misused by teenage learners in schools (Sedibe & Hendricks, 2021). Due to this, teachers and learners no longer feel safe within the school environment. A study conducted on teachers' experiences of teaching substance dependent learners confirmed that educators and non-misusing learners are negatively impacted by the disruptive behaviour demonstrated by learners misusing substances at school (Mkhize& Shembe, 2022).

The validity of the above storyline on the treatment experienced by social workers in schools, that schoolteachers lack a basic understanding of the psychosocial interventions and important stakeholders involved is confirmed (Pillay, Patel & Setlhare-Kajee, 2023). Therefore, creating a comprehensive evidence-based approach for the prevention of

substance misuse is the most important step to support learners in schools (El-Khatib, Herrera, Compello, Mattfeld & Maalouf, 2021). This entails the involvement of and working together between relevant stakeholders in the prevention of substance misuse focusing particularly on crystal meth as it is mentioned as one of the substance of choice misused by learners.

(5) Category 3.3.5. Challenges relating to political interference

Participants stated that they feel that substance misuse is being politicised and that social work is thus used as a tool to benefit the needs of those in power rather than the needs of those that are vulnerable. It was further narrated by the participants that since substance misuse is regarded as a priority issue affecting young people, social workers are expected to admit larger numbers of young people misusing substances for treatment while following the instructions given to them by those in leadership instead of applying their own approaches. Besides this, participants stated that promises are made to young people and their families without the consultation of social workers. This leads to the influx of young people reaching out to social workers' offices in request for their substance services which they expect to be according to what was presented to them at information sessions. However, due to limited resources like the shortage of treatment centres, social workers are struggling to balance the demand and supply of substance services to young people misusing crystal meth. As a result, young people and their families appear to have lost trust in the ability of social workers to render effective services to them.

"There was a time when the six-month farm was announced in which the substance misusers would be admitted. During that time, there was an influx of people coming in for the six-months farm that did not exist and there was too much work to do. Substance abuse was given a priority, and it was also close to the elections, hence we were working under so much pressure" (SW1).

"And then the other thing that affect us in terms of the waiting period is that sometimes the MEC will take a group of people, and they will be admitted at the treatment centres" (SW10).

“And I think the other challenge we are facing is that they politicise substance abuse and they forgot that we are dealing with a human being” (SW11).

“Parents and service users were disappointed after they have realised that the six months farm that was promised to them is not existing. As a result, the community has lost trust in social workers, and it seemed like we are the ones who did not want to render the appropriate service” (SW13).

“In fact, our cases escalated more when it was announced on TV that there is a six-months treatment centre. People were coming with the hope that they would be admitted the very same day. This became a problem when we explained the admission process to the service users” (SW14).

According to Masuku and Jili (2019), politics is the use of a person’s or a group of people’ activities to obtain, create or control the resources to achieve one’s desired results. On the other hand, Aiyede and Muganda (2023) argued that in politics power and resource distribution is about using power to accomplish goals by any means necessary. Based on the above descriptions from the participants, it can be assumed that government has the power and the responsibility of ensuring that effective substance services are rendered to young people while providing the necessary resources for social workers to carry out the work. As a result, social workers are given instructions on how to carry their duties out when working with young people misusing crystal meth, to achieve the departmental goal of creating a substance free society. Despite the above, social workers view this as interfering with their work since they are expected to pay attention to and do what they are told is right, instead of them doing what they know is right. Hence, Masuku and Jili (2019) claimed that public service needs to fully embrace the development agenda and be protected from excessive political interference, meaning that employees at all levels must have the power, expertise and assistance necessary to carry out their duties.

Matakalatse and Motsepe (2025) further stressed that, a culture of fear, anger, and frustration is fostered by political leadership that prioritise manipulation over dynamic governance, ultimately undermining organisational cohesion and morale. This implies that, when social workers are not given the opportunity to participate in decisions related

to the duties that they carry on the ground, they may lose passion in their work which can contribute to minimum success in their cases of young people misusing crystal meth.

(6) Category 3.3.6. Challenges relating to the police

According to the participants, the main challenge they are facing is that of supply reduction which puts the police at the centre and stresses their responsibility to incarcerate substance dealers and prevent easy availability of substances within the communities. The participants stated that when substance dealers are arrested they are quickly released back to the communities, some of their cases do not undergo court proceedings while others are withdrawn. They expressed that the constant increase in the number of young people misusing crystal meth in the communities indicates that more work needs to be done on the supply reduction side. Additionally, participants stressed that they experience a challenge when it comes to the police assisting them with the involuntary cases, as their expectation is that for them to be involved there must be a criminal case opened against the young person. Participants further expressed that substances are easily accessible in the communities and people in the community are scared to report due to police corruption and fear of being victimised.

"*Now we are told that the supply reduction part is supposed to be the law enforcement arresting those who are dealing and removing them from society. But does it work? If it worked, we would not have so many people misusing substances, and the substances would not be so easily available in our communities" (SW2).*

"The challenge that we are facing with the police is that you will see them arresting substance dealers, but you will see the same people back in the streets again, so I don't know whether it is the court or the police that are not doing their work. Some cases of substance dealers don't reach the court stage and those that reach the court stage get closed" (SW3).

"And then another challenge is that of involuntary treatment admission. That process is a challenge because the court will give you a hard time. Also, the police will not assist as they will tell you that the service user does not have a criminal case hence they cannot intervene" (SW4).

“You have to fight I don’t want to lie because in some instances the police don’t want to assist they will inform you to first call the ambulance stating that they will not be able to assist if the paramedics are not present and then you will call the ambulance and when it arrives the police will still not be available and when the police happen to arrive before the ambulance they will not want to wait” (SW5).

“However, the police are very reluctant when it comes to them assisting us with the involuntary cases” (SW6).

“People who are selling substances are found within the communities and it is not easy for the community members to report them because they think that they will still see them walking free even if they report them. Also, people don’t feel safe to report drug dealers because they don’t want to put their lives in danger and some feel that the police are working with the drug dealers” (SW10).

It will be unreasonable to ignore the reality that the police play a significant role in the prevention of substance misuse when they collaborate with the communities (Ntsaka, 2022). In contrast, the study conducted by Machete and Obioha (2017) on the strategies of South African Police Services (SAPS) in prevention and combating of substance misuse in a South African township confirmed that, the police fail to carry out their mission to investigate, apprehend and detain substance dealers. It is then clarified by Machete, Obioha and Mofokeng (2022) that removing substance dealers involves greater efforts to enforce the laws against the sale of substances and increasing prosecution of substance dealers. However, in some cases justice is not served because case dockets vanish or get missing from criminal investigators and prosecutors (Matakalatse & Motsepe, 2025). This is therefore the reason that substances continue to spread in the communities making them more accessible to the youth and challenging for social workers to intervene.

4.3.4 Theme 4: Social workers' feelings pertaining to their role as service providers to young people misusing crystal meth

As the participants were narrating their experiences with regards to their everyday interaction with young people misusing crystal meth, the main theme that emerged that they felt unsafe in their involvement with young people misusing crystal meth. They reported this to be resulting from the unpredictable behaviour that young people display once they are intoxicated from crystal meth.

4.3.4.1 Social workers feel unsafe in their involvement with young people misusing crystal meth.

Participants reflected that they feel unsafe being around young people misusing crystal meth due to the aggressive behaviour they often display. Participants reported that the behaviour of young people makes them feel uncomfortable and unsafe as they intervene in their lives. Since it is difficult for social workers to resolve young people's substance problems without having face-to-face intervention with them, participants reported that they have to find ways to protect themselves from the young people's behaviour. Thus, social workers explained that they create a safe working environment by ensuring that a family member of a young person is present during their intervention, so that they can assist in instances where a young person starts behaving in a manner that is unacceptable. Social workers are expected to make their services accessible by visiting hot spot areas which they perceived as a challenge since it brings them closer to substance dealers thus putting their lives at risk. Some participants indicated during their interviews as follows that this puts their lives in danger because substance dealers are not happy with them discouraging young people from supporting their business:

"We are often asked to target hotspot areas, and we find it completely uncomfortable. It is unsafe because I am at the hostel where they are selling substances telling young people to quit substances so that I take them to a treatment centre. First of all, I am taking business away from the substance dealers, also, anything can happen to me because I am just there as a social worker, I am not with the police, and I am not wearing a bulletproof vest" (SW1).

“Another thing is that some of the crystal meth clients tend to be aggressive, which compromises the safety of the social workers because you are expected to conduct an assessment with the service user but then you are scared of them” (SW4).

“So, now you need to make sure that you are not alone when conducting a home visit to a crystal meth user, and you also need to make sure there is another family member present in the house for protection” (SW7).

“It is difficult to engage with a person who has psychiatric episodes because sometimes they get aggressive and they become a danger not only to themselves but also to me and their family” (SW6).

“It is not safe and it is a very scary experience ever. Even if you are interviewing the service user alone in the office you don’t close the door because their stories are scary. I don’t think we are safe when dealing with crystal meth clients because they sometimes come to the office, intoxicated” (SW8).

“Sometimes they become violent, and we will call for assistance, and then they would slam the door and walk out” (SW12).

“As a social worker, I am not safe and you need to be brave and not show them that you are scared even though you know very well inside that you are scared” (SW14).

The above-mentioned behaviour displayed by young crystal meth misusers confirms that crystal meth misuse can lead to or worsen mental health issues (Katas et al., 2024). Thus, resulting in psychiatric symptoms such as aggressive behaviour, paranoia, hallucinations and delusions leading to dangers and obstacle faced by service providers (Eisler, 2020). In some instances, some service users display a hesitant and even hostile or aggressive attitude refusing to cooperate with the social worker even when the social workers tries to communicate effectively and professionally (Marc, DimEny & Bacter, 2019). In essence, the hostile behaviour displayed by young crystal meth misusers creates

obstacles for social workers to effectively intervene and assist young people to successfully deal with their crystal meth misuse problem.

4.3.5 Theme 5: Proposals to improve social work service delivery to young people misusing crystal meth

This theme reflexes the findings related to the participants' proposals to improve social work service delivery to young people misusing crystal meth. The participants' shared their perspectives about their proposals necessary to assist them with improving quality of service delivery to young people misusing crystal meth. As a result, three subthemes emerged under this theme, namely, proposals for the National Government, proposals for the DSD, and proposals for social workers as service providers.

4.3.5.1 Subtheme 5.1. Proposals for National Government

As the participants considered and expressed their views regarding their recommendations to improve service delivery under the National Government, five subthemes arose, namely, the establishment of a specialised SAPS substance unit, addressing cannabis decriminalisations more responsibly, the proposal for schools to include substance misuse as part of the school curriculum, and a proposal for the court.

(1) Category 5.1.1. Establishing a specialist SAPS substance unit

In their responses regarding SAPS, participants proposed that SAPS must establish a special unit that focuses specifically on substance-related matters. They stated that having a specialised SAPS team for this purpose, would assist in the reduction of substance misuse and the community will know where to lodge their substance misuse cases, knowing that they would access the relevant assistance. In addition to this, participants reported that such a special unit within the SAPS would be liable for tracking, apprehending substance dealers and making follow ups on substance cases that were reported but unattended. Participants worded their proposals as follows:

"Hence I think we need a specialised and tactical team in the policing unit that will specifically deal with substance cases" (SW1).

“Therefore, my suggestion is that there should be an Anti-Drug unit in every police station, as it was before. That would be the unit that is entirely dedicated to tracking down and arresting those who are selling substances. So, my view is that you can have as many harm reduction officers as you can, but as long as the tap is running, they will not see what they are doing” (SW2).

“SAPS must create their own unit that deals specifically with substance cases so that the community can trust them” (SW10).

The primary responsibility of the police in substance prevention is to maintain public order and upholding the law specifically preventing, detecting and investigating criminal activity as well as apprehending offenders (Sloboda & Ringwalt, 2025). This means that through establishing a specialised unit, the police will fully focus their attention on preventing the misuse of substances within the community by identifying those who are selling and buying it, thoroughly investigate the reported cases and arrest substance dealers in the community. Having a specialised SAPS unit might in this regard assist in creating safe community environments that are free of substances and people involved with it, consequently developing and maintaining an honest and trustworthy relationship between the law enforcement and the community members.

(2) Category 5.1.2. Addressing cannabis decriminalisation more responsibly

Participants articulated under this category that the misuse of cannabis is prevalent among young people, and they referred to it as a gateway substance to crystal meth misuse among young people. Participants shared that they find it difficult to address and inform young people with regards to the dangers of misusing cannabis since it is legalised for private use by adults. They indicated as follows that because of this ruling it might be easy for young people to access this substance even though it may increase their chances of crystal meth misuse:

“The decriminalization of marijuana has made it seem cool for young people to use substances, and the main issue with marijuana is that it is a gateway drug. Reality is that once you start with marijuana then you can easily move on to crystal meth” (SW1).

“So now if they can cancel this law that legalizes private use of marijuana because it makes it difficult for social workers to even stand in front of learners and educate them about the dangers of using marijuana” (SW2).

“I have 50 cases and above with marijuana substance dominating” (SW9).

The above storylines emphasised the concern that social workers have about the law that permits the use of cannabis for private purposes. Notably, section 3 subsection 2(a)(i) and (ii) of the Cannabis for Private Purposes Act 7 of 2004 stipulated that no adult persons may knowingly permit a child to use or possess cannabis or supply a child with cannabis or a product containing cannabis (RSA, 2024). Even though this is the case, social workers expressed how this law has made it difficult for them to educate young people about the dangers of this substance particularly because of its easy accessibility. This is in line with Sah, Shrestha and Chaudhary (2024)’s argument that, cannabis is a habit-forming substance that could cause the misuse of more addictive substances. Meaning that, once a young person engages in cannabis use their behaviour is likely to escalate to crystal meth misuse. Additionally, Sedibe and Hendricks (2021) pointed out that young people in schools access cannabis through so-called “space muffins” which are made by adding cannabis to muffin batter, especially chocolate, because of its dark colour and baking them. Hence, the government should impose strict rules to guarantee that cannabis is used properly and for the intended purpose (Khoza & Shilubane, 2021).

(3) Category 5.1.3. Proposal for schools to include substance misuse as part of the school curriculum.

Despite social workers visiting schools and conducting awareness campaigns with learners, participants reported that they are experiencing a challenge as the schools have their own time for teaching, which reduces the chances of social workers getting a suitable time slot and space to render substance services. Participants in this regard stated that the government need to plan to combat substance misuse within schools, and proposed that this might be achieved by adding an awareness programme into the school

curriculum so that it can focus on teaching young people specifically about substances and learning positive ways of dealing with their substances problems and preventing it. This might encourage behaviour change among young people as they will then be thoroughly knowledgeable and be able to make informed choices in their lives.

"Therefore, the Department of Education should include in the curriculum a subject about substances and start educating children while they are still young. Let them grow up with knowledge, and they must be flexible enough to not only discuss the substance that is prevalent at the time" (SW2).

"We also need to come up with a serious plan especially in schools, so that we can win this fight against substance abuse and teenage pregnancy" (SW14).

"Yes we have departmental programmes such as the Wake-up Call and Stop to Start that we implement with learners at different schools. However, due to the number of issues such as lack of space and learners not bringing back consent forms we don't usually succeed in conducting those groups in schools" (SW1).

Khoza and Shilubane (2021) and Sepadi, Malatji, Rabotata and Vuma (2025) agree that the DoE should organise workshops to provide teachers and school personnel with the necessary knowledge and skills to identify and handle learners who are suffering from substance misuse. This will assist with raising awareness and empowering learners with the needed information before they can engage in substance misuse. In support of the above, Sedibe and Hendricks (2021) advise that learners and parents should also be involved in ongoing training sessions and seminars to help learners to be able to protect themselves against substance misuse. Moreover, social workers can work together with teachers by implementing school-based awareness campaigns for learners on the detrimental effects of substance misuse and the importance of healthy decision-making (Paul et al., 2024).

(4) Category 5.1.4. Proposal for the court

Participants accentuate that, it is challenging for them to effectively deal with involuntary cases of young people misusing crystal meth because courts seem to be lacking an

understanding on how to deal with these cases. With regards to the above-mentioned, participants maintained that courts seem not to understand how to handle involuntary cases and because of this, the presiding officers use their own discretion instead of following the appropriate law. Due to the challenge of applying the involuntary process by the courts, social workers have to wait long hours before their cases can be attended to, which leaves them with insufficient time to deal with other cases. Hence, social workers proposed that to prevent this situation, courts should establish a special unit that will specifically deal with substance misuse cases.

“The courts should assist us with issuing court orders for involuntary treatment and also treating involuntary cases as a priority” (SW3).

“I think going back to the basics, all the involved stakeholders should follow the law and not apply it in a way that suits them, and this includes the courts when it comes to dealing with involuntary treatment” (SW5).

“I think officials at courts don’t have a clear understanding of how involuntary admissions work, so if they can be trained on how the Section 33 works. Or if the courts can have a special section or unit that deals directly with involuntary matters because some prosecutors will not put your case on roll and some will complain that they have serious cases on the roll” (SW7).

Involuntary treatment admissions can be beneficial in decreasing disruptive behaviour and improving treatment compliance among young people misusing crystal meth (Oral & Tekden, 2024). Thus, the involvement of the court is essential because it ensures accountability and emphasises the importance of treatment compliance (Guo, 2024). Through the involvement of the court, young people are left with no choice but to adhere to the treatment requirements which in turn assists with addressing their substance problem and improving their quality of lives. For this to be effective, courts need to foster a positive working relationship with social workers and share a common goal, which is

minimising the substance problem that is affecting young people, their families and the community at large.

4.3.5.2 Subtheme 5.2. Proposal for the DSD

The DSD plays an important role in the prevention of substance misuse through the employment and training of social workers to render effective services to those struggling with substance problems. According to Asha (2024) effective service delivery can be achieved through the adoption of various measures such as awareness programmes, treatment centres, and counselling services for those affected by substance dependence. Out of this subtheme, four categories emerged, namely, establishing more treatment centres, diversified service provision, improved early intervention, and improved family involvement.

(1) Category 5.2.1. Establishing more treatment centres

Based on the information narrated by the participants, there is a shortage of government owned treatment centres in Gauteng and the few that are available have a limited number of beds. Participants identified both lack of inpatient treatments centres and after care centres and at the same time pointed out the need amongst young people suffering from crystal meth misuse to be assisted with accommodation and the provision of treatment. The participants' storylines are divided as follows according to the needs for inpatient treatment centres and after care centres.

- **Establishing more inpatient treatment centres**

Participants indicated that the long waiting period for admission of young people misusing crystal meth is as a result of the shortage of inpatient treatment centres and limited bed capacity. Based on the above, participants proposed that to improve service delivery to young people misusing crystal meth, the government must either build more inpatient treatment centres within the communities or increase the number of beds within the already existing centres to ensure that young people could be promptly admitted and offered the necessary programmes for treatment. This was put as follows:

“Maybe if the department can increase the number of treatment centres, because currently in Gauteng there are not more than five treatment centres” (SW4).

“Another thing is that all social workers in Gauteng are sending service users to the same treatment centres, so the main challenge is the limited number of treatment centres” (SW5).

“Maybe we can get more treatment centres or increase the bed capacity in order to reduce the waiting period” (SW6).

“If there can be more treatment centres within the communities because the few that we have accommodate the whole of Gauteng and other regions. So, I think having more treatment centres can make our work much better” (SW7).

The issue of the shortage of government inpatient treatment centres as stressed by the participants, was confirmed by Mpanza et al. (2020). Kali and Kaif (2024) add that since residential treatment admission is an essential element for comprehensive treatment, social workers require an increased number of inpatient treatment facilities staffed with highly trained professionals to provide prompt treatment. This indicates that the government must expand, modernise and ensure that treatment centres offer the best care to crystal meth misusers; this can be achieved through partnership with other private sectors (Shubho, 2025). Furthermore, Janson et al. (2024) added that the reason for limited access to treatment centres is mainly due to underfunding of current treatment facilities and a lack of government funding for the construction of new treatment centres. This means that through the allocation of funding, the department must ensure the development of more treatment centres and improve the quality of service rendering to young people within the existing treatment centres.

- **Establishing more aftercare centres**

Same as the inpatient treatment centres, participants indicated a need for the establishment of more residential aftercare centres so that young people can acquire a holistic service preparing them for the outside world. In addition to that, participants stated

that these aftercare centres should be located within the communities to ensure easy accessibility, and they should apply a multidisciplinary approach by involving all significant professionals required in the treatment of crystal meth misusers within the centres. Participants added that involving young people in aftercare centres may provide them enough time to upskill themselves and gain enough strength to face community challenges without relapsing. The need for the establishment of more residential aftercare centres was narrated as follows

“My main suggestion is the building of aftercare centres where service users can be admitted for six months and longer and also the aftercare centres need to have a multi-disciplinary approach such as having a psychiatrist, a psychologist and a social worker. The aftercare centres needs to be within the communities that we are serving” (SW1).

“Hence, I prefer that there would be more aftercare facilities with some level of control such as the inpatient treatment centres where service users can stay for a while after their discharge from the treatment centre” (SW2).

“And we need to also have more in-house aftercare facilities where service users can go to immediately after completing treatment as this can help in preparing them to live a sober life” (SW7).

Aftercare plays an important role in the treatment management cycle and assists with preventing relapse (Mpanza, 2023). This means that treatment should not end after a young person’s discharge from the treatment centre. For this reason, there should be continued care and monitoring even after the young person has completed treatment (Husiny, 2025). Moreover, to ensure effective aftercare, young people should be linked with the necessary resources which may lessen the socio-economic challenges that they may experience after treatment (Mkhize & Gutura, 2021). In the researcher’s experience, if after treatment young people are immediately linked with aftercare services, their opportunities to improve their personal and financial growth may be increased while at the same time reducing their chances of relapse.

(2) Category 5.2.2. Diversified service provision

Participants mentioned that for their intervention to be effective, there needs to be a change in the way in which substance misuse cases are handled. They stated that their intervention approaches should be tailored specifically for different substances misused by young people. This means introducing specialisation within the field of substance misuse, such as having social workers dealing specifically with pre-treatment services to ensure that service users acquire preparatory services and are ready before admission, and social workers dealing with aftercare service ensuring service users are effectively reintegrated and monitored after treatment. Through this approach participants believe that young people may develop a better understanding of the unique causes and effects of specific substance misused so that they are well informed to make better choices. Their proposals are explained as follows:

"I also think within the substance abuse team we could specialise, maybe there should be a team responsible specifically for aftercare services, another one for pre-treatment services, another one for ensuring the admission of service users and another one specializing in group and community work. Another issue is that the department is quiet focused on statistics hence I think specialising may increase productivity" (SW1).

"We work as a team because, if there is progress or changes the aftercare social worker will give progress with regards to the referred service users such as whether they are progressing well, they have relapsed, have tested positive for substances or they have completed their skills development program" (SW4).

"I think if we can group the service users and attend to them according to the type of substances they use they might gain more insight about the effects of their substance of choice and be able to make informed decisions" (SW9).

Diversity is a core principle of the social work profession (Beaumont & Kelly & Smith, 2021). Alternatively, Contini (2022) refers to diversity as representing the advantages of having a variety of skills, language and cultural diversity in private business and public

services. Understanding the principle of diversity means that, as a social worker you have knowledge and understanding of specific challenges faced by young people and are able to apply appropriate strategies to reach positive outcomes. In support of the above, Ramphabana and Rapholo (2024) claim that, understanding diversity will enable social workers to modify their intervention strategies and bring about significant change that greatly empowers and transform service users and communities. This implies that social workers are required to pay attention to specific needs of young crystal meth misusers and intervene in a manner to specific address the effects that come with crystal meth misuse. This will also encourage inclusivity as young people may feel valued since their substance problem will receive quality services with tailored interventions. Consequently, a lack of diversified social work services may result in young people not benefitting from the knowledge, skills, and resources brought by the social worker (Corona, 2025). Sadly, this may result in young people losing interest thus relapsing after treatment.

(3) Category 5.2.3. Improved early intervention services

Participants maintained the notion of prevention being better than cure, thus emphasising the importance of conducting awareness campaigns particularly in schools as a way to prevent young people's engagement in crystal meth misuse. Participants also articulated that the DSD must be deliberate and practical with regards to the strategic plans to be executed to prevent young people's misuse of crystal meth in schools. Participants concluded that the main purpose of rendering early intervention services is to prevent the start of substance misuse by non-misusing youngsters and admitting those that are misusing to the inpatient treatment centres. Participants proposed the following for improving early intervention services:

"Another suggestion is that, because many young people start misusing crystal meth between grade seven and eleven, we must target those grades by conducting awareness campaigns because prevention is better than cure so that they are armed with knowledge" (SW3).

“The government need to be more realistic than to just make promises to people. We also need to come with a serious plan especially in schools” (SW14).

“We are conducting substance abuse awareness in schools where we are educating learners about the dangers of substance misuse and preventing them from starting because prevention is better than cure. The ones that are already affected by substance misuse we assist them with the process of admission to treatment centres” (SW5).

The UNICEF (2020) describe early intervention as strength-based developmental and therapeutic services that focus on children, youth, families, women, older people and communities identified as vulnerable or at risk to ensure that they do not need to undergo any kind of statutory procedure. Additionally, Perez and Rios (2024) underline that the foundation of early intervention programmes is knowing that the early years are the crucial stage during which prompt and appropriate interventions can have a major and long-lasting effect. This will entail social workers identifying young people who are at risk by linking them with essential resources before they are deeply engaged in crystal meth misuse (Ghuble, 2025). By tackling crystal meth misuse at an early stage, young people are more likely to experience improved long-term changes for the future (Fife Health and Social Care Partnership, 2024).

(4) Category 5.2.4. Improved family involvement

Social workers suggested that families should be more involved in the treatment of young people misusing crystal meth as this might assist in ensuring treatment success. However, the participants also acknowledged that the lack of family cooperation might result from young people’s lack of willingness to change after several attempts have been made by their families to assist them in changing their situation. Based on the reason that young crystal meth misusers are likely to relapse, families lose patience and trust towards them, thus detaching from the treatment process leaving it to the young person to take responsibility. Participants proposed the following for the improvement of family involvement:

“You will find that they used this thing and the family obviously tried to intervene in their own way be it discipline or maybe they tried the rehab route as well and the person come and does the same thing, so some families give up and then when the person comes you find that they are just on their own and the family is not interested. As a social worker you will try naturally to get the family involved so that they can offer some kind of support, but you cannot guarantee that because when people are fed up they are no longer interested” (SW2).

“Families are not the same, some families are really assisting, and some are tired because some of our clients go to rehab four to six times, it’s only few cases where a child or adult come and go to rehab once and then be fine. Others need to go two or more times before they can be fine and stay away from using so it is actually a problem. But families are supportive it is only those that are really fed up because of the experiences they have with the kids” (SW3).

“Sometimes families are not cooperative because the substance user has been in different treatment centres several times and the family is now tired” (SW4).

“I think family members should be more involved but also is a challenge because most of our service users don’t have families they live in the streets, so I think family cooperation is very important they need to be more hands on and assist us” (SW8).

As much as Masombuka (2024) stresses the importance of involving parents during the rendering of services to a young person misusing substances, the author also acknowledges that challenges such as parents’ work commitment and time, and the high caseloads of social workers are some of the reasons parents are excluded in social workers’ intervention with young substance misusers. However, this does not take away the importance of parental or family involvement in the intervention process, referred to by Perez and Rios (2024) as a foundation of effective early intervention which can guarantee that interventions are appropriate for the family culture, relevant and continues within the home environment. Social workers in this view, have a duty to ensure that their services are also aimed at improving parent-child relationships to improve parental cooperation in the intervention process.

By fostering connection, acceptance and understanding, social workers may help young people in recovery to develop meaningful relationships with peers, families, and other adults (Ezerioha & Mohammadnezhad, 2024). Through family therapy social workers can help address the effects of substance dependency in family relations, enhance communication and help restore trust (Padole, 2024). Finally, caregivers noted in the study conducted by Carney, Chibambo, Ward and Myers (2020) that they lacked parenting skills to react appropriately to problematic behaviour displayed by young people as well as precise information around substances and their impacts.

4.3.5.3 Subtheme 5.3. Proposal for social workers as service providers

It is noteworthy that social workers as service providers to young people misusing crystal meth substance are the main role players in the intervention process. Nonetheless, without the necessary resources and training social workers might experience negative results in their intervention outcome with young crystal meth misusers. This subtheme brought about three categories, namely, the needs for more support and access to resources, training for social workers, and improved reintegration services to young people misusing crystal meth. These categories are explained below.

(1) Category 5.3.1. More support and access to resources

As indicated under subtheme 3.2 categories 3.2.2 and 3.2.4, social workers are experiencing a lack of support and resources necessary to assist them in their interventions with young people misusing crystal meth. Under this category, social workers suggested that the department should create a platform in which they can raise their concerns regarding the challenges they face during their intervention process. Participants are of the belief that having these platforms will also raise awareness of these issues to the management so that they would attend to them through the provision of adequate support and resources. Participants added that the department should allocate them subsidised cars to enable them to attend to their cases or should add more state cars and employ enough drivers to assist with the transportation of young crystal meth misusers to the inpatient treatment centres. In addition, management should minimise

their interference in the work of social workers and employ more social workers. The raised concerns and suggestions are illustrated in the following storylines.

“But usually when there is something we are not happy about we usually don’t voice them out because there is no platform for that. I however believe we should have those systems because it will make us work peacefully and will also make those in management positions understand how things are done on the ground” (SW3).

“To address the issue of shortage of cars I think social workers should be allocated subsidized cars” (SW5).

“And also, the issue of transporting service users to the treatment centres need to change because we are women and most of our service users are males and are aggressive so you can die at any time. Maybe the department can employ more drivers because currently we only have two drivers and we have five offices in Ekurhuleni and sometimes Maybe each office should have their own drivers” (SW8).

“Again, we don’t qualify for subsidy cars they require that we should have travelled 1500 km per month to qualify of which is impossible because we are not in rural areas where we travel long distance to see clients. My suggestion is that we must be given more cars so that we have the means to go out and work” (SW10).

“We also need to be allocated a driver to assist during their transportation because normally it is only me and my other colleague transporting two or three men in a combi” (SW11).

“My suggestion is that social workers should be allowed to practice social work in the department. Let us not be chasing numbers because I think the biggest ill in the department is the chasing of numbers and people telling us what we need to do when they don’t have knowledge of social work. Let us be given a chance to do what we studied at the university and do the interventions the way that we were taught. Most of the time people that are making decisions don’t understand what it is to work with people” (SW13)

“If the government employs more social workers because we need more manpower” (SW14).

The South African government is required by the Constitution to supply essential services to the people (Thusi & Mamokhere, 2024). It is noteworthy that the reason service users approach social workers’ offices for assistance is because they are hopeful that social workers will have resources suitable to assist with tackling their problems. Therefore, it is normal to believe that service users in this regard expect their problem to receive immediate attention from social workers. However, based on the above storylines, the reality is that social workers lack the needed resources to effectively and promptly respond to the needs of young crystal meth misusers. Again, it is important for social workers to have support structures that allow them an opportunity to voice their concerns and stresses within the workplace. Hence, the DSD should foster a positive work environment by creating professional networks, frequent debriefing, counselling services and tools to assist social workers in managing work-related stress and develop resilience (Mangolele & Calitz, 2025).

(2) Category 5.3.2. Training for social workers

Participants did not only share their challenge of lack of training as articulated in subtheme 3.2, 3.2.3, but they also proposed for DSD to offer training to social workers since they shared that the training provided is not enough to equip them with the required knowledge to be able to better deal with crystal meth misuse cases. Participants continued to state that the trainings need to be specialized so that they are knowledgeable on how to deal with cases of various substances.

“Yes there are small training there and there but a lot of what I know is from experience trial and error” (SW1).

“We do get trainings, but recently we don’t get a lot of them. But I think we should be allocated more trainings because things are evolving especially with the trend of crystal meth misuse” (SW3).

I think we should get training on substance maybe once a year at least because I don't even remember the last time I attended a training" (SW8).

"I think it will be better if we get trained based on the new trend of substances so that we have more knowledge on crystal meth as a trending substance and also learn how to deal with young people misusing crystal meth. Sometimes we just use general social work skills to deal with those clients (SW11).

"We do have trainings, but they are very limited" (SW13).

Currently, the knowledge that social workers have acquired from university is not enough to help them succeed in their intervention with young people misusing crystal meth. This implies that, many social workers are still lacking knowledge and the ability necessary to properly respond to young people's problem of substance misuse (Diraditsile & Mabote, 2019). Thus, Hope and van Wyk (2018) established that due to lack of training and supervision, social workers' intervention techniques rely on firsthand knowledge, peer support and instinct. Accordingly, Budayova, Svoboda, Kosa, Tudose and Molchanova (2022) emphasised the significance of staff education and growth in advancing social workers through seminars, workshops, and training.

(3) Category 5.3.3. Improved re-integration services

Participants stressed the importance of appropriate reintegration of young people into their families and communities. By this, the participants meant that young people's sense of belonging after treatment should be strengthened through their involvement and participation in programmes that are available withing their communities. As much as participants have acknowledged the high rate of youth unemployment, they asserted that if young people are allowed access to participate in skills development centres and access funding, they might have the opportunity to start their own businesses so that they are able to self-sustain. They further indicated that these opportunities may assist with keeping young people occupied while maintaining their sobriety.

"We also need to ensure that young people are properly reintegrated into their families and communities" (SW1).

“and some might need to be assisted with parenting skills so I think there can be more of the parents that need to be referred for parenting skills in order for them to be ready when they receive their child back. And again, we cannot shy away from the fact that there is high rate of unemployment” (SW4).

“Again, there must be more skills development centres within the communities so that service users can be able to partake in these programs and keep themselves busy to avoid relapse” (SW7).

“So, if we have a big skills development centre same as the treatment centre where service users go and get the skills. I think it will be better teaching them to make their own businesses and having funds for their businesses because many service users are skilled” (SW11).

According to Mpanza et al., (2022) reintegration services are meant to assist service users and their families to reintegrate and get back together after the service user has completed the inpatient treatment. However, due to the relationship breakdown resulting from the behaviour of a young person misusing crystal meth, families find it difficult to reintegrate them back into the family even if the young person has acquired the needed professional help (Khanyi & Malesa, 2022). Therefore, it is the duty of social workers to ensure that reintegration services are effectively rendered through the provision of services that are intended to prevent the recurrence of issues in the young person’s’ family environment that may encourage young people to return to crystal meth misuse after treatment. Essentially, the purpose of aftercare and reintegration services is to prevent relapse by helping young people to learn skills to cope with high-risk circumstances and their life changes (Gibbons, 2019). Through the creation of job opportunities, young people may not have long periods of leisure time which may contribute to their struggle to avoid boredom and therefore resorting to crystal meth misuse (Mahlangu & Geyer, 2018).

4.4. Summary of the chapter

This chapter covers the discussion and analyses of the findings that emerged from the study using Tech's data analysis approach (Cresswell and Cressell, 2018) introduced in Chapter three. The presentation of the findings firstly focuses on the biographical details of the social workers who participated in the study. This is followed by the presentation of the findings of the experiences of social workers encounter when rendering services to young people misusing crystal meth. The findings are discussed by taking into consideration the themes, subthemes and categories that developed during data analyses and subjecting them to a literature control.

The chapter that follows contains the summary, conclusions and recommendations of the study.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to obtain an in-depth understanding of the experiences of social workers rendering social work services to young people misusing crystal meth, with the aim of drawing conclusions and making recommendations for social work practitioners. Therefore, the final chapter focuses on summaries of the chapters, conclusions drawn from the study's findings, and recommendations for future research on the experiences of social workers rendering services to young people misusing crystal meth as well as recommendations for social work intervention.

5.2 Summary of chapters

The study consists of five chapters, summarised as follows:

Chapter one provides the introduction and the background context of crystal meth misuse among young people as a global issue affecting young people, their families and communities at large. The problem statement and rationale of the study are included, followed by the purpose and objectives of the study as well as the research question that was formulated from the study topic. A brief presentation of the theoretical framework guiding the study, the research methodology and ethical principles applied in the study were also provided in this chapter. The chapter also touches on the contributions and limitations of the study and the clarification of key concepts.

Chapter two is a literature review and overview of the nature of crystal meth misuse on the global, continental and South African context. The literature review deals with the causes of crystal meth misuse among young people, the effects of crystal meth misuse on young people, their families and community, and the impact of young people’s crystal meth misuse on social work services. The level of social work intervention, the social work helping process and the role of social workers dealing with young people misusing crystal meth are further discussed. This also includes the discussion of the policy and legal framework applied in dealing with it, which focuses on the Constitution of South Africa (Republic of South Africa, 1996), the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (Republic of South Africa, 2008), the National Drug master Plan (Republic

of South Africa, 2019) and lastly the Central Drug Authority (Republic of South Africa, 2023a). This chapter further stretches its discussion to the framework that guided the study, namely the ecological systems theory.

Chapter three focuses on the explaining the in-depth application of the qualitative research methodology which paid attention to the phenomenological research design supported by explorative, descriptive and contextual designs used in the study. This chapter also describes the study setting and the rationale for choosing the population, sample and sampling size, data collection methods and procedures, pilot testing, the role of the researcher, and the data analyses methods used in the study. The chapter then focused on the detailed explanation of how the rigor and trustworthiness of the study were ensured, and the consideration and utilisation of the ethical principles applied in the study.

Chapter four provides the presentation and discussion of the study findings. The findings firstly focus on the biographical particulars of the participating social workers, namely, their ages, gender, race, ethnicity, highest qualification, service point of DSD, and work experience. This is followed by the presentation of the findings about the social workers' experiences in dealing with young people misusing crystal meth, according to the developed themes, subthemes and categories derived from the data provided by the participants, subjected to a literature control.

Chapter five consists of a summary of the chapters and presents the conclusions made from the findings and the recommendations made based on the research.

5.3 Conclusions drawn from the study

Conclusions are drawn from the general orientation of the study, the literature review and theoretical orientation, the research methodology, and the themes that emerged from the findings about social workers rendering services to young people misusing crystal meth.

5.3.1 Conclusions drawn from the general orientation of the study

In reflecting on and describing the general orientation of the study the following conclusions are drawn:

- The research study aimed at obtaining an in-depth understanding of the experiences of social workers rendering services to young people misusing crystal meth. Based on the general orientation of the study, the researcher concluded that crystal meth misuse among young people is a worldwide problem that does not only affect young people but also their families and communities. The spread of this problems is confirmed to be also impacting negatively on social work practice since it increases the demand for social work services which requires social workers to be effective in their intervention with young people misusing crystal meth. This is despite the challenges social workers encounter in their fight against crystal meth misuse among young people.
- Based on the findings obtained from this study, the researcher concluded that the study's purpose was achieved through attaining the following three objectives that were formulated by the researcher:
    - To explore the experiences of social workers rendering services to young people misusing crystal meth substance
    - To describe the experiences of social workers rendering services to young people misusing crystal meth substance .
    - To draw conclusions and make recommendations about the experiences of social workers rendering services to young people misusing crystal meth substances.
- In line with the above objectives, the researcher concluded that through the exploration and description of social workers' experiences, the research question was answered (see Chapter one, Section 1.5.1).
- The findings obtained from the interviews acknowledged the fact that social workers are experiencing challenges that are impeding with their success in their intervention with young people misusing crystal meth.

- Through the study's findings the researcher was able to make recommendations for social work practice and recommendations for future research.

5.3.2 Conclusions drawn from the literature review and theoretical orientation

Based on the literature review and theoretical orientation conducted in the study, the following conclusions are drawn:

- Reviewing literature related to the study topic was necessary to gain comprehensive and in-depth knowledge about the experiences of social workers rendering services to young people misusing crystal meth. The literature review also assisted the researcher with identifying the contributions and limitations of the study, thus leading to the making of recommendations for future research and for improved service delivery of social work practice with young people misusing crystal meth.
- Based on the theoretical framework applied in the study, the researcher concluded that employing the EST was crucial to gather a better understanding of how the social workers' surrounding environment impact on their intervention with young people misusing crystal meth. This was achieved by taking into consideration the four interrelated environmental systems in Bronfenbrenner's EST which are the microsystem, mesosystem, exosystem and the macrosystem (Guy-Evans, 2024). As a result, the researcher obtained a clear picture of how social workers' relationships and interaction with young people and their families, the DSD as the employing organisation, and external stakeholders play an important role in either enhancing or decreasing their success when dealing with cases of young people misusing crystal meth.

5.3.3 Conclusions drawn from the research methodology

The researcher concluded in terms of employing the research methodology that:

- Employing the qualitative research approach was crucual in that it has placed the researcher as the key instrument for data collection which allowed for detailed

exploration, description and contextualisation of social workers' experiences which were recorded exactly as narrated during data collection.

- The selection of participating social workers by using purposive sampling was valid since the participants were experienced and knowledgeable about the study topic. Hence, they were able to provide in-depth responses. Gathering the in-depth knowledge obtained was made possible by the use of individual semi-structured interviews aided by a pilot tested interview guide with open-ended questions, observation and filed notes made during the interviews as methods of data collection.
- Employing Tech's data analyses method from Cresswell and Cresswell (2018) was necessary as it ensured that the collected data was interpreted into meaningful information from which the researcher could draw comprehensive conclusions and make actionable recommendations.

5.3.4 Conclusions drawn from the themes that emerged from the findings of the research with social workers rendering services to young people misusing crystal meth

Taking into consideration the objectives of this study (see Chapter one, section 1.5.3) and the results achieved with the study, the purpose of the study was achieved, since social workers' detailed perspectives were gathered with regard to their everyday experiences with young people misusing crystal meth. To recap, based on the data provided by the participants, the following five themes have emerged from which the researcher has drawn conclusions and recommendations, namely,

- the process of social work intervention with young people misusing crystal meth;
- experiences of social workers rendering services to the families of young people misusing crystal meth;
- challenges of social workers rendering services to young people misusing crystal meth;
- feelings of social workers pertaining to their role as service providers to young people misusing crystal meth; and

- proposals to improve social work service delivery to young people misusing crystal meth.

The researcher has drawn the following conclusions concerning the respective themes:

5.3.4.1 The process of social work intervention with young people misusing the crystal meth substance

Based on the collected data, aiming at gathering an understanding of the intervention process followed by social workers when rendering services to young people misusing crystal meth, the researcher concluded that:

- Social workers do not have a set procedure to follow when it comes to their rendering of services to young people misusing crystal meth.
- It appeared that social workers employ different approaches depending on the unique nature of the cases presented by young people relating to their crystal meth misuse problem.
- The researcher concluded that social work intervention in assisting young people misusing crystal meth is defined by five factors, which are: screening and intake, assessment, preparing young people for inpatient treatment admission, compiling a psychosocial report for referral to the inpatient treatment centre and community outreach and awareness campaigns.
- Along with that, the researcher concluded that social workers' interventions are not only focused on young people but also on their families since they are also affected by their family member's crystal meth dependence.
- Drawing from the participants' responses, the researcher concluded that social workers' interventions with the families of young people misusing crystal meth involve information giving to them, establishing and conducting support groups for parents, as well as involving them in the after-care, and reintegration services of the young person.

5.3.4.2 Experiences of social workers rendering services to the families of young people misusing crystal meth

Based on the information gathered from the participants' narratives relating to their experiences of rendering services to the families of young people misusing crystal meth the researcher concluded the following:

- The family members of young people misusing crystal meth lack knowledge regarding the causes and effects of crystal meth misuse. They also do not have an understanding regarding the young people's behaviour displayed as a result of their crystal meth misuse.
- Family members of young people misusing crystal meth are likely to be the ones reaching out for help on behalf of their family member, thus making them involved, supportive and cooperative throughout the intervention process.
- Young people and their families lack service accessibility and support due to their unfavourable financial status and geographical areas in which social workers' offices are based which makes it difficult for them to receive the necessary support to deal with their family member's substance problem.

5.3.4.3 Challenges of social workers rendering services to young people misusing crystal meth substance

Based on the information the researcher received in relation to the challenges encountered by the social workers when they render services to young people misusing crystal meth, the researcher concluded as follows:

- Social workers experience challenges in their everyday dealings and intervention with young people misusing crystal meth. The three main challenges experienced by social workers are challenges relating to young people misusing crystal meth, internal challenges relating to the employing organisation, and the challenges related to stakeholders involved in the treatment of young people misusing crystal meth.

- The researcher concluded that resulting from the challenges related to young people misusing crystal meth, and the negative consequences associated with young people's crystal meth misuse, social workers find crystal meth cases difficult to handle. The researcher also concluded that young people misusing crystal meth lack insight regarding the dangers of misusing crystal meth, they do not cooperate with social workers in the treatment plan, they do not comply with treatment requirements within the treatment centres and many of them relapse after treatment.
- Drawing from the participants' responses on the internal challenges related to the employing organisation, it was established that social workers have high caseloads, they experience a shortage of resources required to deal with their cases of young people misusing crystal meth, and they are lacking research, training and support from the DSD.
- The final conclusion drawn in relation to the challenges related to stakeholders is that social workers are experiencing a challenge of long waiting periods for the admission of young people for inpatient treatment, the challenging process of involuntary admission by courts, challenges experienced from the health care providers, schools and the police, as well as the challenge of political interference.

5.3.4.4 Feelings of social workers pertaining to their role as service providers to young people misusing crystal meth

In accordance with the participants' responses, it became clear that due to the everyday challenges experienced by social workers with regard to their role as service providers to young people misusing crystal meth, they experienced the following feelings:

- Social workers felt unsafe in their daily interaction and involvement with young people misusing crystal meth.

5.3.4.5 Proposals to improve social work service delivery to young people misusing crystal meth

Based on the findings gathered on the recommendations made by the participants to improve service delivery with young people misusing crystal meth, the participating social workers made three main proposals to help them improve service delivery in their daily intervention with young people misusing crystal meth. The proposals consisted of proposals made to the national government, the DSD as the main employer and about social workers' role as service providers which entailed the following:

- In making proposals to the national government the social workers require SAPS to establish a specialised unit to focus mainly on crystal meth related cases, that cannabis decriminalisation should be addressed more responsibly, schools should include substance misuse as a recognised subject, and more involvement of courts.
- Regarding social workers' proposals to the DSD, the DSD should establish and build more treatment centres, provide diversified services, improve early intervention services and improve the involvement of young people's families in the process.
- In terms of the social workers' proposal regarding social workers' role as service providers, it is pointed out that social workers require more support and access to resources, they also need training, and improved reintegration of services.

5.4 Recommendations

Based on the findings, conclusions, and literature control of the study, the study's recommendations are made. These recommendations are divided into two sections, namely, recommendations for social work intervention and recommendations for future research. The latter is related to the research topic addressed in this research.

5.4.1 Recommendations for social work intervention

The researcher has divided the recommendations for social work intervention into three sections, namely, recommendations for social workers, recommendations for the DSD and recommendations to the Department of Justice and Constitutional Development, SAPS and the DoE. These recommendations are discussed below:

5.4.1.1 Recommendation for social workers

The following recommendations based on and related to the research findings, are made for social workers dealing with cases of young people misusing crystal meth and their families:

- It was discovered in the study that social workers use and rely on their own judgement when dealing with cases of young people misusing crystal meth. Hence, it is recommended that a standardised procedure be put in place to be followed by all social workers rendering services to young people misusing crystal meth.
- The study discovered that young people's families lack knowledge on the causes and dangers of crystal meth misuse. Consequently, it is recommended that social workers should conduct continuous educational programmes with the families of young people misusing crystal meth. The purpose of these programmes should be to educate families about the causes and effects of crystal meth misuse and to give the young people's family members a platform where they can share their experiences and problems of living with a young person misusing crystal meth, so that they learn from each other's coping mechanisms.

5.4.1.2 Recommendation for the DSD

Based on, and linked to the research findings, the following recommendations are made to the DSD as employer of social workers rendering services to young people misusing crystal meth and their families:

- The study found that the DSD social workers have very high caseloads of young people misusing crystal meth, which they find difficult to effectively attend to. Based on the researcher's experience and opinion, having a high caseload might deprive social workers of enough time to be thorough in their intervention with young people misusing crystal meth, while focusing their attention on compiling reports and admitting young people to treatment facilities without having sufficient time for rendering proper services. Thus, the recommendation is made for the DSD to employ more social workers to work in the field of substance misuse to reduce the number of cases assigned to social workers.
- The study found that social workers receive limited professional education and training to provide them with the necessary skills to effectively deal with young people misusing crystal meth. Hence, it is recommended that social workers should undergo ongoing training and participate in workshops in the form of continuing professional development (CPD) presentations and workshops focusing on different substances and what it entails, to be knowledgeable on crystal meth and other substance's interventions and able to effectively respond to the specific needs of young people misusing crystal meth. CPD, a structured process for social workers to maintain professional standards and ethics, ensuring ongoing enhancement of knowledge and skills, is mandatory in SA (SACSSP, 2021). Social workers must obtain 20 CPD points annually (or 40 points over a two-year cycle) to maintain their registration with the SACSSP.
- Based on the findings that DSD's substance social workers are only located at service points in central business districts (CBDs), and considering the challenge of the shortage of cars and the problems some clients have in traveling to the service points to keep their appointments, it is recommended that DSD should locate its offices within the communities where social workers can report daily and make their substance services more accessible to the youth. This will help reduce financial costs that are carried by young people and their families, which in turn may lead to pre-mature termination of treatment.

5.4.1.3 Recommendations to the Department of Justice and Constitutional Development, SAPS and the DoE

The following recommendations derived from the study findings are made involving the Department of Justice and Constitutional Development (DoJ&CD), SAPS and the DoE as valuable stakeholders with the DSD in the fight against the misuse of crystal meth by young people:

- The study found that social workers do not feel safe when rendering services within the communities of young people misusing crystal meth. Hence, it is recommended that a partnership be formed between DSD DoJ&CD so that social workers and SAPS can work as a team when rendering awareness campaigns and doing home visits, particularly to hotspot areas. This will assist in ensuring that social workers feel safe and protected within the communities they serve and also encourage them to go the extra mile in taking substance services outside their offices and to the communities.
- Another recommendation is that of having a special unit dealing particularly with substance cases within SAPS, which would contribute to reducing substance problems within the communities. This will further strengthen the relationship and trust between the police officials and the community members in playing their roles. Communities would then be more inclined to openly report suspected illegal substance actions with the police apprehending those involved in the illegal selling of substances.
- To effectively address young people's crystal meth misuse problem, the recommendation is put forth that the DoE and DSD should form a strong partnership and agree on allocating social workers doing substance use treatment to schools. They should be based within the school facilities and focus mainly on rendering substance services to the learners. This approach will also help strengthen the professional relationship and cooperation between teachers and social workers.

5.4.2 Recommendations for future research

Further research about social work with young people misusing crystal meth is needed to better understand the roles and responsibilities of social workers in this regard. Thus, based on and related to the research findings the researcher recommends that further research be undertaken focused on the following considerations:

- Since the study was restricted to the Gauteng DSD Ekurhuleni Municipality service points, it is recommended that a similar study be carried out in other regions to obtain a clear picture of the experiences of social workers rendering services to young people misusing crystal meth throughout the entire Gauteng DSD.
- Due to the observed gap with regard to the participation of other racial groups in this study, it is recommended that a similar study including different racial groups be conducted to provide a broader spectrum of knowledge on the experiences of social workers rendering services to young people misusing crystal meth.
- On the basis that the study's findings are limited to the perspectives of social workers as service providers, a recommendation is made that a similar study be conducted to explore the experiences of young people misusing crystal meth as social work service users. Such a study could also involve the parents of these young people.
- Drawing from the study's findings that social workers are experiencing a high relapse rate of young people misusing crystal meth, the researcher recommends that another study be conducted with young people misusing crystal meth, focusing on the factors influencing young people's relapse after treatment. The researcher is of the view that through the two recommended studies to be conducted with young people misusing crystal meth, social workers might be able to determine the main reasons resulting in young people's relapse after treatment, since it appears that there are challenges experienced by these young people post their discharge from an inpatient treatment centre. This may also assist DSD to come up with interventions tailored to address young people's challenges to prevent their relapse, subsequently reducing workload and stress from social workers.

- Lastly, a follow up study must be undertaken to proffer an intervention guideline for social workers rendering services to young people misusing crystal meth.

5.5. Summary of the chapter

Chapter five focuses on the conclusions drawn from all chapters as well as the conclusions drawn from the five themes that developed from the study's findings, namely, the process of social work intervention with young people misusing crystal meth, the experiences of social workers rendering services to young people misusing crystal meth, challenges of social workers rendering services to young people misusing crystal meth, feelings of social workers pertaining to their role as service providers. Lastly, the chapter focused on the recommendations for social work intervention to young people misusing crystal meth and recommendations for future research.

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APPENDIX 1: Ethical Clearance from UNISA College of Human Science Research Ethics Committee

College of Human Sciences_CREC

NHREC Registration # : (Rec-240816-052)
Ref #: 6012
Name: Ms Zanele Patricia Makhubo
Student #: 20992130

Date: 22/01/2025

Dear: Ms Zanele Patricia Makhubo

Decision: Ethics Approval from 22 January to 21 January 2026

Researcher: Ms Zanele Patricia Makhubo

22 Tambotie Avenue Dal Fouche

Springs

20992130@mylife.unisa.ac.za 0731885397

Supervisor: Dr Jan Masombuka masomj@unisa.ac.za

Experiences of Social Workers Rendering Services to Young People Misusing Crystal Methamphetamine Substance in Ekurhuleni Municipality

Qualification: MA Social Work

Thank you for the application for research ethics clearance by the College of Human Sciences_CREC for the above-mentioned research study. Ethics approval is granted for one year.

The **medium-risk application** was **reviewed** by the College of Human Sciences_CREC on **22 January 2025** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College of Human Sciences_CREC.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.

7. No field work activities may continue after the expiry date (**21 January 2026**). Submission of a completed research ethics progress report will constitute an application for renewal, for Ethics Research Committee approval.

Additional Conditions

1. Disclosure of data to third parties is prohibited without explicit consent from Unisa.
2. De-identified data must be safely stored on password protected PCs.
3. Care should be taken by the researcher when publishing the results to protect the confidentiality and privacy of the university.
4. Adherence to the National Statement on Ethical Research and Publication practices, principle 7 referring to Social awareness, must be ensured: "Researchers and institutions must be sensitive to the potential impact of their research on society, marginal groups or individuals, and must consider these when weighing the benefits of the research against any harmful effects, with a view to minimising or avoiding the latter where possible." Unisa will not be liable for any failure to comply with this principle.

Note

The reference number 6012 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Kind regards,

Prof Khatija Khan
Chair of College of Human Sciences_CREC
E-mail: khankb@unisa.ac.za

Professor Omwoyo Bosire Onyancha
Executive Dean / By delegation from the Executive Dean of College of Human Sciences_CREC
E-mail: onyanob@unisa.ac.za

APPENDIX 2: Researcher Acknowledgement form

RESEARCHER ACKNOWLEDGEMENT

Research title:

Experiences of social workers rendering services to young people misusing crystal methamphetamine substance in Ekurhuleni Municipality.

Researcher:

(Zanele Patricia Makhubo)

Hereby, I Zanele Patricia Makhubo, ID number 840815 0882 08 9 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements

Signature:

Date: 04/11/2024

APPENDIX 3: Approval by DSD

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Ms D Mukhathi
Tel: 011 355 7758
Cell: 079 891 5883
File no: 12/02/2025

Dear Zanele Patricia Makhubo

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application for the research titled ***"Experiences of Social Workers Rendering Services to Young People Misusing Crystal Methamphetamine Substance in Ekurhuleni Municipality"*** as approved by the University of South Africa has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission.

You have permission to interview departmental officials and beneficiaries, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on. We look forward to a value adding research and a fruitful co-operation.

With thanks

Mr Sicky Makunyane
Director: Monitoring & Evaluation
Date: 13/02/2025

APPENDIX 4: Participant information sheet

Research title: Experiences of social workers rendering services to young people misusing crystal methamphetamine substance in Ekurhuleni Municipality.

Researcher:

(Zanele Patricia Makhubo)

Ethics clearance reference number:

04.11.2024

TITTLE: EXPERIENCES OF SOCIAL WORKERS RENDERING SERVICES TO YOUNG PEOPLE MISUSING CRYSTAL METHAMPHETAMINE SUBSTANCE IN EKURHULENI MUNICIPALITY.

Dear Prospective Participant

My name is Zanele Patricia Makhubo and I am doing research with Dr Jan Masombuka a senior lecturer at the Department of Social Work towards a Masters' Degree at the University of South Africa. We are inviting you to participate in a study entitled: **Experiences of social workers rendering services to young people misusing crystal methamphetamine substance in Ekurhuleni Municipality.**

This study is expected to collect important information that would contribute to the body of knowledge on the experiences of social workers rendering services to young people misusing crystal meth substance and to improve service delivery in social work practice.

Since you are knowledgeable about this topic and involved in service delivery to young people misusing crystal meth, I am therefore writing to invite you to participate in the study. The target population for this study consists of all social workers who are designated to

render services to young people misusing crystal meth substance in Ekurhuleni municipality.

The study involves individual semi structured face-to-face interviews. I would like to conduct a 45 to an hour interview with you. The interview will be held at your workplace at a time that is convenient for you. I would like to audio record our interview so that I will be able to capture it correctly when transcribing it. The following questions will be asked to you:

Biographical information of social workers rendering services to young people misusing crystal meth substance

- How old are you?
- Which ethnic group do you belong to?
- What is your racial group?
- What is your home language?
- Which gender do you associate yourself with?
- From which service of point of DSD, within Ekurhuleni are you employed?
- How many years of experience do you have as a social worker rendering services to young people misusing crystal meth?

Topical questions for social workers rendering services to young people misusing crystal meth substance

- Tell me more about the intervention process in rendering services to young people misusing crystal meth.
- Explain to me your experience of rendering services to young people misusing crystal meth?
- Describe your challenges in rendering services to young people misusing crystal meth?
- What suggestions do you have to address the challenges and ensuring effectiveness in rendering services to young people misusing crystal meth?
- Based on your experience, what things would you wish should be changed regarding rendering of services to young people misusing crystal meth?

Participation in the study is voluntary. You are not obliged to take part in the study. Your decision to participate or not in the study will have no immediate or future consequences and you will not suffer any penalty and/or loss to which you may otherwise be entitled. If you do decide to take part, you will be given this information sheet to keep and be asked to sign the written consent form. You are free to withdraw at any time and without giving any reason.

Please note that participation in the study will not involve any financial benefit and there will be no financial gain for participation in the study. It is also unlikely that you will incur any financial expense as the interview will be held at the venue and time convenient for you. The researcher's aim is to contribution significantly to the body of knowledge on the research topic and improve service delivery in social work practice.

The researcher considered any potential level of inconvenience and/or discomfort that the study may cause to participants. There is no anticipated risk or harm that would arise from participating in the study. Please note that if I determine that the information you have shared left you feeling emotionally upset or traumatised, I am obliged to refer you to the independent social worker contracted for debriefing or counselling, should you agree. You are also welcome to request such a referral when need arises.

Please note that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your answers will be given a code number or a pseudonym, and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

With your consent, the interviews will be audio recorded and your answers will be kept strictly confidential. The researcher will store all hard copies of your answers for a period of at least five years in a locked cupboard in the office, for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further research ethics review and permission if necessary. After five years, all hard copies containing data will be shredded and any

electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

This study has received written approval from the Research Ethics Review Committee of the University of South Africa. A copy of the approval letter can be obtained from the researcher if you wish so.

If you would like to be informed of the final research findings, please contact Zanele Patricia Makhubo on 073 1885 397 or email: 20992130@mylife.unisa.ac.za

Should you require any further information or want to contact the researcher about any aspect of this study, please contact 011 365 9016 or 20992130@mylife.unisa.ac.za.

Should you have concerns about the way in which the research has been conducted, you may contact Dr. Jan Masombuka on 012 429 4277, email address masomj@unisa.ac.za. You may also contact the research ethics chairperson of the Research Ethics Review Committee, Prof Khan, khankb@unisa.ac.za; (012) 429 6549 if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you

Zanele Patricia Makhubo

APPENDIX 5: Consent to participate in the study.

CONSENT TO PARTICIPATE IN THIS STUDY

Research title:

Experiences of social workers rendering services to young people misusing crystal methamphetamine substance in Ekurhuleni Municipality.

Researcher:

(Zanele Patricia Makhubo)

I,..... (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname.....(please print)

Researcher's signature.....Date.....

APPENDIX 6: Data collection tool(s) as per methodology/ design (including questionnaire/ interview guide/checklist)

INTERVIEW QUESTIONS

BIOGRAPHICAL INFORMATION OF SOCIAL WORKERS RENDERING SERVICES TO YOUNG PEOPLE MISUSING CRYSTAL METH SUBSTANCE

- How old are you?
- Which ethnic group do you belong to?
- What is your racial group?
- What is your home language?
- Which gender do you associate yourself with?
- From which service of point of DSD, within Ekurhuleni are you employed?
- How many years of experience do you have as a social worker rendering services to young people misusing crystal meth?

TOPICAL QUESTIONS FOR SOCIAL WORKERS RENDERING SERVICES TO YOUNG PEOPLE MISUSING CRYSTAL METH SUBSTANCE

- Tell me more about the intervention process in rendering services to young people misusing crystal meth.
- Explain to me your experience of rendering services to young people misusing crystal meth?
- Describe your challenges in rendering services to young people misusing crystal meth?
- What suggestions do you have to address the challenges and ensuring effectiveness in rendering services to young people misusing crystal meth?
- Based on your experience, what things would you wish should be changed regarding rendering of services to young people misusing crystal meth?

THANK YOU

APPENDIX 7: Turnitin report

Similarity Report

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Final Dissertation for Turnitin.docx	ZANELE PATRICIA MAKHUBO

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53622 Words	296093 Characters

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APPENDIX 8: Acceptance letter from the debriefer

Ms Mabolotse Thabang Mapheto
078 058 9752
mtmapheto@gmail.com

Ms Zanele Patricia Makhubo
Master of Social Work Student

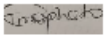
RE: ACCEPTANCE FOR DEBRIEFING SERVICES

This letter follows your request for my assistance regarding debriefing services for your research participants. It is with great pleasure from me to inform you that I accept your request and would be delighted to be of assistance to you. I am willing to support your research participants with such services and that will be rendered with no cost.

I am a qualified and registered professional social worker. My registration number with the SACSSP is 10-34777. I have ten years of experience as a qualified social worker. On that regard, you can trust me with your research participants. I do understand the ethics involved in research and they are in line with our professional ethics. You are requested to kindly remind me at least a week before you begin with data collection so that I can be ready to receive your participants when the need arise. I wish you all the best with your studies and enjoy the learning path.

Kind regards

MT Mapheto



04/10/2024

APPENDIX 9: Editor's letter

DR J LOMBARD

RESEARCH REPORT CRITICAL READING, LANGUAGE & TECHNICAL EDITING

Cell: 078 116 8018
e-mail: berto@woodcarving.co.za
JoubertoLombard@outlook.com

136 Erich Mayer St
PRETORIA NORTH
0182

W128

EDITOR'S LETTER

EDITING OF DISSERTATION: MS ZP MAKHUBO (S/NO 20992130)

This is to certify that I, Jouberto Lombard, have critically read and edited student Zanele Patricia Makhubo's dissertation for the degree Master of Social Work (MA SW), at UNISA, titled:

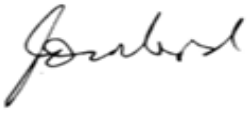
Experiences of social workers rendering services to young people misusing crystal methamphetamine substance in Ekurhuleni Municipality

Study leader: Dr Jan Masombuka

The following aspects of the dissertation were edited:

- Spelling
- Grammar
- Sentence structuring
- Logical sequencing
- Argumentation
- Presenting the dissertation as a holistic whole
- Format of the dissertation
- Numbering of sections
- Formatting of tables and chapters
- Use of acronyms and abbreviations
- Format of references and reference list

The responsibility to do the corrections and implement my comments and suggestions correctly, remains that of the student.



DR J LOMBARD
14 April 2026