

Contexts of Risk:

An Ecological Analysis of Childhood Psychoactive Substance Use in South Africa

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Define tomorrow.

UNISA college of law

Background

The contexts of risk are broader than addiction & treatment

Why this matters

- Not every child who uses a psychoactive substance requires treatment.
- Experimentation and recreational use can still cause harm.
- Prevention should begin before harms become more established.



Purpose of the presentation

To build a fuller understanding of childhood substance use so prevention can be better matched to the circumstances in which use occurs, using Bronfenbrenner's bioecological theory as a conceptual lens.

Methodology

How was the study conducted?

1. **Exploratory quantitative design**
   Used to explore a topic where national child data are limited.
2. **Self-administered Likert-scale questionnaire**
   Children reported their own substance use and social contexts.
3. **Nationally distributed data collection**
   Children were recruited across all 9 provinces.
4. **Non-probability, judgemental sampling**
   Participants were recruited through selected sites, not random selection.
5. **Ethical participation**
   Parental or guardian consent and child assent were required.

Who participated?

N = 3,566 children

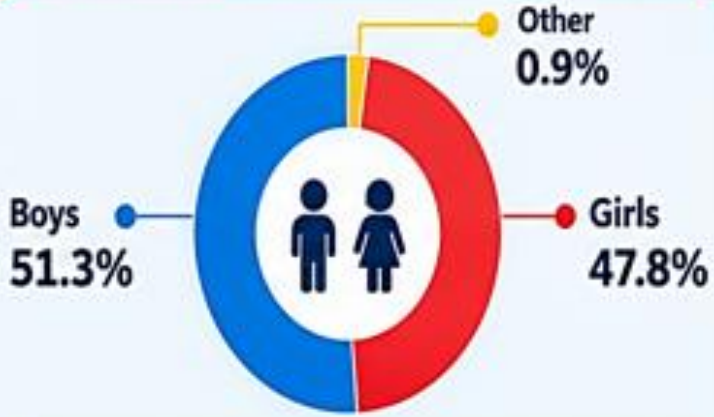


Sample drawn from all 9 provinces of South Africa.

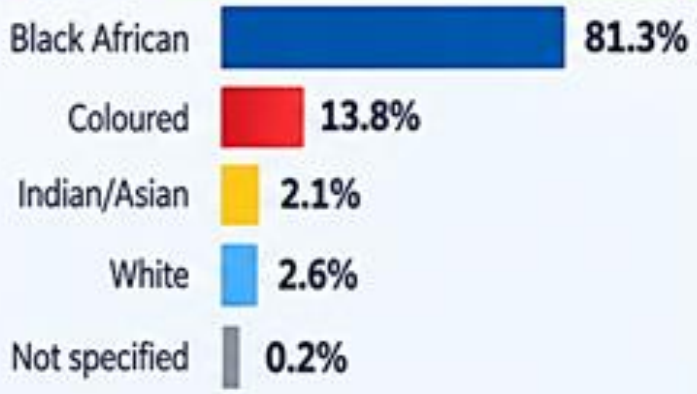


Sample composition

A. Gender

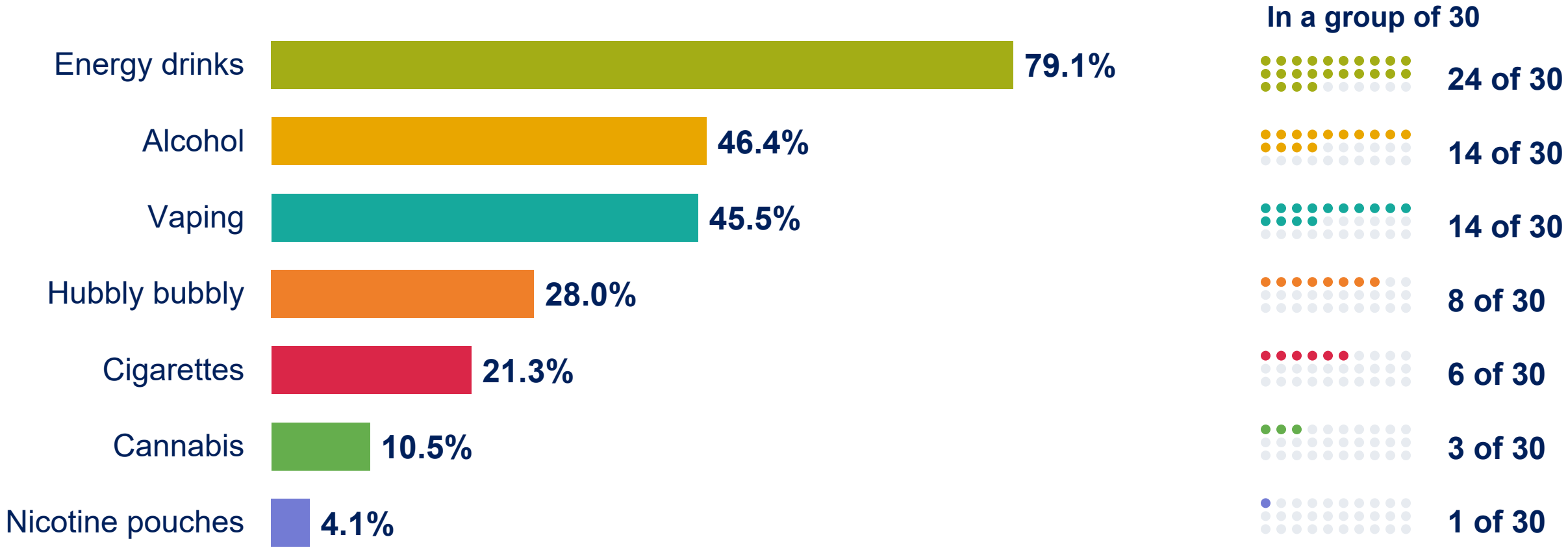


B. Race



Childhood substance use

How many children had ever tried each product?



N = 3,566 children aged 10–17. Ever tried does not mean current use. Counts per 30 are rounded.

Other-drug exposure: medicines remain prominent

Use by “you or children you know” for non-medical purposes

Medicines used for non-medical purposes

Substance	All %
Codeine cough syrup (lean)	9.3
Codeine pain pills	8.2
Sleeping pills	7.3
Diet pills	3.3
Steroids	2.5
ADHD medication	2.2
Oxycodone	1.9
Benzodiazepines	1.8

Reported use of Substances	All %
Tried or use	20.7
Monthly or more	8.7

Illegal drugs

Substance	All %
White pipe (mandrax/cannabis)	4.8
Bath salts	3.8
Cocaine	2.6
Heroin	2.6
Magic mushrooms	2.5
Crack cocaine	2.3
Nyaope (whoonga)	2.3
Crystal meth	2.3
Inhalants	2.3
CAT (methcathinone)	2.1
Ketamine	2.1
Ecstasy (MDMA)	2.0
Fentanyl	2.0
Amphetamine	1.9
LSD	1.7

All %: all 3,566 children. Reports concern the child or children they knew, not personal use alone.

1. Substance use is common and rises with age

62.4%

had tried at least one of the five main substances

33.8% currently used alcohol, vapes, hubbly bubbly, cigarettes or cannabis.

Current use: 10.3% at ages 10–12, 30.2% at 13–14 and 56.4% at 15–17.

At age 17: 44.9% currently drank alcohol, 32.5% vaped and 31.3% used hubbly bubbly.

Community-based findings reveal patterns beyond treatment admissions and help target prevention by age.

2. Energy drinks are the earliest, most used product

79.1%

had tried energy drinks

68.0% consumed energy drinks at least monthly. Median age at first use was 11 years.

73.3% of those recalling first use started by age 12. Across the sample, 10.4% used almost daily.

Among current users, 17.3% needed one for energy throughout the day. Other substance use was 43.6%, versus 13.2% among non-users.

Include energy drinks in prevention and ask about reliance on them, sleep and mixing with alcohol.

3. Early use and a marked difference at age 13

5.9% vs 12.9%

current alcohol use at ages 12 and 13

Current vaping was 7.7% at age 12 and 18.2% at age 13.

Among those recalling first use, 45.7% of alcohol triers and 51.1% of cigarette triers started by age 12.

Current alcohol use continued to rise across ages: 20.5% at 14, 30.5% at 15 and 42.8% at 16.

Begin prevention before age 13 and sustain it through adolescence. Cross-sectional age differences do not track individual change.

4. Many children who have tried substances still use

44–50%

of triers currently used hubbly, alcohol, vapes or cannabis

Current use among triers: hubbly 49.6%, alcohol 46.7%, vaping 45.5%, cannabis 44.4% and cigarettes 25.7%.

Among current users, 49.7% of smokers and 30.1% of vapers used daily. Cannabis use was almost daily for 27.7%.

Among current drinkers, 26.9% reported intoxication. Moody/anxious without the substance: 21.1% of frequent vapers and 41.8% of frequent cannabis users.

Match support to frequency and need, including harm reduction, cessation support and assessment for referral.

5. Nicotine-product use exceeds alcohol use

27.1%

currently used vapes, hubbly bubbly or cigarettes

Current alcohol use was 21.7%. Among 15–17-year-olds, 46.0% currently used at least one nicotine product.

57.4% of all children identified vaping as the least harmful way to smoke. Of current hubbly users, 23.4% believed it was not dangerous.

40.2% of current vapers did not know whether their vape contained nicotine.

Address perceived safety and uncertainty about product contents when discussing vaping and hubbly bubbly.

6. Most current users use more than one substance

57.1%

of current users used two or more of the five main substances

Among current users, multiple-substance use rose from 30.4% at ages 10–12 to 63.5% at 15–17.

Among hubbly users, 66.9% also vaped and 65.9% also drank alcohol. Among vapers, 56.0% also drank.

94.6% of cannabis users and 85.6% of cigarette smokers also used another substance.

Assess the full range of substances used, including energy drinks and medicines, and the risks of combining them.

7. Friends' use is associated with children's use

49.6% vs 11.8%

current drinking when friends drank versus when they did not

The association remained after adjustment for age, gender and other contextual factors (adjusted OR = 3.13).

Having friends who drank rose from 10.1% at ages 10–12 to 41.1% at 15–17.

Frequent and occasional users similarly reported using because friends did. For vaping: 44.1% versus 42.9%.

Address shared social settings and access alongside resistance to direct peer pressure. Association does not establish causation.

8. Frequent use is linked to personal coping needs

43.5% vs 15.8%

vaping when stressed among frequent versus occasional vapers

Other frequent versus occasional comparisons: hubbly to relax, 56.0% vs 25.8%; alcohol to cope, 17.0% vs 5.4%.

Cannabis when unable to sleep: 61.2% of frequent users versus 28.3% of occasional users.

Frequent vapers more often reported spending a lot of money on vaping: 49.2% versus 17.4%.

Explore the purpose substance use serves and assess stress, anxiety and sleep difficulties alongside support for healthier coping.

9. Acceptance of drinking matters beyond visibility

69.7% vs 18.0%

current drinking among children accepting drinking as part of growing up versus those who did not

66.5% had seen intoxicated people locally, but only 7.1% agreed that drinking was part of growing up.

Acceptance remained the strongest factor in the adjusted model (OR = 4.39). Seeing intoxicated people showed a smaller association (OR = 1.38).

31.4% said alcohol was easy for children to obtain. 30.7% reported that outlets did not ask children for identification.

Reinforce children's non-acceptance of drinking while addressing access. Visibility, acceptance and availability are distinct issues.

10. Siblings and disrupted home life matter

70.2% vs 16.4%

current drinking among children reporting drinking with siblings versus others

Having siblings who drank too much remained associated with drinking after adjustment (OR = 1.44). Parental excessive drinking did not.

10.2% cared for younger siblings when parents drank. 7.2% reported parental arguments or fights after drinking.

4.3% sometimes went without food because money was spent on alcohol.

Family prevention should include siblings and support children whose care or home safety is affected by parental drinking.

11. Perceived deterrents show weak associations

All V ≤ .10

associations between 15 perceived deterrents and children's drinking

Most endorsed: fear of school expulsion, 48.4%; police, 48.1%; parental disapproval, 44.5%.

Endorsement of these deterrents did not clearly distinguish current drinkers from other children.

Children also identified keeping busy (41.1%) and someone to talk to when struggling (37.0%) as potential deterrents.

Warnings about punishment alone may miss children's needs. These associations do not test the effectiveness of interventions.

12. Heavy social media use marks wider risk

55.1% vs 21.7%

substance use among hourly versus less-than-daily social media users

49.4% used social media daily, including 15.0% who checked more than once an hour.

Substance use was 42.5% among daily users. The overall association was V = .27 and remained evident within age groups.

Moody/anxious without access: 25.6% of social media users and 29.0% of gamers. Daily gaming had a weak link with substance use (V = .07).

Consider heavy social media use in broader assessment and explore shared coping needs. The findings do not establish causation.

13. Medicines feature in non-medical drug exposure

20.7%

reported other-drug use by themselves or children they knew

Most reported: codeine cough syrup (‘lean’), 9.3%; codeine pain tablets, 8.2%; sleeping pills, 7.3%.

Excluding 69 multi-drug reporters, these figures were 8.2%, 6.7% and 5.8%, respectively.

Other-drug exposure rose from 17.0% among children using none of the five main substances to 39.5% among those using three or more.

Include non-medical medicine use in prevention, with secure storage and supervised use. These figures measure exposure, not personal prevalence.

Implications for practice

The ecological findings point to differentiated prevention and harm reduction

Start earlier

Begin before and during early adolescence, not only later in secondary school.

Go beyond peer pressure

Address peer environments and children's awareness of how these contexts may influence them.

Include the family

Consider caregiving, conflict, home safety and referral pathways where parental substance use raises concern.

Ask what function use serves

Respond to coping, relaxation, stress and boredom—not only social participation.

Match response to frequency

Occasional experimentation may need different responses from frequent or routine use.

Address access

Commercial sales, weak age verification and older friends create opportunities for underage alcohol use.

Practice implication: intervene at more than one level — child, family, peer environment, community access and regulation.

Recommendations

Recommendations for practice and policy

- Use community-based evidence alongside treatment surveillance
- Begin prevention before the transition into adolescence
- Make prevention substance-specific and developmentally responsive
- Differentiate occasional, social, frequent and coping-driven use
- Address family functioning, access routes and age verification

Treatment data are essential — but not sufficient for prevention planning.

Research priorities

- Longitudinal and probability-based studies
- Lower-prevalence substances below the 10% threshold
- Peer exposure versus self-attributed influence
- Deterrence across substances and legal contexts
- Interactions between family, school and peer settings

Ask: What are children using, when does use begin, how does it happen, and what function does it serve?



UNITING FOR A SAFER FUTURE

Together, We CAN Shield Children from substance exposure, use, and Addiction!

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