MANAGING SUBSTANCE ABUSE IN PUBLIC SCHOOLS: A CASE STUDY OF MAN'OMBE CIRCUIT IN MOPANI DISTRICT OF LIMPOPO PROVINCE, SOUTH AFRICA

BY

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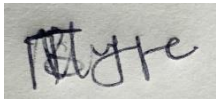## FACULTY OF MANAGEMENT, COMMERCE AND LAW

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DECLARATION

I, **Timothy Manganye**, student no: **11594761,** hereby declare that the mini-dissertation titled: **MANAGING SUBSTANCE ABUSE IN PUBLIC SCHOOLS: A CASE STUDY OF MAN'OMBE CIRCUIT IN MOPANI DISTRICT OF LIMPOPO PROVINCE, SOUTH AFRICA** for the degree of Master of Public Management at the University of Venda, has not been previously submitted for a degree at this or another university. This is my work in design and execution and that all reference material contained therein have been duly acknowledged.

20 June 2022

Manganye Timothy   **Date**

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DEDICATION

I sincerely dedicate this work to the Great Jehovah, Master of the Universe, who made it possible for me to complete this research document. I will always be grateful for his Grace and Mercies that brought me this far. For that, I say Ebenezer. Without him, I would not have made it.

ABSTRACT

The study investigates the management of substance abuse in public schools using schools of Man'ombe Circuit as a case study. The study intends to establish the extent to which educators in public schools are managing substance abuse by learners. Substance abuse among youth continues to be a major problem worldwide and South Africa is no exception. Substance abuse by adolescents is an enduring public health issue worldwide including in South Africa. The global status report by the World Health Organisation (WHO) points out that many learners experiment with alcohol before the age of 12 years. The WHO, therefore, encourages member states to implement effective strategies to delay with the onset of alcohol use. The study used a qualitative research method wherein a purposive sampling technique was employed in selecting study participants. A sample of 10 educators was purposively selected for the interviews with teacher from nine schools nine different schools around Giyani. Ethical consideration were considered. Based on the findings, the contributory factor to substance use in public schools is peer pressure and lack of management skills on educators to deal with the matter at hand. The researcher recommend that the government, in particular, the Department of Education should employ school social workers to work with educators across all schools. The department must develop policies aimed at dealing with substance use in schools and ensure their effective implementation across all schools. To analyse data, a narrative analysis was used.

Keywords: Substance abuse; Drugs; Educators; Public schools

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ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

BEDFET: Bachelor of Education Further Education and Training

ATS: Amphetamine-Type Stimulants

CDA: Central Drug Authority

DSD: Department of Social Development

ETS: Environment Tobacco Smoke

FAS: Foetal Alcohol Syndrome

GCIS: Government Communication Information System

HIV: Human Immunodeficiency Virus

IDU: Intravenous Drug Use

ISHP: Integrated School Health Programme

NDMP: National Drug Master Plan

STIs: Sexual Transmitted Infections

UNODC: United Nations Office on Drugs and Crime

WHO: World Health Organization

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

This study focuses on investigating the management of substance abuse in public schools in Limpopo Province with specific reference to Man'ombe Circuit in Mopani District. The introduction and background of the study comprise the problem statement, aim of the study as well as specific objectives of the study. It also outlines the research questions, significance of the study, delimitations and limitations of the study and operational definitions. Furthermore, it discusses the relevant literature review and the research methodology. It ends with an outline of the way thestudy is to be organised. Chemicals that are in their original form and are not detrimental to human health or the environment are classed as normal chemicals, according to a study conducted by Sjostrom (2010). Substances, on the other hand, are those that can affect a person's health or the environment, whether in their naturalor added form. According to Fernandes and Mokwena (2016:2), roughly 15% of South African teenagers abuse and are addicted to chemical substances. The narcotic oftenknown as 'nyaope,' which is a combination of dagga and heroin, is the main source ofexposure for these kids. The high rate of chemical substance usage in South Africa has harmed teenagers and their significant others, according to the National Drug Master Plan (2013-2017:2).

1.2 BACKGROUND OF THE STUDY

According to a study conducted by Mothibi (2014), substance misuse is one of the most important social problems and a global concern, particularly among South African high school students. Furthermore, according to the outcomes of a research

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conducted in a local school, the South African government has selected it as one of the major emphasis areas for restoring individual wellness. This study looked at the short- and long-term negative impacts of substances like cigarettes, alcohol, cannabis (dagga), and other drugs on people's health. According to studies conducted by Natarajan (2010) and Joseph (2011), adolescent substance use can lead to bad health and social repercussions.

Substance misuse, for example, has been linked to unintended injuries, cancer, homicides, and suicides, as well as depression, personality disorder, unexpected sexual activity, and an increase in sexually transmitted illnesses (Natarajan, 2010). Substance addiction has also been linked to a high rate of school dropout, unemployment, high crime rates, and poverty, all of which have an impact on the country's economy (Joseph, 2011). Cannabis (dagga) is a widely used illicit drug around the world, according to the United Nations (Tshitangano, 2016).

Substance misuse is a problem that is increasing and growing in the educational system, according to Amosun, Ige, and Ajala (2010), particularly in secondary schools. Educators in schools are confronted with the problem of student misconduct and often presume that the abnormal behavior is the result of the students' poor academic performance. According to a study by Resignato (2010), increasing amounts ingested, frequency of usage, and acquaintances with whom one associates are all connected with substance misuse. The substance misuse problem in Limpopo Province is no different from in other provinces, according to the South African Police Services (2012), albeit there may be differences in the extent of the problem. Because there is currently no epidemiological surveillance system with special reference to substance misuse in Limpopo Province, it is difficult to establish when it became an issue.

Currently, drug use and misuse has evolved from a tradition involving adults to one in which youth are also participating (SAPS, 2012).

Mothibi (2014) did a study that looked into youth drinking and alcohol-related disorders and discovered a pattern of widespread usage and abuse by minors. The journey from childhood to maturity, as well as changing demands and expectations from various role players and society at large, define adolescence. Stress and insecurity accompany change. Drug misuse among high school students has traditionally been concentrated in rich provinces and major cities, with little attention paid to rural towns such as Botlokoa and Eisleben Villages (Mothibi, 2014). The provision of substance addiction prevention and treatment services has been skewed due to a lack of credible information. Prevention was based on opinion rather than evidence in its early stages. The employment of fear tactics is one of the ways used to reinforce the notion that drugs are dangerous. With the passage of time and progress, more traditional information distribution and communication tactics have been implemented. People will choose not to take drugs once they are aware of the negative repercussions of drug usage, according to the theory (Department of Social Development, Limpopo, 2013).

1.3. CONTEXT OF THE STUDY

Chemical substance abuse and addiction are on the rise in South Africa (Ramlaan, Pelzer & Matske, 2010:1). According to Fernandes and Mokwena (2016:2), roughly 15% of South African teenagers who abuse and get addicted to chemical drugs are exposed to the narcotic known as 'nyaope,' which is a mix of dagga and heroin. According to reports, over 1.5 million youths in South Africa abuse chemical substances (National Institute on Drug Abuse, 2012).

The high rate of chemical substance usage in South Africa has hurt teenagers and their significant others, according to the National Drug Master Plan (2013-2017:2). Due to the difficulties and costs involved with treatment and legal fees associated with sustaining the lifestyle of a youngster misusing chemical substances, the latter is under pressure.

1.4. PROBLEM STATEMENT

According to the Department of Social Development (DSD) (2015), 64 percent of the 81 children detained in Greater Giyani Local Municipality in 2015 were found to be using substances, and 61 percent of the 70 children arrested in 2016 were similarly found to be using substances. Furthermore, 71 percent of 35 minors who committed offenses between January and June 2017 were found to be using narcotics. As a result, it is critical to acquire scientific evidence on this topic in order to have a better knowledge of how to handle substance misuse from the perspective of educators who engage with these students on a daily basis.

In South Africa, substance misuse has become a major issue, and relationships between educators and students have been severely strained. Educators are in a position to spot changes in students' behavior and can offer support and guidance. Substance addiction is on the rise in South Africa (Van Niekerk, Suffla, & Seedat, 2012), particularly among the youth. Learner drug usage is becoming a big concern, with one-fifth of primary school students having used a drug by the end of the year (United Nation Office on Drugs and Crime, 2004). In South Africa, the average age at which people start using drugs is at 12 years. Because of the early age of experimenting and the potential progression of drug use to drug usage and addiction,

educators may become aware of behavior connected to persistent drug use, which they must then address (United Nation Office on Drug and Crime, 2004).

Previously, schools dealt with drug usage by expelling students, causing strained ties between students and their parents. Relational well-being is increasingly recognized as a protective factor in legislation and educational policy, which has evolved through time. Furthermore, it is crucial to note that straining the educator-learner relationship may not be in the learner's best interests and may prevent the learner from solving problems. These issues may be worsened if students are forced to quit school, which may have a negative impact on their prospects of achieving success in life (Bridgeland, Dilulio & Morison, 2006). Educators are in a unique position to intervene when they suspect students are abusing substances since they are frequently perceived as providers of help for students who are having difficulties. In terms of the National Education Policy Act 27 of 1996, schools must provide a supportive atmosphere for students who have substance abuse issues. Positive educator-learner interactions are known to influence more than simply academic outcomes. They also have an impact on school behavior and a sense of belonging. However, for educators working with drug-addicted students, these issues may lead to lower job satisfaction, which could severely impact interactions with students (Liberante, 2012).

1.5. AIM OF THE STUDY

The study aims to assess the management of substance abuse in public schools in Limpopo Province, Man'ombe Circuit.

1.6. SPECIFIC OBJECTIVES OF THE STUDY

The specific objectives of the study are:

- To investigate the state of substance abuse by learners in public schools;
- To investigate the reasons for the intake and abuse of substances in public schools;
- To determine the role of educators in the management of substance abuse in public schools;
- To propose recommendations for the management of substance abuse in public schools.

1.7 CRITICAL RESEARCH QUESTIONS

For this study, the following research questions are directed to the respondents:

- What is the state of substance abuse by learners in public schools?
- What are the reasons for the intake and abuse of substances in public schools?
- What is the role of educators in the management of substance abuse in public schools?
- What are the recommendations for the management of substance abuse in public schools?

1.8 SIGNIFICANCE OF THE STUDY

The findings could aid the Department of Basic Education (DoE) in formulating methods for managing substance use in public schools and improving learning and teaching quality by ensuring that schools are drug and alcohol free. The findings could serve as a knowledge base for a variety of stakeholders, including government departments, non-governmental organizations (NGOs), researchers, and policymakers, on how to manage substance misuse usage among students. These findings could be used by politicians to establish new regulations targeted at minimizing and eliminating the conditions that encourage students to engage in

substance misuse. The findings of this study may contribute to a better understanding of how to deal with substance misuse in public schools. Government agencies, in partnership with non-governmental organizations, may use the findings to better understand how substance misuse should be addressed in public schools and to develop integrated programs aimed at addressing the issues. In addition, the study will provide further evidence on the management of substance misuse, which may aid many stakeholders in designing drug-abuse prevention measures.

1.9   DELIMITATION OF THE STUDY

The study will be conducted in Greater Giyani Local Municipality in Man'ombe Circuit. Giyani is a north-eastern city of Limpopo Province of South Africa and a former capital of Gazankulu Bantustan. Giyani is at the intersection between R578 road (South Africa) and R81. Giyani was established in the 1960s as the administrative centre for the Tsonga people. Giyani is now the administrative capital of Mopani District Municipality. The people of Giyani value education. There are independent schools in town such as Bright Star Christian Learning Centre, Khanyisa Education Centre, Nkwangulatilo Education Centre and High-Quality Education Centre among others. For this study, the researcher was focus on nine public schools in Giyani Township in different sections. Six of these schools are primary schools and the other three are high schools.

1.10   OPERATIONAL DEFINITIONS

For this study, the following key terms are used and defined below:

Substance – A substance is a chemical that is used to treat, cure, prevent, or diagnose disease, as well as to improve physical and mental health (De Miranda, 1987; Kring, Davison, Neale & Johnson, 2007; Pressly & Mccornmick, 2007; Rice &

Dolgin, 2008). A drug can also refer to a chemical substance that has an effect on the central nervous system, such as cigarettes, alcohol, dagga, cocaine, or heroin. The effects of these medications on perception, awareness, personality, and behavior are utilized or considered to be beneficial.

Substance abuse- Substance abuse is defined as the repeated or persistent use of any chemical substance to alter body or mind states for reasons other than medically prescribed, resulting in negative consequences for the individual's physical or mental health or the welfare of others (De Miranda, 1987; Kring et al., 2007; Rice & Dolgin, 2008; Drug Addiction & Drug Abuse, 2008). Substance abuse is defined in this study as the misuse of legal (prescription drugs) and illegal (cannabis and cocaine) items that are harmful to teenagers' well-being as well as society's welfare.

School- A school, according to the South African Schools Act 84 of 1996, is an educational institution that enrolls students in one or more grades ranging from one to twelve. A school will be used in this study to refer to the public educational institutions located within the Man'ombe Circuit.

Educator- A person who teaches, educates, or trains learners at a school is considered an educator under the South African Schools Act 84 of 1996, and is required by law to register with the South African Council for Educators. It is defined as a person who is dedicated to sharing his or her teaching knowledge and abilities in order to improve the teaching quality of others (Ashton, Fiorvanti & Brassard, 2014).

1.11. CONCLUSION

This is the study's introductory chapter. It provided a thorough backdrop and context for the discussion of substance abuse management, particularly in South African

public schools. The study employs an example from the Limpopo Department of Education's Man'ombe Circuit. The chapter also included a statement of the research problem, which established the context and motivation for the investigation. A study that fails to demonstrate the existence of a problem or even a hypothesis is not worthwhile. In addition, this chapter outlined the study's purpose and objectives. As a result, the research questions were based on the research objectives. These are the questions that will guide the study's implementation and focus, ultimately ensuring that the goal is met. Finally, the chapter presents definitions for essential terms that are important to the research. The literature review and theoretical framework are presented in the following chapter, which is guided by the study's goal and objectives.

1.12 ORGANISATION OF THE STUDY

This study consists of five chapters which are as follow

Chapter 1: Orientation of the study

The chapter gives an introduction and background of the study in managing substance abuse at public schools.

Chapter 2: Literature review

The chapter reviews books and journals on how other authors in the same field reported on the topic being researched.

Chapter 3: Research methodology

The chapter provides for the methods that are used throughout the study.

Chapter 4: Data presentation and analysis of findings

The chapter presents data and analyses the findings in terms of the data collected through interviews.

Chapter 5: Data findings, recommendations and conclusion

The chapter outlines conclusions and makes a recommendation based on the findings.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The existing literature on substance misuse among secondary school students is examined in this chapter in order to put the concept of drug abuse into context and to better comprehend prior studies on teen drug abuse. As a measure of the dependent variable, the prevalence of alcohol and drug abuse among secondary school students is briefly explored. There is also a consideration of the elements that influence drug misuse in various situations, such as social, economic, environmental, and technical issues. Intoxicating chemicals have a harmful impact on mankind's health, social, economic, and political sectors. Intoxicants change a person's mental, social, and physical state, altering his or her ideas, reality, decisions, and actions (Swart, Reddy, Panday, Philip, Naidoo & Ngobeni, 2004).

A growing number of chemicals are being utilized in South Africa, according to several data sources. Tobacco, alcohol, cannabis, and a variety of illegal narcotics are among them. Over the last two decades, South Africa's principal contact with substance use, notably tobacco usage, has exhibited encouraging tendencies. Overall, cigarette usage in South Africa dropped from the early 1990s to 2004, with per capita consumption dropping by nearly half. Tobacco control regulations and higher taxes are mostly to blame for this (Department of Health, 2007).

2.2. GLOBAL PICTURE OF SUBSTANCE ABUSE

Alcohol and substance misuse, as well as illicit drug trafficking, are global problems, according to the key themes given by the Limpopo Government Communication Information Services (GCIS) during the 2013 Youth Month Campaign. Becausealcohol

and substance misuse contribute to crime, gangsterism, domestic violence, family dysfunctions, and other societal problems, this has major repercussions for millions of South Africans. According to the Limpopo GCIS, drug misuse in South Africa is double the global average in some circumstances. The recent appearance ofnative narcotics such as nyaope and kubar is a cause for concern.

According to the United Nations Office on Substances and Crime's 2008 World Drug Report (UNODC, 2008), illegal drugs are used by slightly less than 5% of the world's population between the ages of 15 and 24. Drug use is defined as the use of an illicit drug at least once in the previous 12 months in the latter report. The number of people who are severely addicted to narcotics is only 0.6% of the world's population, or about 26 million people.

A key worry, according to James, as described in Mazibuko (2000), is that children appear to be the new target market for the drug industry around the world. Both licit and illicit drugs are considered as consumer items that are exchanged on a worldwide market in terms of economics. Illegal narcotics account for at least $400 billion in worldwide trade, dwarfing the global iron and steel sector. In support of this, Mr Nathi Mthethwa, the then South Africa's Minister of Police, stated at the Future Leaders Annual Youth Conference in Durban on June 16, 2013, that an estimated 230 million people, or 5% of the world's adult population, used an illicit drug at least once in 2010. Around 27 million people use drugs in ways that put them at risk of serious health problems around the world. According to Kalpana and Kavya (2013), the amount of

young people who continue to consume drugs is a huge public health issue around the world. These issues must be addressed immediately.

2.3. DRUG USE IN AFRICA

Cannabis, methaqualone, and khat are narcotics of abuse that are well-established throughout Africa, according to UNODC (2011). Cannabis is the most commonly used drug in Africa, accounting for 64 percent of the continent's drug users. In East Africa, the estimated number of cannabis users aged 15-64 years ranged from 21,630,00 to 59,140,00, while opioid users ranged from 150,00 to 1,790,000 and opiates users ranged from 140,00 to 1,300,00, with minor usage of cocaine, amphetamines, and ecstasy. In Southern Africa, the projected number of past-year users for cannabis is 3,130,000-7,810,000, for opioids it is 240,000-320,000, for opiates it is 210,000-230,000, for cocaine it is 270,000-730,000, for amphetamines it is 280,000-780,00, and for ecstasy it is 180,000-300,000. The number of amphetamine users in Africa is estimated to be between 1,180,000 and 8,150,000, Southern Africa accounts for the majority of these figures (Degenhardt & Hall, 2012).

According to the UNODC (2011), the yearly prevalence rate of cannabis usage in Comoros is 2.9 percent, 2.1 percent in Kenya, 9.1 percent in Madagascar, 3.9 percent in Mauritius, 2.5 percent in Somalia, 3.9 percent in Namibia, 4.3 percent in South Africa, 9.5 percent in Zambia, and 6,9 percent in Zimbabwe. The overall prevalence rate of cannabis in East Africa is estimated to be between 1.7 and 6.5 percent of the population. For the population aged 15-64 years, the annual drug use prevalence rate and projected number of opiate users in East Africa is 0.1-1.0 percent. More specifically, the annual prevalence rate of opiates usage in Kenya is 0.73 percent for this region. Opioids account for 1.9 percent of the population in Mauritius, while they

account for 0.14 percent in Rwanda, 0.16 percent in Somalia, and 0.06 percent in Uganda. For features with a prevalence rate of 1.2 percent, Mauritius has a prevalence rate of 1.04 percent (UNODC, 2011).

Cannabis is the most commonly abused drug in most Southern African countries (with a prevalence rate of 3.9-9.8%) (UNODC, 2011). However, little is known regarding the use of substances like opiates, cocaine, and Amphetamine-Type Stimulants, which have the potential to be injected (ATS). While opiate use is estimated to represent 0.1 percent of the population in the region, amphetamine-related issues have been recorded in South Africa, Zambia, and Zimbabwe (World Health Organization, 2011).

Illicit drug usage is constantly monitored and investigated in South Africa, which has perhaps one of the region's most established drug economies. Since South Africa's democratic transition in 1994 and the subsequent opening of its borders, there has been an influx of illegal drug users and a growing burden of harm connected with their use. In terms of population-level prevalence of illicit drug use, opiate consumption is projected to be 0.1 percent, cocaine at 0.3 percent, ATS at 0.2 percent, and opiate such as heroin at 0.1 percent for those aged 15 to 49 years (Shisana, Rehle, Simbayi, Parker, Zuma & Bhama, 2005).

Furthermore, according to a recent national representative study, at least 13% of the general population satisfied the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for a lifetime substance use disorder (Herman, Stein, Seedat, Heeringa, Moomal & Willams, 2009). Because this poll only included South African residents and excluded refugees and other illegal people, these figures may underestimate the true frequency of substance use disorders in the country. When geographical trends of illicit drug use are taken into account, however, a more concerning picture emerges. Illicit drug usage appears to be concentrated in the

country's major cities, with many rural provinces remaining mostly unaffected by the use of illicit narcotics with injection potential (Dada, Pluddenmann, Parry, Bhana, Vawda & Fourie, 2011; Herman et al., 2009; Reddy et al., 2010). Notably, use of illicit drugs having the capacity to be injected (such as cocaine, heroin, and ATS) appears to be on the rise in the country's major cities (Dada *et al.*, 2011; Parry, Pluddemann & Myers, 2007).

2.4. SOUTH AFRICAN PICTURE OF SUBSTANCE USE

According to Ndetei *et al.,* (2008), the health, social, and economic implications of problematic substance use in South Africa have been documented as the burden of damage. According to Deveau (2008), the spread of HIV among young substance users, as a high-risk demographic, is a big problem in Africa, particularly in South Africa, as well as other regions of the world. He also claims that young people are the most likely to consume drugs, with a national abuse rate of 36.3 percent, and that drug use contributes significantly to the spread of HIV. This, combined with the point made in the preceding paragraphs, emphasizes that the problem of drug use/abuse is not confined to a certain geographic area, but is a phenomenon that causes health and social problems in the youth and general population.

Domestic violence, drug use, criminal behavior on the part of a parent, marital conflict, and child maltreatment, according to Muncie *et al.* (2002:97) and McLoyd, as cited in Manm and Reynolds (2006:55), disrupt parent-child relationships and family structures, negatively impacting young people's development. Drug use is more common among youth from dysfunctional households, and they perform badly in school, the workplace, and other settings. Addiction takes precedence over the needs

of the children in dysfunctional homes. Young individuals whose family members struggle with drug addiction face neglect, financial difficulties, and even abuse.

According to McNichol and Tash (2001:60), children who are exposed to their parents' illegal drug usage are at a higher risk of developing developmental and behavioral difficulties. These behavioural issues might include drug usage, criminal behavior, and missing classes, quizzes, and examinations, leading to failure or dropping out of school.

The family environment has an impact on the impacts of drug usage on adolescents and young people. The parental home, as the primary institution in charge of properly socializing children, plays a critical role in shaping and imprinting suitable attitudes and behavior patterns. Parents should bond with their children and develop and maintain an intimate relationship with them.

Positive affection for a parent, according to Cheng and Lo (2011), may make adolescents and young people less likely to take drugs. A decision made by one family member always influences the choices and actions of other family members; thus, situations and events occurring in a young person's home environment may have an impact on their behavior, which may then spread to secondary environments such as school, workplace, and eventually the community and society as a whole. Drug-based social possibilities, as well as peer pressure, are likely to contribute to the growth of drug usage among young people in South Africa. Furthermore, a research by Battin (2006) indicated that kids with four or more siblings were twice as likely to offend as those with fewer siblings, independent of their parents' socioeconomic situation. These links could be linked to a lack of supervision in larger households.

In summary, a study of drug use patterns and trends in South Africa from 1960 to 2010 found the following about drug usage among youth: Young South Africans (10-24 years) frequently state that they (1) have used some drugs or other at some point in their lives and that they (2) have done so pretty intensely, that is, in terms of frequency and amount of intake (Da Rocha Silva, 2012:74). Drug consumption includes the use of alcohol and cigarettes, as well as the non-medical use of medications and the use of cannabis. In addition to alcohol, cigarettes, and cannabis, young people, like their elders, report taking a variety of drugs. There are also indications that drug use among young people is increasing, however the pace of increase differs by drug type.

2.5. FACTORS THAT CONTRIBUTE TO DRUG ABUSE AMONG YOUTH (RISK FACTORS)

Any prevention program must have a thorough understanding of the types of drugs available and the roles they play in specific persons, communities, subcultures, or organizations. As a result, preventative efforts should begin with an examination of these characteristics in a specific target group. When it comes to understanding why drugs are taken, it is sometimes safer to study literature or listen to "certified" adults rather than going to the source and listening to adolescents themselves. Drug-related risk factors are those that raise the likelihood of a person using or abusing drugs. As a general rule, the more hazards a child or young person faces, the more likely they are to develop substance abuse problems. Research has pointed to the existence of certain factors in people's risk of using drugs as well as factors that act to protect them from doing so (Plant & Plant, 1992; World Health Organization, 2002a, 2002b, 2003).

Peer Pressure

Masese *et al.* (2012) observe that only a small percentage of people begin using their medications. Whether or not a person will take a dependence-producing drug is heavily influenced by the interest and expectations of their peer groups. For drug users, a friend or peer group is likely to be a source of knowledge regarding drug availability and potential side effects. Drug users, like others, seek approval for their behavior from their friends by attempting to persuade them to join them in their habit, according to the United Nations (1992). When a person associates with a group of people who take drugs, the odds are that he or she will be enticed to participate in drug usage. Adolescents, according to Sempe (2007), model peer behavior and seek reinforcement from their peers.

Availability of Drugs

People take (illegal) drugs because they are readily available, and their availability is aided by those who profit from drug sales (Craig, 2004; Merton in Masese, Joseph & Ngesu, 2012). According to the findings of a study by Masilo (2012), the environment in which students attend to school can influence their drug usage; there were several bars or, for that matter, shebeens within walking distance of the school. Furthermore, students had access to not only alcohol but also dagga, since some used breaks to smoke dagga in the school restrooms. The huge problem (a Magazine in Wednesday Standard) team in Kisumu, Kenya, recognized the Kisumu bus stop within the town center as one of the most well-known dens for drug trafficking (Masese *et al.,* 2012).

Curiosity

One of the most notable attributes is curiosity. It first appears in life and leads to a lot of exploring. It's hardly unexpected, then, that many young individuals may want to test drugs to see how they affect them (World Health Organisation in Masese *et al.,* 2012). Masilo (2012) supports this by stating that young people are always curious about adult methods of behaving and satisfying wants, as well as the problems and hazards associated with these adult ways.

Family environment

Pudo (1998) notes that children from homes where parents take drugs imitate the behaviour by taking (illegal) drugs. According to Midigo (2002), the attitude of the parent towards tobacco, alcohol and other drugs plays a major role in children's behaviour. Young people learn by imitating what their parents and other people in the community do. In this respect, it is important to bear in mind the process of socialisation. Tlhoaele (2003) defines socialisation as a process by which one acquires social skills by participating effectively in the society in which one lives and through which one feels accepted and special. How one relates to other socialising agencies is partly influenced by the family of which the child is part of it. Bezuidenhout (2004) indicates that adolescents with substance abusing parents experience a higher rate of parent and/or family problems than adolescents whose parents do not abuse substances. In line with the National Drug Master Plan (2006-2011:8) and Schaefer (1996), youths with poor parental support at home seek and understand elsewhere and may turn to drugs to cope with their circumstances. Some young people find affection and children of poverty-stricken families may easily be lured by drug traders to sell drugs in schools and the wider community.

2.6. TYPE OF ABUSED SUBSTANCES

Both legal and illegal substances are abused by teenagers. Legal substances are psychoactive substances that are socially acceptable (De Miranda, 1987; Parry, 1998) and include over-the-counter and prescription medications such as pain relievers and tranquilizers, including benzodiazepines, cough mixtures containing codeine, and slimming tablets (De Miranda, 1987; Parry, 1998). Solvents in glue, alcoholic beverages, nicotine and inhalants, nail polish, and petrol are among the other agents. It is illegal to consume, possess, or trade illegal narcotics, and it is a criminal offense to do so (De Miranda, 1987). Cocaine powder, crack cocaine, heroin, ketamine, cannabis, ecstasy, fentanyl, morphine, methaqualone (Mandrax), opium, flunitrazepam (Rohypnol), methamphetamine, and wellconal are all examples of these substances (Craig & Baucum, 2001; De Miranda, 1987; Parry, 1998).

2.6.1. Alcohol

This is a depressant for the central nervous system that has effects comparable to sleeping medications or tranquilizers (Craig & Baucum, 2001; Meyer & Salmon, 1988). Alcohol in higher levels distorts eyesight, impairs motor coordination, and causes slurred speech (Butcher *et al.,* 2004; Carson *et al.,* 2000; De Miranda, 1987). Damage to the endocrine glands and pancreas are also typical physiological alterations, as are heart failure, erectile dysfunction, hypertension, stroke, and capillary haemorrhages, which cause swelling and redness in the face and notably the nose of chronic alcoholics (Davison *et al.*, 2004; Kring *et al,*. 2007). Short-term alcohol usage may have an impact on a student's cognitive ability (Carson *et al.*, 2000; Davison *et al.*, 2004; Rice & Dolgin, 2008).

Furthermore, the user is more likely to engage in high-risk sexual behaviors, putting them at risk for undesired pregnancy as well as sexually transmitted diseases like as HIV/AIDS (Davison *et al.*, 2004; Odejide, 2006; Parry & Pithey, 2006; Rice & Dolgin, 2008). This is due to the addictive and intoxicating properties of numerous substances, which can cause people to lose their inhibition and participate in impulsive and dangerous behaviors (Carson, Butcher & Mineka, 2000; Donald, Lazarus & Peliwe, 2007). While intravenous drug use (IDU) is well-known in this regard, the significance of substance abuse in the transmission of HIV, the virus that causes AIDS, is less well-known, as it increases the possibility of high-risk intercourse with infected partners. Substance misuse and dependence, particularly in the brain, might hasten the spread of HIV and its effects. Injecting drug users are at a higher risk of developing HIV/AIDS, as does anyone who is under the influence of any substance, including alcohol.

IDUs who share contaminated syringes or injection equipment, as well as anyone who engages in unsafe sex, such as with multiple partners, unprotected sex, or 'transactional' sex, fall into this category. The latter refers to the practice of exchanging sex for drugs or money that may expose individuals to infection (Nolen-Hoeksema, 1998). HIV/AIDS is a threat to young people. Long-term alcohol abuse improves tolerance, but it also destroys the brain (Butcher *et al.,* 2004; Carson *et al.*, 2000; Craig & Baucum, 2001; Davison *et al.,* 2004; Kring *et al.*, 2007; Meyer & Salmon, 1988; Rice & Dolgin, 2008).

Adolescents who abuse alcohol are more likely to consider suicide. As a result, adolescent drinkers are more prone to conduct actions they would later regret. They might die as a result of the booze (Davison *et al.,* 2004; Jaffe, 1998). About a third of these deaths are caused by respiratory paralysis, which is frequently caused by a final big dose of alcohol in already drunk persons (Nolen-Hoeksema, 1998). Additionally,

excessive alcohol consumption causes loss of consciousness, disability, and death as a result of alcohol-related road accidents (Craig & Baucum, 2001; De Miranda, 1987; Jaffe, 1998; Karirye, 2006; Nolen-Hoeksema, 1998; Rice & Dolgin, 2008). Alcohol users may develop a tolerance to substances over time, requiring ever-increasing doses to achieve the intended effects (Carson *et al.,* 2000). Excessive alcohol use has been connected to the usage of other drugs. As a result, the average alcoholic's life duration is 12 years less than that of the average citizen (Carson *et al.*, 2000).

2.6.2. Tobacco

Tobacco is inhaled as snuff after being smoked, chewed, or powdered into little pieces. Tobacco contains nicotine, which is an addictive substance. Nicotine, carbon monoxide, and tar are the most likely hazardous components found in tobacco smoke (Davison *et al.,* 2004). Cigarettes stain teeth, change the color of your skin, and make your breath, body, and clothes smell bad. Furthermore, smoking raises heart rate, constricts blood vessels, irritates the throat, and deposits foreign matter in sensitive lung tissues, resulting in a reduction in lung capacity (Cicchetti, 2007; De Miranda, 1987). Years of smoking can cause heart attacks, lung cancer, emphysema, and other respiratory problems. Even moderate smoking reduces a person's life expectancy by 7 years on average (Eddy, 1991, cited in Craig & Baucum, 2001).

Nervousness, anxiety, light-headedness, headaches, weariness, constipation or diarrhoea, dizziness, sweating, cramps, tremors, and palpitations are among symptoms of nicotine withdrawal. Nicotine tolerance develops in smokers as well. When tobacco is scarce, smokers engage in irrational, antisocial behavior comparable to that of heroin addicts (Rice & Dolgin, 2008). Cigarettes are one of the top causes of death from preventable causes (Davison *et al.,* 2004). According to the National

Council on Smoking, around 25 000 people die each year as a result of smoking (DSD, 2006). Those who smoke are unconcerned about the health risks of smoking. Second-hand smoke, also known as environmental tobacco smoke (ETS), includes higher levels of ammonia, carbon monoxide, nicotine, and tar than smoke breathed by the smoker.

Each year, environmental tobacco is implicated for about 50 000 fatalities (Davison *et al.*, 2004). Nonsmokers are also at a higher risk of heart disease and lung cancer than smokers (Davison *et al.*, 2004; Kring *et al.,* 2007; Nolen-Hoeksema, 1998; Parrott *et al.*, 2004). Despite abundant evidence that cigarette smoking is a major health threat and the growing unfavorable image associated with smoking in the eyes of many young adults, cigarettes remain an enticing symbol of maturity to certain adolescents (Craig & Baucum, 2001). Cigarette smoking is a highly addicting and tough to give up habit. Most smokers find it difficult to break their habit once they've started (Nolen-Hoeksema, 1998; Rice & Golgin, 2008).

2.6.3. Cannabis

The dried and crushed leaves and flowering tops of the hemp plant Cannabis sativa are used to make cannabis. It is most commonly smoked, although it can also be chewed, made into tea, or baked into baked items (Butcher *et al.*, 2004; Carson *et al.,* 2000; Davison *et al.,* 2004; De Miranda, 1987; Kring *et al.,* 2007; Rice, 1992). Cannabis' intoxicating effects, like those of most other narcotics, are influenced by its strength and dose size (Butcher *et al.,* 2004; Davison *et al.*, 2004). Cannabis smokers are euphoric and gregarious. Bloodshot and itchy eyes, dry mouth and tongue, increased appetite, lowered pressure within the eye, and slightly higher blood pressure are some of the short-term somatic symptoms (Davison *et al.,* 2004; Kring *et al.*, 2007; Rice, 1992).

People with existing faulty heart function are at risk since the drug raises heart rate, sometimes substantially (Kring *et al.*, 2007). Problems with memory and learning, as well as skewed perceptions of sight, sound, time, and touch, as well as difficulty thinking and problem solving, are all short-term consequences of cannabis. Lung cancer is caused by long-term cannabis use (Jaffe, 1998). Butcher *et al.*, 2004; Davison, 2004; De Miranda, 1987; Kring *et al.*, 2007; Nolen-Hoeksema, 1998) have discovered that large doses cause abrupt fluctuations in emotion, decrease attention, fragment thoughts, and impair memory. Cannabis appears to interfere with a wide range of cognitive functions, according to scientific data (Davison *et al.*, 2004; Nolen-Hoeksema, 1998; Rice, 1992). These research demonstrated that people who were under the influence of cannabis had impaired cognitive abilities. Cannabis inhibits memory and focus since it is an intoxicant. It also interferes with a variety of cognitive processes, impairing classroom learning among students' users (Rice, 1992).

Adolescents with good academic records who use cannabis heavily have trouble paying attention or recalling what they read or heard (Rice, 1992). Some people find it difficult to read aloud or speak in class, and as a result, they stop learning. They are generally inattentive, immersed in daydreams or idle staring, and frequently 'nod off' when they are not being disruptive. They often skip courses, seemingly unconcerned about the consequences of their behavior (Alloy, Acocella & Richard, 1996; Rice 1992).

Extremely high doses have been known to cause hallucinations and panic, sometimes as a result of the fear that the terrifying experience may never end (Butcher *et al.,* 2004; Carson *et al.*, 2000; Davison *et al.,* 2004; De Miranda, 1987; Nolen-Hoeksema, 1998). When high-dose chronic cannabis administration is stopped, withdrawal symptoms might arise (Rice, 1992). Irritability, decreased appetite, sleep

disturbances, sweating, tremor, vomiting, and diarrhoea are some of the symptoms (Rice, 1992). Several studies have shown that cannabis impairment impairs sophisticated psychomotor skills required for driving. Statistics on highway fatalities and driver arrests show that cannabis is a significant factor in both accidents and arrests (Davison *et al.*, 2004; Rice, 1992). Cannabis can lead to psychological dependence, in which a person feels compelled to use the drug anytime he or she is uncomfortable or tense (Carson *et al.*, 2000). Cannabis use is strongly linked to adolescent use of other harmful substances like heroin (Alloy *et al.,* 1996; Craig, 2001; Davison *et al.*, 2004).

2.6.4. Heroin

Heroin, sometimes known as 'H', 'Horse,' or 'Hary,' is made from morphine through a simple chemical reaction. It's an odorless white powder (De Miranda, 1987; Rice 1992). For greatest efficacy, it is commonly injected, but it can also be sniffed, smoked, or taken orally (Carson *et al.*, 2000; Craig & Baucum, 2001; Davison *et al.*, 2004). In addition to the effects of the drug itself, street heroin may have chemicals that do not dissolve and clog blood vessels leading to the lungs, liver, kidneys, and brain. Small patches of cells in key organs can become infected or even die as a result of this (Carson *et al.*, 2000).

Tolerance develops with continuous use (De Miranda, 1987; Rice, 1992). This means that in order to attain the same intensity or impact, the addict must consume more heroin. Addicts frequently lose their appetite, resulting in malnutrition. They disregard their health, suffer from chronic weariness, and are generally devitalized (Rice, 1992). Heroin causes feelings of exhilaration, drowsiness, reverie, and occasionally a loss of coordination (Davison *et al.*, 2004). Another issue now associated with intravenous

drug use is HIV/AIDS transmission via shared needles (Alloy *et al.,* 1996; Carson *et al.*, 2000; Davison *et al.*, 2004; Nolen-Hoeksema, 1998; Rice, 1992). Overdosing on heroin can result in death via violence, suicide, or accidents (Carson *et al.,* 2000; Davison *et al.*, 2000).

2.6.5. Cocaine

Cocaine ('coke' or'snow') is made from the coca plant's leaves (Davison *et al.*, 2004; Rice, 1992). It comes in the form of an odorless, fluffy, white powder (De Miranda, 1987; Rice, 1992). Cocaine can be injected, snorted, or ingested (Alloy *et al.*, 1996; Butcher *et al.,* 2004; Davison *et al.*, 2004; De Miranda, 1987; Rice, 1992). In any form, it is incredibly addicting (De Miranda, 1987). Nervousness, irritability, and restlessness, moderate paranoia, physical exhaustion, mental disorientation, weight loss, fatigue or depression when 'coming down,' and various ailments of the nasal mucous membranes and cartilage are the most common side effects (De Miranda, 1987; Rice, 1992). Cocaine has a narcotic effect on the brain. Cocaine users feel perplexed, worried, and melancholy. Cocaine users may have a 'cocaine psychosis,' which includes hallucinations and delusions of insects crawling beneath their skin, among other things (Drug misuse and substance abuse information/partnership for a drug-free America, n.d.). Death from a stroke, heart attack, or respiratory failure are among the other known hazards of cocaine usage (Craig & Baucum, 2001).

Cocaine boosts sexual desire while also boosting self-esteem, well-being, and fatigability. People can be just as tenacious about quitting cocaine as they are about quitting other addictive substances. Because some users utilize prostitution to sustain their habit, cocaine causes cognitive deficits and the transmission of HIV/AIDS. Furthermore, in 'crack houses,' unprotected sex with several partners is commonplace (Craig & Baucum, 2001). Cocaine addiction is exceedingly difficult to overcome,

resulting in a high rate of recurrence following therapy (De Miranda, 1987). Users who take higher amounts risk dying from an overdose, which usually results in a heart attack.

2.6.6. Ketamine

The next group of drugs is ketamine, which has street names such as Cat Valium, K, Special K, and Vitamin K. Ketamine is generally evaporated to produce a powder in illicit use, despite the fact that it is created as an injectable liquid. Ketamine is odourless and tasteless, therefore it can be hidden in drinks and produce amnesia. The drug is sometimes administered to unsuspecting victims and utilized in the commission of 'Drug rape' sexual assaults. Ketamine can create hallucinations and dreamlike states. Users have reported experiences ranging from a pleasant sense of floating to a sense of being detached from their body. Ketamine intoxication at low doses impairs attention, learning ability, and memory. Ketamine can cause delirium, depression, and even deadly respiratory problems in high dosages (De Miranda, 1987).

2.6.7. Crystal methamphetamine

Crystal methamphetamine is sometimes known as 'ice' or 'crystal meth.' Orally or intravenously, methamphetamine can be consumed. It can also be snorted or given intranasally (Davison *et al.*, 2004; Kring *et al.*, 2007). Methamphetamine cravings are very powerful, and can linger for years following use (Hartz, 2001 cited in Davison *et al.*, 2004). A number of studies have found that persistent amphetamine use damages the brain, impacting both the dopamine and serotonin systems (Frost & Cadet, 2001 cited in Kring *et al.*, 2007).

The user receives a powerful sensation known as a 'rush' or 'flash' that lasts only a few minutes after smoking or injecting a drug. Euphoria is produced by snorting or swallowing methamphetamine, which is a high but not a rush (Nolen-Hoeksema, 1998). Wakefulness and insomnia, as well as decreased appetite, irritability, aggression, anxiety, nervousness, convulsions, and heart attacks, are all possible side effects. Methamphetamine is addictive, and users can quickly build a tolerance, requiring higher doses. Methamphetamine can also induce strokes and death.

2.7. DETERMINANTS OF SUBSTANCE USE

Adoption of risk behaviors such as drug use may often be traced back to adolescence, despite the fact that the health consequences are seen much later in life. The adolescent stage of development is marked by curiosity and experimentation, which may involve the use of alcohol and drugs (UNODC, 2004a). While some adolescents may continue to use substances and become addicted, the majority of adolescents do not (Reddy, *et al.* 2010).

Understanding the factors that influence adolescent drug use will enable early intervention and possibly prevent premature death. On the determinants of drug use in South Africa, there is a scarcity of data. Nonetheless, research in South Africa has revealed international models on the factors that influence substance use (Panday *et al.*, 2003).

The Ecological System Theory, which is based on the Care and Support for Teaching and Learning Programme Conceptual Framework, provides a framework for analyzing the risk and protective factors associated with substance use. It recognizes that people exist in a variety of environments, beginning with themselves and expanding to include family, peers, school, and society. The micro-, meso-, exo-, and macro-systems are

the four systems that make up the Ecological Systems Theory. The microsystem refers to an individual's immediate context (e.g., family), the mesosystem to other contexts the individual frequents (e.g., school, neighborhood), the exosystem to contexts that have an impact on the individual but are not directly involved (e.g., parents' relationship with the teacher), and the macrosystem

Interactions within and across contexts have a good or negative impact on individual development (Bronfenbrenner, 1979 in Duerden and Witt, 2010). A child's relationship with his or her caregiver, for example, may have an impact on how he or she interacts with classmates. Table 2.1 provides a quick review of the most relevant determinants influencing learners' substance use.

Table 2.1: Risk and Protective factors for substance abuse by adolescents

	Individual	Family	School	Community	Societal
RISK FACTORS	Delinquency Peer Pressure Rebelliousness Rejecting parental authority Sensation seeking Impulsiveness Aggression Poor sense of well-being	Parental drug use Family conflict Poverty / Affluence Family Context/ Structure and Cohesion Low Expectation	Deviant peer affiliation Skipping school Availability of alcohol and other drugs in or around school premises Low academic aspirations Poor school performance	Exposure to public drunkenness Neighbourhood affirmation of substance use Few job opportunities Abundance of free, unstructured time Ease of access to alcohol and other drugs	Advertising that promotes drug use Moral and Social Degeneration
PROTECTIVE FACTORS	Self confidence High self esteem Good relationships	Good relationship between caregiver & child Good communication between caregiver & child Parental monitoring (e.g. setting rules)	School policy on substance use Code of Conduct Quality of Educational Experience	Community disapproval of substance use Access to positive leisure activities	Taxation Controlling availability and access to substances Increasing minimum legal age of alcohol consumption Effective policy implementation

2.7.1. Individual Factors

Individual traits such as personality, attitudes, and physical and mental health are examples of individual factors (Morojele, Parry, & Brook, 2009). Psychosocial

unconventionality (tolerance of deviant behavior, rebelliousness, and rejection of parental authority), sensation or novelty seeking, impulsiveness, violence, poor harm avoidance, and other disinhibition qualities have all been linked to adolescent drug use (De Wit, 2008). Indeed, a home study of adolescents in Cape Town and Durban

found that delinquency, unconventionality, and deviant views, as well as peer influence, were the most relevant factors in predicting adolescent drug use (Brook*, et al.* 2006).

Adolescent drug use has also been connected to interpersonal difficulties, such as negative mood and a low sense of well-being (Brook *et al.*, 2005; Brook *et al.,* 2006). Greater social maturity and social competence, as measured by signs like self-assurance, taking responsibility, participating in discussions, focusing on work, having high self-esteem, and getting along with others, are protective against developing substance dependence (UNODC, 2004a). Religious participation has also been linked to a reduction in alcohol consumption. Individuals may use drugs to forget or solve difficulties, reduce stress, be accepted, or for the sake of curiosity and fun, according to research conducted among South African teens (UNODC, 2004a). Identity formation is an important element of an adolescent's development, and some people may begin using drugs because they believe it will set them apart and provide an outlet for rebellion (UNODC, 2004a). Adolescents who start using substances at an early age are more likely to become regular users, have difficulty quitting, and suffer health and social consequences later in life, according to studies (King & Chassin, 2007; SAMHSA, 2010).

2.7.2 Family Factors

Adolescents are more likely to use alcohol and other drugs if their parents use drugs (Arteaga, Chen, & Reynold, 2010). Parental drinking and marijuana usage are linked to adolescent drug use in South Africa (Brook *et al.,* 2006). According to the second South African YRBS (Reddy *et al.*, 2010), the incidence of smoking was greater (43%) among learners whose parents or guardians smoked than among those whose

parents or guardians did not smoke (23%) (Reddy, James, Sewpaul, Koopman, Fumani, Sifunda, & Omardien, 2010). By the age of nine, frequent family conflict and interaction with child protective services increased the likelihood of future substance dependency (Arteaga *et al.*, 2010).

Positive parenting, on the other hand, can keep children from abusing alcohol and other drugs (Fletcher *et al.,* 2004). Protective factors include parental warmth, communication, a good parent-child attachment bond, parental monitoring, rejection of drug use, and parents' expectations for their child's success. Setting boundaries, being kid-centered, and identifying with the parent were all found to be protective aspects in child upbringing. Parents can also mitigate the detrimental effects of substance-abusing peers (SAMHSA, 2010). It's also worth noting that as people proceed from experimentation to persistent use and addiction, their reasons for using drugs may shift (UNODC, 2004a).

2.7.3. School Factors

One of the most consistent findings in substance use research is the association between peer and adolescent alcohol and other drug use. Adolescents who belong to a deviant peer group are more likely to use alcohol and other drugs, as demonstrated by activities like skipping school, drinking alcohol, or experimenting with drugs. However, it is unclear if peer pressure causes drug use or whether drug-addicted youth chose drug-addicted peers as friends. The availability of substances in and around the school, as well as schools' lenient attitude against students' use of alcoholand other drugs, are likely to lead to increased substance usage (Morojele *et al.* 2009).The fact that 9% of South African students have been offered, sold, or given an illegal

drug on school grounds is concerning (Reddy *et al.*, 2010). Adolescent alcohol usage has also been linked to low academic aspirations and poor school performance (Morojele *et al.,* 2001 in Morojele, 2009)

2.7.4 Community Factors

The community's and neighborhood's attitudes on the use of alcohol and other drugs have an impact on adolescent drug usage rates. For example, community affirmation of smoking is linked to higher rates of smoking among adolescents (King *et al.*, 2003), whereas daily or weekly exposure to public drunkenness is linked to the chance of being intoxicated (Parry *et al.*, 2004). Furthermore, environmental stresses like low socioeconomic position, victimization, and discrimination are all linked to teenage drug use in some way (Brook *et al.,* 2006). A higher likelihood of drug usage is also linked to having few or no career opportunities and a lot of free unstructured time (UNODC, 2004a). Access to alcohol and other drugs is also made easier, which raises the likelihood of use. Most young people who use illegal drugs like cannabis have already used so-called gateway drugs like alcohol and tobacco. Environmental tobacco smoke exposure was considerably higher among smokers (75%) than non-smokers (44%) among students (Reddy *et al.,* 2010).

2.7.5. Societal Factors

Tobacco and alcohol usage have become fashionable thanks to advertising. Adolescents are more likely to start smoking and move to regular smoking as a result of tobacco advertising and promotion, according to studies. Cigarette and alcohol taxes, as well as physical availability limits, are some of the most effective policy strategies for reducing tobacco and alcohol use among young people. There is a lot of evidence indicating when the price of alcohol and tobacco goes up, use goes down,

especially among young people who have limited discretionary income (NIAAA, 2005). According to studies conducted in the United States, raising the legal drinking age to 21 has a significant influence on lowering drinking and alcohol-related crashes among young people (NIAAA, 2005). In his evaluation of alcohol-related policy in South Africa, Parry (2005) also proposed raising the minimum drinking age, phased licensing for inexperienced drivers, greater cigarette taxation, and tighter limits on alcohol marketing.

2.8. CONSEQUENCES OF SUBSTANCE USE

Aside from physical health issues, substance misuse is linked to a slew of mental and social illnesses that affect individuals, families, schools, and society as a whole. Academic challenges, mental diseases such as depression, injuries, traffic accidents, criminality, violence, and sexual risk behavior, which can lead to HIV infection, unwanted pregnancy, and sexually transmitted infections, are just a few examples (STIs).

2.8.1. Scholastic Problems

Substance misuse among students is concerning since it has a negative impact on academic performance, academic aspirations, and school retention. Alcohol and other drug usage has been linked to academic difficulties, absenteeism, and school dropout, according to research. Significant links have been shown in South Africa between recent alcohol use and academic failure among adolescents, while those with excellent academic achievement are less likely to take drugs (Flisher, *et al.* 2010). In Cape Town, cigarette usage in the previous month was found to be a substantial

predictor of high school dropout, while another study discovered strong links between binge drinking, school dropout, and low academic expectations (Flisher, *et al.* 2010).

2.8.2. Mental and Physical Health Problems

Substance misuse has been related to a variety of physical and mental health issues, as well as higher rates of morbidity and mortality. Smoking raises the chance of death from lung and other cancers, heart disease, stroke, chronic respiratory illness, and other ailments, whereas drinking is linked to over 60 diseases and injuries (WHO, 2016). Tobacco is responsible with roughly 5-9 percent of fatalities among people over the age of 30 in South Africa. Aside from the direct loss of health caused by alcohol addiction, the World Health Organization (2010) reports that alcohol is responsible for approximately 20% of deaths caused by motor vehicle accidents, 30% of deaths caused by oesophageal cancer, liver cancer, epilepsy, and homicide, and 50% of deaths caused by liver cirrhosis. One of the primary causes of preventable birth abnormalities and developmental disorders is Foetal Alcohol Syndrome (FAS) (Pluddemann *et al.*, 2010b).

2.8.3. Accidents and Injury

The use of alcohol and other substances has been related to an increased risk of injury and traffic accident involvement. Up to two-thirds of patients were admitted with trauma injuries, according to a research done between 1999 and 2001.

2.9. LEGISLATIVE FRAMEWORK FOR MANAGEMENT OF SUBSTANCES

This section will provide and discuss the legislative framework for the management of substances in public schools.

2.9.1. Constitution of the Republic of South Africa, 1996

The South African Constitution is the country's supreme law, and no other laws or government actions can override it. The Bill of Rights is a cornerstone of the United States Constitution, affirming democratic values such as human dignity, equality, and liberty. The right to basic education, the right to life, the right to not be unfairly discriminated against, the right to privacy, the right to physical and psychological integrity, and the right of children to access basic healthcare and social services are all included in the bill of rights (Chapter 2). (Constitution of the Republic of South Africa, 1996).

2.9.2. Child Justice Act (No. 75 of 2008)

The Act aims to keep young offenders out of the formal prison system. Provision is made to redirect children between the ages of 10 and 18 into diversion programmes including substance abuse treatment programmes that attempt to reintegrate young offenders into family care and to limit the stigma attached to the crime.

2.9.3. Children's Act (No. 38 of 2005)

The Children's Act gives substance to the Constitution's rights to care and protection for children. When it comes to drugs and substance misuse, the Act mandates that children be protected from being exposed to or subjected to behavior that could hurt them psychologically or emotionally. The Act further stipulates that a kid who is in need of care and protection as a result of being addicted to a dependency-producing substance and who lacks the resources to obtain treatment for that addiction should be treated. The Act's Section 150(1) (d) allows the school to remove a child if the kid is addicted to a dependency-producing substance and has no means of obtaining

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treatment for the addiction. The school, on the other hand, must take steps to guarantee that the student continues with his or her education and is referred to the appropriate professionals.

2.9.4. Prevention of and Treatment for Substance Abuse Act (No.70 of 2008)

This Act aims to provide a comprehensive response to South Africa's fight against substance misuse by focusing on mechanisms that demand reduction through prevention, early intervention, treatment, and reintegration programs. It also lays out criteria for the treatment of children and adolescents in treatment centers, allows for the registration and building of treatment centers and halfway houses, and permits the development of minimal norms and standards to govern both in-patient and out-patient treatment (DSD, 2009).

In addition, the Act establishes the Central Drug Authority's tasks and powers (CDA). Representatives from numerous agencies and sectors, including the Department of Basic Education, make up the CDA (DBE). The CDA's responsibilities include, but are not limited to, overseeing and monitoring the National Drug Master Plan's implementation, facilitating the coordination of strategic projects, encouraging government departments and private institutions to develop plans, and ensuring the development of effective prevention, early intervention, reintegration, and aftercare services, as well as the prevention of HIV infection and other medical consequences related to substition. The activities of the Inter-Ministerial Committee and the Technical Task Team on Fighting Alcohol and Drug Misuse reflect the goal of the Prevention of and Treatment for Drug Abuse Act (2008), which is to provide a comprehensive approach to combating substance abuse in South Africa.

2.9.5. National Drug Master Plan 2019-2024

The National Drug Master Plan (NDMP) (2019-2024) was developed in accordance with the Prevention and Treatment of Drug Dependency Act's requirements (No 20 0f 1992). The Central Drug Authority (CDA), whose secretariat is housed under the Department of Social Development, is the act's administrative unit (DSD). The National Drug Prevention Strategy (NDMP) facilitates collaboration between government departments and stakeholders in the field of drug prevention, as well as defining the role that each department should play in combating the epidemic of drug usage. According to the NDMP, the Department of Basic Education is in charge of ensuring that schools provide effective drug education programs, incorporating alcohol and drug use education into life orientation programs, and empowering youth to take control of their own destiny, such as by training young people as peer educators (DSD, n.d.).

2.9.6. Liquor Act, 2003 (No.59 of 2003)

The Act governs the manufacture, distribution, and promotion of alcoholic beverages. It permits for the formation of a National Liquor Policy Council, which consults on national liquor sector norms, standards, and policy. The Act also makes it illegal to sell alcohol to people under the age of 18 (children) and outlaws alcohol advertising directed towards minors. A person under the age of 16 is also prohibited from engaging in any activity involving the manufacture or distribution of alcohol unless they are enrolled in a learnership or training program.

2.9.7. National School Health Policy and Implementation Guidelines (2003)

This policy intends to assist educators and the school community in removing health-related barriers to learning, providing access to health services, and assisting with health education and promotion delivery. It emphasizes that subjects like Life Skills training and substance addiction education should be included in health promotion (DOH, 2002). The National School Health Policy and Implementation Guidelines (2003) are now being revised in order to provide a more complete and integrated response to school health services for all students in educational systems. The integrated school Health Programme (ISHP), which is derived from the revised policy, is being designed to provide an integrated comprehensive package of health services to all learners through a phased implementation plan, starting with the most disadvantaged school communities and those least likely to access health services.

An age and developmentally appropriate health services package is being developed with three main components: health screening, on-site service, and health education, all of which are aligned to the four school phases of primary and secondary education: foundation (GR-3), intermediate (G4-6), senior (G7-9), and FET (G10-12). The health service packages are based on the present burden of disease profile of children and youth, as well as important health barriers to learning and risk factors for future health issues. A big part of the health-care packages is age-appropriate health education and promotion, which will augment and solidify the current information from the Life Skills Programme and the Life Orientation learning area. The use of drugs and other substances has been designated as a critical area for health education among all students.

2.10. PREVALENCE OF DRUGS AND ALCOHOL ABUSE

The incidence of substance misuse in South Africa is alarming, and it is a major contributor to the country's social, economic, and health problems. South Africa's intake of alcohol and illicit substances is twice the global average and is among the highest in Africa, according to substance abuse statistics (UN World Drug Report, 2014). In South Africa, the average age of drug addiction is 16 years old, and it has been declining in recent years (Thomson, 2015). South Africa is one of the world's top ten drug and alcohol abusers (UN World Drug Report, 2014). 15 people out of every 100 have a drug or alcohol issue (Thomson, 2015). As a result, the preceding effects contribute to serious social crimes, with cannabis, heroin, and cocaine being linked to almost 86 percent of all cases kept for drug misuse in 2012.

Given the average age of 16 at which substance misuse begins in South Africa, statistics show that addiction has a negative impact on parenting. Choate (2015) found that juveniles with negative family features and/or poor parenting methods have a higher risk of substance misuse and are more likely to commit crimes before their 21st birthday. Youth misbehavior is fueled by alcoholism and other substance addiction. As a result, a family's ability to operate is harmed by a child's drinking and other drug usage (Choate, 2015).

2.11. INFLUENCE OF SOCIAL FACTORS ON ALCOHOL AND DRUG USE

A family history of substance abuse is a significant risk factor for substance abuse at the family level. According to research, parental substance use was once astrong predictor of more frequent juvenile substance use. The greater the danger of early drug use for a child, the more members of a home, including siblings, who use

drugs. Parental crime or antisocial behavior has also been linked to offspring's substance abuse issues (Mitchell, *et al.* 2001)

A family history of alcohol use disorders is considered an important vulnerability factor for both genetic and environmental factors, according to the 2014 WHO Report on Alcohol Consumption and Health. Parental alcoholism has been shown to have a negative impact on the family circumstances during childhood. When children are introduced to alcohol, parents with alcohol use disorders demonstrate specific patterns of alcohol use, increasing the possibility that their children may develop drinking habits linked with a high risk of developing alcohol use disorders. Heavy drinking by parents has a negative impact on family functioning, the parent-child bond, and parenting techniques, all of which have a negative impact on child development (Latendresse *et al.*, 2008). Child maltreatment, such as sexual abuse, physical abuse, and neglect, can contribute to childhood psychopathology and, subsequently, problem drinking (Shin *et al.* 2009).

The fundamental elements of adolescence include emotional, social, and physical alterations that might expose young people to emotional and health vulnerabilities. Young people begin to participate in dangerous behaviors such as alcohol/drug usage and unsafe sex during this stage of development (Pharo *et al.*, 2011). The nightlife atmosphere provides a significant opportunity for young people to consume alcohol, and it frequently predisposes them to unsafe sexual practices because alcohol is known to enhance sexual encounters (Lomba *et al.*, 2009). Young people believe that drinking alcohol improves sexual performance and increases sexual pleasure (Stoner *et al.* 2007). In comparison to non-users, English young adults who drank and used illegal drugs had more sexual partners and engaged in more episodes of 19 risky sex,

according to a study (Bellis *et al.* 2008). In adults in Africa, binge drinking episodes were linked to hazardous sex and sexual violence (Chersich *et al.*, 2007).

Peer pressure has been proven in studies to play a role in the initiation of early adolescent smoking (Evans, 1976) and is likely to play a role in the onset of alcohol and drug usage as well (McAlister, 1979). According to this data, teaching students to resist specific social pressures to use nicotine, alcohol, or drugs may lessen the frequency of those behaviors. Adolescent behavior, including substance use, is influenced by proximal social contexts such as classmates and family, as well as more distal settings such as schools and neighborhoods, according to ecological theories of human development (Bronfenbrenner,1999). Furthermore, these contexts combine to produce distinct effects based on specific mixtures of factors in each location, rather than affecting behavior independently. The stage at which substance use begins has a major impact on the probability of future substance use disorders and other harmful consequences. Substance abuse has been linked to lower educational success and early sexual behavior (Odgers *et al.*, 2008).

Even among teenagers without a history of behavioral issues, beginning alcohol or poly drug use before the age of 15 raises the chance of substance use dependency and criminal convictions in adulthood by more than 50%, as well as the risk of herpes infection and early pregnancy in females (Odgers *et al.*, 2008). Despite overalldeclines in current smoking of long/ultra-long cigarettes from 1999 to 2012, the proportion of smokers of long/ultra-long brands increased in recent years, with over athird (38.7%) of current smokers reporting smoking of long/ultra-long cigarettes during2011/2012, according to a study of gender and racial differences in smoking of long/ultra-long and king size cigarettes among U.S. adult smokers. Current long/ultra- long cigarette smokers were more likely to be females than males of black race

compared to whites, or aged 45-64, or 65 years, compared to 18–24-year-olds (Agaku, Vardavas, Ayo-Yusuf, Alpert, & Connolly, 2013).

The authors conclude that long/ultra-long cigarette smokers have specific gender, age, and race/ethnic characteristics, which may contribute to the widening of health disparities, and that cigarette rod length should be considered an important aspect of cigarette engineering/design in regulatory efforts to reduce the burden of tobacco-related disease. Early smoking is linked to a higher chance of nicotine addiction and difficulty stopping (Breslau & Peterson, 1996), while early cannabis usage is linked to a higher risk of later cannabis misuse and dependence (Breslau & Peterson, 1996). In a study of sociodemographic factors of aetiologic significance to drug abuse among medical students at a Nigerian university, Ihezue (1989) found that male sex, poor exam performance, drug use among close friends and peers, and a lower socioeconomic family background all correlated positively with the presence of substance abuse.

According to a Kenyan assessment on the state of drug and substance misuse in 2012, roughly 10% of children who have ever taken alcohol have alcohol-using friends, compared to only 5% of those who do not have alcohol-using friends. Furthermore, individuals who had ever consumed alcohol were more likely to say that a close relative was abusing one or both of the drugs (NACADA, 2012). Another study conducted by Susan Gitau, an addiction therapist at Elewa Ulevi Consultancy Services in Nairobi, discovered that peer pressure, the death of a loved one, low self-esteem, and a desire to belong were among the reasons students caved in to using drugs. Poor parent-student connections, seeking sensational experiences, and superficial peer drug usage are all listed as factors connected with drug use among adolescentsin the study.

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Substance misuse is sometimes exposed to youth, especially students who sell on behalf of their parents. Living with a male relative, such as a father or stepfather, increased the likelihood of lifetime drug use, as did living with brothers and sisters, according to a research of drug misuse in Kenyan public secondary schools by Ndetei. Those who lived with grandparents or non-relatives experienced the opposite. Living with brothers and sisters was also linked to smoking and consuming alcohol. The percentage of students who used alcohol increased with higher levels of mother's education, and the percentage of students who did not use alcohol decreased. Surprisingly, a Ugandan study of peer group impact, alcohol intake, and secondary school students' views toward school found no evidence of a link between peer group influence and alcohol consumption.

2.12. ECONOMIC FACTORS AND DRUG ABUSE

Substance misuse has a negative impact on the country's economy. This comprises a wide range of issues like as inefficiency, poor work performance, accidents, and absenteeism, all of which cost both industry and society a significant amount of money (Parrott *et al.,* 2004). Workplace productivity is decreasing. For example, 2.5 million workdays are lost each year owing to substance-related disease absenteeism (DSD, 2006). Furthermore, substance abuse harms the healthcare system by depleting scarce resources that could be used to improve people's health (Department of Health, 2007).

According to the WHO's alcohol report published in May 2014, the larger a country's economic richness, the more alcohol is drunk and the smaller the number of abstainers. Alcohol per capita consumption (APC) and the prevalence of excessive episodic drinking among drinkers are both higher in high-income countries (WHO, 2014). Surveys and mortality studies, particularly in the developed world, reveal that higher socioeconomic groups have more drinkers, more drinking occasions, and more drinkers with low-risk drinking practices, while the poorest social categories have more abstainers (WHO, 2014).

2.13. ENVIRONMENTAL FACTORS INFLUENCING ALCOHOL AND DRUG USE

Although the quantity and mechanism of such a factor remain unknown, alcohol misuse appears to have a hereditary component. There is little data that can distinguish between hereditary and family contextual influences on drug usage. In general, only environmental and intrapsychic factors have been linked to drug use and abuse in children and teenagers, while genetic factors are likely to have a larger role in drug abuse than usage (Newcomb, 1989). Majority of studies have focused on

urban and suburban kids since drug use has traditionally been viewed as predominantly a city problem originating in impoverished American neighborhoods and ghettos.

Rural America, on the other hand, has long been seen to be immune to such problems with alcohol and drugs. Research have found that specific substance-usebehaviors are frequent among rural children in different places, with different demographics, and at different times (Sarvela *et al.*,1986; Swaim *et al.*, 1990). In a study of three small rural communities in the Rocky Mountain region of America, Swaim discovered that 12th-grade students in their sample had significantly higher rates of alcohol and LSD use than national data, but significantly lower rates of marijuana, uppers, downers, and tranquilizer use (Swaim *et al.*,1986).

Sarvela *et al.* (1990) looked at the age of first use of alcohol and other drugs in a sample of about 4000 junior and senior high school students in central and southern Illinois and found that use rates for most substances were comparable to national data. Rural kids, on the other hand, started drinking alcohol earlier than their urban counterparts. Furthermore, 58% of high school seniors admitted to driving after drinking or using other substances (Sarvela *et al.*,1990). Other studies that looked at the function of proximal effects like parents and peers in substance use (Beal *et al.,* 2001; Best *et al.,* 2005; Johnson *et al.*, 2002; O'Donnell *et al.,* 2008) focused on the role of proximal influences like parents and peers. The consequences of more distal contexts, such as schools and neighborhoods, and interactions between proximal and distal settings, on the other hand, are less well understood. Early teenagers find school environments to be fertile ground for the introduction and continued use of alcohol, cigarettes, and marijuana.

Poor parenting and deviant peer relationships are two common sources of substance misuse exposure in the environment (Sylvie *et al.,* 2010). Sherri and her colleagues After controlling for gender, grade, ethnicity, housing tenure, eligibility for free school meals, drinking with parents, and neighborhood deprivation in a study on school culture as an influencing factor on youth substance use, it was discovered that value-added education was associated with a lower risk of early alcohol initiation, heavy alcohol consumption, and illicit drug use.

They came to a conclusion that school culture has an impact on substance use in schools, and that knowing how the school may add value to students' educational experiences could lead to effective preventive programs. Alcohol was used by a much higher proportion of youngsters who believe drugs are readily available at school (NACADA, 2012), and boarding students had significantly more issues with alcohol than day scholars (NACADA, 2012). Mixed-day schools had a greater level of alcohol consumption than other school classifications, according to Shikuku's Busia survey. Evidence from public secondary schools in Nairobi found that drugs were mostly abused on the way home, during weekends at school, during school outings, during school trips, and dinner at school competitions, according to a NACADA study on the role of the school environment in alcohol and drug abuse among students. Students are least supervised at these hours. The data also revealed that the primary sources of alcohol and drugs used in schools were friends, their homes, fellow students, and kiosks/shops near schools. According to King'endo's study of substance abuse among secondary school students in Nairobi province, school and family stress, as well as drug availability, all contributed to drug use, with boys abusing drugs more than girls and drug abuse being more prevalent in mixed schools than other types of schools (King'endo, 2010).

2.14. EFFECT OF TECHNOLOGY ON ALCOHOL AND DRUG ABUSE

The online marketplace for illicit substances is growing in size and bravado, according to the World Drug Report (2014), with suppliers, buyers, and website administrators benefiting from technology developments in private web transactions and virtual online currency to shield their identities. Buyers and sellers communicate online through "dark net" sites, and the majority of drug trafficking is done through the postal service. According to UNODC global seizure data, between 2000 and 2011, there was a 300 percent increase in cannabis seizures received through the postal service, with the majority of these seizures coming from nations in Europe and the Americas.

Young people utilize the media at an alarmingly high rate. It varies by age group, with children aged eight to eighteen spending an average of 7.4 hours per day on media and 1.5 hours per day on a computer outside of schoolwork. In addition, 80 percent of teenagers own a gaming system (Rideout *et al.*, 2010; Lenhart *et al.*, 2010). Negative health effects, such as interpersonal aggression, have been linked to bad content television shows or computer and video games (Bushman *et al.*, 2006). Obesity, earlier sexual activity, earlier alcohol and drug usage, and higher use of a variety of substances are all linked to frequent media consumption, according to research (Laurson *et al.,* 2008; Hanewinkel *et al.,* 2009). Furthermore, more frequent TV viewing, computer/video game viewing, and simultaneous viewing of TV and computers/video games were also found to be strongly linked to several of the risk behaviors (Hanewinkel *et al.,* 2009).

2.15. THEORETICAL FRAMEWORK

This research is based on Albert Bandura's social learning theory, according to which the majority of human behavior is learned through observation and modeling. Bandura

proved that through studying others, one can get an understanding of how new behaviors are performed, which can then be used as a guide for action in the future (Albert Bandura, 1970). When an adolescent is exposed to a tobacco-smoking father, he is more likely to emulate him and start smoking himself. Living in unplanned settlement areas such as slums, where criminality and rampant illicit drug use are common, for example, is likely to instill similar behavior in a growing teenager.

This idea is supplemented by Edwin Sutherland's (1973) differential association theory, which explains how criminal behavior is propagated. It asserts that criminal behavior is learned, with the majority of learning taking place in small groups of people. The degree of intensity, frequency, and duration of the association determines the efficiency of learning. Sutherland claims that drug usage will begin when there are more deviant associations (drug abusers) than non-deviant associations. The social learning hypothesis is also supported by the behaviourism learning theory. The two main founders of behaviorist methods to learning, John B. Watson (1878-1958) and B. F. Skinner (1904-1990), proposed that all types of behavior are conditional, coming from learned reactions to certain stimuli.

Because of earlier training and psychological urges present at the time of the activity, an individual chooses one reaction over another (Parkay & Hass, 2000). According to behaviorists, the only behaviors worth studying are those that can be observed firsthand. As a result, the appropriate subjects of research are acts rather than thoughts or emotions. The behavioralist hypothesis does not explain anomalous behavior in terms of the brain's inner workings. Rather, it assumes that all behavior is learned habits and tries to explain how these habits develop. Negative reinforcement occurs when the probability of behavior increases after a stimulus is removed (Parkay & Hass, 2000).

2.16. CONCLUSION

The researcher has come to the conclusion that the effects of substance misuse on society and adolescents are exceedingly bad in every element of life and that quick intervention is required. Because no single person can control it, a collaborative effort from all parties is required. The research approach that was employed for this study will be discussed in the following chapter.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 RESEARCH PARADIGM

The research process, according to Terre Blanche and Durrheim (1999), comprises three major dimensions: ontology, epistemology, and methodology. The research paradigm is a comprehensive system of interconnected activity and thought that describes the nature of inquiry in these three aspects. In a qualitative research study, many sorts of paradigms can be used to achieve different goals depending on the study's goal. According to Hammersely (2013), we have three paradigms: positivism, interpretivism, and critical inquiry, which is known as the "transformative paradigm." The term paradigm, according to Kuhn (1977), refers to a research culture characterized by a shared set of views, attitudes, and assumptions about the nature and conduct of research among a group of researchers. The purpose of this research is to evaluate how substance misuse is dealt with in public schools in Limpopo Province's Mopani District, Man'ombe Circuit. This means that it focuses on the people in their natural situation, and it use the interpretative paradigm to acquire a thorough grasp of the many approaches to substance abuse management. This is because, according to Hammersley (2013), researchers that take an interpretivism approach obtain a better knowledge of the phenomenon they're studying.

3.2 RESEARCH DESIGN

A research design, according to Burton (2000), is a plan of investigation that is utilized to collect data in order to answer the research question. Similarly, Zickmud (2000:274) defines research design as a detailed strategy that details the researcher's methodologies and procedures for collecting and analyzing needed data. As a result,

a research design addresses difficulties such as data sources, data validity, and data reliability.

The phenomenological research design was employed for this study because it describes what all participants have in common as they encounter a phenomenon, which in this case was substance abuse. The researcher collects data from participants who handled learners' substance addiction and then creates a composite description of the essence of all the participants using this design (Riyami, 2015).

3.3 RESEARCH METHODOLODY

Methodology, according to Pilot and Hungler (2004:233), relates to methods for gathering, organizing, and analyzing data. A research technique is a method for solving an issue in a systematic manner (Kothari, 2004). Qualitative research, according to Merriam (2009:13), is study that focuses on understanding the meaning people have constructed, or how people make sense of their reality and the experiences they have in it. Qualitative research is a type of study that employs methodologies like participant observation or case studies to produce a narrative, descriptive description of a situation or activity (Creswell, 2003:20). The qualitative method was employed by the researcher in this investigation. The researcher is attempting to determine what substance misuse means to individuals. This is done because the researcher and the participants have a tight relationship, allowing the researcher to grasp the scenario as it unfolds.

3.4 STUDY AREA

The research took place at Man'ombe Circuit in Greater Giyani Local Municipality. Giyani is a city in South Africa's Limpopo Province and the former capital of Gazankulu Bantustan. Giyani is located at the crossroads of the R578 and R81 roads in South Africa. Giyani was founded in the 1960s as the Tsonga people's administrative center. The administrative capital of Mopani District Municipality is presently Giyani. Giyani residents place a high priority on education. Khanyisa Education Centre, Nkwangulatilo Education Centre, and High-quality Education Centre are among the town's independent schools.

3.5 POPULATION OF THE STUDY

Parahoo (1997:218) defines population as the entire number of units from which data can be collected, such as humans, artifacts, events, or organizations. According to Burns and Groves (2003:214), population refers to all of the factors that match the study's inclusion criteria. The study's participants are educators from the Department of Basic Education who work in public schools in Mopani's Man'ombe Circuit. This includes school administration teams as well.

3.6 SAMPLING

A sample is a subset of a larger population (Frey *et al.,* 2000:125). It's also been described as a group's representative taste (Berintein, 2003:17). As previously stated, the study's sampled group consisted of educators from Man'ombe Circuit in Mopani District. Educators were chosen from all regions of Giyani Township's schools. Giyani Township has nine schools, three (3) high schools, and six (6) elementary schools.

3.6.1 SAMPLING PROCEDURE

Non-probability sampling and its subtype, purposive sampling, were used by the researcher. Non-probability sampling entails selecting samples based on the researcher's subjective judgment. The researcher used non-probability sampling methods by selecting educators from the Department of Basic Education in Man'ombe Circuit, Mopani District as the study's population. The researcher made this decision because he believes that as educators who have already worked in government, they are familiar with the public school system. Because the volunteers were assessed to contain the information that the researcher required, the purposive sampling method was applied. Purposive sampling is a sampling method in which the researcher selects a sample that is best representative of the issues at hand. These individuals are thought to be professionals in the field of teaching and educating students in public schools.

3.6.2 SAMPLING SIZE

The researcher decides on a sample size of ten (ten) people. These ten (ten) participants are educators from public schools, as well as the school administration team in Mopani District's Man'ombe Circuit. Ten interviews were conducted by the researcher with ten interviewees who are thought to be experts in the subject of education.

3.7 DATA COLLECTION METHODS

The exact and methodical collection of information pertinent to the study's goal, objectives, questions, or hypothesis is known as data collection (Burns & Grove, 2003:45). Data collection, according to Mouton (2006:45), is obtaining information for a research topic from a range of data sources. Interviews were employed to acquire

data for the study. An interview, according to Bless and Higson (2000:104), is a one-on-one meeting with a participant who is then asked to answer questions on the research problem. An interview, according to Brink (2006: 151), is a data gathering approach in which an interviewer gathers replies from a subject and is used in exploratory and descriptive research. The researcher conducted face-to-face interviews with the participants, using open-ended interview questions. Before the actual interview, the interviewees will be scheduled for an appointment.

3.8 PILOT STUDY

According to Burton (2000b:426), a pilot research is conducted to eliminate main biases, evaluate question wording, and see if the questionnaire collects the required data from respondents. A pilot study is a scaled-down version of a full-scale study or a trial run conducted in advance of the full study (Polit, Beck & Hungler, 2001:187). The researcher interviewed two people who shared the same characteristics as the final ten people that took part in the study for this study. The two volunteers recruited for the pilot study were not included in the research's final study. The purpose of this pilot study was to see if the procedures and methods adopted would be beneficial.

3.9   DATA ANALYSIS

Data analysis is a method for reducing and organizing data in order to provide conclusions that the researcher must interpret (Burns & Grove, 2003:479). Data analysis, according to De Vos (2002:339), is a difficult and creative process marked by a close contact between the researcher and the participants, as well as the data created. A thematic analysis of data was used in this investigation. Memos and coding are used to organize the data. After then, the data is presented in a narrative fashion. According to Zhang and Wildermuth (2009:2), there are several processes that should

be followed when analyzing data, including the following:

- **Preparing the data**

Notes are taken while data is gathered, and the data is subsequently translated into written language before being analyzed. Validating or logging the data in, checking the data for accuracy, entering the data into the computer, processing the data, and developing it are all part of data preparation. Notebooks, tablets, and other data storage devices, such as laptops, may be used to store data. It could also incorporate equipment for recording. A research assistant may be required to assist with data verification. (Zhang and Wildermuth, 2009:2)

- **Defining the unit of analysis**

The study's unit of analysis is a big thing that is being investigated. It's about what or who is being investigated. Individuals, groups, social organizations, and social artefacts are common units of analysis in social science research. The basic unit of text to be classified during context analysis is referred to as the units of analysis in this context. Themes were employed to analyze the data in this study (Zhang and Wildermuth, 2009:2).

- **Developing categories and coding schemes**

The constant comparative approach was used to construct categories inductively from raw data. The interviews performed with participants yielded raw data. Previous researchers' work was also used to generate raw data. During the data analysis process, a coding manual is developed, which is supplemented with interpretive memoranda. Interpretive notes provide a summary of the information and allow the researcher to provide feedback on it (Zhang and Wildermuth, 2009:2).

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- **Test coding scheme on a sample of text**

The coding of sample text, the assessment of coding consistency, and the amendment of coding rules was all done in real time, and continued until the coding is complete. One of these comprehension-monitoring tools is text coding. The researcher maintains emphasis on meaning by responding to and marking a piece of text (Zhang and Wildermuth, 2009:2).

- **Code all the text**

When the text corpus was consistent enough, coding rules were applied to the entire corpus. The coding was be double-checked several times during the process. Coding was double-checked to eliminate any errors or prevent the researcher from omitting relevant text from coding. Coding rules was assure uniformity and eliminate unpredictability, preventing inconsistency. By coding the full text, errors and the omission of crucial text are avoided (Zhang and Wildermuth, 2009:2).

- **Assessing their consistency**

The consistency of the coding is double-checked after encoding the complete data set. The relevance of emerging themes to the research question is verified to ensure coding uniformity. To ensure that significance is not lost in the coding process, related codes can be merged and returned to raw data. Raw data can also be supplied to research assistants to see if they come up with the same emergent schemes as the research, ensuring consistency (Zhang and Wildermuth, 2009:2).

- **Drawing of conclusions from the coded data**

In order to draw inferences from the coded data, you may need to investigate the attributes and dimensions of the various data categories. The researcher also

discovered trends, found linkages between categories, and tested categories against a wide range of data. Conclusions can also be improved by combining comparable codes to create a more complete picture of meanings. This also made pattern recognition a lot easier. As a result, inferences was drawn from the coded data in accordance with these widely accepted criteria (Zhang and Wildermuth,2009:2).

- **Reporting methods and findings**

The methodologies and processes used in the analysis were reported as accurately as feasible. To justify conclusions, typical quotations are used to present study findings. There was discussions about how the results were obtained, as well as explanations of how the data was created and analyzed. Any methodological issues that have arisen, as well as their solutions and implications on the research, was discussed (Zhang and Wildermuth, 2009:2).

3.10   ETHICAL CONSIDERATIONS

The term "ethics" refers to a system of moral rules that govern human behavior (Albertse, 2007:16). Burn and Grove (2003:166) define ethics as "the ethical responsibility of researchers to preserve participants' human rights during study." The researcher followed the following ethical considerations:

3.10.1 Permission to conduct a study

The researcher received an ethical clearance letter from the university of Venda, as well as approval from the institutions where the study was carried out. Permission to conduct the research was sought from Man'ombe relevant authority because it was to be done at Man'ombe Circuit. An ethical clearance letter certifies that the researcher has been informed of the research's ethical requirements and was followed when

conducting the study. As a result, it assures that study participants' rights, such as the right to self-determination and confidentiality, are protected during the research process.

3.10.2 Informed consent

The conveyance of critical information about the research from the researcher to the subject is known as informing (Burns & Grove, 2003:177). The respondents are provided an explanation of the research's goal and what it includes. Only when participants have provided their consent are they interviewed. The participants are also given vital information that they need to know. In order to perform the study, the participants were asked for their informed consent.

3.10.3   Anonymity and confidentiality

Anonymity exists, according to Burn and Grove (2003:172), when the subject cannot be linked to the data acquired. Confidentiality refers to the fact that none of the information provided by the participant to the researcher can be traced back to the same person (Pilot & Hungler, 1999:143). During the interviews, no personal information that could disclose the participants' identities would be recorded. As a result, the researcher protects the anonymity and confidentiality of the participants while performing the study.

3.10.4 Rights self-determination

Participants have the right to self-determination, which means they have the ability to make their own decisions (Brink, 2006:32). Respondents were offered the option of participating or not participating in the study at hand. Before they can accept or decline

to participate in the study, participants were made aware of this. The researcher did not force or pressure unwilling candidates to participate in this study in any way. As a result, the right to self-determination of the participants is protected.

3.11 CONCLUSION

The research design and methodology was discussed in this chapter. The research paradigms, research design, research methodology, study area, population of the study, sampling methods, pilot study, data analysis and ethical consideration were stated and clarified. In the next chapter, a historical background of the problem through literature studied was discussed at length.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS OF FINDINGS

4.1 INTRODUCTION

The study's findings are presented in this chapter. The interpretation of data and analysis of semi-structured interviews are covered in this chapter. The data were analyzed using Pietkiewicz and Smith's Interpretative Phenomenology Analysis (IPA) approach (2012). The study's goal is to evaluate how substance misuse is handled in public schools in Mopani District's Man'ombe Circuit. The data were compared to peer-reviewed literature to have a better grasp of what the participants were saying. The Interpretative Phenomenology Analysis (IPA) permitted several participants who had experienced the same or comparable incident to recount their stories without fear of being prosecuted, and then to have their statements interpreted. The qualitative data focuses on all four study objectives: the state of substance abuse by students in public schools, the reasons for substance intake and abuse in public schools, the role of educators in substance abuse management in public schools, and recommendations for substance abuse management in public schools. The findings from the interviews are presented first, followed by a demographic background of the participants.

4.2 Biographic Profile of the Study's Participants

This section presents the biographic profile of the public-school educators who participated in this study. There were 5 males and 5 females who participated in the research and their ages ranged from 24 to 45 years. All participants are holding Bachelor's degrees in education. The experience of the participants is ranging from 5 to 10 years in the field of education teaching and learning environment Participants indicated that they were educators working for the Department of Education under Man'ombe circuit in Mopani district. Participants were working for different schools in

Man'ombe Circuit and were speaking the same Xitsonga home language. The discussion of the biographical information was presented commencing with explicating their age, training institution and the highest educators' qualifications.

Table 4.1: Profile of Public-School Educators

Participant	Age in years	Training institution	Highest Educator qualification
A	29	Univen	BEDFET
B	30	Wits	BEDFET
C	36	UJ	BEDFET
D	27	Turfloop	BEDFET
E	38	Turfloop	BEDFET
F	28	Univen	BEDFET
G	40	Univen	BEDFET
H	32	Turfloop	BEDFET
I	39	Univen	BEDFET
J	36	TUT	BEDFET

4.3 Data Presentations and Analysis

The main focus of this part was analyzing (drawing meaning) from the data gathered through semi-structured interviews, with the element of concern being substance use/abuse among Man'ombe circuit school learners. According to Roberts (2005), data analysis is the act of carefully searching and organizing interview transcripts, observation notes, and other non-textual resources that the researcher collects in order to gain a better knowledge of the phenomenon. Making sense of massive

volumes of data entails lowering the volume of raw data, detecting a meaningful pattern, and then pulling meaning from the data and constructing a logical chain of evidence.

This data collection technique was preceded by the researcher's introduction and a thorough explanation of the meeting's objective. The significance of the participants' participation in this study was also emphasized.

4.3.1. Theme 1: The state of substance abuse by learners in public schools.

This objective focused more on the state in which learners from schools in Man'ombe Circuit have been observed to engage in the use/abuse of substances. This means that it was more concerned about getting to find out what the substance abuse conditions in these schools have been and what the educators have seen during their teaching experiences. In the analysis, participants (educators) stated that the condition of substance use/abuse in their schools seemed to be very severe, especially for learners that have just enrolled for high school and are still trying to find themselves. Participant 5 had this to say:

"In my school, I can say it depends on the grades of the learners; with grade 8 and 9 it's too much. They use substances a lot sometimes; you go into class and you find that the whole class stinks of marijuana and I think this is so because the lower grades are still on the stage of finding themselves. With the overall school state, I can say 40% of the boys are using substances."

On the other hand, another participant explained how over the years, the condition has worsened and how the learner's behaviour gets affected. Below is an extract of how **participant 10** explained the state in the school attends:

"Currently, I think it is gaining a momentum where more of these learners are engaging in this particular thing, I think, it is becoming a fashion or trend or maybe it is making them to be cool by indulging themselves into these substances."

Participants' 2 explanation supported what participant 10's explanation stipulated:

The state of substance use in public schools is very high because they become violent; most of the time, they are fighting with other learners.

Most of the participants seemed to have the same experience regarding the state in which substances are being used by learners in their schools. This is what **participant 7** explained:

"*Okay, the state of substance abuse in public schools in South Africa is very unpleasant. In every classroom in public schools in South Africa right now, there is a learner who is on drugs, who is taking alcohol who is basically abusing substances, which is not good at all for them, their health and education.*"

Participant 8 also emphasised that the state of substance use by learners is high and mentioned how it has been influenced by the era that we live in currently. This is what he said:

"*the state of substance abuse in public schools is very high, especially in these times we are living in wherein learners are uncontrollable, so if I would scale it out of 10, I would say 5 out of 10".*

4.3.2 Discussion

The participants' perspectives on this objective were more or less the same, according to the literature, because they described the situation of substance use in the schools in the Man'ombe circuit as serious. They also stated that the situation was better in previous years than it is now, and that this was due to variables such as family, the availability of these substances around them, and the school environment. According to a study by Morojele *et al.* (2009), the availability of substances in and around the school, as well as schools' lax attitudes toward their students' use of alcohol and other drugs, is likely to lead to increased substance use, and it is concerning that 9 percent of South African students have been offered, sold, or given an illegal drug on school grounds.

The participants described how, as a result of the high prevalence of substance abuse, students' behaviors have altered dramatically, as well as how the situation of substance abuse in public schools affects students' academic performance. Low academic expectations and poor school performance have also been associated to teenage alcohol consumption, according to a study by Morojele *et al.* (2009). This clearly demonstrates how the state of substance use in the school can impair students' academics, resulting in low performance or students skipping school to get the substance. The reasons for substance intake and abuse in public schools will be examined in the following section.

4.3.3. Theme 2: Reasons for the intake and abuse of substances in public schools.

This objective is based mainly on discussing the reason for the intake of substances by learners in public schools. It is concerned with finding out what the root cause of the intake is and what are the factors that can arise from these causes. Below is a statement by **Participant 2**:

"*The reason why learners in public schools take drugs and drink alcohol is peer pressure number one; some do it because of their family background at home.*"

In the above statement, the participant clearly stated the main cause of substance intake, which is further supported by **Participant 3**:

"*Cause number 1, I can talk of peer pressure because a lot of them are just doing it because of their peers. Another thing can be abuse from their families as a lot of them are using them to hide what is happening in their homes. You find that their parents have passed on and those staying with them are abusing them in different ways and now they are using them as a hiding thing to forget of everything. Another thing is acceptance by friends. Let's say they were 4 in a group and 3 of them are drinking or smoking and you want to be accepted in that particular group and you end up drinking and some it can be because of family members who are into alcohol and when you're around them they introduce you to alcohol.*"

Based on the information that the above participants explained, it clearly shows that the causes are more likely to revolve around the same factors and this statement is emphasised by **Participant**:

"*That one is quite obvious, peer pressure because a lot of learners just want to experience what their friends are experiencing, so a lot of them engage due to peer pressure from their friends. Some use it because of inferiority thinking they will be superior like their friends if they use substances. For some learners, it's caused by being bullied by other school pupils who force them to engage in substance use.*"

Participant 8's statement is a clear explanation that the causes of substance intake for learners in schools in Man'ombe circuit are similar**:**

"**In** *line with the one mentioned, peer pressure, some have a family history of substance abuse; some just take this substance for the fun of it. Some just follow leads not knowing how dangerous it is. Some just lack parental attachment or family grounding because their parents have to instill certain values in relation to substance abuse and some is just a lack of education in relation to substance abuse intake*".

Below are the statements by **Participants 9 and 10** respectively:

"*The main causes, I can say is peer pressure. Some are doing it because of stress and they are doing it for fun*".

"**Basically, it's peer pressure. Some are engaging in these things because of family problems as a way of trying to release stress to forget everything that is happening at home. Some learners are not interested in schooling so they engage in drugs to do whatever it takes for them to be expelled from school.*"

4.4.3.1. Discussion

Personal characteristics such as delinquency, unconventionality, and deviant views, as well as peer influence, were found to be the most important predictors of teenage drug use in a study by Brook and Morojele (2009). It went on to explain how other personal issues such as peer pressure can influence students' decision to use narcotics. Individuals may use drugs to forget or solve difficulties, reduce stress, be accepted, or for the sake of curiosity and fun, according to research conducted among South African teens (UNODC, 2004a). Identity formation is an important element of an adolescent's development, and some people may begin to use drugs because they believe it will set them apart and provide an outlet for rebellion (UNODC, 2004a). Adolescents who start using substances at an early age are more likely to become regular users, have trouble quitting, and suffer health and social consequences later in life, according to studies (King & Chassin, 2007; SAMHSA, 2010).

Peer pressure, familial history, and missing parents are the most common causes of learners participating in substances, according to the participants' extracts from the interviews. According to the second South African YRBS, the prevalence of smoking was greater (43%) among learners whose parents or guardians smoked than among those whose parents or guardians did not smoke (23%) (Reddy, James, Sewpaul, Koopman, Fumani, Sifundo, & Omardien, 2010). By the age of nine, frequent family conflict and interaction with child protective services increased the likelihood of future substance dependency (Arteaga *et al*., 2010).

The findings of this study on the reasons for substance intake support Brook et al. (2006)'s study in that it described environmental stresses such low socio-economic status, victimization, and prejudice as being somewhat predictive of adolescent drug

use. Furthermore, communal affirmation of smoking is linked to higher rates ofsmoking among teenagers (King *et al.,* 2003), while daily or weekly exposure to public drunkenness is linked to the chance of being intoxicated (Parry *et al.*, 2004). Another goal is to emphasize the importance of educators in the treatment of substance misuse.

4.3.4 Theme 3: The role of educators in the management of substance abuse in public schools.

In this section, the role which educators play in managing substance abuse in public schools is discussed. Over the years, the use of substances by learners seemed to be rising drastically, thus, more effective methods must be put into practice to minimize the use of different substances by learners. Below is an extract from **Participants' 1** interview on how educators take part in managing the state of substance use by learners:

"As educators*,* since we are the ones who show the learners how to behave well, #we have to talk to them indeed substance abuse exists and teach them that they have to stay away from the substances. *E*ven *in* schools*,* we have school boards*,* which shows that substances are not allowed within the school premises.*"*

Participant 2 and Participant 4 explained the same method/procedure that they used in the school they work in:

"The role of teachers is to advise learners about the consequences of taking drugs and drinking alcohol."

"Our role as educators on substance abuse is for us to talk about it and the risks involved and how it can negatively impact their lives mentally and educationally."

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Other participants also seemed to agree with the methods that were explained by participants 2 and 4. **Participants 6, 7,8 and 9 shared the following respectively:**

"Uhhmmm.... the role of an educator is to teach the learners about the dangers of substance abuse. I think educators should put more emphasis on the dangers of substance abuse to the learner because that is the only place where learners can be taught about this."

"Okay, the role of an educator in management of substance abuse in public schools is to teach learners about consequences that come with substance abuse and run academic programmes that teach learners about substance abuse wherein we call substance abuse victims or survivors to come and teach the learners about the effects that come with substance abuse. This sharing of information session can be helpful to children a lot."

"*To educate more about substance abuse, rising awareness campaigns wherein they teach learners about the harmful effects of substance abuse and sometimes have meetings with parents and explain to them the importance of home groundings."*

"Their role is to provide guidance to the learners about the dangers and consequences of taking drugs and alcohol, providing awareness to the learners about the dangers of substance abuse."

On the other hand, other participants explained other ways of managing substance use by learners that were different from the ones quoted above. These approaches are described by Participants 5 and 10 in the extracts below respectively:

"In *most cases, there are disciplinary committees in schools that deal with these types of cases and sometimes including parents in order to find out what's happening at home that could've led to such behaviour. Sometimes we refer them for counselling"*.

"I think it is to monitor and give awareness that these things are going to harm their future or destroy them shortly".

Both the above quoted participants had a managerial way that is different from what most of the participants. They explained that having school disciplinary committees that deal with learners, specifically who are caught engaging in the use of substances is helpful. Secondly, they advanced having awareness campaigns that would focus on giving out awareness about the dangers that accompany the use of substance use by learners. Below follows an in-depth discussion of how substance abuse use can be managed.

4.3.4.1 Discussion

The manner in which substance misuse is dealt with has a significant impact on the lives of students and their future prospects. Health promotion should include areas like Life Skills training and substance abuse education, according to the National School Health Policy and Implementation Guidelines (2003). The National School Health Policy and Implementation Guidelines (2003) are now being revised in order to provide a more complete and integrated response to school health services for all students in educational systems. The integrated school Health Programme (ISHP), which is derived from the revised policy, is being designed to provide an integrated comprehensive package of health services to all learners through a phased implementation plan, starting with the most disadvantaged school communities and those least likely to access health services.

This policy backs the procedure that most of the participants explained could be used to combat substance abuse among students in public schools, such as talking with students to teach them about the dangers of using substances at a young age, encouraging them to stop using them, and encouraging those who haven't started to continue to avoid drugs. According to the NDMP, the Department of Basic Education is in charge of ensuring that schools provide effective drug education programs, incorporating alcohol and drug use education into life orientation programs, and empowering youth to take control of their own destiny, such as by training young people as peer educators (DSD, n.d.). National Drug Master Plan drafted this (2019-2024).

The procedure suggested by one of the participants, having awareness campaigns that incorporate multiple stakeholders such as counsellors, social workers, and police agencies, is supported by the previously mentioned plan. These are used to teach and provide actual examples or scenarios of cases when school students have used substances and destroyed their future. The guidelines for the management of substance addiction in public schools will be covered in the following sections.

4.3.5 Theme 4: The recommendations for the management of substance abuse in public schools.

This is the last objective of the research study and it focuses on finding out from the participants the recommendations to be put place to put an end to learners abusing substances or minimise just minimise drug use. Below is a statement explained by **Participants 2 and 10 respectively**:

"The recommendation is to form a substance abuse committee to work with learners who take drugs and drink alcohol."

"I *think the department must come up with clear policies to prohibit the use of substances in public and also engage other stakeholders that can help in minimising the big elephant we are talking about."*

Meanwhile, other participants had their recommendations different from the above-mentioned ones while **Participants 5, 6 and 7** had similar recommendations respectively:

"I feel like there should be more awareness campaigns to teach learners about substance use and when a lot of awareness are being done, it would instil the importance of stopping using substances."

"Okay, "mina" I'll recommend that the school should work with the South African Police Service to come to school maybe twice a week to conduct a search routine with the assistance of teachers."

"I feel like schools should continue with social and sport activities and those schools that do not have these programmes should initiate them and run with them. This can help our learners to know more about substance abuse."

Based on all the above, to end or minimise substance use by learners, educators, the management and other senior management staff of the Department of Education should work together in adapting these measures.

4.3.5.1 Discussion

This section contains a brief overview of the participants' proposals for reducing the use of substances by students in public schools. The Prevention of and Treatment for Substance Abuse Act (No.70 of 2008) aims to provide a comprehensive response to South Africa's fight against substance abuse by focusing on mechanisms that demand a reduction in drug abuse through prevention, early intervention, treatment, and reintegration programs. It also lays out criteria for the treatment of children and adolescents in treatment centers, allows for the registration and building of treatment centers and halfway houses, and permits the development of minimal norms and standards to govern both in-patient and out-patient treatment (DSD, 2009).

All of the suggestions made by the participants demonstrate how committed educators are to improving and creating good grades, keeping their students off substances, and ensuring that they receive a solid education. According to the Children's Act (No. 38 of 2005), a child who is in need of care and protection as a result of being addicted to a dependence-producing substance and who lacks the resources to obtain treatment for that addiction should be treated. The Act's Section 150(1) (d) allows the school to remove a child if the kid is addicted to a dependency-producing substance and has no means of obtaining treatment for the addiction. The school, on the other hand, must take steps to guarantee that the student continues with his or her education and is referred to the appropriate professionals. What the Children's Act provides backs up the information that the majority of participants advised, which prioritizes the learner's rights by safeguarding them from circumstances that are perceived to be dangerous to them.

4.4 CONCLUSION

At this stage, it was clear to the researcher that the research objectives had been supported by these interview responses as had been proposed in this research aims. The entire population of educators has been involved in the research interviews and has indicated the need for full involvement of other stakeholders who are specialising in the field of substance abuse to focus on the shortcomings that will be addressed more extensively in the following chapter. The following chapter will be devoted to findings that were identified during the research and the resulting recommendations based on those findings.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The main purpose of this qualitative phenomenological study was to explore the extent to which educators in public schools are managing substance abuse by learners in schools in Man'ombe circuit. The phenomenological research design was used because it aimed to understand the real-life experiences of the participants by giving meaning to concepts. The population of the study were educators employed in schools in Man'ombe circuit. It focused on educators aged 24 to 45 having 5 to 10 years of teaching experience under the above-mentioned circuit and the type of sampling method used was purposive sampling. Ten (10) semi-structured interviews were conducted and allowed all the participants to give out detailed information on managing substance abuse by learners based on their day-to-day observations and experiences. This section focuses on the discussion and interpretation of findings, limitations, implications and conclusion.

5.2. Discussion and interpretation of findings

In this section, substance use/abuse and how the participants have observed the learners' who use substances will be discussed. The section also focuses on the findings that were revealed through the interview process. The findings presented in Chapter 4 illustrated that there is a rapid increase in the number of learners in public schools that are using substances and these may be because of different factors that differ from one learner. It was confirmed that as much as the number of learners using/abusing substances is very high, the educators and the Department of

Education are working tirelessly to identify and implement ways to help combat one of the biggest issues that the education system is facing of substance use by learners.

On the other hand, when conducting the interviews, there is a factor that stood out from the rest of the factors that play a role in causing learners to get involved in using substances, which at a later stage or over a long period of usage results in substance use and this factor is "peer pressure." Brown (2013) defines peer pressure as as when people of your age encourage or urge you to do something no matter what your personal view is.

They explained that most learners are pressured by other learners at school to experiment with the feeling that is linked with substances, based on the specific expressions of the participants regarding how peer pressure seemed to be the main issue. Once they've had a taste of intoxication, they want to repeat the sensation as often as possible. Personal characteristics such as delinquency, unconventionality, and deviant views, as well as peer influence, were found to be the most important predictors of teenage drug use in a study conducted on adolescents in Cape Town and Durban by Brook, Morojele, Pahl, and Brook (2006). This demonstrates that peer pressure or influence is a factor not only in the use of narcotics by students in the Man'ombe circuit, but also in the use of substances by teenagers throughout South Africa.

Other elements that contribute to learners' involvement in substances have been identified in previous study on substance use by students, with the family being one of them. Brook *et al.* (2006) found that parental drinking and marijuana use are linked to adolescents' use of illegal substances in South Africa, and that parental drug use puts the adolescent at higher risk for alcohol and other drug use. Family history is one of

the elements impacting learners' substance use, and the information backs up Brook *et al.* (2006)'s findings in that family has been considered as contributing to this lifestyle for learners.

Health-care programs, according to the participants, should be implemented. Others advised that every school hire professionals to attend to students who have been identified as being involved in substance abuse. One of the panelists suggested that parents collaborate with instructors and the Department of Education to help students limit or avoid substance abuse. If the parents are participating, they will have to begin with the family setup at home.

This was also discovered in a prior study by Fletcher *et al.*, (2004), which found that positive parenting methods can prevent children from alcohol and drug abuse. Protective factors include parental warmth, communication, a good parent-child attachment bond, parental monitoring, rejection of drug use, and parents' expectations for their child's success. Setting boundaries, being kid-centered, and identifying with the parent were all found to be protective aspects in child upbringing. Peers can help parents mitigate the negative effects of substance abuse.

The word "substance use/abuse" can be defined and interpreted in a variety of ways, according to the research. "A chronic or frequent use of any chemical substance to modify states of body or mind for reasons other than medically justified purposes, resulting in results that are damaging to the individual's physical or mental health or the welfare of others," according to Rice and Dolgin (2008). Substance abuse was defined in a variety of ways by all the participants. They substantiated this description, however, by observing what they saw in their experiences teaching in public schools, and they saw the majority of their students as substance misuse

victims who were either the result of individual or family issues. Others may drop out of school due to poor performance.

This study explored many factors around substance use/abuse by learners in public schools in Man'ombe Circuit and how these factors are related to another. The purpose of this study was to assess the management of substance abuse in public schools through educator observations. Educators from independent schools were excluded in the sample of this study as this would have been only necessary if the study focused on all the schools and in this case, it was only focusing on public schools.

The purpose of this qualitative phenomenological theory study was to assess the management of substance abuse in public schools in Limpopo Province, Mopani District in Man'ombe Circuit. The study further focused on defining substance use/abuse, identifying the state of substance abuse by learners in public schools, investigating the reasons/causal factors for the intake and abuse of substances in public schools, determining the role of educators in the management of substance abuse in public schools. It also explored what the proposed recommendations for the management of substance abuse in public schools are.

The study interviewed 10 professional educators who indicated that substance abuse by learners has over the years been increasing in schools and this was caused by a range of factors like family background, peer pressure, easy access to these substances, stress, curiosity and acceptance by others. However, the findings also illustrated that there are ways in which substance abuse by learners can be minimised and that is through mental health programmes implementation, forming school disciplinary committees that deal specifically with substance abuse, parental involvement and having frequent visits by health care professionals. They also include

the police services to make an awareness about the consequences of abusing substances and available possible places that learners can go to and seek help on substance abuse.

Above all these findings, the participants made recommendations to minimize substance abuse by learners and they emphasised the positive results that would improve on learner performance. These recommendations would not only benefit the learners but society as a whole in a sense that those that were engaging in criminal activities due to the influence of substances would now have positive activities to invest their time and energy in.

Limitations exist in how the department can prevent substance use by learners and participants' explanations of the state of substance abuse were nuanced, which proved that every school has a different state of substance abuse. However, the research was able to find out how substance abuse by learners can be managed by identifying methods can be used over the years and what can be done to improve them to yield much better outcomes for the learners and DoBE. There is a lack of information in research of how substance abuse can be managed in South African rural based schools .This resulted in a challenge of constructing enough literature on substance abuse in schools that are in rural areas of Limpopo.

According to a study by Flisher, Townsend, Chikobvu, Lombard, and King (2010), substance misuse among students is concerning since it negatively impacts academic performance, academic goals, and school retention. Alcohol and other drug usage has been linked to academic difficulties, absenteeism, and school dropout, according to research. Significant links have been shown in South Africa between recent alcohol use and academic failure among adolescents, while those with excellent academic

achievement are less likely to take drugs. This study was able to prove the link between substance use and its implications on learners' academics, which can result in poor performance or even dropping out of school, based on the findings in the preceding chapter.

5.3 RECOMMENDATIONS

Based on the findings of the study, the recommendations are proposed to manage substance abuse in public schools.

- The government, in particular, the Department of Education should employ school social workers to work with educators across all schools.

- The department must develop policies aimed at dealing with substance use in schools and ensure their effective implementation across all schools.

- The department of Education collaborates with other department and conduct awareness campaigns aimed at dealing with substance use and promoting a healthy lifestyle.

- Recreational facilities should be developed in deprived communities to keep the youth engaged and as a substitute to focusing on drug-related ventures.

- The Department of Social Development and Education should consider improving the implementation of school-based prevention programmes.

- Youth should be involved in the implementation of the intervention.

- Empowering the youth with skills to resist media temptations and deconstructing media messages that promote substances use

5.4 CONCLUSION

The study identified that there is no proper management of substance abuse in public schools as educators are untrained on how to manage it. The interviews identified that most learners are affected by peer pressure in the early grades in schools. Among other challenges pointed out in the interviews is that schools do not have professionals who are dealing with substance use in public schools. Above all, there are no clear policies on how educators should deal with substance use in public schools and that makes teachers vulnerable, not feeling safe at work. The study reveals that there is no plan on how educators should deal with learners who are uncontrollable and addicted to substances unless they involve the South African Police Service or send the child home or call on their parents. Among the strategies suggested to address the challenges is that corporal punishment should be brought back in public schools as learners are no longer respecting educators under the influences of substances, sothat was going to even help more in the management of substance abuse in public schools.

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COLLECTION OF DATA FOR MINI-DISSERTATION RESEARCH: MR MANGANYE T: STUDENT NUMBER 11594761: MASTER OF PUBLIC MANAGEMENT (MPM)

Mr Manganye T is currently registered for a course work Master of Public Management (MPM) degree with the OR Tambo Institute of Governance and Policy Studies within the Faculty of Management, Commerce and Law, University of Venda. He is now at the stage to collect data to complete his mini-dissertation. The Institute is satisfied that the proposal and the area of his research meet the ethical standards for the research at the level of a mini-dissertation.

Kindly assist her where possible.

………………………………………………

Prof. Nghamula Nkuna (PhD)

OR Tambo Institute of Governance and Policy Studies

APPENDIX A

INTERVIEW GUIDE

What is the state of substance abuse by learners in public schools?

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What are the reasons for the intake and abuse of substances in public schools?

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What is the role of educators in the management of substance abuse in public schools?

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What are the recommendations for the management of substance abuse in public schools?

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APPENDIX B

LANGUAGE EDITING CERTIFICATE

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STUDY OF MAN'OMBECIRCUIT IN MOPANI DISTRICT OF LIMPOPO
PROVINCE, SOUTH AFRICA

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Yours faithfully
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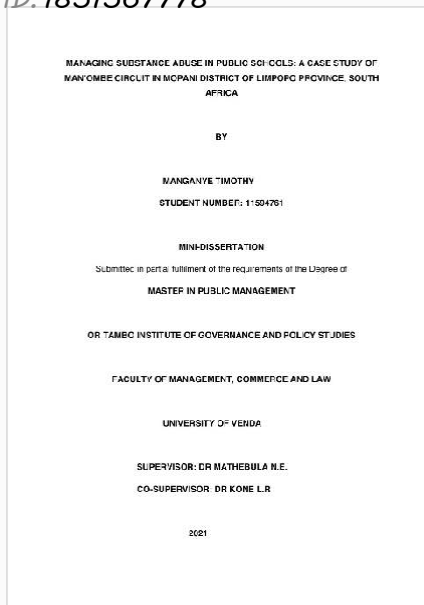File size: 224.9 K
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MAN'OMBE CIRCUIT IN MOPANI DISTRICT OF LIMPOPO PROVINCE, SOUTH
AFRICA

BY

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MINI-DISSERTATION

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UNIVERSITY OF VENDA

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