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The perceptions of high school learners on drug use at a high school in the West Rand District, Gauteng

Zibi, Ntombikayise Happiness

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THE PERCEPTIONS OF HIGH SCHOOL LEARNERS ON DRUG USE AT A HIGH SCHOOL IN THE WEST RAND DISTRICT, GAUTENG

A report on a research study presented to
the Department of Social Work
School of Human and Community Development
Faculty of Humanities
University of the Witwatersrand



In partial fulfilment of the requirements
for the degree Master of Arts in the Field of Social Development
by

NTOMBIKAYISE HAPPINESS ZIBI

July 2018

DECLARATION

I, Ntombikayise Happiness Zibi, declare that *The perceptions of high school learners on drug use at a high school in the West Rand district, Gauteng* is my own work and all secondary sources have been acknowledged. This dissertation was not previously submitted to any other tertiary institution.

……..…..…….. **…….…….**

N H ZIBI **DATE**

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ABSTRACT

Substance use remains one of the major challenges facing the South African community and it has severe effects not only on the individual, but also on those closest to the individual and society as a whole. The purpose of the study was to discover the perceptions of learners on drug use in a high school in the West Rand district, Gauteng. Two theories namely the systems theory and the ecological perspective guided this study. The research approach was qualitative in nature. A sample of eight learners between the ages of 16-19 years was purposively sampled representing both genders equally. A focus group guide with propositions guided the process of data collection. The data collected was analysed using thematic analysis. The main findings of the study indicate that there is a link between substance use and the stages of development of learners. High school learners have advanced experiences of substance use, contrary to the norm of high school learners engaging in entry drugs, high school learners have progressed into illicit drugs such as Crystal meth, cat, Ndada, rock and Flakka. In addition, high school learners are challenged with numerous contributing factors to substance use. The research study concludes that even though learners have lost trust in current prevention strategies, more educational substance use awareness and prevention programmes are highly recommended to reduce the challenge of substance use in schools. Based on the findings and conclusions of the study, critical gaps in the current research were identified and future research is recommended to improve the existing strategies and establish age appropriate prevention programmes to assist learners challenged with substance use.

Keywords: Substance use, substance dependency, drug, learner, adolescence

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LIST OF ACRONYMS

CDA	Central Drug Authority
DOH	Department of Health
GDE	Gauteng Department of Education
GDSD	Gauteng Department of Social Development
NDMP	National Drug Master Plan
NIDA	National Institute on Drug Abuse
RDP	Reconstruction and Development Programme
RET	Reputation Enhancement Theory
SACENDU	South African Community Epidemiology Network on Drug Use
SADC	Southern African Development Community
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

CHAPTER ONE:
INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

Substance use has become a global scourge. It has long been an issue of public concern that impacts negatively on the individual, families and broader communities. The World Health Organisation, (WHO) (2004) indicates that globally there is escalation of substances use daily regardless of the persistent efforts to fight this challenge, Moodley, Matjila and Moosa (2012), Mohasoa (2010) and Kingori (2007) argue that school-going children continue to be vulnerable to substance use, and most learners begin to experiment with substances at an early age. The United Nations Office on Drugs and Crime (UNODC) (2009) reported that globally between 80 000 and 100 000 children start smoking daily, and that substance use issues should be addressed from a developmental approach when implementing the post-2015 development agenda. Numerous studies conducted globally regarding substance use among adolescents, estimated that 13 million youths aged 12 to 17 become involved with alcohol, tobacco and other substances annually (Lennox & Cecchini, 2008). Furthermore, globally, 35% of high school learners have been estimated to be problem drinkers who drink at least 9 units of spirits, 1 litre wine or 2 litres of beer per day (UNODC, 2009).

1.2 STATEMENT OF THE PROBLEM AND RATIONALE OF THE STUDY

In South Africa (SA), substance use in general is reported twice more than the world norm (Tshitangano & Tosin, 2016). The authors further argue that over 15% of the SA population is challenged by the phenomenon. As narrated by Mhlongo (2005) and Masombuka (2013), SA with its infiltrative borders has become an attractive market for drug traffickers with the local drug market which is purposefully flooded, targeting schools to grow a market of young substance users. Masombuka (2013) further suggests that in Gauteng, children as young as 9 years old are engaged in substance use. It is confirmed by UNODC (2013) that one in two school children in SA have already experimented with drugs. The most widely used substances on or off school premises are alcohol, tobacco, cannabis and Nyaope (Kingori, 2007; Moodley et al., 2012; Tshitangano & Tosin, 2016). Some learners also come to school under the influence of substances.

The West Rand district municipality consists of a town called Krugersdorp which is known as a drug den. Krugersdorp has become a transit area hence the access of drugs to the nearby areas such as Kagiso and Toekomsrus is increasing. This contributes to the escalation of experimentation and the use of a variety of harmful and highly addictive substances at an early age. Consequently, learners end up dropping out of school and start committing crime. Although there are several preventative interventions to reduce drug use in schools in the West Rand district, the current interventions appear to be ineffective, because the number of learners presenting with substance use problems is escalating.

The researcher is employed as a Social Worker by the Gauteng Department of Social Development (GDSD) under the directorate of Probation Services. The core functions of the researcher include assessment and referrals of substance-use related cases referred by the courts, involvement in the awareness, prevention and treatment cases involving children, youth and adults on a daily basis. The majority of the beneficiaries of services rendered by the researcher reported that they have lost valuable opportunities to improve their academic lives and eventually dropped out of school. Some narrated that they lost relationships with their friends and families and as a result, are now young people living and working on the streets and have become involved in substance use. Consequently, the researcher was motivated to conduct a study about the perceptions of adolescent learners with substance use. It is hoped that the findings of this study might contribute to the existing knowledge and generate additional information that will assist professionals involved with learners, to enhance existing and develop more age appropriate evidence-based strategies and policies that could be useful to address substance use among learners.

1.3 RESEARCH QUESTIONS

The research questions are as follows:

- How do high school learners in the West Rand perceive substance use?
- What are the views of West Rand high school learners in relation to finding appropriate interventions to address substance use?

1.4 THE PRIMARY AIM AND SECONDARY OBJECTIVES OF THE STUDY

The primary aim of the study was to explore the perceptions of learners associated with drug use in a high school in the West Rand district, Gauteng.

The secondary objectives of the study were:

- To establish the views of high school learners about drug use.
- To explore the experiences of high school learners with drug use.
- To ascertain the risk factors contributing to the use of substances among high school learners.
- To explore suggestions in terms of addressing drug use with high school learners.

1.5 THE THEORETICAL PERSPECTIVES UNDERPINNING THE STUDY

The following is a brief overview of the theoretical perspectives that underpinned the study. Details on the theoretical frameworks will be presented in Chapter Two.

1.5.1 Systems Theory

The Systems Theory guides researchers on how to view the world. A system is a set of organised components that is comprised of parts that are interdependent or interrelated to make a functional whole (Hepworth, Rooney, Rooney & Storm-Gotfield, 2013; Kirst-Ashman & Hull, 2009; Mele, Pels & Polese, 2010; Szapocznik & Williams, 2000). This theory is relevant to the study because it focuses on the interaction of the individuals with their social environment.

1.5.2 Ecological perspective

The ecological perspective was chosen as a viewpoint in this study, because it provides a way to view substance use by learners from multiple dimensions and not rely solely on one aspect of an individual to explain or predict behaviours or problem, but also looks at the social context of the individual (Rungani, 2012). This theory is relevant in understanding the influence of individuals, friends, and family on behaviour.

1.6 OVERVIEW OF THE RESEARCH DESIGN AND METHODOLOGY

This section is a brief summary of the research methodology that was utilised throughout the study. The detailed research methodologies will be presented in Chapter Three. This study was qualitative in nature as it aimed to understand the perceptions of high school learners on drug use at a high school in the West Rand district, Gauteng. A phenomenological research design was used in this study. The population of this study was formed by all registered grade eleven learners in 2018 at a high school. The proposed sample of this study comprised of four girls and four boys between the ages of 16 and 19. The selection of the sample was considered to encourage equal representation of genders. The sample size of eight participants was deemed suitable to produce adequate information. The research instrument in this study was a focus group proposition guide (Appendix H). The researcher used a purposive sampling method to select a pretesting sample of four learners (two males and two females). Data was analysed through thematic data analysis.

1.7 DEFINITION OF KEY CONCEPTS

1.7.1 Substance use

Substance use is defined as systematic use of substances that ruins daily activities (American Psychiatric Association, 2013). For the purpose of this study, the words drug and substance will be used interchangeable.

1.7.2 Substance dependency

Substance dependency is defined as a “chronic disorder characterised by the compulsive use of substances resulting in physical, psychological or social harm to the user and continued use despite the harm” (Berger, Shuster & Von Roenn, 2007, p. 459).

1.7.3 Drug/substance

A drug refers to any legal or illegal substance used to enhance physical or mental wellbeing that creates psychosis (National Drug Master Plan (NDMP), 2013). In this study, a drug refers to legal and illegal substances used by adolescents.

1.7.4 Learner

A learner is "any person obliged to receive education" from a recognised institution of learning. This means schools are obligated to provide an enabling and free learning environment without drug use and drug trafficking (the South African Schools Act, 1996, p. 4).

1.7.5 Adolescence

Adolescence is the transitional stage of development that occurs between childhood and adulthood. This means adolescence is between the ages of eleven and nineteen years (Mohasoa, 2010).

1.8 CONTENT OF THE RESEARCH REPORT

The research report is delineated into five chapters structured as follows:

Chapter one: Introduction to the study

An introduction and general orientation to the research report is provided with specific focus on the following: Introduction, statement of the problem and rationale of the study, research questions, the primary aim and secondary objectives of the study, the theoretical perspectives underpinning the study, an overview of the research design and methodology, definition of key terms and the content of the research report.

Chapter two: Literature review

This chapter focuses on the literature review, the prevalence of substance use, the effects of substance use, types of substances and their effects, risk factors of substance use, stages in

adolescent substance use, dependency characteristics, legislation relevant to substance use, and recommendations to schools in the fight against substance use. The chapter ends with a summary.

Chapter three: Research methodology

Provides an in-depth discussion of research methodology which includes a comprehensive discussion of the introduction, research questions, aims and objectives of the study, research approach, research design, study population, sample and sampling procedure, research instrument, the pretesting of the research instrument, data collection method, data analysis, trustworthiness, ethical considerations, limitation of the study and a summary.

Chapter four: Presentation and discussion of the finding results

This chapter covers the presentation and discussion of the findings by discussing the following: an introduction, the context and demographic profile of participants, themes and subthemes and a summary.

Chapter five: Main findings, conclusions and recommendations

This is the final chapter of the research report and includes the major findings, recommendations and conclusions of the research study. In this chapter, the following was discussed: introduction, the aims and objectives of the study, main findings, conclusions of the study, recommendations, policy recommendations and future research. The discussion of the listed aspects enabled the researcher to reflect on how the objectives of the study were achieved.

CHAPTER TWO:
LITERATURE REVIEW

2.1 INTRODUCTION

South Africa as a developing country is experiencing numerous challenges such as substance use. Substance use creates a burden in the health sector and creates an ever-increasing need for the establishment of new treatment centres. It can be argued that the state and other relevant stakeholders are indeed involved in continuous education in order to reduce the desire and demand for substance use. However, substance use challenges continue to increase. In this chapter, the Systems Theory and ecological perspectives are the theoretical lenses underpinning the study. The prevalence of substance use, effects of substance use, types of substance use, risk factors, stages of adolescent substance use, and the legislation relevant to substance use will be discussed.

2.2 THEORETICAL FRAMEWORKS UNDERPINNING THE STUDY

2.2.1 Systems Theory

The systems theory guides researchers on how to view the world. A system is a set of organised components that is comprised of parts that are interdependent or interrelated to make a functional whole (Hepworth et al., 2013; Kirst-Ashman & Hull, 2009; Mele et al., 2010; Szapocznik & Williams, 2000). Systems theories focus mainly on relationships and social interactions and capitalise on concepts such as interdependency, behavioural interplays or transactions within and between systems and subsystems, systemic leadership (structure), developmental appropriateness, and conflict vs. mutuality/support (Szapocznik & Williams, 2000). In other words, what is key about this theory is the focus on the interaction of the individuals with their social environment. Systems are interrelated parts forming a functional whole. In order to understand the systems theory, it is important to understand these concepts: system, dynamic interaction, input, output and homeostasis. Learners who are challenged with substance use, are a system. They are in constant interactions with elements such as health, education, economy, politics and religion. This theory is vital as it assists in looking beyond the presenting problem. The researcher will understand the other

causes that may be influential for the learner to be challenged with substance use disorders. It diverts the attention from the individual, focussing on the environment. It is vital in developing a holistic view of the problem and to enrich contextual understanding of the behaviour.

To organise the social context of the adolescents, this study draws on Bronfenbrenner's ecological developmental theory (Bronfenbrenner, 1977; 1979; 1986) with the basic assumption that people do not exist in isolation, but in a broader domain of public influence. The primary social contexts for adolescent development are the family, school, peer, and neighbourhood which are thought to be nested within each other like a set of Russian dolls (Bronfenbrenner, 1979). Most importantly, the systems theory seems to suggest that interventions aimed at changing family patterns of interaction, represent a strategic point of entry to target interactions within or between systems in the family's social ecology that are unsuccessful at achieving the goals of the family as a unit, or its individual members (Szapocznik & Williams, 2000).

2.2.2 Ecological perspective

The ecological perspective was chosen as a viewpoint in this study because it provides a way to view substance use by learners from multiple dimensions, and does not rely solely on one aspect of an individual to explain or predict behaviours or problems. Rungani (2012) explains that Bronfenbrenner's ecological model provides a suitable framework in which to understand the dynamic relationship between the individual behaviour and social contexts. Pardeck (2015) emphasises that the behaviour of individuals is influenced by their connection to their environment. This theory is vital to understand substance use challenges beyond their being a personal problem, but looking at the influence of the environment. Rungani (2012) indicates that Bronfenbrenner's ecological model associates four types of systems in which individuals are involved. That will be: the microsystem which is the immediate social setting such as family. Mesosystems which are linked into a microsystem together, such as parent and teacher meetings, the exosystem which is the system that an individual does not actively participate in such as the workplace of the parent, but the events that occur in the workplace of the parent may affect the child. Lastly, the macrosystem which includes the larger cultural context such as politics, culture and economy. This theory is relevant in understanding the influence of individuals, friends and family on behaviour. This brings about a question of: what role does the social environment of the learner play to influence substance use?

2.3 THE PREVALENCE OF SUBSTANCE USE

Globally, substance use appears to be a challenge. Globally it is estimated that around five per cent of the adult population, or nearly 250 million people between the ages of 15 and 64, used at least one drug in 2014. Almost 12 per cent of the total number of people who use drugs, or over 29 million people, is estimated to suffer from drug-use disorders (UNODC, 2016). Dagga remains the most widely used substance globally, with an estimated 183 million people having used the drug in 2014. In Europe, dagga is by far the most commonly used illicit substance, with an estimated 24 million users during the past year (4.3 per cent of those aged 15-64) (UNODC, 2016). The use of substances varies according to regions. There is limited information on the drug situation in Africa. The limited data available suggests that dagga use in West and Central Africa (about 12.4 per cent) is probably higher than the global average of (3.8 per cent) (UNODC, 2016).

Treatment facilities reported that dagga remains the most common illicit substance used, particularly among young people in SA. Almost half of the admissions at specialist treatment centres were primarily related to dagga-use disorders (Masombuka, 2013; UNODC, 2016). In the Northern Cape and the Western Cape, crack cocaine and cocaine powder are relatively common for patients under the age of 20 years. In the Free State and North West dagga was found to be the second most common substance used by patients under the age of 20 in treatment centres (Mohasoa, 2010). The proportion of patients seeking treatment for heroin use has increased in KwaZulu-Natal, due to the cheap form of heroin (known as “sugars”) available in Chatsworth (Masombuka, 2013). In Cape Town, heroin patients have increased compared to the previous years. The proportion of Black heroin patients has also increased significantly in Gauteng and Mpumalanga over time. Club drugs and prescription or over-the-counter medicines are still more common as secondary substances. “Cat” (methcathinone), a synthetic stimulant, has shown an increase in Gauteng in recent periods (Masombuka, 2013).

2.4 THE EFFECTS OF SUBSTANCE USE

The use of substances has dangerous health and socioeconomic consequences, and the negative consequences of substance use affect not only individuals who use substances, but also their social

environment (Mohasoa, 2010). Substance use and dependence have grave consequences for existing social systems, affecting crime rates, hospitalisations, child abuse and neglect, and are rapidly consuming public funds (Hoffman & Goldfrank, 1990). The exact effect of a substance will depend on the substance used, how much is taken, in what way, and on each individual's reaction. Substances can be extremely harmful and it is relatively easy to become dependent on them.

2.4.1 Health effects of substance use

Substance use has been confirmed as a medical condition and classified in the field of medicine because it brings about health issues (Alexander, 2001; Berk, 2007; Donald, Lazarus & Peliwe, 2007; Parrott, Morinan, Moss & Scholey, 2004; Rice & Dolgin, 2008). Thus, unless treated, it is a fatal progressive illness. Individuals dependent on substances often cannot stop by themselves, but require treatment to assist them (Mohasoa, 2010). There is an increase in the number of young people dying due to substance-use related issues, whereas 40% of adolescents end up suffering from mental illness.

2.4.2 Social effects of substance use

Substance use does not only affect the individual, it also affects the families, friends, teachers and other members of the community. It is suggested that persons using substances may become withdrawn, moody, irritable or aggressive, academic performance drops and absenteeism increases (Berk, 2007; Burger, 2008; Council of Ministers of Education, 2003; Donald et al., 2007; Flisher, 2006; Parrott et al., 2004; Pressley & McCormick, 2007). This results in school drop-out or being expelled from school. This contributes to instability in an individual's sense of identity which, in turn, is likely to contribute to further substance consumption, thus creating a vicious circle (Lakhanpal & Agnihotri, 2007).

Substance use often results in social problems such as crime, explorative sex, commercial sex work, drug trafficking and human trafficking. Mohasoa (2010) argued that figures published by the South African Police Service show that drug abuse accounts for 60% of all crimes committed in the country. When teenagers depend on substances to deal with daily stresses and living conditions, they are unable to make responsible decisions. They suffer from adjustment problems and antisocial

behaviour that are both the cause and consequences of taking drugs. The effects of substance use go beyond social effects, but have economic effects as well.

2.4.3 Economic effects of substance use

The use of substances has negative economic effects (Mohasoa, 2010). When substance-related illnesses increase, this creates pressure on the healthcare system which in turn exhausts the scarce resources available to improve lives (Mohasoa, 2010). The state ends up challenged with an increased need for the establishment of rehabilitation and treatment centres, halfway houses and more professionals to be employed in order to fight the use of substances (Mohasoa, 2010). Moreover, Tshitangano and Tosin (2016) indicate that substance use contributes to the high school dropout rate, unemployment, high levels of crime as well as poverty, which in return affect the economic growth of a country.

2.5 TYPES OF SUBSTANCES AND THEIR EFFECTS

There are different types of substances that adolescents use. In a study by Rungani (2012) it was found that tobacco, alcohol, dagga and cocaine are suggested as commonly used substances amongst school-going adolescents. But this section will discuss the most commonly used substances and easily accessible ones namely, alcohol, tobacco, dagga and Nyaope. According to the NDMP (2013), alcohol remains the primary used drug in SA. These drugs damage body muscles, brain activity and brain cells.

2.5.1 Alcohol

Many researchers consider alcohol to be a “gateway” to illegal drugs (Letamo, Bowelo & Majelantle, 2016; Masilo 2012). It remains the most used drug in South Africa (Mothibi, 2014; National Drug Master Plan, 2013). Chesang (2013), Masilo (2012) and Van Zyl (2011) argued that alcohol is an extremely intoxicating drug and the most readily available on the market with an estimated 230 000 liquor outlets in South Africa with one liquor store outlet for every 190 persons in the country. Drinking alcohol has been rooted in many cultural practices in a way that those who do not drink, are sometimes viewed as “strange” or “stuck-up” (Zastrow, 2000). Thus, there is a

great challenge to deal with alcohol consumption because it has been socially acceptable in communities due to religious and cultural practices. In the past, alcohol was used as part-payment for labour supplied by farm workers (Van Zyl, 2011). Alcohol problems such as binge drinking among school going children, are high in urban populations such as informal settlements. Consequently, alcohol creates major health issues and socio-economic consequences (Masilo, 2012). In South Africa, there is no doubt that alcohol still causes harm in terms of secondary risks which include injury, unnatural deaths, foetal alcohol syndrome, sexual risk behaviour and hence HIV transmission (Pluddeman et al., 2009). Zastrow (2000) and Masilo (2012) elaborate that alcohol slows mental activity, reasoning, speech ability as well as muscle reactions. It distorts perceptions, slurs speech, lessens coordination, and slows memory functioning and respiration. Both Zastrow (2000) and Masilo (2012) concur that increasing quantities of alcohol leads to blankness, sleep, coma, and finally death. A hangover (or the after effects of too much alcohol) includes a headache, thirstiness, muscle aches, stomach discomfort and nausea. It acts on the body primarily as a depressant and lowers brain activity. However, in low doses it can be a stimulant (Chesang, 2013). The author further notes that if used in excess, it will damage internal organs. The consumption causes a number of behaviour changes such as a violent behaviour.

2.5.2 Tobacco (cigarette smoking)

Tobacco is not only harmful to those using it, but to those exposed to it as well (Masilo, 2012). Cigarettes continue to be attractable to children of any age and later they become addicted to cigarettes (Masombuka, 2013). It is safe to note that cigarette smoking is socially acceptable, but remains harmful as it delivers the drug nicotine that is associated with dependence because it is the component that is psychoactive. Cigarette smoking causes a significant number of diseases, such as cancer, brain damage, disabilities, inability to make decisions, and later causes addiction, premature death, bronchial diseases and cardiovascular, respiratory and bronchial diseases. (Letamo et al., 2016; Mhlongo, 2005). The control of tobacco use is an important public health issue for both adults and children, particularly because 80% to 90% of smokers start smoking during childhood (Letamo et al., 2016). The tobacco use problem should be viewed and addressed as an individual, family, community, regionally and nationally.

2.5.3 Dagga

Dagga is an addictive hallucinogenic drug also known as Marijuana, dope, pot, grass, ganja, weed, shit, zol, boom and bush, to name a few (Chiduara, 2013). Excessive use of dagga causes the following: disorientation and distorted vision, "an unnatural thirst or hunger, uncontrolled mood swings, talkativeness, impairs perception, disturbs judgement, mind disorders, euphoria and it alleviates anxiety, as well as causes a temporal decrease in the production of the male sex hormone testosterone, potentially affecting sexual activity and sperm count, as well as the loss of interest in hobbies like sport" (Chiduara, 2013; Masilo, 2012; Masombuka, 2013).

Regardless of the dangers of using dagga, adolescents refuse to see dagga as a drug. They often argue that other people have used dagga for years and they have never been affected, hence the continuous use of dagga. Dagga is often used by adolescents to experience something extraordinary (Van Zyl, 2011). South Africa is one of the top four suppliers of dagga in the world because it is a traditional crop that grows in many areas, especially in the Eastern Cape and Kwazulu-Natal (Van Zyl, 2011).

2.5.4 Nyaope

Nyaope is destroying the future of adolescents and the youth. This is a common, cheaper and easily accessible drug from all socioeconomic backgrounds and is becoming more popular among the adolescents and primary school children, especially in townships (Mzolo, 2015). According to Mzolo (2015) and Mahlangu (2016), Nyaope is a street drug made from a combination of rat poison, heroin and antiretroviral drugs sold in a tiny packet for R25 or R30 a packet. It is also known as Whoonga in some parts of the country like KwaZulu-Natal, known to be a white powder that is believed to have originated in Pretoria (Mahlangu, 2016). Effects of smaller doses include euphoria, rush, a sense of warmth and well-being. On the other hand, the effects of larger doses include drowsiness, feelings of contentment, safety and relaxation (Masombuka, 2013).

2.6 RISK FACTORS OF SUBSTANCE USE

A number of authors and researchers have shown that there are many contributing factors to substance use among learners namely: curiosity, peer pressure, family environment, and the influence of media. There is no consensus regarding the specific root cause of substance use. Factors associated with substance use vary, and include individual predispositions, family characteristics and complex social and environmental determinants (Maithya, 2009).

2.6.1 Curiosity

Adolescence is a crucial transitional stage where youngsters transform into adults and they are prone to experimenting with substances. It is also known to be a time of trying new things (Maithya, 2009). Adolescents use drugs for many reasons including curiosity, because it feels good to reduce stress, to feel grown up or to fit it. It is difficult to know which adolescent will experiment and stop using drugs, and which will develop serious problems by continuing using drugs (Masombuka, 2013; Mhlongo, 2005). Some high school learners are often dragged into using drugs due to the misconception based on the belief that people who use substances, are enhanced with boldness, confidence or courageousness. This is not true, but learners due to curiosity, use substances to seek that transformation which does not exist (Maithya, 2009). Although the study by Maithya was conducted in Kenya, the findings are also relevant in the South African context. The local studies conducted by Masilo (2012) and Masombuka (2013) indicate that curiosity is one of the risk factors of substance.

2.6.2 Peer pressure

Relatively few people start using drugs by themselves (Masese, Joseph & Ngesu, 2012). A friend or peer group is likely to be the source of information for drug users about the availability of drugs and their allegeable effects (Masese et al., 2012). Hence, there is broad agreement that substance use is associated with peer pressure and group influence (Mokoena, 2002). A peer group is an intimate and select group, and admission and status to a peer group is determined by mutual choice (Thwala, 2003)**.** When children move towards adolescence, fitting in becomes a dominant influence in their lives (Mokoena, 2002). Learners strive to be accepted by group members and are often challenged to conform to peer pressure that may exist within the group (Jeram, 2009). Secondary school

learners indicated that the majority of drug users had friends who used drugs (Maithya, 2009). The association of an adolescent with other adolescents who use drugs increases the risk of being involved in substance use (Gema, 2012). Adolescents remain vulnerable to the influence of their friends through peer pressure and seek approval for their behaviour from their peers convincing them to join the new habit. Adolescents become more independent in thinking and decision-making as they move closer to adulthood (Masombuka, 2013; Mokoena, 2002). Peers have a high degree of influence only when parents have abdicated their traditional supervisory roles. Adolescents are often challenged between trying drugs for the first time through the influence of their friends or suffering rejection by the group (Mokoena, 2002). The lack of parent-child attachment can also leave the adolescent child vulnerable to peer influence to use drugs (Mokoena, 2002).

2.6.3 The influence of media

Media is a universal risk factor for substance use among adolescents. Media in the form of social media is seen to have massive negative effects on the thoughts and behaviours of adolescents as it speeds up the transmission of substance use images among adolescents. Consequently, adolescents interpret it as a socially acceptable behaviour. This is more particularly common in urban areas where there is widespread exposure to advertising on radio, television and billboards. In urban areas adolescents are more exposed to images and messages promoting tobacco and alcohol than their counterparts in rural areas. It is through media that adolescents watch their “heroes” smoking on television and movies, and that motivates them to copy the habit without realising the dangers and addictive power of tobacco. External pressures, especially the media, have an influence on substance abuse among the youth (Maithya, 2009). According to the author, the amount of time adolescents spend watching television has a negative influence on their behaviour. Media advertising links smoking with being “cool” (Maithya, 2009). In a study conducted by the National Institute on Drug Abuse (NIH) (2014), it is reported that only ten per cent of the media messages mentioned risky behaviours associated with marijuana use. Adolescents who become dependent on illegal drugs often experience the disruption of relationships with family, teachers and peers, as well as a heightened deterioration of school and work performance. Road traffic accidents, suicide, violence and high-risk sexual behaviour are often attributed to adolescent substance use (Letamo et al., 2016).

2.6.4 The family environment

The family setting, especially the parent, can contribute to play an essential nurturing role in the socialisation of children and shaping the attitudes, values and behaviour of children (Maithya, 2009). The family setting can play a nurturing role, contributing to the socialisation, shaping the attitudes and behaviours of children (Maithya, 2009). The family is often viewed as the basic source of strength, nurturing and supporting its members, as well as ensuring stability and generational continuity for the community and its culture (Maithya, 2009). The influence of family environment can either be positive (protection against risk factors) or negative (become a stressful environment) for young people (O'Hara, 2008; Maithya, 2009). Families are often challenged with multiple problems that have considerable stress resulting in marital problems, family strain and financial strain. Traditionally, families have the responsibility to protect and nurture the members (Mokoena, 2002). Families sometimes undergo many structural and role changes. Rapid social, economic and technological changes may, under certain circumstances, weaken family relationships and reduce the sense of belonging in various social spheres (Maithya, 2009).

However, in a case where families are challenged with family disruptions that may lead to financial strain and marital problems, the family can often not provide care, support and nurturing for the members. When family disruptions are experienced, it may lead to financial strain, marital problems, and the inability to provide care, support and nurturing for the members. Consequently, members of the family may seek support and advice from friends. The NDMP (2006-2011) indicates that individuals with poor parental guidance may seek advice from friends and often use drugs as their coping mechanisms to cope with and escape from their situations. Maithya (2009) confirms that a parent with a drug problem increases the chances of the same problem developing in the offspring. Disrupted family life appears to be a major risk factor for drug abuse among some young people (Maithya, 2009).

The environment in which children grow up plays a great role in shaping their character (Maithya, 2009). For instance, adolescents from drug-using homes often copy the inappropriate substance use as modelled from their homes. However, the decisions of the individual whether or not to copy bad habits that are there in the environment still lie with the person him/herself. From time to time, most families are challenged by and confronted with problems.

Disruptions of family functions due to death, divorce, separation and imprisonment creates instabilities in families. These are stressful life events in the adolescents' life, which can contribute to or aggravate their substance use (Mokoena, 2002). But this is not always the case. At times, adolescents may be challenged by heavy family problems and instead, that may teach them to be responsible citizens rather than finding comfort in drugs. Increased strains are seen as deriving from poor family management skills such as few rules, inconsistent discipline, disorganised households and lack of child supervision. Families need to make provision for a consistent, suitable environment in order to groom children to be well behaved individuals. The environment in which learners go to school can also contribute to their involvement in drug use (Masilo, 2012).

2.6.5 Poor parenting skills

The inconsistent punishment by parents can causes children to be stubborn or rebellious. The lack of, or inconsistent parental monitoring and supervision of a child's homework, for example, can lead to substance use. Parents suffer failure of effective communication and lack problem-solving skills. In adolescents, the aforementioned factors may lead to poor coping and stress. Poor parenting skills have the potential to make the adolescent "inappropriately powerful" in the family. Once the individual has established such a powerful position within the family, he/she might take over the decision-making role of parents (Maithya, 2009).

2.7 STAGES IN ADOLESCENT SUBSTANCE USE

This section will discuss the stages in adolescent substance use. These stages are relevant because it gives an in-depth explanation on the development of substance use from the initial use of substances up to the dependence stage, as well as unpacking the characteristics of each stage.

2.7.1 Stage 1: Experimental use

This stage is characterised by the experimentation with different substances. This stage is an ideal example of peer pressure (Mokoena, 2002). Adolescents often use substances for the first time

because they see their friends or parents using it. Drug tolerance is very low, hence an easy high is achieved at this stage.

2.7.2 Stage 2: Regular or recreational use

Upon the first experimentation with substances, the adolescent may want to recapture the feeling experienced on the first occasion of using substances. Once the habit becomes regular, social gatherings such as house parties and night clubs are known to be influential, and most of the time create environments for substance use. Most young people become involved with drugs during social events such as night clubs and parties (Mokoena, 2002). Night clubs encourage experimentation and serve as recruitment with hopes of getting more business in the future. Alcohol is attractive, serves as entertainment, and usually becomes the part of enjoyment (Mokoena, 2002). Family gatherings and parties are sometimes a gateway for adolescents to learn and become regular substance users without the knowledge of their parents. But in some cases, parents are instigators of the habit and children end up being problem drinkers.

2.7.3 Stage 3: Dependence

The dependence stage is characterised by the overwhelming physical or psychological dependency on the drug (Mokoena, 2002). Hence, the adolescent becomes addicted to and dependent on substances for his/her daily functioning. In other words, the day of an adolescent at this stage starts and ends with drugs. Without drugs the daily routines of the adolescent is affected. In other words, this means the dependence stage is considered to be the problem stage (Mokoena, 2002). By this stage, the drug has already taken over the life of the adolescent. The user is controlled by drugs and cannot make sound decisions any more.

The following are characteristics of dependency: The learner denies that he/she has a drug problem, but is unable to go a day without drug intake (Mokoena, 2002). Excessive, frequent daily intake of drugs increases. The child promises to stop using drugs, but fails. This brings about challenges such as the weakening of the mental and physical capacity of the body, as well as memory loss (Edmonds & Wilcocks, 2000). Alcohol is used to forget daily problems and most friends are challenged with substance use (Mokoena, 2002). Mood swing problems occur, with the user swinging from extreme

happiness to a depressed mood, and vice versa. Bunking classes and facing academic problems, disciplinary issues at school and home, sometimes being expelled at school or dropping out of school and dropping out of sport activities are consequences (Mokoena, 2002). This sometimes results in running away from home to be with friends. The learner might be involved in substance-related criminal activities such as becoming a drug runner for other learners (Edmonds & Wilcocks, 2000). The personal hygiene of the learner becomes compromised. This is however not always the case. In some instances learners continue to be smart and clean regardless of their involvement in substances. Learners may become suicidal or have possible thoughts of suicide. They engage in casual sex. They display feelings of losing hope and self-hate (Edmonds & Wilcocks, 2000; Mokoena, 2002).

2.8 LEGISLATION RELEVANT TO SUBSTANCE USE

In SA, numerous legislations are passed to deal with substance use. These will be mentioned below and discussed in detail in the research report. Appropriate legislations are the Children's Act No 38 of 2005, Bill of Rights, Treatment and Prevention of Substance Abuse Act No 80 of 2008, National Drug Master Plan (2013-2017) and the South African Drugs and Drug Trafficking Act No 140 of 1992.

2.8.1 The Bill of Rights as cited in the Constitution

According to the Bill of Rights (as cited in the Constitution of the Republic of South Africa, Act No. 108 of 1996), children have a right to education. This act is relevant in this study because the study relates to children and substance use in schools. This act guides practitioners in the situation when a child is a learner at a school while using substances. This becomes a challenge when a learner is seriously involved in substance use. Learners depending on the severity of their substance use challenge needs to be referred for in-house rehabilitation treatment. However, in-house rehabilitation treatment will result in the loss of school contact time while receiving treatment. The recent study conducted by Rungani (2012), indicates that the use of dagga is escalating in primary school learners and at secondary school levels. It is recommended that the state establish treatment options that are age appropriate and centres that will incorporate learning and schooling in order to curb the loss of schooling while learners are on substance use treatment. The South African Schools

Act aims to provide a learning environment for learners that is safe and free from substance use. This is however only prevalent on paper. In reality, schools have become fertile grounds for substance use markets. This act is vital to understand the appropriate environment conducive for learning in schools.

2.8.2 Prevention and Treatment of Substance Abuse Act, No 70 of (2008)

The Act makes provision for fighting substance use. It explains the co-ordinated intervention strategies under the three categories namely, demand reduction, harm reduction and supply reduction (Prevention and Treatment of Substance Abuse Act, 2008). The act explains how the demand for substance use can be reduced through the following: discouraging the use of substances through educational campaigns that will promote access to information. Harm reduction as mentioned in the Act, however needs to be achieved.

Section 12 of the Prevention and Treatment of Substance Abuse Act (2008) makes provision for community-based services. The Act explains how Non-Governmental Organisations can be funded by the state to make provision for community-based services that will render services to learners within the community where the learners reside. These community-based services serve as exceptional support for families of learners who are challenged by substance use. However, in the Mogale City municipality, there is a challenge locating community-based services. Currently, only West View Clinic is known to be providing services to learners who are challenged by substance use, and at the present moment they do not have satellite offices in some parts of the municipality.

Section 31 of the Prevention and Treatment of Substance Abuse Act (2008), makes provision for supportive services after the completion of treatment from a rehabilitation centre in the form of aftercare service. This can be done by means of a support group. The purpose of the establishment for the support group is to ensure that the learner maintains the newly learned behaviour and maintains sobriety (Prevention and Treatment of Substance Abuse Act, 2008). Consequently, support groups are seen as a vehicle that drives the person into the journey of recovery. However, the researcher cannot stop to over emphasise the challenges regarding the establishment of support groups for recovered adolescents because after treatment, some of the adolescents feel fit to continue with the journey of recovery alone. They cease contact with the social worker, they may at

times relocate to other places, or indicate to social workers that they do not require their services anymore. This means that the rate at which aftercare service is provided is still very low.

Both Sections 32 and 33 of the Prevention and Treatment of Substance Abuse Act (2008), explain the admission procedures for a voluntary and involuntary person challenged with substance use. In a voluntary admission, the Act makes provision for assistance to a person challenged by substance use when the person is willing to be assisted. On the other hand, in an involuntary admission, the adolescent is committed through a court order into a rehabilitation centre on the following conditions: he/she must be a danger to himself and his immediate environment, does harm to his/her welfare and family, and commits criminal activities to feed his/her habit (Prevention and Treatment of Substance Abuse, 2008). In contrary to the above-mentioned information regarding admission to a treatment centre for a learner, there seems to be a disjuncture between the implementation of the Prevention and Treatment of Substance Abuse Act and the Bill of Rights. The Bill of Rights makes provisions for the rights to education for the learner. This then brings about a conflicting view when a learner requires admission into in-house treatment centres due to the fact that while admitted at a treatment centre, there will be loss of school contact time or education because treatment centres do not make provision for education as their primary business is to provide treatment. At this moment, it is safe to note that learners severely affected by substance use may not be taken away from school, but are offered outpatient treatment programmes. In-house treatment programmes would have more benefits than the outpatient programmes, but the fact is that there are conflicting obligations on behalf of the two Acts.

2.8.3 The National Drug Master Plan (2013-2017)

As means to address substance use in South Africa, the government developed a national strategy known as the National Drug Master Plan (NDMP). Basically, the NDMP is a bottom-up approach. The NDMP puts emphasis on empowering the local governments, communities and individuals to be key factors in implementing strategies to fight substance use (NDMP, 2013). The NDMP is a policy document to address the substance use challenge with aims to enhance collaboration of various stakeholders to move the country into a drug-free society (NDMP, 2013). The question that arises is: what is the possibility of achieving a South Africa that is drug free? This endeavour is however not attainable anywhere in the world. The NDMP was designed to bring together

government departments and other stakeholders to fight substance use. The main aim of this policy is primary prevention (NDMP, 2013). Regardless of such a strategy, the country is still challenged with an increase in substance use. Drug policies are available and are continuously amended to guide service delivery, but the implementation of the policies is not carefully monitored (Mahlangu, 2016). It is safe to note that although SA has a well researched national policy concerning drugs, this policy does not have the desired results because there is a lack of financial and human resources necessary for the implementation of this policy.

2.8.4 The South African Drugs and Drug Trafficking Act No 140 of 1992

This Act prohibits the sale, manufacturing of and dealing in drugs (The South African Drugs and Drug Trafficking Act, 1992). Learners however continue to sell drugs. This Act is vital in the study because it clearly states sentencing options for those caught trafficking drugs. When learners are caught selling substances, or are involved in any activity that is illegal, they are referred to diversion programmes. Diversion programmes provide opportunities for children in conflict with the law to be rehabilitated and reintegrated back into the community. The Child Justice Act gives clear guidelines on diversion procedures. According to the Child Justice Act (2008), diversion may be considered when there is acknowledgment and responsibility is taken for the offence committed, the child has not been influenced to take responsibility, the case presents enough evidence and is accepted as the truth against the child, if parental or guardian consent for diversion is available, and indication if given by the prosecutor that the matter may be diverted in accordance with Subsection (2) or the Director of Public Prosecutions, indicating that the matter may be diverted in accordance with Subsection (3).

2.9 RECOMMENDATIONS TO SCHOOLS IN THE FIGHT AGAINST SUBSTANCE USE

The following is recommended to schools in the fight against substance use (Maithya, 2009):

- A development of parental skills workshops for parents with children who are challenged with substance use.

- A constant community education programme to educate learners, parents and caregivers about the early warning signs of substance use.
- Continuous education of communities about the dangers of substance use and consequences.
- A compulsory adherence and attendance of aftercare services in a form of a community-based support groups.
- Incorporation of drug education into Life Orientation subject in schools.
- Establishment of debates regarding substance use to enhance the knowledge of substance use amongst learners.
- Invitation of medical practitioners or other experts as guest speakers in schools to raise awareness.
- Reinforcing school rules and regulations to avoid substance use challenges in schools.
- Establishment of a drug policy for the school.
- Training and empowering parents with skills to address drug use among their children.
- Consistent monitoring of learners by teachers, parents and the community at large.
- Establishment of peer counselling strategies for learners to support each other.
- Involvement of parents in counselling sessions or any other strategy used to fight substance use amongst learners.
- Establishment of parental forums to serve as a support structure.
- Excellent teamwork between parents and the school.

2.10 SUMMARY

In summary, it is evident that substance use has detrimental effects on the individual and the family, as well as the broader society. Understanding substance use challenges is a multifaceted process requiring multisectoral and multidisciplinary approaches. People challenged with substance use deserve to be treated with respect and afforded all available treatment options. It is for this reason that the Prevention and Treatment of Substance Abuse Act was publicised with the aim to provide service to those in need of services. The next chapter will focus on the research methodology used in the study.

CHAPTER THREE:
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter gives a detailed insight into the research design and methodology applied to the study. The chapter will commence with a presentation of the research questions and aims, the reason for choosing the qualitative design will be explained, which followed by the procedure of selecting and describing the population. The research instrumentation will then be discussed in detail, highlighting its advantages and disadvantages. Thereafter, the process for the roll-out of the design will be explained as well as instruments for data collection and analysis. In addition, the ethical considerations adhered, to will be presented.

3.2 RESEARCH QUESTIONS

The research study was guided by the following questions:

- How do high school learners in the West Rand perceive substance use?
- What are West Rand high school learners' views in relation to finding appropriate interventions to address substance use?

3.3 AIMS AND OBJECTIVES OF THE STUDY

The primary aim of the study was to explore the perceptions of learners associated with drug use in a high school in the West Rand district, Gauteng.

The secondary objectives of the study were:

- To establish the views of high school learners about drug use.
- To explore the experiences of high school learners with drug use.
- To ascertain the risk factors contributing to the use of substances among high school learners.
- To explore suggestions in terms of addressing drug use with high school learners.

3.4 RESEARCH APPROACH AND DESIGN

According to Babbie (2001), research methodology is the art of investigating something and it is comprised of tools and techniques upon which the entire research will be based. The research process was conducted in pursuit of a specific goal and the research objectives. It is viewed as a platform of mapping out the research work in relation to the goal and objectives. This is a detailed section of the research methodology that was utilised throughout the study. According to Babbie (2001), research methodology is the art of investigating something and it is comprised of tools and techniques upon which the entire research will be based. The next section will discuss the research approach followed in the study.

3.4.1 Research approach

This study is qualitative in nature as it sought to understand perceptions of high school learners on drug use at a high school in the West Rand district, Gauteng. A qualitative approach aims at investigating and understanding the participants and offers meaning that is attached to their everyday experiences (Babbie & Mouton, 2001; Fouché & Delport as cited in De Vos et al., 2005; Neuman, 2000). A qualitative approach was suitable in this study as it allowed participants to describe and give understanding of their actions. The qualitative nature of the study allowed the researcher an opportunity to gain in-depth understanding of the perceptions of high school learners on drug use at a high school from their own personal account. This assisted the researcher to gain first-hand information from the participants. Creswell (2007) explains that this approach is a form of an enquiry consisting of the interpretation of observations, and what researchers hear and understand in order to develop a complex and holistic view of the social phenomenon.

3.4.2 Research design

A phenomenological research design was used in this study which involves trying to understand the essence of a phenomenon by examining the views of participants who have experiences of the phenomenon. Creswell (2014, p. 14) describes phenomenological research as a design in which the researcher “describes the lived experiences of participants of the study about a phenomenon as described by the participants”. This design is suitable for the study because it is used to understand

the everyday experiences of the participants and it enhances the understanding of the common experiences in order to develop a deeper understanding about the phenomenon under study. The strengths of this design include the following: it provides a detailed, rich description of human experiences. As a result, the researcher was able to get a clear picture on what it is like to experience substance use as a high school learner. On the other hand, the weaknesses of this design include the careful selection of the participants.

3.5 POPULATION SAMPLE AND SAMPLING PROCEDURE

This part of the study outlines the research population of the study, sampling methods, as well as the data analysis process followed during the data collection phase.

3.5.1 Research population

The research population was diverse because learners come from different ethnic groups, religions, cultural and socio-economic backgrounds. The total population in this study comprised of black African learners. The population of this study was formed by all registered grade eleven learners in 2018 at high school. A population in research is defined as a group of people or objects with qualities that the researcher is interested to study as cited by Arkava and Lane in De Vos et al., (2002); De Vos et al., (2005). A sample consists of elements or a subset of the population under study (De Vos, Strydom, Fouché & Delport, 2011). The proposed sample of this study will consist of four girls and four boys between the ages of 16 and 19. A non-probability purposive sampling technique was utilised.

3.5.2 Sample and sampling procedure

A sample is a smaller section or a set of individuals selected from a population (Maluleke, 2013). In simple terms, a sample is a portion of the subject to be investigated. For this study, the sample consisted of eight grade eleven high school learners from a high school, four girls and four boys.

The researcher started the process by obtaining permission from the Gauteng Department of Education (GDE) to conduct the research study (Appendix G). Simultaneously, the principal of the

school was approached and presented with a written request (that explained the purpose of the research) to conduct the research study in the school (Appendix H). The researcher started the process through the guidance and assistance of the school social worker. The school social worker created a list of potential participants drawn from his case load. The list was issued to the researcher. The researcher approached the potential participants and proceeded by requesting a first contact session with the identified potential participants to secure an appointment with them. During first contact session with the potential participants, the researcher introduced herself and explained the purpose and the criteria for inclusion and pointed out to them what their participation in the study entailed, and the participant information sheet (Appendix A) was discussed with them. On the second contact session, the researcher obtained consent (Appendix D) from the potential research participants without threatening to penalise anyone who refuses to participate and without offering inappropriate rewards for their participation (Masombuka, 2013).

The criteria that the researcher used for the inclusion of participants in the sample were as follows: participants needed to be learners at a high school, learners were to be currently registered in grade eleven, learners need to be willing to participate in the study, as well as learners having the ability to converse in IsiZulu, Setswana and English. The knowledge of the three mentioned languages was important to avoid translation and the services of an interpreter as this may have financial implications. Participants were informed that their participation in the study was voluntary and that they had the right to refuse to participate in the study (Masombuka, 2013). According to Maykut and Morehouse (1994), qualitative researchers choose settings and participants who serve the purpose of the study.

The advantages of purposive sampling enable the selection of specific participants who are suitable for the study due to their understanding of the research problem, and this maximises the acquiring of rich data. The researcher deemed non-probability sampling appropriate to the study. Participants were selected using purposive sampling. Purposive sampling is composed of elements that contain the most characteristics, and have representative or typical attributes of the population that serve the purpose of the study best (Morake, 2016). Purposive sampling is also known as judgemental, selective or subjective sampling.

3.6 RESEARCH INSTRUMENT

The research instrument in this study was a focus group proposition guide (Appendix E). This instrument allowed for the facilitation of a group discussion to gain a better insight about the views and experiences of the participants in a group format. This instrument enables the use of prompts in data collection. This is beneficial as it enhances data collection, provides clarity on issues, as well as creates an opportunity to engage deeper on the phenomenon in question. This instrument basically prompts and stimulates discussions.

3.7 PRETESTING OF THE RESEARCH INSTRUMENT

Pretesting of a research instrument entails a critical examination of the questions, understanding and meaning as understood by the potential participant (Kumar, 2011). The purpose of pretesting the research instrument is to identify whether the instrument elicits information that will allow the achievement of the objectives of the study and create an opportunity to adjust the instrument should it not elicit the appropriate information. The researcher used a purposive sampling method to select a pretesting sample and four learners (two males and two females) from a different school will be selected to participate in the pretesting of the instrument. The pretesting of the research instrument did not influence amendments or adjustments of the research instrument. The information gathered during the pretesting of the instrument was not part of the research study discussions.

3.8 METHOD OF DATA COLLECTION

Qualitative data collection methods play an important role, as they provide in depth information that is useful to understand the processes behind the research results. The researcher recorded any potential useful data thoroughly, accurately and systematically using field notes, sketches, audiotapes and any other suitable methods (Rubin & Babbie, 2011). As mentioned, data collection was conducted through a focus group discussion. A focus group data collection method is suitable for studies where multiple perspectives regarding the same problem are desirable to be obtained. A focus group is a discussion that is planned to gather views on a defined area of interest in a non-threatening environment (Gorman & Clayton, 2005; Greef, as cited in De Vos et al., 2002). It provides “a rich and detailed set of data about perceptions, thoughts, feelings and impressions of

people in their own words" (Stewart & Shamdasani, 1990, p. 140). It is useful to get an understanding of the experiences and reasons behind a particular pattern of thinking about a particular issue and it provides a platform for the marginalised groups to express their views, feelings and needs in society (Kritzinger, 1997). The focus group was audio-recorded with the consent of participants in order to capture all the data generated in the discussion. The focus group was conducted for approximately one hour with the eight purposively selected participants. The discussion was conducted in a natural setting free of disturbance in an empty and private classroom at school. The researcher ensured active and equal participation throughout the discussion by practising group facilitation skills to encourage all participants to share their views and experiences during the focus group discussion.

Advantages of focus groups include the following: they are easy to conduct, generate results fast, they are cost and time effective, provide opportunities for flexibility, probing, clarification and paraphrasing. It is beneficial to collect multiple responses that can be collected in a short period of time. McMillan and Schumacher (2006) confirm that focus group discussion enhances richness and the quality of the data. It enhances participation about the phenomenon under study (Cohen, Manion & Morrison, 2007). The group dynamics that may occur in the discussion can bring out aspects of the topic that the researcher may not have expected and which may not have emerged in other methods (Rubin & Babbie, 2011). Groupthink is however also seen to be one of the disadvantages of focus group discussions. Groupthink is defined as the tendency of conforming to decisions and opinions of dominant members in the group discussion (Rubin & Babbie, 2011). Therefore the researcher will constantly encourage difference of opinions from participants.

3.9 METHOD OF DATA ANALYSIS

Data analysis is defined as the process of creating structure and meaning to the mass collected data (De Vos et al., 2005). There are different data analysis techniques. In this study, thematic analysis was used. Botatis (1998, as cited in Braun & Clarke, 2006) states that thematic data analysis is a method that identifies, analyses and reports patterns and themes within the data. Thematic data analysis was conducted by applying the following: the researcher transcribed the focus group discussion verbatim to enable thematic data analysis. The transcription was divided into manageable segments to produce codes. The available data was coded manually through the use of highlighters,

coloured pens and post-it notes to take notes. After coding, codes were grouped together. The grouped codes were assembled together in the form of a flash card and translated into themes. Data was reread and the connection between the data and the theme was assessed. Themes were reviewed at the level of the coded data. Themes were named and a thematic map was produced to visualise the relationship between the themes and data as a whole. Themes identified were grouped to form a thematic network. Lastly, the report was written.

3.10 TRUSTWORTHINESS

Qualitative research is more about inquiring with regard to the in-depth, personal and sentimental information about people. In qualitative research, the "trustworthiness" of results is crucial and will determine whether or not the study will be accepted as scientific. Consequently, there are strategies that were put in place to ensure the qualitative research meets the requirements of being trustworthy. For the research to be trustworthy, the research must comprise of the four elements namely: credibility, transferability, dependability and conformability (Padget, 1998; Shenton, 2004). Strategies ensuring trustworthiness in the study will be discussed next, as well as measures which had been taken to ensure that the criteria of trustworthiness were met as directed by Shenton (2004). In qualitative research, the trustworthiness of results is crucial and will determine whether or not the study will be accepted as scientific.

3.10.1 Credibility

Credibility in research is all about ensuring that the study measures what is actually intended to measure, and it also refers to the truthfulness, believability and value of the researcher's findings in representing the "real world" as perceived by participants (Maxwell & Satake, 2006; Shenton, 2004). There are various strategies to ensure the credibility of the research. One strategy applied by the researcher in ensuring the credibility of the research, is through the adoption of appropriate and well organised research methods (Shenton, 2004). In this study, the researcher made use of focus group interviews as method of data collection, which is one of the most widely acceptable and credible methods of data collection. The researcher invested sufficient time in the study through conducting meetings, and that was another strategy to ensure the credibility of the study. In addition,

the researcher benefited and received support of scholarly guidance from her research supervisor in the form of feedback to assist the researcher to improve the quality of the study.

3.10.2 Dependability

Dependability is a process whereby the research can be replicated in a way that produces the same findings for the same study repeatedly, even when the study is conducted by different people, in the same context with the methods (Babbie & Mouton, 2001; Shenton, 2004). To enhance the dependability of the study, the researcher used multiple data collection measures such as the focus group interview schedule, field notes and observations. The researcher clearly showed which research methodology was used in the study to meet the understanding of the readers. Thus, the researcher was able to ensure that the study had met its criteria of trustworthiness.

3.10.3 Transferability

Transferability refers to the extent to which the findings can be applied in other contexts or with other respondents (Babbie & Mouton, 2001; Shenton, 2004). The researcher proposes to use purposive sampling to facilitate the transferability in the study. The researcher will make provision for an in-depth methodological description of the phenomenon in question, the setting, participants, an extensive description of all processes of data collection to provide the background, and establish the context of study.

3.10.4 Confirmability

Confirmability refers to the degree to which the findings of the study are influenced by the experiences and ideas of the participants rather than of the researcher (Babbie & Mouton, 2001). Correspondence checking was done to enhance confirmability. In the study, the researcher's supervisor conducted an audit trial which includes all written field notes, memos, personal notes and reflexive journals. All the records will be kept for inspection. To reduce the bias of the researcher, any preconceived beliefs and ideas about the research study will be acknowledged. In addition, a reflexive journal will be used to ensure confirmability. This will be kept by the researcher in order

to reflect on. It will include all events that occurred in the field and provide personal reflections in relation to the study.

3.11 ETHICAL CONSIDERATIONS

Ethical consideration is defined as set of principles which offers rules and behavioural expectations about the correct conduct towards research (De Vos, 1998b). The following ethical guidelines will be fully adhered to and communicated with participants:

3.11.1 Voluntary participation

Potential participants of the study were informed upfront about the research goal, objectives and processes. Participation was entirely voluntary with no payment attached to the study. Potential participants had a choice whether or not to participate and should they refuse to participate, there would not be penalised. This was discussed with participants on the participant information sheet (Appendix A). However, participants were informed about their importance in the study.

3.11.2 Informed consent

Informed consent is described as the knowing consent of participants to willingly participate in an exercise by choice (De Vos et al., 2011). The participants of the study were informed about the study and why their participation was important. In this way, the participants may decide for themselves if they would like to participate or not. This consent was clear and not misleading. Understanding that the study involved learners who are minors, a written informed consent of the parents/ legal guardians was sought for participation in the focus group discussion, and also for tape recording (Appendices C & D) as well as consent from participants.

3.11.3 Anonymity

Anonymity means that the identity of participants cannot be linked to the individual responses (Burns & Grove, 1993). Potential participants of the study would be kept anonymous. Pseudonyms

are used to protect participants, identifying information will not be used in the research report, and the information disclosed by participants will not link them to the study.

3.11.4 Confidentiality

Confidentiality is the management of private information, which the researcher must refrain from sharing without permission of the participant (Burns & Grove, 1993). In this research study, confidentiality was confirmed to the participants both in person and in writing. The identifying details of participants were not revealed in the report. A participant's information sheet is password protected and locked into the computer. All the information on this research will be kept privately for a period of three years then it will be destroyed. Confidentiality and respect were emphasised to the potential focus group participants. The researcher explained the importance of not sharing the contents of the group discussion outside the group. However, a researcher cannot guarantee that participants of the focus group will maintain confidentiality out of the focus group discussion.

3.11.5 Research benefits

In this study, participants were informed that there was no compensation for participation in the study. It is based on voluntary participation.

3.11.6 Debriefing learners

The researcher made arrangements for free debriefing and counselling sessions upon completion of the focus group interview. The arrangements were made with West View Clinic to provide debriefing sessions for the participants (Appendix I). The researcher also made participants aware of the arrangements made with West View Clinic to offer counselling services to participants who might be in need. This was done in order to address any vulnerabilities of the participants to any form of emotional instabilities should there be any that might arise during the discussion. De Vos et al. (2011) indicate that through debriefing, there can be correction of problems that may be caused by participation in the study. Debriefing learners may provide a platform to deal with any emotional instability that might arise during the focus group discussion. Social science research must not subject participants to any form of harm (De Vos et al., 2011).

3.12 LIMITATIONS OF THE STUDY

Due to the nature of the research study, participants at first when the focus group started were not audible enough and reluctant to participate in the study, even though they had signed consent forms. On the other hand, some learners withheld information, only sat in the group discussion and did not make contributions. The researcher gave a detailed description of the study, encouraged participation and explained the importance of sharing all the relevant information during the discussion to enable the development of relevant preventative programmes about substance use. However, learners were still not comfortable sharing everything with the researcher, and they voiced that they were not sure why only they had been selected.

3.13 SUMMARY

In conclusion, this section gave a detailed discussion of all methods and instruments used for data collection. It highlighted the advantages and disadvantages of the research instrument. It gave a detailed description of all processed used in the data collection. It carefully explained all stages in the data collection. In addition, it also explained ethical considerations in research and limitations thereof. The next chapter will embark on a detailed presentation and discussion of the findings of the study.

CHAPTER FOUR:
PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

This section covers the findings of the study based on the qualitative data collected through a focus group discussion and the interpretation of such findings. The captured data from the qualitative research is presented, analysed, described and interpreted in a systematic manner as the next step of the research process. In interpretation, the immediate results are translated and integrated into meaningful findings. Data of this study was analysed using thematic data analysis. The researcher transcribed the tape-recorded discussion, then read and reread the discussion, reflecting on it. Then she summarised the discussion, keeping in mind that more than one theme might exist. She identified the themes and sub-themes. The themes and subthemes that emerged were discussed to make meaning of the data collected. A thorough comparison has been made between the findings of this study and previous research to identify similarities and contradictions. This was done to ensure if the current findings refute or concur with the work of other researchers, or established new knowledge. In addition, the comparison of the findings of the study against previous research findings was conducted in order to find relevance of the findings of the research study by comparing it with existing knowledge.

4.2 CONTEXT AND DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

Participants in the study comprised of four boys and four girls, all in grade eleven. Participant ages ranged from sixteen to nineteen years old. The participants came from ethnic groups with different backgrounds. However, they indicated that they understood English. All the participants reside at Swaneville, a new development area that was established post the 1994 elections. Houses in Swaneville were built under the Government programme called the Reconstruction and Development Programme (RDP). Participants reside in the same area, meaning that they share common views.

4.3 THEMES

Table 4.1: Emerged themes and subthemes

Theme	Subthemes
1. High school learners' views about substance use	Development stages
2. Reasons for substance use	Peer pressure, friends
3. Experiences of high school learners when they use the substances	
4. Commonly used substances by high school learners	Crystal meth, Cat, Flakka, Rock, Ndanda
5. Maintaining the habit	Pocket money, they budget, friends buy for each other
6. Community intervention against drug use	Inviting guests who once used drugs, educational campaigns, multicollaborations with relevant stakeholders, rehabilitation treatment, tutoring of drug lords, police visibility

Source: Researcher's own construct

4.3.1 Theme One: High school learners' views about substance use

A participant made the following statement "*Being an adolescent makes it easy to use drugs"*. Based on the above statement learners' understanding of substance use is as follows: being an adolescent puts learners at risk. As noted by the participants, they associate substance use with development stages. This statement seconds Mohasoa (2010) who states that the adolescent stage can create challenges for adolescents due to the treatment of adolescents at home. The researcher is of the view that the risk is more common during adolescence due to the transition from early childhood into young adulthood. Being an adolescent, means changing, trying new things as well as developing an identity. Therefore, prevention programmes need to be age appropriate and suitable for target beneficiaries. Hence, resorting into substance use becomes a strategy to overcome all the issues experienced. During this stage, there is less parental knowledge of adolescents' leisure time

activities. That is why early alcohol use is relatively overlooked (Stadtherr, 2011). Some participants explain "*Mo lefatseng la go boniwa*" meaning in their own world they want to be recognised. As indicated by participants, they link substance use with recognition, status, fame and belonging in a group. Research indicates that substance use is linked to peer pressure and group influence (Jeram, 2009; Maithya, 2009; Mokoena, 2002). This means that adolescents in a group of friends, due to peer pressure, smoke in order to be accepted, to be known, to fit and belong. Considerable research has shown that adolescents who use substances are more likely to have friends who also use substances (Gema, 2012). There is evidence that initiation to substances often takes place within family contexts, and in the network of friends (Murray, 2013). The author further suggests that adolescents' perceptions of friends are linked to popularity, and that results in an increase in substance use. This is emphasised by Graham, et al. (2006) as cited in Murray (2013) who make reference to the Reputation Enhancement Theory (RET), highlighting that adolescents engage in risky behaviour to enhance their status in the group or to avoid social exclusion.

The statement by another participant, "*No, if you belong in the group you have to smoke"*, indicates that the research findings found concrete evidence that adolescents are pressurised to smoke because it is a group norm and failure to conform, leads to being labelled as weak and not man enough as indicated by a participant. A statement used by one of the participants, *"You join you follow the rules"*, proves that pressure does exist in the group of friends. In other words, adolescents suffer fear of exclusion and rejection. The response of the participant correlates with the arguments by Mohasoa (2012) that peer pressure serves as a risk factor, forcing adolescents to submit to pressure, because of fear to suffer rejection. On the other hand, peer pressure plays an important role in the life of adolescents, by providing emotional, social and financial support. The role of peers in substance use is well documented (Appollis, 2016). Based on the above statements, research indeed indicates that peer pressure plays an important role in the life of adolescents. It would therefore serve as an advantage if all the relevant stakeholders working in the fight against substance use can explore more programmes to address the influence of peer pressure on adolescent substance use.

Based on the following statements made by one of the participants, "*We like to compete as guys"*, this clearly indicates that adolescents associate substance use with competition. Another participant made the following statement: *"When this guy is smoking marijuana, weed, I want to smoke a higher drug"*. Based on this statement, it is clear that adolescents are highly at risk. They make

association between substance use and competition. They create risky environments amongst themselves. Being in competition and wanting to be recognised as someone using substances has now become a norm. It appears that adolescents have since become part of substance use and have made this serious issue of using substances as a game and have normalised it to be an acceptable behaviour that is common amongst them. The pressure that exists within the group of friends cannot be over emphasised. The researcher suggests that competing, proving affordability and making drugs fashionable are factors held ordinary for adolescents. Thus, the behaviour attached to substance use are significant to them. Of course, the researcher notes that the exposure to substance use is an experience only known to those who use substances. Hence it is evident that the reasoning of adolescents regarding substance use, is a reality.

4.3.2 Theme Two: High school learners' reasons for substance use

There are numerous reasons for substance use as indicated by participants. One participant commented that they use substances *"to celebrate"*. This means that participants associate substance use with entertainment and parting. There is no consensus about the exact root cause of substance use and the factors associated with substance use are many, and they differ according to individuals, family characteristics, social and environmental factors (Masombuka, 2013). Local research has shown that the most common reasons for substance use are to alter mood states, to improve health, to cope with personal, social and interpersonal situations, as well as for enjoyment. People may also use drugs to reduce tension, frustrations and fatigue (Rungani, (2012). The recent study conducted by Tshitangano and Tosin (2016) indicates what the majority of the learners confirmed, namely that it was easy to obtain substances in their communities. It is clear from the findings that participants associate substance use with celebrations, having money and friends. A statement made by another participant reads: *Some learners are not doing it because of pleasing people.* Some are doing it because they are being sent into taverns, so they are "*trying what is being said every day*". The statement noted by the participant makes a link between reasons for substance use and exposure to substances. In other words, this means that the above statements are supported by the study conducted by Tshitangano and Tosin (2016) which indicates that female learners had family members and friends using substances. Family substance use has been identified as having a modelling effect on adolescents, thus it increases the use of similar substances. The modelling effect of family substance results in adoption and imitation of substance use by the adolescent (Appollis,

2016). The researcher is of the view that participants come from backgrounds where celebrations have been associated with drinking, and they have been exposed to that and have normalised that. This is not always the case. Not all learners who have been sent into taverns end up using substances. Some learners do engage in substance use due to curiosity and influence from friends. In a study conducted by Mokoena (2002), 70% of the respondents indicated to have been introduced into substance use by friends and they feel a need to belong to friends of the same age. Many may begin to experiment with drugs in response to this need. However, because they also wish to conform to the norms and values of the group, they will do anything in order not to be left out. This includes smoking drugs to prove a point. The following statement made by a participant: *"It doesn't happen, you have to have a friend next to you if you want to drink"*, indicates that learners associate friends with reasons for substance use. Friends have been noted to be of great influence into substance use. The researcher does however not completely rule out the fact that some high school learners may engage in substances on their own and privately. The researcher holds the view that substance use is an individual choice, whether or not learners have been exposed to substances. It is also worth noting that exposure does have an influence on the use of substances. The challenge here is: how do communities reject the norm of availability of alcohol and substances in social gatherings, especially alcohol?

There are various myths associated with substance use. Some learners use dagga because they believe that it enhances their intelligence. Alternatively, others engage in alcohol because they believe that alcohol is a gateway to adulthood (Rungani, 2012). Hence the researcher felt the need to know the reasons behind substance use. The knowledge of reasons for learners' substance use can be translated into programmes to educate learners about the myths associated with substance use.

4.3.3 Theme Three: Experiences of high school learners when they use the substances

This section explains substance use experiences of high school learners. The substance use experiences of high school learners as notes by learners range from "*being high*", to as far as *"You can even kill someone"*. Participants link experiences of substance use with freedom. Participants express experiences of substance use and associate it with murder. One participant commented that experiences of substance use are associated with *"You are living life"*. This is contrary to other participants who associated substance use experience with being happy and enjoying life. This

clearly indicates that high school learners have different experiences of substance use and make different associations to their experiences. Some participants indicated that when one is under the influence of substance, one does not experience any stress. This is confirmed by the recent research by Rungani (2012), stating that some people use substances for relaxation, to socialise better, and in addition it reduces tension, frustrations and relieves boredom. In some cases, it assists adolescents to forget about their problems. Rungani (2012) further argues that some research indicated that adolescents use drugs to cope with negative feelings.

A participant made a statement that experiences of substance use include, "*Always happy*". As noted by the participant, they associate substance use with pleasure and cheerfulness. The above statement is supported by Mokoena (2002) who indicates that almost all adolescents desire happiness, implicating that adolescents engage in substance use in order to be happy. This raises the question of whether adolescents can never experience happiness without substance use. The association of happiness and substance use has a wrong connotation, as well as deadly effects. In many instances, people engage in substance use and end up in hospitalisation or drug overdose that leads to death. Substance use alters the state of mind of an individual, and the recommended age-appropriate educational programmes that should be implemented needs to highlight the dangers of associating happiness with substance abuse, and the dire consequences thereof. The researcher is of the view that adolescents have normalised the association of happiness together with substance use. The combination of happiness and substance use leads to fatal accidents, risky behaviours and health issues. It is for the wrong reasons that high school learns use drugs and their experiences of substance use make them think that there is something magical about substance use. It is only those who engage in substance use who experience the feeling associated with substance use, hence they give it a meaning of living a life. Unfortunately, this living-a-life expression by participants serves as an instigator and motivator for those who do not use substances to be motivated to have such an experience.

4.3.4 Theme Four: Commonly used substances by high school learners

Different participants named different substances that they claimed were used by high school learners. These substances include Crystal meth and Ndanda Rock. This is in contrary to the perception that high school learners at the age and stage are only exposed to cigarette, alcohol and

dagga. This was also confirmed by a participant who admitted that alcohol is common among high school learners. He referred to alcohol as “our thing”. As indicated by the participant, they associate commonly used drugs with the heavy drugs, and this creates an impression that high school learners have normalised drinking of alcohol and do not see alcohol as a drug. The researcher is of the view that the substance use problem is a serious concern, based on the above statements. The use of other illicit drugs such as mandrax, cocaine and ecstasy is high among the South African adolescents (Letamo et al., 2016).

However, this indicates that high school learners have access to heavy and illicit drugs. The above responses of participants are in contradiction to the previous research conducted by Kingori (2007), Moodley et al. (2012) and Tshitangano & Tosin, (2016) that indicates that the most commonly used substances are alcohol, tobacco, cannabis and Nyaope on or off school premises. This means that learners are at risk of illicit substance use and the current research does not have the updated and relevant information regarding the commonly used substances currently. With the substance use problem becoming worse among high school learners, this has a negative impact on the success rate of SA’s endeavour to reduce substance uses as the country has become an attractive market for drug traffickers with the local drug market purposefully flooded and targeting schools to grow a market of young substance users (Mhlongo, 2005; Masombuka, 2013). With the exposure of learners and easy access of substance use, this means that a number of learners will be challenged academically, and failure to cope with requirements may result in school drop-out. Hence there is an urgent need for age appropriate programmes to fight substance use in schools and communities.

The research findings of the study are contrary to the research conducted by Rungani (2012) regarding the most common substances used by high school learners. Rungani (2012) asserts that the most common substances used by school-going age learners are tobacco, alcohol, dagga and cocaine. This means there is no consensus regarding the most common drugs used by high school learners. Some researchers found certain drugs and others found different drugs. This might differ per geographical location.

4.3.5 Theme Five: Maintaining the habit

Learners commented that they use *"Pocket money*" to maintain the habit. Learners associate pocket money with buying of drugs. Some participants made the following statement: *"To steal money from parents"*, meaning that participants link stealing of money from parents with feeding the habit. But participants hold conflicting views regarding the stealing to maintain the habit. This confirms research conducted by Mokoena (2002) that criminal activities are one of the characteristics of dependency on substances.

4.3.6 Theme Six: Possible intervention strategies

Findings from the study indicate that participants are of the view that several strategies can be implemented to tackle the substance use problem in communities. Some participants indicated that creating activities like soccer, *"like opening a soccer club"*, arts and culture to keep learners busy will be beneficial in helping the community to deal with substance use. On the other hand, some participants argue that learners who are challenged with substance use will not participate in soccer. An important point raised by one of the participants was that it is not easy to influence a person using substances to stop using substances if they are not ready. But, it is for this reason that there are qualified professionals who are trusted to have the work done for the communities, such as social workers and other relevant practitioners working in the substance use management field. A participant indicated that in the fight against substance use, communities need to work together *"and include social workers"*. Such professionals prepare the person using substances by conducting a series of counselling sessions. Social workers act in different roles, such as being a counsellor. By being a counsellor, social workers assist community members to improve their social functioning capacity by equipping them to handle challenging situations (Masilo, 2012). Social workers also play a role of a "broker" as they link community members with all available resources. Social workers must be well knowledgeable of community resources (Masilo, 2012), such as having knowledge regarding rehabilitation centres should there be a need for a referral. Research findings indicate that participants believe that social workers are of great importance in the fight against substance use in communities.

Participants also indicated that community educational campaigns can add value to the challenge of substance use in communities. This broadens the knowledge base, and empowers individuals, families and communities faced with drug-related problems, for instance presenting educational programmes on the prevention of substance use problems, such as the Ke Moja drug prevention programme (NDMP, 2013).

A participant made the following statement: "*We must invite them to church"*. Based on the comment of the participant, it is clear that some participants link intervention strategies to spiritual interventions. Participants hold a view that spiritual intervention is also a necessity in assisting affected communities in the fight against substance use. The researcher is in support of this statement. The researcher feels that very often in the fight against substance use, the spiritual intervention is forgotten or overlooked. One needs to remember that various stakeholders need to unite and work together in the fight against substance use, which is inclusive of religious sector. Another participant made the following statement: "*Invite the police in our community to take the drug lords*". This means that participants link intervention strategies in the fight against substance use with an increase in police visibility. An increase in police visibility ensures clear crime prevention strategies through the pro-active law enforcement of drug-related crimes as embedded in the NDMP policy (NDMP, 2013).

4.4 SUMMARY

In conclusion, the study was guided by the research methodology as applicable the study. This chapter presented the data which was attained from learners who are the key informants in the study. Data was transcribed and the transcription was read. The findings of the study were categorised and coded into themes and subthemes as they emerged in the study. A discussion on the research was made, as well as comparing those results with empirical evidence which was discussed in the literature review in Chapter Two. Six themes emerged from the study, which were:

- High school learners' views about substance use.
- High school learners' reasons for substance use.
- Experiences of high school learners when they use the substances.
- Commonly used substances by high school learners and why the use of a specific substance.

- Maintaining the habit.
- Intervention strategies of community leaders in Kagiso in assisting learners who are challenged with substance use.

Each theme was discussed in detail along with their subthemes. Direct quotations from the focus group interview were used in the study to substantiate the emergent themes and subthemes. It is for these reasons that the next chapter will present detailed conclusions and recommendations of the overall study.

CHAPTER FIVE:
MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The following chapter presents conclusions based on the study's main findings from the literature review, and assesses whether the research aims and objectives have been reached borrowing from the systems and ecological perspectives. The chapter also highlights the recommendations and policy recommendations. Final conclusions will also be addressed.

5.2 AIMS AND OBJECTIVES OF THE STUDY

The primary aim of the study was to explore the perceptions of learners associated with drug use in a high school in the West Rand district, Gauteng.

The secondary objectives of the study that guided the researcher to answer the research questions were as follows:

- To establish the views of high school learners about drug use.
- To explore the experiences of high school learners with drug use.
- To ascertain the risk factors contributing to the use of substances among high school learners.
- To explore suggestions in terms of addressing drug use with high school learners.

The aim of the research study was achieved through the following objectives:

Objective 1: To establish the views of high school learners about drug use

This objective was explored through a detailed literature review discussed in Chapter Two that presented a detailed discussion on the systems theory and ecological perspectives. Chapter Two presented a discussion on the prevalence of substance use, the effects of substance use, types of substances and their effects, which elaborated on the different substances used by high school learners. The section on risk factors of substance use explained reasons why learners use substances. The stages in adolescent substance use unpacked the progression of substance use through the three

stages. This objective was addressed through the qualitative study conducted with high school learners through a focus group discussion that consisted of eight participants in Chapter Three. It emerged that learners are prone to substance use due to their stage of development and peer pressure. This objective was achieved through a discussion and the responses of participants in Chapter Four Section 4.2.1 where learners discussed their views in relation to substance use.

Objective 2: **To explore the experiences of high school learners with drug use**

This objective was achieved through a literature review on the discussion of the effects of substance use presented in Chapter Two. Chapter Two presented a section with discussions on the different effects of substance use. This objective was also achieved in Chapter Three and Four where the data collected was presented and discussed as in Chapter Four Section 4.2.3. It came to light that learners have an advanced experience in substance use in contrast to what has been presented in the previous research studies. This is further discussed in Chapter Three Section 4.2.4, where learners discussed the common used drugs among high school learns.

Objective 3: **To ascertain the risk factors contributing to the use of substances among high school learners**

The risk factors of substance use were discussed in Chapter Two. This objective was achieved through a literature review on the discussion of the risk factors of substance use presented in Chapter Two Section 2.4. This section presented a discussion on the different risk factors of substance use. Section 4.2.2 in Chapter Four provided the responses of participants in terms of their suggestions of risk factors, bringing about a discussion on reasons for substance use by learners.

Objective 4: To explore suggestions in terms of addressing drug use with high school learners

The suggestions in terms of addressing drug use with high school learners have been recorded in a few literature studies. This objective was achieved through a discussion in the literature review in Section 2.6.5 that discussed recommendations to schools in the fight against substance use. This section presented a discussion on the different intervention strategies that can be useful to challenge and address the phenomenon. The researcher explored this objective through the focus group discussion with participants. Chapter Four provides the responses of participants in terms of their suggestions in addressing substance use with high school learners. These suggestions are ranging

from engagements in sports activities, community educational campaigns against drugs, increased police visibility, as well as spiritual interventions, and were discussed in Chapter Four Section 4.2.6.

5.3 MAIN FINDINGS AND CONCLUSIONS

The main findings that emerged from the study are summarised next:

Finding 1: There is a link between substance use and the stages of development of learners

Conclusion: Being an adolescent makes it easy for learners to be involved in substance use. The use of substances becomes easy during the transition between childhood and adulthood, due to exploring new things. At this stage learners are challenged with influences from friends and wanting to be recognised. To be recognised in their own world, they want to be seen, want to always be under the influence of substances. Findings indicate that the desire to belong to the group during the adolescent stage, is common. Such groups are seen as influential towards substance use. Adolescents are prone to substance use in search of their identity. Basically, substance use amongst learners has taken a turn and has since been made fashionable. Being adolescents learners encourages whether or not to follow friends, compete with friends, and also engage in substances that friends use.

Finding 2: High school learners have advanced experiences of substance use

Conclusion: High school learners have progressed from entry drugs into illicit drugs. It seems as though that the most common substances among high school learners are Crystal meth, cat, rock, and Ndanda. This is problematic as it worsens the substance use problem among high school learners. There needs to be an intensification of efforts in implementing school-based educational programmes and the incorporation of substance use as topic into the life orientation subject in school. This will be beneficial to the learners. The exposure to and availability of drugs to learners make it easy for learners to engage in substance use. Therefore, the researcher concludes that exposure to substance use creates the interest into substance use.

Finding 3: High school learners are challenged with numerous contributing factors to substance use

Conclusions: Peer pressure from friends has become the main risk factor for learners to engage in substance use. Learners conform and concede to pressure without understanding the consequences thereof. Peer pressure from friends, observing elders venturing to taverns, encouraging youngsters to also go, wanting to be famous, wanting to experience being high, and looking for recognition in the community are other risk factors. Learners need assistance in making correct choices and choosing the right friends. There needs to be the establishment of programmes to challenge the problems caused by peer pressure. Such programmes should be implemented in the peer education strategies. It is believed that this can be beneficial to the learners as it will assist learners to handle peer pressure influence.

Finding 4: There is ineffectiveness in current intervention strategies

Conclusions: The ineffectiveness in current intervention strategies can be linked to the limited capacity of practitioners in the field of substance use management. Specialised training of practitioners is recommended to empower professionals with skills and knowledge to better offer improved substance use prevention strategies that will have a meaningful impact. Collaborative efforts from stakeholders in the fight against substance use are necessary. Practitioners cannot work in isolation. Therefore, partnerships between relevant role players are important, this includes government departments, non-governmental organisations, technocrats, the private and religious sectors, as well as the community at large.

In the view of the findings of the study, it is concluded that despite South Africa's legislative progress against substance use, the researcher concluded that substance use remains a public health issue. Based on the research findings, the researcher concludes that in order to challenge the substance use problem, more human and financial resources are required. Current practitioners in the field require advanced knowledge and training to handle cases of such nature. There needs to be careful monitoring of existing strategies in the fight against drugs in order to identify what works and what does not. Consistent community educational programmes, an increase in the number of practitioners, as well as treatment centres are also required in this field of substance use.

Based on the research findings, the researcher concludes that in order to address the substance use problem, there needs to be interventions from different role players. Despite South Africa's legislative progress against substance use, the researcher concludes that substance use remains a public health concern.

5.4 RECOMMENDATIONS

The researcher embarked on an investigation of the perceptions of high school learners on drug use. The findings of the study provided the researcher with in-depth data that allowed the researcher the opportunity to draw conclusions and make recommendations from the study. The following are recommendations drawn from the findings of the study:

5.4.1 Learners

It is recommended that within available resources, learners with substance use challenges visit drug rehabilitation centres in order to witness the hardship experienced by those undergoing treatment. Prevention programmes that are offered by all relevant stakeholders in the fight against substance use should prioritise abstinence of drugs, resistance to peer pressure, problem solving, and coping skills when encountered with life issues. In addition, programmes should also ensure that they cater for the learners who often conform to peer pressure and equip them with skills to resist peer pressure from friends. Indeed, the Kemoja prevention programme that is the brainchild of GDSD, is running in schools. However, there is no proper and recorded system for the monitoring of the effectiveness of the programme.

It is recommended that learners who are already challenged with substance use are afforded positive reinforcement through therapeutic counselling by school social workers and other relevant stakeholders in the fight against substance use. It is recommended that life skills programmes be offered in schools for all learners, especially for those challenged with substance use. Such programmes can boost the self-esteem and self-worth of learners. As indicated by learners during the focus group discussion, invitation of guest speakers to talk to learners about substance use will serve as a tool for motivation and positive role modelling for the learners.

5.4.2 Parents

While the study focused on learners' views of substance use, it is recommended to extend the research to the significant others as well. For example, parents of learners can also be interviewed or asked to complete a questionnaire in order to get a broader picture of substance use by learners. This study recommends further research regarding parental support during the adolescent stage of learners. It is therefore recommended that parents attend parental workshops and programmes addressing the challenge of substance use. GDSD is empowering learners in schools through a programme called Kemoja, and this is conducted in the absence of parents. The study recommends substance abuse awareness and prevention programmes for parents, and these programmes will empower parents with knowledge of signs and symptoms and services available for communities to support learners challenged with substance use (NMDP, 2006). In addition, parents can also be encouraged to establish support groups in their respective communities. This will provide platforms for parents to share their experiences in relation to their children and facilitate the supporting of each other regarding growing substance use among adolescents. This will also assist in raising awareness about substance use, they will share how they handle challenges, and facing the stigma as a parent who has a child who is challenged with substance use. Through such support structures, an opportunity is created to bring together parents, community organisations dealing with substance use, and health experts to address substance use issues in a locally and appropriate manner (Mohasoa, 2010). In addition, the study recommends research on substance use monitoring devices that can be used in schools to curb substance use behaviour.

5.4.3 Gauteng Department of Education

This study recommends the strengthening of relationships between GDE and other government entities such as GDSD in the fight against substance abuse among learners, and availing a proper referral system of learners challenged with substance use from the GDE to the GDSD. Such referral strategies should have a monitoring tool to check on the progress of the intervention. The GDE should establish a database of all learners challenged with substance use. Comprehensive information needs to be covered during life orientation lessons, awareness and prevention programmes and workshops need to be implemented. Information shared with learners should

clarify the myths associated with substance use (Mohasoa, 2010). Substance use peer education programmes should be presented in schools. Such structures will ensure the implementation of interactive techniques such as role playing. The incorporation of drug education into the Life Orientation subject in schools should be considered by the GDE. The establishment of debates regarding substance use to enhance the knowledge of substance use amongst learners is a way to create awareness. Invitation of medical practitioners or other experts as guest speakers in schools to raise awareness will be beneficial. Reinforce school rules and regulations to avoid substance use challenges in schools. A drug policy needs to be established for schools. Consistent monitoring of learners by teachers, parents and the community at large should take place. Establishment of peer counselling strategies for learners to support each other will influence negative mindsets. Involvement of parents in counselling sessions or any other strategy used to fight substance use amongst learners is to be encouraged. In addition, excellent teamwork between parents and the school is vital (Maithya, 2009).

5.4.4 Gauteng Department of Social Development

It is recommended that the GDSD intensifies efforts and establishes proper monitoring strategies on the implementation, challenges in practice and experiences of good practices in schools regarding the Kemoja prevention programme. This can be attained through the employment of more school social workers who will run the programme in schools. Provision should be made for adequate training for school social workers upon resuming duties to be equipped with skills and specialised training to be the best in practice, and render the expected services in schools. In addition, there needs to be higher employment of social workers working in the field of substance use prevention and rehabilitation programmes. This will enhance the equal and accessible implementation of prevention and rehabilitation programmes both in schools and the broader communities.

5.5 POLICY RECOMMENDATIONS

5.5.1 Liquor Act No 59 of 2003

As embedded in the Act, persons who appear to be under the age of eighteen may be requested to produce some form of identification document in order to purchase alcohol. Failure to comply with

this leads to suspension of the liquor license (Liquor Act, 2003). The findings of the research study indicate that there is limited compliance to the Act. It is recommended that effective measures are put in place for consistency in monitoring the sale of alcohol to under age learners, especially in local taverns and shebeens.

5.5.2 National Drug Master Plan 2013-2017

It is recommended that policy developers responsible for the planning of the review of the NDMP 2013 be extended to foot soldiers on the ground, which includes social workers in the field of substance use prevention and rehabilitation programmes. As a bottom-up approach, the NDMP is influenced by what happens at a grass root level. Inclusion of such professionals will enhance innovation in practice and will ensure that all encountered challenges in the field of substance use are covered by the Act.

5.5.3 Prevention and Treatment of Substance Abuse Act No 70 of 2008

It is highly recommended that there is an establishment of accessible treatment centres with admission facilities for learners under the age of eighteen, as well as making provision for basic education facilities within such treatment centres to curb the loss of education during treatment for under-age learners. As stipulated by the Act, it recommended that community-based treatment centres are established to assist those affected by substance use in the community settings.

5.6 FUTURE RESEARCH

It is recommended that a larger sample covering a wider geographical area can be drawn in future investigations to improve the generalisation of the findings. In addition, adolescents in other racial groups may be included. For participants who fail to express themselves, it is highly recommended that there should be an option to write down all the other aspects. Information can also be obtained from important stakeholders involved in programmes that address substance use among learners in rural as well as urban areas in the West Rand. Additional research is recommended to be conducted regarding the effectiveness of intervention strategies to monitor the success and failures of current intervention programmes to better and improve strategies to be relevant and directed in the fight

against substance use and prevention. A more in-depth research or a longitudinal national survey is recommended to profile the current situation regarding substance use by high school learners. This is to be used as a baseline study as far as substance use among high school learners, which is of great concern.

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APPENDICES

Appendix A:

Participant Information Sheet

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

Appendix A

The perceptions of high school learners on substance use at a high school, in the West Rand District, Gauteng.

Participant Information Sheet

Good day,

My name is Ntombikayise Happiness Zibi. I am registered for MA in Social Development at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on the perceptions of high school learners on substance use at a high school, in the West Rand District, Gauteng. It is hoped that the information may assist professionals involved with learners to enhance and improve strategies to assist learners that are challenged with substance use. The outcome of this study could inform both knowledge base and practice of Social Work.

I therefore wish to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary and refusal to participate will not be held against you in any way. There are no consequences or personal benefits of participating in this study. If you agree to take part, I would arrange to conduct a focus group discussion at a time and place that is suitable for you. The focus group discussion will last approximately one to one and a half hours. If you choose to participate, you may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. The nature of the discussion is likely to be sensitive. Therefore, should you be uncomfortable or upset after the focus group discussion, you will receive a list of resources in your area with whom arrangements have been made for counselling.

If you decide to participate, I will ask your permission to tape-record the focus group discussion. No-one other than the researcher and the supervisor will have access to the tapes. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of the focus group discussion notes without any identifying information will be stored permanently in a locked cupboard and may be used for future research.

Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for academic purposes (including books, journals and conference proceedings) and a summary of findings will be made to available to participants on request.

Please contact me on 082 5861 588 or 902203@students.wits.ac.za or my supervisor, Dr Edmarie Pretorius (011 717 4476) or Edmarie.Pretorius@wits.ac.za. If you have any questions regarding my study, we shall answer them to the best of our ability. Should you have additional concerns or complaints about the research study you can contact Shaun Schoeman, 011 717 1408 or shaun.schoeman@wits.ac.za or jasper.knight@wits.ac.za

Thank you for taking the time to consider participating in the study.

Ntombi Zibi

Appendix B:

Parents / Legal Guardian Participant Information Sheet

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

Appendix B

The perceptions of high school learners on substance use at a high school, in the West Rand District, Gauteng.

Participant Information Sheet for parents

Dear Parent,

My name is Ntombikayise Happiness Zibi. I am registered for MA in Social Development at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on the perceptions of high school learners on substance use at a high school, in the West Rand District, Gauteng. It is hoped that the information may assist professionals involved with learners to enhance and improve strategies to assist learners that are challenged with substance use. The outcome of this study could inform both knowledge base and practice of Social Work.

I therefore wish to invite your child to participate in a voluntary research study. If you accept my invitation, the participation would be entirely voluntary and refusal to participate will not be held against any learner in any way. There are no consequences or personal benefits of participating in this study. If you agree that your child to take part, I would arrange to conduct a focus group discussion at a time and place that is suitable for learners. The focus group discussion will last approximately one to one and a half hours. The child may withdraw from the study at any time and may also refuse to answer any questions that may be uncomfortable with answering. The nature of the discussion is likely to be sensitive. Due to the nature of the research topic, should there be uncomfortability or upset after the focus group discussion, I have made arrangements with Westview clinic to offer counselling sessions to assist participants should there be a need.

If you agree for your child to participate, I will ask your permission to tape-record the focus group discussion. No-one other than the researcher and the supervisor will have access to the tapes. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of the focus group discussion notes without any identifying information will be stored permanently in a locked cupboard and may be used for future research.

Please be assured that the name of your child and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for academic purposes (including books, journals and conference proceedings) and a summary of findings will be made to available to participants on request.

Please contact me on 082 5861 588 or 902203@students.wits.ac.za or my supervisor, Dr Edmarie Pretorius (011 717 4476) or Edmarie.Pretorius@wits.ac.za. If you have any questions regarding my study, we shall answer them to the best of our ability. Should you have additional concerns or complaints about the research study you can contact Shaun Schoeman, 011 717 1408 or shaun.schoeman@wits.ac.za or jasper.knight@wits.ac.za

Thank you for taking the time to consider participating in the study.

Ntombi Zibi

Appendix C:

Parent Consent Form for Participation and Audio-Recording Consent

The perceptions of high school learners on substance use at a high school, in the West Rand district, Gauteng.

Dear Parent/Legal Guardian

- I request permission in order for your child to participate in a focus group discussion.
- Participation will have no bearing on your child's schoolwork or standing in the school. No one will be treated any differently if he or she does not participate in the session.
- Your name / the name of a child will not appear anywhere in the research paper. This form will be kept in a separate place from the writing up of the study.
- This letter serves as your consent for your child to participate in the research study.
- If you grant permission for your child to participate in the focus group session, please complete the information below and send the form back to the school with your child. If you have any questions, you can contact the research supervisor on 011 717 4476 or Edmarie.Pretorius@wits.ac.za

Please tick on the box below

Yes	No
Yes	No

I give permission for my child to participate in the focus group discussion.

I give permission for the audio-recording of the focus group discussion.

Name of the child : ----------

Name of parent : ----------

Date : ----------

Signature of parent : ----------

Appendix D:

Assent Form for Participants

The perceptions of high school learners on substance use at a high school, in the West Rand district, Gauteng

Dear Participant

- I hereby consent to participate in the research study on the perceptions of high school learners on substance use at a high school, in the West Rand district, Gauteng.
- The purpose and procedures of the study have been explained to me.
- Participation will have no bearing on my schoolwork or standing in the school. No one will be treated any differently if he or she does not participate in the session.
- I understand that my participation is voluntary and that I may refuse to answer at any time or withdraw from the study at any time without any negative treatment.
- I understand that my name will not appear anywhere in the research paper.

If you accept to participate in the focus group session, please complete the information below and send the form back to the school. If you have any questions, you can contact the research Supervisor on 011 717 4476 or Edmarie.Pretorius@wits.ac.za

Please tick on the box below

Yes	No
Yes	No

I agree to participate in the focus group discussion.

I agree for the audio-recording of the focus group discussion.

Name of the participant : ----------

Date : ----------

Signature of participant : ----------

Appendix E:

Research Instrument

The perceptions of high school learners on substance use at a high school, in the West Rand district, Gauteng

Focus group guide

Introduction

Good day. Welcome to our session and thank you for taking the time to join us. My name is Ntombikayise Zibi, I am a student from the University of Witwatersrand. As explained previously when we met, we are going to talk about your views on and experiences with substance use as high school learners in the West Rand district in Gauteng. The discussion will take one to one and a half hours. Confidentiality is very important and we should not talk about what we have discussed outside of this focus group.

1. What are your views about substance use by learners in the school?

2. Why do you think learners use substances in high school?

3. What do you think do learners who are using substances experience when they use the substances?

4. What are the kinds of substances learners use and why the specific one?

5. If you were a youth community leader in Kagiso and you had to find some ways to assist learners who are using substances, what would you do?

Thank you for your participation. Your time is very much appreciated

Appendix F:

Resource List for Referrals

NO	ORGANISATION	SERVICES	CONTACT NUMBERS	ADDRESS
1.	Westview Clinic	Intake Counselling services Rehabilitation services Referral to other rehabilitation centres Community education	MR Mokgethi (011) 472-7707	Kagiso Multipurpose Centre
2.	Kagiso Local Drug Action Committee	Community education	Mr David Serojane 0744451991	In the Community of Kagiso
3.	The Department of Social Development Krugersdorp	Intake Voluntary and involuntary referral to rehabilitation centres Referral to psychiatric evaluations Aftercare services after treatment Community education Facilitation of Kemoja Drug prevention progamme in schools. School-based group sessions	Ms Philile Ngubane Mr Dumisani Tshabalala (011) 950-7745	SA Dutch Building 16 Human Street Krugersdorp 1739
4.	iThemba Clinic	In house voluntary and involuntary drug rehabilitation services. Medical treatment Detox Individual therapy Group therapy	Ms Lebo Munzhelele (011) 956-2292	Sterkfontein Hospital Ward 10 IThemba Clinic Sterkfontein Road Sterkfontein
5.	Life Recovery Centre	In-house voluntary and involuntary drug rehabilitation services. Medical treatment Detox Individual therapy Group therapy Halfway house	Ms Boitumelo Thangoane (011) 693 3615	Life Recovery Centre Randfontein Oxford Manor 21 Chaplin Road Illovo 2196

Appendix G:

Permission from the Gauteng Department of Education

GAUTENG PROVINCE
Department Education
REPUBLIC OF SOUTHAFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	27 November 2017
Validity of Research Approval:	05 February 2018 – 28 September 2018 2017/335
Name of Researcher:	Zibi N.H
Address of Researcher:	18 Ockerse Street
	Krugersdorp, Mogale City
	West Rand 1739
Telephone Number:	082 586 1588
Email address:	902203@students.wits.ac.za
Research Topic:	Perceptions of High School learners on drug use at a High School in West Rand District, Gauteng
Number and type of schools:	One Secondary School
District/s/HO	Johannesburg West

Re: Approval In Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

04/12/2017

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Shabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

Appendix H:

Permission Letter from the School



LODIRILE SECONDARY SCHOOL

1593 SANDPIPER ROAD
SWANEVILLE
MOGALE CITY
1754

P. O. BOX 480
MOGALE CITY
1740
TEL/FAX (011) 786 8144

23 November 2017

TO WHOM IT MAY CONCERN

This serve to confirm that **NTOMBIKAYISE HAPPINESS ZIBI,** Student no **902203** is hereby given a permission to conduct a research on **PERCEPTIONS OF HIGH SCHOOL LEARNERS ON DRUG USE.** The research will commence in January 2018 at Lodirile Secondary School .

You are welcome to contact Mr Jiyane M.E. for clarity seeking questions.

Hope you will find this in order.

Yours in EDUCATION

M.E Jiyane
PRINCIPAL

LODIRILE SECONDARY SCHOOL
1593 SANDPIPER ROAD
SWANEVILLE MOGALE CITY 1740
PRINCIPAL
2017 -11- 23
P.O BOX 480, KRUGERSDORP 1740
TEL: 011 755-5144
GAUTENG DEPARTMENT OF EDUCATION

Appendix I:

Clearance Certificate

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Zibi

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H17/09/43**
PROJECT TITLE	The perceptions of High School learners on drug use at a High School in Westrand District, Gauteng
INVESTIGATOR(S)	Miss N Zibi
SCHOOL/DEPARTMENT	Human and Community Development
DATE CONSIDERED	15 September 2017
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	17 December 2020

DATE 18 December 2017 **CHAIRPERSON** J. Knight (Professor J Knight)

cc: Supervisor : Dr E Pretorius

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES