IMPACT OF DRUG USE AMONGST CHILDREN IN FOSTER CARE PLACEMENT: IMPLICATIONS FOR POLICY CONSIDERATIONS AND PRACTICE

Makhubele JC & Mdhluli E
Department of Social Work
University of Limpopo
South Africa
Email: Jabulani.Makhubele@ul.ac.za

Abstract
The use of drugs continues to affect individuals, families, communities and societies across the globe and foster children are equally affected. Drug use remains a health and social pathology and growing trend amongst the majority of young people. The raising prevalence of drug use and the growing concerned about the deepening problem of socially unacceptable and violent crimes committed by young people is cited as one of the key contributory factors responsible for undertaking risky behaviours. Drug use and risky behaviours are as a result of an antecedent history of dysfunctional social and cultural environment. The aim of the study was to assess the impact of drug use amongst children in foster care placement. The researchers used a qualitative exploratory research design. Convenient and purposive sampling techniques were used to select (35) Black African children in foster care placement for data collection. Five (5) focus group interviews, each consisting of seven (7) members, were held with foster children and ten (10) in-depth interviews were held with foster parents. Data was collected through the use of semi-structured interview schedule. The NVivo programme was used to manage and organize qualitative data. Data was analysed thematically. The findings indicated that children in foster care placement perform below average and end up dropping from school. Moreover, these children indulge in unprotected sexual intercourse as well as committing petty criminal activities such as shoplifting and snatching of bags from women in particular. Furthermore, it has been found that these children regard themselves as 'second hand' compared to other children. In order to deal with these challenges assailing children in foster care placement, policies should be developed to address the unmet needs of these children, more intervention and empowerment programmes need to be developed targeting children in foster care placement
Keywords impact, drug use, foster care, placement, policy, consideration and practice

Introduction and Background Information

Foster care is a complex service. It serves children who have experienced abuse or neglect, their birthparents and families, and their foster parents. Children in foster care may live with unrelated foster parents, with relatives, with families who plan to adopt them, or in group homes or residential treatment centers. Children in foster care are at high risk for emotional, behavioral, developmental, and physical health problems (Halfon & Klee, 1991). Numerous factors have shaped foster care over the past several

decades. One key force has been the heightening of societal expectations and standards for acceptable family functioning (Barbell & Freundlich, 2001). It has been reported in the past two decades that a growing numbers of children in foster care have been exposed to illegal drugs. Although many children come into care with significant health, mental health; and developmental problems, the foster care system itself may sometimes further exacerbate their problem (Barbell & Freundlich, 2001). Children are protected by the Constitution of South Africa and the United Nations (UN) Convention on the Rights of the Child that South Africa signed and agreed to on 16 June 1995. The Constitution sets out the human rights of all people. Children also have these general rights, for example: The right to equality and non-discrimination • The right to privacy and dignity. The Constitution also recognises that children need special protection. Section 28 of the Constitution sets out special rights just for children: • Every child has the right to family care or parental care. • If a child is taken away from his or her family, the child has a right to have other appropriate care. • Every child has a right to basic health care services. • Every child has a right to basic social services. • Every child has a right to be protected from abuse or bad treatment that ignores his or her needs. • Every child has a right to be protected from child labour. Potential risk factors for violence against children include, for example, the age and sex of the child; a breakdown of community and family structures due to apartheid dislocation; parental absence due to HIV and AIDS; alcohol and drug abuse; neighbourhood disadvantage; poor school attachment; influence of the media through, for instance, violence-supportive messaging; migratory patterns; inequality, poverty and unemployment; societal acceptance of violence; harmful social norms, attitudes and practices towards children; impunity for perpetrators of violence; and a high incidence of general violent crime in society (DSD 2013 – 2018).

The consumption of drugs by any person is always related to the widespread availability and easy access to drugs and their commercialization which have health and social pathologies. Parry and Bennetts (1999:374), indicate that South Africa is as major wine and beer producing country, drug industries are a significant source of government revenue and employment, both formal and informal. They further estimate that there are about 200, 000 illegal drug outlets in the country. However, the consequences of drug abuse out-weigh the income generated. McNichol and Tash (2001:240) state that the costs of adult drug use are immeasurable as it also directly and indirectly affect the youth. Although the cost to society has been estimated, and the addicted adult can incur both tangible and intangible costs, the children of addicts suffer multiple losses that can have life-long consequences because of their impact on developmental processes. Children facing multiple risks are much more likely to move from experimentation to serious substance abuse by the time they are teenagers (Brown & Mills, 1987; Hawkins, 1989). Flisher *et al.* as cited in Peltzer, Ramlagan, Mohlala and Matseke (2007:06) found that young people at secondary schools between grade eight and twelve are already involved with drug use and the majority of adolescents are experimenting with drugs and abusing drugs regularly. According to Kirstie Rendall-Mkosi et al. (2008) in SA if parents are not capable of looking after their children, the

extended family steps in. Even in cases where the Social Welfare places children in foster care it is usually with extended family members. Nearly a quarter of youth in foster care are placed with kin (grandparents, other extended family, single individuals). The use of drugs is not only hazardous to individuals, groups and families, but a serious concern to the entire nation and the world. Drug abuse by a parent, lack of parental guidance, or a disruptive, abusive family are very strong predictors, as are school failure, early experimentation with drugs, and living in a community where substance abuse and dealing are pervasive (Center for Substance Abuse Prevention Monograph, 1999). Dysfunctional and broken families can be attributed to or are as a result of drug use in South Africa (Tlhoalele, 2003:2-3).

When adolescents are forced to take on adult responsibilities, it decreases their likelihood of staying in school until graduation. Possible responsibilities range from becoming a teen parent (Cairns, Cairns, & Neckerman, 1989; Gleason & Dynarski, 2002; Rumberger, 2001), or having to care for siblings (Rosenthal, 1998). Early antisocial behavior, such as violence, substance use, or trouble with the law, has been linked in a number of studies to dropping out of school (Battin-Pearson et al., 2000; Ekstrom et al., 1986; Wehlage & Rutter, 1986).

Early sexual involvement has also been linked to dropping out (Battin-Pearson et al., 2000), as has spending no time each week reading for fun (Gleason & Dynarski, 2002). Having close friends who are involved in antisocial behavior or who have dropped out increases the risk that a youth will also drop out (Battin-Pearson et al., 2000; Cairns et al., 1989; Catalano & Hawkins, 1995; Elliott & Voss, 1974). Low occupational aspirations (Rumberger, 2001) and having low self-esteem and self-confidence (Rosenthal, 1998) also have been found to increase the risk of dropout.

An individual's school experiences have been found to have a major impact on the likelihood that he or she will graduate. School performance and engagement with school are two of the primary experiences. Poor academic performance is one of the most consistent predictors of dropout, whether measured through grades, test scores, or course failure (Alexander, Entwisle, & Kabbani, 2001; Battin-Pearson et al., 2000; Ensminger & Slusarcick, 1992; Rumberger, 2001; Wagner et al., 1993). It has been found to impact dropout starting in the 1st grade (Alexander et al., 2001) and continuing throughout elementary school (Lloyd, 1978), into middle (Battin-Pearson et al., 2000; Cairns et al., 1989; Gleason & Dynarski, 2002; Ingels, Curtin, Kaufman, Alt, & Chen, 2002), and on into high school (Alexander et al., 2001; Ekstrom et al., 1986; Elliott & Voss, 1974; Gleason & Dynarski, 2002).

Taiwo and Goldstein (2006:500) indicated that in the past few decades, there has been an increased awareness of the growing trend in drug use amongst children and adolescents both in developing and developed countries. According to National Drug Master Plan - NDMP, (2006-2011:1) drug use is associated with unemployment, poor academic performance, poverty, crime, dysfunctional family life, escalation of HIV and

AIDS. It further indicates that drug use does not respect an individual on the basis of economic status, class, race, colour, gender or the professional status of an individual.

Theoretical framework
This paper adopted Ecosystems theory and attachment theory.
- *Ecosystems theory*

The ecosystems theory offers a comprehensive theoretical base that social service practitioners can draw upon for effective social intervention. The ecosystems theory provides strategies that allow the social worker to move from a micro-level of intervention to a macro-level of social intervention (Pardeck, 2015). A client functions in more than one ecology. The client's ecosystem is the interrelationships and conglomeration of these ecologies. For example, a child in foster care ecosystems consists of the self, family, the neighborhood, and the entire community. The concept of ecosystem is that the client's social functioning is clearly inter-related with the environment, and the client is an inextricable part of the ecological system (Hobbs, 1980). Consequently, the client's ecosystem is composed of numerous overlapping systems including the family, school, peer group, the workplace, and the community, as well as other critical subsystems unique to each client. The ecosystems theory departs dramatically from the traditional person-in-environment orientation through the concept of transaction. The concept of transaction suggests that a bi-directional and cyclic relationship exists between the client and the environment. In essence, the environment contributes to the person's adjustment and development; the person's behaviours create unique responses with the environment, thus changing the environment and ultimately its effect on the person (Rhodes & James, 1978). Through the concept of transaction, the ecosystems theory shifts the focus of intervention from the client's personality and behavioural make-up to the client's interrelationship with the family, community, and other systems. The vast majority of people transact with the larger social ecology in such a fashion that the result is harmony and congruence. When this harmony no longer exists, social intervention by the practitioner may be useful.

- *Attachment theory*

Attachment theory is a psychological model that attempts to describe the dynamics of long-term interpersonal relationships between humans. It addresses only a specific facet" (Waters et al. 2005: 81): how human beings respond within relationships when hurt, separated from loved ones, or perceiving a threat (Waters, Corcoran & Anafarta, 2005). Essentially, attachment depends on the person's ability to develop basic trust in their caregivers and self (Levy & Orlans, 2014). A child's attachment is largely influenced by their primary caregiver's sensitivity to their needs. Parents who consistently (or almost always) respond to their child's needs will create securely attached children. Such children are certain that their parents will be responsive to their needs and communications (Schacter et al. 2009).

Problem statement

Historically, broader economic and political realities have affected the welfare of families and children. These factors impact the overall functioning and well-being of families, and consistently play a key role in the extent to which child abuse and neglect occur and foster care is needed. By ages 15-19, female youth have typically reached full physical development, and male youth have nearly done so (McNeely & Blanchard, 2009). Both genders experience intense emotional development, becoming more introspective and independent (McNeely & Blanchard, 2009). Youths' relationships with their parents often change as they establish their own identities (Mannheim & Zieve 2011). In this developmental stage, youth begin thinking about the future and place more emphasis on goal-setting and self-esteem (McNeely & Blanchard, 2009). However, youth may begin to exhibit more risk-taking behaviors during these ages (McNeely & Blanchard, 2009). Most youth become more interested in romantic relationships, and youth are more likely to act on sexual feelings (Child Development Guide, 2015).

According to National Survey on Drug Use and Health (2005) in California - America, substance abuse is a factor in at least three quarters of all foster care placements. Foster youth exhibit higher rates of illegal drug use than youth who have never been in foster care (34% vs. 22%)5, and recent studies indicate high rates of lifetime substance use and substance use disorders for youth in the foster care system (Vaughn, Ollie, McMillen, Scott & Munson, 2007). By 2010, there are over 510,000 children living in foster care in South Africa (South Africa Social Security Agency, 2010) Families become dysfunctional because members indulge in drug use that affects and influences not only their behaviour but also their health and children's school performance, their self-esteem, and relationship with their peers on a negative note. Foster children who use drugs are most likely to perform badly at school. It has been found that drug use is always associated with problem behaviours, amongst others, low academic performance, violence, injuries and suicide (Kuntsche, Rossow, Simons-Morton, Bogt, Kokkevi & Godeau, 2012:01).

The evidence of foster care caseloads, high rate of school drop-out amongst foster children, antisocial behaviours, peer pressure, poor school performance and absenteeism, low self-esteem, child maltreatment, poor conflict and stress management skills are indicators that children in foster placement are faced with multi-faceted problems long before the formal placement. These behaviour problems only surfaces once a child has been fostered which might be as a result of poor placement or drug use by parents, foster parents or care-givers. Shaw (2006:272) contends that children from poor families and children from multi-problem families or children whose parents use drugs are more likely to enter foster care. Drug use leads into dysfunctionality in families, and families that face drug use turn to focus on addiction rather than on the children's needs. Young and De Klerk (2008:102) allude to the fact that drug use is also associated with unsafe sex, absenteeism, academic failure, and anti-social behaviour and criminal justice problems.

Due to dysfunctional families at The Oaks Community, there has been an increase in foster placement cases handled by the social worker from the year 2009 to 2012. Fostered children at The Oaks are usually from broken or dysfunctional families whose fathers' whereabouts are alleged to be unknown and these children are, therefore, fostered with alternative care-givers who at times indulge in drug use or even ill-treat these children. According to Heater, Taussing, Robert, Clyman and Landsverk (2001:01) children in foster care are at risk of continued difficulties because of poor placement, including not finishing high school, incarceration and chronic problems with employment and housing. If these children are experiencing all these problems and turn to use drugs to cope and remedy the situation it therefore creates a vicious circle that perpetuate the poverty circle as they are already in financially unstable families.

Aim and objectives

The aim of the study was to explore the impact of drug use amongst children in foster care placement

The objectives of the study were to:

- To establish how drug abuse by foster children contributes towards poor school performance and eventual dropping out of school
- To find out how drug abuse by foster children lead to unprotected sexual intercourse
- To appraise the factors leading to committing petty criminal activities by foster children
- To assess how drug abuse create the perception that foster children regard themselves as 'second hand'

Research design

The researchers utilized an exploratory research design. The rationale for the selection of this research design was researchers intended to establish a relatively unknown research area which was focusing on drug use by children in foster care placement with the aim of gaining new insight into the research area.

Population and sampling methods

Convenient and purposive sampling techniques were used to select (35) Black African children in foster care placement for data collection. According to Neuman (2006:222) purposive sampling, cases are chosen because they illustrate some features or process that is of interest for a particular study. The sample comprised of a purposefully selected group of foster children indulging in drug use. A sample of thirty five (35) black African children from foster care was drawn from the caseload, comprising of both males and females ranging from the age of twelve (12) to twenty one (21) participated in the study. Five (5) focus group interviews, each consisting of seven (7) members, were held with foster children and ten (10) in-depth interviews were held with foster parents. Again, foster parents were purposefully selected based on the fact that they were guardians of these foster children.

Data collection method
According to Mouton and Marais (1990:91) it is important to bear in mind that specific types of data collection are designed for the acquisition of certain types of data. The researchers used a semi-structured interview schedule with the respondents to collect data as it allowed them to go in-depth with the respondents and discuss the issue into details. An interview schedule was developed according to research objectives. Interview schedule was used to avoid variations in data collection. It provided closed-ended questions and also gave room to open-ended questions which allowed the respondents to give more information which the researchers were not even aware of. An interview schedule is a useful technique used during a descriptive research process as it helps clarify concepts and problems as well as creating possible answers or solutions to a problem (Bless & Higson-Smith, 1995:110). When using interview schedule, the researchers were able to present specific themes to the respondents so as to allow them to furnish the necessary information and also to allow them to provide more information without any restriction or being influenced. Some of the data generated through the use of semi-structured interview schedule was coded quantitatively and this led to the presentation of demographic and some findings quantitatively using tables, figures and graphs.

Data analysis
The researchers analyzed the collected data thematically and statistically in which some data were presented with the use of tables, figures and graphs. Data collected was first coded and collated under different themes as per study topics. Data analysis is a process which allowed the researchers to interpret and generalise the findings from the sample used in the research and to the larger population in which the researcher was interested. For the purpose of the study, both qualitative and quantitative data analysis were applied.

According to Bless, Higsson-Smith and Sithole (2013) there were specific steps to be followed in qualitative data analysis, and they are; immersion in the data; preliminary coding; coding definitions; coding; inter-coding reliability and interpretation of results.

Findings and discussions
Demographic profile of the respondents

Respondents by ages

- 12-14= 4.4%
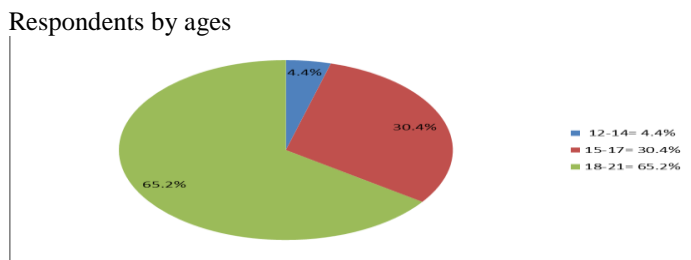- 15-17= 30.4%
- 18-21= 65.2%

4.4%
30.4%
65.2%

Figure 1: Age of the respondents

Figure 1 above provides information regarding the number of respondents by their age groups. What is deduced from the figure is that the ages of the participants ranged from 12 to 21 years. The age group from 12 to 14 constituted 4.4%, whereas the age group between 15 to17 made up 30.4% and finally, the age group ranging from 18 to 21 constituted 65.2% of the total population. In support of the above findings, Baloyi (2006:27) asserts that children are beginning to use and abuse alcohol and other drugs at a much younger age. It was revealed that respondents started using drugs from their early ages, as early as twelve years of age.

Gender of the respondents
Table 1

Gender of the respondents	Number of respondents	Percentage
Male	12	52%
Female	11	48%
Total	23	100%

Table 1 Indicates that the respondents who participated in the study were both males and females, whereby the former constituted 52% of the total population and the later composed of 48% of the sample.

School poor performance and School drop out
The adverse consequences associated with dropping out of high school are numerous and have been reviewed elsewhere (Belfield & Levin, 2007; Rouse, 2005; Tyler & Lofstrom, 2009). It was found that children in foster care placements, due to number of factors, perform poorly at school and ultimately drop out. These factors include parental/guardian style of rearing children, peer pressure, family circumstances and the influence of the media which all these contributed to them indulging to drugs. One of the participant stated that:

> "When I am at school knowing very well that my aunt (guardian) is going to send me to do this and that, I don't see a way out, I better have a defense mechanism hence I drink so that I can cope with the trouble"

In support of the above, another participants mentioned that:

> "I stand to believe that this woman just applied to foster us so that she can benefit financially. My brother dropped out of school as daily this woman would tell us that she is not the one who killed our parents but HIV and AIDS as they were careless. Sometimes I think about this when I am school and really – hanging out with friends having

These findings are supported by several studies which highlight that such early difficulties might set off a cascade of effects—poor school performance leading to disengagement from school activities because of frustration, and subsequent affiliation with peers with similar problems that might provide opportunities to initiate substance use (Biederman & Faraone, 2005; Klein et al., 2012; Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993; Marshal, Molina, & Pelham, 2003). Furthermore, Researchers have found that dropping out of school stems from a wide variety of factors in four areas or domains: individual, family, school, and community factors (Hawkins, Catalano, & Miller, 1992; Rumberger, 2001). Yamada et al (1996) found that frequent drinking (defined as twice a week or more) and monthly marijuana use were more likely to be observed among those who did not graduate at the end of their senior year, compared with those who graduated on time. Koch and McGeary (2005) found that high school completion as a function of early initiation of alcohol use and several other variables, including demographics and family history. It has been well documented that tobacco, alcohol, marijuana, and other drug use relate to educational outcomes, including high school dropout (Bachman et al., 2007a; Bryant, Schulenberg, Bachman, O'Malley, & Johnston, 2000; Bryant, Schulenberg, O'Malley, Bachman, & Johnston, 2003). Lack of resources and leadership both at family level and the school as well as the perception that there are few or no effective solutions has led to the serious indulgence of drugs by children in foster care placements. In fact, the association between substance use and academic failure is bidirectional.

Unprotected sexual activities
Children in foster care placement have reported engaging in sex under the influence of drugs or alcohol as a way of coping with treatment they are receiving from their foster parents/guardians. However, they indicated that one might be feeling pressure from friends or classmates, or one might be curious about what using a drug would be like. One participant said:

> "It seems to be everywhere – in movies, in songs, in our lives, people partying, drinking, and 'having a good time'."

In corroboration of the above, another participant said:

> "I had sex when I wouldn't have if I wasn't drinking."

These findings are consistent with the literature linking sex under the influence and high risk sexual behaviors. Substance use has been often associated with increased sexual activity (Rhodes, 1996). Early sexual involvement has also been linked to dropping out (Battin-Pearson et al., 2000), as has spending no time each week reading for fun (Gleason & Dynarski, 2002). An increasing body of empirical research suggests that individuals who use alcohol and other illicit drugs are more likely to have multiple sex partners, more casual sex partners, more unprotected sex, and higher rates of HIV and sexually transmitted diseases (Booth, Waters, & Chitwood, 1993; Chitwood &

Comerford, 1990; Leigh, 1990; Logan, Cole, & Leukefeld, 2003; Maranda, Han, & Rainone, 2004; Rhodes, 1996; Stall & Leigh, 1994; Taylor, Fulop, & Green, 1999) than non substance users. Substance users may engage in a wide range of risky behaviors such as trading sex for drugs or money, vaginal and anal intercourse without condoms, or sex with multiple partners (Raj A, Saitz R, Cheng DM, Winter M, Samet, 2007; Booth RE, Kwiatkowski CF, Chitwood, 2000; Cooper, 2006; Zule WA, Costenbader E, Coomes CM, et al. 2007).

It has been reported by children in foster care placements that for them to cope they end up with bad friends and together watch movies. Another participant expressed in this way:

> "thinking of the experiences I have at home, I am always at wrong side with my aunt. I feel good when I am with my friends watching TV or videos. Some of the materials are sexual arousing and we end up doing precisely that - …kwaaaaaaa, you can't do that sober minded, of course you have to be good, I mean to be bit high – and surely sex is nice when you are high"

There is growing concern about young people's exposure to sexual content through television and other electronic media and about its potential effects on their sexual attitudes, beliefs, and behaviors. Researchers have documented the growing prevalence of sexual talk and portrayals of sexual behavior in televised media, as well as associations between adolescent viewing patterns and their sexual activities (Kunkel, Cope, Maynard-Farinola, et al. 1999; Buerkel-Rothfuss, Strouse, Pettey, et al. 1993; Huston, Wartella, & Donnerstein, 1998; Brown, Greenberg & Buerkel-Rothfuss, 1993; Roberts, Foehr, Rideout, et al. 1999). Although sexual content in the media can affect any age group, adolescents may be particularly vulnerable. Adolescents may be exposed to sexual content in the media during a developmental period when gender roles, sexual attitudes, and sexual behaviors are being shaped (Committee on Communications, American Academy of Pediatrics, 1995)

Criminal activities and Concerns about being 'Second hand'
Whether substance use leads to crime, or the reverse is true, has been the subject of much debate. Much of the research focusing on male offenders has found that criminal activity tends to precede drug use, but that offending, particularly property crime, escalates as drug use increases. The results of abusing drugs come in many forms ranging from health problems and changes in social behaviour, to ending up in conflict with the law.

For the sake of survival, or the need to be away from the unfavourable condition at home, children in foster care placement indicated that have no option but to 'tabalaza' literally meaning trying to make a living as some of them go to bed without food in

spite of the fact that foster parents are receiving money on their behalf. This was supported by one parent who indicated that:

> "These kids are naughty, if they don't steal here at home, certainly one will receive the complaint from neighbours or even the police coming to look for him."

Another parent said that these children are in bad company of friends and are using drugs hence they are committing all kinds of offences. Children in foster care placement themselves indicated that since their foster parents/guardians are also having children, they are regarded as less important at home. When there are activities to be done, these foster parents first call them to do the work whilst their 'blood children' are loitering or playing. Even if their 'blood children' are the one who stole some properties in the house, the fault with squarely be on these fostered children. Another child whilst sobbing said that she wished she could resurrect her parents as according to the foster parents, she is useless, lifeless and actually there to make money for them rather than them taking care of these children. Fostering to her means making money for them.

Implication for policy considerations and practice

Cumulative harm can overwhelm the most resilient child and particular attention needs to be given to understanding the complexity of the child's experience. These children require calm, patient, safe and nurturing parenting/guardianship in order to recover, and may well require a multi-systemic response to engage the required services to assist.

The recovery process for children and young people is enhanced by the belief and support of non-offending family members and significant others. They need to be made safe and given opportunities to integrate and make sense of their experiences.

It is important to acknowledge that parents can have the same post-traumatic responses and may need ongoing support. Workers need to engage parents in managing their responses to their children's trauma. It is normal for parents to feel overwhelmed and suffer shock, anger, severe grief, sleep disturbances and other trauma related responses. Case practice needs to be child centred and family sensitive. Prevention efforts should begin early and continue through adolescence, when pressure to drink, smoke, and use other drugs greatly increases.

Policy: Strong connections were found between the risk factors, including childhood abuse and neglect, drug and alcohol abuse among family members and troubled school education. All are highly interrelated and important correlates of criminal offending and high frequency substance abuse. These results highlight that breaking the cycle of drugs and crime will be achieved by:

- whole-of-government approaches and inter-agency cooperation to ensure the range of factors that can lead to drug use and offending are addressed;
- the prevention of drug dependency through rapid intervention with drug users and effective drug treatment programmes;

- early interventions with families, particularly with children in foster care placements whose family members use drugs; and
- programmes specifically targeted at children in foster care placements and their personal histories and drug use patterns.

Conclusion

For prevention strategies of substance abuse by children in foster care placement to be effective, it is critically important that community efforts (families, schools, parents, social workers and other relevant key stakeholders) to understand the complex challenges brought about by foster care services in spite of its intended goals. Some children in foster care placement, therefore, are at higher risk for developing serious habits of drug use because of personal, family, or environmental circumstances. The impact of substance abuse often reaches beyond the abuser to family members, friends, co-workers, and society at large. Substance use and other problematic behaviours do commonly occur together. There is a great need for new ways of thinking about the interconnected problems of substance use and poor academic performance and drop out, high risk sexual behaviours and delinquent behaviours. Dropping out of school is related to a variety of factors that can be classified in four areas or domains: individual, family, school, and community factors.

- School dropout is a complex problem, the result of multiple pathways.
- Vast resources are being expended to reduce dropout.
- The social costs of dropout are enormous, ranging from the failure of an individual to reach his or her potential, to the economic consequences of a lower skilled workforce, and dependence on the social welfare system, to a decline in the U.S. position in the global marketplace.

References

Baloyi, G.O. (2006). *The evaluation of the initiative (NAFCI) programme in Greater Tzaneen Sub-District, Limpopo Province*, (Unpublished M.A. Dissertation). Pretoria: University of South Africa.

Barry S. Brown and Arnold R. Mills, eds., Youth at High Risk for Substance Abuse, Rockville, MD: National Institute on Drug Abuse, 1987.

Buerkel-Rothfuss NL, Strouse JS, Pettey G, et al. Adolescents' and young adults' exposure to sexually oriented and sexually explicit media. In: Greenberg BS, Brown JD, Buerkel-Rothfuss NL, eds. Media, sex and the adolescent. Cresskill (NJ): Hampton Press; 1993: 99-112.

Biederman, J., & Faraone, S. V. (2005). Attention-deficit hyperactivity disorder. The Lancet, 366(9481), 237-248. doi:10.1016/s0140-6736(05)66915-2

Booth RE, Kwiatkowski CF, Chitwood DD. Sex related HIV risk behaviors: Differential risks among injection drug users, crack smokers, and injection drug users who smoke crack. Drug Alcohol Depend. 2000;58:219–226. [PubMed]

Buerkel-Rothfuss NL, Strouse JS, Pettey G, et al. Adolescents' and young adults' exposure to sexually oriented and sexually explicit media. In: Greenberg BS,

Brown JD, Buerkel-Rothfuss NL, eds. Media, sex and the adolescent. Cresskill (NJ): Hampton Press; 1993: 99-112.

Bless, C. & Higson-Smith, C. 1995. *Fundamental of social science research methods:* An African perspective. 2ⁿᵈ ed. Cape Town. South Africa: Juta.

Bless, C. & Higson-Smith, C. (2000). *Fundamentals of social research methods.* Lansdowne: Juta Education.

Bless, C., and Higson-Smith, C. & Kagee, A. 2008. *Fundamentals of social research methods: An African perspective.* 4ᵗʰ Edition. Cape Town: Juta & Co. LTD. (RSA).

Bless, C. & Higson-Smith, & Sithole S.L (2013). *Fundamentals of social research method: An African perspective.. 5ᵗʰ edition. Cape Town.* Juta. & Co.LTD. (RSA)

Brown JD, Greenberg BS, Buerkel-Rothfuss NL. Mass media, sex, and sexuality. Adolesc Med 1993;4(pt 1): 511-552. [PubMed]

Brown JD, Steele JR. Sex and the mass media. Menlo Park (CA): Kaiser Family Foundation; 1995.

Child Development Guide (2015). Research Foundation of SUNY/CDH http://www.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm . Accessed June 5, 2015

Cooper ML. Does Drinking Promote Risky Sexual Behavior? A Complex Answer to a Simple Question. Curr Dir Psychol Sci. 2006;15:19–23.

David Hawkins, "Risk Focused Prevention: Prospects and Strategies," Presentation to the Federal Coordinating Council on Juvenile Justice and Delinquency Prevention, June 23, 1989.

Hammond, C., Linton, D., Smink, J., & Drew, S. (2007). Dropout Risk Factors and Exemplary Programs. Clemson, SC: National Dropout Prevention Center, Communities In Schools, Inc.

Heather, N., Taussig, Robert, B., Clyman & Landsverk, J. (2001). Children who return home from foster care**:** A 6-Year prospective study of behavioral health outcomes in Adolescence: *Official journal of the American Academy of pediatrics,* 1098-4275.

Hobbs, N. (1980). An Ecologically Oriented Service-based System for the Classification of Handicapped Children. In S. Salzinger, J. Antrobus, and J. Glick (Eds.), The ecosystem of the "sick" child implications for classification and intervention for disturbed and mentally retarded children (pp. 212-290). *New York: Academic Press*.

Huston AC, Wartella E, Donnerstein E. Measuring the effects of sexual content in the medi: a report to the Kaiser Family Foundation. Menlo Park (CA): *Kaiser Family Foundation;* 1998.

Kuntsche, E. Rossow, I. Simons-Morton, B. Bogt, T.T. Kokkevi, A. & Godeau, E. (2012). Not Early Drinking but Early Drunkeness Is a Risk Factor for Problem Behaviours Among Adolescents from 38 European & North American Countries: *Alcoholism, Clinical & Experimental Research, 01-07.*

Kunkel D, Cope KM, Maynard-Farinola WJ, et al. Sex on TV: content and context. Menlo Park (CA): Kaiser Family Foundation; 1999.

Klein, R. G., Mannuzza, S., Olazagasti, M. A. R., Roizen, E., Hutchison, J. A., Lashua, E. C., & Castellanos, F. X. (2012). Clinical and functional outcome of childhood attention-deficit/hyperactivity disorder 33 years later. Archives of General Psychiatry, 69(12), 1295-1303. doi:10.1001/archgenpsychiatry.2012.271

Mannheim JK & Zieve D. (2011). Adolescent development. http://www.nlm.nih.gov/medlineplus/ency/article/002003.htm Accessed June 5, 2015

Mannuzza, S., Klein, R. G., Bessler, A., Malloy, P., & LaPadula, M. (1993). Adult outcome of hyperactive boys: Educational achievement, occupational rank, and psychiatric status. Archives of General Psychiatry, 50(7), 565-576. doi:10.1001/archpsyc.1993.01820190067007

Marshal, M. P., Molina, B. S. G., & Pelham, W. E., Jr. (2003). Childhood ADHD and adolescent substance use: An examination of deviant peer group affiliation as a risk factor. Psychology of Addictive Behaviors, 17(4), 293-302. doi:10.1037/0893-164x.17.4.293

Masese, A, Joseph, N.W & Ngesu, L. (2012). The extent and panacea for drug abuse and indscipline in Kenyan schools. *Asian Journal of Medical Sciences.* 4(1): 29-36.

Mouton, J and Marais, H.C. (1990). *Basic concepts in the methodology of the social Sciences.* Pretoria: Human Sciences Research Council.

McNichol, T, & Tash, C. (2001). Parental Substance Abuse & the Development of Children in Family Foster Care:. PreQuest Medical Library*, Child Welfare League of America, 239-256.*

McNeely C, & Blanchard J. (2009). The Teen Years explained. Baltimore, MD: Johns Hopkins University

National Drug Control Strategy, Budget Summary. Washington, DC: Office of National Drug Control Policy (February 1997).

National Drug Master Plan: 2006 - 2011. Pretoria: Department of Social Development – Government Printers.

Neuman, W.L. (2006). Social science research methods: qualitative and quantitative approach, 6th Edition. Boston: Allyn & Bacon.

Pardeck, John T. (2015) "An Ecological Approach for Social Work Practice," The Journal of Sociology & Social Welfare: Vol. 15: Iss. 2, Article 11

Parry, C.D.H. & Bannetts, A.L. (1999).Alcohol policy and public health in South Africa. Cape Town. Oxford University Press.

Raj A, Saitz R, Cheng DM, Winter M, Samet JH. Associations between alcohol, heroin and cocaine use and high risk sexual behaviors among detoxification patients. Am J Drug Alcohol Abuse. 2007;33:169–178. [PubMed]

Roberts DF, Foehr UG, Rideout VJ, et al. Kids & media @ the new millennium. Menlo Park (CA): Kaiser Family Foundation; 1999.

Rhodes, .W. & James, P. (1978). *Emotionally disturbed and deviant children.* Englewood Cliffs, New Jersey: Prentice-Hall.

Sempe, M.D. (2007). Relationship between adolescent substance abuse and violence in Batho Policing area (Unpublished M.A. Dissertation). Pretoria. South Africa: Tswane University of Technology.

Shaw, T.V, (2006). Reentry into the foster care system after reunification: *Children & Youth Services Review,* 28: 1375-1390.

Taiwo, T, & Goldstein, S. (2006). Drug Use & its association with deviant behaviou among rural adolescent student in South Africa: *East African Medical Journal,* 83(09): 500-506.

The prevention & treatment for substance abuse Act No. (70 of 2008).

Tlhoalele, O.O. (2003). *The effect of alcoholism in the family on young offenders.* (Unpublished M.A. Dissertation). Pretoria, South Africa: University of Pretoria.

Understanding Substance Abuse Prevention, Toward the 21st Century: A Primer on Effective Programs. Center for Substance Abuse Prevention, Monograph, 1999.

United Nations (1992). The United Nations and Drug Abuse Control, (1992). UN Publication, Vienna.

Veselska, Z; Orosova, O; Geckova, AM; Gajdosova, B; van Dijk,JP; Reijneveld, SA. (2009). Self-esteem and resilience: the connection with risky behaviour among adolescents, *Addictive Behaviours*, 34:287-291

Young, C, & De Klerk, V. (2008). Patterns of alcohol use on a South African University campus; The findings of two annual drinking surveys*: African Journal of Drug & alcohol studies,* 7(2), *101-112.*

Zule WA, Costenbader E, Coomes CM, et al. Stimulant Use and Sexual Risk Behaviors for HIV in Rural North Carolina. J Rural Health. 2007;23:S73–78. [PubMed]

Substance Use and Need for Treatment among Youths Who Have Been in Foster Care. Feb. 18, 2005. National Survey on Drug Use and Health (NSDUH). http://www.oas.samhsa.gov/2k5/FosterCare/FosterCare.htm

Vaughn, G., Ollie, M.T., McMillen, J.C., Scott, L. & Munson, M. (2007). Substance use and abuse among older youth in foster care. *Addictive Behaviors,* 32(9):1929-1935.

South Africa Social Security Agency, Statistical report on Social Grants, 30 January 2010.

Waters, E., Corcoran, D. & Anafarta, M. (2005) 'Attachment, Other Relationships, and the Theory that All Good Things Go Together' Human Development 48:80–84