

FACTORS CONTRIBUTING TO SUBSTANCE (DRUG) ABUSE AMONG MALE ADOLESCENTS IN SOUTH AFRICAN PUBLIC SECONDARY SCHOOLS

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—Abstract —

This small-scale study sought to determine the factors that contribute to use of drugs by male adolescents in South African public secondary schools. The study was conducted in four secondary schools in Zeerust, North West, a province of South Africa. Purposive sampling was employed to select from the secondary schools 12 male adolescents who were prone to substance abuse problems. A qualitative research approach was followed underpinned by the interpretive research paradigm. More specifically, a multiple case research design was used. The study was successful in identifying the most commonly used drugs such as alcohol, nicotine, cannabis, and heroin. These drugs are readily available in the surrounding communities and are affordable to the learners. Social and economic factors are the main factors contributing to the use of drugs among male adolescents. The way in which children are brought up, who they associate with and whether they have access to money to buy the drugs largely contribute to drug use. This study concludes by proposing mitigation strategies that can be employed to deal with substance abuse scourge before it escalates further. Furthermore, the study identifies a need for involvement of various stakeholders to find a solution to the substance abuse problem.

Key Words: *Substance abuse, adolescent, addict, factors, secondary schools*

JEL Classification: **I10, I18, I19**

1. INTRODUCTION

Substance abuse is a global challenge. The United Nations Office on Drugs and Crime (2017) established that 5% of the world population abused drugs at least once during the past few years. In addition, their report revealed that 183 million people used cannabis, 37 million used stimulants like methamphetamine and prescription stimulants, 35 million used opioids, 22 million used ecstasy, 18 million used opiates like heroin and morphine and 17 million used cocaine (Birkenshaw, 2017). Within the South African context, previous studies affirmed the excessive use of substances such as alcohol, cigarettes, glue, and nyaope (Mohasoa, 2010; Mothibi, 2014). Consistent with the findings of the United Nations Office on Drugs and Crime (2017), Dada, Burnhams, Erasmus, Parry, Bhana, Timal, and Fourie (2016) further reported that adolescents abuse cocaine and heroin. Previous studies established that several factors contribute to substance use and addiction, and they included individual, family, and environmental factors (Global Health Next Generation Network, 2017; Mokwena, 2015; Seggie, 2012). The effects of substance use include health, economic, and social factors (Setlalentoa, Ryke & Strydom, 2015; Kalantarkousheh, Rasouli, Abolfathi & Nouri, 2014). According to Birkenshaw (2017), substance abuse led to diseases such as tuberculosis, pneumonia, and heart infections. Furthermore, those injecting substances were at risk of transmitting diseases like Hepatitis C and HIV and AIDS.

Kingston, Rose, Cohen-Serrins and Knight (2017) argue that individuals who abused drugs were more likely to engage in other risky behaviours such as physical fights with others, and unsafe driving, which may lead to accidents. The most extreme health effects of illicit substance use were the related deaths (Global Health Next Generation Network, 2017). Despite health risks to the individual and others, substance use also created an economic burden on society (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010). In economic terms, it affected the society's productivity and was associated with drug-related crimes. Furthermore, substance abuse undermined social development and contributed to insecurity and instability (Global Health Next Generation Network, 2017; United Nations Office on Drugs and Crime, 2017). Various countries developed strategies to deal with the substance abuse problem before it escalates further. They included amongst others, substance abuse prevention policies and programmes (United Nations Office on Drugs and Crime, 2017; International

Centre for the Prevention of Crime, 2015; National Drug Master Plan, 2013). Yury Fedotov, Executive Director for United Nations Office on Drugs and Crime also underscored the need for overcoming substance abuse challenges during the launch of the 2017 World Drug Report when he indicated that: “there is much work to be done to confront the many harms inflicted by drugs to health, development, peace, and security, in all regions of the world” (United Nations Office on drugs and Crime, 2017). Against this background, the following research question was generated and guided the study: What are the male adolescent’s perception regarding the factors contributing to substance abuse in South African public secondary schools?

2. THEORETICAL FRAMEWORKS UNDERPINNING THE STUDY

This study focuses on factors that contribute to substance abuse among male adolescents. The theoretical framework found to be appropriate and underpinning the study include the following: developmental theory, learning theory, psychological theory, social control theory, economic theory, and availability theory. These theories are briefly discussed in the next section.

2.1. Developmental theory

Several famous psychologists, including Sigmund Freud, Erik Erikson, Jean Piaget, and Lawrence Kohlberg, describe development as a series of stages (Schlozman, 2016). According to these authors, a stage is a period in development during which people exhibit typical behaviour patterns and establish particular capacities. Developmental theorists established that substance abuse was one of the high-risk behaviours during adolescence and young adulthood (Mudavanhu & Schenck, 2014; Royal College of Psychiatrists, 2016). In addition, data from around the world suggested that substance abuse occurred between the ages of 11 and 14 (United Nations Office on Drugs and Crime, 2015). Furthermore, Mohasoa (2010) and Osman, Victor, Abdulmoneim, Mohammed, Abdalla, Ali and Mohammed (2016) established that adolescents used substances to be happy, for entertainment, and to feel “high”.

2.2. Social learning theory

Social learning theorists argued that people learn from one another, via observation, imitation, and modeling (David, 2015). Other learning theorists hold the view that substance abuse is a learned behaviour (Burger, 2008; Shaffer & Kipp, 2007). Social learning theories focus on the interaction between the

individual and the environment in shaping patterns of substance use. According to these theorists, adolescents abuse drugs because they have seen their parents, peers, and other people abuse drugs (Department of Education, 2013; Griffin & Botvin, 2011; Mothibi, 2014).

2.3. Psychological theory

Those who subscribe to the psychological theory argue that the underlying psychological problems within an individual cause substance abuse (University Maryland Medical Centre, 2016; Mothibi, 2014). Risk behaviour such as substance abuse was related to individual psychological factors such as self-esteem, the locus of control, need for acceptance, anxiety levels, sensation seeking, and eagerness to act like adults (Rice & Dolgin, 2008). The above-mentioned theorists believe that individuals who use drugs receive some form of psychological reward from drug or alcohol abuse (Schafer, 2011). Substance use was therefore reinforcing; either by enhancing positive mood states or by diminishing negative ones. That was evident from some adolescents who reported that they used drugs because they wanted to be sociable, to feel good or to relax because they like the taste of alcohol or enjoy drinking (About the partnership – the partnership for a drug free America, n.d.; Mohasoa, 2010).

2.4. Social control theory

According to the social control theory, adolescents abuse drugs because there were insufficient social controls to restrict them from using drugs (Griffin & Botvin, 2011). Most of the adolescents in one study reported that most of the time they were left alone at home since their parents were always busy or away because of their demanding jobs (About the partnership – the partnership for a drug free America, n.d.). Thus, these adolescents had more freedom to use drugs (About the partnership – the partnership for a drug free America, n.d.). Previous studies established that lack of parental monitoring led to an increased association with drug-abusing peers and subsequently to higher drug abuse (Kingston et al., 2017). In addition to that, adolescents who were not well nurtured and had a poor relationship with their parents were more likely to use drugs. The lack of emotional support by parents was also linked to an increase in the use of tobacco, alcohol, and marijuana (Liddle & Rowe, 2006; Rice & Dolgin, 2008).

2.5. Economic theories

The end of apartheid increased the vulnerability of South Africa to illicit drug trafficking and consumption between source countries in Asia and South America and the major consumer markets in Western Europe and North America (United Nations Office on Drugs and Crime, 2017). The decrease in local controls after apartheid led to an increase in tourism, trade links, and economic and political migration to South Africa. This together with changes in global production, distribution, and marketing of drugs in general increased travel to South Africa (Peltzer et al., 2010). Additional factors supporting the increase in the use of drugs in South Africa were likely to include the falling real price of many drugs, and poverty, which is likely to have increased the street level trade in drugs (Parry, 1998). The cost of drugs such as alcohol, cigarettes, and dagga was less. As a result, adolescents abused these drugs because they were available and affordable (Mokwena, 2015). Adolescents tend to buy alcohol and other drugs if they are easily available. This was evident in a large number of licensed bottle stores and taverns. However, there were laws that restricted bottle stores and taverns from selling alcoholic beverages to minors (Liquor Act, 2003).

2.6. Availability theory

According to the availability theorists, adolescents used drugs because all kinds of drugs were readily available (Mokwena, 2015). Furthermore, availability theorists pointed out that the degree to which alcoholic beverages were accessible to people affected the amount and pattern of alcohol use. Alcohol was reported to be available in many social settings such as cultural ceremonies and parties (Croff, Leavens, & Olson, 2017; Reilly, 2017). There are currently almost 23 000 licensed liquor outlets with an estimated 150 000 to 200 000 unlicensed outlets, yielding approximately one liquor outlet for every 190 persons in South Africa (Parry, 1998). Adolescents tend to buy alcohol, tobacco, and other drugs if they are available in stores. Research has shown that school-going youth find it easy to buy alcohol from bottle stores, supermarkets, bars and shebeens (Mothibi, 2014; Mohasoa, 2010).

The foregoing discussion provided a framework to analyse the findings of the study.

3. METHODOLOGY

A qualitative research approach was employed to understand and interpret the meanings that participants in this study attached to the factors contributing to substance use (Creswell, 2014). More specifically, a multiple-case research design was strategically selected to gather information from a small sample. Purposive sampling was employed to select from secondary schools male adolescents who were prone to substance abuse problems. The sample consisted of 12 black Setswana-speaking male adolescents between the ages 12 and 15, in grades 7 to 9, abusing substances, and attending secondary school in one of the rural areas in the Ramotshere Moiloa Municipality, North West Province of South Africa. Data were collected through semi-structured interviews. The semi-structured interviews were used to understand and interpret the meanings that participants in this study attached to the factors contributing to substance use. All the interviews were audiotaped on prior arrangement with the participants and later transcribed by the researcher. Each interview lasted for approximately 120 minutes. In addition, the researcher took field notes during the interview process to supplement recorded data. Ethical considerations for this study included voluntary participation, informed consent, debriefing, confidentiality, and protection of the participants (Cho & Lee, 2014; Creswell, 2014).

Data analysis entails working with data, organising it, searching for patterns, synthesising it, and deriving what is important from it (Mokoena, 2017). In analysing data, the researcher used Amedeo Giorgi's general steps which entail: 1) reading all the interview material to get a sense of the whole, 2) identifying commonalities within the descriptive data, 3) determining and describing the relevance of each meaning unit, and 4) articulating the experiences of the participants in a statement that is consistent with the interview material (Giorgi, 1995).

Creswell (2014) and Gunawan (2015) argue that there was a need to ensure credibility and authenticity of the findings. As a way to enhance the accuracy and credibility of the study, I provided an audit trail of the decisions taken during data collection, analysis and interpretation. The process of member-checking was also done at different stages of this study; interview transcripts were given to the participants to confirm the accuracy of the data capturing process and the interpretation of the findings was also shared with the participants and with the peers to confirm and reduce possible bias (Creswell, 2014). In the presentation of

the findings, data were presented in the form of short quotations (verbatim) from the male adolescents participating in the study.

4. FINDINGS AND DISCUSSIONS

The analysis of the data gave rise to several themes, which were subsequently discussed with the support of the relevant literature. These themes included the following: the developmental stage of adolescents, depression, family factors, availability, and peer group pressure.

4.1. Developmental stage of adolescence

The findings revealed that participants started abusing drugs during the adolescent stage. This is what one participant said: “I started using drugs at the age of 11 while in grade 6”. According to the previous study (United Nations Office on Drugs and Crime, 2015), age 11 is regarded as an early adolescent stage. These findings corroborate with other previous studies (GoodTherapy.org, 2017; Kingston et al., 2017) that adolescent stage was a period in which adolescents experiment with substances. Lending support to previous studies (About the partnership-the partnership for a drug free America, n.d.; Mohasoa, 2010), some adolescents in this study reported that: “I had a desire for alcohol and wanted to taste it”; “I wanted to feel Iry – meaning to feel high”.

4.2. Psychological theory

Consistent with the view of psychological theorists (Rice & Dolgin, 2008), some of the participants were experiencing a lot of stress, and the use of drugs was the only available means to make themselves happy and to forget their problems: “I feel stressed”. Another reason for trying drugs was for fun. Adolescents in this study used drugs to entertain themselves and forget about the changes that were causing stress.

4.3. Social control theory

The majority of the participants did not have a father figure at home, and that led them to express a need to want to know their fathers. This is what one participant said: “I do not know my father. My mother refuses to tell me who my father was”. Some participants even indicated that their fathers were not taking care of them: “My father is staying with my stepmother and does not support me. I am taken care of by my grandmother”. As a result, these male adolescents look up to the behaviour modelled by other male figures in their environment and the media.

Participants from nuclear families also used drugs even though they had a father figure in their family: “I am staying with my mother, father, and siblings”. This implied that their fathers did not guide them or even advise them not to use drugs. Child-headed families also proved to be a risk factor for substance abuse because such adolescents were lonely and relied on their peers for support: “I am staying alone. My father left me and told me that I am a man. I rely on friends for help and support”. They did not have anyone to guide them or provide moral support during this challenging stage of development.

Consistent with the findings of previous studies, these adolescents had more freedom to use drugs (About the partnership – the partnership for a drug free America, n.d.; Kingston et al., 2017). Lack of parental monitoring led to an increased association with drug-abusing peers and subsequently to higher drug abuse (Rice & Dolgin, 2008). In addition, consistent with the previous study (Rice & Dolgin, 2008), participants in this study reported that they were not well nurtured, they were ill-treated, and had a poor relationship with their parents: “My mother does not love me”; “I am not treated well at home”; “I sometimes go to school on an empty stomach”; “I am not able to talk to my mother, she does not talk well with me”. Therefore, they used drugs.

Furthermore, some participants reported that their parents allowed them to go to taverns: “My mother does allow me to go to the taverns, she only tells me not to come back late”. That encouraged them to drink alcohol at the tavern. The findings point to parents who were unable to guide their children, thus putting their children at risk of using substances. In addition, these findings lend support to previous studies proving that permissive parenting styles contribute to substance abuse (Baumrind, 1991).

4.4. Availability and economic theories

Consistent with economic theorists (Mokwena, 2015), the findings revealed that substances were affordable and easily available in the community settings such as shops and taverns: “I bought cigarettes from the shop”; “I drink alcohol at the tavern”. In addition, participants reported that substances such as alcohol were also sold to adolescents in settings such as a butchery in their village: “We bought beer from the butchery and drank it outside the butchery”. That contradicts the provisions of the Liquor Act (2003) that alcoholic beverages should not be sold to minors. In addition, that contradicted the provisions of the Liquor Act regarding

approved settings for the sale of alcoholic beverages and the Tobacco Control Laws (2015) which restricts the sale of tobacco to minors.

4.5. Learning theories

Lending support to previous studies (Griffin & Botvin, 2011; Mothibi, 2014), participants reported that their peers influenced them to use substances: “My friends told me to smoke, at first I refused but later joined them. I was worried that I will be the only one not smoking”. In addition, some of the participants indicated that they relied on their peers for care and support; as such they had no option but to succumb to everything that their peers offered them, including drugs: “I relied on my friends for care and support, thus I had no choice but to join them in using drugs”. Furthermore, the findings revealed that their peers provided them with drugs if they did not have them: “My friends contributed money to buy drugs”.

5. CONCLUSION

Adolescents in this study abused substances because of the individual, family, and environmental factors. In addition, these findings revealed a link with developmental theories, psychological theories, learning theories, availability and economic theories, as well as social control theories. In addition, the findings revealed contradictions with the social control theory as some of the parents allowed their children to go to taverns, instead of reprimanding them not to go to taverns, thus contributing to substance use. As mitigation strategies, this study recommends visible campaigns by various stakeholders in communities to raise awareness about the dangers of substance abuse. Furthermore, parents should play a pivotal role in the upbringing of their children. Education authorities should draft policy guidelines and facilitate workshops in schools on how to deal with drug abuse challenges. in schools

The study was limited to 12 male African Setswana-speaking adolescents, thus limited in terms of racial and cultural diversity. Furthermore, the sample size was small; therefore, findings cannot be generalised to other settings. However, the findings of this study may be used to understand substance abuse challenges amongst adolescents and provide required programmes to prevent substance abuse. The study concludes by calling for a large-scale research inclusive of parents to further explore the factors contributing to substance abuse among adolescents.

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