

CHAPTER 1

GENERAL ORIENTATION

1.1. INTRODUCTION

When the new democratic government of South Africa came to power in 1994, it was soon realized there was a serious problem of drug abuse in the country. The youth used and misused drugs. There was a lot of crime going on in the country. Several cases were associated with drug abuse by our youth.

The use of tobacco, alcohol, marijuana and solvents, as well as illicit drugs by learners had increased to alarming proportions over the years. Learners start taking drugs from a very early age in their lives. Some of them start as early as their primary school years. The drugs commonly used by learners much earlier are tobacco, alcohol and marijuana (dagga).

Rhodes and Jason (1988:1) argued that one out of every six children would use marijuana by the seventh grade, by the time they had reached grade 12, about 91 % of them would have tried alcohol, 68 % would have tried cigarettes and 61 % would have tried an illegal substance with regrettable health and social consequences.

The researcher therefore realised the need to make a thorough investigation of the causes of substance abuse by learners in the Waterberg district of Limpopo Province in our country. Such vital information was lacking.

1.2. PROBLEM STATEMENT

A significant number of secondary school learners use drugs but it was not yet fully understood what makes them to turn to drugs. This is a social problem and it is therefore quite dynamic and complicated.

1.3. AIMS AND OBJECTIVES OF THE STUDY

1.3.1. The aims of the study

The purpose of this study was:

1. To investigate the causes of substance abuse by learners in the Waterberg district.
2. To investigate perceptions the learners and the teachers have about this phenomenon of drug abuse.
3. To investigate ways whereby learners could avoid taking drugs and having access to them.
4. To propose alternative activities that will keep learners busy to get them off drugs.

1.3.2. The objectives of the study

The study has the following objectives:

1. To provide information on the nature and extent of drug abuse by learners in the Waterberg District.
2. To find out which factors lead to drug abuse by learners.
3. To suggest useful solutions to the problem of drug abuse by learners.

1.4. RESEARCH QUESTIONS

It was against the background of the research problem stated earlier that the research question was framed as follows:

What are the causes of drug abuse by secondary school learners?

Sub-questions:

- ❖ Which socio-economic factors can be associated with drug abuse by learners?
- ❖ What are the perceptions the learners and the teachers have about drug abuse?
- ❖ What are the alternative activities that will keep learners busy to get them off drugs?
- ❖ What is the nature and extent of drug abuse by learners in the Waterberg District?

- ❖ Which factors lead to drug abuse by learners?
- ❖ What are the useful solutions to the problem of drug abuse by learners?

1.5. SIGNIFICANCE OF THE STUDY

This research work provides the much needed information about the causes of drug abuse by learners in secondary schools. The pattern of drug abuse was also established.

The study reveals the actual causes of drug abuse concerning the area under investigation. Parents' awareness of this phenomenon would be realised. The study provides information that could assist learners to be aware of their use and misuse of substances as a problem.

The information gathered will also be helpful to the authorities in their effort to address the countrywide problem of drug abuse by learners.

1.6. LITERATURE REVIEW, THEORETICAL FRAMEWORK AND ASSUMPTIONS

1.6.1. Literature Review

According to Welman & Kruger (1999:34) literature review is compiling a review of research findings already published on a particular topic, to make the researcher aware of inconsistencies and gaps which may justify further research, and indicating where the new researcher's work fits in. It was in the light of that argument that I embarked on the review of published work with regard to drug abuse, particularly on issues having a bearing on the causes of such abuse.

There should be several reasons why learners abuse drugs. According to Emmett & Nice (1996:275), depending on which substance is used, drugs can change or lift mood, increase your energy level, change your perspective, aid sleep, help you relax, remove emotional or physical pain, reduce your appetite and weight, lower inhibitions and increase libido, or give you feelings of great physical and mental powers.

Most of the young people in our country have tried alcohol by the time they graduate from high school. Experimenting with substances is quite common among the learners. They all have different reasons for doing so. Experimentation with alcohol and drugs during adolescence is common and using alcohol and tobacco at a young age increases the risk of using other drugs later.

Drugs can be used to mask a person's problems, but will only succeed temporarily as a short term solution only, as they will not remove or resolve difficulties, but just change the user's perception of the immediate circumstances. The loss of a loved one makes some teenagers to start using drugs. The same applies to situations whereby a child has addicted parents and where family violence occurs quite frequently.

The effects of drugs on the user can be a reason for their use and misuse. This made it imperative for me to have a detailed explanation of the different drugs of abuse.

Gaustad (1993:1) in the *Eric Digest Journal*, in the article *Substance Abuse Policy*, indicates the significance of a substance-abuse policy by arguing that American students whose schools lacked clear alcohol and drug policies were more likely to use or experiment with drugs.

Mwamwenda (1995:489) identified the fulfilment of the need for the use of the drugs, the craving for the desired drug effects, as one of the major reasons for the substance abuse and dependence. This refers to the user's experience of calmness, pleasure and relaxation as a result of substance abuse and dependence.

According to Farland (1993:15), some learners initially experiment with tobacco, alcohol, marijuana and other substances simply out of curiosity. The researcher shares this view because different drugs are probably widely abused in South Africa due to that. Children see parents and family members smoke cigarettes, drink alcohol, use cough mixtures, sleeping tablets, etc. and turn to wonder what it feels like to use these substances.

1.6.2. Theoretical framework

Three theories that were the basis of this study are the Problem behaviour theory, the social learning theory and the stage theory as explained by Rhodes and Jason (1988:8). The problem behaviour theory maintains that emotional problems cause substance use. This theory was relevant for this study because learners with a poor self concept are more likely to be influenced by peers that used drugs to join them. The social Learning theory, on the other hand, regards social and environmental factors as causes of substance abuse. The researcher, in line with this theory, views peer pressure and socio-economic factors as primary reasons for learners to use and misuse drugs.

Kandel's Stage theory, on the other hand, argues that adolescents typically progress sequentially from beer to hard liquor and cigarettes, next to marijuana, and then on to other illicit drugs like cocaine, heroin and Lysergic acid (Rhodes & Jason 1988:8). The

bio-psychosocial model of substance abuse is about the use of drugs for coping with stressful situations the user is facing in life.

1.7. ASSUMPTIONS

On the basis of the above theoretical framework, I came to the following assumptions:

- Emotional problems lead to substance abuse by learners.
- Socio-economic factors play a role in drug abuse.
- The children that start by smoking cigarettes and drinking beer often find themselves proceeding to some illicit drugs.

1.8. DELIMITATION

This study focused on the causes of substance abuse by learners in the Waterberg District of Limpopo Province in South Africa. Ten substance abusing learners were selected to be in the sample and those that did not take substances were excluded. Five teachers that work at the school where the research was conducted were chosen for this study because of their constant interaction with the learners in the sample. Three School Governing Body members at the said school were also asked to be participants because as governance they would be in a good position to know the learners with behaviour problems that can be associated with drug abusers.

The interviews were conducted at the school in a room provided for this purpose during school hours because this was convenient to all the participants as well as the researcher. The respondents were interviewed individually, in isolation to make them feel free, confident and comfortable to give as much information as possible. Prior to the interviews, the researcher had a short casual conversation with the respondents to establish the rapport and a relationship of trust. They were assured of privacy and upholding of their rights as participants, which included, 'inter alia', confidentiality of the information provided.

1.9. RESEARCH DESIGN AND METHODOLOGY

1.9.1. Research Design: A Case study

As Bless and Hugson-Smith (2000:63) maintained, a Research Design is the planning of a scientific research step by step, a programme to guide the researcher in collecting, analysing and interpreting research data. Due to the explorative nature of this study a hypothesis was not formulated. It was not necessary.

A holistic single case study was used to address the research question. The rationale for this case study is that it is a representative or typical case of learners involved in drug abuse. The idea behind this is that the lessons learned from this case would be assumed to be informative about the experiences of the average learner or institution under similar circumstances (Yin, 2003: 41).

According to Bryman (1988:61) the most fundamental characteristic of qualitative research is its commitment to viewing events, actions and norms from the perspective of the people who are being studied.

The researcher used the qualitative method in this study due to the exploratory nature of the topic and the plan to interact with the respondents in interviews in a natural setting to get descriptive verbal data, using a small sample of participants from the same school.

Other writers (McMillan & Schumacher, 1997:33) also said that a research design is a plan according to which research participants are obtained, and data is collected from them, and it describes what is going to be done with the participants with a view to reaching conclusions about the research problem, the hypothesis or research question. Philliber, Schwab and Samsloss in Yin (2003:21) argued that “a research design is a ‘blueprint’ of research, dealing with at least four problems: what questions to study, what data are relevant, what data to collect, and how to analyse the results.”

1.9.2. Sampling

The information-rich participants composed of 10 (ten) learners that had experimented with drugs, 5 (five) educators and 3 (three)

members of the School Governing Body were selected to be in the sample.

Participants:

- 10 X learners
- 5 X educators, and
- 3 X SGB members

Total number of participants = 18.

Learners:

The reason why the ten (10) learners above were selected to be in the sample was on the basis of their behavioural pattern that was characteristic of drug abusing people. Only such learners whose characters could clearly be associated with drug use were included in the sample. They were learners that were 17 years of age and in grade 11 at school. Since these learners were underage, their parents were requested to sign a consent form to show that they agreed that their children could take part in this research as participants. A copy of the said consent form is attached.

The 17 year old age group was selected because they are usually the most vulnerable people to drug abuse as adolescents. They were in grade 11. Five boys and five girls were selected to balance perspectives of both sexes. The researcher considered gender sensitivity to avoid prejudices of any kind.

Teachers:

The five (5) teachers were selected on the basis of their day-to-day contact with these learners on school days. This made them better placed to have a thorough knowledge about them and their tendency to use drugs. For ethical reasons the teachers were also required to sign the consent form.

School Governing Body members:

The three (3) SGB members were selected because they probably handled cases pertaining to learner behaviour, which would certainly include cases related to the use of substances. They were expected to give the perception of the SGB and parents about this issue of drug abuse by learners at their school. The SGB members participating in the research were also asked to sign the consent form, which is attached at the end of this research report.

Eighteen (18) participants were adequate for this study considering that it is a case study and that In-depth interviews were used as the instrument to gather the data.

Purposive sampling was used to make it possible for the researcher to get information-rich subjects to be interviewed on this sensitive topic of drug abuse by learners. Consequently only ten (10) of the learners that have experimented with drugs were selected, five (5) of their teachers and three SGB members.

1.9.3. Gaining access

The researcher wrote a letter to the Naboomspruit Circuit Office asking the Department of Education to give me permission to conduct the research at Makhutjisha Secondary School in the circuit. The letter of approval to conduct the research was then handed over to the principal of the school. The researcher consequently arranged with the school about the convenient dates and times to select participants and carry out the interviews. The Participants were asked to sign letters of consent. The parents of the learners were asked to sign on their behalf upon granting permission because they were minors.

1.9.4. Data collection.

In-depth interviews were the instrument used to collect data due to the exploratory nature of the topic and the verbal explanatory kind of data required.

1.9.5. In-depth interviews.

In-depth interviews were used to collect the data because the researcher used unstructured open-ended questions to give the participants ample room to provide enough extensive information on this subject. The researcher fortunately therefore had a face-to-face encounter with the participants which assisted me to have a better understanding of the phenomenon of substance abuse by those learners taking into account the prevailing circumstances.

According to Bless & Higson-Smith (2000:104) an interview involves direct personal contact with the participant who is asked to answer questions relating to the research problem. This view is shared by Behr (1988:150), who said that the interview is a direct method of obtaining information in a face-to-face situation. This method of data collection was preferred in this study due to its flexibility and its advantage of clarification of questions asked because it involved children at low educational level.

Vockell (1983:87) regards its flexibility as its major advantage where there can be follow-up questions for clarifications. It was chosen despite its being expensive and time consuming to conduct. The other reason is the fact that this study involved matters of a personal nature such that the learner might not be willing to disclose some sensitive information in any other situation. It was possible to dig relatively much deeper than other methods in this regard could afford to.

1.10. ETHICAL CONSIDERATIONS

Participants were individually interviewed in isolation for the sake of confidentiality. Ethical matters were considered. The participants were duly informed about the purpose of the study. Participation was voluntary and the participants had the right to withdraw from taking part at any time if they so wished. They were assured of protection from harm. All participants were required to sign the attached consent form as mentioned before.

1.11. THE CONSENT FORM

All the participants were required to sign the standard Consent Forms as designed by the University of Limpopo ethics committee to ensure compliance with it for ethical considerations. The said forms are attached at the end of this research report. The parents of the learners signed the consent form on their behalf because they were minors then.

1.12. DATA ANALYSIS AND INTERPRETATION

According to Mwiria & Wamahiu (1995:127) the field notes that the researcher makes during the investigation form the reflective section and the first stage of data analysis, with the purpose of discovering categories and underlying themes; while formal analysis begins when data collection is finished and is followed by interpretation. The researcher will transcribe the in-depth interviews. The data was analysed manually and coded to establish the categories and themes that emerged. The data was then interpreted to make valid findings.

1.13. DEFINITION OF CONCEPTS

1.13.1. Drug abuse:

This concept refers to the use and misuse of tobacco, alcohol, solvents (like glue for instance), marijuana and illicit drugs found

to be prevalent. In this study the concepts “substance abuse” and “drug abuse” were interchangeably used as synonyms.

1.13.2. Illicit drugs:

This refers to psychoactive substances, the production of which, sale or use, of which is prohibited, which are also called potent drugs.

1.14. CONCLUSION

The problem of drug abuse by learners is a worldwide problem. It has increased considerably in South Africa over the last couple of years. The study was exploratory in nature due to the exploratory nature of the topic. The aim was to investigate the causes of drug abuse by learners in the area specified above. The authorities can also benefit in the form of the availability of information on the pattern of drug abuse, the kind of drugs circulating.

Literature review reveals that most learners experiment with drugs at a very early age and that drug abuse is a serious problem amongst the youth in many countries.

1.15. Time-Frame

| Activity | Envisaged dates |
|----------------------------------|---------------------|
| Finish Research proposal | 05 Jan-30 July 2004 |
| Presentation of proposal | 01 Aug.- Nov. 2004 |
| Literature Review | 05Jan-30 March 2008 |
| Data collection & compilation | 01 April- 2008 |
| Data Analysis and interpretation | 01 May2008 |
| Findings and conclusion | 15 May 2008 |
| Submission of Thesis | 30 May 2008 |

1.16. RESEARCH PROGRAM

The study had the following five chapters:

Chapter 1: Background and orientation

This chapter gives a general background to the study, review of related literature, the significance of the study, as well as the problem statement which includes the research question.

Chapter 2: Literature Review

This chapter is a detailed review of related literature. It helped the researcher to identify the gaps that still remained glaring as research was undertaken in this respect over the years to date.

Chapter 3: Qualitative Research Design and Methodology

This chapter gives a detailed account of the qualitative research design and methodology used in this study and justifies their use. The sample selected and the instruments used to collect the data are included in this chapter.

Chapter 4: Data analysis and interpretation

The data collected in the previous chapter was analysed using the categories and themes that emerge.

Chapter 5: Findings, recommendations and conclusion

Data analysis and interpretation from the previous chapter logically lead to valid findings, recommendations and conclusions in this chapter.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

According to Welman & Kruger (1999: 34) literature review is compiling a review of research findings already published on a particular topic, to make the researcher aware of inconsistencies and gaps which may justify further research, and indicating where the new researcher's work fits in. It was in the light of that argument that the researcher embarked on the review of published work with regard to drug abuse, particularly on issues having a bearing on the causes of such abuse.

From a slightly different perspective, Bless & Hugson-Smith (1995: 22) regarded literature review to be a process which helps to conceive the research topic in a way that permits a clear formulation of the problem (and hypothesis where applicable) by getting some necessary background information obtained mainly by reading whatever has been published that appears relevant to the research topic. This view supplements what Welman and Kruger said above.

There should be several reasons why learners abused drugs. According to Emmett & Nice (1996: 275), depending on which substance was used, drugs could change or lift mood, increase your energy level, change your perspective, aid sleep, help you

relax, remove emotional or physical pain, reduce your appetite and weight, lower inhibitions and increase libido, or give you feelings of great physical and mental powers. Drugs could also be used to change one's image, provide entry into certain groups, to rebel, or just to fill time and relieve boredom. The issue of drugs used to relieve physical pain was not found to be relevant to this study because it's applicable when drugs are used for medical reasons like when operations are performed by doctors in hospitals, for instance. The question of drug used to induce sleep was also irrelevant to this study for the same reason as stated above, i.e. medical.

2.2. REVIEW OF RELATED LITERATURE

According to Gullota et al (1995: 56) nearly all young people in the United States of America have tried alcohol by the time they graduate from high school; and more than half of the adolescents experiment with an illicit psychoactive drug before they finish high school. This view was supported by the Puberty 101 publication (1997: 1) on the article entitled "Teens: Alcohol and other drugs", which maintained that experimentation with alcohol and drugs during adolescence was common and that using alcohol and tobacco at a young age increases the risk of using other drugs late.

Drugs might be used to mask a person's problems, but would only succeed temporarily as a short term solution only, as they would

not remove or resolve difficulties, but just change the user's perception of the immediate circumstances. The loss of a loved one makes some teenagers to start using drugs. The same applies to situations whereby a child has addicted parents and where family violence occurs quite frequently.

Others use substances simply because of their availability or for social reasons. Others used them as a result of problems which may be complex and of deep psychological nature like e.g. traumas from deaths, abuse, etc or simple problems like boredom and low self-esteem.

The effects of drugs on the user can be a reason for their use and misuse. This made it imperative for the researcher to entertain a detailed explanation of the different drugs of abuse with regard to their varying effects. Such effects were found to be contributing factors towards learners using them.

The big question in that regard was therefore: 'why did learners turn to these substances?' It was so essential to identify these factors. That would be helpful in creating a better understanding of the appropriate intervention strategies applicable in a particular area and environment.

The American Academy of Child and Adolescent Journal (1997: 1) on the article *Alcohol and drug abuse*, maintained that teenagers at risk for developing serious alcohol and drug problems included

those with a family history of substance abuse, who were depressed, who had low self-esteem, and who felt like they didn't fit in or were out of the mainstream. Both personality and environmental factors play a part.

Gaustad, J (1993: 1) in the *Eric Digest Journal*, in the article *Substance Abuse Policy*, indicated the significance of a substance-abuse policy by arguing that American students whose schools lacked clear alcohol and drug policies were more likely to use or experiment with drugs.

Poor discipline at schools is conducive for drug abuse by learners on school grounds and property. But learners mostly use these substances after school and on weekends and vacations.

Mwamwenda (1995: 489) identified the fulfilment of the need for the use of the drugs, the craving for the desired drug effects, as one of the major reasons for the substance abuse and dependence. This refers to the user's experience of calmness, pleasure and relaxation as a result of substance abuse and dependence. The researcher agrees that the powerful force of drug effect cannot be over-emphasised, though initial experimentation can hardly accommodate this argument.

When teenagers experiment with drugs, once they become addicted, their real craving would be for the drug or a combination of drugs that would have the desired effect (Stevens: 63). But in

this case the researcher was concerned with the causes of drug abuse rather than the stage of addiction or dependence.

According to Farland (1993: 15), some learners initially experiment with tobacco, alcohol, marijuana and other substances simply out of curiosity. The researcher shared this view as different drugs were widely abused in South Africa due to that. Children see parents and family members smoke cigarettes, drink alcohol, use cough mixtures and sleeping tablets. and turn to wonder what it feels like to use these substances.

They consequently secretly try them out and for some learners it all started just like that. They might also have seen other people in the community use other drugs such as dagga, mandrax, cocaine and other illicit drugs. They become curious about the effects of such substances and then try them out whenever an opportunity comes or when such drugs become available.

According to the American Academy of Child & Adolescents Journal (1997: 2), it is natural for learners, like any other human being, to try out things out of curiosity including experimenting with drugs. It was part of discovering who they are and their desired self-image. For some learners, initial experimentation from curiosity was a matter of tasting and stopping, while for others; it lead to drug dependence and addiction.

Secondary school learners are adolescents, and it is natural for adolescents to want to explore adult ways of behaving and satisfying needs, and the challenges and risks this entails (Mwamwenda, 1995: 489; Gillis, 1996:108). As part of curiosity, learners want to find out what the adults experience and what kind of impact drugs have on them and this experimentation often lead to non-stop use.

Some teens heard about getting 'high' or being drunk and wondered what it's like (Farland, 1993: 15). They started using substances just because they were curious, and before they knew it, they got hooked on drugs. A learner starts using drugs as an adventure in the adult world, which becomes a nightmare in the long run for some.

According to Gillis (1996: 108), due to the desire for a good self-concept, learners imitate their role models in smoking, drinking and using other substances. Learners use substances due to the use of such substances by people they admire, i.e. their role models. They believe that one would be seen to be wise or clever if one smoked or drank like people in the movies, or look smart if you use slimming tablets to have sexy legs on the beach.

Therefore, learners smoke, drink or use certain tablets to imitate their role models. This is not limited to TV characters, but also to community heroes, and those in magazines and other books.

Doing what adults do, make them think they would look and feel a bit more matured also.

The influence of the media is so powerful on children, considering the level of development where critical thinking and analysis before decision-making is lacking. This makes the learners vulnerable. The media, therefore, also plays a big role in influencing children to use drugs. Advertisements glamorise alcohol and other drugs like tobacco, and they are often shown at times when children are watching, like when they watch sports games on TV on Saturdays.

Advertisements encourage young people; including learners by giving them the impression that using drugs makes them look good or cool and independent. They believe that using substances is the only way to have a good time, making drinking alcohol look as easy as drinking a cold drink.

The media undoubtedly had a great deal of influence in making learners experiment with substances. A simple example is the controversial Yizo Yizo series showed on SABC 1 TV channel recently, whereby learners that abused drugs were portrayed as heroes, despite the chaos and anarchy they created at school. In the home environment where young people are continually exposed to drug-related ways of behaviour, for example, habitual drinking to relieve tension, or taking medicines to fall asleep, the use of drugs become the accepted norm (Gillis 1996:108).

According to Farland (1993: 15), substances are often used to relieve anxiety and boost self-confidence. Learners sometimes turn to drugs to relieve anxiety or boost self-confidence, when other methods of coping prove inadequate. Secondary school learners are teenagers or adolescents at development level characterised by many changes, where sometimes they feel unsure and helpless. They think they can't do anything right, feel no one likes them, or don't like themselves, for instance. Therefore all these things add up to make the learner to feel very depressed and consequently begin to use alcohol and other drugs to feel better and confident.

In some cases, learners feel pressured by parents to do well at school in cases of poor performance. The learner feels that he/she is never good enough, worries about failing, and the fear makes him/her sick. The learner then starts using marijuana, for instance, to get rid of the bad feelings and begins to feel better.

These substances change the way they feel, their moods, and help them to feel better. Beginners usually start with cigarettes and alcohol. They later move on to dagga and some even go much further to illicit drugs like cocaine and mandrax.

According to Farland (1993: 15), drinking alcohol helps to get rid of shyness in adolescents. This is true, though, when the person becomes sober, those feelings return immediately according to the researcher's conviction. Some children are shy and feel that

anything they say may be regarded by others as stupid or silly and that no one wants to be around them, but they also wish to be like other kids. When they are under the influence of alcohol or other psychoactive substances, they can talk to people without fear and feel socially acceptable. They often become surprisingly quite talkative and argue a lot too.

According to Gillis (1996: 108), drugs provide refuge from tensions and stress in life by giving a temporary sense of well being. The environment in which the learner finds himself/herself could be a contributing factor towards the use of substances, or vice versa. There are certain socio-cultural and socio-economic conditions that make learners vulnerable to substance abuse.

Poverty, unemployment and homelessness could lead people to abuse alcohol and other drugs which they thought could help them forget their problems. The adolescent period is often accompanied by intermittent periods of stress and tension, and drugs, by creating an artificial sense of well being, offer a temporary refuge from the realities of the real world.

Moreover, De Miranda (1996: 12) went further to argue that the reasons for alcohol abuse are that alcohol relieves pain, tension, and helps some to get rid of their worries. Sufferings and misery lead to substance abuse in many families. The child then feels hopeless, stressed and looked down upon, whereby the child might use substances to feel better. The reasons for alcohol

abuse, for instance, are that it relieves pain and tension, eliminates worries and erases problems from the conscious mind.

According to Mwamwenda (1995: 489), people like to conform as a way of getting approval from others; especially adolescents who may yield to peer pressure in an attempt to conform, which also applies in cases where one's friends and associates smoke, drink alcohol, smoke dagga or use any other illicit drug. High school learners are no exception in this regard, as they are teenagers or adolescents. They use substances as a way of getting approval from their peers.

Peer pressure is very hard to resist and most teenagers that are learners confess that they think their friends won't like them if they don't join in smoking dope; and for kids it is important to be liked and accepted by peers (Farland, 1993:14). In this way they experience pressure from friends.

Peer group pressure is very powerful and doing what everyone else does gives teenagers a sense of belonging. If a child's friends smoke dagga, for instance, he is likely to feel uncomfortable if he is with them when they use the drug. The group normally would also invite him to join. The same applies when friends drink beer or liquor together. They enjoy themselves most when everyone does it. As for illicit drugs, friends would somehow distrust the one not taking the drugs, for fear of the possibility that he is a police informer.

Some learners begin using a substance at a party, for instance where there is a lot of beer and friends offer some cigarettes, beer and maybe also a 'joint' (marijuana). The innocent boy or girl thinks he/she will try it and stop these (Farland 1993:15). Some learners even bring along or sell cigarettes to others at school or on school property, thereby making them readily available. Fellow substance users are regarded as clever, sophisticated, streetwise and grown-up, while non-users are regarded as fools or unsophisticated or childish.

Learners, as adolescents, have an increasing need to confirm their normality by 'being with it' in the sense of participating in whatever their friends do, which also applies to the early stages of drinking and marijuana use that almost always takes place as part of a group activity.

According to the *Eric Digest Journal* (1993) "all too often illegal substances were distributed on school property" in the United States of America when the survey was conducted. The researcher believes that it was not a case peculiar to America as such, but a worldwide problem, which also probably prevailed in South Africa as well.

The easy availability and access to drugs by learners was also blamed for substance abuse by Mexican American adolescents with learning disabilities, who confessed to be using tobacco,

alcohol and marijuana in a longitudinal study of selected risk factors (Katims, et al., 2001: 4; Learning *Disabilities - A multidisciplinary Journal* Vol. 1, No 2. P 75-88).

Living in the environment where drugs are easily available in the community in shops, shebeens and street corners also make learners vulnerable.

At social occasions where alcohol for instance is in abundance and freely available to everyone, kids are tempted to drink. The learner under stress is misled that drugs are used as a coping mechanism. Those that do not see a future for themselves use drugs to escape their situation. It is for this reason that most of learners that live in ghettos or slums use substances, especially dagga and solvents like.

They mostly even drop out of school to become street kids. They also join a group of gangsters that break into shops to steal. They hijack cars; kill people to take their money or valuable things like jewellery and cell phones, etc.

To do these things without fear they use drugs to be unsympathetic and cruel. In other words, they became delinquents (i.e. juvenile delinquents). If the society you live in uses drug a lot you get pressured to use them too. Once you start, it may be very difficult to stop.

According to Gillis (1996: 108) most teenage alcoholics come from homes of alcoholic parents. Learners are more likely to experiment with drugs if one or both parents abused alcohol or some other drug. Where the family uses medicines, alcohol and other drugs to forget or solve problems; the kids are likely to copy from that experience. Children learn that using drugs is a way to cope with problems.

It also happens when the child feels neglected, not loved and unsure. He or she does not feel good about himself or herself. When the child does not feel loved by the parents he/she looks for a group that will love and accept him/her and unhappy teenagers often find a group of drug abusers loving and accepting and therefore join them (Farland, 1993: 14). The researcher saw this to be quite true.

The same applies in cases where there is divorce or frequent fights in the family. Child abuse also drives learners to drugs. It can be in the form of rape by a family member or assaults as punishment for reprimanding the child. The substances seem to be the answer to their problems and make them feel good, if he/she doesn't like the way parents treat him/her, their rules or kind of punishment, he uses drugs to get back at them.

It is also argued that some parents, especially fathers, sometimes give their small children sips of beer or make them smoke

(Farland, 1993: 16). That is wrong. In this way they teach their kids that it is acceptable to smoke and drink while they are still very tender and too young to understand the implications thereof and possible repercussions. They give learners a bad example. The researcher views this as taboo and irresponsible of parents to do. Gillis (1996: 108) had a convincing argument that research indicated that the majority of teenage alcoholics came from homes where the parents themselves had a drinking problem. I find this to be a valid argument.

To add to that, according to Gillis (1996: 108), there is a noticeable pattern in the development of substance abuse, in that those who smoke dagga (marijuana) have usually been involved with drinking hard liquor, and most of those who eventually turn to (hard drugs) illicit drugs have previously experimented with marijuana. This argument supports the stage theory of substance abuse. One thing leads to another.

In addition, Farland (1993: 23), identified four stages of teenage addiction, i.e.: The initial stage is that of experimentation with one or more of the substances of abuse, the second stage is that of regular use, the third stage is that of harmful involvement with substances, where the user takes drugs to feel good. The fourth stage is that of chemical dependence when the person is indeed addicted to substances. This is the stage of psychological and physical dependence, which is difficult to reverse.

At the third stage of harmful involvement, when alcohol and marijuana are no longer enough, the child then goes on to other illicit drugs like cocaine, heroine, speed (amphetamines), lysergic acid and PCP.

Such a victim goes for cocaine when money is available. He/she parties all weekend and comes home Sunday and sleeps all day, for instance. He/she is only interested in 'getting high' at this stage. If he goes to school, he misbehaves frequently and gets thrown out of class often, but he doesn't care because to him school is a drag, it bores him. Home becomes a war zone as his parents fight his/her drug use; he/she gets mad and goes away from home for days. He steals money from home, sells jewellery and other things to get money to buy substances, valuable things disappear from home, and he remains shabby and untidy. He doesn't care to look good any more.

During the last stage of dependence, substance users continue to use drugs due to psychological and physical dependence. They normally even engage in criminal behaviour to get money for drugs. Girls even exchange sex for drugs or money to buy drugs. At this stage of extreme substance use, the family and friends often just give up attempts to advise, assist, guide or reprimand the substance user. Counselling and advanced professional intervention become quite necessary to give the drug abuser assistance.

Mwamwenda (1995: 489) argues that they use drugs to defy parents, teachers and society in general. This is in the light of the fact that they are quite aware that it is illegal to use harmful drugs and their parents disapprove but they continue to use them nonetheless. The researcher disagrees with this argument because the learners don't even want their parents or educators to know they use drugs in the first place. It is their privacy. It is something parents and educators discover very late, as the learners do it hiding.

Parents need their kids to be educated to get a better life in future. They care about the future of their kids. They want them to be ultimately independent and responsible adults. That is why they put some pressure on them to achieve good grades at school, thereby creating a feeling of inadequacy in the child, whose self-image and self-esteem or self-concept deteriorates as a result. Consequently, the child turns to drugs to try and feel good and counteract the bad feeling of being an under-achiever. But the researcher disagrees with this. The researcher views the problem to be the other way round, that is. substance abuse leads to under-achievement, not vice versa.

The under-achievement may at first result from some other factors rather than substance abuse, but substance abuse will make matters worse. This is because the learner using substance will have less time for school work, is bored by school, and often becomes absent or just goes either late or leaves early by dodging classes, to get a fix to feel better.

When due to one reason or another, the learner loses friends, becomes isolated or relationships with others deteriorate and the child became lonely, he/she starts drinking and using other drugs to reconcile with them. In this he/she will surely meet friends and belong to a group of fellow substance abusers.

The learner has a strong need to belong, and loneliness affects his/her self-esteem adversely. Drugs give the learner the advantage of belonging somewhere and feeling accepted.

Learners begin to experiment with substances to escape from boredom, according to Farland (1993: 13). Being bored and not having much to do, they decide to start drinking, where they find excitement, enjoyment and fun. When they get bored on a weekend they, out of the blue, decide to go to the tavern, shebeen, bottle store or lounge bar to have some fun drinking.

They even go to a nearby party or any occasion uninvited as long as they know there will be alcohol and entertainment. They organise a 'braai', a stockvel or picnic where there will be lots of beer to drink, accompanied by sharing of other substances like dagga and other substances.

They drink while they watch games on TV, which can be soccer, cricket, rugby, etc. Therefore, the drugs are used for recreational purposes or getting some fun and excitement.

There are several personality factors as well as environmental factors that collectively contribute to learners' substance abuse. There is no single factor that can make the learner to abuse substances on its own. It is the result of a multiplicity of factors, both from personal problems such as stress and boredom, or environmental factors such as peer pressure and socio-economic factors like poverty, slums, availability and easy access to drugs.

2.3. THE CLASSIFICATION OF DRUGS AND THEIR EFFECTS AS CONTRIBUTING FACTORS TOWARDS THEIR ABUSE BY LEARNERS

There are several causes of substance abuse by learners. Initial experimentation is the result of curiosity, peer group pressure and personality as well as environmental factors. It is not conceivable to have one single cause of substance abuse. It is the result of multiple factors. In this section, the researcher is specifically focussing on the effects of substances of abuse on the user's Central Nervous System as a factor contributing toward the misuse of such substances.

For the purpose of this study, the substances of abuse were classified in terms of their effects on the Central Nervous System. They are classified into three main categories, namely:

Depressants, Stimulants and Hallucinogens (Gillis, 1996:11). Diminishing attention span, deterioration of standard of schoolwork like class work or tests, and belonging to a negative peer group are the warning signs to the educators to suspect drug abuse by the learner (de Miranda, 1996:11). Experimentation occurs mostly at school going age. The teachers have to recognise substance abuse by the learners as soon as possible, to ensure appropriate intervention. Constructive confrontation is helpful at this early stage of drug abuse. School children abuse alcohol, tobacco, marijuana, glue and other drugs.

However, since illicit drugs are taken or used in privacy due to their legal status, only through thorough investigation could the researcher be able to establish with certainty which of them were prevalent among learners in the case under investigation. That included drugs such as cocaine, mandrax, and heroin.

The following is a detailed discussion of a variety of drugs according to their classification as depressants, suppressants or hallucinogens.

2.3.1. Depressants

Depressants have a depressing effect ("slowing down") on the Central Nervous System and are consequently referred to as "downers" (de Miranda, 1987:11). The commonest drugs of abuse

in this category include alcohol, narcotics, hypnotics, tranquillisers, analgesics and inhalants (solvents).

- Alcohol

Stevens (1996:12) maintains that factors such as tension, frustration, a distorted outlook on life and fear of the act of living with its complicated structures and worries, induce people to seek relief in alcohol. When they drink, they forget their problems and rise above them.

The street name for alcohol is "booze", "juice" or "dope". Initial experimentation is due to curiosity and peer pressure in most of the cases. But in terms of its effects, alcohol is taken because it relieves pain and tension, eliminates worries and erases problems from the conscious mind.

Alcohol is a drug, though some people don't really regard it as a drug. It can be in the form of beer, wine and hard liquor. Beer is the most popular drink amongst young people, including learners. It is commonly assumed to be safer to drink because of its supposedly low alcohol content. Of course, hard liquor has more alcohol content than beer. The effects of alcohol are slurred speech, staggering and dulled reflexes. Learners, as the youth, enjoy the intoxicating effect of alcohol. It makes them feel good, confident and proud to be under the influence of alcohol at a

party, a braai or stockvel. They feel more grown up and accepted by their peers.

Taken reasonably, one drink may make a teenager or learner feel relaxed, sociable and happy, or just feel different. A second drink may begin to slow the drinker down, while more and more drinks may cause the drinker to "pass out" or fall asleep. After several drinks the drinker may not be able to walk or talk at all. Alcohol interferes with judgement, balance and vision and makes eyes hard to focus. Even small quantities of alcohol can impair co-ordination, vision and judgement, but being freely available and relatively cheap, it's the drug most commonly abused by learners and is considered a "gate way" substance to more potent drugs.

A hangover is the sick feeling the morning after heavy drinking, where the drinker experiences a headache. And when the drinker "passes out" it means the alcohol has depressed the working of the brain.

It is regrettable that learners nowadays are so disrespectful of their educators that they drink openly in their presence when they are at sports and cultural activities on school grounds in the secondary schools. They don't fear their educators. Some may even ask their educators to buy some beer for them, or drink with them. Some can even be seen to cause some mischief and bully others on school property like on busses during a school trip. This is a very bad state of affairs. Some just feel proud and confident

to be seen drunk publicly. As for learners, drinking during school hours will result in poor grades or underachievement. Learners can hardly concentrate on schoolwork after drinking. It can also make them delinquent and get arrested for criminal behaviour such as assaults, theft and drunken driving, which may result in accidents and loss of innocent lives.

It is argued that the adverse effects of alcohol included, among others, heart diseases, kidney damage, liver diseases, brain damage, and death. (Stevens-Smith & Smith, 1998: 72). Therefore, though alcohol can be good for socialising, relaxation and creating positive self-esteem, it has harmful repercussions. Consequently, learners need to be warned about the danger of alcohol abuse. Some of them may even become alcoholic, which should be prevented and avoided, hence the need for early intervention and prevention.

The above authors maintain that the withdrawal symptoms of alcohol abuse are, "*inter alia*", insomnia, nervousness, twitching, aggression, physical discomfort, sweating, shakes, and anxiety, diarrhoea, hallucinations and general disorientation. In severe cases, the alcoholic may suffer seizures and cardiovascular collapse. But in this case the researcher is focussing on the causes of drug abuse. However, the symptoms feature in due to the need to reflect on the relevant intervention strategies that the researcher found to be imperative for this study to be meaningful and practically useful.

- The inhalants

Inhalants are volatile solvents, which are industrial and household substances such as: Benzene, Petrol, glue, Turpentine, paint, thinners, lighter gas, typing eraser fluids, cleaning fluids, isobutyl nitrite, acetone, Hexane, naphtha, and Carbon tetrachloride, etc. (de Miranda, 1996:15; Gillis, 1996:115; Fuqua, 1978:162). Glue sniffing is the most common of solvent abuse by learners in South Africa. These solvents have been used by learners for some years so far due to their effects.

They are inhaled through plastic or paper bags, from the container directly, from rags, tissues or handkerchiefs, or even taken through injection or mixture with alcohol. The learners, like other teenagers or adolescents, have various reasons for initial experimentation with these solvents, but their continued abuse of solvents is ultimately "just for kicks". They enjoy the effects of the solvents of drunkenness or intoxication. This gives them a feeling of being light-headed, drowsy, numb, weightless and experiencing a state of unreality.

The reasons for solvents abuse are therefore intense intoxication, excitability, auditory and visual hallucination and the 'I *don't care*' feeling. The fumes or gasses from the solvent are inhaled directly or through a handkerchief or plastic bag, for instance, to give an instant "high" which is accompanied by feelings of invulnerability

and power; which may be followed by drowsiness, disorientation and finally, unconsciousness. With very deep inhalations, delusions or hallucinations may result. Learners abuse these solvents with the desire for these effects of being light-headed, drowsy, numb, and weightless and to have vivid fantasies.

Inhalant users may experience feelings of euphoria and excitement and the release of inhibitions, dizziness, and bizarre thoughts, hallucinations, feelings of recklessness and omnipotence (Fuqua, 1978:165). These feelings will make the user to forget personal problems as they get a quick 'high'. That is why it is argued that glue and petrol sniffing by very young children that are scholars are encountered in severely socio-economically deprived communities worldwide. This implies that the root of their problems is environmental factors, which need to be taken into serious consideration in initiating intervention strategies.

Signs of inhalant dependence include fatigue, forgetfulness, tremors, thirst, inability to think logically, irritability and hostility, loss of appetite, nausea, and vomiting (de Miranda: 1996:15). These are undoubtedly unpleasant experiences. Withdrawal symptoms are, among others: chills, hallucinations, depression, anxiety, delirium, headaches, cramps, abdominal pains and hostile outbursts. The need for early identification of solvent abusers and intervention can not be over-emphasised, considering signs of inhalant dependence and the resulting withdrawal symptoms.

Solvent abusing learners will do poorly at school, may become drop outs and even worst of all, become street kids.

- Narcotics (Opiates)

The school guide publication(Schoolguide.co.za: 1) maintains that Narcotics are drugs that depress the central nervous system and act as sedatives to provide relieve from pain, anxiety and tension. They are also called opiates. They include opium and its derivatives morphine, heroin and codeine. They result in feelings of euphoria and well-being.

Narcotics are derived from opium, the dried sap of the opium poppy (the nick name is 'papawer somniferum') (Stevens, 1987:65; Mwamwenda, 1995:485). Narcotics are medically used to stop pain. Opium is popularly known as 'os' or 'oupa'. Narcotics are used to relieve pain, reduce anxiety, relax muscles, calm the body and produce drowsiness and sleep, to suppress cough and relieve diarrhoea. Morphine, codeine, heroin, pethidine and welconal are common examples of narcotics.

The reasons for abuse of narcotics are that they are used to create an unnatural elated feeling, to eliminate worries and to produce euphoria. They can produce euphoric exaggerated sense of well being and contentment or satisfaction that tempts people to abuse them. They bring about relaxation, apathy and escape from reality.

- Heroin

Its street names are 'horse', 'H', 'Herries', 'Smack'.(Fuqua, 1978:40). Heroin is derived from morphine. It is the commonest narcotic drug abused worldwide, but was only recently introduced in South Africa by smugglers (De Miranda, 1987:15). It is a legally prohibited drug.

Heroin produces intense euphoria, i.e. a pleasurable dream-like state, over and above other effects of any central nervous system depressants. This makes it to be abused a lot by the youth, including learners. It is mostly administered by injection. Maximal effect is obtained by mainlining, i.e. injecting heroin directly into a vein.

According to Mwamwenda (1995: 486) heroin makes users forget about their problems because of its effect of bringing about a feeling of well-being. Fatigue, tension and anxiety will disappear. Feelings of inadequacy and inferiority also go away as the user gets a feeling of contentment, disassociates or gets detached from his/her surrounding. The user gets a feeling of unreality. However, it should be mentioned that tolerance develops quickly. Small constricted pupils, injection marks and bruises, unnatural calmness, drowsiness and personality changes with craving and decreased appetite are the signs of heroin dependence.

- Morphine

Its street names are 'morph', 'Miss Emma', 'M', 'dreamer', 'white stuff', 'unkie', 'monkey', 'hocus' and 'melter'. Morphine is a direct derivative of opium and is used medically to control severe pain. It can be taken as injection or orally as tablets. It can be obtained legally through prescription. It is abused for its euphoria effects, which are like that of heroin. Morphine is occasionally smuggled into this country as small bricks with a trademark such as the **number 999** or a tiger embossed on the brick.

- Codeine

Its nickname is 'schoolboy' because of its wide and common abuse by school learners. It is also a direct derivative of opium. It is medically used to control pain and suppress coughing. Cough mixture abuse is common among the youth in South Africa, as its anti cough preparations are obtainable over the counter without prescription.

- Pethidine (peths)

It is a synthetic narcotic, used to control pain. It is often abused for its mild euphoria effects. It is obtained by prescription.

- Wellconal

(Street names = 'pinks', 'wellies')

It is a synthetic narcotic (dipipanone hydrochloride), and it is the commonest narcotic abused by the South African youth. It is medically used to control pain, and can be obtained by prescription. It is widely abused and a big illegal trade has developed in this country.

The withdrawal symptoms of Narcotics include insomnia, nervousness, anxiety, exaggerated pain, aggression, hot and cold flushes, running nose, cramps, severe vomiting and abdominal pains, twitching and jerkiness.

The dangers of abuse of narcotics are, amongst others, mental deterioration, impotence, sterility, physical deterioration, weight loss, convulsions, coma and death from overdose, and severe physiological dependence.

- The hypnotics (Sedatives)

They are used medically to induce sleep, and treat sleep disorders (Gillis: 114; de Miranda, 1987:19; Mwamwenda: 486). Hypnotics are sleeping tablets. Examples of hypnotics are Barbiturates and Mandrax. They also have a *pleasurable* effect and produce a feeling of relaxation and a dreamlike state of unreality all of which make people to abuse them. The main reasons for the abuse of hypnotics are that, among others, they relive insomnia and eliminates worries, can cause aggression and mental disorientation and confusion. Large doses make the user experience a sense of

euphoria, anxiety, tension and depression go away, leaving a feeling of relaxation.

- Barbiturates

According to the School guide publication barbiturates are downers and they are powerful depressants of the central nervous system that are commonly used to induce sleep and relaxation (Schoolguide.co.za). Examples of barbiturates are Amytal (blues/blue dragons); Nembutal (yellow/yellow jackets); Seconal (Red birds/red devils/reds), Tuinal (Rainbows) and Vesperax (Vees) (Stevens-Smith & Smith: 73).

Their slang names often refer to the colour of the tablets. The street names for barbiturates are 'barbs', 'downers' and 'goofballs'. They are synthetic substances. These tablets are medically used to relieve anxiety, and to treat insomnia, reduce tension and induce sleep, to treat epilepsy and also used as anaesthetics.

Teenagers and young adults, learners included, abuse them to get high (Fuqua, 1978: 76). Their effects are to elevate mood, reduce negative feelings and negative self-concept, increase energy and confidence and euphoria. Barbiturates are commonly abused by South African youth and adults. Learners often abuse them when they write exams.

A person under the influence of barbiturates is intoxicated like the one drunk from alcohol. The effects are general incoherence, disorientation, staggering and stumbling, slurred speech, irritability, restlessness and belligerence, etc. Barbiturates can be dangerous when taken together with other drugs like alcohol, amphetamines and heroin.

- Mandrax

In South Africa Mandrax is often mixed with marijuana (dagga) and smoked as the 'white pipe' (de Miranda, 1987:22; Gillis: 114). Their nicknames are 'buttons', Mandies, whites, originals & the articles. The mandrax tablet has its trademark **MX**. Smaller doses of mandrax, like barbiturates, elicit pleasurable effects of relaxation and feelings of unreality and that is why they are so widely abused in SA. They are synthetic substances. Mandrax is prohibited in South Africa, and is often smuggled into the country in large quantities, though often captured and confiscated by the police. It is a dangerously addictive drug and tolerance can develop very quickly.

- Tranquillisers

The following are some of these benzodiazepines with their street names in brackets: diazepam (Valium, Pax, doval, etc), oxazepam (Serepax, oxaline, Purata, etc), Lorazepam (activan, Tran-qil, Tranqipam), and Nitrazepam (Mogadon, Lyeadorm, Nockene, etc) (de Miranda, 1987:74; Stevens Smith & Smith: 74). Tranquillisers

have street names 'Tranks' and 'downers'. They are the most widely prescribed sedatives used to treat anxiety, tension and insomnia throughout the world.

Tranquillisers are medically used to treat tension, anxiety, agitation and restlessness, or even to induce sleep. They are in the form of tablets, capsules and ampoules, usually taken orally or by injection. They are only obtained by prescription, but are abused by a large number of people through undue prescriptions.

The reasons for the abuse of tranquillisers are to relieve pain and tension, to eliminate worries and get rid of problems from the conscious mind. Higher doses give feelings of euphoria and dreaminess, and suppression of withdrawal symptoms of other drugs (Emmett & Nice, 1996: 201).

The signs of dependence are drowsiness, lack of concentration and slow thinking. And the withdrawal symptoms are among others, insomnia, nervousness, twitching, anxiety and aggression, violent mood swings, bizarre sexual behaviour, deep depression, lethargy, tiredness, physical weakness and disorientation.

2.3.2. Stimulants

Due to their general effects of 'speeding up' the functioning of all systems they are often referred to as 'uppers' (de Miranda, 1987:29).

Stimulants trigger energy and delay fatigue and sleep. Stimulants increase central nervous system activation and behavioural activity. Caffeine and nicotine are mild, while cocaine is a very strong stimulant. Stimulants are drugs which primarily stimulate or excite the vital functions of the Central Nervous System (brain). The heart beats faster, breathing is rapid, extra alertness and insomnia, etc occur when these substances are used.

The commonest drugs of abuse in this group are tobacco, amphetamines, cocaine and appetite suppressants used to lose weight. But Gillis (1996: 115) is wrong to exclude tobacco in his list of commonly abused uppers. However, it should be mentioned right from the onset that the socio-cultural background of the learners concerned will be a serious factor in determining which of the above-mentioned will be abused mostly, and which ones will be exceptions. But, without any doubt, the stimulant substance mostly abused by learners across socio-economic and cultural boundaries, is tobacco.

- Tobacco

Tobacco related health problems include cardiovascular disease,

cancer and lung disease (Stevens-Smith & Smith, 1998: 86). Tobacco contains the drug called nicotine. Tobacco is harmful to our health, but many learners smoke, despite their knowledge of the dangers of smoking. But the user continues to use it despite knowing its harmful effects due to the craving for it.

The three main causes of tobacco smoking and sniffing are undoubtedly: Copy cat behaviour (imitating others); curiosity; and peer group pressure. Most tobacco smokers develop their habit during adolescence, and the risk is increased when friends and family members smoke.

Boys generally experiment with cigarettes from as early as age 12, while girls on the other hand, experiment with tobacco 'snuff' sniffing. They are usually curious when they see others, including adults smoking and sniffing, and turn to wonder what it really feels like to smoke or sniff tobacco. They envy those that do it. They then try it out at the earliest opportunity that comes, to get the taste of it and imitate others.

Boys then feel great and more matured as smoking is adult stuff. He feels big. He even begins to speak boasting with a rough big voice to demonstrate maturity, like his dad, granddad, or uncle. Therefore he begins to object when given childish tasks like being sent to the shop or watching a toddler. Girls generally sniff in hiding, much more than the boys do. Unfortunately, snuff sniffing is a habit, which is very difficult to stop doing once you start.

Nicotine is a mild stimulant, although heavy abuse can cause agitation, rapid breathing, rapid pulse rate, increased blood-pressure and palpitations. And it also has harmful effects such as lung cancer, Tuberculosis and heart diseases. Strong psychological dependence may develop.

It is legal to smoke or sniff snuff, but children are not permitted to smoke by the law for health reasons. Like it is the case with alcohol, they are not permitted to buy tobacco. Therefore, as a government requirement, though tobacco products are freely available, health warnings must be put on the products when they are sold to the public. Moreover, certain public areas are "No Smoking" zones.

Like adults, learners seem to have a psychological sense of satisfaction, good-feeling, excitement, socialising and enjoying themselves when they smoke or sniff. It is evidently such feelings that motivate them to continue abusing tobacco against all odds. Pollution from smoke when they smoke put non-smokers at health risk as passive smokers (Stevens-Smith & Smith, 1998: p86), hence demarcation of smoking and non-smoking areas at public places. They therefore smoke for pleasure and socialising. It also helps the smoker to loose weight and many create euphoria.

The extent of learners smoking can be observed at schools during intervals in the toilets. The tobacco butts in boys' toilets will tell

the story very clearly. Some learners can hardly wait for intervals; they would rather pretend to be pressed to urinate in the toilet when the urge to smoke becomes unbearable.

Therefore, learners have a drive or the strong craving for smoking when the habit has been established. Consequently, the smoke urge, drive of 'thirst' can be regarded as a cause of tobacco abuse. The same goes for sniffing. When the drive or thirst for sniffing really comes to a push, the snuffer will slip out or away to get what she has to, i.e. the snuff, otherwise their concentration on anything else is adversely affected.

Peer group pressure on learners concerning smoking is also a serious issue. But it will be dealt with in details in the next chapter.

- Amphetamines ('speed')

(Dexies, uppers, bennies, west coast, turnarounds, turnaround powder, and capsules of a variety of colours are the street names for Amphetamines (Emmett & Nice, 1996: 49).

Amphetamines are rarely abused in South Africa. They are synthetic drugs of abuse, made in a laboratory. They are psychomotor stimulants that were initially used for asthma treatment. The following are some common names of amphetamines with their street names in brackets. Viz.:

- Benzedrine ('Bennies')
 - Dexedrine ('Dexies')
 - Drinamyl (Combination of amphetamine and barbiturate – 'Goofballs', 'purple hearts') (De Miranda, 1996: 22).
- Appetite suppressants

Reasons for appetite suppressants abuse are that they create a false sense of elation and confidence. They are used to keep awake and loose weight. Common examples of appetite suppressants are the following with their street names in brackets:

Viz.:

- Obex (obies, O's, yellows)
- Tenuate (speed)
- Nobese (Nobles)
- Minobese
- Thinz and
- Redupon ((de Miranda, 1996: 23).

Some of them, like Obex and Tenuate, are only obtainable through medical prescription. Women are the ones usually worried about weight loss in many cases. The abuse of these substances will for the most part be related to or associated with female learners who want to look slender and smart. The reason or cause of the abuse of appetite suppressants is therefore to lose weight, look attractive and slender and forever young.

These substances may be taken with the hope of radically changing appearance and regaining self-confidence and self-esteem. Signs of dependence: dilated pupils, palpitations, rapid pulse rate, unnatural thirst, insomnia, hyperactivity, loss of appetite, aggressive behaviour.

Withdrawal symptoms: nausea, mental depression, aggression, drowsiness and lethargy, loss of appetite, severely suicidal.

Dangers: over-confidence leading to crime (aggression), convulsions and death from over dosage, damage to organs, liver and kidneys, cardiac failure.

- Cocaine ('Coke', 'snow')

Cocaine is a substance extracted from the coca plant, and is popular among the young and wealthy people because of its euphoria-inducing effects which make it a fashionable drug. Cocaine is a prohibited drug in South Africa. It gives a feeling of energy, strength, exhilaration, euphoria, confidence and well-being and the user often becomes very talkative (Emmett & Nice, 1996: 71).

Cocaine is a drug derived from dried leaves of the cocoa plant. The reason for cocaine abuse is that it creates false confidence and causes elation. Cocaine is one of the most powerful stimulants known (Fuqua, 1978: 116). Its effects are similar to those of amphetamines but don't last for long. Cocaine abusers frequently

use small spoons to snort the drug (sniff / inhale). Taking it by injection is to heighten the drug effect.

Its effects are intense stimulation, excitation, nervousness, talkativeness and euphoria, feeling of well being, energy and strength, clarity of mind, deep insight, confidence and freedom from anxiety and stress (Emmett & Nice, 1996: 78; Fugua, 1978: 19). Cocaine is a powerful stimulant that can be sniffed or snorted, smoked or injected.

The reason for taking cocaine is to be on the 'high' or emotional stimulation, whereby the user forgets personal problems and stressful situations. The 'cocaine psychosis' is characterised by paranoid delusions and aggressiveness (De Miranda, 1987: 3). The user gets an illusion of supreme well-being and over confidence. Loss of appetite, anxiety, agitation and insomnia are the unpleasant side effects of intense stimulation and abuse. Chronic abuse may lead to hallucinations, paranoid behaviour, violence and feeling of imaginary bugs.

Cocaine abuse should be discouraged as far as learners are concerned. It is so addictive and harmful to children. It also often results in homicidal behaviour among learners.

2.3.3. Hallucinogens

Hallucinogens are drugs that have the effect of disturbed

perception that lead to illusions, such as more vivid sensory awareness, heightened alertness, or increased insight.(Schoolguide.co.za).

Hallucinogens induced can be visual, auditory and tactile, where the user see or hear none-existing things. The hallucinatory experiences can be pleasant, called 'good trips', or extremely frightening and unpleasant, called 'bad trips'. The commonest abused hallucinogens among learners are marijuana (dagga), Lysergic acid diethylamide (LSD) and Phencyclidine (PCP).

- Dagga (Marijuana)

The most commonly used hallucinogen is marijuana, and it was also regarded as one of the most commonly used illegal drugs by the American Academy of Child & Adolescent (1997: 2). According to de Miranda (1987:38) dagga is the commonest illegal drug of abuse amongst South African youth. It comes from the *Cannabis Sativa* plant, which grows wild extensively throughout the world (Fuqua, 1978: 123). It is, according to Emmett & Nice (1996: 22). The most commonly abused illegal drug in use everywhere in the world, particularly the developed world. Dagga is also called marijuana or Cannabis. Its street names are 'grass', 'joint', 'zol', 'skyf', 'boom', 'poison', 'majat', 'hash', 'pot', 'Mary Jane', 'weed', etc. Dagga is usually smoked through hand-rolled cigarettes or pipes – the pipe may be broken bottle tops, ordinary or exotic

specially designed dagga pipes. It can also be eaten as 'dagga cookies'.

Acute intoxication referred to as 'being stoned', gives a feeling of relaxation and well-being. There is a distortion of perception such as time distance and body image. Inappropriate laughter or giggling and a distortion of various senses occur. This can be in the form of greater intensity of colours, noise, light and music. An impairment of co-ordinated fine movements also happens.

In cases of severe intoxication, acute hallucinations occur, as well as disorientation of thought and behaviour. Paranoid delusions also occur, as may be depersonalisation feelings, for example, feeling that hands, arms or legs are not attached to the body. Learners abuse dagga for the increased sense of well being. A dreamy care-free state of relaxation, an altered sense of perception, dulling of attention, an altered sense of self-identity, a sense of enhanced excitement, fantasies and hallucinations are some of the effects of marijuana (Fuqua, 1978: 135).

Fortunately, dagga is not addictive, but it leads to a 'don't care' attitude of indifference, disinterest and social alienation. The lack of purpose and lack of motivation drive resulting from dagga smoking lead to some of the learner becoming drop-outs. Some learners even steal to gain money to buy the dagga. The learner's behaviour may generally become bad due to the effects of dagga

abuse. In addition, it can be harmful to one's health, and accidents may occur due to distorted perception and excessive aggression.

Hashish (Hash) also comes from the Cannabis Sativa plant. Marijuana (dagga) is classified as a 'gate way drug' which facilitates entry into the world of more potent drugs such as heroin, cocaine, opium, LSD, etc. (Gillis, 1996: 118).

- Lysergic Acid Diethylamide (LSD)

The effects of LSD are gross distortion of perception, visual hallucinations (Illusions), or depersonalisation and blending of different senses, where the user appears to hear colours and see sounds (Fuqua, 1978: 147; Stevens-Smith & Smith, 1998: 84; Emmett & Nice, 1996: 98).

The street names for LSD are numerous, viz.: acid, California sunshine, candy, smarties, green goblins, white lightning, etc. LSD is a synthetic chemical compound manufactured in illegal laboratories as whitish, tasteless crystals. It is the most potent of all hallucinogens, whereby minute doses (i.e. 'microscopic') such as 50 to 100 micrograms can cause profound changes in the user. It is distributed as capsules, tablets and drops or micro-dots impregnated on blotting paper and stamps. It can be taken orally, smoked or injected.

During intoxication the user may experience pleasure described as good trips, or be terrified which is referred to as bad trips. The researcher believes LSD is primarily abused by learners and the youth generally due to these experiences or the so called trips.

“Good trips” are experiences of sharpened visual and auditory perception, heightened sensation, convictions that one has achieved profound philosophical insights and feelings of ecstasy; whereas “bad trip” on the other hand, include fear and panic from distortions of sensory experiences, severe depression, marked confusion and disorientation, and delusions (Schoolguide.co.za.). But it should be noted that the resulting gross distortions of perceptions led to severe and bizarre accidents and suicidal behaviour and psychiatric disturbances. The user often experiences ‘flashbacks’. It is more commonly abused by white youth and it is illegal.

- Phencyclidine (PCP)

PCP is often referred to by abusers as ‘Peace Pills’ or ‘Angel’s dust’ and it is a synthetic chemical substance, which was previously used as an anaesthetic (pain killer), but its use was since terminated due to its severe hallucinatory side effects on people (Stevens-Smith & Smith, 1998: 84). It is a white powder, and it is either taken orally, smoked or injected, or even inserted venially and the user can be on a high for as long as 4 to 6 hours, which the researcher thinks is too much for human beings. PCP is still

used in veterinary science as an anaesthetic, usually for 'darting' big game.

PCP is a hallucinogen and some of its effects are perceptual distortions, feelings of depersonalisation, visual and auditory hallucinations, euphoria, confusion, delusion apathy and drowsiness and inability to concentrate (Schoolguide.co.za.). Other hallucinogens include Psilocybin (or magic mushrooms / also called 'flesh of the gods'), and the morning glory seed, etc.

The effects of psycho-active substances on the user's central nervous system can be undoubtedly regarded as a major factor for their widespread abuse. The researcher employed research instruments and methods to collect data to determine the causes of substance abuse by learners in the case investigated. The substances of abuse may make the user to forget his/her problems, deal with stressful situations and feel adequate or have a stable self concept. All these are likely to be reinforced and tempt the user to continue the use of such substances. Due to the negative effects on the user and the society, intervention is necessary.

2.4. CONCLUSION

It was imperative to review already published and current literature on drug abuse for me to be able to identify gaps that still exist which warranted more research work on the subject.

Teenagers experiment with tobacco, alcohol and dagga. Others even cross the line and go to an extent of using potent drugs like cocaine, heroin and others. What the researcher is really concerned about is what made them to turn to these substances in the first place. In terms of their effects on the central nervous system, the drugs are classified as depressants, stimulants and hallucinogens. While there are definitely a variety of factors that make learners to start using drugs, the effects of such drugs on the users make them to have a craving for them.

Some drugs are addictive. There are also those that are prohibited by law. It should be noted that drugs have adverse effects on the users and may even frustrate them or their friends and relatives. It is therefore surprising that so many kids use drugs despite their health hazards. It is against this background that the researcher saw the need to further investigate the causes of drug abuse pertaining to learners in particular.

The qualitative research method used in this study is discussed in details in the next chapter.

CHAPTER 3

QUALITATIVE RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION

According to Bryman (1988: 61) the most fundamental characteristic of qualitative research is its commitment to viewing events, actions and norms from the perspective of the people who are being studied.

The researcher used the qualitative method in this study due to the exploratory nature of the topic and the plan to interact with the respondents in interviews in a natural setting to get descriptive verbal data, using a small sample of participants from the same school.

The qualitative research method was also used because the researcher was involving young children at low educational level, who may better supply meaningful information through interviews suitable to their level. The researcher decided on this approach since there was sufficient time and resources to spend on extensive data collection in the field and data analysis of text information. The researcher was an active listener and learnt a lot of things from the participants' view, i.e. their perspectives.

3.2. RESEARCH DESIGN

As Bless and Hugson-Smith (1995: 63) maintained, a research Design is the planning of a scientific research step by step, a programme to guide the researcher in collecting, analysing and interpreting research data. The definition goes further to mention that the research design is relating directly to the testing of hypotheses, but this is not applicable to this research work because a hypothesis was omitted as it was completely unnecessary. The explorative nature of this study made me to omit a hypothesis. The researcher is not going to test any hypothesis in this study. So no hypothesis was formulated, since this is a qualitative study.

Other writers (Welman & Kruger 1999: 46; McMillan & Schumacher, 1997: 33) also said that a research design is a plan according to which research participants are obtained, and data is collected from them, and it describes what is going to be done with the participants with a view to reaching conclusions about the research problem, the hypothesis or research question. The above statement clearly shows the significance of a clear research design which indicates thorough planning and excellent execution of the research work. In this study the researcher used the Case Study design, where one school in the Waterberg Region was selected for this purpose due to the exploratory nature of the research topic.

Philliber, Schwab and Samsloss in Yin (2003: 21) argued that “a research design is a ‘blueprint’ of research, dealing with at least

four problems: what questions to study, what data are relevant, what data to collect, and how to analyse the results.”

The researcher thought it suffices to regard the research design as a plan of how the research work will be executed, which includes the methodology, sampling, instruments and data analysis and interpretation. It is quite a comprehensive thing. In this study I used a case study design as detailed below.

3.2.1. A Case Study

A holistic single case study was used to address the research question. The rationale for this case study is that it is a representative or typical case of learners involved in drug abuse. The idea behind this is that the lessons learned from this case are assumed to be informative about the experiences of the average learner or institution under similar circumstances (Yin, 2003: 41).

A single case of one school in the Waterberg district is investigated. The case, i.e. the school's name is disclosed to avoid suspicions of others tempted to believe a fictitious case is advanced. The school concerned is Makhutjisha High School in Mookgopong township of Naboomspruit, in the Waterberg district of Limpopo Province.

However, the identities of the participants were concealed to ensure anonymity, which is an essential ethical consideration. Only pseudonyms, rather than the real names of the participants were used in the study though the researcher personally would have

liked to use the latter was it really completely up to me. The reason for anonymity of the participants was that the research was about a sensitive and controversial issue of drug abuse and it would be quite unfair to disclose the real identities of the subjects. The other argument is that true identities might affect subsequent actions of those studies if the report is finally published.

According to Welman & Kruger (1999: 190) the term case study pertains to the fact that a limited number of units of analysis (often only one), such as an individual, a group or an institution, are studied intensively. It is a case study of a school in this case. A case study is a detailed and thorough investigation of a few cases, on a particular aspect. A case study research design was used to get an in-depth study of the phenomenon of substance abuse causes with regard to learners.

A research design is the plan according to which research participants are obtained and information or data is collected from them. In it the researcher described what he did with the participants with a view to reaching conclusions about the research problem and the research question. The study was exploratory in nature. The researcher investigated the persistent problem of issues that led to drug abuse by learners, in an effort to make possible a better understanding of this phenomenon with particular reference to the Waterberg district. A case study was an appropriate design for this exploratory research.

The qualitative method was used in the study. It essentially requires a small number of respondents. According to Leedy and Ormrod (2001: 101) the qualitative research method is typically used to answer questions about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from the participant's perspective. That is achieved by collecting an extensive amount of verbal data from a small number of participants and using verbal descriptions to portray the situation studied. The emphasis of the study was on the causes of substance abuse by secondary school learners.

As already mentioned, the study is explorative in nature because the researcher is curious to get new insights into this ever increasing rate of learner drug abuse despite previous efforts to address it countrywide. According to Babbie (1998: 90) much of social research is conducted to explore a topic or to provide a beginning familiarity with that topic, typical when a researcher examines a new interest or when the subject of study itself is relatively new. What is more relevant to this research work is when the author said that exploratory studies are also appropriate for more persistent phenomenon. Drug abuse by teenagers is one of such persistent phenomena.

3.3. SAMPLING

Consequently, the information-rich participants composed of learners that had experimented with drugs, their educators and a member of the School Governing Body. Five drug abusing learners

were selected to get first hand information about their experiences, two educators that worked at that school were also approached to be in the sample so as to get the perspective of educators on this issue, as well as a parent who was a member of the School Governing Body. This brought about a balanced perception.

- Target population (N)

The target population consists of the learners, educators and SGB members of Makhutjisha high school in the Waterberg district. That was the population from which the sample of participants was selected. A sample was selected with the procedure detailed below because it was not possible for me to include all the elements of the population in the study, especially due to the fact that interviews were used as the data collection instrument.

- The sample

De Vos et al. (2001: 191) defined a sample in simple terms by saying that a sample is the element of the population considered for actual inclusion in the study. In this study the researcher selected five learners, two educators and one parent (member of the SGB) to be interviewed as participants. A sample of eight (8) subjects therefore represented the school in my case study. They represented the learners, educators and parents for this case.

The researcher used purposive sampling to make it possible for me to get information-rich subjects to be interviewed on this sensitive topic of drug abuse by learners. The objective was to be provided with descriptive verbal data from their own experiences and perspectives. This is one of the methods of non-probability sampling. I simply selected the subjects using my judgement that they would possess the required information. The learners the researcher selected were from among those that have experimented with tobacco, alcohol and other drugs.

According to Bless & Higson-Smith (2000: 84) non-probability sampling refers to the case where the probability of including each element of the population in a sample is not there because it is usually impossible to determine the likelihood of including all representative elements of the population into the sample. The subset of the whole population which is actually investigated by the researcher and whose characteristics will be generalised to the entire population is called a sample.

But some elements might even have no chance of being included into the sample at all, which is why it is so difficult to estimate how well the sample represents the population and this makes generalisation of findings questionable. Probability sampling is the direct opposite thereof, whereby all members of the population have a fair chance of being included in the sample.

Out of the population of learners, educators and SGB members of the school the researcher had to get a small manageable sample. The researcher did this research with a reasonable number of

participants. It was impossible to include every member of the population in the study. The sample should, however, have similar characteristics as the total population so that the results can be applicable to the population for the sake of validity. In this study a sample of eight participants was used. It should be kept in mind that a case study concentrates on one or a few cases to make an in-depth study of the phenomenon under investigation, causes of substance abuse in this case.

3.3.1. Purposive sampling

The researcher used the purposive or judgemental sampling to get participants for this study. This is one of the non-probability sampling methods. This sampling method is based on the judgement of the researcher regarding the characteristics of a representative sample (Bless & Higson-Smith 1995: 92). The sample was chosen on the basis of what the researcher considered to be typical units and the strategy is to select those judged to be the most common units in the population under investigation. However, this type of sampling relies greatly on the subjective considerations of the researcher rather than objective criteria, such that if the researcher is not very careful this may lead to non-representative samples. But the researcher has taken careful considerations to avert the danger of this pitfall.

Welman & Kruger (1991: 63) said that in purposive samples researchers rely on their experience, ingenuity and/ or previous research findings to deliberately obtain units of analysis in such a

manner that the sample obtained may be regarded as being representative of the relevant population. In addition, McMillan & Schumacher (1993: 378) said that purposeful sampling, in contrast to probability sampling, is selecting information-rich cases for in-depth study, especially where the researcher does not need to generalise, but merely to increase the utility of information obtained from small samples.

The sample so selected is chosen as information-rich key informants, groups, places, or events are quite likely to be knowledgeable and informative about the phenomenon of drug abuse by learners in this case. The power and logic of this sampling method is that a few cases studied in depth yield many insights about the topic, drug abuse by learners in this case.

Consequently, a sample was chosen on the basis of what the researcher viewed to be an average person, whereby the strategy was to choose units that were judged to be typical of the population under investigation. This method of sampling relies a lot on the subjective considerations of the researcher.

In addition, Welman & Kruger(1999: 63) maintain that in purposive sampling researchers rely on their experience, ingenuity and/or previous research findings to deliberately obtain units of analysis in such a manner that the sample they obtain may be regarded as being representative of the relevant population. This is quite right.

The researcher selected five learners to be in the sample on the basis of the criterion of their use of tobacco, drinking of alcohol and

other such substances. He simply used his subjective personal judgement that on the basis of this criterion of selection, he would manage to get information-rich subjects because they were actively involved in one or more of the drugs already mentioned.

Two teachers were also approached to be in the sample and they agreed without any hesitation. I also asked the chairperson of the SGB to be a participant too and he also had no objection. That's basically how the sample was constituted.

The types of purposeful sampling are site selection, comprehensive sampling, maximum variation sampling, network sampling and sampling by case type (McMillan & Schumacher, 1993: 379) The researcher in this case has selected one school to conduct a site selection case study.

3.3.2. Research instrument: In-depth Interviews

According to Bless & Higson-Smith (2000: 104) an interview involves direct personal contact with the participant who is asked to answer questions relating to the research problem. This view is shared by Behr (1988: 150), who said that the interview is a direct method of obtaining information in a face-to-face situation. This method of data collection was preferred in this study for its flexibility and its advantage of clarification of questions asked because it involved children at low educational level.

Vockell (1983: 87) regards its flexibility as its major advantage where there can be follow-up questions for clarifications. It was

chosen despite its being expensive and time consuming to conduct. The other reason is the fact that this study involved matters of a personal nature such that the learner might not be willing to disclose some sensitive information in any other situation. It became possible to dig relatively much deeper than other methods in this regard could afford to.

In-depth interviews were conducted. They were unstructured interviews in that solely open questions were asked to allow each participant to expand as widely as possible to give adequate information on the subject without interruptions. Moreover, the researcher was able to encourage the interviewee to give as much details as possible, especially in cases where lack of interest or detachment occurred.

But the researcher acknowledges that this method of data collection proved to be time consuming, expensive and difficult to arrange but was quite worthwhile since this topic was complex and the investigation concerned matters of a personal nature. He had the opportunity of giving a full and detailed explanation of the purpose of the study to the subjects and made sure they understood what was required of them. The researcher was also able to clarify misunderstandings. The nicest thing about it was its flexibility, considering that he involved some participants who were not so educated. It was therefore easy to establish a rapport, which proved to be quite valuable.

3.3.3. Ethical considerations

The researcher interviewed all the participants individually in a room that was conducive for privacy and free from interruptions. Ethical matters were considered. The participants were duly informed about the purpose of the study. Participation was voluntary and they had the right to withdraw from taking part at any time if they so wished. Fortunately none of them withdrew during the course of the study. They were aware that their responses would be kept confidential. Their real names were not used in the research report for the sake of anonymity. They were assured of protection from harm, the promise that he really kept. They were also given the opportunity to edit the report draft before the final copy was made.

Upon agreeing to take part in the study they were asked to sign an informed consent form. The consent form and the letter to ask for permission from the concerned authorities are attached to this report. Parents were asked to sign on behalf of their children who were selected to be participants upon agreeing to permit them to take part.

And accordingly, they were informed that their responses were treated as highly confidential, kept safely by the researcher and that they would be destroyed once the study was completed. In addition, they were also assured that once the study was completed, they would be given a transcript thereof to edit, taking

out any information they didn't wish should be made public, which they did.

The participants were also given the contact numbers of the researcher and told that they could contact him any time for anything concerning the study. They were also given the contact numbers of the University, particularly that of the supervisor, to make contacts should a need arise. Neither were their nature, behaviour and quality of their responses to be disclosed under all circumstances. Certain drugs are illegal in South Africa. The respondents were assured that they were protected from harm of any kind, including arrest as a result of about possession or use of illegal drugs.

3.4. CONCLUSION

From the foregoing it is evident that a qualitative research method was used. A case study design was used. Participants were selected using purposive sampling. The subjects were eight learners, two educators and one SGB member. Scheduled In-depth Interviews were used to collect data. Research ethics were taken into serious consideration. The participants were given the research report to edit concerning their responses before the final product could be submitted to the university.

The next chapter deals with data analysis and interpretation as well as recording of findings.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

According to Mwiria & Wamahiu (1995: 127) the field notes that the researcher made during the investigation form the reflective section and the first stage of data analysis, with the purpose of discovering categories and underlying themes; while formal analysis begins when data collection is finished and is followed by interpretation. The researcher transcribed the in-depth interviews after they were conducted. Due to the exploratory nature of this topic of investigating the causes of drug abuse by learners, a case study design was used. The data was analysed manually.

The researcher approached Makhutjisha high school in Mookgopong location (at Naboomspruit, a small town between Pretoria and Polokwane along the N1 Road). The necessary official permission to conduct interviews was granted by Mr. A.W. Mohapi, the circuit manager. He then arranged with the headmaster of the school, the late Mr. Mabuza, who was the acting principal of the school then and made an appointment for the interviews. The subject of investigation was made known to all these parties involved. The aim of the research and its significance were explained to all of them. They were asked to participate voluntarily. They were all willing and interested to take part.

The headmaster provided a room that was attached to his office for me to use for interviewing each of the participants individually. The interviews started at 9h00 a.m. and ended at 15h35. They opened up and provided valuable information in a relaxed and friendly atmosphere. The researcher used a hidden small tape recorder to record the conversations, so that it shouldn't affect the flow of information and make them to distrust me. He also took some brief notes during the interviews and transcribed everything when he arrived home, reconciling his field notes with the tape recorder.

The researcher also apologised for the inconvenience of asking for their attention on a school day during working hours, but they said they didn't really mind much, though it was a time when exams were very near. But the other unaffected learners of the school and their educators went on undisturbed.

Data analysis, because this was a case study, followed the following steps:

- i. organisation of details about the case
- ii. Categorization of data (i.e. identifying categories)
- iii. Interpretation of single instances
- iv. Identification of patterns, and
- v. Synthesis and generalizations.

Categories were established from the data collected to analyse and record the data in systematically to facilitate interpretation.

4.2. THE MANUAL METHOD OF MANAGING DATA

The researcher colour coded each page of the interview in the left margin after he has transcribed them. As it is detailed by De Vos (1998: 336), he used one colour stripe for each participant and another for the interviewer, himself in this case. When he started to analyse the data, he cut the significant passages with a pair of scissors from the interview and pasted each piece onto a full size sheet of paper and filed it in the appropriate folder for that category. In this way data analysis was facilitated and made much easier to handle.

4.3. INTERPRETATION OF LEARNERS' INTERVIEWS

4.3.1. The Categories that emerged

My task with regard to coding was to recognise persistent words and themes within the data for later retrieval and sorting. The researcher managed the coding system manually.

The researcher analysed the data manually and the following themes and categories emerged, forming a vivid pattern of events about the causes of drug abuse by learners in the secondary school under investigation.

The categories that emerged are;

Namely: 1. Peer pressure

2. Easy accessibility of drugs

3. Lack of recreational facilities

4. Socio-economic problems

4.3.1.1. Peer pressure

According to most of the learners that were interviewed, the majority of learners that abuse drugs started to experiment with these substances as a result of the influence of their friends. One of the learners, Phil, said:

“I attended a music festival with a few of my friends two years ago. With all the excitement going on they were having fun drinking beer and smoking. I neither smoked nor drank any beer before then. I could see they really enjoyed themselves. I was enjoying the occasion too though. My best friend Godfrey offered me a cigarette and I told him that I don't like to smoke. But it was very difficult for me to resist when I was offered some beer to taste, although I hesitated a little at first. That was the first time I started to drink beer...hum...I didn't want to disappoint my friends. I consequently continued to drink occasionally ever since.”

Peer pressure played a major role in making some of the learners to start to use and misuse tobacco, alcohol, dagga and other drugs. They had friends that smoked cigarettes, drank alcohol, sniffed glue and other solvents, and abused some of the potent drugs like cocaine. The effect of peer influence is quite significant.

Kids often smoke, drink and use a variety of intoxicating substances to please their friends and to conform and feel accepted due to their psychological need to belong. Phil was

certainly not the only one affected by this. Felicia also told me how she was influenced to start drinking.

She said: “I went to a tavern with my boyfriend, sorry I say something like this,” she felt ashamed.

“Any way,” she continued, “while we were enjoying ourselves I felt out because everyone was drinking and there was occasionally a cloud of smoke going up from most mouths. My boyfriend bought me some wine and said it would be good for me. After a bit of hesitation I took the bottle and went out to try it out in the dark. After a few sips I was confident to join them again and drink in their midst. So, that is basically how I started to drink alcohol. But I later moved on to beer, and Reeds is my favourite beer”.

“I have a lot of fun and excitement when I drink with friends. Otherwise, life is boring if one is always sober and too serious about life. I envied my friends drinking and I soon joined them when I was only 13 years old. We sometimes need to relax and have some fun, I’m afraid”, said David, one of the learners.

“I belong to a naughty group of gangsters”, said Peter, one of the learners. Peter and his friends do an awful lot of nasty things, but what was relevant to me was his mention of the fact that he learned to use intoxicating substances from them to make him brave to do the dirty things they did like pick-pocketing. Otherwise his conscience did not really allow him to do the bad things he did with his friends.

Dan said: “The guys I always play with taught me some funny stuff that makes life quite interesting. We smoke anything from cigarettes to dagga, drink beer, including some hot stuff like whisky at times, and take some mandrax and cocaine too; I hope you don’t tell any one about what I am saying now because I can be in terrible sh...t”. He frowned and continued: “I hope all this makes sense to you. Forgive me if I’m saying nonsense. We really have some fun, believe me. I didn’t like all these things myself at first, but I was persuaded by these guys, even accusing me of being a coward when I was reluctant to join them. But then I became bold, a man I mean. I’m tough really. But they influenced me.”

Frank was also influenced by his friends to drink liquor whenever there was something to celebrate, like at parties, gigs, going out to Cinemas and just going out together to have some fun.

Peer pressure is notably and evidently the biggest factor that makes kids, learners included, starting to use drugs. It happens to a lot of kids. Some of them thought they would merely get a taste of these drugs and quit, but found themselves hooked and unable to stop taking the drugs of abuse.

4.3.1.2. Easy accessibility of drugs to kids

Drugs are readily available to learners. They are easily obtainable. As Frank, one of the learners puts it point blank:
“There are learners that sell cigarettes and often dagga secretly to us on school premises”.

They are able to buy some beer at the taverns and restriction. As for some really underground stuff like cocaine and Mandrax, commonly called “Mr X” to disguise, for instance, you need to know the guys that sell the stuff at street corners or at their secret places. They only sell to those they can trust. So you should establish the connection and you won’t have any problems. Others are selling the drugs at their tuck shops (Spaza shop) secretly, or even along the town and township streets from hawkers who sell drugs secretly so that the police should not know and arrest them.

The girls knew only about the availability of cigarettes and alcohol, though none of them smoked. But they confirmed the sale of cigarettes at school is public knowledge.

Felicia said: “I normally drink at the tavern with my friends. I don’t go to the shebeens because that’s where you find a lot of adults and I feel a little ashamed to drink in such situations. I don’t really feel comfortable, believe me. Therefore, I prefer to socialise at the taverns on weekends instead”, she said with a faint smile.

The circulation of illicit drugs like cocaine, heroin and Mandrax is believed to be widespread but it’s a covert operation which I didn’t manage to have all the time to uncover or establish the network to find out about it due to the scarcity of time in this study. However, there are respondents that said they know the drug dealers in their neighbourhood very well but were only too scared to disclose them to me or lead me to them.

4.3.1.3. Lack of recreational facilities

According to the learners there was a critical shortage of recreational facilities that could probably keep most of the learners entertained and busy after school and on weekends. This could be helpful to keep them off drugs to a large extent.

Lebo said: “If we could have ample recreational facilities like having the civic centre with a great variety of entertainments, well developed parks for relaxation, more sports fields providing a variety of games that include tennis, soccer, netball, cricket and many more, the issue of drug abuse by learners will definitely be history, believe me”.

The same sentiment was shared by most of them. In addition, Tom said: “the boredom will surely disappear and everyone will have something to do with his or her spare time, I guess.”

The learners don't have adequate recreational facilities to keep them busy and occupied. Consequently some of them find pleasure, fun and excitement in drinking alcohol and abusing dagga and other drugs as a way of socialising and killing time. Kids need to play a lot while they are teenagers and adolescents. There should be enough facilities to give them the opportunity to satisfy that need. Otherwise, they may develop deviant behaviour patterns that lead to delinquent ways of life.

Some of the facilities should be made available to them at school while others can be provided for in their neighbourhood. In the

school where this research was conducted, Soccer, Netball and Softball were found to be the only sports activities when in fact the school has huge number of learners well over a thousand (1000). An insignificant fraction of the learners are therefore able to participate. Others are willing and have the talents but can't be accommodated since a limited number can take part in each case. Therefore, others become excluded and feel bored. Some then resort to drinking alcohol and smoking dagga for fun after hours as a result.

The township is vast and fast growing with the provision of Reconstruction and Development Plan (RDP) houses to unemployed and low income group parents. There is also a big new settlement of people that come from the surrounding farms to settle at the township. There is massive urbanisation as the farms no longer provide jobs for the majority of these people who then move to the township to get a better life and look for jobs. Most farmers who were previously cultivating land and employing a lot of workers have of late decided to stop ploughing and changed their farms to Game farms which employ a relatively low number of workers. Some decided to sell their farms to avoid paying the farm workers the minimum wages of R650, 00 enforced by the new democratic government in the country. Unfortunately, in many instances the new owners asked the people who worked for the previous owner and stayed on such farms for ages and had a rightful claim to stay or be compensated substantially for being unfairly forced to leave or to vacate the farms, left without making claims for fear of victimisation.

But the researcher discovered that the township or location, with a relatively high teenage growth rate, had only one soccer field, one netball field and one tennis court. These sports facilities are terribly insufficient. No wonder, the majority of the youth end up loitering and becoming drug abusers. That is really not so surprising. But it is a sad state of affairs.

4.3.1.4. Socio-economic problems

Socio-economic factors play a significant role in making kids to turn to drugs if they face hardships.

Peter said: “I smoke and drink. My father is a heavy smoker and he smokes a pipe. A cigarette is too light for him, he says. And both my mum and dad spend most of their time in the beer hall (shebeen) two houses away from ours. They are in their mid fifties and both unemployed. Life is very difficult for us. We live in a shack. The only person that is working is my elder brother who gets a meagre income from his job at a café around town. My family is quite big because we are eight in all. He is struggling. But he is looking after every one’s needs and can’t always afford to give most of the things a teenager needs. We are actually suffering to put it straight. My sufferings made me to turn to dagga to try and take my family problems less seriously”. Sometimes there is no bread for breakfast, at times no food when he comes to eat lunch during the long interval at school and he has to return to school with an empty stomach.

Peter's story is a sad story in deed, but not sad enough to justify his use of dagga. In any case he feels that's what prompted him to have some fun using dagga with some of his friends. Felicia had problems too. However, if she got help in good time her resort to drug use could have been avoided probably.

She said: "I was sexually abused by my uncle who lives with us at home. Every time I look at him I have this terrible feeling inside me, which I never disclosed to anyone because he threatened to kill me if I told my parents or anyone else. So I kept quiet about it, thinking that my parents wouldn't believe me in any case. He is such a nice person and you can't expect him to do something so cruel. This tortured me. My best friend noticed that I am always worried and offered me some wine at a party we attended saying it would cheer me up a little. Of course that happened and I could get rid of the worry from my mind for some time". Realising such effect she repeatedly drank some wine whenever that worry came to mind. She has since moved on to beers. She drank most weekends at the tavern with her friends and thought she was at least finally getting some peace of mind. "But I don't know if I will ever be able to forgive my uncle, really," she concluded.

Broken homes where there was a divorce or separation of the parents is said to have the same effect as children are confronted by family problems beyond their control and there is not much they could do to help to prevent them.

About her situation Lizzy said: "My parents persistently had fights over a lot of things, including extra-marital affairs. They finally

decided enough is enough and settled for a divorce. We are living with mom now. This incident left a permanent scar in my life. But I can understand now because there was so much violence going on day in and day out, but currently it's all quiet. But I miss dad so much. My mom has another guy in her life now, which also tears my heart, but what can I do? It's just one of those things in life. So I started to drink some wines initially and beers at a later stage to console myself and to make me feel better to tolerate our family problem. I also smoke dagga and sniff some solvents too. That way life becomes easier for me because I worry less about serious things in life.” Her circumstances led her to the use of drugs. Grace also turned to drugs due to a similar case of divorced parents.

Poverty, unemployment, addicted parents, family violence, divorce in the family, child abuse, the loss of a loved one and other social problems were found to play a significant part in making learners to start using drugs with the hope of finding some refuge and forget their problems. Soon they found themselves hooked and addicted to a particular substance of abuse or a few of them, at the least.

4.4. INTERPRETATION OF TEACHERS INTERVIEWS DATA

The Categories that emerged are the following:

1. Peer pressure
2. Environmental factors
3. lack of parental care

4. Improper conduct of drug abusing learners

4.4.1. Peer pressure

The teachers also viewed peer pressure to be a powerful force making kids turn to drugs. During the interview, one of the educators, Mrs. Seroto D.S. said:

“Peer pressure, curiosity and imitating others to feel more mature are the things that make our learners to smoke, drink alcohol, use dagga and other drugs. We try to warn them, but our warnings fall on deaf ears. They have themselves to blame in the long run when they ultimately become addicted, frustrated or even get sick from using these dangerous things.”

This view was reiterated by other educators as well.

In addition Mr. Maswanganyi D.L. also noticed the effect of the influence of friends in making others use drugs. He said that these learners admire drug users when they are under the influence of these substances and fall prey to their influence to join them.

4.4.2. Environmental factors

Environmental factors were found to have a significant influence in making learners turn to drugs. The teachers who were interviewed highlighted this point to the researcher.

Mrs. Monyepao K.M. who is an educator at the school indicated that these kids find themselves in an environment in which drugs are greatly circulated and are therefore vulnerable.

Cigarettes are sold to fellow learners at school. The same applies to dagga which is sold in small quantities as rolled cigars or loose like tea leaves in emptied match boxes in the school premises. They are also able to purchase cigarettes at spaza shops and liquor at the shebeens despite their being underage. Dealers at these small businesses ignore the law that prohibits the sale of tobacco and alcohol to underage kids. They don't care what effects these things will have on the children at the end of the day. All they care about is the money, nothing else. They don't give a damn what these drugs will do to our kids really.

Mr. Moetlo L.P. said:

"I don't understand why it's so easy for these learners to get cigarettes, alcohol and dagga. Sometimes when we are hosting another school for sports or when we visit another school for such activities, you suddenly see most learners drunk and bold enough to smoke publicly, even in front of their educators, let alone their parents. At the worst end, you even see them holding some hard liquor like Whiskey. Poor kids, they don't really know what they are doing".

Certain learners that use drugs come from families that are characterised by poverty, family violence and those living at the recently established sections of shacks and. They are mostly frustrated by their social conditions and are easily tempted to try

out certain drugs to get some excitement. The conditions are even conducive for drug circulation there with all the congestion of houses and plenty of taverns and shebeens.

4.4.3. Lack of parental care

Lack of parental care makes these learners to idle and roam the street when they are not at school like on weekends, which makes them to be tempted to smoke, drink and try some available illicit drugs.

Miss. Kekana S.E. said: "I think their parents are partly to blame for giving them big bucks for pocket moneys when they have to go out on trips. Unfortunately the parents think they are doing a good thing to let them have a nice time and enjoy themselves. Instead of buying food, they buy beer, cigarettes and dagga, for instance. That also makes it a lot easier for them to get the stuff. Those that use cocaine and other illicit drugs can thus afford them because such stuff is quite expensive I understand."

The community and parents in particular, are probably doing enough to keep their children off drugs. The parents have to be concerned when children at a tender age sniff glue and other solvents, smoke even dagga and drink alcohol. But if the adults continue to pretend they are not aware of this problem of drug abuse by small kids, learners in particular, that can be regarded as not taking their responsibility very seriously.

4.4.4. Improper conduct of drug abusing learners

The teachers were so concerned about the bad conduct of learners that were known to be smoking dagga and drinking alcohol in particular. They also indicated that they did their best to be strict in prohibiting the sale of cigarettes on school premises, but all in vain. If you visit the boys' toilets, as I did, you find cigarettes buds all over on the floor. You are also greeted by the smell of tobacco and dagga in those toilets. This is disgusting really. As if this was not enough, you would over and above that be shocked by the insulting writings and drawings on toilet walls which ridicule everyone from their fellow learners to educators.

From deep down her heart Mrs. Monyepao said:

“Drinking learners don't respect us when we are on school trips. They drink and smoke in front of us though we are their educators. They don't respect us at all. When they start fights we are expected to intervene. This is quite risky because some of them have weapons like knives and guns and you don't know it. They put the lives of other innocent children in danger. These kind of things have even discouraged most educators from accompanying the kids on school trips, such that educational, cultural and sports trips are discouraged.”

This is a sad state of affairs. She went on to say:

“Even at school you find they are absent quite often, spent some time in the toilet smoking during lessons and also dodge and go home unnoticed. They are usually just a nuisance. They spend most of their school day out than in the classes and some teachers

fear them and simply leave them alone idling outside for fear of later victimisation.”

Some of the cases were such that the guys concerned were supposed to be in the school team when there was a sports game and they had to be replaced as they were under the influence of alcohol (drunk) already when the games started. Despite repeated efforts by the school management to reprimand them and even involving the SGB and their parents when dealing with their misconducts of this nature, this kind of thing continued.

They fight on school busses and assault others, but the authority is usually lenient on them, I was told. If some more severe measures could be considered, including expulsion of the culprits through the correct procedures could be reduced if not eradicated completely. I'm actually talking about those that fight and assault others and behave badly on school grounds and on school property. When they are at sports grounds many of the drinking learners get loose, get drunk and begin to drink beer publicly.

4.4.5. Deteriorating school performance

The teachers stressed the issue of deteriorating performances of most learners whenever they start drinking and using other drugs.

Miss. Kekana said that it's easy to notice that a learner has started using drugs because they are often seen in the company of those that abuse these substances and unfortunately their school work begins to suffer because they then spend less time on their school

work. At times they come to school with a hangover and find it hard to concentrate. More often than not they are absent, dodge, and have no homework or class work done when they should submit. They then give all sorts of excuses for the missing work, cheat and lie. That becomes their way of life and they believe they are very clever. Many of them fail now and then until they are overage and then go to the farm schools on the outskirts of town to try their luck there. They lose concentration in the classroom. They also bully other learners.

4.5. INTERPRETATION OF SGB MEMBERS' INTERVIEW DATA

The following categories emerged from the interview of the School Governing Body member, uncle David:

Viz.: 1. Peer pressure

2. Sale of tobacco and dagga on school premises

3. Lack of concern from parents

4. Drug dealers selling freely around the township

4.5.1. Peer pressure

The School Governing Body members were also worried that a lot of learners who smoke and drink were influenced by their friends to experiment with these substances. They think it is a way of showing that they are keeping the pace with their age group and they have indeed grown up.

Mr Setsiba F.L, an SGB member at the school, didn't hesitate to mention the destructive influence of friends on the youth. He said: "What makes our children to smoke, drink alcohol and use other drugs like dagga is that they mix with others that already use these things, especially those that dropped out of school already."

4.5.2. Sale of tobacco and dagga on school premises

The SGB members had a concern that not enough is done to stop the sale of cigarettes and dagga to learners on school ground at intervals. The school does prohibit the use and possession of these things at school. Unfortunately these kids smoke in the toilets unseen by educators.

Mr. Setsiba said that it looks like the smoking of tobacco by learners is unacceptable the school but it is not really regarded as a very serious offence. As for dagga, we know that it is illegal even just to possess it, let alone using it, but the culprits are not really confronted or reported. Instead they are just ignored for fear of their retaliation due to the aggressive nature of the behaviour of dagga smokers".

Indeed they are not confronted, sometimes they are merely told by some educators and SGB members that what they are doing is not good and that sooner or later they will regret their actions or even fall into some kind of trouble.

4.5.3. Lack of concern from parents

The SGB blames the parents for not taking good care of their kids and teaching them manners. Mrs Katjedi R.C. said that the parents of these children have a moral duty to make them aware of the dangers of smoking tobacco, sniffing of solvents like glue and drinking of alcohol. But the parents in this community are not really worried when their kids start to use these things. When you ask them what they are doing to stop their children from using these substances they simply say all the kids are doing that". They feel defeated even before they start the fight.

Mr. Rakgwale B.G. blames the widespread drunkenness by adults and the big number of shebeens in the township for the early use of these substances by the kids.

4.5. 4. Drug dealers selling freely around the township

The SGB member revealed the damage the easy access to drugs has and was quick to blame those aware of the drug dealers but don't come forward to report them so that they can get arrested.

Mr. Setsiba said:

"Drug dealers in this neighbourhood are known by most of us. We just don't have the guts to report them and have them arrested. They are so feared by everyone."

It is unfortunate that drug dealers are not reported even if some people happen to know them. The sad thing is that the easy

access and ready availability of a variety of drugs of abuse, including illicit drugs, make the learners to start using these substances. They wouldn't even consider using them if they were not accessible and available to them.

4.6. CONCLUSION

The data was analysed manually. Coding was also done manually. The themes and categories that emerged reflected on the perceptions of the participants with regard to the use and misuse of drugs by learners at the school where the case research work was conducted. The data information gathered reflects on the drugs used by the learners, the causes and factors that contributed to such abuse of drugs, as well as the behaviour pattern of the drug abusers. The findings and recommendations are discussed in the following chapter.

CHAPTER 5

SYNTHESIS, FINDINGS AND CRITIQUES, RECOMMENDATIONS AND CONCLUSION

5.1. INTRODUCTION

The researcher made important findings concerning substance abuse by learners at Makhutjisha High School.

5.2. FINDINGS

5.2.1. Findings from learners

There are learners that smoke cigarettes and often even dagga on school premises. Some learners even said that cigarettes are being sold to them at school by their fellow learners.

There are learners that drink alcohol and a good number of them both boys and girls are regular drinkers.

Some learners acknowledged using such drugs as dagga and potent drugs like cocaine, mandrax and heroin.

They said they knew people in the township that sold such drugs, but couldn't reveal them for fear of getting into trouble. They said the drug dealers, who mostly sell at the street corners secretly and at their hiding spots, could follow them up and kill them or hurt

them should they get arrested or get into some kind of trouble with the police.

Peer pressure was considered the major reason for learners turning to drugs.

The easy accessibility of dagga and illicit drugs to learners is also evident because learners said they know the dealers that sell them and it is not a problem to get such drugs.

Drugs are easily accessible to the youth in the township, including learners. Some drug dealers have even found their way into the school by giving the some drugs to certain learners to sell them to their fellow learners in the school yard unnoticed.

There were no adequate recreational facilities that could keep the children entertained, busy and away from boredom and ultimately resorting to drugs to have some fun and pleasure.

Lack of adequate recreational facilities both at school and in their community or neighbourhood contributed to learners getting bored and turning to drugs for fun and entertainment.

Many learners loiter around the township and even go to town on foot during school hours after dodging at school and nothing is done to control that state of affairs, which make learners vulnerable and at risk of drug abuse.

Peer pressure was regarded as the main factor that made learners start experimenting with tobacco, alcohol, dagga and other drugs of abuse.

Family violence frustrated some learners and made them vulnerable to drug abuse.

Sexual abuse led to frustration and ultimately to drug abuse in the case of one female learner.

Socialising at parties and taverns led to smoking and drinking in a number of cases for both boys and girls.

Sniffing of solvents was found to be existing to a limited extent on the part of boys alone.

The sniffing of tobacco was found to be prevalent on the part of girls only. The reason given for its use was that it relieves a headache.

Only boys smoked dagga.

Learners often got drunk while on school trips and on school bus.

Drinking learners often started fights and bullied fellow learners.

5.2.2. Findings from teachers

Certain learners drink publicly while on school trips. Their educators often feel helpless to prevent that because in many cases they just realise it when the learners are under the influence of alcohol already. They have ultimately felt it is better to accept it as a fact of life and live with it (that means, ignore it). It is funny learners can get drunk while under the supervision of their educators.

There are learners who abuse dagga. There are some of the learners abusing more potent drugs like cocaine, heroin and mandrax, which the educators were terribly scared to reveal, saying they were afraid that they could be victimised if they did.

There are drug dealers, who mostly sell at street corners secretly and at their hiding spots.

There is easy access to drugs for learners as they are allowed to freely buy tobacco and beer, for instance, from the local shops, taverns and tuck shops that are so many in the neighbourhood of the school.

Discipline at the school has deteriorated to alarming proportions and educators blame drug abuse by learners for the uncontrollable bad conduct of most of the learners.

There are many tuck shops and shebeens around the school that freely sold cigarettes and alcohol to learners, ignoring the governmental regulations that kids below the age of 18 years should not be allowed to purchase tobacco, and alcohol. The same is true for shebeens and taverns that are only interested in making money.

Peer pressure was viewed as the main reason for learners to start using drugs.

Some parents were blamed for not taking good care of their children and didn't seem to care when the educators tried to awaken them about the taking of tobacco and alcohol by their children.

There were learners that smoked and got drunk while on school trips in the presence of their educators, some even did so on school bus publicly and boasting that no one could do them anything. Indeed no drastic measures were taken against them. This influenced others to imitate them.

Drinking learners were quite disrespectful to their learners when under the influence of alcohol.

Kids from the overcrowded new settlements of shacks started drinking at a very early age, some even from as early as 10 years of age.

Kids staying with their grand parents while their parents were at work far away and coming home on weekends or once a month, were regarded to be in the category of learners that commonly drink and smoke.

Children whose parents were heavy smokers and heavy drinkers turned to start drinking and smoking early in their lives because they were not reprimanded strongly.

The police are not doing regular patrols to hunt down drug dealers.

The restriction of selling alcohol and cigarettes to kids is not enforced or monitored. There are also illegally operating taverns, shebeens and tuck shops.

5.2.3. Findings from the School Governing Body members

Learners start to smoke cigarettes and drink liquor because of the influence of their friends who do those things.

There were drug dealers that sold dagga and illicit drugs like cocaine to learners around the township.

There are learners that sell cigarettes to others at school.

Some learners smoke dagga because their friends smoke it. They are influenced by them.

The desire to have fun makes learners to drink alcohol even while on school trips, including on school bus in the presence of their educators.

The need to conform to standards set by their peers makes the learners to smoke and drink so as to be regarded as matured enough and clever.

Parents do not take good care of their children and hence they drink and smoke freely after school.

Most of the cases of fights and assaults reported to the SGB involved learners under the influence of alcohol while on school trips.

The new generation of kids generally smoke and drink.

Birthday parties and other celebrations tempt learners to experiment with liquor to be in the party mood.

5.3. RECOMMENDATIONS

5.3.1. Recommendations to learners

The learners that abuse any one or more of the drugs discussed in details in this study need to first and foremost acknowledge that they have a problem of using the drug(s) and voluntarily decide to quit when advised to do so.

They could, with assistance of course, develop a positive self-concept and consequently be able to resist the influence of their peers to use drugs. In other words, they should be able to say “No to drugs.” They have to resist the temptation to use drugs.

They need to accept assistance to quit drugs. This could be assistance from educators, social workers, and other professionals like Non-Governmental Organisations like the Alcohol Anonymous, that the school may involve in an attempt to solve this problem of drug abuse by learners.

The researcher would advise that they get rid of drug abusing friends to obliterate peer pressure to use drugs.

The learners need to change their attitude to drugs and view them as potentially dangerous things that can lead to health problems and frustrations in life, especially when they get addicted.

Those that sell cigarettes on school grounds and those that drink while on school grounds and property need to be discouraged and urged to take advised to stop doing so. They have to be made aware of the risks and dangers they cause in their fellow learners lives in the long run. They could instead be encouraged to start other worthwhile small businesses like selling sweets, snacks, toys and a whole lot of other useful items liked by their peers.

The drug abusing learners need to be encouraged to redirect the monies they hitherto used to purchase the drugs and learn to save their pocket monies and use them for more useful things like buying food such as ice-cream, chocolate, fruits and juices or cold drinks which are much healthier, for instance. They could even buy toys, CD's, DVD's, Laptops, Bicycles, Motorbikes and cosmetics, for example, or even use it to pay for cinema tickets, etc.

The learners could form youth clubs and committees or cultural groups and approach their local municipalities to ask for the establishment of additional facilities for their recreational needs. This could be quite helpful to get rid of the boredom and give the kids plenty of fun and entertainment. This could take their minds off drugs for the most part.

The learners need to be taught to view the social problems they face as challenges rather than stumbling blocks that frustrate them. They could be encouraged to seek help when they come across problems in life. Such help could come from their educators, social workers and other relevant professionals.

There should be a careful consideration of giving the learners that abuse drugs the necessary assistance to reduce, manage and ultimately to get rid of drug abuse.

The affected learners, including those that were not in the sample of this study, could be encouraged to come forward to receive counselling and rehabilitation. Social workers and other officials qualified to do that like priests, could be taken on board to assist in a professional way as an intervention strategy.

Last though not least, they need to know that the time to quit drugs is now. The sooner they quit the better.

5.3.2. Recommendations to teachers

The educators need to educate their learners about the health and social dangers of drugs.

They could teach them life skills which include developing a positive self-image, self-trust, how to cope with stressful

confrontations in life, being responsible, making right decisions and choices, etc.

The sale and circulation of tobacco and other drugs on school grounds and property could be strictly prohibited and monitored to be prevented. This could help to prevent the access of drugs to learners. The learners could also be encouraged to report such circulation of drugs to the educators or the principal.

Severe measures need to be taken against those that sell and those found to possess tobacco, alcohol, dagga and any other drug of abuse on school property, including on school bus. The same should apply to those found to be under the influence of any drug of abuse while on school property.

The school should initiate intervention strategies to help in the prevention, reduction and combating of drug abuse.

Drug abusers could be referred to relevant professionals or institutions for assistance, like social workers, Alcoholic Anonymous, etc. Such professionals can provide counselling when it is needed.

The teachers could be actively involved in advising the government and the communities about possible poverty alleviation initiatives that could help the poor. This may include programmes like returning recycling materials like bottles, metals, plastic, etc. Community garden projects, jumble sales and community cleaning projects fall in this category.

Appropriate disciplinary measures should be in place for misbehaving learners with regard to drug related offences.

The educators could also be work shopped to be equipped with proper knowledge to identify the symptoms of drug abuse by learners as early as possible to be able to initiate prevention and intervention on drug use and misuse by learners.

The educators could also be trained to handle drug abuse by learners, identify learners that have started to use these substances and intervene before it becomes too late and recommend proper assistance of health workers in conjunction with correctional service officials better equipped to deal with such issues.

Drug abusing learners should receive proper guidance on Life Skills and how to say 'No to Drugs' and 'Bad influence' of their peers.

Adequate recreational facilities like sports grounds, parks, cultural activities centres and other forms of entertainment could be made available to them to make them have fun and enjoy life. This could avert the danger of boredom, loitering and temptation to use drugs.

A public library, public swimming pools, cinemas, etc. could do a lot of good to keep learners off drugs.

That a competition be made for learners to design a “NO DRUGS” sign that could be displayed at the school for everyone to see all the time, which would both discourage drug abuse and motivate abusers to quit.

The teachers could also advise the department of education and the government with regard to the pattern and degree of drug by learners.

5.3.3. Recommendations to the School Governing Body

The sale of tobacco, dagga, alcohol and other drugs of abuse on school grounds and property need to be regarded as highly prohibited.

Strict measures need to be taken against learners found in possession of these substances on school property.

The misconducts of learners related to drug use need to be taken more seriously and the culprits are given penalties that would discourage others using these substances. Suspension and expulsion of culprits could be recommended when drug users

commit serious cases of misconduct such as assaults, fights, and drunkenness.

The SGB should discuss problems of drug abuse by learners with the parents of the learners in parents meetings at school to be able to arrive at collective decisions on ways and means to stop and prevent this problem.

The school could involve the relevant professional people and institutions for help with regard to the problem of drug abuse.

There could be signs or boards displayed for prohibiting drugs of abuse like the one that says “No Smoking”.

The tuck shops, shebeens and taverns which sell tobacco and alcohol to underage kids could be followed up and the police should be asked to make regular patrols to bring this situation under control.

The police could be asked to hunt down and bring to book the drug dealers that sell drugs to learners by way of regular patrols and raids. That would help to reduce drug abuse and make learners not to start to use these drugs after all.

The SGB could initiate anti-drug campaigns in the community. The businesses could be involved and encouraged to sponsor anti drug campaigns, sports and cultural activities where drug use features as a discouraged concern.

That another high school should be built, to absorb some of the learners and reduce the enrolment of that school and relieve it from overcrowding, which is also seen to be a factor that led to drug use in some cases, though not so direct.

That the capable officials of the correctional services of the department of justice be approached too and requested to help appropriately with regard to learners that fell prey to drug dealers.

The parents of the learners need to be addressed by the SGB at their meetings on this issue of the use of drugs by their children who are learners. In this way the parents could be involved in the attempt to get rid of substance abuse by learners, by talking to their kids who use drugs, and join hands with the school and religious organisations to work together in anti-drugs campaigns. Actually all the stakeholders in the education of the learners should play their role and be involved fully.

The department of justice could be approached to assist in solving this problem of drug abuse by learners as much as it could.

5.4. RECOMMENDATIONS FOR FURTHER RESEARCH

In view of the fact that the problem of drug abuse by learners is persistent and ever increasing in society, the researcher encourages further research on this phenomenon. Other underlying additional factors and solutions could be found in due course. It seems more and more drugs of abuse come to the market and more and more learners are tempted to try them and they consequently get hooked.

5.5. CONCLUSION

In conclusion, the researcher has made a significant milestone in the endeavour to explore the causes of drug abuse in the Waterberg region, using a case study, focussing on Makhutjisha high school. The causes of drug abuse by learners were investigated. The researcher explored this phenomenon in the case studied. The pattern of substance abuse, the reasons that make the learners to turn to drugs and the effects of drugs were investigated.

A case study design was used to get an intensive and in-depth investigation using a small sample of subjects. A qualitative method was employed. The researcher interviewed five learners, two educators and one parent.

Peer pressure was generally regarded as a major reason that made most of the learners to turn to drugs. Curiosity, imitating others, socio-economic problems and lack of recreational facilities

both at school and in the township were also rated high as causes of substance abuse by learners. Personality factors pertaining to individual characters of the learners and family problems were considered serious too.

The pattern of drug abuse by learners was revealed. The interviews made it very clear that the learners acknowledged they abused drugs and that was a problem to them. They kindly told the researcher, confiding in him, in a relaxed atmosphere of privacy, the reasons that made them to start using the drugs.

They agreed that using drugs was not a good thing. Most wanted to try them and quit, which was not easy once they got hooked. Some were just curious. But, as mentioned already, the influence of friends and the desire to belong, conform and gain a good self-concept, all made them to be tempted to experiment with drugs. But they all recognised the dangers of drugs and confessed they needed help. Hence the need for assistance and intervention as recommended by the researcher.

Policy guidelines should be developed for the prevention, management and reduction of learner substance abuse. There should be increased learner awareness of the dangers of drug use and misuse. Educators need to be trained by way of workshops to be able to assist the culprits, refer them to the health and social services and for correctional services, as well governmental and non-governmental agencies like the Alcoholic Anonymous (AA), which will also help such learners involved in drugs. Community based prevention and management partnerships need to be

initiated. In other words, this problem needs all the stakeholders, namely, people and organisations having interest in education and the youth.

In conclusion, the researcher presented his research work draft to his two peers that were doing their Masters degrees as well and to his participants to review it as part of the validation procedure. Their criticisms and objection on certain parts of the work were invaluable for me to refine the final product, which he now believes is real fine quality.

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Appendix A: A letter to request permission to conduct interviews at the school to circuit office.

22 Wildebeest Street
Mokopane
0600
15 January 2008

The Circuit Manager
Naboomspruit Circuit
Department of Education
Naboomspruit
0560

Dear Sir/Madam

Re: Request to conduct research interviews at Makhutjisha High School

I am doing a research on the topic concerning Drug abuse by learners in this district. I'm attached to the University of Limpopo. I am requesting permission to be allowed to conduct interviews at the above school.

The purpose of the study is to find out the causes of drug abuse by learners, and to find out any reasonable intervention strategies appropriate to help the Learners involved.

Feel free to contact my supervisor, Dr.L.Matsaung at 0723567191

Your understanding in this regard would be appreciated.

Yours faithfully

James Makhura

Cell: 0760762836

Appendix B: A letter to ask for permission from the principal to conduct interviews.

22 Wildebeest Street
Mokopane
0600
14 February 2008

The Principal
Makhutjisha High School
Naboomspruit
0560

Dear Sir/Madam

Request to conduct research interviews at your school

I am doing a research on the topic concerning Drug abuse by learners in this district. I'm attached to the University of Limpopo. I am requesting permission to be allowed to conduct interviews at your school.

The purpose of the study is to find out the causes of drug abuse by learners in this area. I wish to interview some learners, educators and SGB members.

Your positive response in this regard would be appreciated.

Yours faithfully

_____ (James Makhura)

Appendix C: Interview schedule for learners

1. Please tell me about drug abuse by learners.
2. How are learners involved in smoking?
3. Tell me your experiences of alcohol drinking.
4. Tell me about any solvents of abuse you are involved in.
5. Tell me about illicit drugs like cocaine and Mandrax.

Please tell me about your behaviour when you used drugs.

6. What are your reasons for using drugs?
 7. Tell me about your school work.
-

Appendix D: Interview schedule for educators

1. Please tell me about drug abuse by learners.
 1. How are learners involved in smoking?
 2. Tell me your alcohol drinking by learners.
 3. Tell me about solvents abuse.
 4. Tell me about illicit drugs they use like cocaine and Mandrax.
 5. Please tell me about their behaviour when they have used drugs.
 6. What do you think make them to use these substances of abuse?
 7. Tell me about your school work.
-

Appendix E: Interview schedule for School Governing Body members

1. Please tell me about the use of tobacco, alcohol and other drugs by learners.
 2. How do the learners behave?
 3. Which things do you think make some of them to use drugs?
-

Appendix F: Consent Form for all the participants

UNIVERSITY OF LIMPOPO ETHICS COMMITTEE

PROJECT TITLE: An investigation of the causes of substance abuse by learners in the Waterberg District of Limpopo Province: A Case Study.

PROJECT LEADER: MAKHURA M.J.

CONSENT FORM

I, _____ hereby voluntarily consent to participate in the following project: Substance abuse by learners.

I realise that:

1. The study deals with a sensitive issue of drug abuse by learners;
2. The procedure envisaged may hold some risk for me that cannot be foreseen at this stage;
3. The Ethics committee has approved that individuals may be approached to participate in this study;
4. The aims and methods of research have been explained to me;
5. The procedures to be followed indicate the possible discomfort for persons participating in the research work are clearly set out, as well as the value of the research for me and others;

6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation;
7. Access of the records that pertain to my participation in this study will be restricted to persons directly involved in the research;
8. Any questions that I may have regarding the research, or related matters, will be answered by the researcher;
9. If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact the researcher;
10. Participation in this research is voluntary and I can withdraw my participation at any stage;
11. If any medical problem is identified at any stage during the research, such condition will be referred to my doctor;
12. I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF THE RESEARCHED PERSON:

SIGNATURE OF WITNESS:

SIGNATURE OF THE PERSON THAT INFORMED THE RESEARCHED PERSON:

SIGNATURE OF PARENT/GUARDIAN:

Signed at _____ this _____ day of _____ 2008