



**University of Fort Hare**  
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**LACK OF DRUG ABUSE AWARENESS AS A DETERMINANT OF THE  
ESCALATING LEARNER DRUG ABUSE IN ONE HIGH SCHOOL IN  
MDANTSANE, EAST LONDON EDUCATION DISTRICT**

**A dissertation submitted in fulfilment of the requirements for the degree of**

**Master of Education**

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*Together in Excellence*  
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**University of Fort Hare**

**by**

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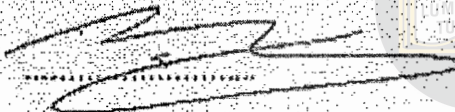
## ABSTRACT

Drug abuse is fast becoming a very common phenomenon among children under 16. Drug/substance abuse is an excessive use of drugs which has harsh repercussions and consequences in the life of a learner or any individual, and various environmental factors should play a significant role in trying to curb the escalation of substance abuse. This study seeks to find out how the lack of drug abuse awareness affects the escalating learner drug abuse. The intention is to come up with strategies to create awareness of the dangers of drug abuse in learners. On the one hand, learners need to be clear about the dangers associated with drug abuse and, on the other hand, curriculum planners should be in a position to come up with effective strategies that can reduce the escalation of drug abuse. The theoretical framework incorporates sociological theories, i.e. self-control, social learning and sub-cultural theory and social control theory. This is a qualitative study that makes use of semi-structured interviews as well as analysis of historical documents on drug use in the school. The data collected is analysed through the use of content analysis. The study revealed that banning of corporal punishment is the reason for the escalating learner drug abuse in school. It further showed that peer pressure, enjoyment and problems arising in families and communities are the main factors promoting persistent drug abuse. It was also noted that the school does not have drug awareness programmes to teach learners about drug abuse and the dangers associated with it. The study therefore suggests the creation of drug abuse awareness in schools in particular and communities in general.

**Keywords: Drug Abuse, Learners, Awareness, Education, Mdantsane**

## DECLARATION

I hereby declare that *Lack of drug abuse awareness as a determinant of the escalating learner drug abuse in one high school in Mdantsana, East London Education District* is my own work and that all sources used or quoted have been indicated and acknowledged by means of complete references. This research has not been previously submitted for any degree at the University of Fort Hare or any other institution.

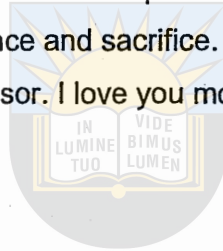
  
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## DEDICATION

This work is dedicated to the following people: My mom and dad (Nolulamo and Vukile Mnyamana), my brothers and my sister who have been constantly praying for my success, as well as my wife, Nomhinke, who has always been very supportive throughout this study and has sacrificed a lot for me. Thanks so much, my dear, you will forever be special and for that I will always love you. You have sacrificed your time and your resources, and you have shown love and patience just to see me get what I want. Thank you, my angel, for your patience and sacrifice. You have always made sure that I have emailed my work to my supervisor. I love you more than you can imagine.



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## ACRONYMS

AHIP	- Adolescents' Health Information Project
ATS	- Amphetamine-type stimulants
AOD	- Alcohol and Other Drugs
CA	- Content Analysis
CDC	- Centers for Disease Control
DDI	- Drug Detection International
ELRC	- Education Labour Relations Council
ESPAD	- European School Survey Project on Alcohol and other Drugs
(HBSC)	- Health Behaviour in School Children Survey
HIV/AIDS	- Human Immune Virus / Acquired Immune Deficiency Syndrome
ICAP	- International Center for Alcohol Policies

- NDLEA - National Drug Law Enforcement Agency
- NHI - National Health Institute
- SAIDS - South African Institute for Drugs
- SANCA - South African national Council on Alcoholism
- SANDMP - South African National Drug Master Plan
- SGB - School Governing Body
- UN - United Nations
- UNODC - United Nations Organization on Drug Council
- USA - United States of America



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## **CHAPTER 1:**

### **INTRODUCTION AND BACKGROUND**

#### **1.1 Introduction**

Generally speaking, the use of drugs contains inherent risks. There is a range of risks associated with drug use as far as health professionals are concerned and these include cognitive impairment, addiction, depression, HIV infection and even death. The way in which youth understand the risks of using drugs remains complex in that they do not see the risks associated with drug abuse. According to Kelly (2012, p.216), the youth tend to underscore the extent to which information about the dangers associated with drugs use has been disseminated among the populace, but the importance of understanding such risk has been underestimated.

#### **1.2 Drug abuse in the United States of America**

Drug abuse in the United States of America (USA) usually starts with the innocent use of addictive substances of which most are seen by society as part of acceptable behaviour. Youth and learners start to become addicted to substances such as alcohol by using it on a regular basis and the smoking of cigarettes, which are available and acceptable to buy and use.

In the USA, about 79,1% of teenage students drink alcohol. The USA and Japan have the highest percentage of smokers in the world. A disturbing trend recently is the increasing number of teenage girls who smoke (De Haan, 1997, p.39). In the USA, marijuana is the most widely used drug among the youth and learners. The number of school teenagers using marijuana doubled between 1991 and 2001 (Mvubelo, 2001, p.12). Among the youth who use drugs, approximately 60% use only marijuana. The marijuana users also tend to become younger, and two-thirds of new marijuana users in the USA each year are between 12 and 17.

Fishburne (2003, p.8) states that an estimated 1.5 million Americans, 12 years and older, are chronic cocaine users. In addition, many youngsters have been attracted to the inexpensive, high purity heroin that can be sniffed. Drug use among youths has increased and the age at which drug use begins has dropped. Although tobacco, alcohol and marijuana are the substances mostly tried, the use of heroin, cocaine, amphetamines and inhalants are also on the rise (Bachman & O'Malley, 2004, p.16).

Herrel and Roberts (2003, p.8) examined a wide range of variables from biogenic to environmental factors to determine what makes one adolescent and not another more vulnerable to initial and continued drug use. They found that no single factor accounts for all known causes, consequences and patterns of drug use (Herrel & Roberts, 2003, p.10). Rather, interacting biological (genetic influences), psychological (depression and learning problems), social (family instability), and environmental (street violence) factors, sexual and physical abuse, gang membership, neighbourhood drug trafficking and poverty appear to put adolescents at risk (Herrel & Roberts, 2003, p.10).

### **1.3 Drug abuse in Africa**

Even though little has been done in terms of research concerning drug abuse in Africa, drug abuse is on the rise. It has been noted that "The abuse of drugs in Africa is nevertheless escalating rapidly from cannabis abuse to the more dangerous drugs and from limited groups of drug users such as the youth and students to a wider range of people abusing drugs" (United Nations, 2012, p1). Regarding drug use, the report by the United Nations (UN) shows that the most commonly used drug in Africa continues to be cannabis, followed by amphetamine-type stimulants (ATS). The annual prevalence of cannabis use in Africa, particularly in West and Central Africa, is much higher than the global average. Drug use appears to be spilling over into countries lying on trafficking routes, such as in West and Central Africa, which is witnessing increasing numbers of cocaine users. The increasing use of heroin and drug injecting is also emerging at an alarming trend, particularly in Eastern Africa (United Nations, 2012, p.2).

In Nigeria, drug abuse in schools and among young people is becoming increasingly problematic (Nkereuwem, 2012, p.1). A number of recent studies suggest that almost all Nigerian youth experiment with drugs at some point, particularly alcohol and nicotine (Nkereuwem, 2012, p.1). The foremost concern is the number of these youth who will form an addiction to serious substances, jeopardizing their own health and safety and creating difficulties for their families and the public at large. Drug use, it is widely accepted, has negative consequences for the academic, social, psychological and physical development of users.

In sub-Saharan Africa, 1.78 million drug users are estimated to be injecting drug users, and an estimated 221,000 injecting drug users are living with Human Immune Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) (Njuki, 2004, p.5). The number of drug-related deaths in Africa ranges on average between 13,000 and 41,000 per year. Overall, experts from African states who report to the United Nations (UN) perceived a substantial increase in the use of all illicit drugs after 2005. Njuki (2004, p.5) argues that in Africa substance abuse is not looked at with the seriousness it deserves.

#### **1.4 Drug abuse in South Africa**

Drug abuse by children under 16 is becoming more prevalent across the Tshwane area. This is according to the South African National Council on Alcoholism and Drug Dependence's (SANCA) Castle Carey clinic in the city which recently (2000) released a report on the staggering extent of drug abuse among the youth. The report says that nyaope-dagga mixed with mandrax is becoming more popular among children, especially in townships in the Tshwane area.

The need for an effective way or strategy to curb drug abuse in the school environment can never be over emphasised. Learner drug abuse affects the culture of teaching and learning negatively because drugs produce unwanted and bad behaviours in learners and this may give rise to really harsh repercussions. Current research shows that cases

of learner drug abuse are on the increase in South African schools (Shumway and Ncotsha, 2013, p.2). According to Times Live (2012, p.3), hundreds of schools across South Africa are subjecting pupils to drug and breathalyser tests in a desperate attempt to curb an alarming increase in drug abuse. The South African Institute for Drugs (SAIDS) is planning to administer at least 1 000 tests for dagga, cocaine and anabolic steroids at 120 schools at a cost of between R1.3-million and R1.4-million.

Shocking findings of pupils arriving school drunk, smoking dagga and using illegal steroids have prompted the decision by school principals to conduct tests. One headmaster stated bluntly that if a pupil looked dopey, that pupil would be tested immediately with harsh consequences if the results came back positive. The Times Live (01 April 2012) has established that 104 of 433 pupils expelled from schools in five provinces for serious misconduct between April 2010 and March 2012 were removed for dealing or being in possession of drugs. Tests conducted at schools mainly in Gauteng, the Western Cape, KwaZulu-Natal and the Free State between January 2012 and March 2012 by a Johannesburg-based company, Drug Detection International (DDI), found that three out of 132 pupils tested positive for anabolic steroids and 21 out of 251 pupils for other drugs.

Synthetic marijuana is a new and major concern. Also known as Spice or K2, synthetic marijuana refers to herbal mixtures laced with synthetic cannabinoids, chemicals that act in the brain similarly to the main active ingredient in marijuana. These mixtures could be obtained legally until recently and are still wrongly perceived as a safe alternative to marijuana. According to Times Live, 11.4% of 12<sup>th</sup> graders and one in grade nine reported using synthetic marijuana in the past year. This year 4.4% of 8<sup>th</sup> graders, 8.8 % of 10<sup>th</sup> graders, and 11.3 % of 12<sup>th</sup> graders reported past-year use. Azisa (2001, p.1) reported a sharp rise of cases of learners suspended and expelled from the Western Cape schools.

## **1.5 Culture of teaching and learning and learner drug abuse awareness**

Weeks (2012, p.30) states that “a culture of teaching and learning would be insightful if it can be found that the nurturing of specific cultural attributes would significantly enhance the behaviour conducive to learning and contribute to effective behavioural patterns that are acceptable within a broader community setting.” This in turn tells us that the South African education system and the school culture have the responsibility to develop certain characteristics or attributes in learners that are acceptable in a broader community and attributes that can contribute positively in the community. Educators generally feel that they are the ones who need to take control of the school environment but, instead, they also feel threatened by the school environment that is beyond their control (Azisa, 2001, p.2). Weeks (2012, p.1) further asserts that, “There is a breakdown in the general acceptable culture of teaching and learning.” This shows that the school culture remains vulnerable and unsecured, hence promoting negative learner drug abuse behaviour instead of curbing it.

Generally the culture of teaching and learning means to create an environment in the school that is free from discrimination, inequality, violence and anything that hinders teachers from teaching or learners from learning. According to Weeks (2012, p.1), the breakdown of a culture of teaching and learning in a significant number of South African schools is reflected in multi-faceted socio-educational problems encountered in schools and communities. This means that there is a breakdown in the culture of teaching and learning as a result of the challenges that the society faces which in turn affects the education system. In other words, the South African education system is not immune to all the other challenges that the South African community in the post-apartheid era is facing.

## **1.6 Social structure, culture and drug abuse awareness**

According to Monnica Mallet of the Los Angeles County Education Association (2007, p.11), "Students receive mixed messages from parents and society that it is normal for students to experiment with drugs and alcohol." It is considered a rite of passage that is inevitable. Sometimes, parents may be using drugs (Posnic, 2012, p.29).

The South African education system is based on the values which are outlined in the South African Constitution but there is an alarming concern by many writers that the South African youths have a tendency to incorporate Western cultural values into the South African and this tends to overwhelm the awareness of the real effects of drug abuse and the stand of the law towards drug abuse. There has been an increased trend in various parts of the developing world, and especially among young people, to espouse aspects of 'Western' culture and values (Arnett, 2002, p.2; Eckersley, 2005, p.7). Key among these values is tolerance of individual differences and self-determination. While the espousal of Western cultural values is said to have some benefits, it has also been associated with substance use and other social problems (Eckersley, 2005, p.7). In particular, some commentators have argued that the adoption of Western values and beliefs such as individualism, secularism, and consumerism may all indirectly be associated with more substance use among children and adolescents (Eckersley, 2005, p.7).

## **1.7 Curriculum and drug abuse awareness**

Schools on the other hand are expected to formulate programmes by themselves in order to reduce the likelihood of drug incidents in schools, and these programmes must be in line with the Departmental policy and the law. According to the NHI (2012, p.7), a critical element of a school's drug education programme is the management of risk through compliance with legislation and Departmental policy. Schools are required to develop procedures for responding to drug-related incidents. Schools should come up with programmes that deal with illegal possession and use of drugs in school while at

the same time monitor the behavior and progress of students involved. In the process, schools are expected to prioritize the interests of all learners regardless of their obligation to evaluate, report and monitor the process. This exerts even a bigger burden on educators who, while pursuing better academic results, must also become watchdogs of the law and school policy. School principals have overall responsibility for students and certain members of staff have particular designated duties for monitoring student welfare and all staff have responsibility for students' wellbeing and discipline (NHI, 2012, p.7).

The UN office on Drugs and Crime reported in their 2010 World Report that South Africa is the largest International player in the import and export of drugs (United Nations, 2012, p.17). Since then drugs have escalated out of control due to the fact that our law enforcement agencies refuse to investigate many of the drug cartels operating in South Africa. Former President Nelson Mandela had compassion on our citizens and instructed his government to negotiate Prisoner Transfer Agreements but sadly seventeen years later President Jacob Zuma still will not adhere to the wishes of Nelson Mandela.

The South African youth is the biggest target audience, with more and more young South Africans getting involved with drugs, whether it's experimenting, dealing, addiction and being mules or decoys. They are getting sucked into the drug industry. The lack of awareness campaigns in South Africa and at schools on drug trafficking keeps the youth ignorant, which makes them vulnerable to recruiters (United Nations, 2012, p.1).

According to Welgemoed (2013, p.1), drug mules are employed by the drug cartels and are protected by some corrupt law enforcement and airport officials. Recruiters are specifically employed by drug cartels to seek out these people. They are the decoys deliberately set up by the people who sent them. They take the fall while the bigger consignment gets through with the actual mule. These recruiters are expert liars and manipulators and people across all racial groups and both genders are deluded by

promises of jobs or paid-for holidays and a chance to see the world. This is just another form of human trafficking. Currently the criminal investigations of the SAPS are non-existent regarding the activities of the recruiters, except for the Sheryl Cwele and Frank Nabolisa case which was a major breakthrough (Welgemoed, 2012, p.1). One way to overcome this is that government must enter into prisoner transfer agreements with foreign countries.

According to Moleketi (1999), The South African Government is committed to reducing both the supply of illegal drugs and the demand for them through a wide range of actions and programmes. To do this, it needs the help of all the criminal justice agencies, other government departments, local authorities, health professionals, traditional healers, religious organisations, schools, parents, sports groups, the media and the private sector.

To date, however, the South African response to the drug problem has been disjointed, fragmented and uncoordinated (Welgemoed, 2012, p.1). This incoherent response has negatively influenced the fight against drugs in two main ways, namely: the duplication of certain services and the non-existence of others has led to the mismanagement of the resources available and the failure to secure others that are sorely needed. Secondly, the lack of a single, unified and strategic response to the drug problem has meant that the war against drugs has been waged neither effectively nor on all fronts.

### **1.8 Statement of the problem**

In spite of all the endeavours that our government has made in trying to curb the situation of an ever increasing learner drug abuse, it continues to rise in the South African schools. According to Centres for Disease Control and prevention (CDC) (2009, p.1) adolescent alcohol and drug use increases each year during high school. Even though there are some measures taken to administer drug tests in learners according to Times Live (2012, p.3), the problem seems to persist and is growing stronger. In this study the researcher's aim was to determine the extent to which environmental factors,

i.e. culture of teaching and learning, social culture and curriculum add value to the understanding of drug abuse dangers in high school learners.

### **1.9 Purpose of the study**

This study tried to find out how the lack of drug abuse awareness affects the escalating learner drug abuse. The intention was to come up with strategies to create awareness of the dangers of drug abuse in learners.

### **1.10 Research questions**

This study sought to answer the following research questions:



#### **1.10.1 Main research question**

How does lack of drug abuse awareness affect the escalating use of drugs by high school learners in schools?

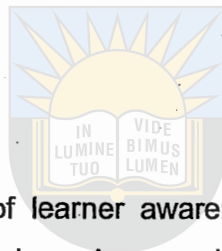
#### **1.10.2 Sub questions**

1. To what extent are teachers and learners aware of drug abuse in Mdantsane?
2. How does social culture affect learner drug abuse?
3. What drug awareness campaigns are put in place for the schools and community?
4. How does the curriculum assist learners to become aware of the dangers of drug abuse?
5. What drug awareness strategies can be put in place at schools in Mdantsane?

### **1.11 Research objectives**

The objective for this research was to find out how the lack of drug abuse awareness affects the escalating use of drugs by high school learners in schools. The research also sought to find out to what extent teachers and learners are aware of drug abuse in Mdantsane, how the social culture affects learner drug abuse and what drug awareness campaigns are in place for the schools and community. In addition to this, the study investigated whether the curriculum assists learners to become aware of the dangers of drug abuse and to assess the awareness strategies that can be put in place at schools in Mdantsane.

### **1.12 Significance of the study**



This study investigates the extent of learner awareness concerning drug abuse in schools, the way learners cope with drug abuse and also the experiences of learner drug abuse. Teachers are at the centre of the culture of teaching and learning and, without them, teaching and learning is not possible so the focus was also on them. When teachers can fully understand issues related to drug abuse, more especially with regard to learners, then they can be in a good position to devise strategies to address drug abuse in schools. This study may be beneficial to students, teachers, educators, and curriculum planners as it attempts to suggest possible strategies to curb the escalating rate of drug abuse. The findings of the study may expose why students turn to drugs and propose possible ways to increase awareness of the dangers of drugs among the learners.

### **1.13 Scope of the study**

The study is a case study of one high school in Mdantsane in the East London Education District.

## 1.14 Operational definitions of key terms

This section defines a number of key terms used in the study.

- Drug abuse

Drug abuse takes place when the intake of drugs causes adolescents to behave in an unaccustomed manner. Donna (1988) uses the term "drug abuse" to describe the excessive, destructive or illegal use of psychoactive drugs.

- Adolescent

It is defined as the developmental period of transition between childhood and adulthood. It involves biological, cognitive and socio-emotional changes (Allison, 2000). In this study 'adolescent' will refer to both boys and girls between the ages 14-25 as well as their characteristics.

- Prevention

Prevention in this study will mean stopping drug abuse by adolescents in the following categories:

Primary prevention - refers to preventing the onset of any substance abuse (Department of Social Development, 2006).

Secondary prevention - refers to prevention directed at individuals demonstrating risk factors associated with unwanted behavior (Schonfeldt, 2007).

Tertiary prevention - aims at ending dependency and minimizing problems resulting from use. This type of prevention strives to enable the individual to achieve and maintain improved levels of functioning and health. It is also called 'rehabilitation and relapse prevention' (Thwala, 2005).

## 1.15 Brief overview of the chapters

The study is structured in six chapters outlined as follows:

**Chapter one:** contains the introduction and overview of the study on the lack of drug abuse awareness as a determinant of the escalating learner drug abuse in one high school in Mdantsane, East London Education District. It lays the groundwork for the research project and includes the statement of the problem, the research questions, the research objective, and the problem statement, the purpose for undertaking the study and the significance thereof, and the definition of central concepts. The chapter ends with a brief summary.

**Chapter two:** contains the review of the related literature which provides a more detailed context for the research project, i.e. the approach to drug prevention programmes. Furthermore, it includes literature on the effects of drug abuse, signs and symptoms of drug abuse, the theories that underpin the research and other factors related to it. The researcher reviewed works on the approach and implementation of prevention and awareness programmes and has critically engaged with the information in the study. This provided a solid theoretical and conceptual background to which the findings of the research were related.

**Chapter three:** gives an overview of the methodology and details of the research design, paradigm and the data gathering instruments. It is a qualitative study which falls within the interpretive paradigm. Research protocol is discussed in detail.

**Chapter four:** contains the presentation and analysis of the empirical data gathered through interviews and document analysis. The data is then analyzed and interpreted; coding has been applied for the identification of themes.

**Chapter five:** contains findings which pertain to the interpreted data and supported by literature.

**Chapter 6:** states the conclusions and valuable recommendations are made regarding the enhancement of awareness strategies towards learner drug abuse.

### **1.16 Conclusion**

This chapter laid the groundwork and provided a framework for the study. It made known the researcher's intentions and why he conducted the study. A broad background to the topic was given and the problem statement was contextualized to inform and to explain to readers what prompted an investigation into the lack of drug abuse awareness as a determinant of the escalating learner drug abuse in one high school in Mdantsane, East London District. The chapter also introduced the research questions and the sub questions which guided the study and the objectives were clarified. Key concepts were defined and applied in order to avoid any misunderstandings. A brief overview of each chapter has been given in order to give the reader an appetizer into the contents of each chapter and how the researcher went about conducting the study.

## CHAPTER 2: LITERATURE REVIEW

### 2.1 Introduction

This section presents the literature review on the issue of the escalating learner drug abuse with a particular reference to the theoretical framework, awareness, culture of teaching and learning and social culture. Also in this section the researcher will engage with existing literature concerning the escalating learner drug abuse and drug abuse awareness.

### 2.2 Theoretical framework

#### 2.2.1 Sociological theories



Prevention is the most effective way of discouraging substance abuse among adolescents. When prevention efforts fail, however, the only available option is a drug treatment programme (Schinke, Botvin & Orlandi, 2008). Drug abuse prevention amongst children and adolescents suggests the need to begin substance abuse prevention education at an early age and to continue such education with developmentally appropriate interventions. Coetzee (2009) established that the younger the age of first abuse of drugs, the higher the severity of the problem. It seems important for the success of prevention programmes to start at primary school level.

According to Schonfeldt (2007), prevention practices have been divided into three categories, namely: primary, secondary and tertiary prevention. Primary prevention focuses on individuals prior to the onset of any signs of unwanted behaviour. Secondary prevention is directed at individuals who demonstrate early signs of unwanted behaviour, and tertiary prevention rehabilitates them. Programme evaluation research revolves around the establishment of the effectiveness of social programmes (Schonfeldt, 2007). According to TerreBlanche and Durrheim in Schonfeldt (2007), the

number of evaluations conducted is small, compared with the number of interventions that are in existence. Hence, South African researchers have recently shown an increased interest in programme evaluation.

The sociological theories are therefore relevant in this study because they incorporate and explain the action and the effect of the greater society towards individual learners and drug abuse. There are seven partly overlapping sociological theories that help elucidate drug use, i.e. anomie, social control, self-control, social learning and sub culture, selective interaction/socialization, social disorganization, and conflict (Guerrero, 2005, p.190). For the purposes of this study, self-control, social learning and sub culture and social control will be used to provide a framework for explaining the question on social structure and culture.

#### **2.2.1.1 Self-control**

Self-control theory emphasises the action of the social structure that can have a bearing on improper behaviour in learners. According to the self-control theory, a lack of self-control is caused by an inadequate parental socialization. Parental socialization is a factor that operated in the past but exerts a lifetime influence and parents in this regard who lack strong affection for their children are unable to monitor their children's behaviour, and may fail to recognize that their children are engaging in wrongdoing (Guerrero, 2005, p.190). They are more likely to raise offspring who both engage in criminal behaviour and indulge in drugs. Therefore, self-control is caused by a factor that takes place very early in one's life. Self-control theory shares with social control theory the assumption that drug use and crime are doing what comes naturally (Ritson, 2002, p.7). This means that in the absence of controls, most people would engage in criminal behaviour and drugs.

### **2.2.1. 2 Social learning and sub cultural theory**

According to this theory, "crime and deviance are learned in intimate, face-to-face interaction with significant others, or people to whom one is close" (Guerrero, 2005, p.191). This theory is based on the notion that criminal or deviant behaviour is a product of learning. It is called the theory of differential association because the key mechanism in becoming criminal or deviant is the fact that one associates differentially with social circles whose members define crime and deviance in favourable terms. This means that a person engages in deviant and criminal behaviour to the extent that his/her actions can be defined as those that are favourable to violations of the law - that is, because of an excess of definitions favourable to legal and normative violations over definitions that are unfavourable to such violations. The key to this process, according to Guerrero (2005, p.191), is the *ratio* between definitions favourable and unfavourable to legal and normative violations respectively. Then, when favourable definitions exceed unfavourable ones, the individual will turn to deviance and crime.

### **2.2.1. 3 Social control theory**

Both theories of self-control and social control make extensive use of the concept of 'control' and focus on why some people conform to society's norms and laws. They both advocate that deviance and drug use do not need to be explained because if left to their own devices, everyone would deviate and break the law, use drugs, and get high (Boyd et al, 2003, p.267). This means that people would simply be doing what comes naturally. What this theory asserts is that what needs to be explained is why some people do not deviate from the norms, violate the law, use drugs, or get high.

## **2.3 Drug abuse**

### **2.3.1 Definition**

Drug abuse is a major public health problem all over the world (UNODC, 2007). The use and abuse of drugs by adolescents has become one of the most disturbing health related phenomena in Nigeria and other parts of the world (Nkereuwem, 2012). According to Nkereuwem (2012), the use of drugs in itself does not constitute any danger because drugs correctly administered have been a blessing. However, Sambo (2008) contends that chronic use of substances can cause serious, sometimes irreversible damage to adolescents' physical and psychological development.

A drug refers to a substance that could bring about a change in the biological function through its chemical actions (Okoye, 2001). It is also considered as a substance that modifies perceptions, cognition, mood, behaviour and general body functions (Balogun, 2006). They could thus be considered as chemical modifiers of the living tissues that could bring about physiological and behavioural changes (Nnachi, 2007). Abdulahi (2009) viewed drug abuse as the use of drugs to the extent that they interfere with the health and social function of an individual. In essence, drug abuse may be defined as the arbitrary overdependence or misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioners. Abdulahi (2009) further argues that drug abuse can also be viewed as the unlawful overdose in the use of drug(s). Manbe (2008) defined drug abuse as the excessive, maladaptive or addictive use of drugs for non-medical purposes. According to Fawa (2008), a drug is defined as any substance which is used for treatment or prevention of a disease in man and animals. In this sense drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time.

### 2.3.2 Different categories of drugs

Drugs are of different categories and the most common types of drugs according to Haladu (2003) are categorized as follows:-

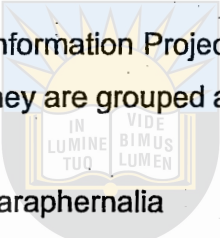
- **Stimulants:** These are substances that directly act and stimulate the central nervous system. Users at the initial stage experience pleasant effects such as energy increase. The major source of these drugs comes from caffeine substance.
- **Hallucinogens:** These are drugs that alter the sensory processing unit in the brain thus producing distorted perception, feelings of anxiety and euphoria, sadness and inner joy. They normally come from marijuana, LSD, etc.
- **Narcotics:** These drugs relieve pain, induce sleep and are addictive. They are found in heroin, codeine, opium, etc.
- **Sedatives:** These drugs are among the most widely used and abused. This is largely due to the belief that they relieve stress and anxiety, and some of them induce sleep, ease tension, cause relaxation or help users to forget their problems. They are sourced from valium, alcohol, prometazine and chloroform.
- **Miscellaneous:** This is a group of volatile solvents or inhalants that provide euphoria, emotional disinhibition and perpetual distortion of thought to the user. The main sources are glues, spot removers, tube repairs, perfumes, chemicals, etc.
- **Tranquilizers:** They are believed to produce calmness without bringing drowsiness; they are chiefly derived from Librium, Valium, etc.

According to Perry (2008), AODs used and abused in South Africa can be roughly divided into three categories: those which are extensively used, those which are

moderately used, and those which are less frequently used, such that in the first category alcohol remains the most commonly abused drug in South Africa, followed by dagga (cannabis) and the dagga/Mandrax (white pipe) combination and that Mandrax is sometimes used on its own. Perry (2008) further maintains the position that there is a considerable abuse of over-the-counter and prescription medicines (e.g. pain relievers, tranquillizers (including benzodiazepines), cough mixtures (containing codeine) and slimming tablets), as well as solvents, especially glue.

### 2.3.3 Signs and symptoms of drug abuse

According to the Adolescents Health Information Project (AHIP, 2001), the following are signs and symptoms of drug abuse. They are grouped as follows:

- 
- The logo of the University of Fort Hare is a circular emblem featuring a sunburst at the top. Inside the circle, there is a book with the Latin motto 'IN LUMINE TUO VIDE BONUS LUMEN'. Below the emblem, the text 'University of Fort Hare' and 'Together in Excellence' is written in a serif font.
- a) Signs of Drug Used and Drug Paraphernalia
    - i. Possession of drug related paraphernalia such as pipes, rolling paper, small decongestants
    - ii. Possession of drugs, peculiar plants or bolts, seeds of leaves in ashtrays or clothing pockets
    - iii. Odour of drugs, smell of incense or other cover up scents
  - b) Identification with Drug Culture
    - i. Drug related magazines, slogans on clothing
    - ii. Hostility in discussing drugs
  - c) Signs of Physical Deterioration
    - i. Memory lapses, short attention span, difficulty in concentration.
    - ii. Poor physical coordination, slurred or incoherent speech, unhealthy appearance, indifference to hygiene and grooming
    - iii. Bloodshot eyes, dilated pupils
  - d) Changes in Behaviour
    - i. Distinct downward performance in school or place of work

- ii. Increased absenteeism or tardiness
- iii. Chronic dishonesty, lying, cheating and stealing
- iv. Trouble with the police and other law enforcement agencies
- v. Change of friends, evasiveness in talking about new ones
- vi. Increasing and inappropriate anger, hostility, irritability, secrecy, etc.
- vii. Reduce motivation, energy, self-discipline, self-esteem, etc.

### 2.3.4 The effects of drug abuse

Mba (2008) has listed a number of negative effects of drug abuse on the body chemistry as follows:

1. Alcohol: Alcohol-related problems include:
  - Physical problems, e.g. liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder.
  - Mental retardation for the foetus in the womb, growth deficiency, delayed motor development.
  - Craniofacial abnormalities, limb abnormalities and cardiac deficits.
  - Psychiatric problems, e.g. pathological drunkenness, suicidal behaviour
  - Socially broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.
2. Tobacco: Causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the foetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.
3. Stimulants: Lethargy, irritability, exaggerated self-confidence, damaged nose linings, sleeplessness, and psychiatric complications.
4. Inhalants: Causes anaemia, damaged kidneys and stomach bleeding.
5. Narcotics: Causes poor perception, constipation, coughs, suppression, vomiting, drowsiness and sleep, unconsciousness and death.

### 2.3.5 Learners and drug abuse awareness

Drug abuse awareness can be defined as personal knowledge, personal skills, social skills, values and attitudes that can help the learners to know about the reality of taking drugs and its consequences and thereby make informed decisions and set personal goals (Thwala, 2005).

According to Wilson (2008), schools do not have it in their power to stop smoking, drinking, sex or poor eating patterns but they do have it in their power to improve students' knowledge and skills and to encourage the development of defensible values. Bhengu (2009) further asserts that students should not be blamed when they engage in health behaviour that is less than desirable but they should be blamed, or at least held accountable, if students do not gain essential knowledge and skills regarding health, and cannot articulate a value position.

Wilson (2008) continues to say that school is not about repairing all social evils, instead we all have responsibilities as adults for these evils. Schonfeldt (2007) agrees that teachers do not need to be ashamed if they cannot fix homelessness or stamp out violence, or prevent AIDS, or end drug abuse, but individual teachers will care as human beings when students use drugs, or contract sexually transmitted diseases, or adopt poor nutritional practices, but it is not the fault of schools, and schools ought not to set targets to change such behaviours. Schools can, of course, influence such behaviour (Bhengu, 2009). The way they do it is through the development of knowledge and skills and the cultivation of values in their students or by inducing the above skills and knowledge in their curriculum. In this sense, more awareness programmes are needed in schools that will focus on the development of these skills and values in the lives of learners rather than focusing on a whole lot of preventative and healing measures.

## 2.4 Why youths use drugs

The use of drugs amongst youths and school children is fast becoming a common practice in many South African schools. Mhlongo and Peltzer (2009) posit that the reasons why individuals use psychoactive substances vary as much as the individuals themselves. According to them, youths use drugs for the following reasons:

- If they feel bored.
- If they have personal problems, e.g. a denial of a predicament in which they find themselves (Mhlongo and Peltzer, 2009).

According to Erikson (2006), other adolescents may feel insecure about the way they look and may take drugs to forget about their anxieties and to feel more confident. Drugs are often used as a way to cope with or block out problems. Adolescents may have trouble at home and have no one to turn to for help. Erikson (2006) further asserts that underlying all chemical dependency is the issue of self-esteem. Adolescents sometimes do not like themselves and tend to feel as if they are not worthy. Hence they seek reassurance and acceptance by peers.

Haladu (2008) on his part gives the following as reasons for the use of drugs among youths:

- **Experimental Curiosity:** Curiosity to experiment the unknown facts about drugs thus motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.
- **Peer Group Influence:** Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless one conforms to their norms.
- **Lack of Parental Supervision:** Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family

members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

- **Personality Problems due to Socio-Economic Conditions:** Adolescents with personality problems arising from social conditions have been found to abuse drugs, for instance, when their social and economic status is below average. Poverty is widespread, broken homes and unemployment are on the increase, and therefore our youths roam the streets looking for employment and food or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems leads to recourse in drug abuse for temporarily removing the tension and problems arising from it.
- **The Need for Energy to Work for Long Hours:** The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something to contribute to family income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens, etc. and are prone to drug taking so as to gain more energy to work for long hours.
- **Availability of the Drugs:** In many countries, drugs have dropped in prices as supplies have increased.
- **The Need to Prevent the Occurrence of Withdrawal Symptoms:** If a drug is stopped, the user experiences what is termed 'withdrawal symptoms'. Pain, anxiety, excessive sweating and shaking characterise such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue (Posnic, 2012).

Bhengu (2009) contends that adolescents need to belong and be accepted by their peers; if they are not accepted, they are hurting and they will find ways of being accepted. Furthermore, Schinke, et al. (2008) agree that increased dependence on a peer group is accompanied by a corresponding rise in conformity. According to them, many parents have no time to supervise their sons and daughters; instead some

parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

To add more, research suggests that in SA, there are many reasons for misuse; the key factors include unemployment; low self-esteem; educational failure; boredom and physical, psychological or family problems. Even where the cause relates more to experimentation or enjoyment or to a shift from alcohol or tobacco, the fact is that overtly mind-altering substances have greater pull than other activities. Many people misuse drugs because they do not have the opportunity to lead fulfilling lives (UNODC, 2007).



## **2.5 Approach to drug prevention programmes**

According to Schonfeldt (2007), prevention practices are divided into three categories, namely: primary, secondary and tertiary prevention. Primary prevention focuses on individuals prior to the onset of any signs of unwanted behaviour. Secondary prevention is focused at individuals who show early signs of unwanted behaviour, and tertiary prevention is the category that rehabilitates them.

### **2.5.1 Primary prevention**

Primary prevention refers to preventing the onset of any substance abuse (Department of Social Development, 2006).

#### **2.5.1.1 Role of the school**

The school is the most important and effective level of prevention although adolescent drug abuse does not usually occur during school hours on the school premises (Hoberg, 2007). Hoberg (2007) states that it is the responsibility of the schools to instil their values and traditions in the learners. The school and parents are, however, still primary agents in preparing adolescents for their future in the society. Schools are the most

logical places to begin drug abuse prevention. They are the only institutions where adolescents spend most of their time; hence they are the most appropriate context for influencing adolescents about drug abuse (Posnic, 2012). According to Posnic (2012), it is important that the adolescents find themselves in a supportive and sympathetic environment because they have lots of problems. They are easily influenced and vulnerable to drug abuse, hence they need correct guidance. In a situation where they do not get this guidance, they might take the wrong direction of drug abuse. As a result it is imperative for the teachers to explain the consequences of drug abuse to their learners and they should do this in a calm and informative way.

## **2.5.2 Secondary prevention**

Secondary prevention as mentioned earlier refers to the prevention directed at individuals demonstrating at risk factors associated with unwanted behaviour (Schonfeldt, 2007).

### **2.5.2.1 Life skills education**

Parry (2008) suggests that schools need to encourage preventative strategies like Life Skills Education Programs. He further suggests that this should be taught as part of the regular curriculum from primary through to high school, because it will help children to learn how to cope with life and provide them with skills to deal with situations and pressures they face now and in the future.

Edmunds cited by Parry (2008) maintains that good lifestyle education programmes should focus on factual alcohol and drug information, and decision-making and problem solving skills that help children to have confidence in the decisions they make and in their ability to seek solutions. This can also help them with value clarification to ensure that their behaviours are in line with internalized values they have accepted. They will thus be more assertive and develop a stronger self-esteem. He states that the aim of

life skills education is to create a child who is self-confident and functions from an internalized value system and is therefore self-disciplined and responsible.

### **2.5.3 Tertiary prevention**

Tertiary prevention aims at ending dependence and minimizing problems resulting from use. This type of prevention strives to enable the individuals to achieve and maintain/improve levels of functioning and health. This is also called rehabilitation and relapse prevention (Thwala, 2005).

#### **2.5.3.1 Professional resources**

In the Department of Education there are professional people who specialize in counselling of children and parents. They also give motivational talks to the learners in schools and deal with topics like self-esteem, decision-making, values and attitudes. These people help children to see life in a positive way. There are also professional organizations that specialize in the treatment of alcohol and drug abuse.

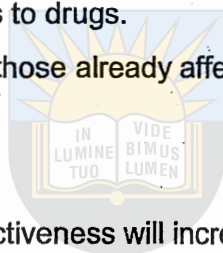
Programme evaluation research revolves around the establishment of the effectiveness of social programmes (Schonfeldt, 2007). According to TerreBlanche and Durrheim in Schonfeldt (2007), the number of evaluations conducted is small compared with the number of interventions that are in existence. Hence, South African researchers have recently shown an increased interest in programme evaluation. Thwala (2005) states that prevention programmes should address all forms of drug abuse in order to enhance protective factors and reduce risk factors. This should be done so that school based programmes intervene early enough to address risk factors such as aggressive behaviour, poor social skills and academic difficulties. He further emphasises that prevention programmes should be long term with repeated intervention. They should employ interactive techniques and train educators on classroom management.

Thwala (2005) in Bhengu (2009) further maintains that the principles in making programmes effective should relate to the needs, beliefs and perceptions of the target

audience. The activities of the programs should be in line with the prevention of drug abuse and programmes that had success in the prevention of substance abuse among adolescents.

According to Thwala (2005) in Bhengu (2009), the following are successful components in the prevention of substance abuse programmes:

- Information on negative effects.
- Life skills.
- Provision of healthy alternatives to drugs.
- Focusing on harm reduction to those already affected.
- Need for treatment.
- Quality of life emphasis.
- Participatory programmes (effectiveness will increase with inclusion of peers, schools, parents and other resource groups).
- Youth to youth interventions.



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According to Perry (2008), there are many other school-based and after-school initiatives that have been established by various governmental organizations and NGOs. Many involve one-off lectures. Some include evaluation forms which are filled in by the students, and which assess the quality of the programmes in terms of whether or not the students found the input useful. A number of programmes, according to Perry (2008), are listed below by the agency providing the programmes in the schools:

1. **Bridges** - a school-based programme in the Western Cape run by recovering addicts.
2. **Young Caring Community** - aimed at pre-primary, primary, secondary school going students and church-going youth. It is based in the Western Cape. Information is provided through talks, video presentations and workshops/presentations. Youth clubs are also being launched.
3. **South African Police Services (SAPS)** members give talks in schools (national).

4. **Narcotics Anonymous (NA)** runs peer education programmes in various schools nationally. The *Drug Free Marshals Program* is sponsored by the Church of Scientology. Marshals are drawn from the ranks of primary and high schools. They are expected to follow a drug-free lifestyle, which involves showing their friends how much more fun a drug-free lifestyle can be. They are also charged with learning more about drugs, their harmful effects, and how to get information across in an exciting format. More than 30 schools across South Africa have signed up marshals.
5. **Drug Wise Counsellors** gives talks in the schools and prepare educational materials (national).
6. **Horizon Program** -- This programme is run as a Christian ministry. It has 215 branches and approximately 6 200 members.
7. **Alcohol Drug Concerns (ADC).**
8. **International Order of True Templars (IOTT).**
9. **Youth for Christ** (national).

## 2.6 Extent of the problem

According to the South African Community Epidemiology Network on Drug Use, (2010), there is an increasing number of young patients who are being admitted to rehabilitation centres around the country for alcohol and drug-related problems. Ramela (2011) argues that president Zuma said the government would be working on creating awareness and education programmes for communities around the country. He said they would also be intensifying policing and law enforcement against drug traffickers and this is aimed at curbing the problem and at helping to improve treatment for addicts and support provided to affected families (Ramela, 2011).

According to Ramela (2011), the president urged the police to be tough on drug dealers and pleaded with people living in areas where substance abuse is rife to work with the police and provide information on any illegal dealings within the community. "The fight against substance abuse is a key aspect of promoting social cohesion and stable communities," he added.

To add to that, the USA Department of Justice (2008) claims that drug use in the US is a serious problem, but much progress has been made through effective drug prevention and enforcement programmes during the past decade. Teen drug use decreases when young people perceive that drug use is risky and good drug awareness programmes help teens understand how and why drugs are harmful. Thwala (2005) asserts that the principles in making programmes effective should relate to the needs, beliefs and perceptions of the target audience. The activities of the programme should be in line with the awareness and perceived dangers of drug abuse and about the source(s) of the problem. Programmes that have had success in the prevention of substance abuse among adolescents include the Skills Opportunity and Recognition Project that was previously known as the Seattle Social Development Project (Schonfeldt, 2007).

Thwala (2005) further states that evidence based elements of successful school drug prevention programmes are *personal skills*: which focus on decision making skills so that they will help adolescents to be able to make the right decisions and set goals for themselves, *social skills*: which help adolescents to be assertive and not to do things because of peer pressure, *knowledge*: which helps them to have knowledge about drugs, the reasons for supply and the consequences of using them and *attitudes*: which help them to know the reality of taking drugs and also to know about the peer group drug users.

To add more, research in the area of AOD use and young people in South Africa has tended to focus on issues such as the assessment of the nature and extent of substance use, risk factors associated with substance use, protective treatment and reasons for substance use/abuse (Posnic, 2012). Govender (2012) adds that there has been very little research into social consequences associated with AOD use by young people in this country and that this further weakens the fight against learner drug abuse as some of the crucial information based on drug abuse is still not revealed to them.

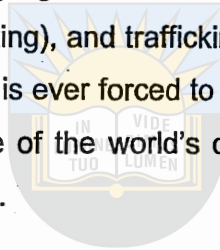
Govender (2012) states that the lack of awareness campaigns in South Africa and at schools on drug abuse and drug trafficking makes sure our youth remain ignorant, and

makes them easily accessible and vulnerable. The UN Office on Drugs and Crime reported in their 2010 World Report that South Africa is the largest international player in the import and export of drugs. Since then, drugs have escalated out of control due to the fact that the South African law enforcement agencies refuse to investigate many of the drug cartels operating in South Africa. The South African youth are the biggest target audience, with more and more young South Africans getting involved with drugs: whether it's experimenting, dealing, addiction, being mules or decoys, they are getting sucked into the drug industry (UN, 2010). According to the UN, the lack of awareness campaigns in South Africa and at schools on drug trafficking keeps the youth ignorant, resulting in them becoming vulnerable to recruiters. A lot of people who are targeted for drug trafficking have no idea until it is too late (UN, 2010).

On the other hand, Govender (2012) posits that parents are battling a never-ending crisis of drug abuse with their children. Despite the fact that nobody ever taught them how to be parents, they now have this added responsibility of dealing with a drug addicted son/daughter. Some interesting facts that our youth need to know is that the drug lords, drug mules and recruiters do not consume drugs. All they are interested in is the money. The interesting part is that, according to UNISA Bureau of Market Research (2012), the South African Government is accordingly committed to reducing both the supply of illegal drugs and the demand for them through a wide range of actions and programmes. To do this, it needs the help of all the criminal justice agencies, other government departments, local authorities, health professionals, traditional healers, religious organizations, schools, parents, sports groups, the media and the private sector. To date, however, the South African response to the drug problem has been disjointed, fragmented and uncoordinated.

On the contrary, Welgemoed (2013) holds that drug mules are employed by the drug cartels and are protected by some corrupt law enforcement and airport officials. Recruiters are specifically employed by drug cartels to seek these people out. They are the decoys. Deliberately set up by the people who sent them, they take the fall while the

bigger consignment gets through with the actual mule. These recruiters are expert liars and manipulators and people across all racial groups and both genders are deluded by promises of jobs or paid-for holidays and a chance to see the world. This is, of course, just another form of human trafficking (Welgemoed, 2013). It is cited by Times Live (2012) that human trafficking in South Africa is a serious problem that warrants urgent intervention on all fronts based on a study released at a National Prosecuting Authority (NPA) conference on human trafficking held in March 2010. The report says that victims are mostly women, girls and boys trafficked for a variety of reasons, including prostitution, pornography, drug smuggling, domestic servitude, forced labour, begging, criminal activity (including drug trafficking), and trafficking for the removal of body parts. It should be noted that no drug addict is ever forced to take drugs as some researchers argue that the user is the root cause of the world's drug problem because it is their demand for it that generates its supply.



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Welgemoed (2013) emphasises that there is lack of co-ordinate investigations into the role of the recruiters and drug lords within the South African borders. Currently the criminal investigations of the SAPS are non-existent into the activities of the recruiters, except for the Sheryl Cwele and Frank Nabolisa case which was a major breakthrough. One way to overcome this is this government must enter into prisoner transfer agreements with foreign countries. Former President Nelson Mandela had compassion on our citizens and instructed his government to negotiate prisoner transfer agreements but sadly seventeen years later President Jacob Zuma still will not adhere to the wishes of Nelson Mandela.

## **2.7. Social culture and its effects on learners**

Many of the factors that can influence youthful substance use lie beyond the school grounds (Roberts, 2006). Since alcohol is the most pervasively available controlled substance, the norms for alcohol use in a community will have a fundamental influence on a young person's substance use attitudes, beliefs, and practices overall (Hanson,

1996). These norms will be determined to a large extent by the way alcohol is controlled and made available in a community (Hanson, 1996).

Drug abuse is a problem that is causing serious concern to both individuals and government all over the world (Fareo, 2012). According to Fareo (2012) the problem is prevalent among adolescents who in most cases are ignorant about the dangers inherent in drug abuse and many of them are engaged in drug abuse out of frustration, poverty, lack of parental supervision, peer influence and pleasure.

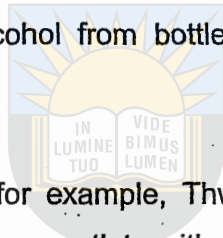
As stated in the South African National Drug Master Plan (SANDMP, 2009), South Africa has a population of approximately 38 million people who are distributed over nine provinces and who range in population from 746 000 (Northern Cape) to 7 672 000 (KwaZulu-Natal). It is estimated that 55,4% of the population resides in urban areas and that the population has on average eight years of schooling or less, depending on the province in which they live (SANDMP, 2009).

SANDMP (2009) further states that the cultural diversity in South Africa makes it unique in the world in that communication (and formulation) of policies and information aimed at addressing substance abuse in the country are more complex and that South Africa needs to define both the problem and its solution in South African terms.

The South African National Drug Master Plan (2009) further recognises that many previous anti-drug efforts failed to reach their target audience due to their inappropriate, viewer-insensitive presentation, and proposes that all information that is disseminated will (as far as is practically possible) be disseminated in a manner that is appropriate to the language, culture and literacy of its intended recipients.

Drug issues manifest themselves at every level of the criminal justice system, from the level of the international trade in drugs, and the use of the proceeds of that trade for corrupt ends, right down to driving under the influence of alcohol or drugs (Schonfeldt, 2007).

According to Parry (1998), various factors have been put forward as contributing to substance use and abuse, i.e. for alcohol factors are likely to include peer pressure (particularly among young persons) and communal drinking among adults; availability, particularly in more disadvantaged communities; the legacy of the dop system, particularly in the Western Cape; ignorance; the falling price of certain kinds of alcohol products (e.g. malt beer and brandy) relative to the Consumer Price Index; chemical dependence on alcohol; poor social conditions and boredom; a lack of social controls to deal with those misusing substances; and societal attitudes in general. School-going youth find it easy to purchase alcohol from bottle stores, supermarkets, bars and shebeens (Parry, 1998)



With regard to availability/access, for example, Thwala (2005) states that there are currently almost 23 000 licensed liquor outlets with an estimated 150 000 to 200 000 unlicensed outlets, yielding approximately one liquor outlet for every 190 persons in South Africa. Local research has shown that the most common reasons reported for drug use include habit, to alter mood states, to improve health, to cope with personal, social or interpersonal situations, or for enjoyment (Parry, 1998)

The United Nations Organization on Drug Council (UNODC, 2005) maintains that the diverse views of religious and cultural groups need to be acknowledged and catered for when school-based drug abuse prevention policies, programmes and practices are developed.

Religious and cultural values are often ignored because of a perceived difficulty in talking about or acknowledging young people's behaviour when it could be in conflict with religious or cultural teaching, but this does not mean that young people with firm beliefs should not have relevant teaching about health and safety, especially in drug education (UNODC, 2005).

Fareo (2012) in his research work indicated that the problem of drug abuse knows no boundaries or social class. It impedes the development of any society as it is a threat to the life, health, dignity and prosperity of all individuals. Osikoya and Ali (2006) asserted that, socially, a drug abuser is always pre-occupied with how to obtain the drug of choice and craves for the substance.

Fawa (2003) found that students smoke and use drugs at the instance of friends/peers, parents and television/radio advertisements. On the other hand, Govender (2012) in his study showed that adolescents were very susceptible to the influence of their peers. Fareo (2012) states that students, especially those in secondary school, tend to see the drug user as one who is tough, bold and strong. He adds that many youngsters have been known to use drugs at the instance of peers, elders or siblings. Students who usually feel inadequate have been known to use drugs to achieve social acceptance.

Fareo (2012) further asserts that parents should give their children appropriate education on drug use in that they should be encouraged by health authorities to offer family education on drug abuse to their children. He adds that they should inform them of the dangers of drug abuse and dependence on their health, society and the nation because the family is the nucleus of the society. Parents and adults should refrain from using drugs indiscriminately in the presence of youngsters and they should discourage their children from associating with 'unknown' gangs or suspicious neighbourhood peer groups (Fareo, 2012).

Counselling centres should be established in every community by the government or private individuals. Qualified health counsellors should be employed to help drug addicts or those dependent on drugs by giving them special advice on how to go about dealing with the withdrawal system (Fareo, 2012)

## **2.8 Curriculum assistance to prevent drug abuse**

The school can influence skills, knowledge, values and attitudes that may, in turn, influence drug use, thus the evaluation of a programme should focus on the classroom

level of knowledge, attitudes, values and skills that represent the immediate impact of the programme (UNODC, 2005).

According to UNODC (2005), evaluation must relate directly to the stated learning outcomes or objectives of the programme. A common mistake is to enlist young people in a drug abuse prevention programme and then use their level of drug taking alone as a measure of success of the programme.

According to UNODC (2005), the Ministry of Education should as a matter of urgency add to the curriculum drug education at all levels of education. The Campaign against Drug Abuse: National Drug Law Enforcement Agency (NDLEA) should intensify their anti-drug campaigns in order to have a drug free society. These campaigns against use of certain drugs and misuse of drugs should be more intensified at the secondary school level because it is the peak of adolescence.

According to Weeks (2012), an effective study is that which centres on a well planned scheme of study involving sufficient recreational activities, enough resting time and sleep. Thus, a well planned time table of study habits that makes adequate provision for rest will enhance good study habits without necessarily resorting to the use of drugs to keep students artificially awake.

Weeks (2012) further asserts that drug awareness units must be set up in all states and moderated by the local governments and that they should not be panels established to try people who use drugs as criminals, but to help solve their socio-psychological problem.

In North America, as Paglia & Room (1998) cited, most schools have some type of education curriculum designed to prevent substance use and abuse among students. The desired interim objectives of such education includes not only increasing knowledge and awareness about the adverse effects of substances, but also changing values, attitudes and beliefs which are assumed to ultimately influence behaviour, as well as building social and personal skills.

Paglia & Room (1998) further argue that early approaches to substance education provided information about alcohol, tobacco and drugs, based on the assumption that youth behave in a rational manner and, given new information, will alter their behaviour accordingly. In the same vein, Botvin (1995) argues that providing information does increase knowledge and awareness of the adverse drug effects and at times negative attitudes, but it does not have an impact on drug use behaviour.

Furthermore, according to Botvin (1995), providing information about the dangers and risks may even be counterproductive with those who seek adventure, and it may also arouse curiosity in some. Though an information-only approach is not sufficient to affect drug use, providing facts is a necessary component of any drug education curriculum.

However, according to Botvin (2005), it should be kept in mind that, in terms of appealing to students, less emphasis should be given to discussion of any long-term adverse effects, and instead the focus should be on the short-term effects of use, and when possible the *social* drawbacks that can ensue, e.g. diminished attractiveness.

## **2.9 Drug abuse awareness strategies**

Prevention strategies for drug use are identified as a core pillar of the National Drugs Strategy (2001). Traditionally, according to the National Drugs Strategy, four levels of preventive action have been distinguished. Primary prevention aims to prevent onset of a substance related difficulty, secondary prevention comprises strategies to intervene in situations where a problem is likely to occur such as prevention with particular high-risk groups. Uhl (1998) further subdivided tertiary prevention into (a) prevention of further harm to those addicted and (b) relapse prevention for those treated. This classification is often collapsed into two groups: prevention aimed at stopping people from using drugs altogether and harm reduction which refers to reducing the risk of any harmful consequences to those using drugs.

The National Drugs Strategy (2001-2008) aims to significantly reduce the harm caused to individuals and society by the misuse of drugs through the four pillars of supply reduction, prevention, treatment and research (Parry, 2008). The overall pillars/aims according to the National Drugs Strategy (2001- 2008) are as follows:

**Supply Reduction:** to significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified; and to significantly reduce access to all drugs, particularly those drugs that cause most harm amongst young people especially in those areas where misuse is most prevalent.

**Prevention:** to create greater social awareness about the dangers and prevalence of drug misuse; and to equip young people and other vulnerable groups with the skills and support necessary to make informed choices about their health, personal lives and social development.

**Treatment:** to encourage and enable those dependent on drugs to avail themselves of treatment with the aim of reducing dependency and improving overall health and social well-being, with the ultimate aim of leading a drug-free lifestyle; and to minimise the harm to those who continue to engage in drug-taking activities that put them at risk.

In 1994 a new framework for classifying prevention was proposed by the Institute of Medicine. This new framework included universal, selective and indicated prevention interventions (Mrazek and Haggerty, 1994) which replace the traditional primary, secondary and tertiary categories. The guiding principle of this classification framework is the target population of a prevention intervention, rather than objective or content.

The national and provincial Department of Welfare embarked upon a national school-based education initiative *I'm addicted to life* (Parry, 2008). It was launched in May 1995 and was aimed at teenagers between the ages of 11 and 20. The television series involved 13 x 9 minute episodes and 13 x 2 minute endorsements which were flighted in the afternoons and evenings. 13 x 3 minute radio spots in 11 languages were also produced. In addition, 13 x 30 second personality endorsements were produced and

flighted. Anti-drug posters were produced and distributed to every school in the country and an anti-drug pledge campaign was initiated. Information leaflets were also produced and distributed to the schools. The campaign has also been expanded to include a video and teacher s manual (Parry, 2008).

The National Department of Education has implemented its Curriculum 2005 initiative, which amongst other things is supposed to include a life skills education component which will also seek to prevent substance use/abuse (Parry, 2008). According to Parry (2008) The International Center for Alcohol Policies (ICAP), based in Washington, is also working with the provincial Department of Education in Northwest Province (and in Botswana) to design a life skills education programme aimed at primary school age children. The project specifically involves (i) developing life skills materials for use in five schools, (ii) training teachers in the use of these materials, and (iii) testing these materials in the teachers' classroom for one academic year.

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The Third European School Survey Project on Alcohol and other Drugs (ESPAD) survey which collected information on alcohol and illicit drug use among young people aged 15-16 showed an increase in lifetime use of illicit drugs between 1999 (32%) and 2003 (40%). Ireland ranked joint third after the Czech Republic (44%) and Switzerland (41%) for lifetime experience of any illicit drug. The average for the 35 ESPAD countries in 2003 was 22% (Hibell, Andersson & Bjarnasson, 2004). The 2006 Health Behavior in School Children Survey (HBSC) found that overall the percentage of children reporting having taken cannabis in the past 12 months remained relatively stable between 2002 (11.1%) and 2006 (11.3%) (Parry, 2008). The percentages have remained stable among both boys and girls although slight increases were seen among the 12-14 age group (4.8% to 6.7%). However, there was also a marked decrease among boys aged 15-17 from 30.5% to 24.6%.

Morgan (2001) described how schools based drug prevention has developed historically from initial programmes which relied on presenting "the facts" about the effects of drug use with dramatic descriptions of what can happen with a view to scaring young people

from experimentation. Later approaches placed more emphasis on personal factors, i.e. enhancement of self-esteem, which was expected to prevent initiation to drugs. Later the emphasis shifted to social influence including developing resistance skills.

However, more recently there has been a move toward multi component programmes which include a broad array of prevention activities in homes, schools and communities rather than isolated schools programmes (Morgan, 2001).

According to Canning, Milward & Raj (2004), information dissemination approaches were the first to emerge prior to the 1980s. These early school-based interventions relied solely on informational approaches and taught students about the effect of drugs, how they are used, and the dangers of drug use.

Morgan (2001) maintains that the goal of these programmes was to change beliefs and attitudes about drug use and thereby modify drug use behaviours. These hold the assumption that if young people knew and understood the potential dangers of drug use, then they would subsequently decide not to take them. Although these programmes can increase knowledge about and change attitudes towards drugs, as far as Paglia & Room (1999) are concerned, the actual substance use behaviours remain largely unaffected. For example, stressing the dangers of drug use may attract high risk thrill seekers. In fact, according to Botvin (2000), there is some evidence that simply providing information about the dangers of drinking, smoking and drug use may actually increase predisposition to drug use in some circumstance.

## **2.10 Conclusion**

This chapter presented the critical issues regarding learner drug abuse awareness amongst adolescents. Most of the literature focused on ways that can prevent drug abuse by adolescents and on awareness campaigns. It clearly stated the role of every person and group involved in prevention of drug abuse by adolescents. The question posed at the onset was: How does the lack of drug abuse awareness affect the

escalating use of drugs by high school learners and what strategies can be employed to curb this problem? The literature review attempted to give some views on this issue.



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## CHAPTER THREE: METHODOLOGY

### 3.1 Introduction

This chapter outlines the details of the study such as the research paradigm and the research design that were employed to formulate the research questions. This is followed by the method of sampling used to select the respondents. The chapter further discusses the instrument employed for data collection and the procedure used for analysis. There is a detailed discussion of the measures that were used to ensure trustworthiness, the ethical considerations that guided the study and problems that were encountered during data collection. According to Myers (2009), research methodology is a strategy of enquiry or a body of methods used in a particular activity or research process which moves from the underlying assumptions to the research approach to be used. It also includes variables such as targeted population size, description of the sample and the research instruments to be used. Other researchers define methodology as the blueprint for data collection, measurement and analysis in order to achieve the objectives of their studies (Mertens, 2005).

### 3.2 Research paradigm

According to Jeffrey (2007, p.43), the qualitative methodology shares its philosophy with the interpretive paradigm which supports the view that there are many truths and multiple realities. This type of paradigm focuses on the holistic perspective of the person and environment. Given the school environment, one would expect many truths and realities since it is an environment that carries elements emanating even from the society at large. The term 'paradigm' originated from a Greek word *paradeigma* which means 'pattern' and was first used by Thomas Kuhn in 1962 (Babbie & Mouton, 2005).

Kuhn defines a paradigm as an integrated cluster of substantive concepts, variables and problems attached to corresponding methodological approaches and tools. To add

to this information, he further refers to it as a research culture with a set of beliefs, values, and assumptions that a community of researchers has in common regarding the nature and conduct of research (Babbie & Mouton, 2005). Based on the above, a paradigm is a system of scientific and academic ideas, values and assumptions. Mertens (2005) emphasises that all research, whether quantitative or qualitative, is based on some underlying assumptions about what constitutes valid research and which research methods are appropriate. These assumptions are also referred to as the paradigm.

The researcher has used the above assumptions as a ground for this research endeavour. The above assumptions have helped the researcher to understand the research and how it is carried out. Based on the foregoing thoughts, it was the choice of paradigm that set down the intentions, motivations and expectations of this researcher. Denzin and Lincoln (2000) assert that a research paradigm is a basic set of beliefs that guide an action and can be regarded as the fundamental frame of reference used by researchers to recognize their observations and reasoning. Mackenzie and Knipe (2006) also insist that a paradigm influences the way the research is conducted.

### **3.3 Research approach**

According to Creswell (2014), there are three research approaches that are advanced: (a) qualitative, (b) quantitative, and (c) mixed methods. Creswell (2014) maintains that the three approaches are not as discrete as they first appear in that qualitative and quantitative approaches should not be viewed as rigid, distinct categories, polar opposites but, instead, they represent different ends on a continuum because a study *tends* to be more qualitative than quantitative or vice versa.

Mixed methods research resides in the middle of this continuum because it incorporates elements of both qualitative and quantitative approaches (Creswell, 2014). According to Creswell (2014) the distinction between qualitative research and quantitative research is framed in terms of using words (qualitative) rather than numbers

(quantitative), or using closed-ended questions (quantitative hypotheses) rather than open-ended questions (qualitative interview questions) meaning that a more complete way to view the gradations of differences between them is in the basic philosophical assumptions researchers bring to the study, the types of research strategies used in the research (e.g. quantitative experiments or qualitative case studies), and the specific methods employed in conducting these strategies (e.g. collecting data quantitatively on instruments versus collecting qualitative data through observing a setting). Moreover, according to Cresswell (2014) there is a historical evolution to both approaches - with the quantitative approaches dominating the forms of research in the social sciences from the late 19th century until the mid-20th century, of which, during the latter half of the 20th century, interest in qualitative research increased and along with it the development of mixed methods research.

With this background, it should be helpful to view definitions of these three key approaches:

• *Qualitative research* is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Cresswell, 2014). Here the process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. The final written report has a flexible structure. Those who engage in this form of inquiry support a way of looking at research that honours an inductive style, a focus on individual meaning, and the importance of rendering the complexity of a situation.

• *Quantitative research* is an approach for testing objective theories by examining the relationship among variables (Cresswell, 2014). These variables, in turn, can be measured, typically on instruments, so that numbered data can be analysed using statistical procedures. Thus, the final written report has a set structure consisting of introduction, literature and theory, methods, results, and discussion. Cresswell (2014) adds that, like qualitative researchers, those who engage in this form of inquiry have

assumptions about testing theories deductively, building in protections against bias, controlling for alternative explanations, and being able to generalize and replicate the findings.

- *Mixed methods research* is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks (Creswell, 2014). Creswell (2014) further explains that the core assumption of this form of inquiry is that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone.

The researcher has adopted a qualitative research approach due to the investigative nature of this study and due to the fact that this study deals with social and human experiences. Also, the reason for using this approach is that what is being studied is happening in the real world of learners. The respondents accordingly described their everyday experiences relating to drug abuse in their school. As described by Creswell (2009), qualitative research is an inquiry process of understanding that explores a social human problem where the researcher conducts the study in a natural setting and builds a complex holistic picture by analysing the words and giving a detailed, rich description of the views of informants.

Cole (2006) further argues that qualitative researchers are more concerned with uncovering knowledge about how people feel and think in the circumstances in which they find themselves than making judgments about whether those thoughts and feelings are valid. The qualitative research approach shares its philosophy with the interpretive paradigm which supports the view that there are many truths and multiple realities developed in social sciences. Therefore, it enables researchers to understand people and the social and cultural contexts within which they live (Meyers, 2003). It also produces descriptive data in the respondents' own written or spoken words. It therefore involves identifying respondents' beliefs and values that underline phenomena. Hence, this study has used some of the basic characteristics of the qualitative research

paradigm so the researcher visited the selected sites physically and the research respondents in order to conduct the interviews in their natural settings (Johnson & Christensen, 2000).

Leedy and Ormrod (2005) also claim that the qualitative research approach focuses on targeted samples rather than large random samples and categorizes its data into themes as the key basis for arranging and reporting results. Therefore, a small sample of two male learners and two female learners between the ages of 12 and 17 (adolescents) and four teachers from the school were used to gather the data for this study. This data was analysed and interpreted using content analysis. The data sources included interviews and document analysis. These sources allowed the researcher to enter into the respondents' lived-world to study their lived-experiences (Brown & Czerniewics, 2005). This research method also assisted the researcher to get answers to the research questions and the phenomenon being studied (Leedy & Ormrod, 2005). The qualitative data was recorded through the use of semi-structured interviews. Before starting the interviews, the educators and learners were told about the purpose of the research for transparency and ethical purposes. This was to show a true reflection of the respondents' perceptions of drug abuse awareness (Makubalo, 2007). This means that the dynamic, holistic and individual aspects of both educators' and learners' perceptions were captured which enabled the researcher to discover the main ideas and relationships underpinning the research topic.

### **3.4 Research design**

The research design is a plan that tells how the researcher will investigate the research problem. According to Olabiyi et al. (2009, p.3), it is a useful plan for gathering data. Thus the researcher has made use of a case study research design. According to Gerring (2004, p.342), a case study is an intensive study of a single unit for the purpose of understanding a larger class of similar units. In this case, one Mdantsane high school with learners between 12 and 17 years of age were studied. A case study in this case is

used to illustrate the effects of the extent of awareness regarding the dangers of drug abuse in the lives of students in one Mdantsane high school.

TerreBlanche et al (2006) state that the research design is a strategic framework for action that serves as a bridge between research questions and the implementation of the research. They maintain that it is a plan that guides the arrangement of conditions for collection and analysis of data in a manner that aims to address the research question. Khumalo (2007) maintains that a research design involves the development of a strategy that will guide the collection of data. She states that a research design includes the research plan to implement a number of scientific controls to enhance the interpretation of the study results. According to Mouton (2001), the research design can be seen as the logical plan of a research that gives an idea of how the study is conducted. It highlights how all of the major parts of the study such as the samples or groups, measures, treatments or programmes work together in an attempt to address the research questions.

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The research design can also be seen as actualization of logic in a set of procedures that optimize the validity of data for a given research problem (Mouton, 2001). This study used a case study design because the data generated from the case under study was a strong reality, down-to-earth and attention holding tool (Mouton, 2001). It dealt with the researcher's own experiences and was used to probe the particular phenomenon deeply, not just to generalize on the basis of the analysis but rather to understand the particular problem or issue under investigation (Mouton, 2001).

Hua and David (2008) highlight a number of advantages and disadvantages of using the case study design:

### **3.4.1 Advantages of a case study design**

- A key strength is that it allows multiple sources and techniques in the data-gathering process.

- Data can be both qualitative and quantitative and can come from primary sources as well as from secondary sources such as government publication, novels, etc.
- Tools for collecting data can include surveys, tests, instruments, interviews, and observation.
- A case study can provide rich and in-depth data on the behavior of an individual or small group (David, 2008).

### **3.4.2 Disadvantages of the case study design**

- It provides little basis for “scientific” generalization, as it represents a ‘sample’.
- In a case study, the researcher’s goal is to expand and generalize theories and not to enumerate frequencies. Case studies rely on analytical generalization where the researcher strives to generalize a particular set of results to some broader theory.
- It can also be susceptible to bias as the researcher works quite closely with respondents and might have difficulties in remaining detached from them.
- More often than not, researchers are advised against single-case studies because the findings of such studies might not be applicable to other situations.

### **3.4.3 How to overcome shortcomings of the case study**

The most important thing about the case study method is to use multiple sources and techniques in the data gathering process. These methods help to determine in advance what evidence to gather and what analysis techniques to use from the data to answer the research questions. Also, any possibility of a generalization of the findings can be avoided by using more variations in respondents and procedures that can still yield the same findings. The researcher can overcome bias by providing transcripts of all the interviews.

### **3.5 Data collection method**

The data for this study was collected through the use of in-depth semi-structured interviews and review of school documents.

#### **3.5.1 Interviews**

According to Dacre and Sewll (2007), interviews are a method of asking quantitative or qualitative questions orally to respondents. Genise (2002) also agrees that interviews are methods of gathering information through an oral quiz using a set of pre-planned (structured or semi-structured) core questions. According to Shneiderman and Plaisant (2005), interviews can be very productive since the researcher pursues specific issues of concern of which may lead to constructive suggestions. Shneiderman and Plaisant (2005) suggest some advantages of using interviews for data collection:

- Direct contact with the users often leads to specific, constructive suggestions;
- Good at obtaining detailed information;
- Need few respondents to gather rich and detailed data.

Depending on the need and design, interviews can be unstructured, structured, and semi-structured with individuals, or they may be focus-group discussions. For the purpose of this study, semi-structured interviews were used.

##### **3.5.1.1 Semi-structured interviews**

Semi-structured interviews give the researcher and the participants much more flexibility and the researcher was able to make follow ups on issues of particular interest (Jeffrey et al., 2007, p.7). The researcher then conducted the interviews and gave guidance to the interviewees through the topics. Although the same topics and format were used in each interview, the researcher probed deeper into any areas where the participant displayed a particular strength. This method of interview has features of both structured and unstructured interviews and, therefore, the researcher used open-ended questions

(Govender, 2009) to give the respondents an opportunity to elaborate on or provide more relevant information where there was a need. This was advantageous to the researcher as it enabled him to be consistent with all respondents. The researcher used a set of pre-planned questions for guidance such that the same areas were covered with all the respondents. The researcher interviewed two female teachers, two male teachers, two male learners and two female learners. For all the respondents, a one-on-one semi-structured interview was conducted. The researcher met with the educators on three occasions for 15-20 minutes per session. For the learners, the researcher met with each learner twice for 15 minutes per session. This flexible approach gave room for additional pertinent topics to be identified and explored. At the end of each interview, the participants were asked if they had anything else they wanted to add. Additionally, they were also asked if they could be contacted again with supplementary questions as the study progressed. They were then thanked for their time and were promised to receive feedback on the results.

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### **3.5.2 Document analysis**

Historical documents were reviewed, more especially those that reflect programmes on drug abuse, the history of drug abuse files and records.

According to Cohen (2007), documents are artifacts, symbolic materials such as writing and signs, which give the researchers an inner meaning of everyday events and they may yield descriptions of rare and extraordinary events in human life. Furthermore, Creswell (2005) adds that document analysis takes place when information already exists to obtain comprehensive and historical information, or when the researcher needs to gain an impression of how a programme operates without interrupting the programme. The researcher used the school's black book to access reports of drug abuse and negative behaviour. This indeed has helped the researcher to establish the nature and the depth of learner drug abuse in this school and the prevention measures that are used. These documents were easily accessible, free and contained information

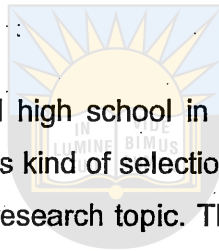
that assisted the researcher but it took an enormous amount of time and effort to gather it (Merriam, 2001).

### **3.6 Sampling and sample size**

Sampling refers to a process of selecting a portion of the population to represent the entire population (Johnson & Christensen, 2000) in a way that they represent the larger group from which they were selected (Gay et al., 2003). Leedy and Ormrod (2005) assert that qualitative researchers tend to select a few respondents who can best shed light on the phenomenon under investigation, rather than sample a large number of people with the intent of making generalizations. The study used purposive sampling thus selecting respondents purposefully to permit inquiry into and understanding of a phenomenon in depth (Patton, 2002). The researcher used purposive sampling to make a conscious decision about which individuals and which school sites would best provide the desired information (Burns & Grove, 2007). This process of purposive sampling was based on the assumption that the researcher was able to select elements which represented a "typical sample" from the appropriate target population (Macmillan & Schumacher, 2001). Hill (2010) further contends that the researcher should attempt to select people who have experienced the phenomena related to the study and who are willing to open up about those experiences. Another reason for selecting this method was the fact that purposive sampling increased the range of data exposed and therefore maximized the researcher's ability to identify emerging themes that took adequate account of contextual conditions and cultural norms (Gray, 2004). Therefore, purposive sampling provided the researcher with the most useful data which was useful in developing, implementing and evaluating the perceptions of the respondents on the use and awareness of drugs.

Therefore, purposive sampling simply means that the respondents were selected for a specific purpose. The logic and power of purposive sampling thus rested in selecting information-rich cases for in-depth study (Kasenga, 2007). This is supported by Hill (2010) who contends that the researcher should attempt to select people who have

experienced the phenomena related to the study and who are willing to open up about those experiences. Another reason for selecting this method was the fact that purposive sampling through human instrumentation increased the range of data exposed and therefore maximized the researcher's ability to identify emerging themes that took adequate account of contextual conditions and cultural norms (Gray, 2004). In this regard, purposive sampling provided the researcher with the most useful data which was used in developing, implementing and evaluating the perceptions of the respondents in the use of drugs and awareness about the dangers associated with them.



The sample consists of one selected high school in Mdantsane in the East London Education District. The reason for this kind of selection is that the researcher wants to select cases that are relevant to the research topic. This was also because there was speculation in the community that learner drugs abuse in this particular school was rife, even though no research has been done to prove that. The sample consisted of two male learners and two female learners between the ages of 12 and 17 (adolescents) and four teachers, two males and two females purposefully selected from the school. The researcher deliberately chose a sample of learners between the ages of 12 and 17 because this is a stage when the children experience changes in their lives and are curious to know more. This is a stage where children have a sense of being grown-ups and would want to make their own decisions. On the other hand, the researcher wanted the views of both males and females as far as drug abuse is concerned, hence the selection of males and females in both teachers and learners. Teachers were also selected because the researcher wanted to get information on what they have experienced.

### **3.7 Credibility and trustworthiness**

Trustworthiness refers to the quality of an investigation and its findings that makes it worthy to its audience (Schwandt, 2001). According to Flick (2009), credibility refers to the accuracy of the documentation, the reliability of the procedure used to access the

documents and freedom from errors. It can be concluded that credibility in research refers to evidence that is free from error and distortion. In order to ensure credibility in this study, the researcher conducted member checks with the respondents to ensure that the data collected was a true reflection of the respondents' views. This research is credible because it clearly represents the views of the participants who have been given an opportunity to read the draft scripts to ensure that it is a correct version of what they shared with the researcher. The interview schedule was pilot-tested to ensure that it clearly focused on acquiring the information needed for the research. Consequently, the researcher has used multiple methods of collecting data to enable triangulation of the information.

In order to ensure trustworthiness of the data collected, the following measures were taken into consideration:

- 1) Credibility
- 2) Dependability
- 3) Confirmability



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### **3.7.1 Credibility**

Flick (2009) refers to credibility as the accuracy of the documentation and reliability of the procedure of the documents and freedom from errors. Credibility in research serves as evidence free from error and distortion. In order to ensure credibility in this study, the researcher conducted member checks with the respondents to ensure that the data collected was a true reflection of the respondents' views. Member checking was also employed where the interview transcripts and voice recorder were taken to the respondents so that they could determine whether their ideas and opinions were presented accurately. The respondents' comments were also included in the report. Therefore credibility of this study was strengthened because the respondents were given an opportunity to react to the data as well as the final report.

### **3.7.2 Dependability**

Dependability is focused on the process of the inquirer and inquirer's responsibility for ensuring that the process was logical, traceable and documented (Shwandts, 2007). Since this study adopted the qualitative approach, dependability of data referred to the reliability and repetition of the study. This means that if another investigator later follows the same case study all over again, he or she should arrive at the same findings and conclusions. Yin (2003) states that the emphasis is on doing the same case over again, not on imitating results of one case by doing another case study. Also dependability was assured by reading the themes over and over again to verify that they made sense and by auditing the entire data transcripts (Tracy, 2010).

### **3.7.3 Confirmability**

Neluheni (2011) defines confirmability as a qualitative-oriented criterion for objectivity that indicates the degree to which the findings in qualitative research are the product of the focus of the inquiry and not of the biases of the researcher. Therefore, data sources of the study as well as data collection tools were clearly described to ensure the confirmability of the study. Schwandt (2007) added that it is concerned with establishing the fact that the data and interpretation of an inquiry were not merely fragments of the inquirer's imagination.

### **3.7.4 Pilot study**

According to Ormrod and Leedy (2001), the following are the purposes of a pilot study, and these were also the aim of the researcher in this study:

- It provided the researcher with the opportunity for refining the wording and ordering the layout, which helped to prune the interview questions to a manageable size.
- It permitted a thorough check of the planned statistical and analytical procedures, thus allowing an appraisal of their adequacy in treating the data.

- It greatly reduced the number of treatment errors because unforeseen problems revealed in the pilot study resulted in redesigning the main study.
- It saved the researcher major expenditures in time and money on aspects of the research that would have been unnecessary.
- Feedback from the respondents involved were made possible and led to important improvements in the main study.
- The approximated time required to complete the interviews and observations was established in the pilot study.
- Questions and/or instructions that were misinterpreted were reformulated.

A pilot study gives the researcher an idea of what the method actually looks like in operation and what effects it is likely to have (Leedy and Ormrod, 2001). This suggests that the basic purpose of a pilot study is to determine how the design of the subsequent study can be improved and to identify flaws in the measuring instruments. For the purpose of this study, the researcher conducted a pilot run in the chosen school so as to investigate practical problems that would ultimately arise. Thus, a pilot study enabled the researcher to avert these problems by changing procedures, instructions and questions. The number of respondents in the pilot study was smaller than the number scheduled to take part in the final sample. The pilot study was a preliminary or "trial run" investigation that led the researcher to use similar questions and similar observation tools as in the final survey (Ormrod, 2001). Through the use of the pilot study as "pre-test", the researcher was satisfied that the questions asked complied adequately with the requirements of the study.

### **3.8 Data Analysis**

Qualitative data analysis is done to reduce the amount of text and organize responses to identify trends in the data. One of the methods of doing qualitative data analysis is content analysis (CA). Bogdan and Biklen (2003) define content analysis as working with the data, organizing it, breaking it into manageable units, coding and synthesizing it and searching

for patterns. The aim of analysis of qualitative data is to discover patterns, concepts, themes and meanings in the respondents' descriptions of their experiences (Leedy & Ormrod, 2005). Content analysis is the method that creates a structure to organize open-ended information (Jeffrey et al., 2007). Abongdia (2013) also agrees that CA is to work with written documents, transcriptions of recorded verbal communication, photographs and video-tapes which are amenable to CA with the aim of answering the research questions as to which aspects of the respondents experiences hint at the connection among stories.

The study made use of content analysis where potential units of analysis were the responses of the participants. This approach remained suitable for this study because there were different responses that were expected from each participant. After having received the questionnaires from the interviews, the researcher sorted them out to get rid of unhelpful information and responses and thus grouped them together. Lastly, trends were identified in the information.

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As the researcher worked through the interviews, he identified themes and classified the data accordingly. Yin (2003) discusses the need for searching the data for patterns which may explain or identify causal links in the data base when doing a case study. In this process, the researcher concentrated on the whole data first, then attempted to take it apart and re-constructed it again more meaningfully. Categorization helped the researcher to make comparisons and contrasts between patterns, and to reflect on certain patterns and complex threads of the data deeply to make sense of them.

Mahmood and Shafique (2010) see the reflectiveness of CA that makes it easier to identify recurrent themes and patterns in the data. As the researcher worked through the interviews, he identified themes and sub-themes, and classified the data accordingly. In this study, factors relating to dangers related drug abuse, awareness and social influence emerged as superordinate themes. A process sometimes referred to as "open coding" (Strauss & Corbin, 2000) was employed whereby the researcher identified and tentatively named the conceptual categories into which the phenomena observed were grouped. In this study, the interviews were recorded and transcribed. A couple of open-ended questions

were posed to which learners were required to respond. Within these processes, useful information that was closely linked to the respondents' perceptions emerged. The individual responses were analysed, compared and categorised with the results from the transcription of the focus group interview where same interview questions were used which subsequently triangulated and interpreted the data to draw conclusions.

### **3.9 Ethical considerations**

**Informed consent of the participants:** It was explained to the participants that participation was on a voluntary basis. Neuman (2003) asserts that nobody should ever be coerced into participating in a research because participation must always be voluntary. Also, it was explained to the respondents that their interview with the researcher was confidential, in other words the interviewer will not at any time hand over or share this information with any person without the permission of the respondent. A consent form that stated the purpose of the study and seeking their consent to participate in the study was given to participants.

**Avoidance of harm:** The researcher saw to it that the respondents were free from any form of harm or discomfort. Dane (2005) claimed that an ethical obligation rests with the researcher to protect subjects, within reasonable limits, from any form of physical discomfort that may occur during the research work.

**Respect for the study site:** Consent was requested both from the Department of Education and the school principal before the commencement of the study.

**Release or publication of the findings:** Data and findings will be reported as they are and the findings will be honestly reported to the educational research community in conferences and journal articles. Huysamen (1993, p.191) states that it is desirable to present the findings to subjects as a form of recognition and to maintain future good relationships with the community concerned.

**Debriefing of respondents:** Debriefing took place immediately after the session. Salkind (2000, p.38) asserts that the easiest way to debrief participants is to discuss their feelings about the work immediately after the session, i.e. telling them the results of the study. Whatever might have cropped up in the minds of the respondents was corrected immediately.

**Anonymity:** The respondents were informed that their identities will not at any time be revealed and that the participants will remain anonymous. Gay and Airasian (2003, p.33) noted that "harm could come in research by revealing the identity of the subjects". Therefore participants should remain anonymous and in the report there was no link between the participants and the information gathered.

### 3.10 Conclusion

This chapter discussed the research approach and research design, and considered how data was collected using different methods and techniques. A literature search on the advantages and disadvantages of the chosen methods was used to motivate the reasons why the chosen methods were found to be suitable for this study. It also demonstrated why the qualitative case study approach was chosen. The chapter further showed how credibility/trustworthiness of the study was established. In the next chapter, findings emanating from the data that was gathered are presented and analysed.

## **CHAPTER 4: DATA PRESENTATION AND DISCUSSION OF FINDINGS**

### **4.1 Introduction**

The purpose of this chapter is to provide a comprehensive presentation and analysis of the collected data from one secondary school in an isiXhosa community in Mdantsane, East London Education District. A qualitative approach was adopted as discussed in chapter 3. The data analysed in this chapter was collected through the use of semi-structured interviews with four educators and four learners. The interviews were documented and recorded using an audio tape recorder with permission from the respondents and the data was later transcribed verbatim by the researcher. The interview transcripts were analysed with the help of content analysis in order to establish the experiences of educators and learners as far as drug abuse and awareness programmes were concerned. The recurring ideas were coded and clustered to form the themes as Johnson (2005) suggests that qualitative data by its nature is more open to ambiguity and requires the identification of emergent key themes for it to be organized and collated before interpretation.

In this section, the researcher presents the data that has been collected. This data is then arranged according to themes and divergent responses. The data is based on the research questions that were posed to the learners and teachers. Also the profiles of the participants are included in this section.

This chapter further presents the research findings derived from the document analysis and interviews conducted with the educators and learners of one high school in the East London Education District. It is the continuation of the narration of the data analysis where the researcher retells the respondents' perceptions and awareness of the dangers associated with learner drug abuse, keeping aside his views and opinions

which might influence the study. The researcher has an opportunity to retell, interpret and discuss the findings through the lived experiences of the respondents. These findings worked hand in hand with the literature review in chapter 2 and the data analysis of this study.

#### **4.1.1 Subjectivity and objectivity**

This study sought to investigate how the lack of awareness of learner drug abuse impacted the rate at which drug abuse escalates in schools by learners, taking into consideration their perceptions, experiences and views. The analysis and interpretation of data involves explaining and discussing the identified themes where the researcher looked at it as both an outsider and participant to share his experiences and insights with the readers as the study was located within the context of human experience. Hence, the study focused on the need for developing an appropriate environment, strategies, support and drug abuse policies that may enhance prevention of learner drug abuse.

#### **4.1.2 Narration as a way of experiencing their experiences**

The researcher used the narrative method to retell and make sense of the world that the educators and learners perceived and experienced in terms of the use of drugs by learners. Retelling or narrating the analysed data provided links, connections, coherence, meaning, and sense to gain clarity and knowledge through interpreting and explaining of what learners and educators had said and done in the context of this study. The researcher has also, through the analysed data, drawn together diverse and joint events that occurred in the course of the study.

### **4.2 Background of the school**

This research was done in one of the Mdantsane high schools in the Eastern Cape Education District in South Africa. The Eastern Cape is regarded as one of the poorest

provinces in South Africa and one of the previously disadvantaged provinces in terms of the past apartheid regime. According to the Department of the Treasury (2010), Mdantsane is the second biggest location in South Africa after Soweto, but it is struck by a high rate of unemployment, crime and other poor behaviours like drug abuse.

Most learners who are attending schools in this area are those who come from poor backgrounds who cannot afford to go to town schools, i.e. former Model C schools. Basically, the socio-economic standards are very low in Mdantsane and learners come from families that have to strive for basic needs like food and shelter. Based on the many problems that are emanating from the social ills, most families have become dysfunctional and, as a result of this, learners do not get enough love from their families, nor is quality time spent with them. In addition, they do not get sufficient school resources or even educational support (Department of Treasury, 2010). The choice of this school was influenced by the fact that it fitted the scope and aim of the study which was to discover the extent of drug awareness programmes since there has been rumours in the community about the high rate of drug abuse in this school. However, there is no formal study to prove this and thus the need for this investigation. The study focused on both learners and teachers' experiences of drug abuse awareness and awareness programmes in the community in general and the school in particular. As mentioned earlier, this school is located in an isiXhosa speaking community in Mdantsane.

#### **4.3 Demographic characteristics of the participants**

Tables 1 and 2 reflect the grade and gender distribution of the participants (teachers and learners). Teachers were interviewed in order to get a diverse perspective of their experiences on drug abuse in this school.

The participants (teachers) were asked questions relating to their academic and professional qualifications as reflected in table 1 below. With regards to teachers, this was to ascertain whether they complied with the requirements for appointment as

educators as provided by the Education Labour Relations Council (ELRC, 2003) which states that an approved qualification denotes a degree, diploma, certificate or another qualification recognised by the Ministry of Education as a qualification of appointment as an educator.

### 4.3.1 Profile of the participants

#### 4.3.1.1 Teachers

Table 1: Age and gender distribution of teachers

Participants	Years of teaching experience	Age	Gender	Subjects taught
Teacher A	10	36	F	Life Science and Geography
Teacher B	6	41	M	Life Orientation & History
Teacher C	18	49	F	Mathematics & Physical Science
Teacher D	10	53	M	Maths Literacy and English

#### 4.3.1.2. Learners

Table 2: Age and gender distribution of learners

Participants	Grade	Gender	Age
Learner A	12	M	20
Learner B	12	F	19
Learner C	10	M	16
Learner D	12	F	18

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#### 4.4 Coding

In the presentation and analysis of the data, the participants are coded as T1 and T2 for teachers, P1 and P2 to refer to parents and L1 and L2 to refer to the learners. This was also done because it was very important to protect the participants' identity. The actual words of the participants are typed in italics. For the purpose of this study, three extracts are used to support each argument.

#### 4.5 Data presentation and discussion of findings

As the researcher seeks to investigate the extent of awareness by the learners with regards to drug abuse and the dangers associated with it, the study made use of interviews and document analysis as a means of data collection. The data was enormous to present and analyse hence the researcher had to choose and categorize selected data strands appropriate for the themes. The researcher presented the data from respondents' interviews verbatim.

The analysis of the data was based on content analysis as Burton et al. (2008) state that qualitative data by its nature is more open to ambiguity and requires the identification of emergent key themes for it to be organized, collated and interpreted. The themes which emerged from the data were listed together with the data for each interview question that elicited the perceptions of educators and learners on learner drug abuse and awareness.

Three strands of data were used to support each theme that emerged. Thus, the best insights might have come from quite a small amount of data. However, the participants' stories are being retold in this chapter. Secondly, the data was segmented in order to capture the views of each of the participatory groups. Thus, under each theme, segment 1 would represent the views of the teachers, segment 2, the views of the learners and segment 3 would be document analysis.

Based on the theoretical underpinnings from the literature review, the data that was collected generated the following themes:

1. Teachers and learners' views and definitions of learner drug abuse
2. Prevalence of learner drug abuse
3. Reasons behind learner drug abuse
4. Drug awareness strategies and their implementation
5. Perceptions of learners and teachers towards learner drug abuse
6. Types of drugs abused by learners and their addictiveness
7. Teachers' responses towards learner drug abuse and awareness programmes
8. Social cultural influence
9. Curriculum assistance

#### **4.5.1 Teachers and learners' views and definition of learner drug abuse**

Drug abuse is a common public health issue across the world (UNODC, 2007) and this has become very rampant among adolescents and learners. Thus the first question

posed to the participants was asking about their understanding of learner drug abuse. The understanding of what learner drug abuse is remains fundamental in formulating and establishing relevant programmes to deal with learner drug abuse. The main aim of the question was to check whether the teachers and learners have a common understanding of what learner drug abuse is and the dangers associated with it. Based on these questions, the following information came up from the interviews:

#### 4.5.1.1 Data segment 1: Responses from the teachers based on the interviews

The following questions were asked to elicit this theme:

##### **Q. What is your understanding of learner drug abuse?**

**T1:** *Kuxa abantwana besikolo besebenzisa kakhulu idrugs njengentsangu, iipilisi ezinje nge glue. Bazisebenzisa kakhulu xa bezitshaya qho yonke imihla, umzekelo bengakwazi ukuzinqanda bade bazitshaye nasesikolweni. [It is when school children use drugs excessively, drugs like marijuana and glue. They smoke them too much because they are unable to help themselves and they even smoke them at school].*

**T2:** *Drug abuse is an excessive use of any kind of drugs even alcohol is a drug. Drug abuse is when a person is addicted to these drugs and end up using them every day and become unable to live without them.*

**T3:** *Learner drug abuse is an unlawful use of drugs of which it give rise to a bad behaviour, like robbing people belongings and money, and becoming rude.*

#### 4.5.1.2 Data segment 2: Responses from learners' interviews

The same question above was used with the learners to provoke their own understanding of drug abuse and the following excerpts came from them:

##### **Q. What do you think learner drug abuse is?**

**L1:** *Drug abuse is when one lives his life dependent on drugs. Some people depend on drugs that they buy from the chemist for their health and that is also drug abuse because they become dependent and addicted by these drugs.*

**L2:** *Drug abuse is when someone uses drugs unnecessary, like when someone drinks at school or workplace, or smoke dagga in these premises.*

**L3:** *Learner drug abuse is when learners use drugs, smoke marijuana and drink alcohol more than necessary. Like smoking and drinking every day.*

Based on the responses from the teachers and learners above one can see that while both T1 and T2 define drug abuse as an excessive use of drugs, like using them every day or becoming addicted to them, L1 believes that drug abuse is when someone lives his/her life dependent on drugs even if these are the drugs that are bought from the chemist. On the other hand, L2 believes that drug abuse is when someone uses drugs unnecessarily like at school or in a workplace. T3 believes that drug abuse is an unlawful use of drugs. Views in terms of definitions differ from one participant to another in that other participants say that it is an excessive use of drugs and goes hand in hand with addiction. Other respondents believe that drug abuse is being dependent on drugs even if these are drugs bought from the chemist; others believe that drug abuse is to use drugs unnecessarily, maybe during working hours or at school, and others believe that it is being dependent on drugs while others believe it's a more than necessary use of drugs. From here one can see that views on what drug abuse is differ from participant to participant so there are different ideas of what drug abuse is.

#### **4.5.1.3 Prevalence of drug abuse**

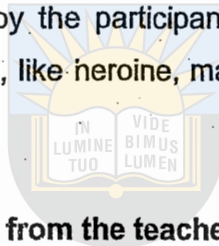
Available evidence indicates that school communities world-wide, including those in South Africa, are particularly vulnerable and drug use by learners is on the increase in both rural and urban schools, including primary schools (United Nations, 2010). This problem can be successfully addressed only once young people understand that drug

use is risky and good drug prevention programmes are introduced to help them understand how and why drugs are harmful (Youth Risk Behaviors Survey, 2002).

The aims of the questions in this section were to examine respondents' knowledge of drug use by learners and their consequences.

All the participants attested to the fact that there is some kind of drug abuse going on in their school one way or another and is escalating.

The most common drugs revealed by the participants are dagga and alcohol, even though other drugs are being abused, like heroine, mandrax and those that are sold in the chemists.



#### **4.5.2.1 Data segment 1: Responses from the teachers based on the interviews**

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The questions below helped to elicit the theme of prevalence of drug abuse.

**Q:** What is your experience of drug abuse in this school? Is it prevalent?

**T1:** *Here in our school there is a lot of drug abuse by learners, both boys and girls, other are smoking dagga and others are smoking pills. Also they do not just smoke them, but they also sell them, such that last year we had police raiding and searching of the school every Mondays.*

**T2:** *There is a lot of drug abuse here at school, learners are using drugs a lot more especially in grade 8 and grade 9 and we have tried as teachers to do awareness campaigns and workshops. I once saw a child just behind the toilets taking drugs (dagga) and when I tried to rebuke him he insulted me (wandithuka ngomama) and then I reported the situation to the principal, but at the end of the day the learner was expelled from school. Due to the use of drugs, this learner even killed a person and is believed to be traumatized now. Our school is one of the schools where learner drug abuse is very high.*

**T3:** *We have had cases of drug abuse in this school many times, where learners would report others to be in possession of drugs. Sometimes others will come to class smelling (of) marijuana and when interrogated, would eventually admit to have been smoking the drug.*

#### **4.5.2.2 Data segment 2: Responses from learners' interviews**

The following excerpts came from the interviews with the learners:

**Q:** **What is your experience of drug abuse in this school? Is it prevalent?**

**L1:** *There is a lot of drug abuse in this school and is extensive such that teachers are very challenged by the situation and they do not know what else to do. Learners use drugs like mandrax, heroine and dagga. This gives problems because this disturbs the culture of teaching and learning. Also learners become violent and begin not to care about anything. They also use marijuana mixed with muffins (dagga muffins). Most people that are using these drugs are the male learners even though there is a considerable percentage of female learners that are also using drugs.*

**L2:** *I have been noticing learners doing drugs here at school and I know that there are learners that are using drugs here at school because some of them I use to see them. They lose concentration in class when the educator is teaching. The drug that they use most is dagga.*

**L3:** *Yes some learners in this school are using drug more especial boys but some girls are using drugs too. Some are smoking dagga (marijuana), some mix dagga with the pill (mandrax). Some learners are selling dagga muffins to other learners here at school.*

Almost all the respondents reveal that there is a learner drug abuse problem at school in that all participants attest to the fact that they have in one way or another experienced it. Common drugs that are evident in the data are dagga and alcohol even though one of the participants mentioned mandrax and one other mentioned the drugs in the form of

pills that are bought from the chemist. According to Times Live (2012), "Shocking findings of pupils arriving drunk at school, smoking dagga and using illegal steroids have prompted the decision by school principals to conduct tests."

### **4.5.3 Reasons behind learner drug abuse**

Another theme that came up was the reasons for drug use by the learners. While conducting the interviews, it was realised that a lot of reasons were given for the use of drugs among learners in this school. Common reasons for this learner drug abuse are peer pressure, dysfunctional families and pleasure. Other contradicting views for this learner drug abuse in this school are the influence of television (learners copy what happens on televisions), social culture, circumcision (Learners learn these habits during circumcision) and curiosity.

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#### **4.5.3.1 Data segment 1 Responses from the teachers based on the interviews**

The questions below helped to elicit the reasons for using drugs by learners:

**Q: What do you think are the causes of the learner drug abuse in this school?**

**T1:** *I think one of the reasons is that learners see what is happening in televisions and tend to copy that. Another thing is the lack of parental care and also the fact that there is no corporal punishment at schools is another contributing factor to the high learner drug abuse in this school. Also peer pressure contributes a lot to this learner drug abuse.*

**T2:** *One of the reasons is that some learners are coming from dysfunctional families and there is not enough care from homes. Another thing is the peer pressure, learners are getting influence from their friends to use drugs, because there is a general curiosity among learners to experience drugs. Another factor is that sometimes learners learn drugs in the initiation schools or during circumcision because we have discovered that*

most of the learners who were not using drugs before circumcision, they come back using them after circumcision.

**T3:** *I think peer pressure is the number one cause of learner drug abuse in this school because some learners are coming from responsible families with both parents and one will find them using these drugs and drinking alcohol.*

#### **4.5.3.2 Data segment 2: Responses from learners' interviews**

The following excerpts came from the learners based on the question below:

**Q:** **What do you think are the causes of the learner drug abuse in this school?**

**L1:** *There is quite a number of reasons for this, one is that to some learners it starts like merely for fun and they end up addicted and unable to control it. To some it starts as something to relieve them from stress so that they may not think hard about issues. Peer pressure is another factor that lead into using drugs because learners like to please their friends and thus do what others are doing.*

**L2:** *Some learners come from dysfunctional families where there are problems like abuse, lack of support in terms of finances and lack of love in the family, so they resort into drug abuse. Sometimes the peer pressure is the major reason that contributes to this learner drug abuse because learners like to copy what their friend are doing, if the friend is drinking liquor, he/she will want to drink also.*

**L3:** *Some children see others smoking marijuana and they feel like smoking and use other drugs that are used by other learners for no valid reason.*

#### **4.5.4 Drug awareness strategies and their implementation**

The cultural diversity in South Africa makes it unique in the world in that communication of policies and information aimed at addressing substance abuse in the country are more complex (Moeleketi, 1999). South Africa has to define both the problem and its solution in South African terms. Moeleketi (1999) further outlines that the South African

National Drug Master Plan recognizes that many previous anti-drug efforts failed to reach their target audience due to their inappropriate, viewer-insensitive presentation, and proposes that all information that is disseminated will (as far as is practically possible) be disseminated in a manner that is appropriate to the language, culture and literacy of its intended recipients.

#### **4.5.4.1 Data segment 1: Responses from the teachers based on the interviews**

The questions below helped to elicit the theme of awareness programmes:

**Q: Do you have awareness programmes in place and what are they?**

**T1:** *There are no clear prevention programmes and measures here in our school, except that, we as teachers take responsibility to talk to learners and teach them about the dangers of using drugs. Also there are non-governmental organizations that come to our school from time to time to make awareness campaigns on drug abuse. Sometimes when we are having celebrations here at school, like when we celebrate the heritage day, the government departments like Social Development will send officials to give a speech and more often than not, they will touch on the subject of drug abuse.*

**T2:** *We do not have formal programmes that are consistent, as teachers we are trying our level best in trying to curb the situation, like here in our school, if we see a learner smoking or using drugs, we call the learner and sit down with him or her and try to reason with them, for instance I once saw a learner taking drugs and I called her and I spoke with her trying to help her see the dangers of what she is doing and fortunately I managed to get her to stop using drugs as she says. We also call parents to help us deal with the situation when there is a need and we sit down and talk with that learner.*

**T3:** *We do not have a clear policy or a standard procedure to deal with drugs but we as teachers, we teach learners not to use drugs during our periods and give the examples of what drugs do to people. Sometimes there are outside organisations that come to our school to do awareness campaigns on drug abuse.*

#### 4.5.4.2 Data segment 2: Responses from learners' interviews

The following excerpts from the same questions that were given to the teachers were also used for the learners to provoke their own understanding and knowledge of current awareness programmes available in this school.

##### **Q: Do you have awareness programmes in place and what are they?**

**L1:** *Asinazo i "awenes" programmes apha, zibakho ngelo xesha (We do not have formal or consistent programmes). We depend on outside organizations.*

**L2:** *Our teachers always tell us not to use drugs because drugs are dangerous, more especial our Life Orientation teachers. We do not have consistent awareness campaigns or programmes in our school except that there are organizations that sometimes come to make us aware of the dangers associated with drugs.*

**L3:** *Not that I am aware of, but our teachers talk to us about drugs all the time. Also there are sometimes people that come to our school to warn us about drugs, but they are not consistent.*

Almost 90% of the participants attest to the fact that there are no formal, clear programmes in place that are established as part of prevention strategies. T1 and T2 reveal that teachers would try and sit down and reason with the learner that has been found using drugs but most of the time learners just do not listen but instead they continue.

T1 and L1 reveal that even though teachers try to reason with learners who are doing drugs, they end up being tired and simply turn a blind eye.

Some of participants revealed that sometimes learners are referred to outside organizations that help with counselling and that sometimes outside organizations come to school to offer awareness services but they are not consistent.

#### 4.5.5 Perception of teachers and learners towards learner drug abuse

According to Posnic (2012), teachers also think that peer pressure has been adding value to the escalating rate of drug abuse in schools. Learners and all other children always want to be acceptable amongst their peers. Posnic (2012) further asserts that children take drugs because they may not necessarily like whom they are or how they feel. This concurs with the perceptions of parental care, dysfunctional families and stress.

##### 4.5.5.1 Data segment 1 Responses from the teachers based on the interviews.

The questions below helped to elicit the theme of learners and teachers' perceptions:

**Q: What are the attitudes of learners towards drug abuse and prevention programmes?**

T1: (*"Abantwana besikolo abaziwoyanga eziprograms, noba sewumhlalisephantsi umntwana ufumanisintoba ukuwuwoya nje ngeloxeshana aphinde aqale apho ebeyeke khona, more especial aba bazityatyo"*) Learners generally do not care about programmes related to drug abuse, even if you sit down with them and try to make them understand the dangers associated with the use of drugs, you'll realize that they will only listen to you only that moment, then soon after that they go back to their old habit of using drugs, more especially those who are already addicted to drug use (*"Abantwana bayizithanda ezi drugs"*). These children love to use drugs.

T2: Some of these learners think that drugs are good because (*"omnye umfana wangena eklasini yam enuka intsangu, xa ndimbuza uba kutheni lento esoloko efika eklasini late enuka intsangu, wathi kum akakwazi yena ufunda engatshayanga, uba right yena xa etshayile"*) one of the boys came into my class smelling dagga and when I asked him "why do you always come late in my class smelling dagga", he answered me and say he can't learn in class if he does not smoke, he feels right when he has smoked

dagga (*"Futhike nabazali babantwana abakhathali because uthumela kaninzi uba umzali aze eskolweni, uyawza ngexeshalake lothanda"*). Also parents of these learners generally do not care because when you send messages to parents to come to school, they would not and will only come when it is convenient to them.

T3: (*"Abantwana abakhathali and nathi siyadinwa shame"*) These children do not care and we are tired of them. (*"Nobubaxelela ntoni, yonkinto yi joke kubo. Banijonga banibonuba nizizibhanxa xa nibathethisa ngedrugs. Omnye wathi ku principal yena akasoze ayeke ukutshaya intsangu, akazuyitshaya apha eskolweni qha"*) whatever you are telling them, to them it's a joke. They look at you as if you are fools.

#### 4.5.5.2 Data segment 2: Responses from learners' interviews

The following excerpts from the same questions that were given to the teachers were also used for the learners to provoke their perceptions as far as learner drug abuse and prevention programmes are concerned.

**Q: What are the attitudes of learners towards drug abuse and prevention programmes?**

L1: *"Abanye abantwana besikolo bacinguba iidrugs ziright."* Some school children think that drugs are ok. (*"Bathi iidrugs zibenza babe clever okanye babe active, omnye ofunda eklasini yam uthi yena urhulumente unomona ngentsangu kuba kwamanye amazwe ivumelekile, akhonto ironko ngentsangu"*). They say that drugs causes them to be more intelligent, one boy in my class once said that the government is jealous about marijuana because in other countries it is legal, there is nothing wrong about marijuana. *"Kodwa bakhona abafunayo ukuziyeka qha abakwazi."* But there are those who want to quit, but they are not able to.

L2: Learners use drugs even though they know that it is wrong to use them. They use drugs because they want to feel happy and forget about all other issues of life, like family problems and school work (*"Abanye bayazazi uba iidrugs ziyingozi qha bonelisa iitshomr"*). Some know that drugs are dangerous, but they want to satisfy their friends.

L3: (“Abanyabantwana bayazazi uba iidrugs ziyingozi empilweni yomntu, qha abakhathali aslong ba umntu ezawva kamnandi yena”). Some learners know that drugs are dangerous to human health but they don’t care, so long, he feels happy about it.

It can be noted from the above responses that learners and even teachers have differing perceptions that are revealed by their attitudes towards drug abuse and prevention programmes. Most learners know about the consequences of abusing drugs even though they perceive them to be very light compared to current pleasures. Some learners think that using drugs is good, but the authorities are jealous. Some, they just do not care and are just ignorant about the whole thing, they just enjoy the ride.

Some participants believe that peer pressure is the main contributor to this problem. Posnic (2012) agrees that teachers also think that peer pressure has been adding value to the escalating rate of drug abuse in schools. Learners and all other children always want to be accepted amongst their peers. On the other hand, it has become clear that some learners use drugs for the sake of enjoyment, even though they are fully aware about the consequences and dangers. There are also those who feel that drugs are good for their well-being.

#### **4.5.6 Types of drugs mostly abused by learners and their addictiveness**

The aims of the questions in this section were to examine respondents’ knowledge of drugs and their consequences. Here, some of the common drugs known by respondents were listed. The respondents were asked about their knowledge of the addictiveness of these drugs.

##### **4.5.6.1 Data segment 1: Responses from the teachers based on the interviews**

The following questions were asked to elicit this theme:

**Q: What are the types of drugs that learners use in this school? Are they addictive?**

T1: (*“Yintsangu ne pilisi”*) It is marijuana and mandrax pills.

Yes these learners become very addicted to these drugs, especially when they have started using the mandrax because now it becomes very difficult for them to stop using them.

T2: (*“Aba bantwana batshaya kakhulu intsangu basela notywala, naba bangamantombazaza bayanxila, but abanxili kakhulu apha eskolweni qha abawenzi umsebenzi weskolo ngewekend balibele kunxila. Eyananto bayitshaya kakhulu apha eskolweni yintsangu, abanye ke batshaya nepilisi”*). These children smoke marijuana a lot and they drink liquor, even girls. But they don't drink too much in the school premises, only during some activities, but they smoke a lot of marijuana here at school and sometime even mandrax.

(*“Kaloku ukhe baqala uyitshaya lentsango yabo kunzima ukuyiyeka”*). Should they start smoking this marijuana, they just can't stop.

T3: (*“Batshayi nayope ngoku, kanti bebekade betshayintsangu”*). They are smoking Nyope now, but for a long time they were smoking marijuana.

(*“Zombini zi addictive, i worse i nayope ngoba uba umntu akayifumananga uba sisilwanyana”*) Both are addictive, but nyope is worse because when they crave for it, they become wild.

#### 4.5.6.2 Data segment 2: Responses from learner's interviews

The following excerpts from the same questions that were given to the teachers were also used for the learners to provoke their knowledge as far as the type of drugs used and their addictiveness are concerned.

L1: (*“Abantwana beskolo batshaya kakhulu intsangu, nepilisi, benza nee dagamufins”*). School children smoke too much of marijuana and mandrax, they sometime do dagga muffins.

Yes, they are addictive because some want to stop, but they can't.

L2: ("I Nayope nentsango"). Nyope and marijuana.

Yes these are very addictive, they even change the facial look.

L3: ("*Yintsangu, yipilisi, yi nayope notywala*"). Its marijuana, mandrax, nyope and alcohol.

("Ewe aziyekeki umntu xa ethe waqala uzutshaya"). Yes it is difficult to stop when one has started smoking them.

In view of the responses above, one can see that it is evident that marijuana is the most used drug in this school by learners followed by mandrax. There are also other drugs that they use even though the frequency is less than that of marijuana and these drugs are nyope and alcohol. It can also be noted from the respondents' responses that it is rare for learners to drink alcohol at school, except when there are certain activities but it is evident that learners do drink alcohol also.

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#### **4.5.7 Teachers' responses towards learner drug abuse and awareness programmes**

The aim of questions in this section was to examine the response of teachers towards learner drug abuse and available awareness programmes.

##### **4.5.7.1 Data segment 1: Responses from the teachers based on the interviews**

The questions below helped to elicit the theme of teachers' responses towards learner drug abuse and awareness programmes.

**Q: Who is responsible for these programmes to make learners aware of the dangers associated with drug abuse?**

T1: We do not have a clear policy or a standard procedure to deal with drugs but we as teachers we teach learners not to use drugs during our periods and give them examples of what drugs do to people.

T2: (*"Njengoba bendikhe ndatsho ndathi asinamgaqo ucacileyo mntakwethu, sithi siyazenzela singotishala ukuthi sizame ukubathethisa abantwana malunga nedrugs"*). As I have mentioned earlier, we do not have formal programmes in place but we take initiatives as teachers to talk to learners about drug abuse as individuals.

T3: We do not have formal programmes that are consistent. As teachers we are trying our level best in trying to curb the situation, like here in our school, if we see a learner smoking or using drugs, we call the learner and sit down with him or her and try to reason with them; for instance I once saw a learner taking drugs and I called her and I spoke with her trying to help her see the dangers of what she is doing and fortunately I managed to get her to stop using drugs as she says. We also call parents to help us deal with the situation when there is a need and we sit down and talk with that learner.

#### 4.5.7.2 Data segment 2: Responses from learners' interviews

The following excerpts are from the same questions that were given to the teachers. They were used to compare the learners' responses with the teachers' responses towards learner drug abuse and awareness programmes.

L1: Teachers are doing their level best but I do not think that they are doing enough in that teachers do speak with the learners and try to show them the right thing to do but on the same note some teachers turn a blind eye and leave things as they are since they know that there is nothing else they could do to stop these learners. Teachers feel that there is nothing that they could do because this thing of drug abuse happens even in the communities and homes where they are not under the control of teachers and teachers feel that the situation is out of control.

L2: (*"Otishala basoloko besixelela uba singasebenzisi idrugs kuba ziyingozi, nakwi L.O siyayfundiswa lonto"*). Our teachers always tell us not to use drugs because drugs are dangerous, more especially our Life Orientation teachers. We do not have consistent awareness campaigns or programmes in our school except that there are organizations that sometimes come to make us aware of the dangers associated with drugs.

L3: (“Andiyazi uba ngubani orisponsible for for ezi programas”). I don’t know who is responsible for drug prevention programmes in our school.

Almost all participants attest to the fact that there are no formal and consistent programmes and campaigns in place in this particular school as a prevention strategy to curb the situation. The school is dependent on individual teacher initiatives to talk to learners and on outside non-governmental organizations that less often come to do drug awareness campaigns. The data reveals that teachers do make efforts in trying to help the learners who are doing drugs, but sometimes they end up tired and tend to turn a blind eye. According to Maposa (2010), educators are left with absolutely no choice but to allow things to continue the way they are. Sometimes their response is that of holding back and watching whilst things are getting worse in school yards.

#### **4.5.8 Social cultural influence**

The aim of questions in this section was to examine the knowledge of teachers towards social and cultural influences as far as learner drug abuse is concerned.

##### **4.5.8.1 Data segment 1: Responses from the teachers based on the interviews**

The question below helped to elicit the theme of teachers’ responses towards social cultural influences.

**Q: What do you think are the causes of the learner drug abuse in this school?**

T1: I think one of the reasons is that learners see what is happening in televisions and tend to copy that. Another thing is the lack of parental care and also the fact that there is no corporal punishment at schools is another contributing factor to the high learner drug abuse in this school. Also peer pressure contributes a lot to this learner drug abuse.

T2 | One of the reasons is that some learners are coming from dysfunctional families and there is not enough care from homes. Another thing is the peer pressure, learners are getting influence from their friends to use drugs, because there is a general curiosity among learners to experience drugs. Another factor is that sometimes learners learn drugs in the initiation schools or during circumcision because we have discovered that most of the learners who were not using drugs before circumcision, they come back using them after circumcision.

T3: I think peer pressure is the number one cause of learner drug abuse in this school because some learners are coming from responsible families with both parents and one will find them using these drugs and drinking alcohol (*but ke abanye abantwana bazifunda ezizinto kwamakwabo nasekuhlaleni ngoba bayakwazi abazali uba ibe ngabo abathuma abantwana utywala necuba, okanye ibe ngutata wase nextdoor othumabantwana utywala necuba the the more abantwana bekhula bacingba ezizinto ziright.*) but on the other hand these children learn these things from their homes and in the community because other parents have a tendency of sending these children to buy liquor and cigarettes or sometimes a father from the next door house will sometimes send children to buy liquor and cigarettes.

#### 4.5.8.2 Data segment 2: Responses from learners' interviews

The following excerpts from the same questions that were given to the teachers were also used for the learners to provoke their knowledge of about learner drug abuse and awareness programmes.

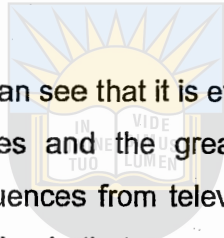
L1: (*Abanye abantwa baye babone abanye abantu betshaya intsangu nabo babenomdla wotshaya kungekho sizathu*). Some children see others smoking marijuana and they feel like smoking and use other drugs that are used by other learners for no valid reason.

L2: There is quite a number of reasons for this, one is that to some learners it starts like merely for fun because they see other people at home and in the community are smoking and drinking and they end up addicted and unable to control it. To some it

starts as something to relieve them from stress so that they may not think hard about issues. Peer pressure is another factor that lead into using drugs because learners like to please their friends and thus do what others are doing.

L3: Some come from dysfunctional families where there are problems like abuse, poverty, lack of support in terms of finances and lack of love in the family, so they resort into drug abuse. Sometimes the peer pressure is the major reason that contributes to this learner drug abuse because learners like to copy what their friend(s) are doing; if the friend is drinking liquor, he/she will want to drink also.

In view of the responses above, one can see that it is evident that the society and social practices starting from within families and the greater community does influence learners to use drugs. There are influences from televisions, initiation schools (during circumcision), significant others and friends that cause children, particularly learners, to think that drugs are right or fun to use.



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#### **4.5.9 Curriculum assistance**

The aim of the question in this section was to examine the knowledge of teachers towards curriculum assistance as far as learner drug abuse is concerned.

##### **4.5.9.1. Data segment 1: Responses from the teachers based on the interviews**

The questions below helped to elicit the theme of teachers' responses towards curriculum assistance.

**Q: How would you evaluate the curriculum in view of drug abuse awareness and the assistance put in place for learners?**

T1: (*"I curriculum yethu ayinanto icacileyo ngendlela yoku dilishana nedrugs, ufumana nje iisections ezithile ngelo xesha nakhona kwi LO ezithetha ngeedrugs not all the time kodwa yona inako ukunceda if ingagxininisa kakhulu kwidruga*). Our curriculum is not clear as to how we should deal with drugs, only few sections particularly in Life

Orientation talks about drugs and is not consistent, but yes it can help if it can emphasise on drugs subject. Learners should be taught as part of their school programme or there should be workshops that are done with learners at schools and be told about the dangers of this drug abuse and be given pamphlets.

T2: Our curriculum does not emphasise on issues such as drug abuse. The government should include programmes that looks at dealing with drug abuse. Even in the curriculum the drug abuse subject must be emphasised. These programmes must not be a once off events and also there should be events that take place at schools that are educational where we can even have people who once used drugs to testify of their survival. Also parents should be involved in the process since learners spend most of their time at home.

T3: The curriculum does not help when it comes to drug abuse because the learning areas do not seek to address issues of drug abuse. Teachers are so pre-occupied with teaching and learning in the classroom together with its paper work to give full attention to issues of drug abuse in schools and moreover the Department of Education should include drug abuse in the mainstream of the curriculum not just focus on it irregularly.

#### 4.5.9.2 Data segment 2: Responses from learners' interviews

The following excerpts from question number 8 were used for the learners to provide their ideas in terms of curbing learner drug abuse and whether the curriculum could be of assistance in this regard.

L1: I think the school should establish a strong policy that will deal with drugs in our school. (*I drugs zivela kancinci kwi subjects zethu, so uhlukente makanze iisubjects zithethe kakhulu nge drugs*). Our learning areas mention very little about drugs, so the government should make our curriculum such that it speaks more about this subject of drugs.

L2: For me I think these programmes should be intensified and extended even beyond school premise because learners do drugs even outside the school premises and police should be involved to come and search for drugs at school and that learners should not be informed because they might hide the drugs when knowing that the police are coming. (*I curriculum ayikhostrongo kwi drugs coz sifundizintezininzi then kuthethwe kambalwa ngazo, so kungabeteluba singafundiswa kakhulu nangazo sizazi uba zisebenza njani futhi zenzani emntwini*). The curriculum is not very strong on drugs because we are taught many things and very few on drugs, so it will be better if we can be taught a lot about the subject of drugs, how they work and what they can do to people.

L3: I think Christian principles should be established at schools and this could help learners to refrain from drugs and also parents should play a vital role in trying to curb the situation since charity begins at home. Also the community should play a role in this regard by coming up with programmes of support and motivation in trying to help these learners like sports and other recreational events that will help them not to focus on drugs. I don't know if the curriculum can help because (*abantwana beskolo bayadikwa kufunda but ke mhlawumbi ingazanywa coz ke ekugqibeleni asifundiswa ngeedrug eklasini, iba leelo xesha*) school children become bored when it comes to learning but maybe one can always try because at the end of the day we are not taught much about drugs in the class, only less often.

#### **4.6 Conclusion**

The researcher had an opportunity to experience the day to day school programmes and activities at first hand, and the challenges these schools face each day, some of which made it almost impossible to operate optimally in NCS as they had insufficient books, computers, photocopiers or learner-teacher support material (LTSM). This resulted in unconducive environments for effective teaching and learning. The specific problems experienced made the researcher mindful and guarded against the one-size-fits-all approach but he tried to mould interventions according to the participants' needs and strengths. The data collected from the three data collection techniques for the

purpose of research was analysed through content analysis. The findings obtained from the data collection tools were outlined, presented verbatim and analysed to answer the research questions. The study reported interesting results based on the collected data. There is little evidence that banning of corporal punishment is the reason for the escalating learner drug abuse in schools. The study reveals that peer pressure, enjoyment, and problems arising in families and communities are the most important factors that promote persistent drug abuse. It can also be deduced from the study that the absence of formal and consistent awareness programmes, inconsistent curriculum support and very little done in terms of drug awareness campaigns prolongs the escalation of learner drug abuse in this school.



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## **CHAPTER 5: DISCUSSION OF THE FINDINGS**

### **5.1 Introduction**

This chapter is an extension of the previous chapter and it continues with the narrative regarding the awareness of learner drug abuse at school. It is presumed to be a construction of a story of their story where the researcher's narrative is seen as an interpretation of their interpretation. For the researcher to achieve this task, he reinforced his beliefs that underly this study and interpreted the findings in terms of lived through experience. As a result of the literature review in chapter 2 and data analysis in chapter 4, the researcher focused on the role of their interpretation which signified a perspective of unrest and underlies his attempt to raise his thinking and practise through interpretation (Sivasubramaniam, 2004). This chapter discusses the following issues to strengthen its research perspective: the problem of objectivity, rejection of objectivity, reinforcing constructivist research, retelling as a way of experiencing the experience (Sivasubramaniam, 2004, p.356), and a rationale for the discussion of the findings.

### **5.2 Subjectivity and objectivity**

For the purpose of the study, the researcher found it imperative to look at objectivity and subjectivity though they are intricately connected. The researcher's analysis involves finding significance in the data within the context of the research situation, while the interpretation involves explaining this significance within a wider context by applying relevant theory. While analysis questions what the data 'says', interpretation questions what it 'means'. Based on the above discussion, it is evident that the potential for objectivity depends on the subject-researcher interaction. Despite the fact that subjectivity and objectivity are involved on the two levels, the difference is critical. Based on this, Sivasubramaniam (2004) argues that the term 'objectivity', as it is understood, is a set of characteristics that represent experience or knowledge which is independent from any one individual. This independence is an outcome of stating a set

of rules and the permissible operations that are needed to activate them. Knowledge that is derived as a result of such activation is not influenced by personal feelings or opinions, but only by facts. As this knowledge is seen to exist outside the mind, many researchers tend to think that it is objective and it can therefore be proved (Sivasubramaniam, 2004 p.356).

With regards to the literature review, this study showed how divergent the views of the participants are on implementing the language policy in their classrooms. In the previous chapter, according to Denzin and Lincoln (1998), the researcher presented the data as a narrative of an evolving design and understanding through which socially constructed realities, local generalizations, interpretive resources, knowledge intersubjectivity and reasoning assumed substance and prominence. In principle, this means that the researcher shared this experience and insights with the readers because this study is located within the context of human experience.

### **5.3 Narration as a way of experiencing their experiences**

The entire study points to the understanding that all knowledge is perspective. The constructive approach to learning seen in the literature review, data analysis and methodology suggests that this chapter should relive and retell the stories and experiences of the participants' notions as a way of experiencing their experience. In line with this, Denzin and Lincoln (1998, p.160) argue that in the construction of narratives of experience there is a reflexive relationship between living a life story, telling a life story, retelling a life story and reliving a life story. They further argue that, as researchers, we are always engaged in living, telling, reliving and retelling our own stories. We live our stories in our experiences and tell stories of those experiences and modify them through retelling and reliving them. The research participants with whom we engaged also live, tell, relive and retell their stories.

Based on the above discussion, the current chapter can be seen as retelling their stories where the researcher has attempted to describe, explain and theorize in an

attempt to qualify this study as a creative act of enquiry. The researcher intends through retelling their stories to purpose meaning and knowledge through an interpretive explanation of what the teachers and learners have said or done in the context under study. This is in line with Lehtovaara (2001, p.147) who argues that perspectives, if they are truly human, unfold and take shape all the time as they move along. There is no need to define and name them in advance and in exact terms. It is in this sense that the researcher deems it necessary to explore, describe and explain theoretical possibilities in this chapter that can relate to the knowledge of his experience.

#### **5.4 Teachers and learners' views and definition of learner drug abuse**

In order to understand awareness and knowledge of drugs and drug related issues by both learners and educators in this study, the data focuses on the definition of drugs at this school. The researcher's analysis in this section touches on teachers and learners' views and definition of drugs. According to Fawa (2008) a drug is defined as any substance which is used for treatment or prevention of a disease in man and animals. In this sense drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time. Nevertheless, Manbe (2008) defined drug abuse as the excessive, maladaptive or addictive use of drugs for non-medical purposes. Abdulahi (2009) further states that drug abuse can also be viewed as the unlawful overdose in the use of drug(s).

Views in terms of definitions differ from one participant to another in that some teachers in this school, in response to interview question number 1, say that it is an excessive use of drugs and goes hand in hand with addiction, whereas other teachers say that drug abuse is being dependent on drugs even if these are drugs bought from the chemist. This agrees with Perry (2008) who further maintains the position that there is a considerable abuse of over-the-counter and prescription medicines, e.g. pain relievers, tranquillizers (including benzodiazepines), cough mixtures (containing codeine) and

slimming tablets), as well as solvents, especially glue. Other learners reveal that drug abuse is to use drugs unnecessarily, maybe during school hours or at school, whereas other learners say it is being dependent on drugs and some learner participants say it is a more than necessary use of drugs. From here one can see that views on what drug abuse is differs from one participant to another so there are differing ideas of what drug abuse is. Prevention is the most effective way of deterring substance abuse among adolescents and when prevention efforts fail, however, the only available option is a drug treatment programme (Schinke, Botvin & Orlandi, 2008). Drug abuse prevention among children and adolescents suggests the need to begin substance abuse prevention education early in life and to continue such education with developmentally appropriate interventions. Coetzee (2009) established that the younger the age of first abuse of drugs the higher the severity of the problem. Sambo (2008) further argues that chronic use of substances can cause serious, sometimes irreversible damage to adolescents' physical and psychological development. It seems important for the success of prevention programmes that drug abuse preventative education should start in primary schools.

In light of the differing ideas and views of the definition of drugs by both learners and teachers, the findings gave the researcher the impression that the main problem facing the schools in terms of curbing the situation of an ever increasing rate of drug abuse at schools is the in depth of education and knowledge of drug abuse and its consequences. This is supported by Nkereuwem (2012) who asserts that the use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing but that drug abuse preventative education should start in primary schools. Parry (2008) further suggests that schools need to encourage preventative strategies like life skills education programmes. He further suggests that this should be taught as part of the regular curriculum from primary through to high school because it will help children to learn how to cope with life and provide them with skills to deal with situations and pressures they face now and in the future.

The need for an effective way or strategy to curb drug abuse in the school environment can never be over emphasised. Learner drug abuse affects the culture of teaching and learning negatively because drugs produce unwanted and bad behaviours in learners and this may give rise to really harsh repercussions.

Edmunds cited by Parry (2008) maintains that good lifestyle education programmes should focus on factual alcohol and drug information, and decision-making and problem solving skills that help children to have confidence in the decisions they make and the ability to seek solutions. It can also help them on value clarification to ensure that their behaviours are in line with internalized values they have accepted. They will thus be more assertive and develop a stronger self-esteem. He states that the aim of life skills education is to create a child who is self-confident and functions from an internalized value system and is therefore self-disciplined and responsible. Thwala (2005) in Bhengu (2009) further maintains that the principles in making programmes effective should relate to the needs, beliefs and perceptions of the target audience. Hence, the researcher feels strongly that the prevention programmes can never be implemented successfully in the absence of in-depth awareness brought about by the in-depth education of learner drug abuse and dangers associated with it. This issue can create problems in teaching and learning, hence Moleketi in Govender (2012) further states that the lack of awareness campaigns and education in South African schools on drug abuse and drug trafficking makes sure that our youth remains ignorant, and makes them easily accessible and vulnerable.

### **5.5 Prevalence of learner drug abuse**

It goes without saying that the ability to notice and to point out the prevalence of drug abuse in our schools is of prime importance and being able to identify irrationality in terms of drug use is one of the keys for success in fighting the drug abuse battle. It is one the most suitable methods that can lead to successful diagnosis and thus provide a solution for the situation.

According to the South African Community Epidemiology Network on Drug Use (2010), there is an increasing number of young patients who are being admitted to rehabilitation centres around the country for alcohol and drug-related problems. Ramela (2011) cited that President Zuma said the government would be working on creating awareness and education programmes for communities around the country. He said they would also be intensifying policing and law enforcement against drug traffickers and that this is aimed at curbing the problem and at helping to improve treatment for addicts and support provided to affected families (Ramela, 2011).

In sub-Saharan Africa, 1.78 million drug users are estimated to be injecting drug users, and an estimated 221,000 injecting drug users are living with HIV (Njuki 2004,). Njuki (2004) further states that the numbers of drug-related deaths in Africa is on average between 13,000 to 41,000 per year. Overall, experts from African states who reported to UN perceived a substantial increase in the use of all illicit drugs after 2005. Njuki (2004) claims that in Africa substance abuse is not looked at with the seriousness it deserves.

Current research shows that cases of learner drug abuse are on the increase in South African schools (Ncontsa and Shumba, 2013). According to Times Live (2012), hundreds of schools across South Africa are subjecting pupils to drug and breathalyser tests in a desperate attempt to curb an alarming increase in drug abuse and that the South African Institute for Drugs (SAIDS) is planning to administer at least 1 000 tests for dagga, cocaine and anabolic steroids at 120 schools at a cost of between R1.3 million and R1.4 million.

In response to interview question 3, almost 100% of data collected revealed that there is a drug abuse problem at the school in that all participants attest to the fact that they have one way or another experienced it. Common drugs that are mentioned in the data are dagga and alcohol even though one of the participants mentioned mandrax and one other mentioned drugs in the form of pills that are bought from the chemist. According to Times Live (2012), shocking findings of pupils arriving drunk at school, smoking dagga

and using illegal steroids have prompted the decision by school principals to conduct tests.

## **5.6 Reasons behind learner drug abuse**

In relation to learners' high rate of drug abuse, common reasons for this learner drug abuse are peer pressure, stress and enjoyment. In response to interview question number 8, other contradicting views for this learner drug abuse in this school are television (learners copy what happens on television, circumcisions - learners learn these habits during circumcision - dysfunctional families, and curiosity.

Other adolescents may feel insecure about the way they look and may take drugs to forget about their anxieties and to feel more confident. Drugs are often used as a way to cope with or block out problems. Adolescents may have trouble at home and have no one to turn to for help. Erikson (2006) further asserts that underlying all chemical dependency is the issue of self-esteem. Erikson (2006) argues that adolescents sometimes do not like themselves and tend to feel as if they are not worthy, hence they seek reassurance and acceptance by peers. Bhengu (2009) further agrees that adolescents need to belong and be accepted by their peers. If they are not accepted, they are hurting and they will find ways of being accepted. Furthermore, Schinke, Botvin & Orlandi (2008) concur that increased dependence on a peer group is accompanied by a corresponding rise in conformity.

According to Schinke, Botvin & Orlandi (2008), many parents have no time to supervise their sons and daughters, and some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

To add more, research suggests that in SA there are many reasons for misuse. The key factors include unemployment, low self-esteem, educational failure, boredom and physical, psychological or family problems (UNODC, 2007).

Even where the cause relates more to experimentation or enjoyment or to a shift from alcohol or tobacco, the fact is that overtly mind-altering substances have greater pull than other activities and that many people misuse drugs because they do not have the opportunity to lead fulfilling lives (UNODC, 2007).

### **5.7 Drug awareness strategies and their implementation**

Findings in question 4 revealed that participants attest to the fact that there are no formal, clear programmes in place that are established as part of prevention strategies. T1 and T2 reveal that teachers would try and sit down and reason with a learner who has been found using drugs but most of the time learners just do not listen but instead they continue. *"We do not have formal programmes that are consistent, as teachers we are trying our level best in trying to curb the situation, like here in our school, if we see a learner smoking or using drugs, we call the learner and sit down with him or her and try to reason with them, for instance I once saw a learner taking drugs and I called her and I spoke with her trying to help her see the dangers of what she is doing and fortunately I managed to get her to stop using drugs as she says. We also call parents to help us deal with the situation when there is a need and we sit down and talk with that learner"* (T2).

T1 and L1 reveal that even though teachers try to reason with learners who are doing drugs, they end up being tired and simply turn a blind eye. *"Teachers are doing their level best but I do not think that they are doing enough in that teachers do speak with the learners and try to show them the right thing to do but on the same note some teachers turn a blind eye and leave things as they are since they know that there is nothing else they could do to stop these learners. Teachers feel that there is nothing that they could do because this thing of drug abuse happens even in the communities and homes where they are not under the control of teachers and teachers feel that the situation is out of control"* (L1).

Some of participants revealed that sometimes learners are referred to outside organizations that help with counselling and that sometimes outside organizations come to school to offer awareness services but they are not consistent. Hence the researcher strongly feels that the school should have its own established educational awareness programmes as far as learner drug abuse is concerned, with implementation that is consistent so that learners can be in a position to make well informed decisions with regard to issues relating to drugs and drug abuse.

### **5.8 Perceptions of learners and teachers towards learner drug abuse**

In response to the interview question 6 the study further reveals that most of the participants believe that peer pressure is the main contributor to this situation. Posnic (2012) agrees that teachers also think that peer pressure has been adding value to the escalating rate of drug abuse in schools. Learners and all other children always want to be acceptable amongst their peers.

It can be noted from the above responses from the respondents that learners and even teachers have differing perceptions that are revealed by their attitudes towards drug abuse and prevention programmes. Most learners know about the consequences of abusing drugs even though they perceive them to be very light compared to current pleasure derived from taking drugs. Some learners think that using drugs is good, but the authorities are jealous. Some say they just do not care and are just ignorant about the whole thing; they just enjoy the ride because, according to T3, *Some learners, more especially those who come from strict families, take the campaigns serious but most learners do not take these campaign serious more especial those who have started using drugs. They think it's the waste of time and that they are being prevented from enjoying themselves.*

Learners and all other children always want to be acceptable amongst their peers. It has also become clear that some learners use drugs for the sake of enjoyment, even though

they are fully aware of the consequences and dangers, and there are those who feel that drugs are good for their well-being.

Other reasons given for this learner drug abuse in this school are television (learners copy what happens on television) and circumcision. Other participants, based on the data collected, agreed with corporal punishment being the root cause of this drug abuse. This agrees with what Makapela (2006) has suggested, i.e. that it has become increasingly difficult for educators to ensure discipline in schools as a result of the banning of corporal punishment, thus giving rise to high incidences of drug abuse.

A lack of parental involvement also emerged from the participants' views of familial factors contributing to learner drug abuse. Participants suggested that parents do not care about their children's behaviour until they have become involved in a serious incident. This agrees with Schinke, Botvin & Orlandi (2008) who state that many parents have no time to supervise their sons and daughters, while some parents have little or no interaction with family members, and others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

*("This behaviour begins at home I would say, It's the parent...they won't even come to school, they don't attend parents meetings. They do not come to school when they are summoned unless a child does something drastically wrong" (T3).* On other hand, according to Govender (2012), parents are battling a never-ending crisis of drug abuse with their children. Never mind the fact that nobody ever taught them how to be parents, they now have this added responsibility of dealing with a drug addicted son/daughter!

However, the unavailability of parents may be a result of work commitments or living arrangements, and many school going children may also live in child-headed households. In contrast to the views that drug abuse was fuelled by a lack of parental involvement, some participants suggested that learners who were overprotected by their

parents were more likely to carry out odd behaviours in schools as their parents were often in denial about their children.

### **5.9 Types of drugs mostly abused by learners and their addictiveness**

In response to the interview question 3.1, the study further reveals that marijuana is the most used drug by learners in this school followed by mandrax. There are also other drugs that they use even though the frequency is less than that of marijuana and these drugs are nyope and alcohol. It can also be noted from the responses that it is rare for learners to drink alcohol at school, except when there are certain activities but it is evident that learners do drink alcohol also.

According to Perry (2008), drugs used and abused in South Africa can be roughly divided into three categories: those which are extensively used, those which are moderately used, and those which are less frequently used. In the first category, alcohol remains the most commonly abused drug in South Africa, followed by dagga (cannabis) and then mandrax (white pipe) combination, and mandrax is sometimes used on its own. Perry (2008) further maintains the position that there is a considerable abuse of over-the-counter and prescription medicines (e.g. pain relievers, tranquillizers - including benzodiazepines - cough mixtures containing codeine and slimming tablets), as well as solvents, especially glue.

### **5.10 Teachers' responses towards learner drug abuse and awareness programmes**

In response to research question number 5, which seeks to elicit the responses of teachers towards learner drug abuse at school, it is revealed that teachers are doing their level best as individuals to speak with the learners and try to show them the right thing to do, but on the same note some teachers turn a blind eye and leave things as

they are since they know that there is nothing they can do to stop these learners and some teachers are simply tired of the situation.

Teachers feel that there is nothing they can do because drug abuse happens even in the communities and homes where learners are not under the control of teachers. This concurs with Hoberg (2007) who states that the school is the most important and effective level of prevention although adolescent drug abuse does not usually occur during school hours on the school premises. Jamin in Hoberg (2007) further argues that it is the school's major function to perpetuate its values and traditions and that the school and the parents are still primary agents in preparing adolescents for their future in society.

Furthermore, the findings to research question number 5 gave the researcher an impression that, as much as teachers would like to instil school values in learners, the school environment has become very difficult for teachers to pursue and implement that. The researcher came to understand that there was some form of congruence that pointed towards limited positive response, as far as learner drug abuse and its consequences are concerned, that the teachers alone can exert, as both the teachers and the learners acknowledged and admitted that they are encountering a challenge to help cease the situation, there are just no clear cut lines of support that are established. According to Posnic (2012), it is important that the adolescents find themselves in a supportive and sympathetic environment because they have lots of problems. They are easily influenced and vulnerable to drug abuse, hence they need correct guidance. If they do not get this guidance, they might take the wrong direction of drug abuse. As a result it is imperative for the teachers to continuously explain the consequences of drug abuse to their learners and they should do this in a calm and informative way.

In conclusion the researcher would like to highlight some aspects with respect to the above discussion. Based on the findings there is evidence that learner drug abuse is prevalent and is on the rise in the South African schools. However, there are no clear-cut, school-based and established educational programmes that can enhance

awareness in the minds of learners and even those that are available are not implemented effectively. They often lack a plan of implementing and monitoring, as well as a directive as to who should lead or drive its implementation. The essence of the argument is that the current programmes regarding learner drug abuse could be sufficient but they lack strategies the means to monitor compliance. At the end of the day, they need to impact on learners' minds to the point of making them take informed decisions as far as values, conduct and behaviour are concerned. Edmunds cited by Parry (2008) maintains that good lifestyle education programmes should focus on factual alcohol and drug information, and decision-making and problem solving skills that help children to have confidence in the decisions they make and in their ability to seek solutions. In the Department of Education there are professional people who specialize in counselling of children and parents. They also give motivational talks to the learners in schools and deal with topics like self-esteem, decision-making, values and attitudes. These people help children to see life in a positive way. There are also professional organizations that specialize in the treatment of alcohol and drug addiction. More use should be made of these people.

Programme evaluation research revolves around the establishment of the effectiveness of social programmes (Schonfeldt, 2007). According to TerreBlanche and Durrheim cited in Schonfeldt (2007), the number of evaluations conducted is small compared with the number of interventions that are in existence. Hence, South African researchers have recently shown an increased interest in programme evaluation. Thwala (2005) states that prevention programmes should address all forms of drug abuse in order to enhance protective factors and reduce risk factors. This should be done so that school based programmes intervene early enough to address risk factors such as aggressive behaviour, poor social skills and academic difficulties. He further emphasises that prevention programmes should be long term with repeated interventions. They should employ interactive techniques and train educators on classroom management. To try to implement the above, academics should start writing books related to awareness of learner drug abuse and a well-formulated plan of action should be designed.

Thwala (2005) in Bhengu (2009) further maintains that the principles in making programs effective should relate to the needs, beliefs and perceptions of the target audience. The activities of the programmes should be in line with the prevention of drug abuse and programmes that had success in the prevention of substance abuse among adolescents.

### 5.1.1. Social cultural influences

In relation to social cultural influences, the study reveals that children are one way or another influenced by the significant others, either within their families or in the community that they are exposed to. In response to research question number 5, common reasons for this learner drug abuse which emanates from the community are friends, television (learners copy what happens on television, circumcision - learners learn these habits during circumcision - dysfunctional families, and imitation of significant others. T3 said, *"I think peer pressure is the number one cause of learner drug abuse in this school because some learners are coming from responsible families with both parents and one will find them using these drugs and drinking alcohol, (but ke abanye abantwana bazifunda ezizinto kwamakwabo nasekuhlaleni ngoba bayakwazi abazali uba ibe ngabo abathuma abantwana utywala necuba, okanye ibe ngutata wase nextdoor othumabantwana utywala necuba the the more abantwana bekhula bacingba ezizinto ziright.) but on the other hand these children learn these things from their homes and in the community because other parents have a tendency of sending these children to buy liquor and cigarettes or sometimes a father from the next door house will sometime send children to buy liquor and cigarettes."*

According to Schinke, Botvin & Orlandi, (2008), many parents have no time to supervise their sons and daughters; instead some parents have little or no interaction with family members, while others put pressure on their children. To add more, according to UNODC (2007), influences arising from family structures and communities can lead to substance abuse.

According to Parry (1998), various factors have been put forward as contributing to substance use and abuse, i.e. for alcohol factors are likely to include peer pressure (particularly among young persons) and communal drinking among adults; availability, particularly in more disadvantaged communities; the legacy of the dop system, particularly in the Western Cape; ignorance; the falling price of certain kinds of alcohol products (e.g. malt beer and brandy) relative to the Consumer Price Index; chemical dependence on alcohol; poor social conditions and boredom; a lack of social controls to deal with those misusing substances; and societal attitudes in general. School-going youth find it easy to purchase alcohol from bottle stores, supermarkets, bars and shebeens (Parry, 1998).



### 5.1.2 Curriculum assistance

In response to research question number 10, it has become clear in the study that the current curriculum does not assist much when it comes to learner drug abuse since it does not emphasise much on issues relating to drug abuse but only does so haphazardly. T1 said, (*"I curriculum yethu ayinanto icacileyo ngendlela yoku dilishana nedrugs, ufumana nje iisections ezithile ngelo xesha nakhona kwi LO ezithetha ngeedrugs not all the time kodwa yona inako ukunceda if ingagxininisa kakhulu kwidruga"*) our curriculum is not clear as to how we should deal with drugs, only few sections particularly in Life Orientation talks about drugs and is not consistent, but yes it can help if it can emphasise on the subject of drugs. Learners should be taught as part of their school programme or there should be workshops that are done with learners at schools and they should be told about the dangers of drug abuse and be given pamphlets.

According to UNODC (2005), the Ministry of Education should as a matter of urgency add drug education to the curriculum at all levels of education. The Campaign against Drug Abuse: National Drug Law Enforcement Agency (NDLEA) should intensify their campaigns against drug in order to have a drug free society. These campaigns against the use of certain drugs and the misuse of drugs should be more intensified at the secondary school level because it is the peak of adolescence.

The school can promote skills, knowledge, values and attitudes that may, in turn, influence drug use, thus evaluation of the programme should focus on the classroom level of knowledge, attitudes, values and skills that represent the immediate impact of the programme (UNODC, 2005).



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## **CHAPTER 6:**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Introduction**

Now that the data has been presented, in this section the researcher will do the summary of findings and then give the suggestions and recommendations. This study adopted a holistic approach towards learner drug abuse. The purpose of this chapter is to present a discussion of the findings of the research and recommendations on the possible implications of the results of the research.

#### **6.2 Overview of the study**

This chapter summarizes the study presented in the previous chapters and proposes recommendations on the effects of lack of awareness as far as learner drug abuse is concerned. The study focused on isiXhosa speaking learners and educators at one high school in a large township of East London. It has explored different views concerning learner drug abuse and its consequences and has sought to illuminate how the quality of education offered by this school has been affected by this problem. The study was conducted using a qualitative case study approach. The researcher used different techniques to collect and analyse the data such as interviews (one-on-one and focus groups) and document analysis (Black book). Field notes and tape recording techniques were also used to collect data and the data was analysed through content analysis that led to common emerging themes.

#### **6.3 Relating the findings of the study to the research questions**

It is a fact that most South African schools are faced with the problem of learner drug abuse (Time Live, 2012). This indicates that it is not easy to run away from the fact that schools need to come up with strategies and policies to help curb the situation.

## **6.4 Summary of findings**

### **6.4.1 Research question 1**

How does lack of drug abuse awareness affect the escalating use of drugs by high school learners in one high school in Mdantsane, East London District?

There is evidence in the data that attests to the fact that there are no formal and consistent programmes and campaigns in place in this particular school as a prevention strategy to curb the situation. The school is dependent on individual initiatives to talk to learners and on outside non-governmental organizations that less often come to do drug awareness campaigns. It can therefore be deduced from the study that the lack of consistent awareness and educational programmes and campaigns has a bearing on the escalating learner drug abuse because learners together with teachers remain disillusioned as far as the dangers of drug abuse and its consequences are concerned.

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The data also reveals that teachers do make some effort in trying to curb the situation, but most of the time they end up tired and turn a blind eye and pretend as if there's nothing that is happening. It can also be deduced from the study that there is little that the government is doing to resolve the problem. The programmes that are available still need a strategy of implementation to the point that learners will be in position to make informed decisions as far as values, behaviours and conduct are concerned.

### **6.4.2 Research question 2**

To what extent are teachers and learners aware of drug abuse in Mdantsane?

All participants attest to the fact that some of the learners are using drugs at school. It can be deduced from the data that on various occasions the participants have seen learners taking drugs and on various occasions teachers have tried to talk to the learners to stop this habit. Views in terms of definitions differ from one participant to another. Participants 1, 8 and 2 say that it is an excessive use of drugs and goes hand in hand with addiction. Participant 3 says that drug abuse is being dependent on drugs

even if these are drugs bought from the chemist. Participant 4 says that drug abuse is to use drugs unnecessarily, maybe during working hours or at school. Participant 7 says it is being dependent on drugs and participants 5 and 6 say it is a more than necessary use of drugs. From here one can see that views on what drug abuse is differ from participant to participant so there are differing ideas of what drug abuse is.

#### **6.4.3 Research question 3**

What drug awareness campaigns are put in place for the community?

Respondents revealed that even in their communities there are no consistent programmes except that communities depend on programmes available on television and all other programmes that are available, like community campaigns usually offered by private organizations which are occasionally presented. Other participants mentioned that even sports programmes that used to help children refrain from violent behaviours are no longer effective in the communities. Young people spend most of their time in taverns and shebeens in the name of enjoying themselves and that is where they get to use drugs mostly.

#### **6.4.4 Research question 4**

How does social culture affect learner drug abuse?

Some participants revealed that community members who are the significant others have adopted a habit of using drugs in the name of enjoying themselves and it is culturally acceptable, thus making it difficult for young people to escape these habits because they want to conform. Moreover, it has become evident in the study that the more the significant others in the family or the community make use of drugs in the presence of children, the more children have a tendency to copy what they are doing thinking that it is the right thing to do. Other participants have revealed that community members and even family members even go to the extent of sending children to buy liquor or cigarettes, thus exposing children to these deadly substances.

#### 6.4.5 Research question 5

How does the curriculum assist learners to become aware of the dangers of drug abuse?

Some of the respondents revealed that the current South African curriculum does not assist much in terms of curbing the current situation of an ever increasing rate of learner drug abuse. Participants claim that the curriculum tends to focus much on other learning areas than drug abuse hence causing the curriculum to be less effective in curbing the situation. Respondents revealed that the issue of drug abuse in the learning areas is addressed haphazardly and this is not helping. Respondents maintain that the subject of drug abuse should be emphasised by the curriculum and should be at the core of it.

#### 6.4.6 Research question 6

What drug awareness strategies can be put in place at schools in Mdantsane?

Participants attest to the fact that there are no formal, clear programmes in place that are established as part of prevention strategies. Other participants revealed that teachers would try and sit down and reason with the learner who has been found using drugs but most of the time learners just do not listen but instead they continue. *"We do not have formal programmes that are consistent, as teachers we are trying our level best in trying to curb the situation, like here in our school, if we see a learner smoking or using drugs, we call the learner and sit down with him or her and try to reason with them, for instance I once saw a learner taking drugs and I called her and I spoke with her trying to help her see the dangers of what she is doing and fortunately I managed to get her to stop using drugs as she says. We also call parents to help us deal with the situation when there is a need and we sit down and talk with that learner"* (T2).

Some of participants revealed that sometimes learners are referred to outside organizations that help with counselling and that sometimes outside organizations come to school to offer awareness services but they are not consistent. Hence the researcher strongly feels that the school should have its own established educational awareness programmes as far as learner drug abuse is concerned, with implementation that is

consistent so that learners can be in a position to make well informed decisions with regard to issues relating to drugs and drug abuse.

### **6.5 Perception of teachers towards learner drug abuse**

The aim of this study was to evaluate drug abuse awareness programmes for adolescents in one secondary school and the effect that they have on the rate at which learner drug abuse escalates. The objectives were to determine the effectiveness of the drug abuse awareness programmes on curbing this escalation.

All participants perceive that peer pressure is one of the root causes of learner drug abuse in schools and, when studying the data, participants perceive this as a problem. All the participants perceive that the learner drug abuse contradicts the culture of teaching and learning in that when learners are under the influence drugs they become violent and are unable to concentrate on their studies and as a result they end up failing at the end of the year.

### **6.6 Recommendations and implications for the study**

Teaching in the post-apartheid era needs a lot of support. Teachers need support in order to deal with the learner drug abuse. Support should come from the community, parents, teachers themselves and the Department of Education (DOE).

All schools have SMTs consisting of HODs and the principal and also there are SGBs that governs the school. SMTs and SGBs should formulate strategies and policies to help teachers deal with the learner drug abuse in schools.

The Department of Education should also formulate programmes as part of the curriculum that will curb learner drug abuse in schools. When a programme forms part of the curriculum, then teachers will have to exercise that programme. The Department of Education should also train teachers on how to handle drug abuse in their schools so that teachers may not hold back when they are faced with drug abuse in their schools.

Also schools should be engaged with the available community programmes and develop programmes that will engage the community in the school so that there can be a strong relationship between the school and the community. This will help in that some of the expertise and knowledge found in the community will be transferred to the school and will help deal with learner drug abuse. For example, there could be a person who did counselling psychology in the community who could help the teachers deal with learners with different behaviours.

### **6.7 Issues for further research**

The researcher feels that the study needs to be done also in different contexts since it concentrates only on a township school. It needs to be conducted in former Model C schools and in the rural areas so as to deduce the extent of effect that learner drug abuse has in schools and schooling.



### **6.8 Conclusion**

From the results of this study it can be concluded that behavioural change and attitude change cannot be solely the responsibility of the school, but that this also needs the involvement of other role players like parents, the community, government and non-governmental organizations to come together and implement consistent and visible programmes so as to curb the problem. The study also found that the programmes that are used in schools do not do much to change the attitudes and behaviour of the learners but do have an impact on increasing their knowledge about drugs. Also, the study reveals that a number of young people do not have sufficient knowledge about drugs, hence it is recommended that all schools should implement drug prevention programmes more effectively.

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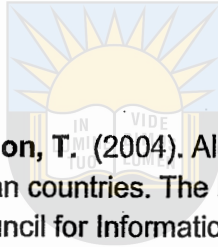
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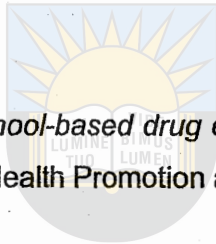
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## APPENDIX A

### Letter to Education Department requesting permission to conduct research at schools

9<sup>th</sup> October, 2014

The Director of the  
Department of Education,  
Mdantsane.

Dear Sir/Madame



#### Re: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN ONE SCHOOL

Mr. **NZUKISO. T. MNYAMANA** is a temporary teacher, employed by The Department of Education. At the same time, he is a full time Master in Education student in his first year at the University of Fort Hare under my supervision (Dr J. A. Abongdia). His study focuses on the "Lack of drug abuse awareness as a determinant of the escalating learner drug abuse in one high school in Mdantsane, East London district". The study will include interviews with teachers and learners, observation and document analysis.

I hereby seek permission for Mr. Nzukiso T. Mnyamana to engage with the sampled teachers and learners of the above mentioned institutions to gather data for his study. The investigation will be guided by a strict code of ethics as prescribed by the ethics committee of the university of Fort Hare. All data collected during investigation will be used only for the purpose of research and also treated in a stringent confidential manner.

I look forward to a positive response in order to begin data collection as his proposal has been accepted by the Faculty Research Higher Degree Committee of the Faculty of Education, University of Fort Hare.

Yours sincerely

On behalf of Nzukiso T. Mnyamana (Mr.)

Dr. J A. Abongdia

Supervisor

**APPENDIX B**

**Authorisation Letter from the department to conduct a research**



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## APPENDIX C

### INTERVIEW QUESTIONS WITH EDUCATORS

#### Interview Questions

1. What is your position in this school and for how long have you been here?
2. What is your view on drugs and drug abuse in South Africa?
3. Do you have instances of drug abuse in this school? If yes, explain?
4. Do you think drug abuse is on the rise in this school? Why or why not?
5. What possibly could be the cause of increasing drug abuse among learners?
6. Do you think that teachers and learners are aware of the dangers associated with drug abuse? Why or why not?
7. Are there any awareness programmes in your school and/or community? If yes, state them and how they function.
8. Who is responsible for these programmes?
9. What is the attitude of learners towards drug abuse and prevention programmes?
10. How would you evaluate the curriculum in view of drug abuse awareness and the assistance put in place for learners?
11. What is the school currently doing in terms of the escalating rate of drug abuse?
12. What do you think should be done to remedy the situation?

## APPENDIX D

### Informed Consent Form

#### FORT HARE UNIVERSITY

#### CONSENT TO PARTICIPATE IN RESEARCH

Dear Participants,

**LACK OF DRUG ABUSE AWARENESS AS A DETERMINANT OF THE ESCALATING LEARNER DRUG ABUSE IN ONE HIGH SCHOOL IN MDANTSANE, EAST LONDON DISTRICT.** You are kindly requested to participate in this research study conducted by Mr Nzukiso T. Mnyamana towards a Master degree in Education (M.Ed.) from the Faculty of Education at the University of Fort Hare. The results of this research will contribute to the thesis which will be written in fulfilment of the requirements for the M.Ed. You are selected as a possible participant in this study because as a teacher/learner you are at the forefront of curriculum and you have a very huge responsibility.

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#### 1. PURPOSE OF THE STUDY

This study will find out how the lack of drug abuse awareness affects the escalating learner drug abuse. The intention is to come up with strategies to create awareness of the dangers of drug abuse in learners.

#### 2. PROCEDURES

If you volunteer to participate in this study, I would like to interview you for 15 to 30 minutes on the use of English as a language of learning and teaching.

#### 3. POTENTIAL RISKS AND DISCOMFORTS

You will not experience or be exposed to any potential risks or discomfort by taking part in this study.

#### 4. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as

required by law. No names of any participants will be mentioned; participants will be given a participant number that will be utilised in the thesis for ease of reference, and only the researcher will be able to identify the participant. All the interviews to be conducted will be recorded and participants have rights to review and edit the tapes. Also, the recordings will be used for thesis purposes only and only the researcher and his supervisors will have access to the recordings. After the thesis is written by the researcher and assessed and graded by the university, the recordings will be erased.

#### **5. PARTICIPATION AND WITHDRAWAL**

Participation in the study is voluntary. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

#### **6. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact me or my supervisor, Dr. Jane - Francis Abongdia at +27(0) 43 704 7118 or e-mail her at: [jabongdia@ufh.ac.za](mailto:jabongdia@ufh.ac.za)

#### **7. RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Mr Awusi William at 043 704 7509 or e-mail him [wawusi@ufh.ac.za](mailto:wawusi@ufh.ac.za) at the Division for Research Development.

#### **SIGNATURE OF PARTICIPANT**

The information above was described to me by Mr Nzukiso Mnyamana. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
**Name of Participant**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**SIGNATURE OF RESEARCHER**

I declare that I explained the information given in this document to the participant. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English/IsiXhosa and no translator was used

\_\_\_\_\_  
**Signature of Researcher**

\_\_\_\_\_  
**Date**

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## APPENDIX E

### Interview Questions with Learners

1. Tell me about yourself, what you are doing in this school/your grade and for how long.
2. What do you think learner drug abuse is?
3. What is your experience of drug abuse in this school? Is it prevalent?
  - a. What are the types of drugs that learners use in this school?
4. Do you have prevention programmes in place and what are they?  
Who is responsible for these programmes and to make learners aware of dangers associated with drug abuse?
5. What is the attitude of learners towards drug abuse and prevention programmes?
6. Do you think drug abuse is on the rise in this school? Why?
7. What do you think are the causes of the learner drug abuse in this school?
8. What do you think should be done to remedy the situation? Do you think the curriculum can help?

## APPENDIX F

### Ethical Clearance Certificate



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#### ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: ABO051SMNY01

Project title: **Lack of drug abuse awareness as a determinant of the escalating learner drug abuse in one high school in Mdantsane, East London Education District.**

Nature of Project: Masters

Principal Researcher: Nzukiso Theophilus Mnyamana

Supervisor: Dr J.A Abongdia  
Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

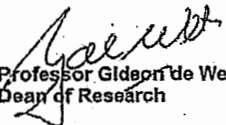
The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle Investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

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The Ethics Committee wished you well in your research.

Yours sincerely

  
Professor Gideon de Wet  
Dean of Research

03 December 2015

**APPENDIX G**

**Permission letters from the school**

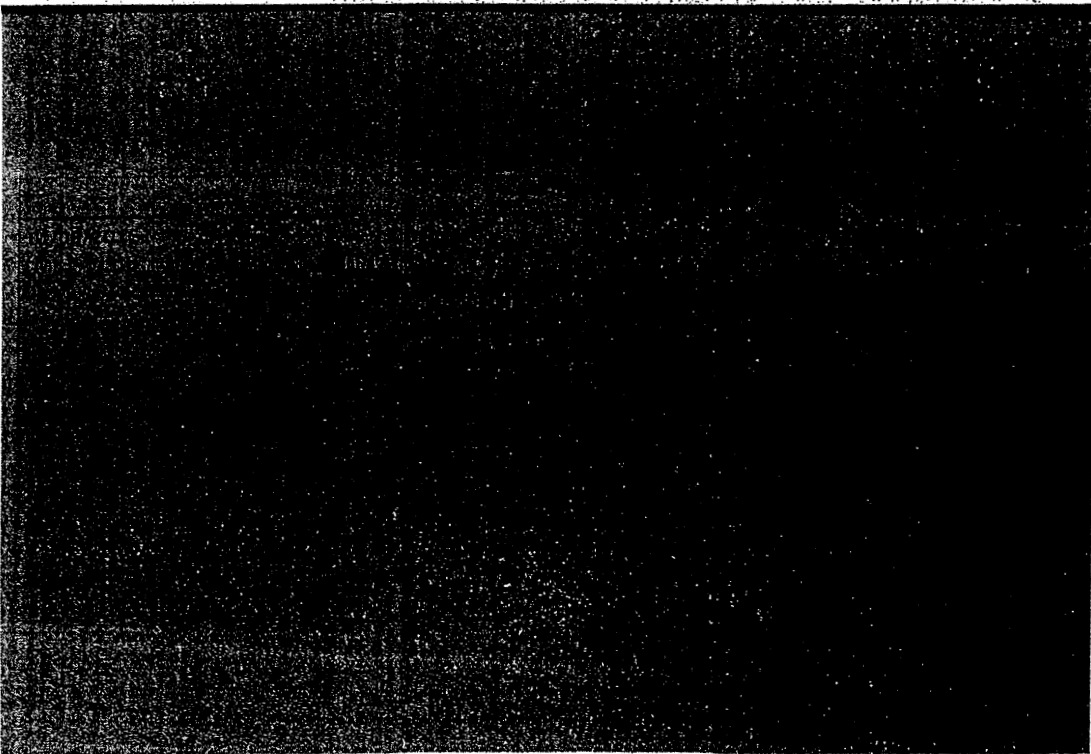


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**APPENDIX H**

**Documents used for document Analysis**

**Black book**



## Appendix I

### Transcript of interview with learners

**Researcher:** Tell me about yourself, what you are doing in this school/your position and for how long?

**Learner A:** *"I started to be here in this school as from 2011 and now I am doing grade 12 and that I have knowledge of drug abuse happening here at school since I have been around for quite some time. I am 20 years old."*

**Researcher:** What do you think learner drug abuse is?

**Learner A:** *Drug abuse is when one lives his life dependent on drugs. Some people depend on drugs that they buy from the chemist for their health and that is also drug abuse because they become dependent and addicted by these drugs*

**Researcher:** What is your experience of drug abuse in this school? Is it prevalent?

**Learner A:** *Yes some learners in this school are using drug more especial boys but girls are using drugs too. Some are smoking dagga (Marijuana), some mix dagga e pill (Mandrax). Some learners are selling dagga muffins to other learners here at school.*

**Researcher:** What are the types of drugs that learners use in this school?

**(Learner A:** *"Abantwana beskolo batshaya kakhulu intsangu, nepilisi, benza nee dagamuffins")* School children smoke too much of marijuana and mandrax, they sometime do daggamuffins.

**Researcher:** Do you have prevention programmes in place and what are they? Who is responsible for these programs and to make learners aware of dangers associated with drug abuse?

**Learner A:** *Asinazo i "awenes" programs apha, zibakho ngelo xesha [We do not have formal or consistent programs]. We depend on outside organizations. Our teachers always tell us not to use drugs because drugs are dangerous, more especial our Life Orientation teachers. We do not have consistent awareness campaigns or programs in our school except that there are organizations that sometimes come to make us aware of the dangers associated with drugs.*

**Researcher:** What is the attitude of learners towards drug abuse and prevention programmes?

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**Learner A:** *Abanye abantwana besikolo bacinguba iidrugs ziright". [Some school children think that drug are ok]. Bathi iidrugs zibenza babe clever okanye babe active, omnye ofunda eklasini yam uthi yena urhulumente unomona ngentsangu kuba kwamanye amazwe ivumelekile, akhonto irongo ngentsangu". [They say that drugs cause them to be more intelligent, one boy in my class once said that the government is jealous about marijuana because in other countries it is legal, there is nothing wrong about marijuana]. Kodwa bakhona abafunayo ukuziyeka qha abakwazi. [But there are those who want to quit, but they are not able to].*

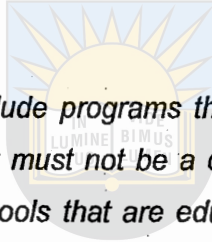
**Researcher:** Do you think drug abuse is on the rise in this school? Why?

**Learner A:** *Ewe [Yes], because qhoqhoqho abantwana besikolo basoloko bengxoliselwa iidrugs. [Yes because more often than not, learners are always reprimanded because of using drugs].*

**Researcher:** What do you think are the causes of the learner drug abuse in this school?

**Learner A:** *Some learners come from dysfunctional families where there are problems like abuse, lack of support in terms of finances and lack of love in the family, so they resort into drug abuse. Sometimes the peer pressure is the major reason that contributes to this learner drug abuse because learners like to copy what their friend are doing, if the friend is drinking liquor, he/she will want to drink also.*

**Researcher:** What do you think should be done to remedy the situation?



**Learner A:** *The government should include programs that looks at dealing with drug abuse even in the curriculum and that it must not be a once off event and also there should be events that take place at schools that are educational where we can even have people who once used drugs to testify of their survival. Also parents should be involved in the process since learners spent most of their time at home.*

## APPENDIX J

### Editor Certificate

8 Nahoon Valley Place

Nahoon Valley

East London

5241

13 January 2017



TO WHOM IT MAY CONCERN

I hereby confirm that I have edited the following master's thesis using the Windows "Tracking" system to reflect my comments and suggested corrections for the student to action:

*Lack of drug abuse awareness as a determinant of the escalating learner drug abuse in one high school in Mdantsane, East London Education District* by Nzukiso Mnyamana, a thesis submitted in fulfilment of the requirements for the degree of Master of Education at the University of Fort Hare.

A handwritten signature in black ink that reads 'Brian Carlson'.

Brian Carlson (B.A., M.Ed.)  
Professional Editor

Email: [bcarlson521@gmail.com](mailto:bcarlson521@gmail.com)

Cell: 0834596647

Disclaimer: Although I have made comments and suggested corrections, the responsibility for the quality of the final document lies with the student in the first instance and not with myself as the editor.

BK & AJ Carlson Professional Editing Services