



HSRC
Human Sciences
Research Council

DCES
Developmental, Capable
& Ethical State

Engaging youth with research on substance abuse through
performing arts, Sekhukhune District

Report prepared by

Wilfred Lunga, Charles Hongoro, Tshegofatso Ramaphakela, Yamkela Majikijela,
Precious Tirivanhu, Konosoang Sobane, Thanyani Mandivhandila

for the Developmental, Capable and Ethical State (DCES) Division of the Human
Sciences Research Council's PASS Unit.

19 November 2022

Contents

1. Introduction and background	1
1.1. Description of the proposed community engagement intervention	2
1.2. Objectives of the intervention	2
2. Methodology	3
2.1. Research Phase	3
2.2. The Communication ecology research	3
2.3. The intervention theatre production	3
1. Outcome 1:	4
2. Outcome 2:	4
3. Outcome 3:	Error! Bookmark not defined.
2.4. Targeted population	5
3. The main findings	5
3.1. Commonly used substance	6
3.2. Common challenges among civil society and communities	8
4. Discussions	10
5. Recommendations	11
6. Conclusions	11
References	14

Introduction and background

In South Africa, the prevalence of substance abusers among the youth, especially in rural areas (Makiwane et al, 2017) including in Limpopo province continues to be a cause for concern (Matla and Madu, 2012, Govender, Nel & Mogotsi, 2014). International research has established understanding about the relationship between abuse of substance (alcohol, illegal and prescribed drugs mental health problems which manifest in cognitive and behavioural consequences (suicide, schizophrenia, social anxiety, mood disorders such as depression, theft and perpetration of violence and crime or being a victim).

The relative lack of knowledge is exacerbated by lack of capacity and ability to access and engage with data on substance abuse and mental health. Available datasets such as the SABSSM (2018) and South African Community Epidemiology Network on Drug Use (SANCEDU) 2018 contain valuable information that can be used to create awareness about the mental health problems associated with substance abuse and facilitate deterrent behaviours among the youth. However, such data has not been packaged and disseminated in a way that it is usable by the youth who are not researchers, nor through platforms that will get the attention of the youth and facilitate critical engagement with scientific evidence. As a result, there is lack of prevention and response to substance abuse through interventions that place youth agency, participation, human rights and care at the centre of such interventions.

The prevalence of substance abuse among the youth is reportedly high in the Limpopo province of South Africa. Matla and Madu (2003) found high incidences of illicit drug use (19.8%) and alcohol use (39.1%) among 435 secondary-school adolescent students around the Pietersburg area in Limpopo, with the average age of use approximately 15 years. Another study conducted by the University of Limpopo in 2013 shows that prevalence of drug use among the youth is very high with the most used drugs being commercially produced alcohol at 54.8%, cannabis at 49% and inhalants at 39% (Govender, Nel & Mogotsi, 2015). These results are consistent with findings from more recent studies such as the SABSSM (2018) and South African Community Epidemiology Network on Drug Use (SANCEDU) (2018). A field visit assessment conducted by the HSRC in 2018 in Sekhukhune district in Limpopo corroborated the status of high prevalence rates of substance abuse among the youth.

This body of research also established that there is also very little understanding about the risk to life that is posed by drug abuse, especially among the users. The University of Limpopo study established that 62% of the surveyed users did not perceive drug use as potentially

harmful to their health. Observations of interventions available in the Sekhukhune district show that there is also a scarcity of pro-active interventions that harness creative arts and popular cultures among the youth as tools to mitigate and combat drug abuse. Most of the available interventions are reactive and are often designed through scientific processes by professionals in the field who are mainly based at treatment centres, without effective contextualisation that would empower the affected to fight substance abuse themselves in their own communities. These interventions very often focus more on physically treating the affected and rarely use their experiential knowledge base as a resource that can be harnessed to address drug abuse among their peers. Moreover, current approaches fail to harness the creative potential of the affected youth and their potential ability to know ways in which the peers can be communicated to.

1.1. Description of the proposed community engagement intervention

The project used participatory performing arts, and available research to engage the youths on substance use and its negative effects, including associated mental health and behavioural problems. The goal was to enhance their knowledge and capacitate them to be able to draw on research evidence to inform their decision-making, peer education practice and behavioural change. The HSRC project team composed of DCES and the Impact Centre collaborated with the University of Limpopo, the DSD in Sekhukhune, civil society organisations as well as youth who have previously been enrolled for substance abuse treatment. This multidisciplinary and multi-stakeholder team were led by the UL to create a participatory drama performance on substance abuse disorders. The script of the drama and the performances were in essence made up of real life-stories that integrate first-hand personal experiences and available research evidence. The use of participatory drama to enhance the voices of participants has been successfully implemented by other projects in the African context, for example MIND in Nigeria¹ and the CARE HIV/AIDS awareness in Kenya².

1.2. Objectives of the intervention

The objectives are as follows:

1. To enhance young peoples' knowledge on SUD.
2. To encourage the use of performing arts as a creative mechanism for sharing knowledge on SUD with the wider community;

¹ <https://www.mindng.org/contact>

² <https://www.participatorymethods.org/resource/participatory-educational-theatre-hiv-aids-awareness-kenya>

3. To capacitate young people to access, interpret and use data and research-based information sources to inform their decision-making, peer education practices and behavioural change.
4. To evaluate the short-term impact of the proposed intervention

2. Methodology

The project was implemented in three phases of development and implementation.

2.1. Research Phase

The Baseline and Needs assessment study identified

- Trends and patterns in the community
- Community structures and resources
- Community-led intervention proposals
- Community buy-in

2.2. The Communication ecology research

- Mapped out available information resources and practices in the community.
- Collected information on three layers (Foth and Hearn, 2007).
 - The technological layer which consists of technologies and connecting media that enable communication and interaction
 - A discursive layer which is the content of communication and knowledges already available in the community about SU,
 - Finally, a social layer which consists of people and social modes of organising those people
 - The communicative ecology also considers the context of the community in terms of who has access to certain resources, power relations and the local economy

2.3. The intervention theatre production

The HSRC and UL project team collaborated with selected and interested youth in the area to create a participatory drama on substance abuse disorders. The script of the drama, and the performance was co-developed by the youth in collaboration with the Creative Arts Department at the University of Limpopo, and was drawn from:

- I. data of previous research on substance abuse done by the HSRC and the UL and,

II. narratives of personal experiences of substance abuse.

This co-creative approach which harnesses scientific knowledge, lived experiences and creative arts has been proven to be effective for changing behaviours in other contexts. This drama was used as a public engagement tool to engage the youth and other publics and to create awareness of the impact of SU on the population. The use of participatory drama to enhance the voices of participants has been successfully implemented by other projects in the African context, for example MIND in Nigeria and the CARE HIV/AIDS awareness in Kenya.

These performances were re-purposed to engage the wider communities about research evidence on health problems associated with drug abuse.

1. Outcome 1:

The youth gained practical knowledge and skills on the effective use of performing arts for interpreting and communicating quantitative data obtained from research studies, as a potential mechanism for reducing the prevalence of substance abuse in Sekhukhune district in Limpopo, South Africa. In the process of making these productions the youth in the Sekhukhune district learnt how to access and use available research data to inform their messaging to peers. They learnt how to utilise innovative communication methods to promote positive health practices in their communities.

2. Outcome 2:

The youth, other participants involved in the project and the larger community in the Sekhukhune district gained increased knowledge and understanding of health problems associated with drug abuse such as: violence, victimisation, crime, mental health, HIV infection, Hepatitis C and unwanted pregnancies. Since the youth combined health research data with their own experiences to develop this intervention, the participants and the research team gained a better understanding of the relationship between society and science, and the role of creative arts in engaging people at this nexus.

A qualitative paradigm was adopted that used in-depth interviews and focus group discussions. A purposive sampling technique was adopted of communities in the Sekhukhune area namely:

- Ga Ngwabe
- Praktiseer
- Ga Mashamnthane

- Tafelkoop

2.4. Targeted population

The project targeted the youth in the Sekhukhune district (aged 19 to 35 years) who included out-of-school youths identified through rehabilitation service providers as current or past clients in the community and school-going youth who were recipients of the intervention. The out-of-school youth were trained in performing arts to implement the intervention and the non-abusers who.

- The traditional leaders, specifically the local area chiefs and their leadership teams highlighted the challenges of substance abuse in their area during previous qualitative studies.
- The wider community including formal representatives and the public.
- Community radio station production managers and hosts.

The focus on youth as the main target of the intervention is based on them being identified as a group vulnerable to substance abuse in several research studies. They therefore hold experiential knowledge of the effect of drugs abuse on them and their peers. The community also has experiential knowledge of living with the youth who abuse harmful substances, and the traditional leaders and community radio stations have undertaken to avail the team, resources, and infrastructure to implement the project.

3. The main findings

The study established that the root causes of drug use and abuse recurring in interviews with participants include, but are not limited to:

- Generational poverty and unemployment in the family
- Family disputes
- Peer Pressure
- The mining investment in the area and its effects on the youth's retention in the schooling system
- Lack of recreational facilities and infrastructure in the area
- Natural hazards like drought affecting the youth
- Curiosity about the feeling of "being high"

Substance abuse and addiction is a protracted societal problem that has long defied attempts to tame it. Adolescents are especially vulnerable to substance abuse. While family problems may lead to substance abuse in adolescents, substance addiction in adolescents may impact parents' mental health and quality of life as well. Many societies, including the communities in which

the study was conducted, family is considered to include people who provide the primary source of attachment, nurturing, and socialisation, and who need support if one of them uses harmful substances. The changing dynamics of the family also imply that substance use, and abuse interferes with a wider circle of people, whose health is likely to be negatively affected by substance abuse. A lack of support, an absence of parental discipline, parent's lack of concern and the inability of parents to be role models contribute to substance use and abuse. Thus, the relationship is bidirectional. When an adolescent becomes addicted, marital relationship and satisfaction often become unbalanced with both parents experiencing negative feelings, pain, and disappointment.

3.1. Commonly used substances

The study established through focus group discussions and interviews that the district of Sekhukhune has a considerable disease burden attributable to substance use. The most drugs taken include the following:

- Dagga
- Nyaope
- Cocaine
- Alcohol

Participants had this to say:

“Nyaope (Whoonga drug). Marijuana (drug) even pills which people crush and smoke through the nose. Others smoke cigarettes and glue. “The root of the problem is within the household. Parents must be helped through counselling What I know about drugs is that is a harmful substance. Once you smoke drugs, you change completely from the person you used to be. For instance, those who smoke snuff always experience headaches while believing they connect with Gods or ancestors after smoking. As for those who drink alcohol, they lose morals and consciousness in the end they become thieves”.

Another participant's state said:

“Substances like are drugs harming the body because the physical appearance changes since people are addicted, they hardly eat food even to bath. Alcohol people are mentally disturbed in most cases because they always fight or verbally assault people when they are drunk. People who use drugs suffer the most compared to people who drink alcohol because for drugs the person loses weight and lacks the energy to perform daily routine activities in the household”.

“Sometimes instead of injecting one another with the drug, they use the blood of the person who injected the drug and shares the blood”.

The researchers also learnt of practises called Bluetooth whereby the blood is shared by injecting others with belief that the blood contains the drug. This revealed that Substance use is a perpetual public health problem for young people in the district.

“If he or she is self-motivated to quite it possible. Most of these children are taken to rehabilitation by their parents every year, but they continue to use drugs”.

“The churches in the community do not intervene to assist substance abusers. The problem with churches in the community are meant for business not to help people”.

The findings showed that young people's propensity for substance use and abuse is influenced by the effects of socialization. This included attitudes, family history, and experiences of poverty in the home.

The access facilities and points of drugs in Sekhukhune included schools, dealers in communities well known by the community and police, internal migration to towns introducing them to communities and taverns. Participants were of the view that the police and other security clusters have not been effective in combating drug abuse. Participants believes the police have failed them.

Common challenges among users stated that becoming addicted to substances not only change their individual health and behaviours but the health, Lack of confidence, health e.g., HIV, loss libido resulting in dependence ETC, Loss of trust in communities and families, financial losses, loss of livelihoods and loss of family relationship. The study also established that drug use and abuse is associated with violent behaviour, psychiatric disorders, risky sexual behaviours, and adverse health effects.

The other issues that emerged during focus group discussions was family background. Family's negligent attitude contributed to the high rate of substance usage. It appeared that the majority of participants came from homes whose attitudes regarding substance use were not closely watched or regulated.

One participant made the point that grandparenthood was a factor in the high prevalence of drug use/abuse among young people. Some young people were not warned against smoking or drinking alcohol at a young age. When they did it, they didn't heed the warning or get

caught. Further, it was noted most families do not enjoy spending time together and there is no family finds the support, no one in the family cares about me and thus most of the participants expressed that they are not satisfied with my family life. Generally, the perception is that the quality of family life of participants and their families was affected by young people addiction to substance abuse. Accordingly, our results show that substance addiction affects the quality of life not only of adolescent abusers but also of their families.

The other issues according to drug addicts themselves was that risk behaviours were a result of the low levels of parental involvement and warmth. Parental factors such as a lack of support, an absence of parental discipline, parent's lack of concern and the inability of parents to be role models contribute deviant behaviour. Previous studies have found young people's addiction negatively impacts parents. Couples with addicted children suffer from anxiety, fear, depression, frustration, hopelessness, and guilt (Fatiha et al., 2012; Moustafa et al., 2020; Tindle et al., 2020) which lead to diminished parental relationships with friends, increased absences from work, and decreased visits with relatives.

The other findings suggest that the young peoples' quests for esteem contributed to the prevalence of substance use. Interviews revealed that before some of the participants started using drugs, to ease their anxiety, they used to think abuse of drugs was for adults hence they started abusing them to boost their esteem. The youth succumb to substance use and abuse as a result of their poor feeling of wellbeing and low self-esteem.

3.2. Common challenges among civil society and communities

Civil society organisations and other development agencies have made concerted efforts to address drug use and abuse. Drug use and abuse has been identified as a major factor fuelling crime incidences in Sekhukhune. The efforts have been in the form establishment of structures, public sensitisation and a range of other initiatives. However, interviews with key informants have shown that most civil societies struggle to access funding support, issues related to safety and liaison with and access to treatment centres.

Communities cited crime, the police working with users and uncertainty towards support structures. There is a perception among the community that drug use and abuse is a self-indulgent activity. Many rape incidences and petty crimes seem to be on the rise, and alcohol abuse has been labelled as a major causative factor. Alcohol and other forms of drugs contributes to sexual assault through multiple pathways, often exacerbating existing risk factors. One young male participant had this to say about drug abuse and crime.

“I second my brother that people turn to be criminals/thieves in the community because they use drugs, and they need money to buy drugs every day”. Ma’am, they are thieves who commit any kind of crime. The Nyaope people, steal expensive materials and sell them at cheaper prices so that they can get money to buy drugs.

Second male participants said:

“Sometimes parents buy clothes or something for them, but they would sell them immediately to satisfy their needs”.

The above findings are consistent with Marotta and Voisin (2017) survey among young people determined that risky peer norms were strongly associated with both drug use and delinquency. These findings also show that there is increasing evidence that environmental and economic stressors have adverse consequences for families and children. According to a family-interactional perspective a weak parent child mutual attachment relation is related to distress, and drug-using peers. It also emerged for the discussions with participants that young people with weak bonds to their family are more likely to be pulled into peer groups involved in delinquency and drug use.

The stakeholders that were part of the study in Sekhukhune established several ways to mitigate drug abuse. The identified areas that should be addressed within communities includes:

- policing/security,
- helping the community,
- treatment,
- increased awareness,
- communication,
- increased understanding/education,
- cleans up the community.

The identified areas are consistent with the socioecological framework of understanding substance use, in which individual and environmental factors influence the initiation and maintenance of use (Lee et al., 2017; Shahram et al., 2017). Community level factors in this study has shown to affect substance initiation and use, such as the quality of police-community relations is needed. Adolescent stakeholders in the current study suggested that police departments should play a more active role in the community by checking in on Individuals who use drugs, as well as engaging in more aggressive enforcement of rules and

policies related to drug use.

The stakeholders were of the perception that if such issues were addressed, they will lead to a reduction of substance use and abuse and may prevent addiction.

4. Discussion

The study looked at how socialization characteristics influenced the likelihood of substance addiction among young people. The outcomes showed that the families were the main environment in which their lives were moulded and evolved. The findings imply that the family unit, which served as the first socialization agent, had a significant and lasting influence on the experience of substance addiction, which was then externalized to other contexts. The primary causes of substance use, or abuse are typically found within a single developmental characteristic.

According to other studies, places plagued by poverty lead to a high rate of people living unhealthy lifestyles. A vicious cycle of household poverty is perpetuated by generations being born and nurtured in high-risk environments. The same social side, which is more societally oriented, examines how elements like young substance addiction risk factors like poverty, unemployment, community tolerance of substance use, lax border restrictions, etc. Numerous research supports the idea that these elements, which result in extreme and pervasive poverty, have led to increased rates of substance abuse in South Africa. Although there is a case to be made that substance use can be the root of poverty, the evidence generally suggests that there is a connection between substance use and poverty (Myer et al, 2016). Poverty is linked to low wages, family members without jobs, and parents who rely on social assistance. There is a direct correlation between poverty and the frequency of substance use and abuse. According to the study, families have an effect that increases young peoples' vulnerability to the incidence of substance use and misuse. The advantages of healthy, balanced parenting experiences founded on the idea of father and mother are denied to young people in the family system.

The idea of healthy, balanced parenting frequently emphasized actions like nurturing behaviour, which are actions that address a young people need for emotional safety, as well as the provision of warmth and sensitivity built into the framework of the father-mother connection. For instance, there is a built-in "parental framework" that fosters behavioural standards in a family with a father, mother, and children. The research also shows that having a parent or other close family who uses drugs increases a person's chance of abusing or using drugs.

The findings suggest that the prevalence of substance use, and abuse is influenced by low self-esteem. The implications of these findings imply that the young people involvement in substance use and abuse was a sign of their quest to gain social respect among peers. These results further suggest that the socialization style in communities is considered harmful since it exposes young peoples' susceptibility in balancing high self-esteem with substance use. Low self-esteem has been linked to increased risk of substance use and abuse in individuals who use substances.

The socialization elements fall under social effects that encourage substance use/abuse in people with poor socioeconomic position and little parental education, as well as in people with strained family ties and inadequate parental supervision. Evidence has shown that substance abuse can lead to inappropriate sexual behaviour, which can lead to unintended pregnancies and STDs among young people.

5. Conclusions

Substance use and abuse amongst young people in vulnerable communities has long been a serious public health concern in South Africa that causes considerable harm to individuals, families, and societies. To address substance, use and abuse issue, it may be essential to provide drug use health promotion programs and services through inter-sectoral collaboration, inter-organizational collaborations, community involvement, and community engagement. Some of the recommendations derived from discussions with the participants to address this issue, at minimal costs, community based, and school include effective community and family-focused programs that improves communication and relationships.

The study showed that that substance use may be related to the absence of fulfilling relationships, improving familial bonds and peer relationships work to effectively diminish the attraction of substances ranging from alcohol to dagga and many other types of dangerous drugs. A sense of urgency is needed to muster the necessary resources and implement these valuable programs in communities, schools and other institutions across the country. As stakeholders with lived experience in their communities, young people should have a voice and feel empowered in addressing this devastating public health concern.

6. Recommendations

The intergenerational effects of addiction highlight the importance of engaging all who are directly or indirectly affected in identifying solutions to reduce and eventually eradicate addiction within families and communities. When designing and providing drug abuse

prevention and treatment interventions, it is important to engage the community throughout the process to improve the reach and effectiveness of public health efforts.

Interventions to address this issue require a multidisciplinary and multi-sectoral approach. Cultural activities such as theatre arts that instil for appropriate behaviour during times when they are being carried. Such cultural activities may be done in schools, and community halls etc. The end results are likely to lead to positive feelings, leading to more positive actions.

Education and awareness campaigns on the prevention of substance abuse for communities, including schools and churches, must be intensified. This can be achieved through collaboration between development agencies, learning institutions (universities & schools), churches, and communities, together with health professionals and the government.

Difficulties accessing rehabilitation centres, high levels of relapses after rehabilitation, and the high cost of substance abuse treatment call for the government to create more effective, efficient, and affordable rehabilitation centres.

Skills development programmes and employment opportunities could also help in eradicating the abuse of drugs, as most of the users are unemployed and unemployment plays a role in the abuse of substances.

It is recommended to establish positive parenting practices and to inform parents about risks that can lead to problem behaviour and substance use. Positive Family Support (PFS) may reduce problem behaviour and drug use by improving the parents' family management and communication skills and by addressing dysfunctional family dynamics. Most parents are aware of institutions working with drug addicts and these institutions may also assist in programmes targeting parents.

This study has several strengths, which include an engagement process that discussed substance use and abuse with social workers, drug addicts themselves, traditional healers, chiefs and parents regarding ideas to address addiction within their communities. As part of young people-built change project, vulnerable communities had an opportunity to not only identify solutions as described in the current study but also design and carry out a theatre arts project that would directly address addiction within their community. This study engaged individuals who are traditionally left out of the research process, thereby increasing the translational capacity of research interventions in underserved rural communities. Young people in the current study were engaged in the process and provided solutions that were consistent with evidence-based practices.

Despite these strengths, the limitations are that young people did not have an opportunity to rate the importance of statements given the time-limited nature of the study. Future studies should include the ratings of importance from stakeholders to inform priority areas of focus and action within the community. The findings are not generalizable to a broader population.

References

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.

B. Myers, T. Carney, W.M. Wechsberg, “Not on the agenda”: A qualitative study of influences on health services use among poor young women who use drugs in Cape Town, South Africa, *Int J Drug Policy*, 30(2016), 52-58.

Makiwane, M; Anne M. Teitelman, MSN, FAANP, FAAN, FNP-BC, Scarlett L. Bellamy, John B. Jemmott, III, Larry Icard, , Ann O’Leary, Samira Ali, , Zolani Ngwane. 2017, Childhood Sexual Abuse and Sociodemographic Factors Prospectively Associated with Intimate Partner Violence Perpetration Among South African Heterosexual Men, *Annals of Behavioral Medicine*, (51)2:170–178, <https://doi.org/10.1007/s12160-016-9836-2>

Madu, S.N. and Matla, M.Q. (2003) Illicit Drug Use, Cigarette Smoking, Alcohol Drinking Behaviour Among a Sample of High School Adolescents in the Pietersburg Area of the Northern Province, South Africa. *Journal of Adolescence*, 26, 121-136.

[https://doi.org/10.1016/S0140-1971\(02\)00120-3](https://doi.org/10.1016/S0140-1971(02)00120-3)

Mogotsi, M. Nel, K.A., & Govender, I. (2014). An exploration of first year students’ opinions of alcohol consumption at a previously disadvantaged university. Poster to be presented at the 17th Annual National Family Practitioners Congress, 20 - 22 UP, Hatfield, Pta.

Newman A, McNamara Y. Teaching qualitative research and participatory practices in neoliberal times. *Qualitative Social Work*. 2016;15(3):428-443.

doi:10.1177/1473325015624500

Herman D, Jahn M, Ryan ML. *Routledge encyclopedia of narrative theory*. New York, NY: Taylor & Francis; 2005.

Jannette Berkley-Patton, Kathleen Goggin, Robin Liston, Andrea Bradley-Ewing & Sally Neville (2009). Adapting Effective Narrative-Based HIV-Prevention Interventions to Increase Minorities' Engagement in HIV/AIDS Services, *Health Communication*, 24:3, 199-209, DOI: 10.1080/10410230902804091

Govender, K, Petersen, I. , Hancock, J. , Bhana, A. ., and Mental Health Care (PRIME), M. (2013) Closing the treatment gap for depression co-morbid with HIV in South Africa: Voices of afflicted women. *Health*, 5, 557-566. doi: 10.4236/health.2013.53A074.

Dahlstrom, M.F. 2014. Storytelling in science Proceedings of the National Academy of Sciences Sep 2014, 111 (Supplement 4) 13614-13620.

DOI: 10.1073/pnas.1320645111

Lee, H., Fawcett, J., & DeMarco, R. (2016). Storytelling/narrative theory to address health communication with minority populations. *Applied Nursing Research* 30, 58-60.

Espeland, W., & Stevens, M. (2008). A Sociology of Quantification. *European Journal of Sociology*, 49(3), 401-436. doi:10.1017/S0003975609000150

Lee, J. O., Jones, T. M., Kosterman, R., Rhew, I. C., Lovasi, G. S., Hill, K. G., Hawkins, J. D. (2017). The association of unemployment from age 21 to 33 with substance use disorder symptoms at age 39: The role of childhood neighbourhood characteristics. *Drug and Alcohol Dependence*, 174, 1-8.

Shahram, S. Z., Bottorff, J. L., Kurtz, D. L., Oelke, N. D., Thomas, V., Spittal, P. M., Partnership, C. P. (2017). Understanding the life histories of pregnant-involved young aboriginal women with substance use experiences in three Canadian cities. *Qualitative Health Research*, 27(2), 249-259.