THE ROLE OF THE SCHOOL MANAGEMENT IN ADDRESSING
THE PROBLEM OF DRUG ABUSE IN THE NORTHERN AREAS
OF PORT ELIZABETH

by Lee-Ann Jacobs

Submitted in partial fulfilment of the degree Magister
Educationis

Supervisor: Dr. J. McFarlane
January 2008
ABSTRACT

Drug abuse by teenagers is a problem encountered by educators in South African schools. This study focuses on the reasons for, and the consequences of teenage drug abuse in one school in the Northern Areas of Port Elizabeth. The main aim of this study was to formulate strategies which school managers can use to alleviate the problem of drug abuse among learners.

A naturalistic approach was followed to conduct qualitative research. The research design used is a case study. Data-collection techniques consisted of semi-structured and unstructured interviews, observations and questionnaires. Respondents consisted of 150 learners, 5 parents, 10 educators from the school, 2 social workers and 1 auxiliary social worker, 2 priests involved in Youth Ministry, 1 adult involved in running a drug rehabilitation centre, and 1 ex-addict who is involved in arranging drug awareness campaigns and rehabilitation programs.

This study found family aspects and family dynamics, personal aspects and the self-concept of the teenager, and societal or environmental aspects to be the main reasons for teenage drug abuse. Drugs have an adverse effect on the community within which the abuse is occurring. It also has a negative effect on the health, psychological state, behaviour and the family of the teenager.

Strategies to alleviate the problem emphasise the role which the school can play in terms of drug education for educators, learners and parents; the role of the Government in allocating additional funds for drug education; the role which the church can play in terms of drug education and providing opportunities for positive interactions with peers; and the role which the media can play in influencing the decisions of teenagers.
This treatise is dedicated to my mother, Mrs. Veronica Jacobs, who has shown me that through hard work, faith, perseverance and discipline the sky is the limit.
# CONTENTS

## CHAPTER 1: INTRODUCTION AND STATEMENT OF THE PROBLEM

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.2 RATIONALE</td>
<td>1</td>
</tr>
<tr>
<td>1.3 OBJECTIVE OF THE STUDY</td>
<td>2</td>
</tr>
<tr>
<td>1.3.1 Primary objective</td>
<td>2</td>
</tr>
<tr>
<td>1.3.2 Secondary objective</td>
<td>2</td>
</tr>
<tr>
<td>1.4 STATEMENT OF THE RESEARCH QUESTION</td>
<td>3</td>
</tr>
<tr>
<td>1.4.1 The core question</td>
<td>3</td>
</tr>
<tr>
<td>1.4.2 The sub-questions</td>
<td>3</td>
</tr>
<tr>
<td>1.5 DEMARCATION OF THE STUDY</td>
<td>3</td>
</tr>
<tr>
<td>1.6 CLARIFICATION OF CONCEPTS</td>
<td>4</td>
</tr>
<tr>
<td>1.7 CHAPTER OUTLINE</td>
<td>5</td>
</tr>
<tr>
<td>1.7.1 Chapter 1</td>
<td>5</td>
</tr>
<tr>
<td>1.7.2 Chapter 2</td>
<td>5</td>
</tr>
<tr>
<td>1.7.3 Chapter 3</td>
<td>5</td>
</tr>
<tr>
<td>1.7.4 Chapter 4</td>
<td>6</td>
</tr>
</tbody>
</table>
CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

2.2 AIM OF A LITERATURE REVIEW

2.3 REASONS FOR DRUG ABUSE

2.3.1 Introduction

2.3.2 Family life

2.3.2.1 Introduction

2.3.2.2 Family relationships

2.3.2.3 Example set by parents and relatives

2.3.2.4 Inadequate authority and permissiveness

2.3.2.5 Conclusion

2.3.3 Personal aspects

2.3.3.1 Introduction

2.3.3.2 Peer pressure

2.3.3.3 Inadequate self-concept

2.3.3.4 Loneliness and boredom

2.3.3.5 Conclusion

2.3.4 Societal or environmental aspects

2.3.4.1 Introduction

2.3.4.2 Availability of drugs

2.3.4.3 Attitude towards drugs

2.3.4.4 Socio-cultural background

2.3.4.5 Conclusion

2.4 CONSEQUENCES OF DRUG ABUSE

2.4.1 Introduction

2.4.2 Physical and medical consequences

2.4.2.1 Introduction

2.4.2.2 Withdrawal
2.4.2.3 Changes to body functions
2.4.2.4 Conclusion

2.4.3 Psychological and emotional effects
2.4.3.1 Introduction
2.4.3.2 Psychological defences
2.4.3.3 Cognitive effects
2.4.3.4 Emotional and mental effects
2.4.3.5 Delinquent behaviour
2.4.3.6 Irresponsible sexual behaviour
2.4.3.7 Conclusion

2.4.4 Societal and family effects
2.4.4.1 Introduction
2.4.4.2 Effects of the community
2.4.4.3 Effect on the family
2.4.4.4 Conclusion

2.5 STRATEGIES TO ALLEVIATE THE PROBLEM
2.5.1 Introduction
2.5.2 Drug education in schools
2.5.3 Family involvement
2.5.4 Parent awareness and education
2.5.5 Peer involvement and –counselling
2.5.6 Positive institutions and religion
2.5.7 Conclusion

CHAPTER 3: EMPIRICAL STUDY

3.1 INTRODUCTION

3.2 RESEARCH PARADIGM
3.3 QUALITATIVE, QUANTITATIVE, MIXED APPROACHES TO RESEARCH

3.3.1 Introduction
3.3.2 Qualitative research
3.3.3 Quantitative research
3.3.4 Mixed research
3.3.5 Case study research

3.4 RESEARCH DESIGN

3.5 RESPONDENTS

3.6 ETHICAL CONSIDERATIONS

3.7 DATA COLLECTION TECHNIQUES

3.7.1 Introduction
3.7.2 Survey
3.7.3 Questionnaires
3.7.4 Interviews
3.7.4.1 Introduction
3.7.4.2 Semi-structured interviews
3.7.4.3 Unstructured interviews
3.7.4.4 A specific strategy to conduct an interview
3.7.4.5 Objectives of the interview
3.7.4.6 Conducting the interviews
3.7.5 Observations

3.8 DATA ANALYSIS

3.8.1 Introduction
3.8.2 Purpose of data analysis
3.8.3 Steps in the analysis process
3.9 DATA INTERPRETATION

3.9.1 Introduction

3.9.2 Definition

3.9.3 Reasons for drug abuse

3.9.3.1 Introduction
3.9.3.2 Peer pressure
3.9.3.3 Experimentation
3.9.3.4 Rebellion against authority
3.9.3.5 Family life
3.9.3.6 Social environment
3.9.3.7 Academic pressure
3.9.3.8 The media
3.9.3.9 Conclusion

3.9.4 Consequences of drug abuse

3.9.4.1 Introduction
3.9.4.2 Health problems
3.9.4.3 Academic performance
3.9.4.4 Irresponsible sexual behaviour
3.9.4.5 Family
3.9.4.6 Community
3.9.4.7 Conclusion

3.9.5 Strategies to alleviate the problem

3.9.5.1 Introduction
3.9.5.2 Role of the school
3.9.5.3 Role of the parents and families
3.9.5.4 Role of the churches
3.9.5.5 Role of the Government
3.9.5.6 Role of the media
3.9.5.7 Conclusion
## CHAPTER 4: FINDINGS AND RECOMMENDATIONS

### 4.1 INTRODUCTION

### 4.2 RESEARCH FINDINGS

#### 4.2.1 Introduction

#### 4.2.2 Reasons for drug abuse

- **4.2.2.1** Family aspects
- **4.2.2.2** Personal aspects
- **4.2.2.3** Societal or environmental aspects

#### 4.2.3 Consequences of drug abuse

- **4.2.3.1** Physical and medical consequences
- **4.2.3.2** Psychological and emotional effects
- **4.2.3.3** Societal and familial effects

#### 4.2.4 Strategies to alleviate the problem

#### 4.2.5 Conclusion

### 4.3 RECOMMENDATIONS

#### 4.3.1 Introduction

#### 4.3.2 Role of the school

- **4.3.2.1** Arranging drug awareness campaigns
- **4.3.2.2** Initiating life-skills programs
- **4.3.2.3** Training of educators
- **4.3.2.4** Educating the parents
- **4.3.2.5** Protecting the learners
- **4.3.2.6** Extra-curricular and co-curricular activities

#### 4.3.3 Role of the Government

#### 4.3.4 Role of churches and faith-based organisations

#### 4.3.5 Role of the media

#### 4.3.6 Conclusion
<table>
<thead>
<tr>
<th>ADDENDUM A:</th>
<th>Questionnaire completed by learners</th>
<th>68</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDENDUM B:</td>
<td>Permission letter to the school’s principal, SMT, SGB and staff</td>
<td>70</td>
</tr>
<tr>
<td>ADDENDUM C:</td>
<td>Permission obtained from the school</td>
<td>71</td>
</tr>
<tr>
<td>ADDENDUM D:</td>
<td>Permission letter to the Port Elizabeth Department of Education</td>
<td>72</td>
</tr>
<tr>
<td>ADDENDUM E:</td>
<td>Permission obtained from the Port Elizabeth Department of Education</td>
<td>73</td>
</tr>
</tbody>
</table>
I would like to acknowledge the following people who have made a contribution towards the completion of this treatise:

- my Creator and Saviour, for giving me the strength to conduct this research
- my supervisor, Dr. Johann McFarlane, for sharing his wisdom so unselfishly and also the McFarlane family (Marietjie, Roné and Esther) for allowing all the intrusions on their family time
- my mother, for her motivation and words of encouragement during the tough times
- my family, especially Aunty Yvonne, Garfield, Liesl, Alton, Shereen, Michael, Denver and Brent for their continued support and encouragement
- my colleagues and friends, especially Mr. Titus, Mr. Fortuin, Mr. Booysen, Mr. Madatt, Mrs. Hoggons-Booysen, Mr. and Mrs. Van Niekerk for their interest in my work, for their support, motivation and encouragement
- everybody who participated in this research
- my husband and study partner, Edward, for his continued support and for being such an excellent sounding board
CHAPTER 1

INTRODUCTION AND STATEMENT OF THE PROBLEM

1.1 INTRODUCTION

This research stems from my observation that drug abuse is rampant in our society, yet many people choose to ignore its existence. My suspicion that an increasing number of learners are using drugs, convinced me of the importance of taking a closer look at the drug abuse at a specific school, and the need to formulate strategies which school managers could use to alleviate the problem.

1.2 RATIONALE

The abuse of drugs in Port Elizabeth has increased dramatically to such an extent that it is spiralling out of control amongst the Port Elizabeth youth.

Statistics from the South African National Council for Alcohol and Drug Abuse (SANCA) indicate that the number of crystal methamphetamine (tik) addicts who received treatment from June 2005 to January 2006 had increased by 400% compared to their records for July to September 2004. Addicts treated for crack addiction rose by 258% during the same period (Matthys, 2006:2).

In an article published in “Die Burger” of 26 May 2006, interviewees reported that the country as a whole, and particularly Cape Town, had experienced a dramatic increase in the abuse of tik. Tik is reported to be very popular amongst teenagers as it results in the user experiencing an instant increase in confidence. It is also reported to be very popular among teenage girls because one of its side effects is a rapid decrease in weight. What makes this drug so dangerous is its highly addictive nature, and the fact that it leads to severe aggressiveness in users (Die Burger, 2006:5).
Within the same period as the appearances of the above two articles, James (2006:1) reports an increase in teenage drug abuse in the Eastern Cape, specifically in the Port Elizabeth and East London areas. She mentions that children as young as five years old had been found under the influence of drugs, and that the popular drugs of choice of teenagers are alcohol, dagga and tik. In her article, she lists parental neglect and the negative self-concept of the teenager as two of the major reasons for the sharp increase in drug abuse in the area. She also highlights the need for drug awareness campaigns in the province.

In the beginning of 2007, Spies (2007:1,2) reports that high school girls in Port Elizabeth are organising “cocaine parties” (parties where cocaine is readily available) and that a “tik tidal wave” had struck the Eastern Cape.

All of the above articles, as well as the observations which I have made about the increased drug abuse by learners in the area, convinced me of the need for this particular study.

1.3 OBJECTIVE OF THE STUDY

1.3.1 Primary objective

The primary objective of this research was to develop strategies which school managers can use to help them cope with, and alleviate the problem of drug abuse amongst learners.

1.3.2 Secondary objective

The secondary objective of this research was to identify the reasons for and the consequences of drug abuse among high school learners.
1.4 STATEMENT OF THE RESEARCH QUESTION

1.4.1 The core question

The primary objective or core question of this research was: How can school managers address the escalating problem of drug abuse at school?

1.4.2 The sub – questions

The following sub – questions were investigated in order to find answers to the core question:

- What are the reasons for teenage drug abuse?
- What are the consequences of drug abuse?
- How can the management of the school address the problem of drug abuse by learners?

1.5 DEMARCATION OF THE STUDY

The research for this study was conducted at a high school in the Northern Areas of Port Elizabeth. This school is situated in a low socio–economic community characterised by overcrowding, unemployment, crime and violence.

The respondents chosen for this study consisted of learners from the school and adults who were either affiliated to the school, or involved in drug rehabilitation and drug awareness programs.

The 150 learners who participated in this research, were aged 14+ in grades 10 to 12 at the high school where the study was performed. These specific learners were selected because of them being enrolled at this institution. Twenty learners from grades 8 and 9 were involved in the study, but these learners had very little exposure to drugs. For this reason, the study focused on learners from grades 10 to 12.
The adult respondents consisted of 5 parents chosen randomly, 10 educators from the school, 2 social workers and 1 auxiliary social worker, 2 priests involved in Youth Ministry, 1 adult involved in managing a drug rehabilitation centre, and 1 ex-addict who is also involved in arranging drug awareness campaigns and rehabilitation programs.

1.6 CLARIFICATION OF CONCEPTS

Pretorius and Le Roux (1998:265) provide a few definitions of concepts pertaining to the use of drugs:

- **Drug**: Any substance which causes a psychological or physical change in a person, but which may be abused by self-application for illegal purposes or to achieve a certain degree of intoxication. Synonyms for “drug” are dependence-forming substances, personality-changing substance, consciousness-changing substances, psycho-active chemical substances and psychotropic substances.

- **Drug abuse**: This refers to a person who acquires drugs illegally, and uses it constantly and excessively for other than legal purposes.

- **Drug addiction**: This term refers to the intoxicated condition caused by repeated use, including physical and psychological dependence, as well as the overwhelming need to continue using it.

- **Drug dependence**: Refers to the condition caused by the repeated use of a drug which leads to psychological and physical dependence, tolerance and euphoria

- **Euphoria**: This refers to a feeling of well-being, often based on overconfidence or over-optimism experienced after the intake of drugs. This condition may be dangerous, as it leads to irresponsible behaviour.
• Hallucination: The sensory experience of an object not actually present.

• Psychological dependence: The urge to use a specific drug or drugs constantly and to get hold of the drug at any cost.

• Physical dependence: Refers to the fact that the metabolism of the body is disturbed by the repeated intake of the substance, and hence the body cannot function well without the presence of the substance. Withdrawal symptoms occur when the intake of the drug is stopped.

1.7 CHAPTER OUTLINE

The following is a synopsis of the chapters used to provide answers to the research questions:

1.7.1 Chapter 1

Chapter 1 provides the background and the motivation for this research. In this chapter the core question and sub-questions which guide the research are also given.

1.7.2 Chapter 2

This chapter is the literature review. In this chapter, the writings of various authors are consulted in order to gain a wider knowledge of the research.

1.7.3 Chapter 3

Chapter 3 is the empirical study. In this chapter, the research paradigm, research design, data collection techniques, data analysis and data interpretation are discussed.
1.7.4 Chapter 4

Chapter 4 is a summary of the findings obtained by this research. In this chapter, recommendations about the reasons for, consequences of and strategies to alleviate drug abuse are provided.
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The main objective of this chapter is to describe the views of various authors on the reasons for, consequences of, and strategies to alleviate the problem of drug abuse among teenagers.

2.2 AIM OF A LITERATURE REVIEW

Mouton (2001:86, 87) says that a literature review represents the first phase of the empirical study; and entails reviewing other authors’ work in your specific field of study. This is done to:

- Save time and avoid duplicating an existing study.
- Discover what the most recent theories and empirical findings about the subject are.
- Identify instrumentation proven to be reliable and valid which could be used in the study.
- Identify the most widely accepted definitions of key concepts in the study field.

Leedy and Ormrod (2005:64, 65) state that the function of a literature review is to “look again (re – view) at what others have done in one’s own area of investigation”. According to them, the literature review helps the researcher to pin down the research problem. A literature review also:

- Offers new ideas and approaches which the researcher might never have thought of.
- Informs the researcher about other researchers who have conducted work in this area. The other researchers could therefore be contacted for advice or feedback.
• Sensitises the researcher to possible methodological and design issues experienced in similar studies.
• Reveals data sources of which the researcher may not have known.
• Exposes the researcher to measurement tools which other researchers have developed and/or used successfully.
• Affords the researcher the opportunity to tie his/her results to the work of others, thereby helping the researcher to interpret and make sense of his/her research findings.
• Shows the researcher that others have invested time, effort and resources in studying the specific topic. The researcher can therefore feel confident that the topic is worth studying.

2.3 REASONS FOR DRUG ABUSE

2.3.1 Introduction

How drugs are perceived may vary in different cultures and subcultures, and because of this, the reasons for starting with the use of drugs are numerous and diverse.

2.3.2 Family life

2.3.2.1 Introduction

Pretorius and Le Roux (1998:286) say that an undesirable family situation may serve as a reason for drug abuse, because teenagers from such a family “can normally not resist the temptation of using drugs”.

2.3.2.2 Family relationships

Ghodse (1995:16) mentions how important the personality development of the adolescent is in his/her ability to say no to drugs. He lists parental conflict, lack
of appropriate parental affection and guidance, the loss of a parent, as well as
the type of parental behaviour to which the child is exposed, as factors which
could negatively affect the personality development of the teenager. Any
adverse influence on the personality development of the teenager increases the
potential for drug-taking behaviour.

Teesson, Degenhardt and Hall (2002:45) reiterate Ghodse's sentiment that the
family relationship is a key component in the adolescent's ability to resist drugs.
They mention that the nature of the family relationship influences the
adolescent's likelihood of using drugs. The risk of substance abuse is higher in
families characterised by discord, no or low family bonding, and poor or
inconsistent discipline applied by the parent.

2.3.2.3 Example set by parents and relatives

Teesson et al. (2002:45) state that modelling of substance abuse by parents
and other family members could increase the chances of the teenager also
abusing drugs. This means that if parents use drugs (whether prescription or
illicit) irresponsibly, the adolescent will also use/abuse drugs according to the
example set by the parents and relatives.

Pretorius and Le Roux (1998:282) share the above view by stating that “modern
man has developed the mania of taking medicine to ensure good health,
instead of following a healthy diet or doing physical exercise”. He mentions that
there is a close relationship between parents abusing prescribed medicines and
children abusing non-prescribed medicines. These children are merely
mimicking the behaviour of their parents.

Biggers (1998:33) reiterates the fact that the example set by parents regarding
drug and alcohol usage is a major determinant in the attitude of their teenagers
toward drugs. Children raised in households where they are exposed to drugs
and alcohol from an early age, grow up believing that drugs are not dangerous,
and they end up doing the same as their parents.
2.3.2.4 Inadequate authority and permissiveness

Pretorius and Le Roux (1998:283) suggest that inadequate authority and permissiveness by parents (especially the father) leaves the adolescent vulnerable to the use of drugs. He likens inadequate authority and permissiveness to emotional and normative neglect of the teenager. This leads to the teenager developing a poor conscience characterised by a lack of responsibility and psychological strength. Such a teenager will not be able to cope with problems or frustrations as he/she has never developed a feeling of security and confidence, while growing up in a permissive environment where there are no set rules or boundaries. A teenager growing up in this environment is more likely to seek refuge in drugs than one growing up in an environment characterised by a “reasonable set of requirements and prohibitions”.

Teesson et al. (2002:45) share Pretorius’s and Le Roux’s view on parental permissiveness. They state that parents holding permissive attitudes towards the use of drugs could unwittingly encourage their children to use drugs.

Smith, Coles, Poulsen and Cole (1995:76) highlight a completely different challenge facing teenage drug abusers. They state that often parents “were reared without being parented adequately themselves”. These parents would therefore, lack the appropriate parenting skills to deal with problems within their families, because appropriate parenting skills have never been modelled to them.

2.3.2.5 Conclusion

From the abovementioned factors pertaining to the family, it is clear that unhealthy family situations do play a role in the problem of children from such homes turning to the use of drugs.
2.3.3 Personal aspects

2.3.3.1 Introduction

The following section focuses on the personal issues in the life of an adolescent which could cause the adolescent to start experimenting with drugs.

2.3.3.2 Peer pressure

The circle of friends or peer environment has a major influence on the drug-taking behaviour of teenagers. The attitude of the peers toward drugs also affects the attitude of the teenager towards it. Teesson et al. (2002:45) are of the opinion that the initial use of drugs usually involves the peer group, and that teenagers who use drugs prefer spending time with others who use drugs also.

Pillay (2000:74) adds that adolescents exhibit an enormous need for the approval of their group of friends. This need for acceptance is the greatest during the adolescent years and because of this need to belong, many teenagers give in to peer pressure and start using drugs to “gain entry to a group that is already using drugs”.

Ghodse (1995:16), as well as Craig (2004:16), mention that friends who use drugs and peer influence are risk factors which they consider to be responsible for initial substance abuse. Both authors state that if the use of drugs leads to acceptance of the teenager within a certain peer group, it is highly likely that the teenager will continue using drugs.

Pretorius and Le Roux (1998:284) mention that inadequate socialisation of a child could also result in the child associating with undesirable social groupings. Inadequate socialisation means the teenager has not been guided adequately while growing up, or has not been timeously exposed to acceptable norms, values and social influences. They say that such an adolescent will not be skilled at “selecting and digesting social influences and is left vulnerable to drug abuse”, because peer pressure and peer influences are most intense during the
teenage years when most youngsters are coaxed into the initial use of drugs by a friend or a peer.

According to Wenar (1990:61), peer group pressure plays an important role in both juvenile delinquency and drug abuse. Wenar calls peer group pressure “a potent force in drug abuse”. Oetting and Beauvais (1990:17-22) share the abovementioned authors’ views on peer pressure. They found that adolescents who use drugs very rarely did so in isolation. These adolescents were found to usually act in clusters where they were easily influenced by their peers.

2.3.3.3 Inadequate self – concept

A juvenile who has formed a negative self-concept believes that his/her existence is meaningless. Such a juvenile will try to fill the void in his life with drugs. Pretorius and Le Roux (1998:286) feel that such a teenager will become dependent on the “kicks” obtained from drugs, as the drugs help him/her escape from the identity confusion which s/he is experiencing.

Frankland (1998:36) focuses on the use of tobacco among young people. She mentions that boys and girls have different reasons for starting with smoking. Female smoking has been associated with psychological factors such as stress, depression and anxiety. French, Perry and Fulkerson (1994), cited by Frankland, say that girls were found to use smoking as a means to control their weight. Wagner (2000:95) confirms the findings of the above authors by stating that “smoking as a form of weight control appears to be a predominantly female phenomenon”. Wearing, Wearing and Kelly (1994:643) add that females also use smoking as a means to resist authority and the dominant culture of femininity. Female smoking is therefore related to self-confidence, social experience and rebellion, while smoking among boys is associated with social insecurity. Mitchell (1997), cited by Frankland (1998:36), states that “top girls” smoked because of images of sexiness and sophistication, “low – status pupils” smoked to gain popularity, and “trouble – makers” smoked as an act of rebellion.
The reasons for smoking, mentioned by the abovementioned authors, highlight the danger of a negative self – concept where females are driven to smoking because of insecurity about their image and confidence levels, while males are driven to smoking due to social insecurity.

2.3.3.4 Loneliness and boredom

Pretorius and Le Roux (1998:284) argue that juveniles should be encouraged to engage in meaningful leisure activities. If this is not done, such a juvenile will become bored, idle and lonely. Boredom, idleness and loneliness increase the chances of the adolescent associating with undesirable groups and participating in inappropriate activities.

Le Roux and Smit (1992: 91) suggest that teenagers should be educated about meaningful leisure-time activities because they could easily lapse into idleness, boredom and loneliness which could result in them seeking “aimless pleasure” by experimenting with drugs.

Smith and Seymour (2001:80) say that any individual become bored when his/her life and work situation consists of a series of mundane, repetitive tasks. Such a person could easily resort to drug abuse to alleviate the boredom and tediousness of their lives. They state that adults often resort to “maintenance drinking” or even using drugs to cope with the “terminal boredom” which they are exposed to daily.

2.3.3.5 Conclusion

Peer pressure, the self-concept of the teenager, as well as loneliness and boredom are personal aspects which have been identified as possible reasons for the abuse of drugs among teenagers.
2.3.4 Societal or environmental aspects

2.3.4.1 Introduction

The society or environment within which the adolescent finds him-/herself plays an important role in the adolescent’s ability to say “no” to drugs. This section focuses on environmental factors which could serve as possible reasons for drug-taking amongst teenagers.

2.3.4.2 Availability of drugs

An environment where drugs are freely available contributes to the adolescent experimenting more readily with drugs, because it is not difficult to obtain the drugs. Biggers (1998:33) as well as Craig (2004:16) say that the availability of drugs within a particular environment can worsen drug-taking behaviour in teenagers.

Ghodse (1995:19) confirms the view of Biggers by saying that psycho-active substances have become widely available within the past few decades. The implication of drugs being so freely available is that more and more children can now experiment with it and often the ease with which drugs are obtained increases the temptation to experiment with a particular drug.

Pretorius and Le Roux (1998:284) share the view of the above authors. They mention that “the availability and obtainability of drugs in particular societies…” are factors which contribute to increased drug usage of individuals.

2.3.4.3 Attitude towards drugs

Ghodse (1995:19) feels that the general attitude of individuals towards drugs and drug-taking has become more lenient. He says that nearly all countries have recognised alcohol and tobacco as legal, recreational drugs. He also mentions that although these two drugs are prohibited in Islamic countries, very
little care is taken to guarantee that it is not used in these particular countries. Revenue generated from taxation of these drugs has resulted in most governments turning a blind eye towards the abuse of these two drugs, and “the consumption of these two drugs is therefore… perceived as “normal” and ordinary”.

Ghodse (1995:20) also mentions that contemporary society has a relaxed attitude towards the use of medication. Instead of living healthily, the use of “manufactured drugs are being incorporated into daily life”. Teenagers are reared in an environment where adults take pills for numerous ailments; an environment where the general attitude towards drugs is “there is a pill for every problem”. Le Roux and Smit (1992:91) call contemporary society, “the so-called pill-cult”, because this society is characterised by the use of tablets and medicine in an undisciplined and indiscriminate way. Teenagers growing up in this environment believe that medicine is not harmful or dangerous and that medicine can cure “every unpleasant feeling or any discomfort”.

Gossop (2007:50) confirms the observation of Ghodse that society has a relaxed attitude towards the use of prescription drugs. Gossop mentions that people are trapped in a vicious circle where they rely on prescription drugs to cope with various personal and social problems. However, since these drugs are prescribed by their doctors, they feel that their problem is of a medical nature. The circle of drug abuse is perpetuated because although the medication makes the patient feel better, their problems are not solved and when the effects of the pills run out the original problem makes itself felt again. The patient then returns to the doctor for further treatment, hence reinforcing the general attitude of pills being able to solve problems.

Pretorius and Le Roux (1998:285) mention that the media also affect the attitude of individuals towards drugs. In the media, drugs are sensationalised, thereby enticing the teenager into experimenting with them. A direct consequence of the image of drugs portrayed by the media, is the fact that more and more youngsters consider it “with it” to consume vast amounts of alcohol (De La Rey, Duncan, Shefer and Van Niekerk, 1997:215). Alcohol
abuse is increasing amongst adolescents because alcohol is so readily available. These authors add that often teenagers drink alcohol for its effects as they consider it fun to get drunk.

Maseko, Ladikos, Prinsloo, Nesser, Van der Merwe and Ovens (2003:149) also refer to the fact that youngsters consider it “fun” to experiment with drugs – mainly because of its illegality and the excitement obtained from doing something that is against the law.

2.3.4.4 Socio-cultural background

Teesson et al. (2002:45,46) say that the socio-cultural background of any person affects the possibility of such a person experiencing problems with substance abuse. They cite Anthony, Warner and Kessler (1994) and Hall, Johnston and Donnelly (1999a) when referring to the fact that people from lower socio-economic backgrounds are more likely to experiment with, or regularly use, drugs. They are of the opinion that individuals who have completed fewer years of schooling, those with poor academic ability and those who were raised in crime-ridden areas are more likely to use drugs.

Lower socio-economic communities are usually characterised by little or no recreational facilities. Teenagers from these communities show little interest in traditional institutions such as churches, and they do not participate in extramural school or sporting activities. This lack of participation in extramural activities results in the adolescent having too much leisure time that is not filled with constructive recreational activities (Craig, 2004:17).

Although illegal substances are freely available in lower socio-economic communities, Pretorius and Le Roux (1998:262) highlight the fact that “no social class, ethnic group or religion” has been exempted from the spread and abuse of drugs. They say that the abuse of drugs has turned into a “pandemic threat to society”. These authors say that the abuse of illegal substances has escalated to an extent where it exceeds all previous limits.
2.3.4.5 Conclusion

The availability of drugs within a specific community and the general attitude towards drugs and drug-taking are two factors which could enhance the appeal of drugs to teenagers. The socio-economic background of the adolescent also plays a role in his/her attitude towards drugs. Although drugs have infiltrated all the socio-economic levels of society, the abuse of drugs is more prevalent in lower socio-economic communities.

The reasons why adolescents start using drugs could be of a personal nature, due to family issues, as a result of the adolescent’s social environment or a combination of these factors.

2.4 CONSEQUENCES OF DRUG ABUSE

2.4.1 Introduction

The abuse of drugs by adolescents has devastating consequences on their lives. In this section, I describe some of the consequences which the literature review has revealed.

2.4.2 Physical and medical consequences

2.4.2.1 Introduction

The consequences of drug abuse on the health of the adolescent are numerous. Drugs affect all aspects of the teenager's psychological and physiological health. It therefore affects the mental state as well as the bodily functions of the user (Gossop, 2007:14,16).
2.4.2.2 Withdrawal

According to Kingery-McCabe and Campbell (1991:58,59), the effects of withdrawal can vary from addict to addict. The symptoms of withdrawal also vary depending on the type of drug that had been used. Withdrawal from opioid drugs such as morphine, codeine, opium and heroin causes changes to the functions of the body. Such an addict would, for example, experience a change in his/her blood pressure, vomiting, muscle cramps, hot and cold sweats and respiratory problems. Withdrawal from cocaine is associated with mood- and behaviour changes whereas withdrawal from alcohol is characterised by delirium and seizures.

Pretorius and Le Roux (1998:269-276) provide a comprehensive list of the withdrawal symptoms associated with addiction to alcohol, narcotics, hypnotics, tranquillisers, analgesics, inhalants and anaesthetics. The extremely wide range of symptoms clearly shows how drugs affect every single aspect of the body.

2.4.2.3 Changes to body functions

Hoberg (2001:265) mentions that the physical effects of drugs on teenage users could include one or a combination of the following symptoms, namely restlessness, headaches, impaired co-ordination, impaired concentration, frequent vomiting, slurred speech, irregular heart function, dehydration and even lapsing into a comatose state.

Pretorius and Le Roux (1998:269-276) list the effects of drug abuse on the health of the adolescent. These effects range from damage to vital organs and the central nervous system to physical- and psychological dependence.

2.4.2.4 Conclusion

From the above physical and medical consequences, it is clear that drugs affect the functioning of the entire body.
2.4.3 Psychological and emotional effects

2.4.3.1 Introduction

Drugs have severe effects on the psychological and emotional state of the user. The following section focuses on the effects which drugs have on the mental functioning and the mental well-being of the addict.

2.4.3.2 Psychological defences

Kingery-McCabe and Campbell (1991:67) mention that drug addicts use certain defence mechanisms to enable them to live with the consequences of their addiction. They use “denial” (refusing to acknowledge their addiction), “rationalisation” (justifying their behaviour) and “intellectualisation” (using excessive philosophical debates to question society’s drug laws) as explanations for their addiction.

2.4.3.3 Cognitive effects

Coetzee (2005:291) says that the use of drugs adversely affects the growth and development of young minds. Drugs inhibit the users’ ability to concentrate on schoolwork. Such a person would also not be able to retain information. Long-term use of drugs results in “serious problems with memory, learning, as well as thinking and problem-solving”.

Respondents studied by Hoberg (2001:265,266) reported that their schoolwork deteriorated as a result of their drug-taking habits. Once addicted, they would do anything to obtain more drugs and schoolwork would be the last thing on their minds. They would function between the two extreme positions of either being “high” in class or suffering from withdrawal symptoms. Both of these two extreme positions inhibited the teenager’s ability to concentrate in class.

Individuals who have been abusing alcohol for an extended period of time experience an “alcohol-related brain injury”. The effects of prolonged alcohol
abuse on the brain are severe memory disturbances, confusion, reduced capacity for learning and general cognitive dysfunction (Jarvis, Tebbutt, Mattick and Shand, 2005:30).

2.4.3.4 Emotional and mental effects

Coetzee (2005:291) says that the abuse of drugs from an early age can slow down or it could even stop the psychological as well as the emotional development of the user. The mental development of the user could also be adversely affected.

Jarvis et al. (2005:30) say that mental health problems are commonly found in people with drug or alcohol problems. According to them, such addicts often also suffer from psychological distress and/or mood disturbances. The emotional effects of drugs on the teenager could range from a false sense of powerfulness, hallucinations, feelings of anger and rage to depression and suicide.

2.4.3.5 Delinquent behaviour

Drug abuse is characterised by an increase in delinquent behaviour.

Govender (2002), cited by Coetzee (2005:291), says that users of drugs are willing to do anything to buy drugs. They are prepared to steal, to resort to crime and violence, and to become involved in gangs to obtain drugs. Maisto et al. (1999:15) add that such a teenager will engage in acts of aggravated assault, homicides, property offences and even sexual offences to sustain his/her habit.

Pretorius and Le Roux (1998:277,300) mention that drug users may be identified by theft of domestic appliances and money, as well as the frequent telling of lies and deception. They add that drug related juvenile delinquency is often an attempt by the juvenile to “flee from reality and its responsibilities, problems, frustrations … or the problematic nature of the family …”
Ghodse (1995:15) adds that adolescents who abuse drugs often also show other patterns of deviant behaviour such as playing truant from school and by being rebellious. This is done to gain the acceptance or approval of their friends while their family and social values are often rejected.

The overall effect of drug abuse is the total breakdown of the user; breakdown of him/herself as a person and breakdown of his/her interpersonal relationships. This breakdown takes place on a physical, emotional, social, cognitive and moral level with the consequences of the abuse having various criminal and legal implications for the addict.

2.4.3.6 Irresponsible sexual behaviour

Harvey (2001) and the Department of Social Development (2003), cited by Coetzee (2005:291), say that people who use or abuse drugs are more likely to engage in unprotected and unplanned sexual activities because using drugs lead to compromised reasoning and judgement. Ghodse (1995:15) also mentions sexual promiscuity as one of the many deviant behaviours of the adolescent drug addict.

Besides compromising the judgement of the drug-user, drugs also leave the adolescent vulnerable to sexual exploitation. Hoberg (2001:265) says that several of the respondents who participated in her particular study, reported that they have been sexually abused while under the influence of drugs.

Drug addicts also often resort to prostitution to earn money to sustain their habit. Govender (2002), cited by Coetzee (2005:291), says drug addicts will “sell their bodies” to obtain drugs. Unwanted pregnancies are therefore commonly seen amongst teenage addicts.

As a result of the irresponsible sexual behaviour exhibited by drug addicts, they are constantly at risk of contracting a sexually transmitted infection or HIV/AIDS. Harvey (2001) and the Department of Social Development (2003), cited by
Coetzee (2005:291), mention that drug addicts may contribute to the spread of HIV/AIDS, as a result of their irresponsible sexual behaviour.

2.4.3.7 Conclusion

Drugs have an enormous effect on the psychological - and emotional state of the addict. Psychological dependence is one of the main consequences of drug abuse which makes rehabilitation so difficult. Once the addict “believes” that he cannot do without the drug, s/he would do anything to obtain the drug. This result in delinquent behaviour which often includes irresponsible sexual practices and the dangers, such as sexually transmitted infections, HIV/AIDS and sexual exploitation, associated with it.

2.4.4 Societal and familial effects

2.4.4.1 Introduction

The following section deals with the effects which teenage drug abuse has on the surrounding community and the immediate family of the addict.

2.4.4.2 Effect of the community

Drug abuse amongst teenagers leads to an increase in delinquent behaviour by the addicts. Pretorius and Le Roux (1998:298-300) say that juveniles often commit crimes when they are under the influence of drugs. They engage in criminal activities in order to get money to buy drugs. These crimes include theft, burglary, assault, traffic offences, drug trafficking and even murder. The community will therefore experience an increase in the crime rate and become increasingly unsafe.

Govender (2002), Friedman (2001) and Mackay (2003), cited by Coetzee (2005:291,292), share the view of Pretorius and Le Roux by mentioning that drug users do not hesitate to resort to acts of crime and violence to obtain
drugs. Drug users become involved in gang-related activities and these activities have an adverse effect on the community.

Olivier (2005:14) says that “juvenile delinquency causes disruption, not only to families, but also to society as a whole”. Since juvenile delinquency and drug abuse have a direct influence on each other, the community within which these activities occur suffers the most.

2.4.4.3 Effect on the family

Ghodse (1995:15) mentions that addicts often reject their family members, and instead they prefer to spend time with their peers who are also using drugs. According to Kingery-McCabe and Campbell (1991:73), the addicts become less available to their families as they become more and more involved with drugs. They turn to drugs for comfort; often abandoning their relatives. This leaves family members with a sense of confusion and anger.

Koffinke (1991:196) says drug addiction by any family member has huge implications for the family dynamic. As the addict distances him/herself from the family, the family also goes through various stages of adjustment. These stages could include the following:

- family denial – pretending the problem does not exist; rationalising the addict’s behaviour
- enabling – making up excuses for the addict to hide the addiction to others
- co-dependence on one another – family members experiencing physical and emotional stress as a result of their relationship with the addict. These family members enter a period of excessive and inappropriate dependence on one another
- overcoming guilt and shame – parents questioning their parenting skills; siblings blaming themselves for the addiction
2.4.4.4 Conclusion

The consequences of drug abuse are extremely devastating, not only to the life of the abuser, but also to his relatives as well as the community. Drugs have a negative effect on all the aspects of the life of the adolescent. Drugs affect the physical, emotional, social, cognitive and moral development of the adolescent and the need for prevention and intervention strategies have never been greater.

2.5 STRATEGIES TO ALLEVIATE THE PROBLEM

2.5.1 Introduction

In this section I explore the different strategies to alleviate the problem of drug abuse as proposed by various authors.

2.5.2 Drug education in schools

The Department of Education’s National Education Policy Act 27 of 1996 (A97) states that schools should include drug education in the Learning Area of Life Orientation, so that learners would adopt and maintain life skills and behaviours that would protect them from drug use and drug dependency. It is also suggested that schools should, as far as possible, involve outside organizations specialising in drug education and intervention, or associated programs, to add to the education provided by the educators at the school. Learners who are experiencing problems with drugs should be encouraged to seek help and schools should have appropriate intervention and management plans in place to deal with such learners.

Stoil and Hill (1996:73) refer to a prevention program that was developed by Dr. G. Botvin at Cornell University. This life skills program focuses on social resistance skills (recognising and coping with pressures to use harmful substances).
substances) and life skills (personal and social skills designed to cope with the challenges of adult transformation). Students participating in Botvin’s program were monitored and after five years those who attended at least 60% of the sessions, showed more restraint to alcohol and drugs than students who were not exposed to the program.

Edmunds and Wilcox (1995:66-70) also refer to the need for a good lifestyle education program which focuses on factual alcohol and drug abuse information. They suggest that this program should develop the child’s problem-solving and decision-making skills. The program should also be aimed at developing the confidence and self-esteem or self-worth of the child. The ultimate goal of such a program would therefore be to give the child the discipline, knowledge and confidence to say “no” to drugs.

Maseko et al. (2003:149,150) and Pillay (2000:78) suggest that educators and everybody involved with learners should undergo proper training to “detect drug-related behaviour tendencies” throughout the life of the child and in the community. This training should be an ongoing process to keep everybody involved with children up-to-date with the latest trends and developments with regard to drugs and abuse. The school should therefore be changed into a learning organisation (Poole, 1998:9), characterised by continuous learning, not only for the learners, but for the educators as well as the parents.

One should, however, remember that many educators come from a background where drugs abuse is unheard of; or something practiced by the vagrants of society. Such educators would therefore not have the necessary knowledge, skills or even the confidence to deal with drug addicts. Senge, Kleiner, Roberts, Ross and Smith (1984:18) say that a learning organisation could be established and maintained by the learning of new skills that will enable members to do things that they could not do before. In this regard, educators will have to be taught the skills and capabilities that will enable them to deal with drugs addicts at school. By undergoing continuous training, it will also increase their knowledge as well as their confidence to address this enormous problem of drug abuse amongst teenagers.
Le Roux and Smit (1992:91), on the other hand, focus on the education of the teenager. They suggest that teenagers should be educated on how to use their leisure time constructively to engage in meaningful activities.

The RSA Department of Welfare and Population Development (1999), cited by Coetzee (2005:284), has developed a drug “master plan” in which suggestions are made with regard to the role which schools could play in preventing drug abuse. Some of the aims of the drug master plan include:

- motivating the youth to refrain from drug abuse
- ensuring schools offer effective programs on drug education
- raising awareness among educators, school governing bodies and parents of various aspects of drug misuse
- developing effective national and local public education strategies
- ensuring that learners who need help have access to advice, counselling, treatment, rehabilitation and after-care services
- developing and implementing training programs for all role players involved in education

This drug master plan has been developed in 1999, yet many schools are unaware of the role which they have to play in drug education, counselling, treatment and rehabilitation services.

Hoberg (2001:269) suggests that schools could arrange workshops to enlighten parents about drug abuse issues. Experts could present the workshops at school and the program should focus on the “contextual realities of the life-world of the drug addicted adolescent” as well as the increasing use of drugs by teenagers.

Wagner, Tubman and Gil (2004:107,108) show that school-based intervention programs for drug-abusing teenagers could play a vital role in the rehabilitation of the teenager. These programs could be very successful because at school, the abuser could be constantly assessed and his/her rehabilitation program continuously evaluated, developed or shaped and adapted according to the progress made by the addict. Maseko et al. (2003:123) reiterate the view of
Wagner, Tubman and Gil. They say that school-based efforts should help to address any social or drug-related problem in learners and that schools could act as “powerful protective influences” in the life of the learner. The school should therefore protect the learners by helping them to overcome their addiction instead of expelling them as soon as the addiction is discovered.

2.5.3 Family involvement

Rhodes and Jason (1988:30) say that risk factors for drug abuse can be significantly reduced in families where parents are focused on their children. In being focused on their children, the early signs of problems can be identified and reversed. Pretorius and Le Roux (1998:286) reiterate this sentiment. A stable family will assist the adolescent in resisting the appeal of drugs.

Le Roux and Smit (1992:91,93) mention that “neglectful parenting is the most important cause of juvenile misconduct and delinquency”. They suggest that adequate rearing of a child can only succeed in a family where the child experiences acceptance, acknowledgement, affection, sincere interest and involvement, human dignity and success. In the absence of these factors, the child might develop a negative self-esteem which could lead to him/her associating with the wrong crowd where s/he could be exposed to possible drug abuse. Pillay (2000:78) suggests that “parents should be assisted in becoming responsible parents”.

Drug prevention can be enhanced through strong family bonds, parental involvement in the child’s life as well as clear parental expectations and consequences (Levinson, 2002:121).

2.5.4 Parent awareness and education

Pillay (2000:78) mentions that often the parents of a drug addict lack knowledge about the problem. Parents need alcohol and drug education or drug awareness sessions in order to understand the severity of the problem. Pillay also suggests that parents need support groups and special education on the difficulties of the
adolescent phase as many drug-addicted teenagers come from homes where the parents lack this knowledge.

Pretorius and Le Roux (1998:286) suggest that parents and schools should engage in consistent strict action against drug users. Consistent strict action, where the parents and the school are firm with the drug user, is taken to reduce the appeal of drugs, the need to experiment with drugs and prevent the teenager from associating with undesirable peers. The aim of taking a firm stand is also to teach the teenager to accept responsibility for his/her actions.

Pillay (2000:78), however, cautions that unsympathetic and aggressive action will only aggravate the problem. Parents and all involved in the rehabilitation of addicts must therefore be careful so that the addict feels it is in his/her best interest to overcome the addiction. Benshoff and Janikowski (2000:166,172) mention that family counselling sessions could be valuable to aid the rehabilitation process for the addict as well as the family. Koffinke (1991:195-213) suggests a comprehensive family “recovery plan” consisting of various steps from overcoming denial to relapse prevention that could support the family of an addict through the addiction and rehabilitation phase.

2.5.5 Peer involvement and –counselling

Hoberg (2001:266,267) focuses on the importance of the availability of peer counselling for drug addicts. Addicts have indicated that they found it easier to speak to someone who is approximately their own age; someone who would not reprimand and scold them for their delinquent behaviour.

Levinson (2002:121) says that association with peers who have positive values, as well as the interaction of the drug user with successful role models, will eliminate or reduce the risk of possible addiction. Drug abuse often starts as a result of peer pressure. Certain peer groups (for example TADA – Teenagers Against Drug Abuse) could “exert its pressure to guide the drug users towards a different path”, by providing opportunities for counselling and any other assistance which might be needed to help the addict.
2.5.6 Positive institutions and religion

Youth associations could prevent adolescents from experimenting with drugs because the youth group would provide a new social setting within which the adolescent feels at home. Pretorius and Le Roux (1998:287) suggest the practicing of healthy activities such as hikes, camps, sports events and group labour activities to prevent boredom and loneliness.

Religion provides a deeper, spiritual dimension to one's life. Without religion life becomes meaningless. Pretorius and Le Roux (1998:287) state that “believing in Jesus Christ is undoubtedly the primary source of opposition against drug dependence”. Levinson (2002:121) agrees with Pretorius and Le Roux. He adds that strong interaction with positive social institutions, such as faith-based organisations, should be encouraged in order to minimise the temptation of starting with drugs.

Peele (2004:23,194) suggests that values can play a critical role in overcoming addiction or avoiding addiction altogether. He also mentions that following a moral approach to life “by living according to values that have a positive impact on other people’s lives” as another strategy to beat addiction. It is often at faith-based and religious institutions that morally sound ways of life are advocated and emphasised.

2.5.7 Conclusion

Solving the problem of drug abuse among teenagers requires a collaborative effort by schools, parents, religious groups, peers as well as the adolescent drug user. Wyngaard (1994:106,113) says that all of the above groupings are role-players in combating drug abuse because the individual, the family as well as society, are often the causes of drug abuse.
CHAPTER 3

EMPIRICAL STUDY

3.1 INTRODUCTION

The main objective of this chapter is to describe the research paradigm, research design, data collection strategies, data analysis and interpretation that represent the empirical part of this study.

3.2 RESEARCH PARADIGM

A naturalistic approach was followed to conduct this qualitative research. The naturalistic approach is based on the idea that people continually create their own knowledge and that the role of the researcher is to gain knowledge of how a particular group of people view and experience their world (Walsh, 2001:12). Lincoln and Guba (1985: 37) state that the nature of reality is multi-faceted, constructed and holistic within the naturalists’ paradigm. The relationship between the researcher and the research participant is interactive, the causal linkages are in a state of “mutual simultaneous shaping”, and the inquiry is bound by values.

According to McFarlane (2000:27), the naturalistic approach falls under the umbrella term of “interpretive paradigm”. The interpretive paradigm “seeks to understand the world in terms of the experiences of people involved in it”. Glesne and Peshkin (1992), cited by Murray Thomas (2003:2), share McFarlane’s view that qualitative researchers attempt to make sense of people’s experiences and the ways in which they interact, by conducting interpretive research using qualitative inquiry methods.

In following a qualitative research approach, I became actively involved with the ideas and experiences of the research participants. Creswell (2003:181) states
that because qualitative research takes place in the natural setting of the research participant, it enables the researcher to “develop a level of detail about the individual or place and to be highly involved in the actual experiences of the participants”.

Lawrence Neuman (2003:141) reiterates this sentiment by stating that the emphasis of qualitative research is the human factor. It seeks to gain intimate knowledge of the research setting, where the researchers do not distance themselves from the people or events which they are studying, but take advantage of “personal insight, feelings and human perspectives … in order …. to understand social life more fully”.

According to Berg (2004), cited by Picciano (2004:32), “qualitative research relies on the meanings, concepts, contexts, descriptions and settings of the research participants”. Ezzy (2002: 29) summarises all the above thoughts on qualitative research by stating that “qualitative research engages with the complexity of analysing human action in terms of meanings”. Using this approach therefore, enabled me to understand and interpret the world, as well as the perceptions or everyday lives of the research participants.

3.3 QUALITATIVE, QUANTITATIVE AND MIXED APPROACHES TO DATA GATHERING

3.3.1 Introduction

The main characteristics of qualitative, quantitative and mixed approaches to research will now be discussed to illustrate the differences in these approaches.

3.3.2 Qualitative research

Cresswell (2003:181) lists the main characteristics of qualitative research by building on the thoughts of Rossman and Rallis (1998). These include:
• qualitative research takes place in the natural setting of the research participant. The researcher often has to go to the site (home or office) of the research participant.

• qualitative research uses multiple methods of data collection, which involve the active participation of the researcher, as well as the research participant. Cresswell (2003:181) mentions that the researcher “seeks to build rapport and credibility with the individuals in the study” while not disturbing the study site.

• qualitative research is emergent and not predetermined, because many aspects of the research might change as the research progresses. Lincoln and Guba (1985:41) reiterate that qualitative research implies that the research emerges (“flowing, cascading or unfolding”) naturally. They state that the researcher cannot construct the research path before the time, because the interaction between the researcher and research participant determines and influences the outcome of the research. According to Gillham (2000:6), the emergent design, along with inductive theorising, is a characteristic of naturalistic research. He describes it as “making sense of what you find after you’ve found it”.

• qualitative research is based on the researcher’s interpretation of the data. It is therefore the researcher’s responsibility to view the data holistically.

Davies (2007:10), cites Denzin and Lincoln (2003) in defining qualitative research. He says that qualitative research locates the observer in the world of the research participant and “consists of a set of interpretive practices that makes the world visible” to others. Qualitative research involves an interpretive, naturalistic approach, which entails studying things in their natural surroundings in an attempt to understand and make meaning of their situations.

3.3.3 Quantitative research

Quantitative studies seek numerical data; and always involve measuring in some way (Walsh, 2001:7).
Cresswell (2003:18) defines quantitative research as research which is characterised by:

- cause and effect thinking
- reduction to specific variables, hypotheses and questions
- the use of measurement and observation
- the testing of theories
- the use of experiments and surveys in order to collect statistical data through the implementation of a pre-determined research plan.

Davies (2007:9), cites Selitiz, Jahoda and Deutsch (1965), in stating that the purpose of quantitative research is to seek answers to questions by means of the application of scientific procedures.

### 3.3.4 Mixed research

The mixed method approach to research is characterised by the application of both quantitative and qualitative techniques to obtain answers to the research questions. Strategies of inquiry and data collection involve both numeric information, as well as text information which are integrated at different stages of the inquiry. The final database therefore consists of both quantitative and qualitative information (Cresswell, 2003:19,20).

Johnson and Christensen (2004:34) state that mixed method research is used when the researcher wants to “understand both the subjective and objective realities of the world”. Mixed research consists of a combination of quantitative and qualitative data. Quantitative data are obtained by using standardised measuring instruments while qualitative data can be collected through interviews and observations. The aim of using mixed method research is to improve the researcher’s understanding of the research participants’ world.
3.3.5 Case study research

Yin (2003:5) suggests that the case study is an appropriate research strategy to use when the research questions are mainly “how” or “why” questions. In using this method, I had no control over the behavioural events of the research participants. This method also implies that the main focus of the research is contemporary events. Flick (2006:141) shares this view, stating that the goal of a case study is the exact description of a case, identifying the subjects of a case analysis and then identifying or selecting a case that would be suitable for answering your research questions. Answers to the research questions are therefore case-specific, and in most cases cannot be generalised.

Lack of generalisability of research findings is one of the major criticisms or limitations of using a case study to conduct qualitative research (Mouton, 2001:150). Murray Thomas (2003:35) states that researchers should guard against generalisations when doing case studies, as this could result in “considerable risk of error”. He mentions that this risk could be minimised by studying more than one entity or case in order to identify similarities or differences between cases resulting in a greater degree of confidence placed in the conclusions which could be drawn.

Pring (2004:41) suggests that a case study is the ideal research design to use when one wants to emphasise the uniqueness of actions or events because every case is being shaped by the meanings of the research participants. Murray Thomas (2003:35) shares this view that a case study becomes a suitable tool for “depicting uniqueness”. Gillham (2000:102) mentions that case study research is important to provide insight and better understanding about the life of a specific entity or case. Other individuals or organisations in similar situations could therefore benefit from the research findings and recommendations pertaining to this case. He states that the power of a case study lies in the “uses to which the research findings are put”. 
3.4 RESEARCH DESIGN

The starting point of this research was to select a case. For this purpose I used theoretical or judgement sampling (Mouton, 2001:150). Using judgement sampling meant that I did not select a random sample to be researched. Refer to paragraph 3.5 for information on the respondents used in this study.

The research design which was used was a Case Study to investigate the abuse of drugs at a specific school in the Northern Areas of Port Elizabeth. Johnson and Christensen (2004:46) describe a case study as a “form of qualitative research that is focused on providing a detailed account of one or more cases”; while Yin (2003:2) mentions that the need for case studies “arises out of the desire to understand complex social phenomena”.

I chose the case study as my research design because even though the research findings cannot be generalised, the recommendations and conclusions drawn could be useful within this specific context, or even at other schools faced with a similar problem.

3.5 RESPONDENTS

The respondents chosen for this study consisted of learners from the school and adults who were either affiliated to the school or involved in drug rehabilitation and drug awareness programs.

The 150 learners who participated in this research, were aged 14+ in grades 10 to 12 at the high school where the study was performed. These specific learners were selected because of them being enrolled at this institution. Twenty learners from grades 8 and 9 were involved in the study, but these learners had very little exposure to drugs. For this reason, the study focused on learners from grades 10 to 12. The learners participated in interviews and the completion of questionnaires (see Addendum A).
The adult respondents consisted of 5 parents chosen randomly, 10 educators from the school, 2 social workers and 1 auxiliary social worker, 2 priests involved in Youth Ministry, 1 adult involved in managing a drug rehabilitation centre, and 1 ex-addict who is also involved in arranging drug awareness campaigns and rehabilitation programs.

3.6 ETHICAL CONSIDERATIONS

Before the collection of data started, I obtained written consent from the School Management Team to conduct research at the school (see Addendum B and C). Permission was also obtained from the Port Elizabeth Department of Education to perform research at this school (see Addendum D and E). The school management was assured that, due to the sensitive nature of the research, the name of the school would not be mentioned. Research participants were also briefed about their right to privacy, anonymity and confidentiality as prescribed by Mouton (2001:243) and Gregory (2003:49, 57).

3.7 DATA COLLECTION TECHNIQUES

3.7.1 Introduction

The following data collection techniques were used. As mentioned in paragraph 3.3, these represent a mixture of qualitative and quantitative methods, with the emphasis on qualitative research:

3.7.2 Survey

I initially planned to conduct a survey to identify the reasons why teenagers start with drugs. I planned to focus on the main reasons for starting with the abuse of drugs as mentioned by the research participants.

Due to a month-long strike of public servants during the data collection period, I aborted the idea of a survey because the time had run out. I then decided to incorporate the reasons for drug abuse into the questionnaire.
3.7.3 Questionnaires

Murray Thomas (2003:66) defines a questionnaire as a printed set of questions used to gather facts and respondents’ opinions. Davies (2007:82) states that questionnaires are aimed at facilitating communication either in writing, in the form of a conversation, or electronically.

A questionnaire (see Addendum 3) was designed to obtain the facts and opinions needed to answer the research questions. In designing the questionnaire, I followed the guidelines suggested by Struwig and Stead (2001:89, 90) as well as Cohen, Manion and Morrison (2000:248-250). The questionnaire contained precise, clear questions which were divided into clear sections proceeding from easy to more challenging and general to specific.

The types of questions used in the questionnaire were open-ended questions and multiple-choice questions. With open-ended questions respondents are free to answer in their own words and to express their own opinions and ideas, and to offer suggestions. Multiple-choice questions offer specific alternatives from which respondents have to choose (Struwig and Stead, 2001:92).

A group of fifty learners were first used to pilot the questionnaire. Cohen, Manion and Morrison (2000:260) mention that the principal function of a pilot group is to “increase the reliability, validity and practicability of the questionnaire”. The learners checked the clarity of the questions and provided feedback. Their function was to eliminate any ambiguities or difficult wording. They also provided critique that helped to improve the completion and the understanding of the questions in the questionnaire.

After gathering the responses of the pilot group, I changed some of the questions which the pilot group had identified as being difficult to understand. The revised questionnaires were then completed by one hundred learners. Their responses were evaluated, categorised and interpreted.
The aim of the questionnaire was to determine:

- to what extent learners at the school had been exposed to or even experimented with drugs
- whether the learners were aware of the consequences of drug abuse
- whether drug users know of organisations where they could seek help

Initially, I decided to use only questionnaires to cover the data collection part of the research, because I was of the opinion that learners would be more open and honest about their drug usage when completing an anonymous questionnaire. After careful consideration however, I decided to use a combination of questionnaires and interviews, because during an interview, there is the opportunity for making observations and for probing. These communication methods could lead to an in-depth understanding of the research participants’ world.

Questionnaires were collected immediately after the research participants had completed them.

3.7.4 Interviews

3.7.4.1 Introduction

Lankshear and Knobel (2004:198) define an interview as a “pre-arranged interaction between two or more people where one person is responsible for asking questions pertaining to a particular theme or topic for formal interest, and the other(s) is/are responsible for responding to these questions”.

3.7.4.2 Semi-structured interviews

Semi-structured interviews have pre-prepared questions which are used as a guide during the interview, while still allowing for the participants’ own views to be expressed. They also allow for the researcher to probe for additional responses from the interviewees. Henn, Weinstein and Foard (2006:162) state that the use of probes, prompts and a questioning style which is flexible, enables the researcher and the respondent to engage in dialogue about the
research topic. Baker, Costa and Shalit (1997:45) mention that probing creates the opportunity for clarifying ideas, difficult terminology and different interpretations. It therefore gives the respondent the opportunity to query some of the questions and the researcher the opportunity to explain the questions to eliminate ambiguity. Both researcher and respondent can therefore make sure that they create a shared understanding or meaning of the research.

Schostak (2006:3) spells the word interview as inter-view, using a hyphen to split the word. He states that the reason for this spelling is that it allows a suspension to take place, creating the openings for dialogue and the sharing of different views. Hence inter-view. Lambert (2002:71) mentions that “in dialogue we listen, seek to understand, and hold our assumptions in the air of critique”. She states that the purpose of dialogue is to improve the understanding of both the interviewer as well as the interviewee.

3.7.4.3 Unstructured interviews

Lankshear and Knobel (2004:201) say that unstructured interviews have no pre-prepared lists of questions and can be seen as “conversations with a purpose”, conducted while chatting informally to respondents, yet all the time having “one ear directed towards the goals and purposes of the study”. I used this quote because it portrays precisely what I experienced with the learners whom I interviewed. This is very much in line with the explanation of the natural setting given by Lincoln and Guba (1985:39), who say that the research is carried out in the natural setting of the research participant in order to gain the “fullest understanding” of the world of the research participant.

Wildy (2003:116,117) however, warns that the disadvantage of unstructured interviews is the fact that the discussion cannot be directed, often resulting in considerable time spent talking about issues not relevant to the research topic. The encoding, transcribing and analysis of these interviews could also be problematic due to the vast amount of information embedded in them.
Gillham (2005:53) mentions that the unstructured interview is a useful exploratory technique which is good for establishing dialogue between the interviewer and the interviewee, while still requiring the minimum interference from the interviewer. He adds that this type of interview could however, be difficult to keep going or conversely, it could be very long.

3.7.4.4 A specific strategy to conduct an interview

Picciano (2004:22) suggests that a good strategy to use when conducting an interview is to start with general questions and to move to more specific questions depending on the responses as the interview progresses. I used this strategy when I conducted interviews with the learners, first talking about drug abuse in general; thereafter drug abuse at school, and finally progressing to whether or not the learners have experimented with drugs.

3.7.4.5 Objectives of the interview

The aims of the interviews were in line with the three research questions; aimed at the:

- reasons for drug abuse
- consequences of drug abuse
- strategies which schools could employ to minimise the effect and heighten an awareness of the dangers of drug abuse in learners

3.7.4.6 Conducting the interviews

Semi-structured interviews were conducted with the educators, the parents and the other adults who participated in this study. Unstructured interviews were conducted with the learners. Conducting unstructured interviews with the learners enabled me to be guided by the conversations with the learners. Learners were more at ease, and hence divulged more information, because the unstructured interview is not as formal as a semi-structured interview.
The interviews were conducted over a period of two months. These interviews were recorded by means of notes and audio recordings for later analysis.

3.7.5 Observations

While conducting interviews, I was continuously observing the respondents. Observation offers a unique way of collecting data by not only focusing on the spoken word of the respondents, but also looking at and taking note of their body language (Denscombe, 2003:192). Gay and Airasian (2003:198) state that during observations, the current status of phenomena are determined not by asking questions, but through observing.

Initially I was hesitant to conduct interviews thinking that the participants would not be truthful about their drug usage. However, I found that the participants opened up in a relatively short period of time, enabling me to proceed with observations to supplement the data gathered.

Denscombe (2003:193) warns that observations could be influenced by the researcher’s perceptions. This can result in the researcher selecting and organising information which is not random but based on familiarity, past experiences, or the researcher’s current physical and emotional state. Such observations would therefore be biased. He suggests that researcher bias could be avoided by employing a system of systematic rigorous observation and using an observation schedule. Walsh (2001:67) suggests that, because of the danger that participant observations might not produce objective data, researchers should use other data collection methods such as interviews to provide complementary data.

The observations made during the interviews were recorded during and immediately after the completion of each interview.
3.8 DATA ANALYSIS

3.8.1 Introduction

The information obtained from the questionnaires and interviews were categorised in order to provide answers to the research questions.

3.8.2 Purpose of data analysis

The aim of data analysis is to “make sense” of the data obtained during the data gathering stage of the research.

Mouton (2001:108) states that the aim of data analysis is to identify the main categories or patterns in the data and suggests that data should be “broken up” into themes, patterns, trends or relationships which would be manageable for later interpretation by the researcher. Walliman (2001:308) mentions that the researcher would be able to develop new theories or validate existing theories by surrounding him/herself with the data, and then identifying patterns or even inconsistencies. The aim of identifying themes and patterns is to reduce the amount of data and to order the data to facilitate the analysis of the data.

3.8.3 Steps in the analysis process

Creswell (2003:191-195) suggests that the following steps could be used for data analysis:

- organising and preparing the data for analysis by typing up field-notes, transcribing interviews, sorting and arranging the data into categories depending on their sources.
- obtaining a general sense of all the information by reading through all the data
- organising material into related “chunks” through a process of coding
- coded “chunks” are then categorised into themes
• analysis and interpretation of themes in order to “make meaning” of the data.

The analysis of the data obtained from the questionnaires and the interviews was done manually. In analysing the data, recordings of the interviews were listened to and transcripts of the interviews were read and re-read in order to familiarise myself with the data. The data were then divided into three categories relating to the three research questions. Within each category, the responses were further divided into similar patterns or themes.

3.9 DATA INTERPRETATION

3.9.1 Introduction

Greater meaning was given to the raw data which I collected by categorising the data.

3.9.2 Definition

Struwig and Stead (2001:172) define data interpretation as "giving meaning to raw data". The aim of data interpretation is to provide the reader with insights stemming from the data analysis. Mouton (2001:109) mentions that interpretation entails the explanation of observations and data, relating the research findings to existing theories and showing whether the existing theories are supported or refuted by the research findings.

3.9.3 Reasons for drug abuse

3.9.3.1 Introduction

The empirical study revealed many, and wide-ranging reasons, for drug abuse amongst teenagers at the school under investigation. The most important of these are discussed below.
3.9.3.2 Peer pressure

Learners’ responses were very similar, and included them saying: “I wanted to fit in with my friends…..I did not want to be the odd one out”.

The social workers said that the need to belong is a strong motivating factor for teenagers to start using drugs. Teenagers are self-conscious and unsure of where they fit in. By using drugs, they ensure their position in a particular group. One social worker said: “The need to belong far outweighs the fear of addiction”.

3.9.3.3 Experimentation

Learners responded with statements such as: “I wanted to see what it would feel like…..I was curious about the taste”. Most of the learners who admitted to having used drugs before, said they first tried it out of curiosity. Their parents were constantly preaching to them about drugs and they wanted to “see what the fuss is about”.

Many adults felt that learners started with drugs out of curiosity; wanting to experiment, but without thinking about the consequences of becoming addicted. The social workers added that the teenagers do not realise the danger which they are exposing themselves to when they decide to experiment with drugs. It starts out as an experiment, but eventually ends in addiction, with devastating repercussions. They suggested that educating the learners about the dangers of drug abuse was the only way of decreasing the need to experiment with it.

3.9.3.4 Rebellion against authority

The learners responded that they started with drugs to rebel against the rules and regulations forced upon them by their parents. One learner said that she started smoking to spite her father, “because he smokes and drinks alcohol, but wants to preach to me about the dangers of smoking and drinking”.

44
The parents whom I interviewed felt that teenagers should learn from their (the parents’) mistakes and not even start using drugs. The teenagers, on the other hand, expressed sentiments such as “you’ve had your life, now let us live ours”, towards their parents.

3.9.3.5 Family life

In their responses learners emphasised the fact that they were often left unsupervised at home when their parents were at work or when their parents were socialising with their (the parents’) friends. It was during these periods without adult supervision that the adolescents had time to experiment with drugs.

Some learners said that there was no communication, love or closeness in their homes. These factors force them into the streets where they are exposed to drugs. One learner said: “My parents hardly talk to me. The only time when my mother talks to me is when she shouts at me”.

During the interviews with the parents I learnt that many parents felt guilty about spending so much time at work and so little time with their children. Teenagers often have to take care of their younger siblings in the afternoon when they come from school. Parents reward the teenagers for taking care of their younger siblings during the week, by allowing them to go to clubs and stay out all night over weekends. When asked about being too permissive, one parent responded as follows: “My child deserves a break over weekends”.

Another parent stated that she was 100% sure that her child would never use drugs because “she knows how dangerous drugs are”. The above statements made by the parents illustrate how ignorant the parents are about their children’s drug usage.
3.9.3.6 Social environment

The social environment within which the learners find themselves plays an important role in the exposure of adolescents to drugs. Many of the learners at the school involved in this research come from an impoverished community characterised by violence, gangsterism, a high unemployment rate and a lack of recreational facilities.

Learners said that they had no choice but to sell drugs for the gangs because “work is scarce” or to experiment with drugs “to forget about my stupid life”. One boy even said: “Sitting in class is not going to keep my stomach full”.

The adults felt that there were very few positive role models who came from this community. The children have few alternatives to identifying with the gangsters and following in their footsteps.

3.9.3.7 Academic pressure

Learners felt that they were put under constant pressure to excel academically by their parents and educators. They therefore use drugs as a mechanism to cope with the pressures of school. Some learners believed that the drugs assisted their academic performances; helping them to learn better. They responded as follows: “dagga skiet my kop oop / (dagga blows my head open)….. everything is crystal clear after smoking a joint”.

The social workers agreed that learners are under constant pressure from their educators and their parents. They said that, because these learners have not been taught the proper skills to cope with pressure, the learners seek refuge in drugs.

3.9.3.8 The media

Learners and adults agreed that use of drugs is often glamourised in the media. Adolescents identified strongly with the image of easy money and easy living.
which is portrayed in most movies. Parents felt that there should be stronger censorship of television programs, music videos and the lyrics of pop music.

3.9.3.9 Conclusion

The above reasons for drug abuse given by learners show a huge need for educating learners about the dangers involved in experimenting with drugs. Most learners only focus on the immediate “gratification” and do not think of the future consequences of becoming addicted to drugs.

The responses of the parents showed that many parents are in denial about the magnitude of the problem of drug abuse experienced by learners.

3.9.4 Consequences of drug abuse

3.9.4.1 Introduction

Drug abuse by teenagers has devastating consequences on their lives. In this section, I describe some of these consequences which the empirical study revealed.

3.9.4.2 Health problems

Learners were not bothered by the effects which drugs could have on their health. They responded as follows: “I will worry about my health later when I am older….. I am healthy now…..drugs help my body to work better”.

Many learners indicated that they knew of drug rehabilitation centres but that they would not make use of these facilities because:

- they believed that they were in control of their drug usage and could stop whenever they wanted
- they doubted the confidentiality at these facilities. Most of the learners believed that their parents would be contacted by the facilitators at the
rehabilitation centres. They would rather continue using drugs secretively than have their families know about it.

Adult respondents mentioned that drug dependency, organ malfunction, organ failure and eventually death are the consequences of teenage drug abuse.

3.9.4.3 Academic performance

Learners felt that using drugs did not have an adverse effect on their academic performance. Some believed that the drugs enhanced their academic performance. This was evident in the following statements: “it clears my head…..it helps me to remember facts better”.

Adults mentioned that drug usage at school resulted in teenagers not caring about their school work. Teachers stated that learners using drugs had a shorter attention span and often lost interest in their school work. Social workers also added that drug dependency at a young age results in an increasing number of learners dropping out of school, thereby diminishing their chances of being employed. This perpetuates the cycle of unemployment, poverty, crime and violence in the community.

3.9.4.4 Irresponsible sexual behaviour

Learners strongly believe that using drugs does not affect their sexual behaviour and that experimenting with sex is normal for any teenager irrespective of whether they are using drugs or not.

Adult respondents stated that drug abuse led to:

- teenagers becoming promiscuous
- an increase in the number of unwanted pregnancies
- an increase in sexually transmitted infections, HIV and AIDS

They felt that teenagers might even resort to prostitution to sustain their drug habit. A recovering drug addict, whom I interviewed, mentioned that experimenting with drugs definitely leads to an increase in sexual activity of the
addict. It also leads to irresponsible sexual behaviour of the addict. He mentioned that the “high” experienced from drugs is equivalent to an orgasm and that an addict would constantly be in search of his/her next “high” experience, albeit as a result of drugs or sexual activity.

Some adult respondents also mentioned that the use of drugs leads to a loss of inhibitions, resulting in greater sexual experimentation and irresponsible sexual practices.

3.9.4.5 Family

Learner respondents stated that they hide their drug activities from their families. Their families were therefore not affected, because they are unaware of the teenager using drugs.

Adults mentioned that the consequences on the life of the family could be devastating. There is an increase in stealing or disappearing of household goods, increased tension or domestic violence as well as an increased financial burden on the household. Social workers added that often parents of teenage drug addicts focus all their attention on the addict and then neglect their other children. This could lead to sibling rivalry which adds to the tension and strain put on the family. All the tension can lead to a complete breakdown of the family unit, culminating in the divorce of the parents.

3.9.4.6 Community

Learners felt that drug usage would have no effect on the community because: “everybody should mind their own business”.

However, adults felt consequences for the community include moral decline and an increase in a corrupt society characterised by gangsterism and violence due to unemployment. The adults strongly felt that the community has become increasingly unsafe.
3.9.4.7 Conclusion

Information obtained from the learners displayed a shocking “don’t-care-attitude”, and a lack of knowledge regarding the harmful effects of drugs on their bodies, as well as the repercussions which increased drug abuse could have on the community.

Responses from the adults show that they are fully aware of the consequences of drug abuse, yet their responses to the reasons for drug abuse showed that they think the abuse of drugs was something done by the children of other parents and not by their own children. This clearly implies that they shy away from taking responsibility for the problem.

3.9.5 Strategies to alleviate the problem

3.9.5.1 Introduction

I categorised the strategies which could be used to alleviate the problem of drug abuse amongst teenagers at the school under investigation, into the roles which the school, the parents and families, churches, the Government and the media can play.

3.9.5.2 Role of the school

Learners said that the school could do more to educate them about the dangers of drug abuse. Most of the learners, however, felt that education programs would not be a successful deterrent, since those wanting to experiment with drugs will do so regardless of the dangers involved.

Adult respondents felt that the school could organise educational programs where learners are taught about the physiological functioning of their bodies, how to take care of their bodies and the harmful effects of drugs abuse on the body. Educators added that positive role models, or even recovering addicts, could be invited to the school to share their experiences with the learners.
According to the educators, the school could also play a role in educating or sensitising parents about the severity of the problem of abuse, the reasons for, the consequences of as well as possible coping mechanisms to deal with the problem.

3.9.5.3 Role of the parents and families

Learners felt that parents neglected their parental duties and should spend more time at home. In doing this, they would get to know what goes on in the lives of their children. One learner mentioned that her parents did not know her friends or what she did after school, because they were never home.

Parents responded that their role was becoming increasingly difficult, since they could not afford to work shorter hours. They could not afford to arrange after-school supervision for their children. Due to financial constraints, teenagers were therefore forced to look after their younger siblings. Parents also felt strongly that as a result of advances in technology, teenagers “know more than we did at their age”.

Educators mentioned that parents could do more to educate their children about the dangers of drug abuse. They believe that parents are placing the responsibility of drug education for teenagers solely on the shoulders of the school, and that this should be a shared responsibility.

Two adults working at drug rehabilitation centres mentioned that families have the responsibility of de-stigmatising drug abuse. Often families know about one of their family members experimenting with drugs, but they choose to ignore this habit because of the fear of the stigma which is associated with drug addicts. In doing this, they are effectively acting as enablers helping the addict to maintain his/her habit.
3.9.5.4 Role of the churches

The learners felt that the churches were outdated and did not move with the times. One learner said: “Going to church means sitting still for two hours in uncomfortable clothes, to listen to stuffy old people”.

All of the adult respondents felt that churches have an important role to play in the raising of future adults. Within a religious setting, teenagers could be taught how to respect and appreciate their bodies.

The priests, whom I interviewed however, said that they did not know how to get teenagers to come to church, as many teenagers as well as their parents did not attend church regularly. They mentioned that most churches now have programs aimed specifically at teenagers, but their major problem is to get the teenagers to attend these services.

3.9.5.5 Role of Government

Educators believe that the Revised National Curriculum Statement (RNCS) allocates too little time to drug education in the Life Orientation Subject Statement. They also mentioned that learners no longer received religious instruction at school, and in the absence of religious instruction, it appeared as if learners were now functioning without a moral compass. The educators therefore emphasised the need for the Government to re-evaluate the RNCS, allocate greater time and resources to drug education and re-introduce religious instruction into the school curriculum.

Social workers and priests mentioned that the Government should create greater employment opportunities as well as bursary and study opportunities for young people. This could motivate them to complete their schooling and decrease the drop-out rate. Educational programs and more recreational facilities could also be arranged to occupy the youth within the community.
3.9.5.6 Role of the media

Learners felt that the media did not affect their attitude towards drugs and drug abuse.

Adult respondents however, mentioned that the media should be made to realise the important role which they play in the lives of adolescents. More time should be spent showing the harmful effects and consequences of drug abuse. Parents felt that the media is currently misleading the teenagers into thinking that using drugs is a normal part of everyday life.

3.9.5.7 Conclusion

In researching the abuse of drugs amongst learners at the school under investigation, I realised that most of the adults involved in the lives of these teenagers did not realise the enormity of the problem. All of the teenagers, whether experimenting with drugs or not, did not realise the danger of the situation either. Their attitude was one of “you only live once”. The teenagers, parents and educators are constantly shifting the responsibility of drug education amongst them, resulting in the teenagers becoming lost in the tug-of-war.
CHAPTER 4

FINDINGS AND RECOMMENDATIONS

4.1 INTRODUCTION

The main objective of this chapter is to provide a summary of the most important findings emanating from this study.

4.2 RESEARCH FINDINGS

4.2.1 Introduction

In this section, a comprehensive summary of the reasons for, consequences of and strategies to alleviate the problem of drug abuse among teenagers, are provided.

4.2.2 Reasons for drug abuse

4.2.2.1 Family aspects

The literature review revealed (see paragraph 2.3.2) that the nature of the family relationship (especially parental involvement), the examples set by the parents, parental permissiveness, and inadequate authority were the major familial factors acting as reasons for drug abuse.

The empirical study reinforced the findings of the literature review. In the empirical study respondents referred to the fact (see paragraph 3.9.3.5) that families characterised by little or no communication, too much freedom given to the teenager, and little parental involvement in the life of the teenager, resulted in them going outside of their family structure to experiment with drugs.
The empirical study also revealed that often parents are unaware of, and ignorant about their children’s behaviour outside of the family circle.

4.2.2.2 Personal aspects

The main personal factors which act as reasons for drug abuse in the literature review, were found to be peer pressure, an inadequate self-concept, loneliness and boredom. While the empirical study also identified peer pressure to be a major factor contributing to drug abuse, the need to experiment, as well as rebelliousness by teenagers were identified as two additional personal factors which could act as reasons for drug abuse by teenagers.

4.2.2.3 Societal or environmental aspects

A social environment characterised by crime and violence, unemployment, gangsterism and drug abuse were found to be the important societal reasons for drug abuse in both the literature review and the empirical study.

The availability of drugs, society’s general attitude towards drugs as well as the media played an important role in the exposure of teenagers to drugs.

4.2.3 Consequences of drug abuse

4.2.3.1 Physical and medical consequences

The literature review as well as the empirical study revealed that drugs have many negative effects on the physical health of the user. Drugs alter the functioning or physiology of the body resulting in all the organs being adversely affected and therefore malfunctioning.
4.2.3.2 Psychological and emotional effects

The literature review highlighted the psychological, cognitive, emotional and behavioural consequences which drugs have on the life of the teenager.

In the empirical study, the findings of the literature review were reiterated. The effects of drugs on the academic performance and the behaviour of the teenager are focused on in the empirical study.

4.2.3.3 Societal and familial effects

This study revealed that teenagers using drugs affect the family dynamic in such an enormous way that it could eventually lead to the breakdown of the family unit. The value and importance of family counselling was also highlighted.

Both the literature review and the empirical study stressed the fact that drugs lead to increased crime and violence in the community. Such a community will become increasingly unsafe. Teenage respondents in the empirical study, however, felt that drugs had no effect on the community.

4.2.4 Strategies to alleviate the problem

This study revealed that the strategies to alleviate the problem of drug abuse among teenagers require a collaborative effort from the school, the parents and relatives, churches and faith-based institutions, the Government and the media.

4.2.5 Conclusion

The abovementioned findings illustrate that the reasons for and the consequences of drug abuse are numerous. These findings emphasise the need for strategies to reduce the problem of drug abuse among adolescents.
4.3 RECOMMENDATIONS

4.3.1 Introduction

The main recommendations emerging from the study are given in this section.

4.3.2 Role of the school

The school has a major role to play in terms of the education of learners, educators and also the parents, regarding the dangers of drugs.

4.3.2.1 Arranging drug awareness campaigns

The school could arrange drug awareness campaigns. These programs should be offered on an ongoing basis and not only for learners, but also for educators and parents. Members of the police, ex-addicts, social workers or representatives from rehabilitation centres could visit the school and inform all the role-players of the latest trends in drugs and especially the dangers of abuse.

4.3.2.2 Initiating life-skills programs

The school could initiate ongoing life-skills programs where teenagers are taught the skills of problem-solving and decision-making, and the importance of choosing friends who will have a positive influence on their lives. These programs could also focus on developing communication skills and confidence levels, and hence the self-concept, of the teenagers.

4.3.2.3 Training of educators

School managers should ensure that educators undergo training on how to detect drug-related behaviour, learn skills on how to handle such teenagers, and how to monitor learners who are undergoing treatment or who might be suspected of using drugs.
4.3.2.4 Educating the parents

School managers could make classrooms and facilitators available for the parents to undergo training on how to improve their parenting skills and how to identify drug related tendencies in their teenagers. Here they could also learn about the value of parental involvement in the life of the teenager.

4.3.2.5 Protecting the learners

Schools should move toward protecting the learners and not expel learners who are suspected of being involved with drugs. Learners who are expelled only compound the problem of unemployment, poverty and violence. Instead, the school could assist these learners in enrolling for a rehabilitation program. Assisting and encouraging the learners to undergo rehabilitation, will improve their chances of freeing themselves from the stranglehold of the drugs.

4.3.2.6 Extra-curricular and co-curricular activities

Extra-curricular and co-curricular activities, offered by schools, will ensure that learners use their leisure time constructively and not succumb to boredom and possible loneliness. At school, learners could also be taught the dangers of not using leisure time constructively.

The successful implementation of extra-curricular and co-curricular activities require funding. In order to reduce the financial burden, schools could approach the Education Department and the private sector for additional funds. Fundraising activities organised by the school could also lessen the financial burden.
4.3.3 Role of the Government

The Government could make more funds available to schools for drug education and awareness campaigns. A greater portion of the Life Orientation Learning Area in the school curriculum could be allocated to drugs abuse and its dangers.

Government could ensure greater involvement by social services in the lives of teenagers. This can be done by appointing social workers in schools. They could either work at a particular school on a permanent basis, or they could visit schools and address the learners on a regular basis.

If social workers are allocated to schools, they could educate parents on the difficulties of the teenage phase. At these sessions, parents could be educated on the value and the need of adult supervision for their children, the importance of the parent-teenager relationship, the need for regular, honest communication, and the danger of being too permissive.

The social workers could also train the teenagers on how to become peer counsellors; assisting in the rehabilitation of their peers.

Schools and all stakeholders involved in the lives of the teenage addicts could ensure greater governmental involvement by petitioning on a regular basis, by corresponding regularly with the Minister of Education and generally by making those in positions of power aware of the problems experienced by schools.

4.3.4 Role of churches and faith-based organisations

Churches and religious institutions or faith-based organisations have a positive role to play in the rehabilitation of teenage drug users as well as in the prevention of teenagers experimenting with drugs.

Youth associations, where teenagers positively associate with peers, could assist in the prevention of boredom, idleness and loneliness. Youth
organisations could also provide opportunities for peer counselling and drug education.

Churches and faith-based organisations should realise that religion provides a deeper, spiritual dimension to the life of the teenager and although teenagers sometimes appear disinterested in church, churches should not lose hope because they have a positive contribution to make in the life of the teenager. These have to be churches where good values and morally sound behaviours are being modelled.

4.3.5 Role of the media

The media should be made aware of how it influences the life and decisions of teenagers. As watching television is one of the most important pass times of teenagers, programs on drug education could enjoy greater airtime. Programs where the explicit uses of drugs are portrayed could be banned, or allocated later viewing time. Newspapers and magazines could participate in ongoing drug awareness campaigns by running competitions where the possibility of winning a prize could encourage the teenager to participate.

Parents, educators, churches and teenagers could communicate with media editors or even the Broadcasting complaints commission to ensure that those involved in the media are made aware of the media’s influence on teenagers.

4.3.6 Conclusion

Schools, parents, educators, teenagers, the Government, churches and the media need to work together to address the problem of drug abuse. Only once collaborative efforts by these stakeholders are made, will the problem of drug abuse be alleviated. The above strategies emphasise the need for educating teenagers about the dangers of drug abuse, because education will hopefully deter them from experimenting with drugs thereby preventing possible addiction, as well as providing support for those who are addicted already.
5. **BIBLIOGRAPHY**


### ADDENDUM A: Questionnaire completed by learners.

#### INFORMATION ON TRIGG ARMS

<table>
<thead>
<tr>
<th>Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Texas</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Florida</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>

#### PERSONAL INFORMATION

- **Name:** [Name]
- **Address:** [Address]
- **Phone:** [Phone Number]
- **Email:** [Email Address]
- **Date of Birth:** [Date]
- **Gender:** [Gender]
- **Marital Status:** [Marital Status]
- **Occupation:** [Occupation]
- **Education:** [Education Level]

#### IMPORTANT NOTES

- Please fill in the questionnaire with the details provided.
- Ensure all sections are completed accurately.
- Any questions or concerns, please contact the administrator.

---

### QUESTIONNAIRE (FOR LEARNERS) - DASS AUS

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

---

### ADDENDUM B: Additional follow-up questions.

1. How do you use DASS?
   - [ ] I use it regularly
   - [ ] Occasionally
   - [ ] Rarely
   - [ ] Never

2. Do you feel your current strategies with DASS are effective?
   - [ ] Yes
   - [ ] No

---

### ADDENDUM C: Feedback and suggestions.

- [ ] Additional feedback
- [ ] Suggestions for improvement
- [ ] Other comments or questions
ADDENDUM B: Permission letter to the school’s principal, SMT, SGB and staff.

27 August 2007

The Principal, SMT, SGB & Staff

Dear Colleagues

PERMISSION TO CONDUCT RESEARCH

I am busy with a Masters study at the NMMU. My research involves investigating the problem of drug abuse among learners in the Gelvandale area in an attempt to provide strategies which schools could use to cope with this escalating problem.

I am currently in the data gathering part of my research and hereby request your permission to conduct research at your school. The research will take the form of interviews conducted with and questionnaires administered to the learners and educators.

This permission is requested with the understanding and my assurance that:
- educators and learners will remain anonymous
- at no stage during the publishing of the research findings would the school’s name be mentioned
- the research will not infringe upon teaching time but will be conducted during breaks or after school
- if preferred, all research findings and recommendations will be made available to the school

I hope that my request would be considered favourably.

Sincerely

Ms. L. Jacobs

The name of the school has been removed to protect the identity, and ensure the anonymity of the school.
ADDENDUM C: Permission obtained from the school.

18 September 2007

TO WHOM IT MAY CONCERN

Dear Sir/Madam

At a meeting of the SMT of held on Thursday, 5 September 2007, permission was granted to Ms L. Jacobs to conduct research at the school.

We do wish her well in all her endeavours.

Sincerely,

(Deputy Principal)

The name of the school has been removed to protect the identity, and ensure the anonymity of the school.
ADDENDUM D: Permission letter to the Port Elizabeth
Department of Education.

20 Cormorant Crescent
Rosedale
UITENHAGE
6229

17 September 2007

The District Director
department of Education
Private bag X3803
PORT ELIZABETH
6050

Dear Mr. Snoyce

PERMISSION TO CONDUCT RESEARCH

I am an educator at High School and I am busy with a Master’s
Degree in Education at the Nelson Mandela Metropolitan University. My
research involves investigating the increase in drug abuse amongst learners at
the school in an attempt to develop strategies which the school could use in
order to cope with this escalating problem.

Permission is therefore requested to conduct research at this school. The
research will take the form of questionnaires and interviews, and will involve the
educators and the learners of the school.

You have my full assurance that the research will not be conducted in teaching
time or due to the sensitive nature of the information obtained, the identity of
the school, educators and learners will be concealed.

You are also further assured that, if preferred, all research findings would be
made available to the Department of Education and/or the school

I hope that my request will be considered favourably.

Sincerely

Ms. L. Jacobs

The name of the school has been removed to protect the
identity, and ensure the anonymity of the school.
ADDENDUM E: Permission obtained from the Port Elizabeth Department of Education.

Ms L. Jacobs
20 Cormorant Crescent
Rosedale
Uitenhage
6229

Dear Madam

PERMISSION TO CONDUCT RESEARCH

I refer to your letter dated 17 September 2007.

Permission is hereby granted for you to conduct your research on the following conditions:

1. your research must be conducted on a voluntary basis;
2. all ethical issues relating to research must be honoured;
3. your research is subject to the internal rules of the school, including its curricular programme and its code of conduct and must not interfere in the day-to-day routine of the school.

Kindly present a copy of this letter to the principal as proof of permission.

I wish you good luck in your research.

Yours faithfully

S. SNAYER
DISTRICT DIRECTOR: PORT ELIZABETH

26 September 2007