DRUG ABUSE IN SELECTED GRAHAMSTOWN HIGH SCHOOLS

A DISSERTATION SUBMITTED IN FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK AT THE UNIVERSITY OF FORT HARE

BY

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DECEMBER, 2012
DECLARATION

I declare that this dissertation contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified or been awarded another degree or diploma.

No other person’s work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree of diploma in any other tertiary institution.

Judith Rungani

December 2012
DEDICATION

This is a special dedication to my beloved father Victor Tapiwa Chashe Rungani and to my loving mother Anna Nyatsanza-Rungani who taught me that the sky is the limit when it comes to education; we are taking over from where you left.
ACKNOWLEDGEMENTS

Firstly, I give thanks to our Lord and Saviour Jesus Christ for pushing me from the very start up to the end of this degree. I also wish to express my gratitude to my supervisor, Dr. P. N. Mabuya for guiding me throughout this research. Her leadership qualities are really exceptional. I also appreciate the efforts and love of the following people:

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- Ellen Chenesai Rungani, you are a great inspiration. I will keep on following your footsteps. You are a great role model. Love you and may God bless you abundantly!
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ABSTRACT

The study explores drug abuse by learners in selected Grahamstown high schools. The study’s main concern is that drug abuse by learners is on the rise but yet there is less research on the drugs which are being used and the factors which motivate the learners to use such drugs. There are several drug abuse prevention strategies which are being implemented but yet they seem not to be very effective. It is in this frame of reference that this study saw it vital to focus on drug abuse by high school learners in Grahamstown. The study aims to identify the most commonly abused drugs by learners in the high schools of Grahamstown and the reasons why they use these drugs.

The study made use of the mixed method research that is making use of both qualitative and quantitative research. The questionnaire was the instrument of data collection in quantitative data and interviews for the qualitative data. The packages which were used for the analysis of data include the Statistical Analysis System (SAS) V8 which was used to provide descriptive analysis and correlations.

The findings of the study establish that the commonly abused drugs by learners are: alcohol with 58%, followed by cigarettes 22%, hookah-pipe 9%, dagga 7%. The main reasons why learners use drugs are: peer pressure, role models, availability, environment, and curiosity. Differences in drug use between male and female learners were noted. Twenty-five percent of the male learners and 16% of the female learners reported to be using drugs. In the view of these results, the researcher recommends that a comprehensive drug abuse prevention framework be formulated which focuses on preventing drug abuse at individual, family and community levels.
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<td>MRC</td>
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CHAPTER 1: INTRODUCTION

1.1 Background

All over the world drug use and abuse is a problem through all ages and is escalating every day (World Health Organization (WHO), 2004). Studies on the use of substances among adolescents have been conducted throughout the world and an estimated 13 million youths aged 12 to 17 become involved with alcohol, tobacco and other substances annually (Lennox & Cecchini, 2008). Worldwide, between 80 000 and 100 000 children start smoking every day (World Drug Report, 2009). Furthermore, in the whole world it is estimated that 35% of high school learners are problem drinkers who drink at least 9 units of spirits, 1 litre wine or 2 litres of beer (World Drug Report, 2009).

In general, tobacco and alcohol are the most frequently used substances by young people, with cannabis use accounting for 90% or more of illicit substance use in North America, Australia, and Europe (Alexander, 2001). An estimated 1.5 million Americans, 12 years and older are chronic cocaine users (Fishburne, 2003). In addition, many youngsters have been attracted to the inexpensive, high purity heroin that can be sniffed. Although tobacco, alcohol and marijuana are the substances mostly tried, the use of heroin, cocaine, amphetamine and inhalants is also on the rise (Bachman & O’Malley, 2004).

In South Africa, law enforcement authorities, service providers and substance abuse researchers are in agreement that the nature and extent of illicit drug trafficking, consumption and associated problems have all increased dramatically during the
1990s as the country has gone through a major political and social transformation. Twenty percent of South Africa’s population have a drug problem (Central Drug Authority (CDA), 2009). According to the Cancer Association of South Africa twenty five thousand people die annually of smoking-related illnesses (CDA, 2009). The abuse of alcohol and usage of dagga make South Africa to be among the top ten narcotics and alcohol abusers in the world (CDA, 2009).

Drug abuse, rife in many South African high schools is now creeping into primary schools as well. There is a worrying trend of early age of onset of drug use, with peak usage appearing at around 17 years of age (CDA, 2009). Alcohol is the primary drug of use by learners and it has lifetime use prevalence rates of 25% to 40% and a hazardous use of 12% (Parry et al. 2004). Lifetime tobacco smoking amongst adolescents aged between 12 and 17 years is reported as 22% (Hamdulay and Mash 2010). Lastly, cannabis is the most common illicit substance used in South Africa with a prevalence of 5% to 10% amongst adolescents (Hamdulay and Mash, 2010). Generally, 1 in 2 children in the average South Africa home is addicted to drugs or alcohol, or run the risk of becoming a drug addict (Alexander, 2001). In 2008, the CDA reported that 31% of school learners drink socially.

In the Eastern Cape Province of South Africa drug use and abuse by learners have been identified as a problem among adolescent learners (Parry, Myers and Thiede, 2003). In towns like Grahamstown drug abuse by high school learners is increasing at a very fast rate. Some learners who take drugs go to the extent of stealing school property and selling it to the community in order to get extra money to go and buy drugs (Mvimbi, 1999). The researcher is aware of a 15 year old learner at Amasango
Career School who said he stole a chair from Eluxolweni shelter for the children in Grahamstown and sold it for him to feed his tobacco and dagga addiction. During a talk on substance abuse at Archie Mbolekwa School in Grahamstown (June 2011), the researcher also heard from learners that they are learners who smoke cigarettes and dagga at the school premises, especially in the toilets. When intoxicated by the drugs, the learners commit crimes such as rape, assaults and they also bully other learners at school.

1.2 Statement of the problem

Drug abuse by high school learners in Grahamstown is causing many problems because learners end up dropping out of school and start committing crime. Although there are several preventative measures to reduce drug abuse in Grahamstown the current measures are not very effective. Information on the drugs mostly used by high school learners in Grahamstown and the reason why they use the drugs is also minimal. Therefore, this study aims at providing such information through investigating the prevalence of drug abuse by high school learners in Grahamstown.

1.3 Aims and Objectives of the Study

Generally the aim of this study is to identify the most commonly abused drugs by learners in the high schools of Grahamstown and the reasons why they use these drugs. The study will be guided by the following specific objectives:

a) To identify the most commonly used drugs by learners

b) To identify the reasons why learners use drugs

c) To assess gender correlates in drug abuse
d) To explore the drug abuse prevention by schools

The research questions of the study are going to be the following:

- What are the commonly abused drugs by learners?
- Why do learners use drugs?
- What is the gender correlates in drug abuse by the learners?
- What drug prevention measures are present?

1.4 Significance of the study

Substance use and abuse especially among the youth have been identified as important issues to be dealt with in improving health and economy of South Africa (Flisher and Flisher, 1993c). The researcher intends to add facts on drug abuse by high school learners in Grahamstown. This will help educators, health care professionals, and other professionals involved with school learners to understand the prevalence of substance use and abuse by learners so as to develop effective evidence-based strategies and policies that could be used to control the substance abuse problem. There are also reasons to believe that the understanding of the pattern of behaviour of high school learners in Grahamstown towards drug abuse will help in the development of culture and area specific interventions on drug abuse that will be effective. The study will also provide recommendations on the best way that could be implemented in preventing drug abuse by high school learners.

1.5 Parameters of the study

The research took place in Grahamstown within the Makana Municipality which is in the Eastern Cape Province of South Africa. The research only focused on schools which are geographically in the Grahamstown not according to the demarcations of
the Department of Education. This demarcation is vital because there are some schools in Port Alfred and Alexandra but yet they fall under Grahamstown according to the Department of Education. The research only wanted schools which are 10km or less away from the town of Grahamstown. The reason behind this is that the results need to be generalized to Grahamstown alone. The researcher therefore focused on high school learners in Grahamstown.

1.6 Limitations
The population of high school learners in Grahamstown is too large so it was difficult for the researcher to conduct the research with a large number of high schools in Grahamstown. The researcher only used a manageable sample of 3 schools for the study.

1.7 The organization of the study
The content and progression of this study will be as follows:

Chapter One: Introduction
It will cover the introduction and background to the study as well as the purpose, objectives and the research questions.

Chapter Two: Literature review
It will provide a review of related literature on the drugs mostly used by high school learners, reasons why learners use drugs which will be supported by theoretical background.

Chapter Three: Methodology
It will consist of the introduction; aims of the research; reasons for choosing the quantitative methodology; the questionnaire as a technique in quantitative research; ethical considerations; recording of raw data and conclusion.

**Chapter four: Data Analysis**

It will include presentation of findings of the study by discussing the results of the survey.

**Chapter five: Conclusion and recommendations**

It will include summary of the findings, recommendations and conclusion of the study.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter is going to cover literature on drug abuse by high school learners. Literature review is important because it helps the researcher to identify relevant theoretical or conceptual framework for the research problem, lay the foundation for the study, and inspire new research ideas and to determine any gaps or inconsistencies in the body of research (Polit, Beck and Hungler, 2004). The review of related literature will be in line with the stated research questions of the study which are as follows:

- What are the most commonly used drugs by learners?
- Why do learners use drugs?
- What is the gender correlates in drug abuse by the learners?
- What drug prevention measures are present?

2.2 Background

Law enforcement authorities, service providers and substance abuse researchers are in agreement that the nature and extent of illicit drug trafficking, consumption and associated problems have all increased dramatically during the 1990s as the country has gone through a major political and social transformation and as trade and other links have open up with other African countries and the rest of the world (National Drug Master Plan, NDMP 2006-2011). The country’s geographic location, lax border controls, weak criminal justice system, modern telecommunications and banking systems and international trade links with South America, North America, Europe,
and Asia have, unfortunately, resulted in South Africa becoming a desirable zone for
the transhipment of drugs. Heroin (from Asia) and cocaine (from South America) are
both imported into South Africa and also exported to Europe, North America and
even Australia (Parry and Morojele 2001). Regrettably, it is now also without a doubt,
the leading market for illicit drugs entering Southern Africa (Bureau for International
Narcotics and Law Enforcement Affairs, 2006).

2.3 Conceptualization of key concepts

2.3.1 Drug abuse

In order to understand drug use, one should ask, “What is a drug?” In the case of
pharmaceutical preparations as well as naturally occurring substances, a drug is a
substance that is used with the intention of bringing about change in some existing
process or state be it psychological, physiological or biomedical (NDMP, 2006-
2011). De Miranda (2004) pointed that a drug is any chemical substance, legal or
illegal that can be taken in order to change one’s state of mind. Drug abuse is thus
deﬁned as a term used to indicate the excessive use of a drug, regardless of
whether an individual has reached the point of true dependence on it, or not (Van
den Aardweg and Van den Aardweg, 1999).

2.3.2 Licit and Illicit drugs

Licit drugs are all legally accepted drugs and these include over the counter drugs
and socially accepted drugs such as alcohol and tobacco. Illicit drugs are the illegal
drugs which consists of dagga, cocaine, mandrax, tik, ecstasy and many other
(Prevention of and Treatment for Substance Abuse Act, 2008).
2.3.3 Adolescent

Adolescence is a stage in a young person’s life, between childhood and being an adult that is characterized by rapid and intensive life changes and adaptations (Dube, 2007). High school learners fall in the category of adolescents because learners turn into adulthood during their high school. Therefore, in this study adolescents and high school learners mean the same thing and they will be used interchangeably.

2.4 The extent and seriousness of the problem

Substance abuse remains one of the critical challenges facing South Africa and it is affecting the country on all aspects of life, these include the social and economic well-being of the country (Andrew, 2006). It continues to ravage our communities, families and, particularly, our youth; as it goes hand in hand with poverty, crime, reduced productivity, unemployment, dysfunctional family life, escalation of chronic diseases and premature death (NDMP 2011). Cannabis, methaqualone, heroin and alcohol are included among the drugs used across the African continent (Njuki, 2004).

Alcohol remain the most commonly used and abused licit drug in South Africa (SACENDU, 2011). The burden attributable to alcohol use in South Africa in 2004 has been estimated to be 1.3 million years in terms of years lost through premature death caused by alcohol and years lived with an alcohol-related disability (Central Drug Authority(CDA), 2007). Of all years lost through death and disability that can be attributed to alcohol, 10% for men and 28% for women can be directly attributed
to alcohol’s impact on the progression of HIV in infected individuals (SACENDU, 2007).

There is a cocktail of illicit drugs in use in South Africa and these include: cocaine or crack, cannabis or dagga, mandrax or methaqualone, heroin, ecstasy, and methamphetamine among others (Njuho & Davids, 2010). According to Simbayi et al (2004), 36 % constituting both adults and youth reported use of alcohol, far exceeding dagga (marijuana) reported by 5% of the respondents. Illicit drug use though low in prevalence has the potential to impact upon health and social functioning in young as well as older people (Parry et al., 2004).

A national survey of risk behaviour among learners in Grades 8–11 at public high schools for 10 699, aged 14–18 years showed that the prevalence rates for ever having used a substance were 49.1% for alcohol, 30.5% for cigarettes and 12.8% for cannabis (Reddy, Panday, Swart et al., 2002). Another risk survey conducted in 2004 also indicated that nationally, 49% of teens use alcohol, 31% smoke and 13% use dagga regularly. This poses enormous challenges, as half of South Africa’s population is comprised of children and adolescents (Central Drug Authority, CDA 2007).

The Department of Education spokesperson for Eastern Cape acknowledged that drug use was becoming a big problem, the learners commit crimes such as rape, assaults and they also bully other learners at school (1st Biennial Substance Abuse Summit, 2007). A study by Mati and Feni (2004) in Mdantsane East London reported that, the Principal of a school in East London confirmed that drug trafficking led to
drug use and abuse by learners. In the same district grade 11 girls were arrested for baking and bringing dagga cookies to school (George, 2004). According to SACENDU in their 2011 annual report, in the Eastern Cape (EC) the main primary substances of abuse reported by the treatment centres from January – June 2010 were alcohol, cannabis, over-the-counter or prescription medicines and cocaine.

2.5 Initial age of drug use by learners

The age of experimentation with drugs has dropped to ten years in South Africa (National Drug Master Plan, 2006-2011). Research conducted by the Medical Research Council (MRC) in 1996 showed that 5.8% of the South African population over the age of 15 years were alcohol dependents (MRC, 1996). Dependence on alcohol at the age of 15 meant that the learners could have started using alcohol before the age of 12. Another study by Rocha-Silva et al. (1996) found out that over half of the urban males started using dagga between 14 and 17 years of age. Most of the learners reported to have started using solvents between the ages of 10 and 13.

In present day South Africa the age of experimentation with drugs has changed, there is a great difference between how children used drugs ten years ago and now. A report by SACENDU in February 2011 showed that children as young as seven are abusing dagga and also that children in higher grades are using harder drugs (West Cape News, February 2011). Furthermore, a study by Parry et al (2004) through University of South Africa (UNISA) showed that one in four grade 7, 10 and 11 learners drink occasionally during the course of a typical month.
2.6 Commonly used drugs

In South Africa, substance use, including tobacco, alcohol, cannabis and cocaine, is a common problem amongst school-going adolescents (Taylor, Jinabhai, Naidoo, Kleinschmidt and Dlamini, 2003). In support of this Central Drug Authority (CDA, 2009), confirms that, the rates of licit drug use such as alcohol, drinking and cigarette smoking are found to be high especially among adolescents. Most adolescents are also reported to be smoking a cigarette daily (Flisser, Ziervogel and Chalton, 1993). Nevertheless, alcohol still remains the primary drug of use by learners and it has lifetime use prevalence rates of 25% to 40% and a hazardous use of 12% (Parry et al. 2004). According to reports by South African Community Epidemiology Network on Drug Use (SACENDU, 2006), a large increase in treatment demand for heroin as a primary drug of abuse has occurred in Cape Town, Gauteng, and Mpumalanga. There has been an increase in availability of cheap heroin which is mixed with cannabis and sold under the name ‘Nyaope’ (in Pretoria), ‘Sugars’ (in Durban), ‘Unga’ (in Cape Town) and ‘Pinch’ in Mpumalanga (Njuho & Davids, 2010).

- Alcohol

Alcohol is a depressant and sedative, it is addictive when ingested in large amounts and at regular intervals (Hodge et al., 2001). It is the most available drug on the market and is not illegal to use or to be possessed. However, it is not for use by any person below the age of eighteen. South Africa has among the world’s highest levels of alcohol consumption per drinker: 16.6 l of pure alcohol a year (Parry, 2005).
The association between alcohol use and risky behaviour has also been found in adolescents in the South African population. This is especially troubling when considering the fact that in adolescents, alcohol is the most widely used drug at hazardous levels in South Africa other than tobacco (Ward et al., 2005). According to Prew (2001), alcohol is commonly abused by adolescents, especially school learners (Prew, 2001). Surveys point to high levels of alcohol misuse among high school students, with alcohol being the most common substance of abuse (Parry, Myers, Morojele et. al, 2004). Most alcohol users, especially adolescents, drink ciders, beer and wine which are easily acquired as they are less expensive than brandy and whisky (Flisher et al, 1993).

Studies of the AOD use behaviours of representative samples of high school students were conducted in Cape Town in 1997 (N=2930) (Flisher, Parry, Evans, Muller, & Lombard, 2003) and Durban in 1998 (N=3030) (Bhana, Flisher, & Parry, 1998). The representative survey of 39 state-funded high schools in Cape Town in 1997 found that 36.5% of male and 18.7% of female students in grade 11 reported binge-drinking in the 2 weeks prior to the study. The 1998 study involving a representative sample of 38 schools in Durban found that 53.3% of male and 28.9% of female students in grade 11 reported binge-drinking in the 2 weeks prior to the study. In a study of 35 state schools in Pretoria in 2000, 40% of students reported drinking to intoxication occasionally during the course of a typical month (Parry, Myers, Morojele et. al, 2004). The studies clearly show high trends of binge drinking amongst high school learners. Binge drinking is defined as “consuming five or more drinks in one session” (Andrew, 2006).
- **Cigarettes**

  Cigarettes is a form of tobacco and it hold a special status as a gateway to the development of other drug dependencies because tobacco use is more likely to escalate to dependent patterns of using more dependence producing drugs (Ronald and Davis, 2004). Cigarettes contain nicotine which has dose-related euphoric effects similar to those of cocaine and morphine (Henning, Miyasato and Jasinski, 2004). The National Council on Smoking estimates that about 25 000 smoking-related deaths occur annually in South Africa and that 2.5 million workdays are lost due to absenteeism arising from tobacco-related illnesses (Parry et al., 2004).

  Lifetime tobacco smoking amongst adolescents aged between 12 and 17 years is reported as 22% (Hamdulay and Mash 2009). Reddy et.al (1998) from the MRC explored research surrounding tobacco usage and non usage of Western Cape youth in South Africa (Andrew, 2006). The research showed that, “18.1% of participants smoked at least one cigarette per day. Of those who did not smoke at least one per day; “41.2% had smoked previously and 3.6% intended to start smoking” (Reddy et al, 1998). Young people in South Africa are exposed to smoking due to the fact that half of the households have a smoker living within their home environment (Andrew, 2006). In support of this the South African National Youth Risk behaviour survey focused on Grade 8 – 10 learners reflected that the prevalence of smoking nationally was at 46.7% for Grades 8-10 learners.

- **Cannabis/Marijuana**

  It is a dry, green/brown mix of flowers, stems, seeds and leaves of the hamp plant car, which usually is smoked as a cigarette (joint, nail), or in a pipe (bog) (De
Miranda, 2004). It has several street names which consist of: dagga, dop, grass, zol, skyf, boom, join, poison, majot and hash (SANCA).

A perception of dagga is exposed by Brownlee, and Fisher elaborates on the tell tale signs thereof. Cermak (2003) asked a pertinent question, what is the extent of dagga usage in America? The findings to this question noted that not only were adults smoking marijuana but adolescents were too. Delving deeper into these findings was that of the adult population in America, one third had smoked marijuana at least once. In 2001 the University of Michigan found that Grade 8’s usage of marijuana in America has doubled to 20 percent since 1991 (Cermak: 2003).

Globally, cannabis is the most widely consumed illicit drug, with an estimated 114 million people using cannabis annually (Onya & Flisher, 2008). Cannabis is the most common illicit substance used in South Africa with a prevalence of up to 10% amongst adolescents (Hamdulay and Mash, 2009). Dagga is consumed by people of all ethnic groups throughout South Africa (Leggett et al., 2002). Dagga use was significantly higher in Black African townships as compared to a racially integrating township and urban residential neighbourhoods (Njuho & Davids, 2010). A study by Kalichman et al.(2006) in Black African townships in South Africa showed that, 19% of participants used dagga, 2% cocaine, and 1% injection drugs.

Another study conducted by the MRC (2011) in selected treatment sites showed that the use of cannabis (“dagga”) and Mandrax (methaqualone) alone or in combination (“white-pipes”) continues to be high. Across sites between 13% (PE) and 26% (Durban) of patients attending specialist treatment centres had cannabis as their
primary drug of abuse, compared to between 2% (Mpumalanga) and 25% (PE) for Mandrax. Over time treatment demand for cannabis has gone up in all sites. Between 40% (Cape Town) and 61% (Gauteng) of patients less than 20 years of age had cannabis as their primary drug of abuse. In Cape Town 28% of patients had Mandrax as a primary or secondary drug of abuse, compared to 13% in Gauteng (SACENDU 2011).

- Cocaine

Cocaine is an illegal drug which is extremely addictive. Large amounts of cocaine may lead to bizarre (strange in appearance), erratic (unreliable) and violent behaviour (UN-ODCCP, 2002). It is generally sold on the street as a fine, white crystalline powder known as “Coke”, “C”, “snow”, “flake”, or “blow” (SACENDU, 1999). Cocaine powder is primarily snorted, and crack is smoked (MRC 2011).

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack decreased slightly in the EC from 7% to 6% (SACENDU 2011). Cocaine is also commonly a secondary substance of abuse and alcohol is generally the most common primary substance of abuse amongst patients who additionally use cocaine as a secondary substance (SACENDU 2011). Moreover, the latest statistics provided by the MRC in 2011 showed that the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 28 to 33 years. Cocaine is not mostly used by high school learners especially in the Eastern Cape. Learners who use cocaine are mostly found in the Western Cape. Trends of cocaine use in the Eastern Cape are also most common in Port Elizabeth and East London and not in other small towns.
Both crack and cocaine have become drugs of choice amongst the high-income upper middle and upper classes (Health24, 2006). According to Leggett et al (2002), White South Africans tested more positive for cocaine than any other group (32%), with Coloureds coming distance second (7%).

A study which summarizes the common drugs used by high school learners was done by Parry, Myers, Morojele, Flisher, Bhana, Donson, and Pluddemann (1997-2001). The aim of the study was to investigate the extent and consequences of alcohol and other drug (AOD) use by adolescents for three sentinel sites in South Africa (Cape Town, Durban and Gauteng province) from 1997 to 2001. The results of the surveys showed high levels of alcohol misuse among high school students, with alcohol being the most common substance of abuse. Cannabis was noted as the most frequently illicit drug of abuse among adolescents. Cocaine and heroin were highlighted as problem drugs of abuse among adolescents in large metropolitan centres.

The above results clearly show that alcohol, tobacco, cocaine and marijuana are amongst the commonly used drugs in South Africa. However, the studies which the researcher found show that most of the studies were carried more than a decade ago which means service providers are rendering drug abuse preventative measure based on studies which were carried out long back. This provides an explanation on why some of the preventative measures are not very much effective in curbing drug abuse by high school learners because the prevention is focusing on old drugs. There are some drugs which have gained popularity in the recent past years such as “Nyaope” and smoking antiretroviral drugs. Furthermore, drugs such as cocaine
have lost popularity amongst youths due to their high costs but yet prevention is still putting much focus on discouraging youths not to use cocaine whilst taking for granted drugs such as tobacco. Therefore, this study seeks to find the current commonly used drugs by learners so that the best and effective prevention methods will be administered to the learners.

2.8 Reasons why learners use drugs

Local research has shown that the most common reasons reported for drug use include habit, to alter mood states, to improve health, to cope with personal, social or interpersonal situations or for enjoyment or taste (Rocha-Silva et.al., 1996). People may also use drugs to reduce tension, frustration, relieve boredom and fatigue and in some cases help adolescents to escape the harsh realities of their world.

An in-depth literature review by Flisher et al (2003) outlined parental discipline, family cohesion and parental monitoring as the key predictors of drug use factors associated with increased risk of illicit drug use among young people. In addition, age; peer pressure and easy availability of illicit drug were strongly associated also with prevalence of drug use among young people (Njuho & Davids, 2010).

A research by J. Kaiser Family Foundation (2001) showed that the majority of youth aged (12-17) use alcohol for relaxation and 11% say that it is easier to have good time and socialize better when they are drunk (Madu and Malta, 2003). Alcohol and other drugs are also greatly used by learners because they are readily available for them. Despite the regulations which have been put in place to prohibit children under
the age of 18 to buy drugs such as alcohol and tobacco, children still have access to such drugs because they can freely go and buy them in the shops.

In another study, Reilly & Homel asked a sample of 1071 adolescents aged 15-18 in Sydney, Australia who had used an illicit drug (other than, or as well as, cannabis) why they used psycho-active drugs (Spooner, 1999). About half the respondents said they used psycho-active drugs because they enjoyed the high (31%) or for social fun (16%). A minority of the sample said that they use drugs to cope with negative feelings (7%), to alleviate boredom (11%) or as a result of peer pressure (8%). However, analyses identified a relationship existed between the type of drugs the respondents used and their reasons for use. Respondents who had used amphetamines, cocaine, hallucinogens, and/or designer drugs in the previous month tended to use drugs for social or psychological enjoyment. The major reasons given for the use of illicit drugs by users of sedatives, inhalants and, to some extent, cannabis have tended to be boredom and to deal with worries (Spooner, 1999).

The reasons why learners use drugs vary. There are also various myths attached to the reasons why learners use drugs. For instance, some learners use drugs such as alcohol because they think that it’s a gateway to adulthood. Other learners smoke dagga because they believe that it makes them be more intelligent. Hence, the researcher strongly feels that there a need to know the reasons why learners use drugs so that they will be educated about the truths and myths about using such drugs. The reasons why learners use drugs will also help in teaching other learners about what they lie to each other about drugs and to teach them the facts about such drugs.
2.9 Theoretical evidence

This section will discuss the various theories which explain the causes of drug abuse by learners. The researcher discussed four theories which are: Elliott’s Integrated Delinquency model, Kaplan’s Self-derogation theory, the social learning theory and the ecological perspective. The first three theories were used for explaining the reasons why learners use drugs but the main theory of the study is the Ecological model. The other three theories do not have a comprehensive explanation of why learners use drugs but yet they have some loopholes which are all covered in the ecological perspective.

2.9.1 Elliott’s Integrated Delinquency Model

Elliott et al (1985) have proposed an integrated sociological theory of drug use that draws from social control theory (Hirsch 1969), strain theory (Merton 1938, 1957), and social learning theory (Akers 1977). It is based on the belief that, strong bonding with “deviant” peers is the primary cause of drug use. “Deviant” peer bonding; is said to be as a result of weak conventional bonds with parents and school, prior delinquent behaviour, and social disorganization. When adolescents hold weak bonds to conventional society, they will feel they have little to lose through attachment to deviant peers (Petraitis, Flay, and Miller 1995). Once adolescents are attached to deviant peers they are likely to observe, imitate, and be socially rewarded for a variety of deviant behaviours which include drug abuse (Elliott et.al., 1985). Elliott’s focus on peers here is one of association, making this theory similar to learning theory’s claim that deviant peers model behaviour that others emulate.
The causes of weak commitment to conventional society have been highlighted as strain, social disorganization. According to Elliott et. al. (1985), school strain, occupational strain and home strain are among the first causes of weak commitment to conventional society. Social disorganization represents the inability of “of local institutions to control the behaviour of the residents” (Farrington et al., 1990). This implies that adolescents feel uncommitted to conventional society if they come from disorganized neighbourhoods where crime and unemployment are common, where schools are ineffective, and where failed social institutions offers adolescents little hope for the future (Petraitis, Flay, and Miller, 1995).

Empirical support (Bailey and Hubbard, 1990) has shown that drug abuse is more common among adolescents who have poor academic grades or were ill-prepared for school. Similarly, other findings suggest that home strain contributes to drug abuse, showing that drug abuse is more common among adolescents and young adults who at earlier points reported frequently arguing with their parents, feeling rejected by their parents or wanting closer relationships with their families (Elliott et al., 1985; Kaplan et al., 1986).

This theory clearly suggests that learners who play with deviant peers are most likely to abuse drugs. However, this theory takes for granted the fact that some learners use drugs without the influence of friends. Some learners imitate parents who use drugs which means basing the study on this theory alone is not enough, hence there was a need to focus on the social learning theory.
2.9.2 Social cognitive/learning theory

It is based on Bandura’s social learning theory which is of the view that people learn behaviours through modelling. Therefore this theory emphasize that learners acquire their beliefs about drug use from their role models, especially close friends and parents who use substances (Petraitis, Flay and Miller, 1995). It assumes that the roots of drug use does not originate in an adolescent’s own substance-specific cognitions but rather in the drug-specific attitudes and behaviours of people who serve as the adolescent’s role models, especially close friends and friends who use substances (Petraitis et al., 1995).

Observing role models who experiment with substances will directly shape the beliefs of the adolescent’s outcome expectations. Consequently, observing parents use alcohol to relax or observing peers smoke marijuana to smooth social interactions will shape adolescents’ beliefs about the consequences of, and their attitudes toward their own drug use (Petraitis et al., 1995). However, it is not only the observation of role models who uses drugs which motivates learners to use drugs. In fact, simply hearing influential role models speak favourably about substance use and people who use substances might promote the onset of substance use (Brandt, 2006). Therefore, the causes of substance use might be found among (a) substance use by parents, close friends and other role models, and (b) favourable statements or attitudes towards substance use by such role models, especially close friends and admired peers who endorse substance use (Bukstein, 1996).

Empirical evidence supporting social learning/cognitive theory confirms that role models might contribute strongly to adolescents’ use of alcohol and illicit drugs. For
example, Huba, Wingard & Bentler (1980b), have found out that marijuana use is more common among adolescents who have friends who use cigarettes, alcohol, narcotics and pills by their friends. Moreover, Akers et al. (1979) found that nearly half of the variance in alcohol use and nearly two thirds of the variance in marijuana use could be predicted from adolescents’ perceptions that significant adults, peers and close friends approve alcohol and marijuana use (Petraitis et al., 1995).

However, it has to be noted that the influence of role models differs between the parents and peers. Peers have seen to have more influence in shaping the attitudes of adolescents towards drug use. According to Ferdinand (1992) peer group influence on alcohol and drug use is more important than parental influence. This goes along with the results of a survey by Rocha-Silva et. al (1996) on 1378 African young persons aged 10-21. Over half of the young people highlighted that the drugs which they used were generally first obtained through friends. Furthermore, a study by Bailey and Hubbard (1990), found out that marijuana use was common among adolescents who have friends who hold positive attitudes toward marijuana use.

Conclusively, this theory suggests that the key to prevention lies in (a) making substance-using role models less salient and substance-abstaining role models more salient (b) focusing on social skills training, and (c) emphasizing the negative social consequences of substance use (Boyd, Howard & Zucker, 1995). However, this theory does not focus on factors such as the environment where comes from and the environment plays a very integral part in motivating learners to use drugs. There are environments where drugs are socially acceptable and easily accessible such that learners will find it easy to use drugs without copying anyone.
Consequently, thus chose to look for another theory which explains the reasons why learners use drugs.

2.9.3 Kaplan’s self derogation theory

Kaplan (1986) and colleagues (Johnson 1992; Kaplan, Robbins and Martin 1984, 1986) maintain that self derogation plays a central role in determining drug abuse. The theorists state that adolescents experience low self-esteem and frequent self derogation if they repeatedly receive negative evaluations from conventional others or they feel deficient in any socially desirable attributes, including but not limited to academic performance. In defence of their egos, self derogating adolescents who feel unwanted, rejected, or deficient in conventionally valued ways might (a) become alienated from conventional role models, (b) feel motivated to rebel symbolically against conventional standards, (c) believe that their self-worth can be enhanced by engaging in alternatives to conventional behaviours, and (d) become involved with deviant peers who boost their sense of self-worth. To deal with the negative feelings and statements about oneself as well as the socially devaluing experiences, the adolescents embark in deviant behaviours as a way of maximizing positive self attitudes (Kaplan et al. 1996). Drug abuse patterns are among the alternative deviant patterns adopted in response to intense self-rejecting attitudes.

Self-esteem, which lies at the core of Self Derogation Theory, appears to affect drug abuse by learners indirectly. In particular, a 2-year longitudinal study of young adolescents led Kaplan et al. (1996) to conclude that weak self-esteem directly affects involvement with substance-using peers and indirectly affects drug abuse by learners. Self-esteem does not appear to affect drug abuse by learners directly. In
fact, 10 of 10 longitudinal studies of adolescents (Kaplan et al., 1996) failed to find a significant relationship between low self-esteem and high chances of drug use.

Kaplan’s self derogation theory focuses on the personal reasons why learners may choose to use drugs. The other two theories explained above focus on the role of parents, role models and peers in motivating learners to use drugs. However, these theories ignore the fact that the learner is a person in an environment with different people. The role of environment is ignored in reasons why learners use drugs. Petraitis et. al. 1995 argue that a thorough understanding of drug abuse by learners must be basis on a comprehensive and integrative analysis of (a) the broad social environment surrounding the behaviour, (b) the more immediate social situation or context in which the behaviour occurs, (c) the characteristics of the person performing the behaviour, (d) the behaviour itself and closely related behaviour, and (e) the interaction amoung all of these. Therefore, the researcher chose, the ecological model of substance abuse which is a comprehensive models which covers all the above mentioned aspects.

2.9.4. The ecological model of drug abuse

The ecological model posits that a person or family is a part of a larger environment. Individual behaviour is considered within a nexus of interconnected and nested social systems including the individual, family, school, peer, neighbourhood, community, and culture (Ozechowski and Liddle, 2000). The ecological model was chosen as the theoretical framework for the current study because it provides a way to view drug abuse by high school learners from multiple dimensions and not rely solely on one aspect of an individual to explain or predict behaviours or problems.
(Fraser, 1997). In this way, Bronfenbrenner’s ecological model provides a suitable framework in which to understand the dynamic relationship between individual behaviour and social contexts (Bronfenbrenner, 1993).

The model organizes social influences on the individual in a series of four levels. The levels consist of: the microsystem level, the mesosystem level, exosystem level, and the macrosystem level (Lo, 2009). The different levels will be discussed below:

- **Microsystem**

  It takes into account the person’s immediate day-to-day experience of their environment, including any immediate relationships or organizations the person interacts with, such as family, peers and school (Lo, 2009). Furthermore, the microsystem looks at the patterns of roles, activities and personal relationships that an individual has in face-to-face setting.

  Personality characteristics which also fall under the microsystem shows that personality traits plays a role in the use of drugs by high schools learners. A study by Van Schoor, Bot and Engels (2008) indicated that extroversion personality is moderately associated with self-reported daily drinking, while low emotional stability is moderately associated with alcohol-related problems. Moreover, Van Schoor et al. (2008) found that the agreeableness personality trait defiantly plays a role with regard to the extent of an individual’s adaptation to peer drinking norms. Therefore, people who have weak sense of self are more likely to succumb to drug abuse. The may be easily talked into things by their peer group, or they may try to find their identity by using drugs (Swendsen, Conway, Rounsaville & Merikangas, 2002).
Family role in adolescent substance abuse also falls under the microsystem level of Bronfenbrenner. The family background of adolescents play an important role in the way they learn early drinking practices (Van Schoor et al., 2008). According to Berk (2006), poor parent-child attachments lead to a lack of commitment to conventional activities and are a reason why adolescents resort to drug abuse. Parents’ own drinking has been shown to influence their children’s drinking throughout their lifetime (Barlow & Durand, 2005). This goes hand in hand with Bandura’s social learning theory which posits that adolescents learn drug abuse from role models which include parents, friends and other celebrities. In addition, other reports state that adolescents with poor home support tend to seek support and understanding outside of the home and they may find affection, understanding and support in the lifestyle of a subgroup whose members are drug users (Drug Advisory Board, 1999). A corroborated research by Jarvinen and Ostergaard (2009) found that there is a strong relationship between parents’ attitudes and rules and their children’s drug abuse. The more lenient the parents’ attitude and the rules, the more the children tend to use drugs.

Peer influence which falls under the microsystem level is also considered as a major contributing factor to drug use by high school learners. This is also similar to Bandura’s social learning theory which indicates that behaviour is shaped by positive reinforcement. Behaviour that is in line with those of peers is reinforced, whereas inconsistent behaviour is either ignored or punished and becomes less likely to occur (Barlow & Durand, 2005). Therefore it is assumed that learners who have drug abusing peers are most likely to use the drugs so that they will be accepted in the group of peers. A study by Orisatoki, Jayaraj & Oguntibeji (2008) confirmed this
assumption when 79% of learners in a study revealed that peer pressure as the most common reason for misusing substances. In another study among 15-year-old adolescents in two politically and economically different cultures it was found out that drug use by family members and or best friends is positively related to adolescent drug use both directly and indirectly (Kemppainen et al., 2008). However, the best friend’s alcohol use was the most predictor of an adolescent’s own drug use.

Lastly, on microsystem there is school as an influential factor to adolescent drug abuse. The level of strictness with regards to drug abuse at schools may motivate or discourage learners to use drugs. Some schools which do not have drug prevention measures have high incidence of drug use by its learners. Furthermore, it becomes easy for learners to bring drugs on the schools premises and use them there, especially in the schools toilets during break and lunch time.

- **Mesosystem**

Bronfenbrenner defines the mesosystem as a “set of interaction between two or more settings in which the developing person actively practices, eg. For a child, the relations among home school, and neighbourhood peer group. It involves the interactions and relationships between several microsystems. At this level, the setting in which the high school learner (adolescent) interact are important (Bronfenbrenner, 1994). The main focus is on the linkage or relationship between different microsystems.

On the mesosystem, drug abuse by high school learners is explained to be emerging from the differences in values in the microsystems. For example, a peer group may
glamorize, encourage and reward drinking, smoking, drug use or sexual behaviour. Furthermore, deviant behaviour (drug abuse, sexual promiscuity etc) may be as a result of reinforcement of bad behaviour in the different microsystems. For instance, there may be situations where both parents and peers encourage the use of drugs for fun and the selling of drugs to make money.

Still on the mesosystem, Bronfenbrenner also speaks of “ecological transition” in which part of a mesosystem gets disrupted because old microsystems become defunct or new ones emerge. Such transitions may involve a move from one school to the other, changing residential places, divorce, movement from a private to public school and many others. These changes on the mesosystem may cause stress on the adolescent (high school learner), and to cope with these challenging changes in the microsystems, other adolescents start using and abusing drugs (Filstead, Rossi & Keller, 1976).

- **Exosystem**

The exosystem is defined as the larger community in which the adolescent lives; although he or she does not directly participate in the exosystem decision making, these decisions do have a direct and sometimes an indirect (via parents or the school) influence on the adolescent. Examples of social settings and institutions that make up part of an exosystem include the school board, the local government, a parent's employer, the mass media, transportation system and so on.

Although decisions which are on the exosystem do not have a direct effect on the adolescents (high school learners), they can have a great effect in motivating high
school learners to abuse drugs. For instance, the local government might open or
close a youth centre or the neighbourhood community association might open or
close the swimming pool, thus affecting available recreational resources. In such
instances, adolescents may then sort to drug using in the neighbourhood corners,
because standing in the streets corners using drugs will only be their source of
entertainment. Therefore, in the exosystem, adolescents may abuse drugs due to
the fact that they do not have any influence in the decision making of community
issues which affect them. This is usually because of community budgets or because
political considerations carry more weight.

 Macrosystem

Bronfenbrenner (1993) describes the macrosystem level as the societal ‘grandplan’
for the ecology of human development, with the emphasis on the pervasive influence
the social environment has on an individual. Berk (2006) also highlight that,
macrosystems refer to the attitudes of the culture in which individuals live and are
‘blueprints’ for defining the institutional life of the society. This level refers to a
hierarchical pattern of systems which have a great influence over an individual (Berk,
2006). It does not pertain to a certain environment, but rather to the laws, values and
customs of the culture that the child is growing up in. These include a core of general
cultural, social, legal, political, religious, economic and educational values. All these
affect the way people conduct themselves and govern what behaviours are
acceptable and unacceptable (Schaffer, 2006).

The macrosystem, which is the socio-environmental context, is made up of most
distal context in an individual’s ecosystem. The control of these socio-environmental
factors is largely beyond any individual, but these contextual factors are central to
determining the quality of individual and family life. These factors reflect people’s
shared assumptions about how things should be done (Bronfenbrenner, 1993).
These include factors such as religion, community culture and other social factors.
An good example is the religion which plays a great role in defining the adolescents’
attitudes towards drugs. For instance, most Christian churches are totally against
drug abuse, and because of this most high school learners who come from families
with a strong Christian background do not use drugs. However, on the contrary,
some adolescents tend to use large quantities of dagga (cannabis). Their argument
will be that they are from the Rastafarian religion where the smoking of dagga is part
of their church rituals. Therefore, if one comes from this religion they will use dagga,
whether the community likes it or not because it is part of their church values.

Furthermore, socio-cultural experiences play an important role in shaping attitudes,
values and beliefs regarding general drinking practices (Petraitis et al., 1995). Parry
and Bennette (1999) indicate that in South Africa, with its multitude and diversity of
cultures, drug use patterns are not uniform, but rather reflect a mix of attitudes and
customs, which are a product of unique cultural, historical and ecological setting.
There are cultures where people believe that drinking alcohol is the passage to show
that one has grown to be an adult. For example, the Xhosa believe that circumcision
shows that one has grown up to be a man. On the welcome ceremony when the
teenager is coming from the bush for circumcision, the teenagers are allowed to
drink alcohol, which include the brand, some form of alcohol. Mostly the young
Xhosa boys go for circumcision when they are still in their high schools. After the
welcome ceremony of the circumcision, some young man who are still attending
school do not stop using alcohol. They will continue using them because they will be arguing that they are now grown up men since they were circumcised. Therefore, this clearly shows how much culture can have a great influence in motivating adolescents to use and abuse drugs

Lastly, ecological factors can also contribute to the availability of drugs. In South Africa access to alcohol and tobacco is unlimited because these are socially accepted drugs. According to Babor et al. (2003), it is known that access to alcohol is a strong determinant of alcohol consumption, particularly among young people. There are high levels of informal alcohol sales and high school learners have easy access because the retailers do not abide by the laws which restrict them to sell beers to children who are under the age of 18. The same applies to other legal drugs such as tobacco.

There is some empirical evidence which confirms that accessibility to drugs is easy to high school learners in South Africa. In 2006, Daily Dispatch (the local Buffalo City newspaper) conducted a snap survey in East London to see if supermarkets / shops were abiding by the current tobacco legislation (Andrew, 2006). An exercise was performed whereby a 13 year old youth was asked to go into 7 different shops around the coastal town to purchase a packet of cigarettes. Only 1 shop refused to sell the cigarettes to him. When the supermarkets were given an opportunity to respond, one indicated disciplinary action would be taken up with their employee (Andrew, 2006). The other stores confirmed that their employees knew what the regulations were but could not provide any further comment (George, 2004).
clearly show that children which include learners can easily buy drugs and use them because they are easy to access.

In summation, Bronfenbrenner's (1993) ecological model addresses the complex nature of the social problem of drug abuse by high school learners with the conceptualization of the individual as being affected by larger system levels (Lo, 2009). Prevention of drug abuse by high school learners in Grahamstown should thus make use of the ecological model because it encompasses all aspects of life which have an influence on the attitudes of high schools learners toward drug abuse.

2.10 Comparing the prevalence of drug use by male and female learners

There is evidence which shows that alcohol and drug use is different among male and female learners. Harrison and Luxenburg (1995), confirms that males consume more alcohol than females. They also highlighted that in general populations males tend to (a) start drinking alcohol at an earlier age than females, and (b) be more likely than females to drink alcohol, to drink heavily and to experience alcohol-related problems. However, Quay and Werry, (1996) comes with a slightly different assumption. They noted that Alcohol and Other Drugs (AODs) are more prevalent among males than females except heroin and cocaine in which gender differences appear to be less marked.

There are several global examples which show the differences in drug use and abuse between females and males. A household survey of 1000 adolescents in Sydney, Australia by Oldenburg & Lemon (1992) found that males were twice as likely as females to be heavy drinkers and four times as likely to report cannabis use.
A research in Port Elizabeth confirmed these differences. The study showed that 45% of males and 40% of female learners in grade 11 used alcohol and in grade 12 males were more aware of the drugs used than other learners (SACENDU, 1997). Furthermore, a study by Onya and Flisher (2008) on the prevalence of substance use among rural high school students in Limpopo Province showed the following results: alcohol (6.4%), cigarettes (10.5%), cannabis (1.4%), glue (1.2%) and spirits (0.8%). For all the substances, males had higher prevalence rates than females. It was concluded that developing alcohol and drug programme for high school students that are gender specific may improve the effectiveness of intervention efforts at high schools.

Another study by Flisher et al. (2003) highlighted the prevalence rates for use of cigarettes, alcohol and cannabis among high school students in Cape Town. In the results the prevalence rates for drug use among grade 8 and 11 learners were: cigarettes (27%), alcohol (31%) and cannabis (7%). Rates were low for black females. The study concluded that it is important to address demographic factors such as race classification and gender analytically if one is to avoid obscuring differences among groups.

Furthermore, a study by Madu and Malta (2002) which was aimed at investigating the prevalence of illicit drug use, cigarette smoking and alcohol drinking behaviour among a sample of high-school adolescents in the Pietersburg area (Central Region) of the Northern Province, South Africa. The results of the study showed 19.8% for illicit drug use, 10.6% for cigarette smoking and 39.1% for alcohol consumption among the participants. Drug use, cigarette smoking and alcohol consumption were
associated more with males than with females. The majority of the drug users indicated that they used drugs when they are bored, tired or stressed up, or at parties; and most of those who drink alcohol indicated that they did so at parties, weekends, or any other time.

The studies above show that there are differences in drug use between male and female learners. In most of the studies, males use drugs more than females. In some drugs the extent of drug use is equal between both male and female learners. Therefore, this study seeks to understand if there are any differences in drug use among male and female learners in Grahamstown. Most of the studies conducted before do not show the results of drug use in Grahamstown; hence this study seeks to address it.

2.11 Drug prevention measures in South Africa

There are a range of initiatives directed towards preventing substance abuse among young persons in South Africa. The initiatives are guided by several policies and Acts in South Africa. The regulations consist of the Prevention and Treatment of Drug Dependency Act 70 of 2008 and the National Drug Master Plan 2006-2011.

2.11.1 National Drug Master Plan 2006-2011

The National Drug Master Plan (NDMP) sets out the country’s national policies and priorities in the quest to build a drug-free society and to fight substance abuse. The plan deals with the intensification of the anti-drug campaign, national and provincial departments' inclusion of measures to counter substance abuse in their programmes, and budgeting for these interventions. It was drafted in accordance
with the stipulations of the Prevention and Treatment of Drug Dependency Act (No. 20 of 1992). It constitutes the country’s set of responses to the substance abuse problem as defined by UN Conventions and other international bodies. The administrative unit of the Act is the Central Drug Authority (CDA), whose secretariat is located within the Department of Social Development. The NDMP enables cooperation between Government departments and stakeholders in the field of drug prevention. Particular national government departments are charged with drawing up operational plans referred to as “mini-drug master plans” (MDMPs) in line with their core functions (Department of Social Development). The NDMP (2006-2011) also outlines the role that each department should play in fighting the scourge of drug abuse.

As an extension of the National Drug Master Plan, the Department of Education has developed a Policy Framework on the Management of Drug Abuse in all Public Schools and Further Education and Training Institutions. The policy framework encapsulates recommendations made in the National Drug Master Plan and has been distributed to schools throughout South Africa. The policy framework focuses on prevention and early intervention based on a restorative justice approach. Drug abuse issues also form part of the curriculum, specifically within the life orientation learning area. The department has to ensure that life orientation programmes provide learners with relevant knowledge on drug abuse so that they can make appropriate choices when confronted with drugs. Guidelines for the Prevention and Management of Drug Abuse in all Public Schools and Further Education and Training Institutions have been developed and have been distributed to all schools in the country (NDMP, 2006-2011). An example of programmes formulated
at school is the HealthWise, which is a South African school-based programme designed to reduce sexual and substance use risk behaviour, and promote positive use of leisure time among high-school learners (Reddy, Panday, Swart et al., 2003).

2.11.2 The Prevention of and Treatment for Substance Abuse Bill

The Prevention of and Treatment for Substance Abuse Bill is the result of a legislative review that was undertaken of current legislation that deals with substance abuse, specifically the Prevention and Treatment of Drug Dependency Act 20/1992. It provides for a comprehensive national response for the combating of substance abuse; to provide for mechanisms aimed at demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and reintegration programmes.

2.11.3 The Drugs and Drug Trafficking Act (No. 140 of 1992)

This Act provides for the prohibition of the use or possession, or the dealing in, of drugs and of certain acts relating to the manufacture or supply of certain substances. It further provides for the obligation to report certain information to the police and for the exercise of the powers of entry, search, seizure, and detention in specified circumstances.

In addition to the above mentioned legislations which are being used to combat drug abuse in South Africa. There are several programmes which are being used to prevent drug abuse by school learners in the various South African provinces. These programmes include: Ke Moja, HealthWise, Teenagers against Drug Abuse (TADA), and many others.
2.11.4 Ke Moja

Ms Marishane a presenter at the 1st Biennial Summit on Substance abuse (2007) opened her address by explaining the meaning of Ke Moja: Moja - means “fine”, and Ke means “I”. Kemoja is a National Drug Awareness project which is focused on drug prevention. Ke Moja was developed by the United Nations Office on Drugs and Crime (UNDOC), National Department of Social development and Miles and Associates International-Success by Choice (MAI-SBC).

It is aimed at getting the youth, parents, civil society, and business involved in drug prevention. It is also focused on Identification of signs and behavioural patterns of drug abuse, intervention which focuses on referral to drug abuse rehabilitation as well as helping with the reintegration of drug abusers into the community. Members of the community trained to get skills and knowledge which they need to facilitate group information sessions where they educate children between the ages of 10 to 18 about the hazards of substance abuse.

2.11.5 HealthWise

HealthWise South Africa is a school-based programme designed to reduce sexual and substance use risk behaviour, and promote positive use of leisure time among high-school learners (students) (Wegner, Flisher, Caldwell, Vergnani and Smith, 2007). Based on successful programmes in the United States of America, HealthWise was developed for use in South Africa. HealthWise is a comprehensive life skills programme that aims to reduce risk behaviours by increasing the influence of protective factors such as positive behaviours and attitudes (Wegner, Flisher et. al, 2007). It adopts a positive youth development perspective. Targeted risk
behaviours include substance use and sexual risk behaviour. The protective factors include skills to make leisure positive and meaningful; self-management skills such as learning how to reduce anger, anxiety and stress; negotiating relationships; identifying and avoiding risky situations and learning facts about substance misuse and sexual health (Wegner, Flisher et. al, 2007)

One component of the programme involves elements of a Life Skills Training programme shown to be effective in reducing the onset of substance use (Botvin & Kantor, 2000) . It focuses on teaching developmentally appropriate skills, such as anger management and decision making, and includes lessons regarding the effects of specific substances (Wegner, Flisher et. al, 2007). The second component is an evidence-based leisure education intervention called TimeWise: Taking Charge of Leisure Time (Caldwell & Smith, 2003). TimeWise helps youth learn personally meaningful and healthy ways to use their free time, avoid boredom, develop interests, become aware of community resources and overcome constraints to participation in desired leisure activities (Denzin & Lincoln, 2003). The third component consists of an integrated approach drawn from a number of sexuality curricula, which aims to increase awareness of risky sexual behaviour and teach learners how to avoid sexual risk including pregnancy and transmission of HIV and other sexually transmitted infections (Wegner, Flisher et. al, 2007).

South Africa has a wide range of prevention programmes to reduce drug use in schools. Nonetheless, there is no guarantee that all schools in the country are making use of such preventative measures; hence the study seeks to find out from the learners and teachers if they are any means being used to prevent drug abuse in
schools. In the view of this, this study thus seeks to understand as well the drug prevention measures which are being used in schools.

2.12 Conclusion

Conclusively, this chapter has clearly highlighted that drug abuse has reached very bad levels in South Africa. The age of initial drug use is dropping and drug abuse is crippling into primary schools. However, it is such a good thing that the government is not turning a blind eye towards the drug problem. There are several preventative measures which are being implemented in a bid to reduce drug abuse. These measures consist of the Prevention and Treatment of the Drug Dependency Act of 2008 as well as the National Drug Master Plan of 2006-2011. The Department of Education and other national departments are also working very hard in trying to reduce drug abuse in South Africa.
CHAPTER 3: METHODOLOGY

3.1 Introduction
This chapter discusses the research methodology which was used in conducting the study. Research methodology includes the decisions that a researcher makes when it comes to how the research is to be carried out. Basically it is what makes social research scientific (Neuman, 2003). It is important to outline the methodology of a study as it helps the reader to acquire confidence in the techniques used (De Vos, Strydom, Fouche & Deport, 2005). Therefore, this chapter will cover the methods and procedures that were followed in conducting the study and these include research design, data collection techniques, instruments of data collection, sampling and data analysis.

3.2 Aims and objectives
Generally the aim of this study was to identify the most commonly abused drugs by learners in selected Grahamstown high schools and the reasons why they use these drugs. The study was guided by the following specific objectives:

a) To identify the most commonly used drugs by learners
b) To identify the reasons why learners use drugs
c) To assess gender correlates in drug abuse
d) To explore the drug abuse prevention measures by schools

3.3 Research questions
- What are the most commonly used drugs by learners?
- Why do learners use drugs?
- What is the gender correlates in drug abuse by the learners?
• What drug prevention measures are present?

3.4 Research paradigm

Research paradigm is the choice of paradigm that sets down the intent, motivation, and expectations for the research. According to Bogdan and Biklen (1998), the research paradigm influences the way knowledge is studied and interpreted. Without selecting a paradigm as the first step, there is no basis for subsequent choice regarding methodology, methods, literature, or research design. The commonly known paradigms are the quantitative and the qualitative paradigms.

Quantitative research is an enquiry into a social or human problem based on testing theory composed of variables, measured with numbers and analyzed with statistical procedures in order to determine if the predictive generalization of theory held is true (Creswell, 2009). Gravetter & Forzano (2009) also define it as a type of research that examines variables that typically vary in quantity (size, magnitude, duration or amount). They further highlight that, it is based on measuring variables for individual participants to obtain scores, usually numerical values, that are submitted to statistical analysis for summary and interpretation.

Another research paradigm is the qualitative research method. Qualitative research is a research strategy that emphasizes words rather than quantification in the collection and analysis of data (Bryman, 2004). Furthermore, De Vos et al. (2009), states that qualitative research is the empirical study of the world from the viewpoint of the person under study, and this approach aims to understand and interpret the meaning that subjects give to their everyday lives.
There is a third viable choice, that of mixed methods. Mixed methods research, involves combining quantitative and qualitative approaches (De Vos et al., 2011). According to Creswell (2009), the researcher collects and analyzes both forms of data in a single study. This study made use of the mixed method. The quantitative and qualitative data were collected concurrently, meaning that the researcher converged quantitative and qualitative data in order to provide a comprehensive analysis of the most commonly abused drugs by high schools learners in Grahamstown and the reasons why they do so (Creswell, 2009). The researcher thus collected qualitative and quantitative data at the same time during the study and then integrated the information in the interpretation of the overall results.

Quantitative and qualitative methods all have limitations, therefore the researcher felt that biases inherent in any single method could neutralize or cancel the biases of other methods. Drug abuse is a phenomenon which is not directly observable so a quantitative approach helped in determining the drugs which are used by learners and the reason why they do so. The study was conducted in a large town with a population which is quite big so the data was quantified since a lot of participants were asked to be part of the research. Furthermore, the quantitative method was used to obtain numeric data to provide accurate analysis of the drug abuse problem among students.

A quantitative design also helped the researcher to get answers on a short period of time because the data collection instruments of the quantitative design are quick and less time consuming. Quantitative data alone was going to be biased because sometimes learners do not give away all information because of fear to express
themselves. Therefore, the researcher chose to combine the quantitative and the qualitative methods. In this instance the researcher made use of the qualitative method through key informant interviews. Teachers and other professionals who work with learner helped in informing the researcher about the drugs mostly used by high school learners in the area. The qualitative method was used because it helped the researcher to get comprehensive textual data representing the views of teachers, social workers, and volunteers who work with high school learners. All in all the mixed method helped the researcher to acquire large amount of narrative data that described the meanings of the behaviour of using drugs amongst high school learners.

3.5 Research design

Definitions of research design are rather ambiguous (De Vos, Strydom, Fouche & Delport, 2009). Babbie & Mouton (2004), defines a research design as a plan or blueprint of how you intend conducting the research. Similarly, Kalichman; Simbayi; Kagee et al., (2006) defines it as: “a specification of the most adequate operations to be performed in order to test a specific hypothesis under given conditions.” It involves a set of decisions regarding what topic is to be studied, among what population with what research methods for what purpose (Babbie, 2007 as quoted by De Vos, Strydom et al., 2011).

Rubin and Babbie (2001) highlighted that a “research design” basically has two connotations. One connotation refers to alternative logical arrangements from which one or more can be selected. Examples are experimental research designs, correlational research designs and others in that category. The other category deals
with the act of designing the study in its broadest sense. This refers to all the
decisions we make in planning the study—decisions not only about what the overall
type or design to use, but also about sampling, sources and procedures for collecting
data, measurement issues and data analysis plans.

Therefore, in summation we can safely say that research design is the process
where the researcher specifies whether the study will involve groups or individual
participants and how many variables will be included in the study. It also highlights
the methods of data collection and the strategies which were used in choosing the
participants. Consequently, the main function of a research design is thus to enable
the researcher to anticipate what the appropriate research decisions should be so as
to maximise the validity of the eventual result (Mouton, 2006).

De Vos, Strydom et al. (2011) emphasize that, every research project requires a
research design that is carefully tailored to obtain appropriate data for investigating
the specific research hypothesis and/or question. As highlighted previously, this
study will make use of mixed methods that is both quantitative and qualitative
methods. Therefore, in quantitative method a survey design will be used and in the
qualitative the interview will be used.

3.5.1 Survey Research Design

A survey is a research study that uses a survey to obtain a description of a particular
group of individuals (Gravetter and Forzano, 2009). In survey research design, we
describe people’s responses to questions about behaviour and attitudes. Punch
(2005), also highlights that surveys are done mainly to describe some sample in
terms of simple proportions and percentages of people who respond in some way to different questions. It uses scientific sampling and questionnaire design to measure characteristics of the population with statistical precision. The purposes of survey research include description, explanation, prediction, and exploration.

Surveys are used extensively in the behavioural sciences as relatively efficient ways to gather large amounts of information (Gravetter & Forzano, 2009). The researcher chose a survey because it is the best method for describing the Grahamstown population, a population which is too large to observe directly. There are approximately nineteen high schools in Grahamstown and it was hard for the researcher to observe the school learners and to know the types of drugs they use. Therefore, a survey was the design which best suited the study. The survey was used as a design for the high school learners alone.

Through the survey design, the researcher was able to pose a series of questions to willing participants; summarize their responses with: percentages, frequency counts or more sophisticated statistical indexes, and then draw inferences about the Grahamstown high schools’ population from the responses of the sample. Hence a survey was used because it made it easy to generalize the sample results to the population because the sample derived from the survey design was a true representation of the population. A survey was also useful to the study because it allowed the researcher to explore drug abuse by high school learners in more detail and with a larger group of learners. Furthermore, a survey was used because it helped the researcher to produce detailed information on commonly abused drugs by high school learners and the reasons why they use these drugs.
3.5.2 Interview
De Vos, Strydom, Fouche and Delport (2001:292) define interview as a “conversation with a purpose” which is used to determine individuals’ perceptions, opinions, facts and forecasts and their reactions to initial findings and potential solutions. Interviewing was chosen because data from the learners alone was not enough. Comprehensive information from both the learners and the people who work with the learners with regards to the problem of drug abuse in Grahamstown was needed for authentic results. Using both the survey and the interviewing of key informants concurrently helped the researcher to provide more reliable and valid results.

3.6 Area of study
Grahamstown is a city in the province of Eastern Cape in South Africa. It is the seat of the Makana municipality. It is located some one hundred and thirty kilometres from Port Elizabeth it was established by British Settlers who came to South Africa in the early 1800s, particularly 1820. It was named Grahamstown after its founder, Lieutenant-Colonel John Graham, first commanding officer of the Cape Regiment, which had its headquarters in Grahamstown from 1811. Grahamstown is home to many schools as well as Rhodes University. Grahamstown is the only city in South Africa whose primary commerce sector is that of education (Makana Tourism, 2012). Whilst this statistic is surely abetted by the high cost of the private schools and the relatively small population, it has a remarkable number of schools per capita. There are approximately nineteen secondary schools in Grahamstown which include both private and public schools.
3.7 Population

A population is the entire set of individuals of interest to a researcher (Gravetter & Forzano, 2009). Seaberg (in De Vos et al., 2009) also defines the term population as the total set from which the individuals or units of the study area are chosen. Furthermore, Powers et al. (1985), as quoted by De Vos et al (2009) define a population as a set of entities in which all the measurements of interest to the practitioner or researcher are represented. These entities usually consist of people and they are generally all the people who have a chance to be selected to participate in the study. De Vos et al. (2009) concisely concur that a population is a totality of persons, events, organization units, case records or other sampling units with which the research problem is concerned.

It is important to define the population of the study because that is when the researcher clearly highlights who is supposed to have a chance of being part of the study and who is not. The population consisted of all high school learners in the different schools in Grahamstown. There are nineteen high schools in Grahamstown. The research only focused on the high schools in Grahamstown only because the results were supposed to be generalized to Grahamstown only.

3.8 Sampling

Sampling is the process of selecting individuals to participate in a research study (Gravetter & Forzano, 2009). Non-probability and probability sampling are two approaches used to select a research sample (Zechmeister, Zechmeister & Shaughnessy, 2001). Probability sampling was used in the study. According to Gravetter & Forzano (2009), in probability sampling, the entire population is known,
each individual in the population has specifiable probability of selection, and sampling occurs by a random process based on probabilities. Each person in the population has an equal chance of being selected to become part of the study. There are several types of probability sampling methods which include: simple random sampling, cluster sampling, stratified sampling and others. This study used cluster sampling in collecting data from the high school learners.

3.8.1 Sampling for high school learners

According to Rubin & Babbie (2011), cluster sampling is a method which is usually used when it is either impossible or impractical to compile an exhaustive list of the elements that compose the target population. Similarly, De Vos et al. (2009) also emphasize that this type of sample is sometimes used when a sampling frame such as a list of names is not available, but only a map of the relevant geographical area. Instead of selecting individuals, a sample is obtained by randomly selecting clusters (pre-existing groups) from a list of all the clusters that exist within the population (Gravetter & Forzano, 2009). The researcher chooses areas which are naturally grouped together, such as suburbs or street blocks (De Vos et al., 2009). Each cluster represents the whole population.

In selecting the sample the researcher randomly chose schools from the suburbs in Grahamstown. The suburbs, in this instance, which were the clusters where the samples of schools were selected consist of: Joza Location, Coloured Area, Town, Fingo Village, Tantyi, and Sunnyside. These are the residential areas of Grahamstown which range from high to medium densities. Although all the clusters consisted of schools, the schools had learners with different attributes. Furthermore,
all those schools have different rules and regulations for their learners and this helped in making the sample for each cluster heterogeneous.

In selecting the high school participants the researcher was introduced to the learners in their classes by the life orientation teachers. The researcher explained the purpose of the study to the learners and asked those who wanted to be part of the study to come to a common class which was selected as a venue. The samples on each school consisted of learners from both grade eight to eleven. At each school the learners were all in a common venue to fill in the questionnaires.

The cluster sampling method had the advantage of concentrating the field study in a specific section of the greater geographical area, and thus helping the researcher to save costs and time (De Vos et al., 2009). In addition, cluster sampling helped the researcher in obtaining a large sample in a short period of time since the sample was selected from pre-existing groups which are naturally grouped together.

3.8.2 Sampling for key informants

The researcher used purposive sampling in selecting the key informants. Purposive sampling is a method whereby units from a pre-specified group are purposively sought out and sampled. According to Welman et al (2005), in purposive sampling the researchers rely on their experience and ingenuity. The researcher deliberately selected the participants with characteristics which suite the phenomenon of the study, which were life orientation teachers, volunteers and police who work with high schools learners. The rationale behind selecting this sampling strategy was to
choose only people who are knowledgeable about drug abuse by high school learners.

3.8.3 Sample

A sample is a set of individuals selected from a population and usually is intended to represent the population in a research study (Gravetter & Forzano, 2009). According to Terre Blanche and Durrheim (2002), a sample is “the process used to select cases for inclusion in a research study.” It sample helps in determining the specific type of participants who will be quite manageable for the researcher. The sample size is defined by the population because the sample is supposed to be a true representation of the population.

The population was too large so the researcher drafted a sample from the population using the Raosoft sample calculator. Raosoft sample calculator is computerised software which is used to calculate the sample size. The software has the advantage of having a very low sampling error. The software also helped in formulating a sample which is a true representation of the population because the population size was the one which was used in calculating a sample. However, the researcher had a duty of making sure that in that sample all the characteristics of participants in the population were there in the sample. This was useful in making the results more valid and reliable.

The sample of the research consisted of four hundred learners who were selected from three schools in Grahamstown. The sample was drawn from grade eight to eleven learners from the following schools: T.E.M Mrwetyana High School,
Marywaters High School, and Nathaniel Nyaluza High School. Each of the schools has an average of five hundred grade eight to eleven learners. The researcher intended to have four schools in the sample but failed to gain entry to one school, so the sample ended up having 3 schools only. The reason why the researcher chose three schools is because some of the schools are nearer to each other so the results of one school may be a true representation of the other.

In addition to the sample of high school learners, a sample of five key informants was used. The keys informants consisted of life orientation teachers, Teenagers Against Drug Abuse (TADA) facilitator and a policeman.

3.9 Data collection methods
Data collection methods are the tools that the researcher uses in collecting the primary data. The methods differ depending on the research design that one is using. As mentioned before, the research is both quantitative and qualitative in nature which means both quantitative and qualitative data collection methods were used.

3.9.1 Pilot testing
Pilot testing is the process whereby the researcher runs a mini-survey so as to check whether the questions in the questionnaire are clear enough for the respondents. This ensures that errors of whatever nature can be rectified immediately at little cost (De Vos et al., 2011). A pilot test also has the advantage of helping the researcher in estimating how long it takes to answer the questionnaire. A well defined time frame for answering the questionnaire is essential; especially when the researcher is
asking people to participate in the research because people always want to know how much of their time will be used in that: pilot testing also improves validity. Gravetter and Forzano (2009), define validity as the degree to which the study accurately answers the question it was intended to answer.

The researcher went to Nombulelo High School in Joza Location, Grahamstown and randomly selected learners and asked them to answer questions. Nombulelo High School was not part of the research sample. The reason why the researcher did the pilot test using a non participating school was to avoid learners influencing each other on how to answer the questions in the actual study. If learners influence each other on how to answer questions it could have led to biased results, so the researcher wanted to avoid that.

3.9.2 Data collection for high school learners

This research specifically used the questionnaire as the instrument of data collection in quantitative data. The basic objective of a questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on the particular issue (De Vos et al., 2011).

In each school the learners were gathered in a common venue and each willing participant was given a questionnaire to complete. The questions were answered individually and the researcher was there to clarify unclear questions to the learners. This method was advantageous because a significant amount of time and cost were saved since the whole group of respondents completed the questionnaire at the same time and the learners were exposed simultaneously to the same stimulus. It
was easy for the researcher to obtain a common venue for the learners to answer the questionnaires because the life orientation teacher organised the venue.

The questions for the questionnaire were derived from tested questions of previous studies such as the questions from a study by Dube (2007) on: “social factors influencing adolescent drug abuse in high schools in Atteridgeville” as well as a study by Mzingisi Nimrod Pama on “investigating the learners’ perceptions on the factors that influence learners to use and abuse drugs: a case study of one secondary school in the Eastern Cape Province” as well as the study of Hamdulay and Mash (2009) on the prevalence of substance use amongst students attending high school in Mitchells Plain, Cape Town.

3.9.3 Data Collection for key informants

The researcher made use of interviews to collect data from the key informants. Kvale in De Vos et al (2009) defines qualitative interviews as “attempts to understand the world from the participant’s point of view, to unfold the meaning of people’s experiences, and to uncover their lived world prior to scientific explanations.” The researcher chose the interview as a complementary data collection tool for the study because comprehensive information about drug abuse by learners also needed to be gathered from people who also work with the learners. The key informants helped in giving clarity on all the drugs that learners use. The researcher compiled an interview guide and extensive field notes were used for recording the data. The questions helped to keep interaction during interviews more focused.
3.10 Data presentation
Data presentation refers to the way that the research findings are going to be communicated. This study made use of tables and bar graphs in the data presentation.

3.11 Data analysis
Data analysis usually involves reducing accumulated data to a manageable size, developing summaries, looking for patterns, and applying statistical techniques (De Vos, 1998). Nowadays quantitative data analysis has become relatively easy, with clear step-by-step processes and the aid of computerised data analysis software (De Vos et al., 2009). The collected data from the learners was analysed quantitatively with the help of a statistician from the Statistics Department at the University of Fort Hare. Frequencies, tables, and pie charts were used to describe the data. The Statistical Analysis System (SAS) V8 was used to provide descriptive analysis and correlations.

Content analysis was used in the analysis of qualitative data. The interview guide questions were guided by the research question so the qualitative data was used to compare the results from the learners.

3.12 Validity and reliability
Validity and reliability are two very important characteristics of a good research instrument. According to Copper and Schindler (2006), a researcher is duly responsible to ensure that the evidence and conclusions from a research can stand up to scrutiny. This will, however, depend on how scientifically good the measuring
instrument is. However, to ensure the credibility of the findings and conclusions of this study, certain steps were taken to ensure both the reliability and validity of the instrument so as to reduce the errors.

- **Reliability test**

Reliability is concerned with consistency of measures. The level of an instrument’s reliability is dependent on its ability to produce the same result when used repeatedly (Copper and Schindler, 2006). There are a number of procedures used to assess the reliability of measurement scales used in surveys (Cant, Gerber-Nel, Nel & Kotze, 2008). This study made use of Cronbach’s alpha to test for reliability (Cant et al, 2008). Cronbach’s alpha is a test for survey’s internal consistency. It is also referred to as scale reliability test. It is a measure of how well each individual item in a scale correlate with the remaining items. Reliability measurements of a test remain consistent over repeated tests on the same subject. Alpha coefficient ranges in value from 0 to 1. The higher the score, the more reliable is the generated scale. The Cronbach’s Alpha test was 0.05 showing that the instrument was reliable. Reliability for this study was further finely tuned by:

- Using a panel of experts to review the questionnaire for question phrasing and sequencing. The panel included my supervisor and a statistician, they were engaged in reviewing the questionnaires and the necessary recommendations were effected.
- Keeping open-ended questions to a minimum. This is clearly reflected in the questionnaire sample annexure A.
Validity

Validity refers to whether an instrument actually measures what it is supposed to measure given the context in which it is applied (Bless et al, 2006). Validity according to Cant et al. (2008) can be defined as the extent to which differences in observed scale scores reflect true differences between objects on the characteristics being measured, rather than systematic or random errors. The following types of validity were considered when designing and evaluating this research study:

- Face validity which refers to the fact that the concept being measured is done appropriately;
- Content validity which refers to the use of measures that incorporate all of the meanings associated with a specific concept;
- Criterion–related validity which is associated with establishing measures that help predict future outcomes in relation to specific criteria;
- Construct validity which is associated with a measure encapsulating indicators that are theoretically sound;
- Internal validity which refers to whether the cause, as contained in the hypothesis, produces the given effect in the research; and
- External validity which refers to the extent to which the results of the research can be generalized.

The steps that were taken in this study to ensure validity included the following:

- Using a statistician and a panel of experts to evaluate the research instrument. A statistician was engaged to carry out statistical tests on the validity of the research instrument and the results were positive.
• Pre-testing the research instrument through pilot testing at Nombulelo High School.

• The use of a large sample size greater than 50 and a margin of error not more than 5% and a confidence interval of 95%.

• Comprehensive review of literature, which was done in chapter two.

3.13 Ethical considerations

Research ethics places an emphasis on the humane and sensitive treatment of research participants who may be placed at varying degrees of risk by research procedures (Bless et al 2006). The researcher was guided by the following ethics: gaining entry, informed consent, confidentiality, avoidance of harm, release and publication of the findings.

3.13.1 Gaining Entry

Gaining entry is the process whereby the researcher gets permission from all the people who are linked to the respondents to carry out the research. The researcher approached the principals of the schools who were selected to be part of the study and requested for permission to conduct the study at their schools. The researcher first phoned the school principals for permission and oral permission was granted. Later on the researcher went to the schools to organize about the dates on when the study would be conducted. The researcher was given written permission to conduct the study. The permission letters are (Appendix C, D, and E).
3.13.2. Informed consent

Informed consent consists of voluntary participation of the participants after getting information which clearly describes the intention of the study. No use of force or coercion was used in selecting respondents for the study (Bless et.al. 2006). On the day of conducting the study the researcher explained the purpose of the study to the learners. The researcher also highlighted on the cover letter of the questionnaire that it is voluntary for the respondents to be part of the study or not to be.

After getting a common venue for the probable respondents, the researcher asked only learners who were willing to participate to remain in the venue so that they will be able to answer the questionnaires. The respondents were given five minutes to decide on whether they would like to be part of the study or not.

In collecting data from the key informants the researcher explained the purpose of the study to the participants and each participant was requested to complete a consent form (Appendix D). The researcher intended to record the interviews on audiotapes but most of the participants were not comfortable with that and extensive field notes were thus used.

3.13.3 Confidentiality

Sieber (1982:145) as quoted by De Vos et al (2005) defines confidentiality as “that which is not intended to observe or analyze”. In this study information acquired from the respondents was held confidentially through keeping the answered questionnaires in a safe and secure place. Furthermore, to ensure confidentiality the researcher did not ask for the respondents’ names or any other details which will
make it easy for someone to identify where the answers on the questionnaire came from.

3.13.4 Avoidance of Harm
The researcher has ethical obligations of protecting subjects, within reasonable limits, from any form of physical discomfort that may emerge from the research project (Dane, 1990:44 quoted by De Vos, 2005). Subjects can be harmed in a physical or emotional manner. To avoid harming the respondent, no sensitive questions were put in the questionnaire. The respondents also answered questions whilst they are in a venue which is convenient for everybody.

3.14 Conclusion
In summation, this chapter discussed the research design and methodologies that were used to collect data. The study made use of both qualitative and quantitative research. The chapter also highlighted the tools used to analyse the data, the respective justification of the research design and methodology. Chapter 4 will consist of the narration, analysis and discussion of results.
CHAPTER FOUR: DATA ANALYSIS

4.1 Introduction

This chapter covers the empirical findings of this study and the interpretation of such findings. In interpretation, the immediate results will be translated into integrated and meaningful statistics and findings. Consequently, the objectives of this chapter are: (1) To systematically present the findings of the research study; and (2) To interpret the findings.

Data for this study was analysed using the descriptive statistics, means, Pearson correlation, and multiple regression analysis. Both quantitative and qualitative analysis approaches were used since the study was using a mixed method research design. Because of the huge volume of data to be analyzed only the summary results are presented in this chapter.

4.2 Empirical findings

4.2.1 Response rate

Response rate in survey research refers to the number of persons who answered the survey divided by the number of people in the sample. Table 4.1 depicts the response rate for this study.

Table 4.1: Response rate

<table>
<thead>
<tr>
<th>No. of questionnaires sent out</th>
<th>No. of questionnaires returned</th>
<th>Response rate</th>
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</thead>
<tbody>
<tr>
<td>400</td>
<td>350</td>
<td>87.%</td>
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400 questionnaires were distributed to learners but only 350 learners answered all questions and returned the questionnaires, thus making the response rate 87%. The response rate was calculated according to the total number of returned questionnaires from all the three participating schools.

4.2.2 Biographical information

This section identifies and discusses biographic factors that are related to the learners and the responses of research participants. Basic demographic analysis is used in the study for two reasons: to identify population characteristics in order to determine basic information about the respondent(s) and to provide identification material about the respondents such, age, gender. These questions were also important as other studies argue that these factors contribute to the high rate of drug abuse.

The age of learners was asked for so as to find out the average initial age of drug use by learners in Grahamstown. This information was necessary for the researcher because it will help people who work with learners to have information about which age groups they should start teaching learners about drug abuse prevention. The level of study for learners was asked for in order to find out the grades which mostly use drugs. Gender was also asked for so as to identify any differences or similarities in drug use by male and female learners. Figure 4.1 shows the number of learners with their age, gender and level of study who reported to be using drugs.
Figure 4.1: Age, Gender, and Level of study of respondents

Figure 4.1 (n=350), a total of 350 learners answered the questionnaires. The age range was from thirteen years to seventeen years. As shown in Figure 4.1, the highest number of the respondents (36%) was for grade eleven learners. Their average age group was seventeen to eighteen years. Grade ten learners had a 26% of respondents and the average age group was 16 years. Grade nine had an average age group of fourteen to fifteen years and with 21% of the respondents. Grade eight respondents had 24% of the respondents with an average age group of thirteen to fourteen years.

In relation to drug abuse, learners from the age of thirteen reported to be using drugs. Some of the learners reported that they started using drugs such as dagga and cigarettes at the age of ten years. These results are representative of the current extent of drug use in South Africa. According to the National Drug Master Plan (2006-2011), the age of experimentation with drugs has dropped to ten years. In support of this a report by SACENDU in February 2011 showed that children as
young as seven are abusing dagga and also that children in higher grades are using harder drugs (West Cape News, February 2011). Therefore, the results of this study clearly show that Grahamstown is no exception to the growing trend of drug use by school learners in South Africa.

4.2.3 Most commonly used drugs by learners

Learners were asked about which drugs they have ever used so as to get the most commonly used drugs by learners. Knowledge of the most commonly used drugs by students was regarded as important in recommending possible prevention and intervention measures. Learners and key informants responded to this question and the results are presented in Figure 4.2 and Table 4.2

**Figure 4.2: Responses on learners who use drugs.**

![Figure 4.2](chart.png)

Figure 4.2 (n=350), the results show that 25% of the male learners and 16% of the female learners use drugs. The majority of female learners (41%) do not use drugs. A small number of male learners (18%) do not use any drugs.
Figure 4.3: Responses from learners on commonly abused drugs

![Pie chart showing drug usage]

Figure 4.3 (n=144). The results indicate that the most commonly used drugs are: alcohol with a 58%, followed by cigarettes 22%, only 9% of the learners use hookah-pipe, 7% use dagga. Very few learners reported to be using mandrax (1%), glue (2%) and ecstasy (1%). There was no learner who reported to be using cocaine.

Key informants were also interviewed to give indepth information on what they took to be the commonly abused drugs by learners. The results from the key informants are shown below:

Table 4.2: Responses from Key Informants on commonly abused drugs

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Sub-theme</th>
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<tbody>
<tr>
<td>3. Commonly abused drugs</td>
<td>• Dagga</td>
</tr>
<tr>
<td></td>
<td>• Cigarettes</td>
</tr>
<tr>
<td></td>
<td>• Alcohol</td>
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</tbody>
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The above results in Figure 4.2, Figure 4.3 and Table 4.2, show that there is a consensus between learners ad key informants’ results on commonly abused drugs. Alcohol, cigarettes and dagga are commonly abused drugs by high school learners as shown on Figure 4.3. The key informants results also show that dagga, cigarettes
and alcohol are the commonly abused drugs by learners. These results appear to support a study by Taylor, Jinabhai, Naidoo et al. (2003) who reported that, substance use, including tobacco, alcohol, cannabis, and cocaine, is a common problem amongst school-going adolescents. Consistent with the above results is a national survey of risk behaviour among learners in grades eight to eleven at public high schools for 10 699, aged fourteen to eighteen years. The survey showed that the prevalence rates for learners who used a substance were 49.1% for alcohol, 30.5% for cigarettes and 12.8% for cannabis (Reddy, Panday, Swart et al., 2002). Another risk survey conducted in 2004 also indicated that nationally, 49% of teenagers use alcohol, 31% smoke and 13% use dagga regularly. Previous studies support the outcomes of this study that alcohol, cigarettes, and dagga are commonly used by learners.

As shown in Figure 4.3 alcohol is the most commonly abused drug by learners. In support of this key informants also reported that:

- “Learners drink alcohol because they can easily get it anywhere in the townships.”
- “There are different types of cheap alcohol and it is easily accessible to learners. Learners use alcohol as much as dagga. They mostly use it on weekends.”
- “To me alcohol is a common drug of use. However, learners don’t usually use it at school. They use it at home.”

The results on alcohol as one of the most commonly abused drugs, is a possible reflection of the current situation in South Africa. SACENDU in 2011 rated alcohol as the most commonly used and abused licit drug in South Africa. Parry, Myers, Morojele et. al, (2004) also pointed out alcohol as the most common substance of abuse (Parry, Myers, Morojele et. al, 2004).
In this study, cigarettes have also been highlighted by both learners (Figure 4.3) and key informants as commonly abused drugs. Some of the key informants reported that:

- “Cigarettes smoking is a common drug amongst learners. Kids do not take it as a drug, they think it’s something normal to do.”
- “we try by all means to reduce drug abuse but cigarette smoking has always been a hard. Learners are uncontrollable when it comes to cigarette smoking.”

Empirical evidence by other researchers shows that cigarettes are commonly abused by high school learners. It seems like cigarette smoking is becoming a norm amongst learners. The South African National Youth Risk behaviour survey in 2009 reflected that the prevalence of smoking nationally was at 46.7% for grade eight to ten learners. Furthermore, Hamdulay and Mash (2009) reported that lifetime tobacco smoking amongst adolescents aged between twelve and seventeen years is 22%. Tobacco is a socially acceptable and legal drug which is easy to access in South Africa. Most people do not take cigarettes as drugs such that they even ignore when children smoke. In South Africa the extent of cigarette smoking tolerance is seen by the way communities and families ignore learners who smoke cigarettes even when they are wearing their school uniforms. People are also reluctant to emphasize to learners that cigarettes are not supposed to be smoked by anyone under the age of eighteen. In this study learners also highlighted that they smoke cigarettes at the school premises especially at the toilets.

Figure 4.3 also shows that dagga is amongst the commonly used drugs, with 7% of the learners reporting to be using it. Furthermore, key informants also reported that
dagga is amongst the commonly abused drugs by high school learners. Some of the key informants reported that:

- “Actually I think dagga is the most commonly abused drug by learners. Learners do not drink alcohol to school because they can be easily caught. They usually prefer dagga and cigarettes because when the smoke its hard for teachers to smell it.”
- “Well I find dagga to be the commonly abused because learners believe it makes them intelligent. When I speak to them they tell me that dagga also makes them confident.”

In support of the results of this study, Hamdulay and Mash (2009) reported that, dagga is the most common illegal substance used in South Africa with a prevalence of up to 10% amongst adolescents. In addition to this, a study by Mati and Feni (2004) in Mdantsane East London showed that grade eleven girls were arrested for baking and bringing dagga cookies to school. SACENDU in their 2011 annual report also reported that in the Eastern Cape (EC) the main primary substances of abuse reported by the treatment centres from January – June 2010 were alcohol and dagga. Learners could be abusing dagga because it is a drug which is easily available in townships. Since the drug is sold illegally the suppliers of the drug only focus on getting money and not whom they sell to such that any person including young children can buy it as long as they have the money.

Although learners and teachers note alcohol, cigarettes and dagga and commonly abused drugs it seems like hookah-pipe is increasing usage by learners in Grahamstown. Nine percent of the learners reported to be using the legalised special type of unfiltered tobacco. It seems like people who work with the learners are unaware of the growing trend for using hookah-pipe because they did not note it as a common drug which is abused by learners. Therefore these results will help service
providers to work towards more effective drug abuse prevention when they have full knowledge of commonly abused drugs.

4.2.4 Reasons for drug abuse

The researcher wanted to establish the motivation behind drug use by high school learners. A question on who the learners stay with was asked. The other question consisted of choosing options as the reasons why learner use drugs. The results are on Figure 4.4, Figure 4.5 and Figure 4.6.

Figure 4.4: Person who stays with the learner

![Bar chart showing the distribution of learners staying with different individuals.]

Figure 4.4 (n=350), the results show the person who stays with the learner. The researcher wanted to test the relationship between the drug abuse by learners and the link it had with the person whom they stay with at home. The learners were given an option to choose on whether they stay with a parent, guardian, or any other person. Sixty-nine percent of the learners stay with their parents and thirty-one percent stay with their guardians. Chi-square test was done to check the relationship between drug use by learners and the influence of parent or guardian. The probability value (p-value) is 0.09 meaning that the correlation is insignificant since
the p-value is greater than 0.05. The results indicate that there is no significant relationship was found between drug use by learners and the influence of parent or guardian. Most the learners reported that they are not influenced by their parents or guardians to use drugs.

**Figure 4.5: Responses on whether learners influence each other to use drugs**

All the 350 learners were asked to give their views on the effects of peer pressure for drug abuse by learners. The majority of the learners (56%) showed that learners influence each other to use drugs. However, 44% of the learners reported that learners do not encourage each other to use drugs.

**Figure 4.6: Responses from learners on reasons for drug use**
The learners were given options to choose the reasons why they use drugs. Most learners (29%) showed that they use drugs to be accepted by friends, 26% for curiosity, 16% drug use by teachers or parents as a motivating factor, 11% availability of drugs and 6% a lot of pocket money.

Table 4.3: Reasons for learner drug abuse according to key informants

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Sub-theme</th>
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| 1. Reasons for drug abuse | • Friends  
|                     | • Neighbourhood  
|                     | • Role models       |

Data collected from the key informants shows that key informants strongly believe that friends, neighbourhood, and role models are the main reasons why learners abuse drugs. Figure 4.6 show that friends greatly influence other learners to use drugs. The majority (69%) of the learners believe that peer pressure is the main factor which leads to drug abuse by high school learners. The key informants also supported this view; some of the key informants reported that:

- “Most of the learners who use drugs are learning it from bad friends.”
- “Peer pressure plays a very important role with the majority of learners.”
- “I have realized that those who play with wrong friends gang up together and start using the drugs.”

Learners are influenced by friends to use drugs mostly because learners spend most of their time during the year at school such that their friends play a very important role in influencing the way they think. Best friends are positively related to adolescent drug use both directly and indirectly (Kemppainen et al., 2008). In support of the
above results, Elliott’s Intergrated Delinquency Model stipulates that, strong bonding with “deviant” peers is the primary cause of drug use. Furthermore, Bukstein (1996) reported that favourable statements or attitudes towards substance use by close friends and admired peers contribute to drug abuse by learners. A study by Orisatoki, Jayaraj & Oguntibeji (2008) confirmed this conception, 79% of learners in this study revealed peer pressure as the most common reason for misusing substances.

The role that teachers, parents, television personalities, politicians, sportsmen, and many other popular people in the society play in influencing drug abuse by learners cannot be ignored. In Figure 4.6, it is shown that, 16% of the learners reported that role models can be a motivating factor to drug abuse by them. In support of this, some of the key informants reported that:

- “Technology and media has turned around the way our children think, children start watching movies at a very young age where they see people using drugs and they grow up thinking that drinking beer or smoking cigarettes is good.”
- “Children are copying their parents and at times siblings. Sometimes you ask them why they smoke cigarettes and they will rudely ask you, who are you to ask me that, my father smokes and he never asked me why I smoke.”
- “Well is a common thing that learners are using drugs because their parents or other family members do so.”

The above results are consistent with literature review which highlight that parents, social media and peers play an important role in influencing learners to use drugs. Van Schoor et al., (2008) reported that family background of adolescents play an important role in the way they learn early drinking practices. Parents’ own drinking has been shown to influence their children’s drinking throughout their lifetime (Barlow & Durand, 2005). This goes hand in hand with Bandura’s social learning theory
which posits that adolescents learn drug abuse from role models which include parents, friends, and other celebrities. Nevertheless, this notion is not very common though in this study where only 5% of the learners reported to be using drugs because their parents or guardians use drugs. Parental influence on drug use by high school learners seems to be having minimum effects on the attitudes and perceptions of the learners on drug use. This outcome confirms the notion of Ferdinand (1992: 105) who reported that peer group influence on alcohol and drug use is more important than parental influence. Results from the learners show the peers have more impact in influencing learner drug abuse than parents.

In the responses of learners on Figure 4.6, availability of drugs turned out to be one of the main reasons why learners use drugs, where 11% of the learners supported this view. Literature review in support to this reason confirms that, it is known that access to alcohol is a strong determinant of alcohol consumption, particularly among young people (Babor et al. 2003). There was an informal study on accessibility of drugs by learners which was done by the Daily Dispatch Newspaper in East London South Africa, in the year 2006 to see if supermarkets / shops were abiding by the current tobacco legislation (Andrew, 2006). An exercise was performed whereby a thirteen year old youth was asked to go into seven different shops around the coastal town to purchase a packet of cigarettes. Only one shop refused to sell the cigarettes to him. This confirms how reluctant people are in implementing laws which discourage children under the age of eighteen to use drugs. Hence it becomes very easy for learners to access drugs especially alcohol and cigarettes.
Another reason for drug use by learners is neighbourhood where the learner stays in. In Table 4.2, results from key informants show that neighbourhood where a learner comes from reinforces the learner’s attitudes and perceptions towards drug use. Some of the key informants reported that:

- “If a learner comes from a house where they sell beer or other drugs children grow up using those drugs because it’s normal for them.
- “I have realized that most of the learners who stay in the coloured community use a lot of drugs including cigarettes and alcohol, children from black townships mostly use dagga because it is easily accessible to them.”

Theoretical frameworks for this study confirm about how neighbourhood influences learners to use drugs. Bronfenbrenner’s ecological model posits that, individual behaviour is considered within a nexus of interconnected and nested social systems including the individual, family, school, peer, neighbourhood, community, and culture. The model is divided into microsystem, mesosystem, exosystem, and macrosystems. The macrosystem consists amongst other things, the cultural beliefs which people hold. There is also a link between learner drug abuse and their cultural belief. For instance, in the Xhosa neighbourhoods learners believe that circumcision shows that one has grown up to be a man. On the welcome ceremony when the teenager is coming from the bush after circumcision, the teenagers are allowed to drink alcohol, which includes the alcohol spirits. Mostly the young Xhosa boys go for circumcision when they are still at their high school after the welcome ceremony of the circumcision; some young men who are still attending school do not stop using alcohol. They will continue using alcohol because they will be arguing that they are now grown up men since they were circumcised. This shows that alcohol is
High school learners also highlighted some personal causes of drug abuse. In Figure 4.6, 25% of the learners reported to be using drugs out of curiosity. The curiosity of the learners is justified by Erick Erickson’s theory of development which highlight that during adolescence, children are on the stage of identity versus role confusion. In this stage children experiment with a lot of things which include drugs whilst they are searching for their proper identity. Some will continue using the drugs later and others just try it once and they leave it if it does not work for them. Some learners reported that drugs increases intelligence and that is the reason why they use drugs. This outcome shows that drug prevention should also focus on teaching learners about truths and lies of drugs because learners will use drugs without because of some desired outcome like intelligence which will never materialize.

4.2.5 Gender correlates in drug abuse by the learners

The researcher also had an objective of checking the differences on male and female learners on drug abuse trends. The results are presented below:

**Figure 4.7: Commonly abused drugs by male learners**
The above results show that alcohol is the most commonly used drug (48%) by male learners. Cigarettes are the second mostly used drugs with a 30% of use, dagga is 9% and Hookah-pipe 8%. The least used drugs are glue (3%), Ecstasy (1%) and Mandrax (1%).

**Figure 4.8: Commonly abused by female learners**

In female learners cigerattes were the most commonly used drugs (46%). Alcohol had a slightly low usage (39%), by the learners. The least common drugs are Dagga (8%), Hookah-pipe (6%) and Mandrax (1%).
The results on (Figure 4.7 & Figure 4.8) show that, of the three hundred and fifty learners who responded to the questionnaires, 41% of them reported to be using drugs. Differences in drug use between male and female learners were noted. Twenty-five percent of the male learners and sixteen percent of the female learners reported to be using drugs. The results also indicate that, males abuse alcohol, dagga, and hookah-pipe more than female learners. The results were as follows: Alcohol (males- 48%, females- 39%), Dagga (males- 14%, females-8%), and Hookah-pipe (males-8%, females-7%). The differences in the use of hookah-pipe were slightly different amongst both males and females.

Empirical evidence in relation to this study shows that there are differences in drug use depending on a drug. Onya and Flisher (2008) did a study on the prevalence of substance use among rural high school students in Limpopo Province, and the results were: alcohol (6.4%), cigarettes (10.5%), cannabis (1.4%), glue (1.2%), and spirits (0.8%). For all the substances, males had higher prevalence rates than females. Another study by Flisher et al. (2003) highlighted the prevalence rates for use of cigarettes, alcohol, and cannabis among high school students in Cape Town. In the results the prevalence rates for drug use among grade eight and eleven learners were: cigarettes (27%), alcohol (31%), and cannabis (7%). Rates were low for black females.

Previous studies have shown that males are generally more prone to use drugs than females. The reason why males use more drugs could be that males: (a) start drinking alcohol at an earlier age than females, and (b) be more likely than females to drink alcohol and to drink heavily (Harrison and Luxenburg, 1995). Quay and
Werry, (1996) in Reddy et al. (2002) also reported that Alcohol and Other Drugs (AODs) are more prevalent among males than females. However, there was some great difference in the use of cigarettes, not all situations are similar when it comes to drug use by female learners in Grahamstown. Females turned out to be using cigarettes more than males (female- 46%, males-39%). The behind this could be that there is a myth amongst South African women that cigarette smoking makes one to lose weight. These learners could be using this drug for such reasons then.

4.2.6 Effects of drug use

The researcher asked for effects of drug abuse. The effects of drug abuse were necessary to be investigated so that drug abuse prevention can focus on that. Learners were asked about the effects they thought drugs have on people. Figure 4.9 shows the responses which were given.

**Figure 4.9: Effect of drug use**

![Effects of drug use](image)

In Figure 4.9 (n=350), the results show that the majority of the learners (38%) think that drugs reduce stress, whilst 23% of the learners think that drugs make one feel
happy. 15% of the learners think that they increases intelligence and 13% think that drugs affects concentration. A few learners (11%), think that drugs lead to conflict.

Figure 4.9 show also that 38% of the learners believe that drugs help to reduce stress. Other children (23%) believe that drugs makes people feel happy. Increasing intelligence, affecting concentration and leading to conflict were some of the other noted effects of drug use by school learners. These effects clearly reveal that learners do not have facts about drugs. They give effects of drug use based on the myths which make them use drug, for example: some learners use drugs such as alcohol because they think that it’s a gateway to adulthood. Other learners smoke dagga because they believe that it makes them be more intelligent.

Table 4.4: Responses of key informants on effects of drug abuse

<table>
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<tr>
<th>Main theme</th>
<th>Sub-theme</th>
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<tbody>
<tr>
<td>4. Effects of drug abuse</td>
<td>• Poor performance</td>
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<tr>
<td></td>
<td>• Dropping out of school</td>
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<tr>
<td></td>
<td>• Violence at school</td>
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<td></td>
<td>• Stealing</td>
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<td></td>
<td>• Malicious damage to school property</td>
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<td></td>
<td>• Expulsion from school</td>
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As shown on Table 4.4, the effects of drug abuse by learners are: poor performance at school, dropping out of school, violence at school, stealing, malicious damage to school property and expulsion from school. Some of the responses from the key informants are shown below:

• “It is very sad that these learners who use drugs find it hard to concentrate in class and they get frustrated on the way when they are failing to cope and mostly they end up dropping our of school.”
“Well it might not be all of them but the majority of learners steal small things at home to buy drugs, some even steal other learners’ belongings so that they can feed their drug habit.”

“Learners who use drugs are not scared to use dangerous weapons on other learners when they have arguments, they can stab a fellow learner. I find them to be very dangerous.”

Knowledge on the effects of drugs on learners needs to be told both to learners and their significant other so that everyone will play a role in minimizing drug use by learners. This information will also help learners to learn more about drugs and get rid of the drug abuse myths like the belief that dagga brings in intelligence. (More narratives from the key informants are needed here to support your claims)

4.4.7 Drug prevention measures

This section presents findings on the methods used to address drug abuse in the high schools. Information was also sought on whether these methods are effective or not according to the respondents’ point of view. Data was collected from high school learners and key informants. The results are presented below:

**Figure 4.10: Responses on punishment after drug use by learners**

The majority of learners reported that heavy punishment for learners who use drugs is not used at their school. However, other learners reported that it is used frequently at their school and a small number of them reported that heavy punishment is used
less frequently. The less use of heavy punishment for learners who use drugs could be due to the banishment of corporal punishment for children in South Africa. Teachers are now using behaviour modification ways instead of punishing children who go against rules and regulations. For example when asked how they deal with learners who use drugs one life orientation teacher reported that:

- “As life orientation teachers we usually help in counseling learners, however if we find the problems being too much for us we refer the learners to GADRA Advice or Department of Social Development for professional help by social workers.”

In Figure 4.10, it is also shown that most of the time when learners use drugs parents are usually called to come to school. Few learners reported that the parents are never called to come to school to solve drug use by learners. Furthermore, the results show that guidance and counselling is very unpopular in the selected schools. This shows that the schools are making efforts to try to end drug abuse by learners through involving parents to help deal with their children’s ill behaviour.

Suspension from school when you use drugs seems to be a very common matter in the schools. The majority of the learners highlighted that suspension is used frequently in their schools. The results also show that they are incidencies where learners are expelled from school when they abuse drugs. Although the majority of the learners agree that expulsion is oftenly used in their schools, some learners highlighted that expulsion is never used in their schools. Mostly, school principals become over protective of other learners and they prefer excluding those who use drugs because they get scared that all learners will be influenced to use drugs. More effective measures which help even the child who uses drugs need to be implemented in Grahamstown schools.
Table 4.5: Responses by key informant on drug abuse prevention

<table>
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<th>Main theme</th>
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<tr>
<td>Prevention measures being used</td>
<td>• Teenagers against drug abuse</td>
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<tr>
<td></td>
<td>• Counselling by life orientation teachers</td>
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<tr>
<td></td>
<td>• Referral to other organizations</td>
</tr>
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<td>• Calling parents</td>
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There was consensus amongst key informants that counselling of learners and group work with volunteers are the measures which are being used in the respective schools to deal with drug abuse. Examples of responses from the key informants are as follows:

- “We have a group Teenagers against Drug Abuse which is managed by the Department of Social Development. It is helping the children in teaching them about the drugs and why they mustn't use drugs.”
- “They are rare cases we learners who use drugs are expelled from our school, this is done so that those learners don't influence innocent learners.”

All the life orientation teachers also reported of the Teenagers against Drug Abuse (TADA) programme which is facilitated by the Department of Social Development. In this programme volunteers go to the schools and teach learners about drug abuse and its dangers. Some of the other measures being used to deal with the drug problem consist of referring learners for counselling to social workers as well as calling parents to school to discuss about the drug abuse problem of their child. Although key informants reported about TADA as a drug abuse prevention method, it seems like there are few programmes which focus on helping learners who are already using drugs. An unfortunate thing for Grahamstown is that they no longer
have the South African National Council on Alcoholism (SANCA), where children can get drug abuse treatment.

The results from the learners (Figure 4.10) show that most of the time when learners use drugs parents are frequently called to come to school. Few learners reported that the parents are never called to come to school to solve drug use by learners. The majority of the learners reported that guidance and counselling is not used in their schools. The majority of the learners also highlighted that suspension is used oftenly in their schools. Expulsion from school has also been reported to be a measure that is being used to deal with the drug problem in the school. There is less treatment for drug use by learners and this needs serious attention because drug prevention alone is not effective, it works hand in hand with treatment. The schools in Grahamstown need to work closely with social workers so as to help learners who use drugs both through treatment and behaviour modification through counseling and lifeskills training. In support of this, Shauri (2007) reported that drug abuse counseling, help a drug dependent person find personal will power and resources in the community so that he or she can adjust, cope and lead a productive life free from such dependence.

Figure 4.11: Responses from learners on suggested ways for preventing drug abuse
The study attempted to get responses from learners on what they believed to be the best way to reduce the drug abuse problem in Grahamstown. The learners were given options to highlight which ways they thought to be best for reducing drug abuse. The learners suggested inviting guest speaker, guidance and counselling, peer counselling and strict school rules as the ways to prevent drug abuse by learners. Figure 4.11 highlight that, 29% opted for inviting a guest speaker who talks about the dangers of drug abuse. 21% of the learners chose guidance and counselling whilst 19% of the learners supported peer counselling. On the other hand, 18 % of the learners supported strict school rules and 13% were in support of drug education.

Key informants were also asked to suggest way which they thought to be effective in reducing drug abuse by learners. The results are shown in Table 4.6 below:

Table 4.6: Responses from key informants on suggested ways for preventing drug abuse

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How to prevent drug abuse

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<tr>
<th>How to prevent drug abuse</th>
<th>Inviting guests who once used drugs</th>
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<tr>
<td></td>
<td>Peer education</td>
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<td></td>
<td>Strictness to learners who use drugs</td>
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<td>Empowering parents</td>
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The suggested ways for drug prevention by teachers, social workers and volunteers were as follows: inviting guests who once used drugs, peer education, strictness to learners who use drugs and empowering parents so that they know how to prevent their children from using drugs. The key informants reported that:

- “Active participation of learners through peer education can be very effective to reduce drug abuse by the learners.”
- “I believe parents must also be involved especially when they are drug abuse campaigns. They also need to be taught to discourage their children to use drugs.”
- “Since peers motivate learners to use drugs, peers must also be used to help learner stop using drugs.
- “Expulsion of learners who use drugs and inviting guests to talk about drugs can be effective.”

Looking at the results from learners and key informants it is clear that peer education, inviting guests and strictness to learners who use drugs are probable effective drug abuse prevention methods. Since learners know what is good for them, it is highly recommended that inviting guest speakers be the first method to be implemented because most learners the majority of learners supported this notion. The learners are children who are still growing up and they are easily motivated by successful people, therefore motivation from people who once used drugs or those who never used drugs can be very effective in discouraging drug use by the learners. These guest speakers will thus act as role models for these learners.

On the issue of role modelling, the social learning theory by Bandura emphasize that the roots of drug use does not originate in an adolescent’s own substance-specific cognitions but rather in the drug-specific attitudes and behaviours of people
who serve as the adolescent’s role models, especially close friends and friends who use substances (Petratis et al., 1995). Hearing influential role models speak favourably about substance use and people who use substances might promote the onset of substance use by learners (Brandt, 2006). Therefore, in that view on prevention of drug abuse this theory suggests that substance-using role models be made less salient and substance-abstaining role models more salient. The more the learners have role models who do not use drugs that will be the less chances of seeing a lot of learners who use drugs.

4.3 Conclusion

In conclusion, this chapter presented the data which was attained from the learners and key informants. A discussion on the research results was made, whereby the research compared the quantitative data and qualitative data of this study, as well as comparing those results with empirical evidence which was discussed in the literature review in Chapter 2. Chapter 5 consist of the summary of the findings, recommendations, and conclusion of the study.
CHAPTER 5: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

The main aim of the study was to identify the most commonly abused drugs by learners in the high schools of Grahamstown and the reasons why they use these drugs. This chapter focuses on presenting the findings and conclusions of the study based on the objectives of the study. The objectives of the study were:

e) To identify the most commonly used drugs by learners
f) To identify the reasons why learners use drugs
g) To assess gender correlates in drug abuse
h) To explore the drug abuse prevention measures at schools

The study was also guided by the following research questions:

- What are the commonly abused drugs by learners?
- Why do learners use drugs?
- What is the gender correlates in drug abuse by the learners?
- What drug prevention measures are present?

The findings of the study are presented in line with the stated objectives.

5.2 Findings and conclusions of the study

5.2.1 Commonly used drugs by learners

Empirical evidence from the learners shows that, 25% of the male learners and 16% of the female learners use drugs. This means that 41% of the respondents confirmed they were using one or two drugs. This should be a worrying trend for service
providers because close to half of the high school learners reportedly use drugs. There is also a worrying trend with regards to the initial age of drug use. Learners from the age of thirteen claimed to be using drugs. Some of the learners reported that they started using drugs such as dagga and cigarettes at the age of ten years.

The results from the study show that drug abuse by learners in Grahamstown is a reality. The most commonly used drugs by learners were found to be: alcohol with a 58%, followed by cigarettes with 22%. Only 9% of the learners use hookah-pipe, and 7% use dagga as shown in Figure 4.3 and Table 4.2. Very few learners claimed to be using mandrax (1%), glue (2%) and ecstasy (1%). There was no learner who reported to be using cocaine. Teachers, a social worker and a volunteer were also interviewed and they reported that dagga, cigarettes and alcohol are the commonly abused drugs by learners. Learners’ responses indicated that there is a growing trend of the intense use of hookah-pipe among learners. Hookah-pipe seemed even more popular than dagga. 9% of the learners reported to be using hookah-pipe while only 7% of the learners reported to be using dagga.

These results appear to support findings of previous studies. Consistent with the above results is a study by Taylor, Jinabhai, Naidoo et al. (2003) who reported that, substance use, including tobacco, alcohol, cannabis, and cocaine, is a common problem amongst school-going adolescents. Alcohol has been rated as the most commonly used and abused licit drug in South Africa (SACENDU 2011). These results are also in support of the findings of this study. Supporting the results of this study, the Central Drug Authority (CDA) in 2009 reported that twenty percent of South Africa's population have a drug problem of drinking too much alcohol, smoking
dagga, sniffing cocaine and other drugs. In Grahamstown hookah-pipe is being added on the list of other drugs which are being used by learners.

5.2.2 Reasons why learners use drugs

The study was aimed at investigating the reasons why learners use drugs so as to provide best drug prevention methods in Grahamstown. Learners and teachers were asked several questions in line with this objective. Firstly, the researcher wanted to check the relationship between drug abuse and the person whom the learner stays with. The learners were given an option to choose on whether they stay with a parent, guardian, or any other person. Sixty-nine percent of the learners stay with their parents and thirty-one percent stay with their guardians. Chi-square test was done to check the relationship between drug use by learners and the influence of parent or guardian. The probability value (p-value) is 0.09 meaning that the correlation is insignificant since the p-value is greater than 0.05. The results indicate that there is no significant relationship was found between drug use by learners and the influence of parent or guardian.

The study also sought to check if learners influence each other to take drugs, the majority of the learners (56%) showed that learners influence each other to use drugs. However, 44% of the learners reported that learners do not encourage each other to use drugs. 29% of the learners showed that they use drugs to be accepted by friends and 26% for curiosity. 16% cited drug use by teachers or parents as a motivating factor, 11% cited availability of drugs and 6% had a lot of pocket money.
Therefore, in this study the main reason why learners use drugs has turned out to be peer pressure. In support of this, Elliott’s Intergrated Delinquency Model stipulates that, strong bonding with “deviant” peers is the primary cause of drug use. Kemppainen et al., (2008) report that best friends are positively related to adolescent drug use both directly and indirectly. Furthermore, Bukstein (1996) reported that favourable statements or attitudes towards substance use by close friends and admired peers contribute to drug abuse by learners.

Bandura’s social learning theory also posits that adolescents learn drug abuse from role models which include parents, friends, and other celebrities. Nevertheless, it should be noted in this study that parental influence on drug use by high school learners has minimum effects on the attitudes and perceptions of the learners on drug use. Learners receive encouragement from their peers more than from parents. This outcome confirms the notion of Ferdinand (1992: 105) who reported that peer group influence on alcohol and drug use is more important than parental influence. Learners are influenced by friends to use drugs mostly because; learners spend most of their time during the year at school such that their friends play a very important role in influencing the way they think.

5.2.3 Gender correlates in drug abuse

The researcher also had an objective of checking the differences on male and female learners on drug abuse trends. Differences were noted in the trends of drug use, 25% of the male learners reported to be using drugs while 16% of the female learners reported to be using drugs. Alcohol is the most commonly used drug (48%) by male learners. Cigarettes are the second mostly used drugs with a 30% of use,
dagga is 9% and Hookah-pipe 8%. The least used drugs are glue (3%), Ecstasy (1%) and Mandrax (1%). Slight differences were noted in the types of drugs used by female learners and the extent of use for such drugs. In female learners cigarettes were the most commonly used drugs (46%). Alcohol had a slightly low usage (39%), by the learners. The least common drugs among female learners are Dagga (8%), Hookah-pipe (6%) and Mandrax (1%).

The results also indicate that, males abuse alcohol, dagga, and hookah-pipe more than female learners. The results were as follows: Alcohol (males- 48%, females-39%), Dagga (males- 14%, females-8%), and Hookah-pipe (males-8%, females-7%). The differences in the use of hookah-pipe were slightly different amongst both males and females. The reason why males use more drugs could be that males: (a) start drinking alcohol at an earlier age than females, and (b) be more likely than females to drink alcohol and to drink heavily (Harrison and Luxenburg, 1995). Quay and Werry, (1996) in Reddy et al. (2002) also reported that Alcohol and Other Drugs (AODs) are more prevalent among males than females. However, there was some great difference in the use of cigarettes. Females turned out to be using cigarettes more than males (female- 46%, males-39%). Behind this could be the myth amongst South African women that cigarette smoking makes one to lose weight. These learners could be using this drug for such reasons then.

5.2.4 Drug abuse prevention measures by schools

Learners highlighted that in their schools most of the time when learners use drugs parents are usually called to come to school. Furthermore, the results show that guidance and counselling is very popular in the selected schools. This shows that
the schools are making efforts to try to end drug abuse by learners through involving parents to help deal with their children’s ill behaviour. Suspension from school when you use drugs seems to be a very common matter in the schools. The majority of the learners highlighted that suspension is used frequently in their schools. The results also show that there are incidencies where learners are expelled from school when they abuse drugs.

There was consensus amongst key informants that counselling of learners and group work with volunteers are the measures which are being used in the respective schools to deal with drug abuse. All the life orientation teachers also reported of the Teenagers against Drug Abuse (TADA) programme which is facilitated by the Department of Social Development. In this programme volunteers go to the schools and teach learners about drug abuse and its dangers. Some of the other measures being used to deal with the drug problem consist of referring learners for counselling to social workers as well as calling parents to school to discuss about the drug abuse problem of their child.

Although key informants reported about TADA as a drug abuse prevention method, it seems like there are few programmes which focus on helping learners who are already using drugs. An unfortunate thing for Grahamstown is that they no longer have the South African National Council on Alcoholism (SANCA), where children can get drug abuse treatment. It also seems like the TADA programme is ineffective because learners did not mention it on the prevention measures which are being implemented at the schools. There is much work which needs to be done for learners to be taught about where to go when they need some help. Prevention for
drug abuse does not focus on limiting the onset of drug abuse alone; it also focuses on treating those who are already using the drugs. This is a phenomenon which needs to be sold out to the teachers and other significant people who work with high school learners.

5.3 Recommendations

As highlighted above the commonly abused drugs by the learners in selected Grahamstown schools have turned out to be alcohol, cigarettes, hookah-pipe, and dagga. The main reasons why learners use these drugs have been noted as: peer pressure, availability, role models, and curiosity. The researcher has concluded that the schools are doing less to prevent drug abuse by the learners. Treatment for learners who are already using drugs seems to be minimal as well.

In view of the above, the researcher recommends a comprehensive model which focuses on reducing and preventing drug abuse by learners through working with all people who are linked to the reinforcement of drug abuse thoughts to children who are growing up. Bronfenbrenner’s Ecological Model deals with the learners at individual level, family level, peer relationships, community level and the national level. Bronfenbrenner categorises these levels as: microsystem, mesosystem, exosystem, and macrosystem. Below is a suggested way on how the model should be implemented.

On the microsystem drug prevention should focus on dealing with individual learners and to try and discourage them from using drugs. This initiative can be done through instilling positive thoughts in learners for them to be self-motivated and assertive.
Assertiveness will help learners in resisting peer pressure to use drugs. Lifeskills training are highly recommended for boosting the self-esteem and self-worth of learners. Individual counselling can be an effective gesture for learners who are already using drugs.

The Ecological Model also has the mesosystem; which consists of the immediate groups and relationships of the child. These are the family and friends of the learner. The study results have shown that friends and family can be contributing factors to learner drug abuse. Therefore, to reduce or prevent drug abuse by learners one has to work very closely with these people who have immediate contact with the learner. Prevention should focus on teaching parents the dangers of using drugs in front of their children, as this may end up being a motivating factor for learner drug abuse. Service providers should form discussion forums at the schools where they meet at least once a month to discuss on the measures that should be taken to reduce and prevent drug abuse by children. In the forums the parents must apply what they agree upon with other members in their house. If there are any challenges incurred they should be discussed with the other members during forums so that solutions can be agreed upon. As highlighted by learners, invitation of guest speakers to schools to speak about drugs can be a motivating factor for learners to help them to desist from drug use. These guest speakers can be positive role models for the learners.

Thirdly, Bronfenbrenner talks about the exosystem. It consists of the school and communities where the children are living. The schools must have policies where they stipulate how to deal with the drug abuse problem. They should also work
closely with the parents of the learners in trying to deal with the drug problem. An example of a programme which can be done by both the school and the community is to have a combined awareness campaign where they will be protesting against drug abuse by learners. The schools and the community can also make stern measures in making sure that supermarkets, spazza shops, beer halls, and shebeens do not sell drugs to children who are underage.

Lastly on Bronfenbrenner model there is the macrosystem, which consist of the provincial or national levels where policies are formulated which stipulate what should be done to reduce drug abuse in the schools. Currently, the government has the National Drug Master Plan and other Acts which regulate drug use by person under the age of eighteen. In spite of these measures, learners are still having access to drugs. The researcher strongly recommends for the Department of Education to come up with a curriculum where they include drug prevention education. This form of education must include role plays by the learners where they make presentations on the effects of drug abuse and the advantages of not using drugs. Learners are tired of being told by professionals about what they must and must not do. Therefore, it would be best if learners are fully participative in trying to fight against the abuse of drugs. Sitting down with learners and get ideas on what should be done to reduce drug abuse can also be a very influential initiative. Positive reinforcement of learners who have been using drugs through counselling and rewarding for good behaviour can also be effective.
5.4 Suggestions for further research

- This study focused on commonly abused drugs by high school learners and the reasons why they do so. It is therefore recommended that future research should cover:
  - On the effects of drug abuse on the learners and their significant others
  - The perceptions of learners on drug abuse prevention also need to be investigated.
  - Furthermore, it is recommended that future research should focus on investigating the roles that the Department of Education and communities are playing in trying to prevent and reduce drug abuse by children.

5.5 Conclusion

In conclusion, this chapter focused on giving a summary of all the key finds of the study. The main aim of the study was to investigate on the commonly abused drugs by high schools learners and the reasons why they do so. The conclusions of the study were that alcohol, dagga, cigarettes, and hookah-pipe are being used mostly by the learners in Grahamstown. The reasons why learners use drugs were also found to be: peer pressure, availability, environment, and role models. After these results, the researcher recommended that a comprehensive drug abuse prevention framework should be formulated, which will be guided by Bronfenbrenner Ecological Model. The researcher also gave some pointers to further areas that need investigation.
6.1 References


Dear Sir/madam

You have been selected to participate in a research project by the researcher on Drug abuse in Selected Grahamstown High Schools. The aim of this study is to identify the most commonly abused drugs by learners in the high schools of Grahamstown and the reasons why they use these drugs. In this survey a fieldworker will ask you a number of questions that you are kindly requested to answer as honestly as possible.

Your participation in this research is completely voluntary and you have the right to withdraw at any time if you do not want to continue with the questionnaire. Your responses are also confidential and anonymous. There is no place where we will ask you your name or any other information that could identify you. Nobody except the project coordinator of this project will have access to the information you provide.

Your participation in this project is appreciated and will assist in improving drug abuse policies in schools. The name of your field worker is Judith you are welcome to ask her any questions that you may have regarding the questions you will be asked. Completing the questionnaire will take about 30minutes.

Thank you!

____________________  ____________________
Judith Rungani        Dr. P.N. Mabuya
Please TICK the appropriate answer

Section A: Biographical information

1. What is your gender?
   - Male
   - Female
   - Any other please specify

2. What is your age?
   - Between 13 & 14 years
   - Between 14 & 15 years
   - Between 15 & 16 years
   - Between 16 & 17 years
   - Between 17 & 18 years
   - Between 18 years & above

3. Which grade are you studying?
   - Grade 8
   - Grade 9
   - Grade 10
   - Grade 11

4. With whom do you stay?
   - Parents
   - Guardian
   - Any other please specify

Section B: Commonly used drugs

5. Do you use any drug?
   - Yes
   - No
6. If YES, please TICK any drug you have ever used

<table>
<thead>
<tr>
<th>Drug</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Alcohol</td>
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<tr>
<td>Dagga</td>
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<tr>
<td>Glue</td>
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</tr>
<tr>
<td>Cigarettes</td>
<td></td>
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<tr>
<td>Hookah-pipe</td>
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<tr>
<td>Mandrax</td>
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<tr>
<td>Ecstasy</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
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<tr>
<td>Any other drug please specify</td>
<td></td>
</tr>
</tbody>
</table>

7. How often do you use the drugs?

<table>
<thead>
<tr>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Occasionally</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Whenever necessary</td>
<td></td>
</tr>
<tr>
<td>Other please specify</td>
<td></td>
</tr>
</tbody>
</table>

8. Do you know of learners who take drugs in your school?

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

9. If yes which drugs do they mostly use?

<table>
<thead>
<tr>
<th>Drugs</th>
<th></th>
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</thead>
<tbody>
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<td></td>
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</table>

Section C: Reasons why learners use drugs

10. How were you or your friend introduced to drugs?

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<thead>
<tr>
<th>Method</th>
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</tbody>
</table>

11. Among your friends or other learners, what is (are) the main reason(s) for taking drugs? *You can tick more than one.*

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase intelligence</td>
<td></td>
</tr>
<tr>
<td>Out of curiosity</td>
<td></td>
</tr>
</tbody>
</table>
A lot of pocket money
Availability of drugs
Teachers/parents take drugs.
To be accepted by friends.
Other: Specify

12. What do learners in your school think about drugs? *You can tick more than one.*
- They increase intelligence
- They make one feel grown-up
- They affect performance in examinations negatively
- They lead to conflicts in schools
- They reduce stress

13. As far as you are concerned, why do learners abuse drugs? *You can tick more than one.*
- Drugs are cheap
- The school administration does not mind
- They are easy to get
- Students do not know the dangers
- They help one to perform better
- They help one get along with friends
- **Other: Specify**

14. Do learners encourage others in the school to take drugs?
- Yes
- No

15. Where do these drugs come from?
- ...
- ...
- ...

16. Does drug use by parents or family contribute to learner drug abuse?
- Yes
- No

17. Which factors do you think are the main reasons why learners use drugs?
*Please use numbers 1-4 to show the greatest reason why learners use drugs. Let (1) be the most common reason and (4) be the least common reason.*
18. If there is any other reason why learners use drugs what is it?
..................................................................................................................
..................................................................................................................
..................................................................................................................

Section D: Gender correlates in drug abuse by the learners
19. Is there any difference between drug abuse by male and female learners?

Yes
No

20. If YES, please explain any differences you have noted
..................................................................................................................
..................................................................................................................
..................................................................................................................

Section E: Drug prevention measures
21. How frequently are the measures listed below taken to fight drug related problems in your school? Tick the appropriate answer.

<table>
<thead>
<tr>
<th></th>
<th>Very Often</th>
<th>Often</th>
<th>Not Often</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expulsion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance &amp; counselling</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ask parents to come to school</td>
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<tr>
<td>Heavy punishment</td>
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</tbody>
</table>

22. Does your school offer any form of drug education or related programmes to learners?

Yes
No

23. What is your overall assessment of the methods used to curb the drug problem in your school? Tick only one.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Very effective</td>
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</tr>
<tr>
<td>Effective</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Moderately effective</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Not effective</td>
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<td></td>
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</tbody>
</table>
24. Suggest ways of eradicating drug abuse in schools. *You can tick more than one.*

| Guidance and counselling | Peer counselling | Incoperate drug education to other subjects | Strict school regulations | Invite guest speakers on danger of drug abuse |

25. Should drug education be part of the programme? *Tick one only*

| Part of school curriculum | Separate programme |
Appendix B: Interview guide

Interview Schedule for Key Informants

1. Do you think drug abuse is a problem among learners in your schools in Grahamstown? ..........................................................................................................................
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2. If YES, why do you think drug abuse is a problem in the schools? ..........................................................................................................................
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3. Which drugs are commonly used by learners? ........................................................................................................................................
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4. What do you think are the factors influencing learners to use drugs? ........................................................................................................................................
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5. What steps do you take to help those who are abusing drugs and drug addicts? ........................................................................................................................................
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6. What do you think is the best way to prevent learner drug use?
Date: 11/10/2012

MARYWATERS SEC SCHOOL
PO BOX 2124
GRAHAMSTOWN
6140

Dear Sir/Madam

RE: PERMISSION LETTER TO CONDUCT A RESEARCH STUDY

It is my understanding that Judith Rungani will be conducting a research study at MARYWATERS SEC SCHOOL on "Drug Abuse in Selected Grahamstown High Schools." Ms. Rungani has informed me of the design of the study as well as the targeted population.

I support this effort and will provide any assistance necessary for the successful implementation of this study. If you have any questions, please do not hesitate to call. I can be reached at: 046 6361690

Sincerely,

[Signature]

Faith Coceere

MARY WATERS
Secondary School / Sekondere Skool
P.O. Box 2124
GRAHAMSTOWN
Tel 046 536 1650
Fax: 046 622 7181
Date: 11/10/2012

NATHANIEL NYALUZA HIGH SCHOOL

Dear Sir/Madam

RE: PERMISSION LETTER TO CONDUCT A RESEARCH STUDY

It is my understanding that Judith Rungani will be conducting a research study at NATHANIEL NYALUZA SEC SCHOOL on ‘Drug Abuse in Selected Grahamstown High Schools.’ Ms. Rungani has informed me of the design of the study as well as the targeted population.

I support this effort and will provide any assistance necessary for the successful implementation of this study. If you have any questions, please do not hesitate to call. I can be reached at: WENDY 6361618

Sincerely,

Z.O. NYALUZA (PRINCIPAL)

PRINCIPAL
NATHANIEL NYALUZA
PUBLIC SECONDARY SCHOOL

11 OCT 2012

P.O. BOX 648, GRAHAMSTOWN, 6140
TELEPHONE NO: 046 636 1018
HEADMASTER@nyaluzasec.chapmanville.za
Date: 11/10/2012

T.E.M MREWETJANA

Dear Sir/Madam

RE: PERMISSION LETTER TO CONDUCT A RESEARCH STUDY

It is my understanding that Judith Rungani will be conducting a research study at T.E.M MREWETJANA on 'Drug Abuse in Selected Grahamstown High Schools.' Ms. Rungani has informed me of the design of the study as well as the targeted population.

I support this effort and will provide any assistance necessary for the successful implementation of this study. If you have any questions, please do not hesitate to call. I can be reached at: 046 637 2835

Sincerely,

N.S. Nompilo