

**ILLCIT DRUG USE BY SECONDARY SCHOOL LEARNERS IN
WINDHOEK, NAMIBIA**

by

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Supervisor: Prof J E Maritz

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DEDICATION

To my wife, Klaudia, my family members and friends. This research is a true product of your inspiration and support. It is my hope that this study will inspire you as well.

God bless you in your dealings.

Student Number 46863931

DECLARATION

I declare that **ILLCIT DRUG USE BY SECONDARY SCHOOL LEARNERS IN WINDHOEK, NAMIBIA** is a true reflection of my own work and that all the sources used in this study have been indicated and acknowledged by means of complete references and that this work, or part thereof has not been submitted for any other degree at any other institution.

Signature

Date

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Illicit drug use by secondary school Learners in Windhoek, Namibia

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ABSTRACT

The purpose of this qualitative, explorative, descriptive and contextual study is to explore and describe the perception of secondary school learners regarding the use of illicit drugs and to propose recommendations to caregivers and school teachers that could help curb illicit drugs use. Purposive sampling was used to identify twelve secondary school learners who participated in this study. Data were collected through in-depth individual face-to-face interviews, drawings and field notes. Data analysis was done using Tesch's descriptive method of open coding. The findings revealed that a combination of factors such as vulnerability, physical changes, psychological challenges and social challenges experienced by secondary school learners in Windhoek, Namibia, lead to illicit drugs use. The participants identified the different strategies they employed to recapture their lives from using illicit drugs and recommendations were made to caregivers and teachers on how to address these factors.

Keywords: Secondary school learners; illicit drugs; caregivers; teachers; strategies.

TABLE OF CONTENTS

DECLARATION.....	i
ACKNOWLEDGEMENTS.....	ii
ABSTRACT.....	iii

CHAPTER 1 ORIENTATION TO THE STUDY

1.1	INTRODUCTION.....	1
1.2	BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM.....	1
1.3	RESEARCH PROBLEM.....	3
1.4	RESEARCH OBJECTIVES.....	5
1.5	SIGNIFICANCE OF THE STUDY.....	5
1.6	DEFINITION OF KEY CONCEPTS.....	6
1.6.1	Illicit drugs.....	6
1.6.2	Secondary school learners.....	7
1.6.3	Caregiver.....	7
1.6.4	School teacher.....	7
1.6.5	Emotionally stable.....	7
1.6.6	Coherent.....	8
1.7	RESEARCH DESIGNS AND METHODS.....	8
1.7.1	Research designs.....	8
1.7.2	Research methods.....	8
1.7.2.1	Population and sampling.....	8
1.7.2.2	Data collection.....	9
1.7.2.3	Data analysis.....	9
1.7.3	Measures to ensure trustworthiness.....	9
1.8	ETHICAL CONSIDERATIONS.....	9
1.9	SCOPE OF THE STUDY.....	9
1.10	STRUCTURE OF THE DISSERTATION.....	10
1.11	SUMMARY.....	10

CHAPTER 2
RESEARCH DESIGN AND METHOD

2.1	INTRODUCTION.....	11
2.2	RESEARCH DESIGN.....	11
2.3	RESEARCH METHODS.....	12
2.3.1	Population and sampling.....	12
2.3.1.1	Inclusion criteria.....	13
2.3.1.2	Exclusion criteria.....	13
2.3.2	Data collection.....	13
2.3.3	Pilot interview.....	15
2.3.4	Literature control.....	16
2.4	DATA ANALYSIS.....	16
2.5	ETHICAL CONSIDERATION.....	17
2.5.1	Right to self-determination.....	17
2.5.2	Right to privacy.....	18
2.5.3	Right to protection from harm.....	18
2.5.4	Right to confidentiality.....	18
2.5.5	Right to fair treatment.....	19
2.6	MEASURES TO ENSURE TRUSTWORTHINESS.....	19
2.6.1	Credibility.....	19
2.6.2	Dependability.....	20
2.6.3	Confirmability.....	20
2.6.4	Transferability.....	20
2.7	SUMMARY.....	21

CHAPTER 3
FINDINGS AND DISCUSSION

3.1	INTRODUCTION.....	22
3.2	DESCRIPTION OF THE DEMOGRAPHIC DATA OF PARTICIPANTS.....	22
3.3	DISCUSSION OF FINDINGS.....	24
3.3.1	Theme 1: Reasons for starting illicit drug use.....	25
3.3.1.1	Vulnerability.....	26

a)	Orphans or single parent families.....	26
3.3.1.2	Physical changes.....	28
a)	Lack of basic needs.....	28
3.3.1.3	Psychological challenges	29
a)	Problems at home.....	30
b)	Short-term psychological relief provided by illicit drugs.....	31
c)	Rebellion towards authority.....	32
3.3.1.4	Social challenges.....	33
a)	Peer pressure and perceptions of use by peers.....	33
b)	Parental challenges.....	36
b.i)	Insufficient parental supervision.....	36
b.ii)	Lack of communication and interaction with parents.....	39
b.iii)	Inconsistent or excessively severe discipline.....	40
c)	Family conflict.....	40
3.3.2	Theme 2: Process and dynamics.....	41
3.3.2.1	Initial enjoyment leads to using stronger drugs.....	42
3.3.2.2	Behavioural problems.....	43
3.3.2.3	Emotional distress.....	45
3.3.2.4	Physical changes.....	46
3.3.2.5	Social challenges.....	48
3.3.2.6	Conflict with the law.....	50
3.3.2.7	Challenges in school.....	51
3.3.3	Theme 3: Hitting bottom.....	53
3.3.3.1	Difficulty in giving up.....	54
3.3.4	Theme 4: Recapturing their lives.....	55
3.3.4.1	The role of support.....	56
3.4	SUMMARY.....	60

CHAPTER 4

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1	INTRODUCTION.....	61
4.2	RECOMMENDATIONS.....	63
4.2.1	Ways to address vulnerability.....	63

4.2.2	Ways to address physical changes.....	65
4.2.2.1	Parental support.....	65
4.2.3	Ways to address psychological challenges.....	67
4.2.3.1	Rehabilitation.....	68
4.2.4	Ways to address social challenges.....	69
4.2.4.1	Religion.....	69
4.2.4.2	Rehabilitation.....	70
4.2.5	Monitoring online channels and television channels.....	71
4.2.6	Strengthening government initiatives.....	71
4.2.7	Community involvement.....	74
4.2.8	School initiative programmes.....	75
4.3	LIMITATIONS OF THE STUDY.....	76
4.4	FURTHER RESEARCH.....	77
4.5	CONCLUSION.....	77
	LIST OF REFERENCES.....	79

TABLES

TABLE 3.1:	Summary of sample characteristics.....	22
TABLE 3.2:	Themes and categories on illicit drug use by secondary school learners in Windhoek.....	24

FIGURES

FIGURE 3.1:	Individual perceptions (P1).....	31
FIGURE 3.2:	Peer pressure (P10).....	34
FIGURE 3.3:	Uncontrolled/Unsupervised Satellite Dish Channels (P6).....	38
FIGURE 3.4:	Example of behavioural problem (P10).....	44
FIGURE 3.5:	Outcome of illicit drug use (P4).....	48
FIGURE 3.6:	Social consequences of drug use by secondary school learners (P9).....	49
FIGURE 3.7:	Hiding away from school because of illicit drug use (P8).....	53

ANNEXURES

ANNEXURE A:	ETHICAL CLEARANCE CERTIFICATE FROM UNIVERSITY OF SOUTH AFRICA.....	87
ANNEXURE B:	LETTER TO REQUEST PERMISSION FROM MINISTRY OF HEALTH AND SOCIAL SERVICES (MOHSS), NAMIBIA.....	88
ANNEXURE C:	ETHICAL APPROVAL FROM MINISTRY OF HEALTH AND SOCIAL SERVICES.....	90
ANNEXURE D:	CONSENT LETTER FOR PARTICIPANTS.....	91
ANNEXURE E:	ASSENT LETTER FOR PARTICIPANTS.....	93
ANNEXURE F:	DATA COLLECTION INSTRUMENT.....	96
ANNEXURE G:	TRANSCRIPT FROM THE SAMPLE INTERVIEW.....	97
ANNEXURE H:	SAMPLE OF SKETCH DRAWING.....	107
ANNEXURE I:	LETTER FROM THE EDITOR.....	108

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The use of illicit drugs among secondary school learners is a grave threat to public health, both internationally and in Namibia, and has attracted growing international recognition. Illicit drug use is now characterised by a concentration among youth, notably young males living in urban environments (United Nations Office on Drugs and Crime (UNODC), 2012:4).

Namibia is one of the major cocaine trafficking routes and shares part of its border with South Africa, a country with an increase in accessibility and availability of illicit drugs (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010:2227). Drug abuse is thus a growing concern in Namibia and is affecting the society in terms of crime, violence, poor academic performance, school dropouts, corruption and drainage of resources that can be used for social and economic development.

Currently, little is known about the use of illicit drugs among secondary school learners in Namibia, and as a result this study sought to explore and describe the use of illicit drugs among secondary school learners in Windhoek, Namibia.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Globally, 0.4% of deaths and 0.9% of Disability-Adjusted Life Years were attributed to illicit drug use in 2004 (World Health Organisation [WHO], 2009:22). The African Union Ministerial Conference on Drug Control report (2004:104) pointed out that 16 African countries have reported abuse of opiates, with prevalence rates ranging from 0.01 to 0.8% for the population aged 15 years and older. In addition, 12 countries reported abuse of cocaine with prevalence ranging from 0.01 to 1.1% for the same age range. The age of those initiated to drug use is diminishing with more in-school and out-of-school youth consuming drugs.

The World Drug Report published by UNODC (2012:1) states that cannabis and amphetamine-type stimulants (ATS) remain the two most widely used illicit drugs globally. South Africa is the world's third largest producer of cannabis and some is exported to its neighbouring countries, including Namibia (Peltzer, et al. 2010:2228). A countrywide survey conducted in Namibia has also shown that ecstasy, heroin, cocaine, dagga, mandrax, alcohol, volatile solvents such as glues, thinners and petrol, are among the drugs abused by adolescents (Strijdom & Angell, 1998:102).

Substance abuse may lead to mental illness. The interaction between mental illness and substance abuse is complex since substances can directly affect neurotransmitters and contribute to the biological causation of mental illness (Hamdulay & Mash, 2011:89). One in three students attending high school in Mitchells Plain, Cape Town, who participated in the study by Hamdulay and Mash (2011:89), reported using illicit drugs and had attempted suicide. This finding aligns with the results of Swendsen, Conway, Degenhardt, Glantz, Jin, Merikangas, Sampson and Kessler (2010:1120), indicating a significant association of mental disorders with substance abuse.

In America, with 4.6% of the world's population, the prevalence of major depressive episodes among the youth aged 12-17 years in 2006, showed that 3.2 million young people reported at least one major depressive episode (MDE) in their lifetime, and 2.0 million youth had a MDE in the year preceding this study (Manchikanti & Singh, 2008:S74). Also, 34.6% of the same age group had used illicit drugs. This makes substance-use disorders a major concern. According to the Windhoek Mental Health Care Center's annual report (2012), substance use disorders were ranked third on the list of the highest number of admissions to Windhoek Mental Health Care, after schizophrenia and mood disorders.

Substance use estimates are likely to change over time, depending on diverse factors such as availability and cost of the substance in the community, existing legislations and their implementation, social perceptions about and attitudes toward the use of particular substances, peer pressure, and other socio-cultural factors (Nischal, Agarwal & Agarwal, 2013:23). This indicates that there are many features associated with the use of illicit drugs among all adolescents.

1.3 RESEARCH PROBLEM

There is coexistence between illicit drug use and other social and health problems (Onyeka, Beynon, Uosukainen, Korhonen, Ilomak, Bell, Paasolainen, Tasa, Tiihonen & Kauhanen, 2013:7). The occupational therapist working in a children's ward at the Windhoek Mental Health Care Centre pointed out that truancy, absenteeism, stealing money, deterioration of school work, failure to complete homework, lying to teachers and parents, fighting at home and school, loss of interest in sports, poor concentration and attention span in class, hallucinations and sleepless nights, were some of the behavioural problems reported by school teachers and caregivers of children using illicit drugs.

Substance abuse at an early stage in life results in mental health and behavioural problems (Hayatbakhsh, Najman, Jamrozik, Mamun, Bor & Alati, 2008:356). Depressive symptoms, psychosis, suicidal thoughts and attempted suicide are some of the mental health problems found to be related to substance abuse (Onyeka, et al. 2013:4). A study by Sihvola, Rose, Dick, Pulkkinen, Marttunen and Kaprio (2008:6) has shown that depressive disorders at the age of 14 years were positively associated with elevated levels of addictive substances used by both boys and girls. Attention problems, delinquency and aggression were also found to be associated with both single and multiple substance use disorders in early adulthood (Hayatbakhsh, et al. 2008:356).

A study by Manchikanti and Singh (2008:S63) has shown that 80% (11 million teens) of America's high school students, and 44% (5 million teens) of middle school learners have personally witnessed illegal drug use, illegal drug dealing, illegal drug possession, and other activities related to drug use on their school premises. Additionally, according to The Namibian (2013:1), 24 out of 30 (80%) learners in one classroom at a secondary school in Windhoek, Namibia, tested positive for drugs.

The clinicians working at the Mental Health Care Centre in Windhoek recorded that 19 secondary school learners in the ward registered with a history of illicit drug use between January and June 2012. The age of those using illicit drugs is decreasing, and this is a threat to the youth of tomorrow.

There are many health problems that may be linked to illicit drug use. Not the least of these is the risk of contracting infections, which is high in drug users who share infected needles (Onyeka, et al. 2013:2). According to Dogra, Lunn and Cooper (2011:110), injecting drug users risk contracting blood-borne viruses such as HIV, hepatitis B and Hepatitis C as a result of contamination from blood or body fluids of infected users. This can lead to septicemia, localised infection or an abscess formation.

Involvement in illicit drug use can increase the risks of being both a victim and/or a perpetrator of violence, while experiencing violence can increase the risks of initiating illicit drug use (WHO, 2009:1). Drug-related violent crime has been classified both as violence arising from the effects of substances and violence associated with the interaction of a psychiatric illness and drug use. Violence can also be linked to the acquisition of drugs and violence connected to disputes between drug users, drug dealers and drug gangs (Dogra, et al. 2011:110). According to Peltzer, et al. (2010:2230), drug users whose rationale is inspiration and creativity, use drugs to overcome social inhibition when performing publicly while others' rationale is to escape from social misery like unemployment, long working hours and poverty. They also pointed out that others use illicit drugs to confront social dangers involving transgressions of taboos like sex workers, criminals and street children.

Illicit drugs may lead to highly risky behaviours like stealing, truancy, and loss of interest in schoolwork. Many of these children, when caught, are punished if they are not suspended or expelled from school. According to The Namibian (2013:1), an increasing number of secondary school children are indulging in drug abuse and teachers put the blame on poor parenting. The Namibian government psychologists at the Windhoek Mental Health Centre routinely treat under-teens and teens who have turned to alcohol after running away from home or after being bullied at school (UNICEF-Namibia, 2007:2).

Some of the school pupils who have been expelled from school end up in juvenile prisons due to the abuse and selling of illicit drugs.

It is important in public health to note the trends of illicit drug use by secondary school learners and in Namibia, there is a lack of research on the trends and epidemiology of illicit drug use among secondary school learners.

In view of the above problem, this study sought to answer the following questions:

- What perceptions do secondary school learners have of illicit drug use?
- What recommendations could be proposed to caregivers and school teachers to manage illicit drugs use by secondary school learners?

1.4 RESEARCH OBJECTIVES

- To explore and describe the perceptions of secondary school learners regarding the use of illicit drugs.
- To propose recommendations to caregivers and school teachers that could help to manage illicit drugs use by the secondary school learners.

1.5 SIGNIFICANCE OF THE STUDY

According to the world drug report by UNODC (2012:iii), illicit drugs undermine economic and social development and contribute to crime, instability, insecurity and the spread of HIV. The risk of dropping out of school as well as suspension of school pupils is high among school learners who use unlawful drugs. Identification of the socio-demographic factors that are associated with illicit drugs use among secondary school learners is a vital step in coming up with strategies to curb this public health problem. Not only can illegal drug use increase the risk of getting mental illness, but it may also cause drug-induced psychosis. This is a debilitating mental illness that leaves the abusers cognitively challenged, leading to reduced functioning in activities of daily living. This research may be an eye opener to the young generation who want to experiment with illicit drugs, and they could learn from the effects of abusing these drugs.

The study will help policy makers, administrators and teachers to come up with strategies that could address socio-demographic challenges that are a threat, not only to the future of illicit drug users but to the economic and social development of the country. It is anticipated that this research will contribute to the management of drug abuse by secondary school learners in Windhoek and Namibia.

It is also anticipated that the results of this study could help the Ministry of Education to better understand the socio-demographic factors that are associated with the use of illicit drugs. Such knowledge could aid in reversing the use of illegal drugs, which is a growing public health concern. The same knowledge could stimulate dialogue among public health students on how to address the use of illegal drugs among secondary school learners. This will further stimulate research on strategies that can be used to address identified socio-demographic factors.

In public health, it is critical to target groups at risk during health promotion. Teachers and school counselors, together with caregivers, could become proactive in the fight against drug abuse. This could be done through supporting school pupils who are at risk of abusing illicit drugs based on profiled or identified demographic factors.

1.6 DEFINITION OF KEY CONCEPTS

The key concepts central to this study are defined as follows:

1.6.1 Illicit drugs

'Illicit drug' is the unlawful manufacture, distribution or trafficking and use of such drugs unlawfully, for example, cocaine and cannabis (UNODC, 2003:89). In this study, 'illicit drug use' refers to all dangerous drugs that were classified as being illegal by the government of Namibia and which are used with the intention to alter the mind in a psychoactive way.

1.6.2 Secondary school learners

'Secondary school learners' are learners between the ages of 14 and 18 attending an intermediate school between elementary school and college/university (Merriam Webster, 2013). In this study, 'secondary school learners' refer to learners enrolled in grade 9 up to grade 12 at secondary schools in Windhoek, Namibia.

1.6.3 Caregiver

A 'caregiver' is a person other than a parent or guardian who takes primary responsibility for the day-to-day care of a child (Namibia Child Care and Protection Act, 2015:12). In this study, a 'caregiver' is a parent, legal guardian or relative who provides support to secondary school learners.

1.6.4 School teacher

A 'school teacher' is a person who teaches in a school (The World Book Dictionary, 2011:1862). In this study, it refers to a person who specifically teaches in a secondary school.

1.6.5 Emotionally stable

'Emotionally stable' means "a strong feeling such as love, fear or anger" (The Oxford Advanced Learner's Dictionary of Current English, 2010:479). The Oxford Advanced Learner's Dictionary of Current English (2010:1447) defines 'stable' as "(of a person) not easily upset or disturbed". This means that an emotionally stable person is a person whose feelings are not easily upset or disturbed. In this study 'emotionally stable' refers to secondary school learners' ability to respond to the study questions appropriately as judged by the health care practitioner on duty and the researcher on the day that his or her interview is conducted.

1.6.6 Coherent

'Coherent' is defined as "(of a person) able to talk clearly" (Oxford Advanced Learner's Dictionary of Current English, 2010:275). According to the Oxford Advanced Learner's Dictionary of Current English (2010:275), to be 'coherent' means to be able to speak clearly, logically and consistently. In this study 'coherent' meant that the secondary school learner had to be able to converse clearly and logically on the day of his or her interview. The coherency with which each learner communicates will be determined by the health care practitioner and the researcher.

1.7 RESEARCH DESIGNS AND METHODS

This part of the study provides an outline of the framework that has been used to collect and analyse data.

1.7.1 Research designs

A qualitative, explorative, descriptive and contextual design was used in this study by the researcher. All matters related to the research design and methodology will be fully discussed in Chapter 2.

1.7.2 Research methods

In this section, a brief description of the research methods used by the researcher during the planning and implementation of the study are outlined. Each section will be discussed in detail in Chapter 2.

1.7.2.1 Population and sampling

The target population was secondary school learners admitted at the Windhoek Mental Health Care Unit, undergoing rehabilitation, with a history of illicit drug use during the time the study was conducted. Non-probability, purposive sampling was used to collect data.

1.7.2.2 Data collection

The researcher collected data through in-depth individual face-to-face interviews drawings and field notes. Data were collected until no new information emerged. Semi-structured interviews were conducted in English.

1.7.2.3 Data analysis

The data were analysed using an inductive method. Inductive reasoning is a process of developing generalisation from specific observations (Polit & Beck, 2012:11).

1.7.3 Measures to ensure trustworthiness

The measures employed to ensure trustworthiness of this study are described as credibility, dependability, confirmability and transferability. These measures are discussed in detail in Chapter 2.

1.8 ETHICAL CONSIDERATIONS

The researcher used school learners as participants and thus gave particular consideration to ethical aspects due to the sensitivity of the nature of the study and the age of the participants involved. The researcher considered the following ethical issues: the right to self-determination, the right to privacy, the right to protection from harm, the right to confidentiality, and right to fair treatment. All ethical concerns will be discussed in detail in the next chapter.

1.9 SCOPE OF THE STUDY

Since illicit drug use is sensitive, some participants may withhold vital information about their social lives. This may result in social desirability bias where participants give answers that they consider socially desirable or least stigmatising (Joubert & Ehrlich, 2010:163). Due to the qualitative nature of this study and the small sample size, the results may not necessarily be generalisable but efforts were made to ensure transferability.

1.10 STRUCTURE OF THE DISSERTATION

In the first chapter (Chapter 1) the research problem and its background information, the purpose, objectives and significance of the study is discussed, the key concepts are defined, and the research design, methodology and the scope of the study are described.

In the next chapter (Chapter 2) the research design and methodology, study population and sample, process of data collection and analysis, and ethical considerations are described.

In Chapter 3 the research results, data management, data analysis, and the research interpretation is presented. The research findings will also be discussed in relation to the existing literature in this chapter.

Chapter 4 contains the conclusion and the limitations of the study. In addition, recommendations for practice and further research are made.

1.11 SUMMARY

In this chapter the introduction, background to the study, research problem statement, purpose, objectives, and the significance of the study is discussed. In addition, the researcher defined the key concepts, the research design and methodology, as well as the scope of the study. The researcher also gave an outline of the structure of the dissertation.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In this chapter the research design, the methodology and the measures used by the researcher to ensure trustworthiness are discussed. The purpose of the study is to explore and describe illicit drug use by secondary school learners in Windhoek, Namibia.

2.2 RESEARCH DESIGN

According to Polit and Beck (2012:58), a research design is the overall plan for obtaining answers to the research questions. This is an exploratory, descriptive and contextual study that was conducted using a qualitative research design because of the nature of the problem that was being researched.

The method ensured contextual understanding of the participants' perceptions of the use of illicit drugs. This design gave the participants a chance to discuss and clarify their beliefs and attitudes towards unlawful drug use. Exploring these perspectives through in-depth interviews constitutes a critical step for developing recommendations that could help to manage illicit drug use by secondary school learners.

Tappen (2011:160) pointed out that a contextual research design is meant to describe a phenomenon within a specific context. The researcher needs to understand the data and observations obtained from the participants within the social meaning that forms it. The researcher provided the participants an opportunity to describe their experience and their understanding on why secondary school learners use illicit drugs within the context of their experience.

Descriptive research is a type of non-experimental study with the purpose of observing, describing and documenting aspects of a situation as it occurs naturally

(Polit & Beck, 2012:226). In this study, this design was used to explore and describe the factors that influenced secondary school learners in Windhoek, Namibia to use illicit drugs.

According to Polit and Beck (2012:18), the goals of exploratory research are to understand the underpinnings of a natural phenomenon and to explain systematic relationships among them. In this study, this design examined systematic relationships among factors that influenced secondary school learners to use illicit drugs that are not allowed at home or school.

2.3 RESEARCH METHODS

The researcher used a set of techniques to determine the sample size, to collect data, to analyse the data, and to report the findings.

2.3.1 Population and sampling

A purposive sampling technique was used. The depth of the data gathered is the primary goal, rather than statistical inference (Joubert & Ehrlich, 2010:323). According to Kumar (2011:207), the primary consideration in purposive sampling is your judgment as to who can provide the best information to achieve the objectives of the study. The researcher will select key individuals from the spectrum in which he is interested (Joubert & Ehrlich, 2010:101). This method uses approaches that do not necessarily ensure that every person of interest in the population has an equal chance of participating in the study (MacNee & McCabe, 2008:123).

The site target population, which, in this case, became the accessible site, was the Windhoek Mental Health Care Unit. No site sampling was done since it was the only government mental health care unit in Windhoek.

The participant population was secondary school learners who have been admitted to the Windhoek Mental Health Care Unit. The participant sample frame was a list of names and contact details of secondary schools learners who have been admitted to

the Windhoek Mental Health Care Unit with a history of illicit drug use, obtained from the children and adolescents ward/or rehabilitation register.

Qualitative studies almost always use small, non-random samples that can provide an information-rich data source within the area of study (Polit & Beck, 2012:515). According to Kumar (2011:213), in qualitative research data is usually collected to the point where no new information is forthcoming or it is negligible – the data saturation point – and this stage determine the sample size. In this study, the participant sample size was 12 and was determined through saturation of data obtained from the participants on illicit drug use.

2.3.1.1 Inclusion criteria

The prospective participants had the following characteristics:

- History of illicit drug use.
- Admission period: 2014.
- Able to communicate in English.
- Age group of 14 – 18 years.
- Attending or attended rehabilitation after diagnosis.

2.3.1.2 Exclusion criteria

- Secondary school learners who are not coherent or emotionally stable at the time of the interview.

2.3.2 Data collection

Data were collected through in-depth individual face-to-face interviews, drawings and field notes. Individual face-to-face interviews were held with secondary school learners who have been admitted to the Windhoek Mental Health Care Unit with a history of illicit drugs use and who are attending rehabilitation. Unstructured

interviews were conducted in English in order to collect data. There was no need for translation of transcripts and no field workers were used.

The researcher sought permission in writing to conduct the research from the Ministry of Health and Social Services, Namibia (See annexure B). The research approval letters from UNISA, Department Health Studies, Higher degrees (See annexure A) and Ethics committees and Ministry of Health and Social Services (See annexure C) were given to the Director of Windhoek Mental Health Care Unit who presented them to the Management committee. This enabled the researcher to have access to the register of the children and adolescents ward as well as the rehabilitation register. In addition, permission was granted to use the resources and support from the institutional management.

Informed consent was obtained from the participants' parents or legal guardian (See annexure D) for learners who participated in the study. Assent was obtained from the secondary school learners (See annexure E) under the age of 18 years. Consent was obtained from learners aged 18 years.

The researcher used a quiet room in the rehabilitation department at the Windhoek Mental Health Care Unit. On the assent letters the researcher provided clear information about the research process, the risks and benefits of the research, and also reminded the participants of their rights. An opportunity was given to the participants to ask questions for further clarifications on issues regarding the study. Each participant signed the assent or consent letter. The participant decided on the time he/she was available to be interviewed.

The participants were interviewed separately to ensure confidentiality and before the interview they were first given an opportunity to draw the experiences that led them to illicit drugs use and how they were affected by the drugs (See annexure H). In order to establish a good rapport, the researcher showed respect for the participants. The researcher used an interview guide (See annexure F) which contained the grand tour question as well as a few guiding questions. The interview guide assisted the researcher in remembering to ask questions that were relevant concerning the research questions. The researcher demonstrated good communication techniques

(such as probing, clarifying, reflecting, summarising and active listening) in order to gather in-depth information and the interviews were audio recorded to capture the whole session and field notes were written (See annexure G).

Drawings were used to triangulate the data. The use of drawings and naïve sketches in qualitative health research is particularly relevant in exploring personal experiences, attitudes and feelings, as well as relating experiences and views (Moagi, 2014). In the case of drawings, participants use projection for understanding underlying motives, needs or wishes that cannot be secured through direct questioning, as participants either fight against revealing them or are unable to uncover the experiences by themselves.

Field notes were created in order to help the researcher to record and remember the behaviours, activities, and thoughts shared by the participants including the features of the setting related to the participants' experience. The researcher jotted notes to help recalling things said by participants before recordings, during recordings and drawings, and some thoughts shared after the recordings. The field notes allowed the researcher to shift attention in ways that can foster a more developed investigation of emerging themes.

2.3.3 Pilot interview

According to Olsen (2012:37), a pilot interview can be a useful basis for running through all the research procedures (first transcription, then coding and analysis) that are planned. Before conducting the main study, the researcher conducted a pilot interview with two participants to test the feasibility of the proposed research procedures. A small amount of data was gathered in order to test the research procedures and to identify possible challenges in data collection protocol. The pilot interview results had rich data, giving the researcher an overview of the research proceedings. The pilot interview results were analysed as part of the study.

2.3.4 Literature control

A thorough literature review provides a foundation on which to base new evidence (Polit & Beck, 2012:58) and usually forms part of the research protocol, thesis, grant application or research publication, but may also be a standalone activity (Joubert & Ehrlich, 2010:66). Literature control aided the researcher to support and clarify emerging outcome/results of the study. In this study, literature will be reflected during the discussion of the results.

2.4 DATA ANALYSIS

According to Polit and Beck (2012:562), qualitative analysis of data involves discovering pervasive ideas and searching for general concepts through an inductive process. Data analysis methods are procedures for manipulating data so that the research question can be answered, usually by identifying significant patterns (Perri & Bellamy, 2012:10). The audio-recordings for the interviews were transcribed verbatim for content analysis (See annexure G), which the researcher used to explore the collected and organised data in detail for common themes (Joubert & Ehrlich, 2010:324). Since this data was collected through interactive means, the researcher began the analysis with some prior knowledge and some initial analytic interest or thoughts. Thematic analysis of data was conducted which involves not only discovering commonalities across participants but seeks natural variation (Polit & Beck, 2012:562). Data was coded according to the conceptual framework developed from the literature. The transcribed data was broken up into manageable themes, patterns, trends, variations and relationships.

The analytic process started during data collection. The data was repeatedly read by the researcher in order to become familiar with it before major topics and broad categories related to illicit drug use were identified and noted. The major themes were then abbreviated as codes. The most descriptive titles for the major topics were turned into categories.

Data analysis involved identifying themes through generating codes which were sorted into categories into which ideas were collected based on the way the

information on illicit drug use by secondary school learners was related. Therefore, the next step was the process of coding and categorising the content of data in order to bring meaning to the transcribed data. The procedure was carried out several times. Categories were developed through analysis and were used to collect additional data that was then coded and categorised again until data saturation was reached (MacNee & McCabe, 2008:72). The process entailed coding using the participants' own words and phrases without preconceived categorisation. Codes were then assorted into categories on how they are related. A refinement of the themes was done. Each data belonging to different categories was grouped in one place, and a preliminary analysis was conducted.

An experienced person in research was used as independent co-coder to analyse data independently. A discussion meeting was held with the independent co-coder in order to address the gaps identified in different categories. Categorised data was compared and changes were made after consensus was reached. In addition, continuous technical supervision was rendered by the research supervisor. The researcher requested language and technical editing from an experienced editor (See annexure I).

2.5 ETHICAL CONSIDERATION

According to Polit and Beck (2012:150), when humans are used as study participants, care must be exercised to ensure that their rights are protected. This was done by seeking permission from the research ethics committee, the relevant institution, caregivers, and the participants. The researcher obtained permission from the caregivers through a written consent letter, which they signed. Furthermore, consent was obtained from the participants through signing a simple written assent letter. The researcher explained the benefits and/or effects of the research to the participants and the community.

2.5.1 Right to self-determination

People have the legal right to decide and control their own destiny. The researcher informed the potential participants about the proposed study and allowed them to

voluntarily choose whether to participate. The participants were not pressured to take part in the study. They were informed that they can withdraw from the study at any time without any penalty. It is important to note that there was no covert data collection.

2.5.2 Right to privacy

Participants have the right to decide on the extent of information to share. The learners' confidentiality was assured. No names were used during the research and any information gathered was protected. Pseudonyms were used to represent individuals' ideas, opinions or beliefs. Interviews also took place in a private and quiet room.

2.5.3 Right to protection from harm

The right to protection from harm is based on the principle of beneficence. This study constitutes a non-experimental research, hence no physical harm or discomfort was inflicted on the participants. However, the information that needed to be collected could trigger emotional discomfort such as anxiety, since the use of illicit drugs is sensitive in nature. The researcher made every effort to minimise the risk of psychological discomfort by protecting participants' privacy and ensuring anonymity. The researcher avoided deceptive practices in research designing. In addition, informed consent was obtained from participants, and they had the right to withdraw from participating in the research at any time. In the event of psychological discomfort during and after the research, the researcher had organised specialists (a psychologist, a social worker and an occupational therapist) to provide psychosocial support to participants at no cost. The participants received contact details of the researcher and the specialists.

2.5.4 Right to confidentiality

The duty of the researcher is to safeguard information shared by the participants. Data was collected in such a way that no individual responses could be recognised. No names were used. The researcher was the only person to transcribe the data. All

data gathered was kept in a lockable cabinet and office. Information entered into the computer was password protected. Data files will be shredded two years after the publication of the findings and information on computer hard drive will be deleted using software designed to remove data in storage devices.

2.5.5 Right to fair treatment

Selection of participants was fair and was carried out according to the eligibility criteria based on the research design. No financial rewards were given for taking part in this research, and no penalty or fine was charged for declining to participate.

2.6 MEASURES TO ENSURE TRUSTWORTHINESS

Four indicators were employed by the researcher in order to improve the quality of the inquiry. These indicators, namely credibility, dependability, confirmability and transferability, are measures of trustworthiness (Tappen, 2011:153-161) and have ensured standardisation of research tools that enhanced the findings of the research.

2.6.1 Credibility

According to Polit and Beck (2008:539), 'credibility' refers to confidence in the truth of the data and interpretation thereof. The moderator prolonged the engagement of participants in order to gather rich information. Interviews lasted for an hour. In addition to the assigned supervisor, the researcher also enlisted the help of peers who have competent data analysis skills. The sources of data, data collection techniques, an independent investigator and the researcher's analysis were triangulated. Member checking was carried out where participants reviewed and rated the summary of the procedure and that of the final results of the enquiry. Reflexivity was practiced through the use of field notes and a reflective diary in which the researcher reflected on his own values, judgments, feelings and other possible biases.

2.6.2 Dependability

According to Brown (2005:32), dependability refers to accounting for all the changing conditions in the study as well as any changes in the design of the study that were needed to get a better understanding of the context. The researcher recorded each research process and methodology in detail. Debriefing data analysis with other colleagues who have research skills also took place. This enabled other independent researchers to understand the methods employed in this research, and their effectiveness. Reliability of data over time was improved through auditing of the work by an independent peer who is doing a Ph.D. in occupational therapy.

2.6.3 Confirmability

Confirmability is when the reader of the research report could be able to examine the data to confirm the results or interpretations (Brown, 2005:32). The researcher made use of an external competent peer, who is doing a Ph.D. in occupational therapy, to complete an audit trail and determine if the findings reflect the participants' discussions and the data analysis procedure. Another competent peer was used to improve objectivity in the data's relevance and meaning. In addition, the researcher conducted a thorough literature review on the same subjects to confirm interpretations. A chain of evidence was provided.

2.6.4 Transferability

Transferability refers to the generalisability of data or the extent to which findings can be transferred to other settings (Polit & Beck, 2008:539). The researcher conducted interviews until data saturation was reached, and then sufficient thick descriptive data was provided based on the information collected. The researcher supplied highly detailed descriptions of the discussions held and the methods used. Several data analysis methods that were used to generate answers to the research were attached. Purposive sampling techniques were used to ensure that information-rich cases were selected.

2.7 SUMMARY

In this chapter the research design, the research methods, and the measures to ensure trustworthiness used in the study was explained.

CHAPTER 3

FINDINGS AND DISCUSSION

3.1 INTRODUCTION

In the previous chapter the research design and the methods used in this study were discussed. In this chapter the findings of the study, illicit drug use by secondary school learners in Windhoek, Namibia are presented. The chapter focuses on the description of the demographic profile of participants, followed by the findings and the discussion of the findings. The findings are discussed under themes, categories and codes based on the verbatim transcription of the in-depth individual face-to-face interviews, drawings and field notes.

3.2 DESCRIPTION OF THE DEMOGRAPHIC DATA OF PARTICIPANTS

The target population consisted of secondary school learners with a history of illicit drug use admitted at a Windhoek Mental Health Hospital undergoing rehabilitation. These participants used their personal experiences to describe the perception of secondary school learners regarding the use of illicit drugs. The data were gathered from 12 participants through in-depth individual face-to-face interviews, drawings and field notes. The following table shows the demographic profile of the participants.

TABLE 3.1: Summary of sample characteristics

CHARACTERISTIC		VALUE
Gender	Female	4
	Male	8
Age (years)	Range	16 - 18
	Mean	17
Race	Black	12
Tribe	Oshiwambo	3
	Damara	5
	Tswana	1
	Otjiherero	3

CHARACTERISTIC		VALUE
Grade started using illicit drugs	4	1
	5	1
	6	3
	7	2
	8	2
	9	2
	10	1

Though all the participants were secondary school learners with a history of illicit drug use, there were variations in terms of age, culture, gender and duration of illicit drug use as displayed in Table 3.1 above. The participants were predominantly males (66.67 %) with mean age of 17. The study by Manchikanti and Singh (2008:S70) has shown that the rate of marijuana use for males was about twice as high as the rate for females. The participants were all black and belonged to different cultures, including Oshiwambo (25%), Damara (41.67%), Tswana (8.33%) and Otjiherero (25%). This research did not examine the sources and consequences of the disparities among different ethnic groups.

Participants predominantly started using illicit drugs between grades 4 to 10; 58.33% of the participants began using illicit drugs between grades 4 to 7, suggesting that an increase in the early use of illicit drugs may lead to a later propensity for more frequent, even possibly daily, use of illicit drugs. Based on findings from Peltzer's (2009:381) study that younger age and lower school grade were associated with tobacco use, it is a matter of great concern that this much illicit drug use is prevalent so early in this sample. In another study by Peltzer, et al. (2010:2237), the age of initiation of drug use appears to be decreasing. This supports the goals that need to be addressed; of decreasing the proportion of children using substances and delaying the age of onset of substance use, as highlighted by Nischal, et al. (2013:24). These findings support one participant's experience at his school as well as at some neighbouring schools:

“From my school and the other neighboring school, I think maybe about 70% of secondary school learners are using the drugs. It is common to use drugs and they are used everywhere. Primary school children in grade 5, 6 and 7 are also doing the same. Do you know benzene, the one for cleaning and stuff, they are using it at school” P4.

3.3 DISCUSSION OF FINDINGS

Secondary school learners had many reasons for using illicit drugs, including vulnerability, physical, psychological and social challenges. The initial experience of illicit drug use by secondary school learners was one of enjoyment and this initial enjoyment led to the use of stronger drugs, eventually leading to addiction. Addiction directed a downward spiral causing behavioural problems, emotional distress, physical changes and social challenges, and often resulted in conflict with the law. These challenges culminated in school grades dropping or the learner failing. It is difficult to get out of the spiral or to stop illicit drug use, and although participants wanted to recapture their lives, they needed support.

During analysis, themes, categories and codes emerged from the interview transcripts as summarised in Table 3.2. Each theme is discussed with verbatim quotes from participants in italics.

TABLE 3.2: Themes and categories on illicit drug use by secondary school learners in Windhoek

THEME	CATEGORY	CODES
Reasons for starting illicit drug use	Vulnerability	Orphans or single parent families
	Physical challenges	Lack of basic needs
	Psychological challenges	Problems at home Provided short-term psychological relief Rebellion towards authority

THEME	CATEGORY	CODES
	Social challenges	Peer pressure and perceptions of use by peers Parental Challenges <i>Insufficient parental supervision</i> <i>Lack of communication and interaction with parents.</i> <i>Inconsistent or excessively severe discipline</i>
		Family conflict
Process and dynamics	Initial enjoyment leads to using stronger drugs	Becoming addicted
A downward spiral	Behavioural problems	Hustling, lying and stealing
	Emotional distress	Feeling hopeless, lonely and disappointed
	Physical changes	Cognitive symptoms
		Cravings
	Social challenges	Family conflict
		Losing friends
	Conflict with the law	Criminal offences
	Challenges in school	Grades dropping or failing
Hitting bottom	Difficulty in giving up	Withdrawal symptoms
Recapturing their lives	The role of support	Religion
		Rehabilitation

3.3.1 Theme 1: Reasons for starting illicit drug use

The first theme referred to the reasons why secondary school learners used illicit drugs. Vulnerability, physical changes, psychological and social challenges experienced by secondary school learners in Windhoek, Namibia, were viewed as major reasons for starting to use illicit drugs.

According to Galea, Nandi and Vlahov (2004:36), several academic disciplines (including sociology, psychology, anthropology, and epidemiology) suggest that the etiology of substance use and abuse is multifactorial and that genetic, psychological, and social factors are all determinants of substance use. The study by Onyeka, et al. (2013:7) also highlighted the coexistence of illicit drug use with other social and health problems.

Some of the findings of this study on the causes of illicit drug use matches with studies by Ondieki and Mokua (2012:466), who identified psychological factors, psychiatric factors, family-related factors, peer influence, mass media advertisements, accessibility and affordability, as factors causing drug use and abuse among adolescents. It should be noted that all participants primarily faced two or more challenges, leading them to engage in drug abuse. The categories are discussed below.

3.3.1.1 Vulnerability

Vulnerability means "a high probability of a negative outcome", or an expected welfare loss above a socially accepted norm, which results from risky/uncertain events, and the lack of appropriate risk management instruments (World Bank OVC toolkit, 2005:8).

a) Orphans or single parent families

Vulnerable children include those adolescents under the age of 18 orphaned by the death of one or both parents, lacking adequate care and protection, those who are abused by their carers, and those living in poverty. About 42% of the participants in this research were orphans, which made them vulnerable. Vulnerability leaves secondary school learners at risk of using illicit drugs. Some of the vulnerable participants said:

"My parents just died a few years back. My whole reason for my life to change was, you see, there was no one. I couldn't say mom this and that. There was nobody for me that could also encourage me. I

was stressed and no one was there for me. I just wanted to stay with my friends and then I started using drugs” P2.

“I think maybe it’s the problems like at home you know maybe your parent died, like my father died. Now I started using weed smoking it sometimes it makes you feel better not sometimes but always” P4.

“My daddy separated with his wife and got married to my stepmother who is bad so I can’t stay with them. My mother is the same story that’s why I came down here to stay with my uncle. You can see what kind of life I went through that I have to come down here and suffer more” P7.

Jacob and Seshadri (2013:43) mentioned that parenting evolved for protection and survival of a vulnerable human child. According to UNODC, World Drug Report (2012:64), a number of vulnerable groups have become increasingly affected by illicit drug use, and drug use have been linked to factors such as poverty, instability, exposure to violence, post-traumatic stress disorders, neglect and abuse, and household dysfunction. Such factors resulted in stressful life events exposing secondary school learners, who are vulnerable adolescents, to the use of illicit drugs. Adolescence is viewed as a developmental period when children may be particularly vulnerable to the negative effects of stress (Suldo, Shaunessy & Hardesty, 2008:273).

Literature has shown that it is not only secondary school learners who have lost one or both parents who are vulnerable to substance use. Research conducted by Nischal, et al. (2013:22-23) indicates maximum evidence of substance use among children with a family history of substance abuse and those with behaviour problems. Three of the participants (P1, P4 and P7) were reported to have a family history of substance abuse by their Occupational Therapist. It can thus be argued that secondary school learners who have lost one or both parents and those whose parents have a history of substance abuse are more vulnerable to illicit drug use.

3.3.1.2 Physical changes

Physical changes are circumstances experienced by secondary school learners in relation to their ability to access basic needs. The common basic needs stated by participants were a lack of food and love. Some participants experienced physical changes leading to illicit drug use. These participants specified that their caregivers did not provide them with sufficient basic needs.

a) Lack of basic needs

The physical changes experienced by some of the participants were a lack of basic needs such as food, love and care. Secondary school learners felt that the lack of basic needs made them more vulnerable to illicit drug use. This is what some of the participants experienced:

“Again there was no food, not even the usual pap. The last thing she told me before I left for school was: “leave that school of yours and go look for a job to help in this house” P1.

“He also makes sure that there was food at home....my mother does not care about us. Maybe she is also stressed looking for money to buy food. She has no time for family” P4.

“It was not lack of supervision but lack of care, tenderness and love and all that. You know when a parent is supposed to be there for you, yeah” P11.

Lack of basic needs was experienced by most vulnerable secondary school learners in this research, confirming that child vulnerability is a downward spiral where each shock leads to a new level of vulnerability and each new level of vulnerability becomes a host of new risks (World Bank OVC toolkit, 2005:8). According to Peltzer (2009:382), poverty has seen adolescents being hungry due to a lack of food at home, which was significantly associated with risky drinking, tobacco use, and illicit drug use.

However, findings from two participants contradicted verdicts that a lack of basic needs could lead to illicit drug use. This is supported by the following quotes from the two participants:

“I have friends from rich families. They are doing it for fun man, just to get the feeling” P4.

“Ok, I sent one Herero guy (to buy drugs) and gave him money for 3 cool drinks since money was not a problem in my family” P6.

This was supported by Freeman, White and Roche (2011:594), whose findings have shown that disposable income and socio-economic disadvantage reveal a complex picture of the influence of economic factors on illicit drug use. They concluded that while living in a more disadvantaged area may increase drug use, having money to spend on illicit drugs also facilitate drug use. According to The Namibian newspaper (February 20, 2015:3), the principal at Negumbo senior secondary school in Namibia encouraged parents not to give their children more money than is needed for basics since it can tempt them to visit *cuca* shops and end up drinking. Thus, in simple terms, one can conclude that having more disposable pocket-money is likely associated with a greater likelihood of illicit drug use since excess pocket-money influence secondary school children’s decision on buying and using illicit drugs.

3.3.1.3 Psychological challenges

Psychological challenges explain the phenomena within the individual’s mind as important determinants of behaviour that comes as a result of how he/she feels or that is motivated by circumstances. Problems at home, the need for short-term psychological relief from illicit drugs, and rebellion towards authority, were identified as psychological challenges experienced by some participants, which put them at risk of using illicit drugs. Participants reported experiencing anger, stress, distress and distractibility that contributed to their need for feeling ‘high’ by using illicit drugs.

a) Problems at home

The participants encountered different challenges within their home environment leading to life being perceived as stressful. The following statements show some participants' perceptions of their home environments:

"I had problems at home, and I needed something to take my mind off these problems. Just to relax, without having to worry that I can't concentrate on my homework because I have not eaten for two days" P1.

"I was not happy at home, social problems and no food. My uncle gave me pressure; he always comes back home late and drunk just to argue with me on silly things because he is fighting with his wife" P4.

"Yes {sarcastic smile}, I know that peer pressure also contributed but it is because of everyday stress that weakened my power to say no to the drugs" P7.

Stress is a state of distress in an individual in response to environmental precipitants (Suldo, et al. 2008:273). Secondary school learners experienced different problems at home. According to Macleod, Oakes, Copello, Crome, Egger, Hickman, Oppenkowski, Stokes-Lampard and Smith (2004:1585), psychosocial problems might be more a cause than a consequence of cannabis use. The study by Suldo, et al. (2008:286) have shown that family communication was negatively correlated with perceived stress and associated with increased life satisfaction, while anger coping and negative avoidance was primarily comprised of items related to substance abuse. Furthermore, they pointed out that those students who were able to talk with a family member, think positively, and spend time with a close family member when faced with stress, were often happier with their lives. Negative avoidance coping came as a strong predictor for internalising behaviour among students who use drugs or alcohol to cope with stress (Suldo, et al. 2008:286).

Interestingly, the literature in Macleod, et al's. (2004:1579) findings stated that drug use was viewed, first as a consequence, rather than a cause of psychosocial problems. Arguably, one can conclude that illicit drug use can be a consequence of psychological and social problems or vice versa.

b) Short-term psychological relief provided by illicit drugs

Psychological relief is the pleasure and enjoyment that secondary school learners experienced when they used illicit drugs for the first time. All participants experienced this feeling of pleasure and enjoyment (psychological relief) after they used illicit drugs for the first time. This is supported by the drawing that illustrates the individual's perception that drugs provide psychological relief (P1):



FIGURE 3.1: Individual perceptions (P1)

From Figure 3.1 it can be deduced that the participant (P1) described a need to feel relaxed, happy and high, which led her to use illicit drugs. Other participants

described the feelings they experienced after using illicit drugs as shown in the following quotes:

“It made me remember my past and it was a great feeling man, I listened to music, I enjoy the music. Everything you just enjoy it” P2.

“I would smoke one per day alone and I felt high” P6.

“I was angry, I was already stressed and it’s like it’s my favourite channel he knows that. He just turned it off like he made me feel like just getting something that can make me high” P8.

According to O’Malley and Valverde (2004:26), governmental discourse about drug and alcohol use is silent about pleasure and enjoyment as the main reasons for using illicit drugs because it encourages use. Lancaster and Hughes (2013:26) cited the commercial advertisement of alcohol that they said certainly promotes images of enjoyment. Furthermore, they mentioned that illicit drug use would help young people to feel more relaxed and have more fun. According to Manchikanti and Singh (2008:S76), 20% of the teens they surveyed said that the most popular kids at their school had a reputation for using illegal drugs, and 52% of kids believed that the use of alcohol or illegal drugs was cool.

c) Rebellion towards authority

Rebellion towards authority is defined as behaviour exhibited by secondary school learners whereby they become difficult to control and do not behave in the way they are expected to by their caregivers or teachers. One of the participants was forced by her caregiver to leave school and go to work. This made her use illicit drugs:

“I woke up one morning, and had a heavy argument with my mom... I couldn’t take it. I got up, went to my room, and looked for my school bag. I removed all the books and put in some clothes, which was almost all the clothes I had, and ran out of the house. I ran

down the street, knowing very well that there is nowhere I can go”
P1.

Another participant had this to say:

“Now when she is giving me that pressure neh, like always confronting me, me I will just go on the streets, just hustling for money. Because you just want to be high you see” P2.

Research by Hamdulay and Mash (2011:88) has shown that learners who had problems with alcohol had higher rates of rebelliousness. According to Manchikanti and Singh (2008:S75), parents’ attitudes and expectations can significantly influence teen behaviour and substance abuse risk in schools. In addition, they found that 59% of parents, unfortunately, believe the goal of making their child’s school drug-free is unrealistic, while only 41% considered this a realistic goal.

3.3.1.4 Social challenges

There was a wide range of social challenges identified by secondary school learners that made them turn to illicit drugs use. Apart from increased availability, promotion, and demand of drugs (Peltzer, et al. 2010:2237), peer pressure, insufficient parental supervision, lack of communication and interaction with parents and irreconcilable family conflicts were identified as social challenges that contributed to the increasing magnitude of illicit drug use by secondary school learners. The findings by Lancaster and Hughes (2013:26) revealed that problems in the social domain were considered more likely in young people’s lives than consequences such as addiction or getting into trouble with the police.

a) Peer pressure and perceptions of use by peers

Peer pressure happens when young people let themselves be pushed by persons or a group of people of similar age, having a close association towards certain decisions or action in order to gain recognition or to fit in (Ministry of Education, Namibia, 2006:49). In this research, the majority of the participants have indicated

peer pressure as another reason for using illicit drugs. Peer relationships are important for secondary school learners as a primary group where behaviour is learnt. In other words, if their friends in the group use illicit drugs, secondary school learners are more likely to get positive social reinforcement from their peers for using such drugs. The drawing below illustrates the scenario that led one participant (P10) to use illicit drugs:



FIGURE 3.2: Peer pressure (P10)

Most participants experienced a wider peer effect in addition to other factors. Some of the participants mentioned the following in relation to wider peer effect:

“Ok for me, it’s something I did because my friends were doing it. They offered me several times. I thought to myself I was losing them so I was feeling lonely” P10.

“They offered me the stuff and told me to try it and you will like it. It removes your stress. So I tried it and I felt grown up and fitting in the group” P9.

“I told my friend who used to pressure me before to take drugs all along when I used to say no, that I needed something strong to knock me off from stress” P7.

“My friends were just in the street in Golgotha. One day they asked me let me take that marijuana and put it on my mouth and smoke it. Then I try it, then I see that this thing is making me better” P3

Findings of this research on the effect of peer pressure are consistent with other research findings. The research by Moodley, Matjila and Moosa (2012:8) has shown a significant association between cannabis use and the number of the learner’s five closest friends who used cannabis. In other words, the insecure youth finds comfort and approval by conforming to the standards of a peer group (Ondieki & Mokuu, 2012:467). The Namibian newspaper (October 31, 2013:1) quoted Education Minister David Namwandi, as saying “pupils were allegedly smuggling illicit drugs and passing them on to peers on school ground for a small fee”. In addition, according to Minister Namwandi, a test was carried out in a class of 30 learners where 24 tested positive for drugs, thus 80% of the class (The Namibian, October 31, 2013:1).

Different researchers suggested that peer systems play an important role in illicit drug use. Wider peer effect caused initiation of substance use (Best, Gross, Manning, Gossop, Witton & Strang, 2005:487) while increase in peer disapproval was associated with a decrease in marijuana usage, and increase in peer drug use was associated with increased marijuana consumption (Horner, Grogan-Kaylor, Delva, Bares, Andrade & Castillo, 2011:169). Furthermore, peer substance use was found to be consistently and positively correlated with increased drug use (Horner, et al. 2011:170).

b) Parental challenges

Parental challenges are problems experienced by a parent or both parents in the upbringing of a family. The parental challenges identified by some of the participants were insufficient parental supervision, lack of communication and interaction with parents, and inconsistent or severe discipline. These parental challenges form some of the factors which led to illicit drug use by secondary school learners.

According to Manchikanti and Singh (2008:S76), parents and teens have disconnected, with different concerns and opinions regarding the problem of drugs. In their literature, they further cited that 45% of parents thought that the most important challenges faced by teenagers were social pressure, while 11% thought it was drugs and alcohol. In contrast, 24% of teens cited drugs, including alcohol, as the most important challenge. Bezuidenhout (2004:123) said that adolescents with substance abusing parents experienced a higher rate of parental and/or family problems than adolescents whose parents did not abuse substances. The study by Vaughn, Shook, Perron, Abdon and Ahmedani (2011:109) reaffirmed that effective parenting, communication, and parental supervision can attenuate the relationships among drug selling, drug usage, and related problem behaviours.

b.i) Insufficient parental supervision

Insufficient parental supervision is inadequate parenting where little attention is given to monitoring or looking after the child's activities and whereabouts. Some of the participants in this study have shown that a lack of parental supervision or monitoring has contributed to illicit drug use. The statements below indicate how secondary school learners manipulated what they viewed as inconsistent parental supervision:

“If you are coming with your red eyes, you will just go to the room, you will not even come into the sitting room to sit with them because that is where they will smell it even” P2.

“They did not notice that I was smoking these drugs. I used to cover it with brushing my teeth and uh from eating sweets and bubble gums and things like that” P3.

“Every time I smoke I will sleep at my friend’s place. I will come home on the next day. It was cool with them but it was now becoming too much. I will lie to them every time of where I was because I go home late on Wednesday if I don’t sleep at a friend’s place. I also lie about what I am using money for” P9.

When monitoring is low and adolescents do not perceive that their parents are supervising their activities closely, they are likely to let their own preferences guide their behaviour (Bahr, Hoffmann & Yang, 2005:531). The findings by Horner, et al. (2011:169) have shown that parental monitoring displays consistent relationship with reduced substance use among families in Chile. Parental supervision is important to help to prevent secondary school learners from using illicit drugs.

Sometimes adequate parental supervision is affected by distance where a parent is working in relation to the area where the child is schooling. One participant had this to say:

“You know my mom used to stay at the school she was teaching and father at the farm or go to his business. The small time they come they were very busy with money” P6.

This finding is supported by Ayvasik and Su’Mer’s (2010:499) conclusion in their research where they speculated that if the mother’s level of education increases, she is more likely to be employed outside the home and will thus be less likely to monitor her growing children, which may contribute to factors leading to illicit drug use.

Secondary school learners who spent most of their time unsupervised on social networking sites and satellite dish channels are likely to be influenced by what they view on those sights. The social networking sights include those with pictures of peers using drugs and those with images of intoxicated actors or musicians. This is

supported by the following drawing that illustrates the scenario that led one participant (P6) to use illicit drugs:

Can you please draw a picture which best describes the scenario that led you to engage in illicit drug use. 39

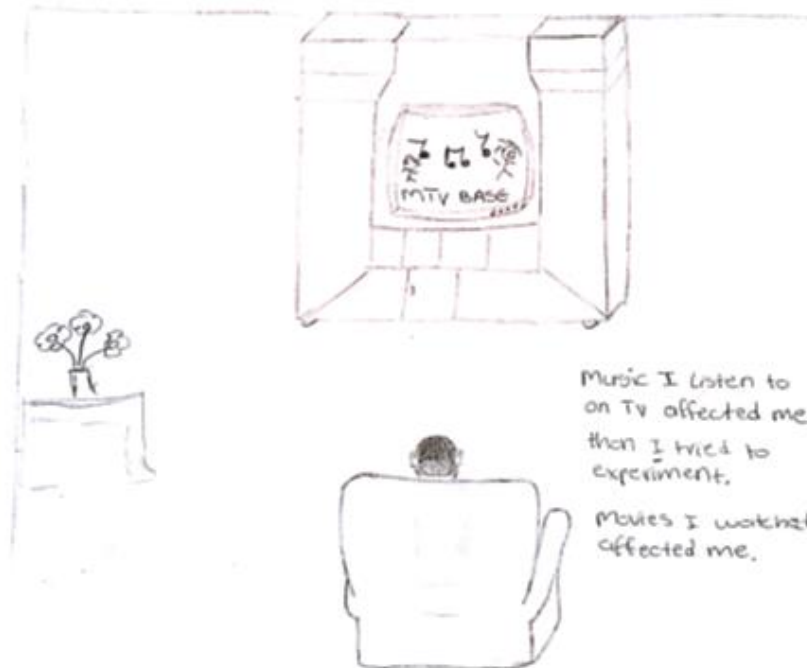


FIGURE 3.3: Uncontrolled/Unsupervised Satellite Dish Channels (P6)

In addition to the drawing by the participant (P6), the following quote shows the effects of insufficient parental supervision on the programmes watched on Satellite Dish Channels:

“It’s like we have one dish outside connected to the decoder in my mummy and daddy’s main room then ours is connected to the sitting room. We control ours fully. Yeah, they don’t spend too much time in the sitting room so we are free to watch what we want. Music channels...MTV base, CHO and trace...I like it. I can stay in the house until tomorrow. My daddy did not think of controlling what we see as kids using age restriction control buttons” P6.

Lack of parental or guardian supervision is associated with illicit drug use (Pengpid & Peltzer, 2013:271-272). The results by Vaughn, et al. (2011:106) indicated that parental involvement and supervision were uniformly and significantly associated with a reduced likelihood of selling drugs. Therefore, one can conclude that parental monitoring skill is a viable method of preventing illicit drug use by secondary school learners.

b.ii) Lack of communication and interaction with parents

Communication and interaction involve speaking, discussing, listening to and addressing the needs of children. This interaction is important in child support, growth and development. Secondary school learners feel neglected if there is no communication and interaction with their caregivers. Neglect of children and young people, which is defined as unresponsiveness to one's emotional needs, is a significant problem (Moran, 2009:2). One participant relayed his experience of a lack of communication and interaction with his caregivers as follows:

“Six o'clock they are up, they say morning and I say morning. They go to the bar we call it shabeen. Midnight or late they come back when I am asleep. Then the next day is just like that basically we do not communicate. My uncle and aunt did not have time with me” P7.

“The only time my parents came there was when they took me to the hospital basically and when they came to get me out. So nothing in between I did not see them until they came to get me out. Only my friends, who are the gang used to visit me, the usual thing like a family” P7

The research findings by Bahr, et al. (2005:531) have shown that the adolescents who were not close to their parents did not feel as constrained to conform to the desires of their parents and they were more likely to experiment with drugs. Frequency of contact, the amount of time spent together and perceived accessibility and availability of the father is also important (Allen & Daly, 2007:22).

b.iii) Inconsistent or excessively severe discipline

Discipline is the amount of control on children's activities to determine the best course of action. Some participants regarded inconsistent or excessively severe discipline as a factor contributing to illicit drug use. This is supported by the following participant's experience:

"He was too strict. He never gives me space at all I need space to breathe and stuff. My father wants to tell me to do this not that every time" P8.

"There was a programme I tuned I wanted to watch. He came from his bedroom and switch off the Tv. I smoke my first cigarette when he turned off my programme I was watching that same day but at night" P8.

According to Jacob and Seshadri (2013:46), excessive intrusiveness may, in turn, prevent the child from developing adequate coping strategies. Therefore, secondary school learners who cope with stress by ventilating their feelings are more likely to use illicit drugs to alleviate emotional distress.

c) Family conflict

Family conflicts arise when there are incompatible demands between family members resulting in fights and neglect. Below are some of the experiences faced by the participants:

"My uncle gave me pressure, he always come back home late and drunk, just to argue with me on silly things because he is fighting with his wife" P12.

"I moved over here to stay with my stepmother and daddy. This was a new government I tell you. New mother who has no idea or care for me. Here now we never ever really understood each other

with my step mother. My stepmother used to watch TV, all her programmes and I could not watch mine at all” P8.

“My grandmother, she is a Christian you see; she doesn’t want me in her house. Now when she is giving me that pressure neh, like always confronting me, me I will just go on the streets” P2.

Adverse family conditions during childhood were identified as an important social determinant of using illicit drugs (Galea, et al. 2004:41). According to Bahr, et al. (2005:530), family relationships are important for adolescent drug use because attitudes and behaviours about alcohol and other drugs are learnt. Further findings by Bahr, et al. (2005:548) indicated that families and other adults may produce significant antisocial influences among adolescents. According to Galea, et al. (2004:39), one’s family characteristics during childhood or adolescence (including poor relationships between parents and children, parental educational attainment, and possibly parental substance use) appear to be the primary social factors associated with the initiation of smoking and drinking alcohol.

3.3.2 Theme 2: Process and dynamics

Theme 2, process and dynamics, describe a sequence of events and challenges that led to addiction and the complications and challenges that came up as a result of addiction. In this research, a downward spiral refers to a situation where secondary school learners continuously use illicit drugs, engage in risk-taking and delinquent behaviours and do not know how to stop it. Under this theme, initial enjoyment that lead to using stronger drugs, behavioural problems, emotional distress, physical changes, social changes, conflict with the law, and challenges in school are discussed as categories below. All participants experienced a downward spiral ending in a web of new risks. This is supported by what one participant stated:

“The second thing is you lose yourself in the process and forget the direction of life. You come to a point when you tell yourself that I can’t do anything except using drugs and drink, drink, drink” P10.

This means the situation is getting worse because of the side effects of the drugs. Research by Bezinović and Malatestinić (2009:163) confirmed that exposure to substance use can also lead to the adoption of other forms of risk-taking, and criminal and delinquent behaviour. Therefore, continuous use of illicit drugs create new challenges like the need to use stronger drugs, behavioural problems, emotional distress, physical challenges, social challenges, challenges in school and having conflict with the law.

According to Lancaster and Hughes (2013:27), pleasure, as well as negative financial and social consequences, were perceived as more likely outcomes of drug use. In addition, they mentioned that these outcomes of drug use, arguably, create a problematic 'gap' between young people's experience of drug use and public campaign prevention messages that largely emphasise health harms or criminal justices deterrents.

3.3.2.1 Initial enjoyment leads to using stronger drugs

Initial enjoyment is a form of pleasure felt by participants after partaking in illicit drugs for their first time. All participants experienced initial enjoyment upon using illicit drugs. This research has shown that initial enjoyment led to using stronger drugs, as suggested by some quotes below from the participants:

"I felt like I was in another world. My friends face just looked funny and I couldn't stop laughing. It felt so good, I asked for another "puff" and another" P1.

"Later on you will just maybe start with marijuana, you will smoke marijuana, it will be alright for that time. But later on, you see your friends; will introduce you to new things, maybe like the one I know it's called the mandrax. See that thing it makes you to be very full, it takes you into another world. When you start using that one, you see there's no way of stopping it" P2.

“I started with cigarette in grade 5 and felt no man; it’s no longer making me feel high then few ciders and then weed. You always want to add more to feel high” P4.

“I would smoke one per day alone and I felt high. By the fourth day I wanted two to knock me off but was afraid to be seen” P6.

In terms of psychosocial aspects, the Gateway theory suggests that once an individual has decided to use one illicit drug, they are more likely also to take another proscribed substance. This may reflect an increase in ‘drug exposure opportunity’ (Parrott, Milani, Gouzoulis-Mayfrank & Daumann, 2007:2). In addition, Bezinović and Malatestinić’s (2009:162) research have shown that drug users find themselves more appealing than others perceive them.

Recreational users of cannabis stated that it provides symptomatic relief from the feeling of anhedonia and depression that follow after using ecstasy (Parrott, et al. 2007:2). More research seems to corroborate these findings, with low doses of cannabis found to improve cognitive functions in those with psychosis, while repeated exposure to the same drug is likely to cause cognitive deficits (Donoghue, Mazzoncini, Hart, Zanelli, Morgan, Dazzan, Morgan, Murray, Jones & Doody, 2012:409).

3.3.2.2 Behavioural problems

Behavioural problems are extremely difficult, challenging and a disruptive way of conduct, which include disobeying rules, refusal to obey parents, stealing, running away from home and school, and frequent lying, among others. All participants in this research experienced different behavioural problems as a result of illicit drug use. The secondary school learners who participated in this study had different ways of getting money to buy drugs. The drawing below illustrates the behavioural problem displayed by one participant (P10) due to use of illicit drugs:

Can you please draw a picture to describe your experience with use of illicit drugs as a secondary school learner.

99



FIGURE 3.4: Example of behavioural problem (P10)

In addition to the behavioural problems highlighted above through the drawing by participant P10, other participants experienced different behavioural problems as shown in the following statements:

"The time when I was using it heavily, I stole a lot of money from my uncle. ..and sometimes I also steal from my grandmother you see. 20 dollars. Even when she sends me to a shop and when I come back, I just use the change" P2.

"So other guys take advantage when she has taken pills, she is out of her mind and cannot control her behaviour. She is having one night stands with guys to obtain money for entertainment" P5.

"We went to the clubs and we were dancing... I started lying at home that I am studying. I no longer have interest in tv. I only eat and go" P8.

“OK, ummmmh girls sleep with guys for money who they are not in love with and the guys are working. If the guys don't pay we tell them that we will report to the police that they raped. Then they can get a lot of money. Some girls at school they tell the guy I don't want a condom so that they will be evidence for sex rape” P10.

According to O'Malley and Valverde (2004:26), problematic substance use is said to be caused by the 'behavioural stimuli' of any current psychological theories of 'craving'; or by some other bodily, social or psychological failing or deficit that pushes people to act 'unreasonably'. Going out at night and spending time in cafes, clubs, or at parties (Bezinović & Malatestinić, 2009:161) was some of the potentially risk-taking behaviours common among secondary school learners.

In addition, Bezinović and Malatestinić's (2009:161) research have shown that boys were significantly more often involved in betting and gambling, with around 48% of boys and 18% of girls spending money on slot machines or betting. Hamdulay and Mash (2011:84) pointed out that individuals who used substances were also at a higher risk of engaging in risky sexual behaviour, with the potential for teenage pregnancy and contracting sexually transmitted infections.

3.3.2.3 Emotional distress

Emotional distress is a negative emotional reaction or negative feeling experienced by the participants due to unpleasant situations that happened as a result of illicit drug use. All the participants exhibited some form of emotional distress due to continuous use of illicit drugs, as shown in the following statements:

“I woke up the next day with a heavy headache and a kind of pain between my legs I've never felt. I couldn't walk and I noticed some blood on the blankets where I slept. It burned a lot when I went to the toilet and it didn't smell good. I didn't want to tell Mrs. T that I feel uncomfortable or anything, but I think I was raped. But how do I just tell her that?.. I used to blame myself for everything” P1.

“The time when you finish to smoke, is the time you are thinking about many things. Like and now I finished to smoke, where will I get the second one from. Must I go and steal such things, must I go and steal phones” P3.

“I was stressed because of fear” P6.

“Life cannot continue without them (drugs) because you are what we call addicted to drugs. This is very dangerous because at this level you are not worried too much of being caught but of getting the drug every time” P9.

Substance use was found to be associated with difficulties in life, mental distress, sadness, loneliness, sleeping problems, hopelessness (Peltzer, 2009:382) and depressive symptoms (Onyeka, et al. 2013:4). The findings of this study corroborate studies by Suldo, et al. (2008:286) that high-achieving students, who used substances such as alcohol or drugs to cope with stress, were more likely to experience problems like depression and anxiety on the internalising spectrum. In this research, all participants who abused illicit drugs found themselves increasingly isolated from their families as they preferred associating with others who abused drugs.

3.3.2.4 Physical changes

A third of the participants experienced some physical changes leading to illicit drug use while all participants experienced physical changes as a result of using illicit drugs. Illicit drug use had profound effects on the individual's pocket money, physical appearance and time. These are observable physical changes that were experienced by some of the participants:

“After break your eyes are again red, it is where they are checking. Which means we smoke during break time” P3.

“I used taxi money to buy drugs if I do not have pocket money. I will then walk home... I ask them for 5 dollars or 20 dollars to buy books then I use it to buy drugs” P4.

“My room was smelling and had a lot of dagga and mandrax in the house. My fingertips were black. My lips black but I used lip ice and stuff to keep them red. I worked extra hard to cover up the side effects of drug use. I used all my energy for them not to find. I even told the maid that she must not enter my house I will clean myself and will clean my own clothes so that she will not find out and tell mom” P6.

“I was pregnant at about 16 years and I have a kid now who is with my sister while I am at school” P9.

According to Freeman, et al. (2011:594), secondary school learners who had money to spend on illicit drugs facilitated the use of drugs. On the other hand, findings by Onyeka, et al. (2013:5) have shown that homeless drug users engaged in risky behaviours such as trading sex for drugs and money. Illicit drug use was extrapolated to lead to a higher rate of teenage pregnancy, sexually transmitted diseases and HIV in the teenage population (Hamdulay & Mash, 2011:89). The participants acknowledged that illicit drugs depleted their pocket money, transport money, or other fees as illustrated by one participant (P4) through the drawing on page 48.

From this drawing by participant (P4), one can tell that the need to access illicit drugs competed with the need to access basic needs. Therefore, there was an increase in the need for money by secondary school learners who used illicit drugs.

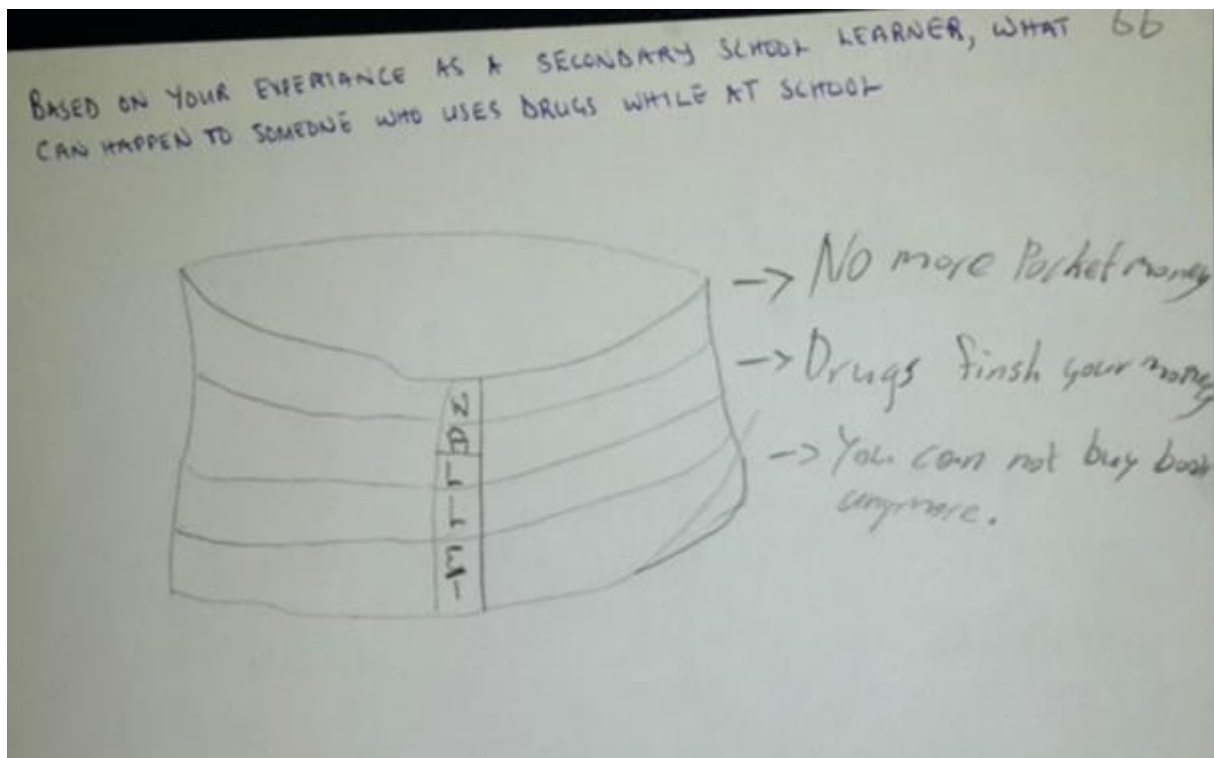


FIGURE 3.5: Outcome of illicit drug use (P4)

3.3.2.5 Social challenges

Illicit drugs influence secondary school learners to live a life that is not culturally and legally acceptable within and by the community. Exposure to and use of illicit drugs could cause social challenges among secondary school learners. In this research, there are a number of activities that are not culturally or legally acceptable that were noted. Prostitution, the spread of HIV, stealing, forming or joining gangs or gang fights, gambling and school drop-out were some of the social challenges identified as a result of illicit drug use and all participants exhibited some of these social challenges. One participant (P9) illustrated some of the social challenges she experienced through a drawing (page 49).

Onyeka, et al. (2013:5) noted risky behaviours, such as trading sex for drugs and money, among drug users who are homeless. Indulging in sexual activities by young secondary school girls was overemphasised by all participants.

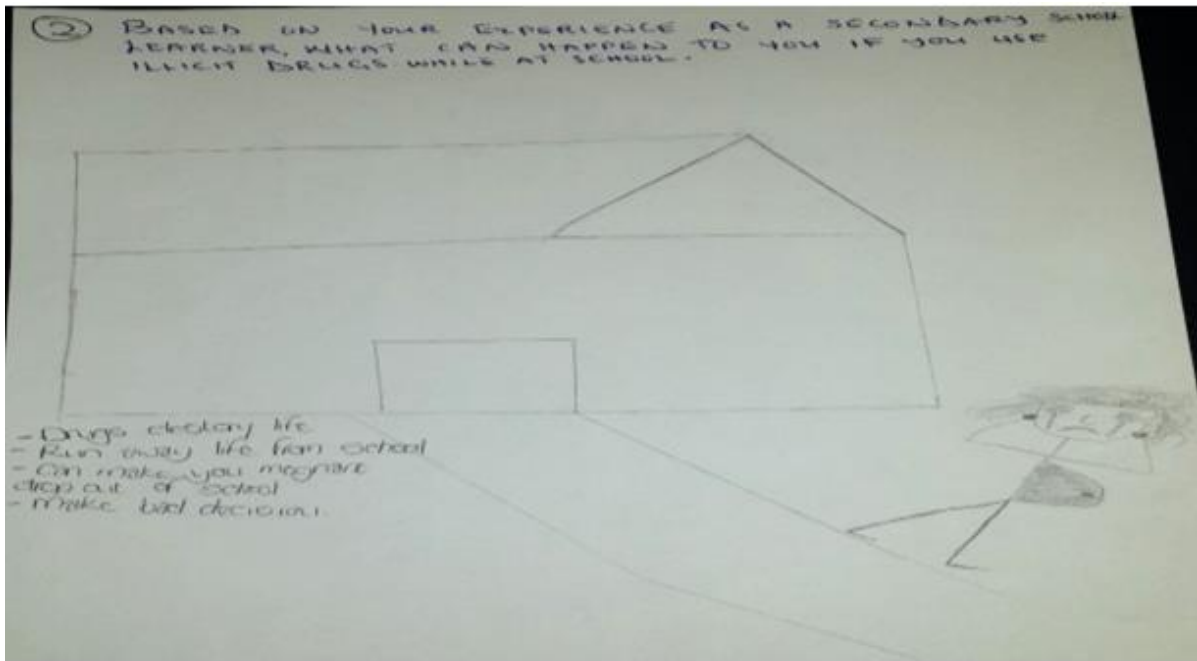


FIGURE 3.6: Social consequences of drug use by secondary school learners (P9)

Among these participants, only one was impregnated and gave birth to a malnourished child due to illicit drug use, while another participant was raped. Furthermore, social challenges were raised by other participants as well:

“We don’t listen to our parents and teachers. We look like monsters to our own father and mothers. My mother and father, especially my mother was afraid of me. I told her one day that I will beat her and I know my rights. So she just looked at me even if I don’t come back home or come late” P10.

“One of my senior friends killed herself because of drugs. She left something written on a piece of paper that she cannot control her appetite for drugs but she has no money to buy them. In her hospital card she was HIV positive for almost a year because of sleeping around to get money. She also said she was sorry for those who get it from her again. She knew that she was spreading HIV” P9.

“I slept at big man’s place just to be friends and get cash to buy drugs. These men will send us to buy stuff or organise small girls for them. That’s where I also see young school girls sleeping with these guys for money so that they can buy beer and drugs” P7.

“From then, we were caught in the hostel that we were smoking, from there I was chased out from the school, that’s where I lost my education” P3.

Opium was put firmly on the agenda of international trade and diplomatic fora because it was identified as causing health and social problems (UNODC, 2008:18). Atkinson, Anderson, Hughes, Bellis, Sumnall and Syed (2009:8) stated that aggression and violence may be learned and transmitted within violent and illicit drug using families. Therefore, illicit drug use is associated with social problems and the user ends up in trouble. According to Vaughn, et al. (2011:108-109), it is more likely that youth who have used and sold drugs have been in trouble, and have had contact with the criminal justice system.

3.3.2.6 Conflict with the law

Apart from using illicit drugs, the participants committed different crimes as a result of using drugs. Some of the crimes were committed under the influence of drugs while others were committed in order to access drugs. One can draw the conclusion that once a secondary school learner uses drugs he or she is likely to commit some or other crime, since all participants have been in conflict with the law at one point apart from using illicit drugs. Prostitution, stealing, pickpocketing, gang fights, loitering, and breaking into houses were some of the crimes committed by the participants. The following statements indicate some activities that were carried out by them:

“I was so high; I didn’t even realize what was happening, till I was inside the police van. I saw the shock on my friend’s face and realized we were in big trouble” P1.

“One time, unluckily, we stole a phone because we already had marijuana, now we were looking for the mandrax, you see. But we didn’t have the money for the mandrax. We needed to have it” P2.

“There was a time when I was in the hospital when I got stabbed in a gang fight. You know you don’t watch your friend beaten while looking so I helped him. That’s when I got stabbed” P7.

It is not only the adoption of similar behaviour among peers that result from illicit drug use but also the adoption of other forms of risk-taking, criminal, or delinquent behaviour (Bezinović & Malatestinić, 2009:163). The finding by Horner, et al. (2011:170) in their study was that neighbourhood levels of crime were associated with adolescents’ use of cigarettes and alcohol. According to Peltzer, et al. (2010:2237), an upsurge in crime, violence and corruption in South Africa has been linked to drug use and illicit drug trafficking.

3.3.2.7 Challenges in school

Challenges in school are negative changes in relation to academic interest and learning as a result of the effects of using illicit drugs. Illicit drug use had profound effects on the cognitive abilities and academic interest of learners, and it ultimately impeded the good academic performance of all the participants. The following statements point out challenges experienced by some participants:

“I was just trying to feel high then I lost being smart in class. I am repeating right now because of drugs. I wasted one year because of drugs {sad face and tears}” P10.

“I lost interest in school. I was no concentrating in school. I was thinking about smoking and hiding so that no one catches me. I used to finish my homework but first it was incomplete, then it was not done at all. I use to dodge classes to go and look for money to buy drugs. My grades dropped for the first time” P8.

“I started failing, my end of term marks were very poor because I could no longer concentrate in class thinking of when to go smoke”
P6.

The findings of this study concurs with those of Hamdulay and Mash (2011:89), where they noted the use of cannabis by students made them susceptible to cognitive impairment of comprehension, time perception, verbal recall and converting short-term memory into long-term memory. Therefore, substance misuse is associated with poorer working memory and executive functioning (Donoghue, et al. 2012:409). The recreational use of cannabis was linked to everyday memory problems, short-term and internally cued prospective memory problems, whereas the use of 3,4-methylenedioxymethamphetamine was associated with higher rates of long-term prospective memory problems; this meant that users of both drugs suffered from both types of memory deficit (Parrott, et al. 2007:7).

One hypothesis voiced in the National Survey Results On Drug Use (1975–2009), was that more teens were being expelled from school, or voluntarily leaving school, because of their drug use (Johnston, O’Malley, Bachman & Schulenberg, 2009:501). These findings tallied with the experience shared by all participants. Figure 3.7 (page 53) illustrates school challenges experienced by one participant (P8) due to the effects of illicit drug use.

This diagram shows one participant (P8) hiding away from school. The Occupational Therapist at Windhoek Central Hospital, Mental Health Unit emphasised that most secondary school learners or primary school learners had a history of hiding away from or dodging school. In addition, their teachers have reported that they did not complete or do homework. The statement by the Occupational Therapist at Windhoek Central Hospital, Mental Health Unit was supported by a participant (P9) who had this to say:

“I was not completing my homework very well at first so you just do it quickly just to finish. Then later I just copy others. I decided not to do sometimes so obviously you drop your grades. I became lazy to

ready or study your brain shuts automatically. We used to dodge school on Wednesday or Fridays." P9.



FIGURE 3.7: Hiding away from school because of illicit drug use (P8)

Hamdulay and Mash (2011:89) mentioned that the potential learning difficulties could be extrapolated to poor academic performance, school failure, school drop-out and a demand for additional learning resources. In addition, the findings by Bezinović and Malatestinić (2009:161) stated that more than 33% of boys and around 25% of girls skipped school and intentionally avoided lessons. Furthermore, truancy was marginally significantly associated with illicit drug use (Pengpid & Peltzer, 2013:273) and cannabis use was consistently associated with reduced educational attainment (Macleod, et al. 2004:1582).

3.3.3 Theme 3: Hitting bottom

Theme 3, hitting bottom, describes the stage at which secondary school learners using illicit drugs develop addiction and have difficulties in stopping. Any attempt to

stop using illicit drugs results in withdrawal symptoms. One category was identified under this theme. The category, difficulty in giving up, is discussed below.

3.3.3.1 Difficulty in giving up

The participants could not voluntarily stop using illicit drugs at this stage even if they thought of it. All participants reached the stage where they cannot stop using drugs without assistance. One participant's (P6) face became sad and she pointed her finger in the air and back to herself as she expressed her fear while saying the following words:

“Let me tell you, I thought I will control myself. I failed. It was now killing me and I knew now that my parents will get me...My greatest fear was not to be found by my parents but that I can no longer enjoy it but could not control it or stop. I was...I think I was addicted or I was mad” P6.

At first, the risks associated with illicit drug use may be stimulating and lead to adolescents underestimating the risks involved (Ayvasik & Su“Mer, 2010:500). However, with further chronic use, as stated by Manchikanti and Singh (2008:S79), a different breed of side effects develop which includes hormonal and immune system effects, abuse and addiction, tolerance, and hyperalgesia. Addiction and withdrawal symptoms made it difficult for the participants to give up illicit drug use as stated by more participants:

“I went inside not knowing what to do. I ended up trying to clean. It was not only to please mom and make the argument shorter, but because I started craving something strong again. I fought with all the night I had to think about something else, but nothing stayed for longer than a minute before the cravings started. Even my skull started to itch. I walked around the house for what seemed like ages, but every time when I check the time, only 5 minutes passed” P1.

“I was overpowered by the drugs. I was crazy man. You know when you use drugs there is a time you can control it. Then the time comes when you are controlled by the drugs” P8.

“I mean that at first I thought I will be able to use drugs when I need to be high only. I ended up wanting to use it almost daily” P9.

According to Parrott, et al. (2007:6), extensive data have shown neurocognitive and other psychobiological deficits in regular drug users, including depressive symptoms, psychotic symptoms, having suicidal thoughts, attempted suicide (Onyeka, et al. 2013:4) and a high risk of rapid progression to dependency and harm (Hamdulay & Mash, 2011:89) were noted among regular users of illicit drugs. In this research, all participants (100%) were admitted to Windhoek Hospital in the Mental Health Unit with a psychiatric diagnosis and a history of illicit drug use. One participant (P8) said the following:

“I took more than enough for the whole night. I walked naked in the street talking to myself. I was picked up by the police who took me to the hospital. I was later transferred to the mental hospital. I was told that I was mad and I needed to be helped with tablets and counselling. They said it was caused by the drugs. I was shocked also to know that drugs can make someone go mad and running naked in the street” P8.

This is supported by the findings of Manchikanti and Singh (2008:S84) that “dual diagnosis” is becoming more prevalent due to the close interrelationship between mental disorders and substance abuse.

3.3.4 Theme 4: Recapturing their lives

Theme 4, recapturing their lives, describes the process the participants went through in order to recapture their lives from illicit drugs. Under this theme, one category was identified as the role of support. The secondary school learners using illicit drugs could only recapture their lives through various support systems that included

rehabilitation, religion, social supports and increased family responsibility. Secondary school learners in this research have noted different initiatives, some of which have been emphasised in previous research.

3.3.4.1 The role of support

Support refers to the help or assistance rendered by family, friends, neighbours or other organisations in enabling the participants to recapture their lives from using illicit drugs. It is important to help secondary school learners who are addicted or who are using illicit drugs to stop using drugs and further prevent them from sliding back to illicit drug use. All the participants received support from different people and it is important to note the role of the family or caregivers, police force and friends. These are the first people who identified and referred the participants to the hospital for rehabilitation.

All the participants reclaimed their lives through referral by the police, caregivers or significant others to Windhoek Central Hospital, Mental Health Unit. Treatment and rehabilitation of illicit drug users were effective as mentioned below by some of the participants:

*“The doctor treated me and gave me pills, I get counselling here”
P1.*

“She then took me to the hospital where I was attended to by doctors, psychologist and others. Now I am attending group session led by an occupational therapist” P2.

“I was brought here for rehabilitation and counselling. I used to attend group session with other children led by an occupational therapist. I also met the psychologist” P6.

The International Opium Commission convention stated that all the member states shall give special attention to the provision of facilities for the medical treatment, care and rehabilitation of drug addicts (UNODC, 2008:8). All the participants got

comprehensive rehabilitation from specialists like the psychiatrists, the nurses, doctors, social workers and occupational therapist at Windhoek Central Hospital, Mental Health Unit. Drug control means restoring the balance and paying greater attention to health by reducing overdoses, psychiatric problems and the incidence of infections such as HIV and hepatitis (UNODC, 2012:IV). In addition to the UNODC report (2012:IV), prevention, treatment, rehabilitation, reintegration and health were recognised as key elements in the global strategy to reduce drug demand.

Apart from treatment, all the participants indicated the important role of support from their family and friends. The relationship between parents and children is complex since parents have to provide care, love, authority and security; all aspects necessary to save them from illicit drug use. Some participant suggestions on how to provide care, love and security can be seen in the following quotes:

“She crossed the room immediately and gave me a hug. A big hug. I think it’s the first hug I’ve had all my life. She sat down next to me, held my hand and asked me about what happened to me. She seemed so honest; I opened up and told her everything. She encouraged me every time to continue talking, especially when it came to the part of using drugs. She never gave any comment, just said she understands. I talked for almost an hour and when I was done, I really felt good” P1.

“Young people imitate what they see on Music videos. Parents should enforce the parental control on their DSTV and check what the children are reading” P5.

“Time management: time that I will spend online, school work, house chores, TV, family and time to go and sleep. My parents to monitor anytime am online. Another thing was that they have activated age restriction on DSTV and blocked certain channels. They now control what we watch. We also went to discuss with my teachers on my plan. I got support from home, school and experts” P6.

“I will not also leave my wife because it will stress children. I will see that I stay with my children every day” P8.

Care comprises of activities that meet the survival needs of children and include physical care, emotional care, and social care (Jacob & Seshadri, 2013:44). Horner, et al. (2011:163) stated that healthy family functioning and adequate levels of involvement between adolescents and their parents are family characteristics that act as protective factors against the use of substances. According to Galea, et al. (2004:47) social norms, as it manifests in families and social networks, are consistently associated with the likelihood of cessation and with sustained abstinence from cigarettes and alcohol.

Given that the bulk of the participants stated that insufficient parental supervision and peer pressure resulted in their illicit drug use, parental or guardian connectedness and peer support at school will likely safeguard them from such challenges. In order to reduce unhealthy school behaviour leading to illicit drug use, a continuation of school-based efforts should be directed at the proportion of children who attend school and have peer support at school and who are unlikely to become regular smokers and/or drinkers in later life (Pelzer, 2009:385).

“Us who have used these drugs and are also secondary learners who got help might be useful for educating the young kids on the dangers of drug use” P5.

Some participants reflected what they missed by offering advice that they think may assist in preventing illicit drug use by secondary school children in future.

“I will always talk about how bad is using drugs based on my experience. I will discuss this at home and will always invite their friends at my own house you see. Talk to them also. I will not also leave my wife because it will stress children. I will see that I stay with my children every day. I will check their eyes and behaviour every day. I also talk to their teacher to see how they are at school because teachers know what is going on” P8.

“They need to open up with their children on everything. I know it looks not good in our culture but things are changing parents must change also. They also must know who plays with their children. They need to discipline us even by beating a bit so that we get afraid to do bad things. Most parents are afraid to be reported to the police when they beat. Me I will beat my child. Also to show interest in child’s work at school can help. Just visit the school teacher and go through the books like in these white schools” P9.

According to Galea, et al. (2004:46), having persons who supported alcohol abstinence in one’s supportive social networks was an important determinant of sustained abstinence. A small number of the participants also mentioned the role of support from the church as alluded to by the following statements:

“When I got discharged I got support from my aunt and the church. The church helped much because I got involved in youth activities and they supported me. They encouraged me to go back to school so now I am repeating my grade 10 and I want to pass. I have new friends from church who does not smoke” P2.

“I was also willing to change. I now go to church with my mommy and we spent more time. She now come home for weekend and she is planned to transfer by next year she will be teaching from home” P6.

Research conducted by Bjarnason, Thorlindsson, Sigfusdottir and Welc (2005:378) pointed out that religious participation should inhibit alcohol use and a study published by Wallace and Muroff (2002:255) relayed a strong negative relationship between church attendance and cigarette and marijuana use.

In addition, sport has been identified by one participant as a prevention and intervention strategy in the fight against illicit drug use. Sports give structure to free time and promote socialisation. This is supported by some participants:

“We need entertainments also like I said for us to come together when we are out of school. We want to play soccer; music and other social gathering where there are no people smoking” P4.

Sport for young people can lead to improved self-esteem, increased academic performance, and better relationships with family members and one’s ability to handle stress (Brettschneider, in UNODCP, 2002:8). The World Drug Report (UNODC, 2008:67) highlighted the role of cultural and sports activities as alternatives to drug abuse. In Peru, sporting activities, including street football, is used as a diversionary project among other activities with the aim of reducing offending and drug use among young people (Atkinson, et al. 2009:12).

3.4 SUMMARY

In this chapter the demographic profile of all the participants was described, followed by a discussion of the themes and categories that emerged from the data in relation to the existing literature.

Recommendations, the limitations of this study and conclusions are presented in the next chapter. Further recommendations that can help to reduce illicit drug use will be made.

CHAPTER 4

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1 INTRODUCTION

The first objective of this study was met, namely to explore and describe the perceptions of secondary school learners regarding the use of illicit drugs. Participants identified different reasons that made them use illicit drugs, including vulnerability, physical changes, social challenges and psychological challenges.

Vulnerable participants had one or no parent and were at high risk of lacking adequate care and protection, thus making them vulnerable to illicit drug use. Lack of basic needs was the only physical change identified and was experienced mainly by the vulnerable participants. Peer pressure, insufficient parental supervision, lack of communication and interaction with parents, inconsistent or excessively severe discipline and family conflicts were identified as social challenges that contributed to the use of illicit drugs. Problems at home, rebellion towards authority and the need for short-term psychological relief were identified as psychological challenges that made participants use illicit drugs. The participants felt that it was a combination of these challenges that influenced them to use illicit drugs.

In addition, the participants mentioned that there were reasons that kept them using drugs, leading to a downward spiral. This downward spiral was caused by continuous use of stronger drugs as addiction developed. The participants developed different behavioural problems that included hustling for money to buy more drugs, lying to parents to get more money to buy drugs, lying about their whereabouts in order to have time to access and/or to use illicit drugs, and stealing goods in order to sell and get money to buy drugs. This is supported by the literature in the UNODC report (2012:71) which states that drug users often resort to acquisitive crime to finance their habit, and illicit drug use is frequently associated with behavioural problems, which may include or result in aggression or violence.

In their endeavour to get and use more drugs as their addiction developed, the participants experienced emotional distress, of which feelings of hopelessness, loneliness and disappointment were identified. The participants developed cravings for more drugs and the use of more drugs led to the development of cognitive symptoms as a major change.

The downward spiral led the participants to social challenges, conflict with the law and challenges in school. Social challenges experienced by the participants included losing friends in the community who could no longer associate with the illicit drug users. Furthermore, they experienced family conflicts as a result of behavioural problems caused by illicit drug use. The need for money to buy drugs made the participants pickpocket, and one participant was involved in a gang fight. The participants experienced problems in school due to failing to do or complete homework and absconding, leading to their grades dropping. Some ended up repeating classes while others continued with poor grades.

As addiction developed, the participants had difficulties in giving up illicit drug use since giving up came with withdrawal symptoms. However, all the participants got support and they managed to recapture their lives from illicit drug use. Rehabilitation played a major role, together with family support and religion to prevent bouncing back to illicit drug use.

The second objective was to propose recommendations to caregivers and school teachers that could help them manage illicit drugs use among secondary school learners. The recommendations discussed in the next section will be based on the main challenges experienced by the participants, their recommendations, as well as relevant literature.

This study concludes with this chapter, in which limitations of the study are discussed and recommendations for prevention of illicit drug use by secondary school learners and further research are made.

4.2 RECOMMENDATIONS

The participants mentioned a number of challenges which led them to use illicit drugs, such as vulnerability, physical changes, psychological and social challenges. They proposed methods that could be employed to address these challenges in order to prevent illicit drug use by secondary school learners.

Also, some tactics they used to recapture their lives from using illicit drugs were proposed. Religion, rehabilitation, government initiatives like awareness campaigns, building entertainment centres for youth and monitoring cross-border drug dealing activities, monitoring online and television channels, parenting, community involvement and school initiative programmes were identified as initiatives that can help to alleviate illicit drug use problems among secondary school learners.

According to Nischal, et al. (2013:23), substance use estimates are likely to change over time, depending on diverse factors such as availability and cost of the substances in the community, existing legislations and their implementation, social perception and attitude about the use of particular substances, peer pressure and other socio-cultural factors. It was noted by Peltzer (2009:385) that preventive measures for illicit drug use must be developed with the adolescents, but also with their parents, their teachers, and health care providers, as all these people could influence and are concerned with the life conditions of the adolescents. This suggests the need for inter-sectoral collaboration in the fight against illicit drug use by secondary school learners.

4.2.1 Ways to address vulnerability

Almost a third of the participants in this research were orphans, which made them vulnerable to illicit drug use. One participant felt that vulnerability exposed secondary school learners to many challenges hence the need for parents to consider children when thinking about separation or divorce. One participant had this to say:

“I will not also leave my wife because it will stress children. I will see that I stay with my children every day” P8.

This is special advice to parents, to reconsider before divorce since it also affects their children. Divorce diminishes the intensity of family interactions and the density of families, and has a detrimental effect on all family members (Bjarnason, et al. 2005:376). If a family breaks up through divorce or the death of a parent the family members, especially secondary school learners, become vulnerable.

According to Ruland, Finger, Williamson, Tahir, Savariaud, Schweitzer and Shears (2005:5), losing a parent or close family member heightens the feelings of anger, resentment, hopelessness, and depression of adolescents which can lead to a sense of alienation, desperation, risk-taking behaviour, and withdrawal. There is a great need to stimulate greater discussion of, and advocate for more resources and attention to the importance of specific issues among orphans. The programmes should target working with the orphans and the affected communities.

Currently, the Namibian government has projects designed to help orphans and vulnerable children (OVCs) to access social grants. In addition, the government through the Ministry of Gender and Child Welfare has social workers who are involved in placing children in foster care. A social worker, working for the Ministry of Gender and Child Welfare with OVCs in Gobabis raised concerns about other foster care parents who do not exercise good parenting skills and wishes the government to strengthen this initiative by further providing ongoing parental workshops. In addition, the social worker stated the need to increase the transport budget in order to conduct more home visits to ensure that the social grants benefit the intended OVCs.

According to Ruland, et al. (2005:2), adolescent orphans require different kinds of assistance than children since their needs are more complex than the needs of younger orphans because of physical and psychological development during puberty and the milestones needed to move toward adulthood. This calls for specific projects that address the holistic needs of the OVCs through a multifaceted approach.

In addition, community-based integrated services like the Children in Distress project in Cambodia that reaches out to children and youth of all ages with social welfare,

education, psychosocial support, and community empowerment activities can help to address the needs of the OVC (Ruland, et al. 2005:6).

4.2.2 Ways to address physical changes

Some participants experienced that a lack of basic needs like food, care and love from caregivers contributed to the decision they made to use illicit drugs. Addressing these physical changes act as protective factors. This can be done through good parental support by caregivers.

4.2.2.1 Parental support

The role centered on parents or caregivers is to provide food, care and love. All the participants in this study have emphasised the importance of parents/caregivers in recapturing their lives from illicit drug use. All the participants believed that positive parental practices are likely to have a buffering effect on illicit drug use among secondary school learners. Therefore, lack of food, care, tenderness and love from the parents may contribute to the use of illicit drugs as experienced and mentioned below by one participant:

“...but lack of care, tenderness and love and all that. You know when a parent is supposed to be there for you...” P7.

According to Peltzer (2009:382), poverty (always or mostly went hungry because of not enough food at home in the past 30 days) was very significantly associated with substance use (risky drinking, tobacco, and illicit drugs). According to the panel of experts on Parenting Guidelines for Adolescent Alcohol Use (2010:1), the parents' influence on adolescents' attitudes and decisions about alcohol is greatest before the adolescent starts drinking. They pointed out that a parent had a major influence on their adolescent child's drinking behaviour and can help to prevent them from drinking alcohol or from harmful substance use. In addition, parents are encouraged to set a good example by not drinking themselves, or if they drink the parent should model responsible drinking by establishing and following their own rules on drinking responsibly.

Given a chance to be a parent, some participants spelt out the roles of parents to prevent factors that contribute to the use of illicit drugs:

“I will provide food to them so that they do not get hungry. Children should not be neglected or abused. I will love them and give them care. I also need to be open with them and talk about things that affect young children mainly during their time” P10.

“I will have an open relationship with them. In the beginning I did not have that kind of relationship where we can discuss things affecting us as children. I need to sit down and talk about life issues before if they go to school and get spoiled by other kids there. I will also discuss the dangers of drugs on school. I will listen to them and try not to lie to them. I will try to develop trust. They should be my close friends. I will not allow them to sleep away like at friends place. I need to do kind of a background check on their friends and meet the parents of the friends where we share what kind of future our kids should live” P9.

According to Ayvasik and Su“Mer (2010:500), tendencies leading to drug experience may go unnoticed within a permissive parenting style. Connectedness to parents, including parental expectations regarding school completion, is one of the key protective factors associated with positive outcomes for young people (Ruland, et al. 2005:4). Appropriate parenting styles compliment efforts to curb factors that lead to illicit drug use by secondary school learners.

Families appear to be important for learning attitudes and behaviours about alcohol and other drugs (Bahr, et al. 2005:530). Hamdulay and Mash (2011:89) pointed out the need to strengthen the case by including family-oriented interventions as part of a comprehensive approach to substance use amongst adolescent learners. The participants aired various recommendations to caregivers:

“They {caregivers/parents} should follow up our school work. Discuss with teachers how I am doing. What can I say, ok, she must check my behaviour. If I am avoiding them they should smell me or check eyes. They must support us and they need to provide food you see” P2.

“My parents to monitor anytime I am online. Another thing was that they have activated age restriction on DSTV and blocked certain channels. They now control what we watch” P6.

“Young people imitate what they see on Music videos. Parents should enforce the parental control on their DSTV and check what the children are reading” P5.

These recommendations show that the caregivers have a central role to play in the fight against illicit drug use by secondary school learners. It is the role of the parent to empower secondary school learners on their rights and responsibilities, to protect and supervise them. In addition, parents should monitor their children to see if there is change in their behaviour, as well as how they manage their time and pocket money. Parents have a lot to do both at home and at school.

4.2.3 Ways to address psychological challenges

Psychological models focus on the concept of perceived stress and ways of addressing it through adaptive behaviour or coping skills that allow individuals to experience external stress without experiencing compromised functioning (Suldo, et al. 2008:274). Secondary school learners use psychoactive substances for different psychological reasons. Thirty-three percent (33%) of the participants experienced psychological challenges that contributed to the use of illicit drugs.

Secondary school learners who exhibit signs of psychological distress or poor coping skills should be identified and referred to professionals for counselling or for empowerment with coping skills or strategies that enable them to be problem focused. In addition, these learners can be referred to seek spiritual guidance. The

participants indicated the role of psychologists and occupational therapists during rehabilitation which they thought helped them in coping with psychological problems.

4.2.3.1 Rehabilitation

Psychologists empowered the participants with information in order to change their perception on drug use hence addressing some psychological challenges. Occupational therapists provided social skills training like assertive training and stress management, and helped the secondary school learners in the identification of new recreational roles and sporting activities. Under the rehabilitation programme, patients were given medication combined with counselling. In addition, other treatment programmes assessed the presence of other diseases.

Some participants said:

“I started attending to psychologist and session from rehabilitation. It was not by my choice first but later I realised that I was lost and this was the best for me” P10.

“I took more than enough for the whole night. I walked naked in the street talking to myself. I was picked up by the police who took me to the hospital. I was later transferred to the mental hospital. I was told that I was mad and I needed to be helped with tablets and counselling” P8.

“I was knocked off by the drugs. I was actually insane. Some girl told the police. That’s how they got me and found me drugged. I had drugged myself to relief stress and pain. The police took me to the hospital and I have a big issue to answer” P7.

“She (Aunt) is the one who talked to me about how dangerous my life was. I told her that I can’t control it and I have lost power. She then took me to the hospital where I was attended to by doctors,

psychologist and others. Now I am attending group session led by an occupational therapist” P2.

In literature by Suldo, et al. (2008:274), adolescents who cope with stress by seeking social support or ventilating their feelings were more likely to use cigarettes, alcohol, and marijuana than adolescents who work to solve family problems or seek spiritual guidance. In addition to their literature, perceived stress was linked to such negative outcomes as substance abuse. Problematic substance use was said to be caused by the ‘behavioural stimuli’ of many current psychological theories of ‘craving’; or by psychological failing or deficit that pushes people to act ‘unreasonably’ (O’Malley & Valverde, 2004:26). Therefore, referral of such secondary school learners to professionals will save them from acting ‘unreasonably’ by employing good coping strategies that are problem-centred.

4.2.4 Ways to address social challenges

Secondary school learners identified the availability of drugs within their community, increased promotion and demand for drugs, peer pressure, insufficient parental supervision, lack of communication and interaction with parents, and irreconcilable family conflicts as social challenges that contributed to their use of illicit drugs. It is essential to address these social ills as a way of reducing factors that put secondary school learners at risk. Religion, social work, and improved family and community bonding were viewed as important aspects of addressing some of the social challenges.

4.2.4.1 Religion

Religion was identified by three participants in this study as an important way of life which, when followed, can help to improve secondary school learners’ social lives. It is important that parents encourage their children to go to church where they are taught good moral values to enhance good spirituality. This is supported by the following quotes:

“Us children should know to play with good friends and the good friends go to church. Church can help us to grow well and do good. ... When I got discharged I got support from my aunt and the church. The church helped much because I got involved in youth activities and they supported me. I have new friends from church who does not smoke” P2.

“I now go to church with my mommy” P6.

“I am a smart kid and will fight for my life. I am going to church. I have a new family” P10.

Religion has been seen to affect alcohol use on the individual level (Bjarnason, et al. 2005:386) since a personal connection to God provides a supportive and constraining force. Religious values and perspectives were identified by Peltzer, et al. (2010:2227) to have important influence on attitudes to drug use. Secondary school learners will befriend good peers who identify themselves with good psychosocial values and religious perspectives.

4.2.4.2 Rehabilitation

According to Van Wyk (2011:80), there is a large international repository of research which suggests that drug and psychotherapeutic interventions are effective in the treatment of individuals suffering from substance use disorders. These interventions include psychotherapy and rehabilitation. Illicit drug users were referred to a Mental Health Hospital with a rehabilitation centre where they were attended to by health professionals who included doctors, psychiatrist, nurses, occupational therapists, psychologist and social workers. At Windhoek Mental Health Hospital, rehabilitation focused on helping addicted secondary school learners to stop using illicit drugs, to avoid relapses, as well as helping them to successfully recapture their lives.

Social workers played an important role in addressing social ills. The social workers helped the illicit drug users in addressing social problems at home and in the rebellious behaviour exhibited by other participants. Social workers in Namibia play a

significant part in the fight against drug use and drug abuse in schools and the community. These roles need to be intensified in order to transform schools and communities, thereby transforming secondary school learners' perception of illicit drug use.

4.2.5 Monitoring online channels and television channels

Uncontrolled access to social networking sights, which makes smoking illicit drugs seem like a normative activity, have been identified as a contributing risk to using illicit drugs by secondary school learners. Two participants said the following:

“Music affects the young kids. Young people imitate what they see on Music videos. Parents should enforce the parental control on their DSTV and check what the children are watching. Even Facebook and WhatsApp. Kids are posting funny pics on the to others and we look at them as a group. .. Parents should check the cell phones” P5.

“My parents to monitor anytime I am online. Another thing was that they have activated age restriction on DSTV and blocked certain channels. They now control what we watch” P6.

Therefore, controlling or monitoring the time the learners spend on social networking and what they access online at home could help save them from the risks of using illicit drugs.

4.2.6 Strengthening government initiatives

About 83% of the participants have identified the need to accelerate and strengthen government initiatives that include awareness campaigns on the dangers of illicit drugs, building entertainment centres for youth, and monitoring cross-border drug dealing activities. These initiatives should challenge negative concepts about secondary school learners through strengthening racial and cultural identity. This can further be sustained through ties with adult community members and non-

governmental organisations that assist secondary school learners and the youth in framing personal challenges.

One initiative that was recommended by the participants in this research was the need to expand entertainment centres for youth, especially one targeting secondary school learners. These centres should be used to empower secondary school learners who have different talents or can be used to give secondary school learners a chance to explore their potential. In addition, these centres should be furnished with entertainment equipment. Sport was also identified by some participants as a prevention and intervention strategy in the fight against illicit drug use. Sports give structure to free time and promote socialisation. This is supported by some participants as shown by the following statements:

“Me, I have a lot of talents my friend, like I can dance. If there was a dancing club somewhere here, I could join them. Singing, I love singing and rapping but we don’t have access to studios. But that is what we should do man” P2.

“We need entertainments also like I said for us to come together when we are out of school. We want to play soccer; music and other social gathering where there are no people smoking” P4.

Sport for young people can lead to improved self-esteem, increased academic performance, and better relationships with family members and one’s ability to handle stress (Brettschneider, in UNODCCP, 2002:8-9). The World Drug Report (UNODC, 2008:67) highlighted the role of cultural and sports activities as alternatives to drug abuse. In Peru sporting activities, including street football, is used as a diversionary project among other activities with the aim of reducing offending and drug use among young people (Atkinson, et al. 2009:12).

Another way to reduce illicit drugs is to conduct awareness campaigns using ex-addicts who are secondary school learners from the same school. This has been alluded to by two participants:

“Us who have used these drugs and are also secondary learners who got help might be useful for educating the young kids on the dangers of drug use” P5.

“It feels great to overcome using these drugs and am not afraid to share my experience. It will help other learners. I am not the only one affected by internet. Many will be, I think my life can help them and I am willing to discuss my story openly” P6.

Apart from using ex-addicts, awareness campaigns against illicit drug use can be done using radio, television, internet, posters and pamphlets to spread the message. Some participants recommended the acceleration of awareness campaigns using different modalities:

“I think there is need for campaigns against drugs even using the radio” P4.

Law enforcement is important in the fight against illicit drug use by secondary school learners. Some participants' experiences suggests the likelihood of loopholes in enforcing the law. This is evidenced by the response of one participant to the question of whether the police know people who are selling drugs in their community.

“Yes but they are getting paid from people who are selling drugs. So like they are informing them that we are coming to search the house on Friday so they move those things out” P4.

Another participant pointed out the following during the dialogue:

“We can win this war against the drugs to avoid the trucks to bring in the drugs from across the border. People that are working at the border, they just take money when they caught with the drugs. Just give them dollars and they will give you, then the immigration guys will just take that money into his pocket and leave that truck. That's how they are using things at immigration offices” P3.

The findings by Peltzer, et al. (2010:2227) revealed that little time is dedicated by the police in curbing small-time drug exchanges between sellers and buyers of cannabis in public places. The easy availability of illicit drugs to secondary school learners and adolescents is a major concern that calls for more policing and community involvement to curb the use and selling of illicit drugs in public. It is, therefore, important to suggest the need to strengthen law enforcers in the struggle against illicit drug use.

The government should reinforce policies aimed at promoting economic growth and stamping out corruption. It is, therefore, essential to reduce the vulnerability of people to drugs and crime by promoting economic growth and the rule of law, and by fighting crime and corruption (UNODC, 2008:3).

4.2.7 Community involvement

This study determined that one of the major reasons for illicit drug use among secondary school learners is the easy availability of drugs within their communities:

“Drugs are everywhere and you can buy them easily. I know people who are selling drugs and they are selling to everyone because it’s a business to them” P4.

Lack of community effort to support the war against illicit drug use is likely to curtail government initiatives in preventing illicit drug use among secondary school learners in and out of school. Socialisation of these learners begins at home and in their community and it is, therefore, the community’s role, especially starting with the family, to instil moral values and perspective among the secondary school learners to help them cope with social issues. Community response is important to support all the partners, as mentioned by one of the participants:

“They {community} should report people selling drugs to the police. They should protect us from drugs and stop selling or giving to kids. The community should be one and speak one thing for all children” P10.

There is a need for community-based prevention efforts that focus on families as well as peers (Bahr, et al. 2005:529). Research by Bjarnason, et al. (2005:82) has shown that students drink less in schools where many parents know each other. It is, therefore, important for parents within one community to know each other and to make an effort of knowing their children's friends. Community interventions targeting illicit drug use are better aimed at a diverse range of young people (Freeman, et al. 2011:594) thereby addressing more peers and creating more positive social networking.

4.2.8 School initiative programmes

In this research, all the participants lost interest in school and in completing homework, while some did not attend classes every day. Only one participant reported that his teacher showed a slight degree of concern:

"The teachers, some they don't care. Some they know that we learners have problems at home so they should not beat us. One teacher invited me to dinner and talked a little bit to know me and my friends. But they speak badly about me to other kids, they don't care. The teacher loose hope in you" P4.

"Teachers should be given powers to beat stubborn kids. They should continue teaching us about dangers of drugs" P10.

These above statements should be an eye opener to the Ministry of Education and calls on the need for school-based prevention efforts (Bahr, et al. 2005:529) which focus on secondary school learners, thus targeting their peers at large. During 2008, the Department of Education in the Eastern Cape, South Africa, offered four programmes to teachers: No Apologies: the truth about life, love and sex; Peer Education; Health Advisory Committee; and Lay counselling skills to Life Orientation teachers at both secondary and primary schools (Wood & Goba, 2011:277). The programmes targeted prevention through the development of life skills in learners and by equipping teachers to address the needs of OVC. Such programmes could be carefully adopted, adapted and implemented in schools.

When children were asked to identify the most significant problem kids their age face, 24% of teens cited drugs, including alcohol (Manchikanti & Singh, 2008:S76) which calls for the need to fund drug abuse prevention programmes and curricula in the schools. A study by O’Leary-Barrett, Mackie, Castellanos-Ryan, Al-Khudhairy and Conrod (2010:958) have shown that school delivery of the personality-targeted intervention programme is associated with significantly lower drinking rates in high-risk students.

4.3 LIMITATIONS OF THE STUDY

The study was conducted in Windhoek, Namibia using participants who were admitted to a government Mental Hospital with a history of illicit drug use. This criterion excluded those admitted in private mental health settings with the same history. This resulted in a small sample size that became a limitation as the results could not be generalised. However, saturation was reached and the sample size (n=12) is acceptable to conduct a qualitative study of this nature.

English language was used as a medium of communication during data gathering. This could have possibly caused a barrier resulting in limited descriptions of the participants’ experiences, thus shortening the length of the interviews. However, drawings were used to complement the discussions.

Illicit drug use is a sensitive topic and some participants could have withheld vital information about their experiences. This could result in social desirability bias whereby participants narrated what they could have considered to be socially desirable or least stigmatising (Joubert & Ehrlich, 2010:163).

There is paucity of local literature regarding the subject of discussion in relation to Namibia. Not much was done to study illicit drug use by secondary school learners in Namibia which made it difficult to find if there are any trends in illicit drug use by secondary school learners.

4.4 FURTHER RESEARCH

Drawing from the findings of the study and building on existing research, other studies should be undertaken to address the following:

- Future research should replicate this study, but focus more on those admitted in private mental hospitals, given that the current study focused only on those admitted to a public mental health centre.
- More studies should be conducted to examine the association of these factors (socioeconomic factors, gender, ethnicity and culture) and illicit drug use by secondary school learners.
- Future research should focus on the development of intervention tools based on proposed recommendations in order to tackle illicit drug use by secondary school learners.

In conclusion, other data gathering methods like additional focus group discussions could be employed in future studies to enrich the data as well as the research findings.

4.5 CONCLUSION

In this chapter the study was summarised, limitations were discussed, recommendations were made and further areas of research were suggested to address some factors that may lead to illicit drug use by secondary school learners.

The researcher observed that a combination of factors lead to illicit drug use by secondary school learners. The most common factors experienced by participants were vulnerability, physical changes, psychological challenges and social challenges. From this first study conducted in Namibia, which sought secondary school learners' personal experience to describe their perceptions regarding the use of illicit drugs, it emerged that initial enjoyment due to the factors stated led to a

downward spiral resulting in the use of stronger drugs and addiction. The researcher observed that the use of stronger drugs and addiction was then associated with the development of behavioural problems, emotional distress, cravings for more drugs, conflict with the law and challenges in school, losing friends in the community, family conflicts, stealing, gang fight, failing to do or complete homework, absconding from school, dropping of grades, repeating classes and mental illness.

Furthermore, the research found that addiction made it difficult for secondary school learners to give up using illicit drugs due to the development of withdrawal symptoms. It is important, as observed by the researcher, to note the value of rehabilitation, family support, religion and accessing of basic needs in recapturing the lives of secondary school learners from illicit drug use.

The research concluded with recommendations based on the main challenges experienced by the participants, as well as relevant literature. The identified strategies used to overcome illicit drug use by participants who were using illicit drugs provided a background to make recommendations about the influence of religion, rehabilitation, government initiatives like awareness campaigns, building entertainment centres for youth and monitoring cross-border drug dealing activities, monitoring online and television channels, good parenting skills, community involvement and school initiative programmes.

The experience shared by the participants in recapturing their lives shows that there is hope if parents, learners, teachers, communities, religious and political leaders work closely together to implement recommendations and develop further strategies to alleviate the access and use of illicit drugs by secondary school learners. It is important to note that there is a substantial need to develop well-evaluated trials of the proposed recommendations made in this study to address illicit drug use by secondary school learners.

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**ANNEXURE A
ETHICAL CLEARANCE CERTIFICATE FROM UNIVERSITY OF
SOUTH AFRICA**



**UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE**

HS HDC/325/2014

Date: 26 February 2014 Student No: 4686-393-1

Project Title: Illicit drug use among secondary school children in Windhoek,
Namibia.

Researcher: Gwarega Chibaya

Degree: Masters in Public Health Code: DLMPH95

Supervisor: Prof JE Maritz
Qualification: PhD
Joint Supervisor: -

DECISION OF COMMITTEE

Approved

Conditionally Approved

**Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B
**LETTER TO REQUEST PERMISSION FROM MINISTRY OF HEALTH
AND SOCIAL SERVICES (MOHSS), NAMIBIA**

Gobabis State Hospital
P bag 2099
Gobabis

.....

Permanent Secretary
Ministry of Health and Social Services
Private Bag 13198
Windhoek

Dear Sir

**REF: REQUEST FOR PERMISSION TO CONDUCT A STUDY USING CLIENTS,
WHO ARE SECONDARY SCHOOL LEARNERS WITH HISTORY OF ILLICIT
DRUG USE AT WINDHOEK MENTAL HEALTH CARE UNIT, NAMIBIA**

I kindly request for your permission to conduct a study titled: "illicit drug use by secondary school learners in Windhoek, Namibia", using a descriptive qualitative study design.

I am an employee in the Ministry of Health and Social Services at Gobabis State hospital currently studying for a Master of Public Health Degree with the University of South Africa (UNISA). As part of the fulfilment of the requirements of the Master's program, I have to carry out a research study. My research proposal was approved by the UNISA post-graduate studies and ethics committee.

An unstructured interview will be conducted in order to gather data from the participants. Therefore, there are limited foreseeable risks in this study. There may

be psychological discomfort that can be experienced by some participants due to the sensitive nature of the topic. In the event of psychological discomfort, the researcher has organised psychosocial intervention from the psychologist, social worker or an occupational therapist working at Windhoek Mental Health Care Unit.

The study will help to explore and describe factors that are associated with the use of illicit drugs among secondary school learners in Windhoek, Namibia. The findings are vital in coming up with strategies to manage illicit drug use by secondary school learners. The results of this study could help the Ministry of Education and caregivers to understand better the perceptions and experiences of secondary learners related to illicit drug use. Class teachers and school counselors, together with caregivers, could become proactive in the fight against illicit drug use.

A copy of my full proposal, interview guide and letter of approval from the University of South Africa has been attached for your consideration.

Yours sincerely

.....

Gwarega Chibaya

**Gobabis State Hospital, Occupational Therapy Department; Office Telephone:
062 566 200,**

Mobile: 081 323 9332

ANNEXURE C
ETHICAL APPROVAL FROM MINISTRY OF HEALTH AND SOCIAL SERVICES



9 – 0/0001

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2560
Fax: 061 – 222558
E-mail: tkakili@mhss.gov.na

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3

Enquiries: Ms. T. Kakili

Date: 16 June 2014


Mr Gwarega Chibaya
Private Bag 1172
Gobabis

Dear Mr Chibaya

Re: Illicit drug use among secondary school children in Windhoek, Namibia

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for the completion of your Master of Public Health degree;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 A quarterly report to be submitted to the Ministry's Research Unit;
 - 3.4 Preliminary findings to be submitted upon completion of the study;
 - 3.5 Final report to be submitted upon completion of the study;
 - 3.6 Separate permission should be sought from the Ministry for the publication of the findings.

Yours sincerely,


Andrew Ndishihit (Mr)
Permanent Secretary
Republic of Namibia

"Health for All"

ANNEXURE D
CONSENT LETTER FOR PARTICIPANTS

College of Humanities and Social sciences
Department of Health Studies
P O Box 392
UNISA

Dear Parent/Legal guardian:

I am Gwarega Chibaya, a student at UNISA. I am studying towards a Masters in Public Health. In order to complete my course, I am required to conduct a research. The topic of my study is, 'Illicit drug use among secondary school learners in Windhoek, Namibia'. Illicit drugs are substances like heroin, cocaine, mandrax and cannabis.

Your child is invited to participate in the study: This does not necessarily mean that your child still uses illicit drugs. In order for your child to participate in this research, you are required to read and sign this letter.

The purpose of the study is to explore and describe illicit drug use by secondary school learners in Windhoek. The study will be conducted through a one-on- one (a researcher and the participant) interview in a private room. This research involves discussing issues related to illicit drug use among secondary school learners. The information collected will not be discussed with their teachers, friends, parents, classmates or any other people. Your learners' name will not be used during and after the discussion. The information they give will not be used against them or you and will not be exposed to the law enforcement authorities at any point in time. In this research, no physical harm is anticipated. Psychological discomfort may be experienced but in rare cases. If the learner happens to experience discomfort during the process, you should tell me. I have arranged a Psychologist, an Occupational Therapist or Social Worker to talk to her/him and offer psychosocial help.

The information gained from this study will help caregivers, teachers and other organisations design prevention strategies against illicit drug use by secondary school learners hence serving them and the future generation. The study and its procedures have been approved by the appropriate authorities. Participation in this study is voluntary and confidential. There will be no financial reward to participants in this study. You have the right to ask questions about this study and the learner has the right to withdraw from participating at any time without any penalty.

All data collected will be kept in a lockable steel cabin and all information entered into the computer will be password protected. The information will not be shared with anyone without your permission. The researcher will be the only person who can access all the information.

In case you do not understand anything on this letter please feel free to contact me (cell 0813239332 or gchibaya@gmail.com) for clarification.

This consent form has been read and explained to me and I consent that the learner may voluntarily participate in this study through signing below.

Name of Parent/Legal guardian:

.....

Parent/Legal guardian signature: Date:

ANNEXURE E
ASSENT LETTER FOR PARTICIPANTS

Date.....

Informed Assent form for

Name of the researcher: Gwarega Chibaya

Name of Organization: University of South Africa (UNISA)

Dear (Child)

My name is Gwarega Chibaya. I am a student with UNISA doing a masters' research with the title: "Illicit drug use by secondary school learners in Windhoek, Namibia". I want to know what makes some secondary school learners use drugs that are not allowed at school or at home. This will be conducted through an interview where you and I talk in a room where there is no one else.

I am going to give you information about this research and invite you to be part of this study. You can choose to take part in this research or not. I have discussed this research with your parent/guardian and they know that we are also asking you for your agreement. If you choose to take part in this research your parents should also agree. If you do not wish to take part in this study, you do not have to, even if your parents/guardian has agreed.

You may discuss anything in this form with your parents, friends or anyone you feel comfortable talking to. You need to take your time to make decision. If there are some words or things you do not understand feel free to ask me and I will take time to explain to you.

The study aims to explore and describe illegal drugs used by some secondary school learners in Windhoek, Namibia. I want to find out what could cause some school children to use drugs which are not allowed. This will help us to find ways of helping the future children not to use drugs.

You do not have to be in this research if you don't want. It's up to you. If you choose not to be in the research, it is okay and you will not be punished. Even if you say yes now you can change your mind later.

There are few more things I want you to know. This research involves discussing issues on what you know or do not know about drugs that are not allowed. The information collected will not be discussed with your teachers, friends, parents, classmates or any other people. The information gathered during the interview will not be used against you or your parents/caregiver at all. If you happen to feel discomfort during or after the group discussion, you should tell me or your parents or anyone close to you. I have arranged a psychologist or social worker to talk to you and offer you help. I will not tell anyone that you are in this research and I won't share the information with anyone. I will not use your name but will only collect information which represents your opinion during the discussion. When I finish the research, I will submit it to my University in South Africa for marking and will sit down with you and your guardian in order to tell you what I learnt from the research.

If you have any questions now or later, feel free to contact me or my supervisor at the contact numbers below. You are allowed to talk to someone you know or want, even your parents or your family doctor. Below are contact details;

Name of the researcher: Gwarega Chibaya, Private Bag 1172, Gobabis, Namibia. My cell number is 081 323 9332 and email address is gchibaya@gmail.com

Name of Supervisor: Prof JE Maritz: The contact phone number is +27124296534 and the email address is maritje@unisa.ac.za.

Thank you.

Certificate of Assent

I understand the research is on illicit drug use among secondary school learners in Windhoek, Namibia. In addition, I have the right to participate or not to participate in the interview by the researcher. I understand that if I feel any discomfort, I will contact the researcher who will refer me to a social worker, psychologist or occupational therapist.

I have read this information (or had the information read to me). My questions were answered and I know that I can ask more questions any time.

I agree to take part in the study and I will sign below.

Print name of learner:

Signature of learner:

Date:

Or

I do not wish to take part in the research study and I have not signed the assent
..... (Initialed by learner).

ANNEXURE F

DATA COLLECTION INSTRUMENT

Interview schedule

Date of interview

Time of interview

Interviewer

Interviewee

Interviewee's age

Interviewee's level of education/grade

Interviewee's gender

Interviewee's race

Grand tour question:

What do you think could make secondary school learners to use drugs that are not allowed at home or at school?

Followed by probing

Closing

Is there anything more you would like to add or tell me?

Thank you for your time.

ANNEXURE G
TRANSCRIPT FROM THE SAMPLE INTERVIEW

Participant 6

Date of interview: 26/06/2014

Length of interview 28 minutes

Interviewer: G Chibaya

Interviewee: F. V

Interviewee's age: 16

Interviewee's level of education/grade: Grade 10

Interviewee's gender: Female

Interviewee's race: Damara

Level started using illicit drugs: Primary School (grade 8)

Speaker	Dialogue	Non Verbal Response
G	As we have agreed that everything we discuss here is between you and me only. So feel free to say your experience with the use of dangerous drugs. What do you think could make secondary school learners to use drugs that are not allowed at at all?	
FV	There are many reasons why we school learners use drugs that are not allowed at all. Some use them because they are influenced by friends and others because of what they see on the TV and lack of entertainment. We have different things to tell as learners. You know we discuss our experiences when we are high because of smoking. My reasons why I end up smoking is a silly one.	sarcastic smile
G	<i>What kind of reasons are you talking about?</i>	
FV	Aah, in my case, I am the one who influenced other kids. I come from a rich family. I get what I want any time because I get money from my parents. My friends 'cama' say I am a spoiled child but I just tell them that	

	they are jealousy because my father and mother are working. Some kids parents are not working or they died. Some parents get little money from their jobs.	
G	What kind of work do your parents do?	
FV	My father is a farmer and a business man and my mother is a senior teacher. We are three, only 3 kids in our family. So, at home we have everything that I need. I am exposed to technology. My parents can buy me anything. I know you are thinking like I want to show off but I want to explain to you nicely.	
G	No am not gonna judge you, you can go ahead with your explanation	
FV	Cool that's good. If you come to my room, I have a laptop and we have our own TV connected to DSTv. I learn to use a computer and smart phones at a young age, very young age. By the time I was in grade four I was literally addicted to internet and smart phones. I could do a lot of stuff on internet than many young and old people. My parents were proud of me.	
G	Why were your parents proud of you?	
FV	They were happy because I was able to type on the laptop. To search my home work without bothering them. I was clever than other learners of my age. I could debate with people older than me coz I got info from surfing my net at home. I even became clever at school coz I could do my homework much faster and better, you know.	
G	How did this affect you?	
FV	I can't say yes or no because its internet use. Like I said I was good in my homework and I improved school. But you know us as teens we want to know more every time. The more I spent time on the internet the more I learn about different things. It was no longer	

	searching home work. A lot of stuff is there on the internet. I would click different pages with online dating, music and naked girls. I was scared at first since its stuff for adults. I would join some pages for adults.	
G	How did you get to see such kind of stuff?	
FV	I would lie and register as a grown up person just for me to see. I joined social networking you may know. I was almost on everything teens know on internet. I could surf and surf.	
G	Where you not seen by your parents?	
FV	No not at all. The laptop is mine and was always in my room and has its own password. My parents never asked to see about my stuff. They never checked my room just once a week, maybe. They never cared about that because they were too busy with their business. They always say I am smart so they thought am cool. I was also always at home in time. So no one could care on what I was surfing sir because they were proud of me that I know technology than most of my peers. No one was suspicious.	
G	Ok, tell me how did you know about that website with naked people?	
FV	I was addicted with online stuff because every free time am on internet or DSTv. You know what, a lot of stuff pops on the screen.	
G	What kind of stuff do you mean that pops on the screen?	
FV	Ooh sorry I thought you know. Dating stuff, teen and girl stuff. Any stuff you want you go on what we call google. You can even get your name. You want a date click here. Join us for funny and so on. I was curious you know. So I clicked, first for funny and I saw pictures which are interesting you know for us young	Laughs shy laugh

	one. I wanted to know more that stuff people don't wanna share with us. You see something popping up hey ...a naked girl or you want a date...I was just tempted but not to do but to see at first. Hey first to see and you develop the ka feeling hey. I also want to go do it	
G	What do you mean with you know for us young ones?	
FV	We always want to see and know. We want to know a lot. So anything we try to follow until we see or feel it.	
G	So, you are saying you have your own DSTV? How is it set up?	
FV	It's like we have one dish outside connected to the decoder in my mummy and daddy's main room then ours is connected to the sitting room. We control ours fully. Yeah, they don't spend too much time in the sitting room so we are free to watch what we want. Music channels...MTV base, CHO and trace...I like it. I can stay in the house until tomorrow. My daddy did not thought of controlling what we see as kids using age restriction control buttons.	
G	<i>Ok, I see, what happened next then?</i>	
FV	Oh you want to know those things...	laughs
G	<i>Yes, I will be happy, if possible that will help me in this research?</i>	
FV	Aah, I started with online dating. Connecting to teen friends and we started discussing crazy stuff. I used to view naked pictures and pictures of drunk teens. I used to chat and admire their pictures after they have taken dagga, cocaine and mandrax and other stuff like 'hubbly thing'. The teens are crazy they post such stuff and other will comment say waal that's great stuff you know. I though and imagine what to post hey. So I thought of trying smoking stuff crushed into a liquid and	

	get a picture to upload and join the vibe man. I used to see all these things and all just in my heard imagine.	
G	<i>Yes one can imagine a lot. What do you mean by all those things in your head?</i>	
FV	<p>What I see on the social network when on internet and others don't know it. I used to tell my friends about it. You know you see naked girls and guys, you see some knocked off with drugs and looks cool and you tell others...you will try it.</p> <p>My daddy is rich and we have WiFi at home if you know it. I have a good smart phone and laptop. We have everything. From school I am on internet and no one checks what's going on. I saw pictures and videos of kids knocked off by stuff, strong stuff...it looked cool. This was affecting me and driving me crazy...I just felt each and every day that I must try this.</p>	
G	<i>Ok, I see, can you tell me how that affected you</i>	
FV	It's all about spending time on DSTV and internet as shown on my pictured that drove me crazy. I thought it's gonna be cool and niece you know just to feel it too as I see on internet and TV, just to experiment and get a feel. I also wanted to fit into the other school learners and on the discussion online. I was shy to be seen buying that kind of stuff so i....)... yeah (quiet for some time).	Laughs
G	<i>So you mean that you were shy to go and buy the "stuff" yourself? Tell me, how did you crack that puzzle, yeah how did you go about it that time?</i>	
FV	A: Ok, I sent one herero guy and gave him money for 3 cool drinks since money was not a problem in my family. He bought me 8 balls of dagga. I bought many because I did not want to send him more often. I would	

	<p>smoke one per day alone and I felt high. By the fourth day I wanted two to knock me off but was afraid to be seen. So I would go out take some 2 ciders then come take it at night, <i>Beer is also strong if you are a new drinker. I got drunk and then take one ball. That was niece and more strong.</i></p>	
G	<p><i>What happened to you then cause you had 8 balls only?</i></p>	
FV	<p>That one can send you to look for some more without any doubt and even tricks develop since I wanted to hide from my parents. Everyone know where to buy drugs in the poor location. I went to buy myself and 'kill' myself without sharing or paying someone a tip.</p>	
G	<p><i>Tell me more about your experience when you started using the drugs?</i></p>	
FV	<p>I started demanding food at night when others were sleeping. The maid reported me to my mum that I was asking food at night but she was told to give me. I would lie that I was hungry. I continued now just buying it. Then will go online and told other teens that I am in my own world coz of dagga, sometimes mandrax.</p> <p>In 2 months I had influenced my 2 poor friends. I provided the cash from my parents. I no longer used to buy cloths as usual. My money was for drugs for 3 people, that's me and my 2 friends. It was cool hey coz I couldn't just discuss my feelings with online teens only so I needed these two friends. We would smoke and blow and thought as we were making fun hey. We also took beer. You see why I could not buy clothes anymore because we were 3 for the portion of dagga. I was the chief culprit. I introduced them so I had a responsibility to provide.</p>	
G	<p>You mentioned previously, you said, I went to buy</p>	

	myself and kill myself. What did you mean by that?	
FV	Let me tell you, I thought I will control myself. I failed. It was now killing me and I knew now that my parents will get me. I spent more time online, I lied too much to cover up my hunger at night. I started failing, my end of term marks were very poor because I could no longer concentrate in class thinking of when to go smoke, sometimes just thinking of what gonna happen next because they will get me. My parents will get me. I was stressed because of fear	
G	<i>Tell me what was your real fear?</i>	
FV	My greatest fear was not to be found by my parents but that I can no longer enjoy it but could not control it or stop. I was...I think I was addicted or I was mad. My behaviour had changed and anyone could see it but I used to deny. I could easily dodge class and lie that I am sick. I was easily irritated if asked. My grades were dropping and I could not do my homework. I was no more smart because I was not buying clothes. I changed man, I lost interest in school and lie every day everywhere. I also spent more time not at home but with my friends in the clubs or bushes were we smoked. I was smelling also so I did not want to be near daddy or mummy. Only one day when hell broke loose	
G	<i>What had happened to you that made you think that hell broke loose?</i>	
FV	My clever Miss IT. My aunt visited. I left it logged on and loading stuff when I went to school in the morning. She wanted to check something on the internet and decided to use my laptop in my room. She saw the pictures I posted when I was naked after drug use, some when I was using dagga. She called mummy and	

	<p>daddy. My mother cried. This was the answer to my changed behaviour.</p> <p>To make things worse, I even came back before school was over. When I entered I saw it on their face went into my room and saw the laptop on.</p>	
G	<i>I could imagine the situation, what happened then?</i>	
FV	<p>I did not want to waste my time remember I was also trying to find help. I could not control it. I cried just like that. We were all quite. I told them that everything and that I didn't know what to do. I told them that they can't help for now I need a psychologist and a doctor. I have been using this for a year my room was smelling and had a lot of dagga and mandrax in the house. My fingertips were black. My lips black but I used lip ice and stuff to keep them red. I worked extra hard to cover up the side effects of drug use. I used all my energy for them not to find. I even told the maid that she must not enter my house I will clean myself and will clean my own clothes so that she will not find out and tell mom. You know my mom used to stay at the school she was teaching and father at the farm or go to his business. The small time they come they were very busy with money.</p>	Tears on
G	<i>There you were as a family. What did you guys resolve?</i>	
FV	<p>I was lucky to be caught. Some children dropped out of school. They have gone wild because of online activities with other learners whom you don't know. Their life is about drugs. They still money, the can do piece jobs to get money to buy nothing but drugs only. I am sure they don't want that life but you cannot control it because the drugs make you want them more. First I paid a heavy fine...beating. I was beaten that night and</p>	

	all sought of words were said.	
G	You said you were lucky to be caught. What does that means?	
FV	<p>I could have gone wild too because you cannot run away from drugs but you will chase them. I was brought here for rehabilitation and counselling. It was not easy since I would go still some. First days, I could feel that I just want it.</p> <p>I used to attend group session with other children led by an occupational therapist. I also met the psychologist. My family was supportive. Together we came up with a plan to help me not to go back to the same behaviour.</p>	
G	Can you briefly discuss with me what sort of plan you came up with?	
FV	<p>Time management: time that I will spend online, school work, house chores, TV, family and time to go and sleep. My parents to monitor anytime am online. Another thing was that they have activated age restriction on DSTV and blocked certain channels. They now control what we watch. We also went to discuss with my teachers on my plan. I got support from home, school and experts.</p> <p>I was also willing to change. I now go to church with my mommy and we spent more time. She now come home for weekend and she is planned to transfer by next year she will be teaching from home.</p> <p>My friends hate me coz I just dumped them and now I don't know what's happening but yeah its life.</p>	
G	How did you feel?	
FV	I felt great because I managed to claim my life and my	smiling

	<p>school performance will improve soon. I am happy today. I am now trying to see how I can help my friends whom I had influenced. I have referred them for help and they are willing. They have not yet come but they will come and I have promised my parents and they are supporting.</p>	
G	<p>Ok, do you have any more information you would like to add</p>	
FV	<p>It feels great to overcome using these drugs and am not afraid to share my experience. It will help other learners. I am not the only one affected by internet. Many will be, I think my life can help them and I am willing to discuss my story openly. That's why the other health workers call me in to give my story.</p>	
G	<p>Alright, thank you very much for your participation. I may come back to you if I need more information.</p>	
FV	<p>OK sir.</p>	

ANNEXURE H
SAMPLE OF SKETCH DRAWING

Can you please draw a picture which best describes the scenario that led you to engage in illicit drug use. 39



ANNEXURE I

LETTER FROM THE EDITOR



Between The Lines
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To whom it may concern:

I hereby confirm that I have edited the thesis of Gwarega Chibaya, entitled: "ILLCIT DRUG USE BY SECONDARY SCHOOL LEARNERS IN WINDHOEK, NAMIBIA". Any amendments introduced by the author or supervisor hereafter, is not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.

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