A strategic framework for managing substance abuse amongst adolescent learners in girls schools

by

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DECLARATION

I, **ARTHIE BRIJRAJ**, declare that **A strategic framework for managing substance abuse amongst adolescent learners in girls schools** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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DEDICATION

This thesis is dedicated to the memory of the angels in my family whom I think of daily and miss most dearly.

- My mum, Suria-Kumarie Jugroop.
- My dad, Brijraj Jugroop.
- My sister, Shalini Haricharan.
- My brother, Jayant Brijraj.

You all played a major role in defining me as the person I am. Your eternal love, which was the glue that bonded our family, still keeps us earthly beings loving and caring for each other. The life lessons and morals instilled in us as a family by each of our angels, spur me on to always remember the value and power of education which is steered by an ever-enquiring mind. May your eternal bliss and guiding light always shine on the rest of our family.

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ABSTRACT AND KEYWORDS (English)

This study investigated the management of substance abuse at a girls school. The researcher used a qualitative approach and designed the research as a single case study. Multiple data collection methods such as literature study, in-depth interviews, focus groups and qualitative questionnaires were used. This allowed triangulation, which ensured the validity and reliability of the research. To ensure the sampling of information-rich participants, criterion-based purposive sampling was used. The research findings on current management practices, factors that contribute to substance abuse, reasons for and effects of substance abuse and a strategic framework for managing substance abuse were based on an analysis of legal prescripts and information extracted through interviews, focus group discussions, and questionnaires. From the literature, it is evident that current trends in substance abuse management strategies in schools include the use of generic prevention approaches such as information dissemination, affective education and alternatives programming. Common intervention measures currently employed by schools include SBIRT, CRAFFT screening tool, the Student assistant programme, Project CHOICE, Curriculum in a box and school-based health centres. Involving school counsellors and educators was identified as essential to ensure effective regression-prevention. The fieldwork further brought to the fore that substance abuse was on the rise at School A. Participants indicated that they do not have knowledge of the relevant legal prescripts regarding the management of substance abuse. Factors that hamper learners at School A's regression-prevention include individual variables such as psychiatric comorbidity, a lack of family interest, continued influence of substance-using peers and poor coping skills. It was further found that there were insufficient affordable, easily accessible rehabilitation facilities, school counsellors and psychologists to provide expert help to learners involved in substance abuse. Learner participants emphasized in particular the need for their parents to play a more active role in their lives and to work with the school. The findings were used to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in schools for girls. The constituting elements of this strategic framework covered prevention, intervention, and regression-prevention strategies. The strategy was not only informed by the empirical findings, but also by the law and policy framework in which substance abuse should be managed as well as the theories on the causes of substance abuse and on substance abuse prevention, intervention, and regression-prevention. The law and policy framework focuses on substance abuse as a human rights, school safety, school health, and

school discipline issue. The theoretical framework focuses on generic and specific strategies for prevention, intervention, and regression-prevention.

Key concepts

Adolescent, intervention, management, prevention, regression-prevention, strategic framework, substance abuse.

OPSOMMING EN SLEUTELWOORDE (Afrikaans)

Hierdie studie ondersoek die bestuur van substansiemisbruik by 'n meisieskool. Die navorser het 'n kwalitatiewe benadering gebruik en die navorsing as 'n enkele gevallestudie ontwerp. Veelvuldige dataversamelingsmetodes soos literatuurstudie, diepgaande onderhoude, fokusgroepe en kwalitatiewe vraelyste is gebruik. Dit het triangulasie moontlik gemaak wat die geldigheid en betroubaarheid van die navorsing verseker het. Om die steekproefneming van inligtingryke deelnemers te verseker, is kriteriagebaseerde doelgemaakte steekproefneming gebruik. Die navorsingsbevinding oor huidige bestuurspraktyke, faktore wat tot substansiemisbruik bygedra het, redes vir en uitwerking van substansiemisbruik en 'n strategiese raamwerk vir die bestuur van substansiemisbruik is gegrond op 'n ontleding van wettige voorskrifte en inligting wat uit onderhoude, fokusgroepe en vraelyste verkry. Uit die literatuur is dit duidelik dat huidige neigings in bestuurstrategieë vir substansiemisbruik in skole die gebruik van generiese voorkomingsbenaderings soos verspreiding van inligting, doeltreffende onderrig en alternatiewe programme insluit. Algemene intervensiemaatreëls wat tans by skole gebruik word, sluit SBIRT, CRAFFT-siftingshulpmiddel, die studente-assistentprogramprojek CHOICE, kurrikulum-in-'n-boks en skoolgebaseerde gesondheidsentrums in. Deur skoolberaders te betrek, is opvoeders as noodsaaklik geïdentifiseer om doeltreffende regressievoorkoming te verseker. Die veldwerk het verder aangedui dat substansiemisbruik by Skool A toegeneem het. Deelnemers het aangedui dat hulle nie kennis van die relevante wettige voorskrifte vir die bestuur van substansiemisbruik het nie. Faktore wat leerders by Skool A se regressievoorkoming verhinder het, sluit individuele veranderlike soos psigiatriese komorbiditeite, gebrek aan gesinsbelange, volgehoue invloed van portuur wat substansies gebruik en swak hanteringsvaardighede in. Daar is verder bevind dat daar onvoldoende bekostigbare, toeganklike rehabilitasiefasiliteite, skoolberaders en sielkundiges is om kundige hulp te bied aan leerders wat by substansiemisbruik betrokke is. Deelnemende leerders het spesifiek die behoefte beklemtoon dat hul ouers 'n meer aktiewe rol in hul lewens moet speel en saam met die skool moet werk. Die bevinding is gebruik om 'n strategiese raamwerk oor substansiemisbruik onder tiener leerders in meisieskole te ontwikkel. Die elemente van hierdie strategiese raamwerk sluit voorkoming-, intervensie- en regressievoorkomingstrategieë in. Die strategie is nie net deur die empiriese bevindings beïnvloed nie, maar ook deur die wet en beleidraamwerk waarin substansiemisbruik bestuur moet word asook die teorieë oor die oorsaak van substansiemisbruik en oor voorkoming, intervensie en regressievoorkoming van substansiemisbruik. Die wet en beleidraamwerk fokus

op substansiemisbruik as 'n menseregte-, skoolveiligheids-, skoolgesondheids- en skooldissiplinekwessie. Die teoretiese raamwerk fokus op die generiese en spesifieke strategieë vir voorkoming, intervensie en regressievoorkoming.

Sleutelbegrippe

Tiener, intervensie, bestuur, voorkoming, regressievoorkoming, strategiese raamwerk, substansiemisbruik.

ISIFINQO NAMAGAMA ABALULEKILE (IsiZulu)

Lolu cwaningo luphenye ngokuphathwa kwezidakamizwa esikoleni esinamantombazane kuphela. Umcwaningi usebenzise indlela yekhwalithethivu noma yesimo wabe eseklama ucwaningo lwakhe njengocwaningo lwesigameko. Kusetshenziswe izindlela eziningi zokuqoqa idatha noma imininingwane njengocwaningo lwezincwadi, izingxoxo ezijulile eziyi-inthavyu, amaqembu okugxilwe kuwo kanye nohlu lwemibuzo olusezingeni eliphezulu. Lokhu kwavumela ukuqinisekisa ulwazi ezindaweni ezahlukahlukene, okuqinisekisa ukufaneleka nokwethembeka kocwaningo. Ukuqinisekisa amasampula anolwazi olucebile lwababambiqhaza, kusetshenziswe amasampula okuhloswe ngawo okusekelwe kumbandela. Okutholwe ocwaningweni ngezinqubo zokuphatha zamanje, izizathu nemiphumela enomthelela ekusebenziseni kabi izidakamizwa, kanye nohlaka lwesu lokulawula ukusetshenziswa kabi kwezidakamizwa kusekelwe ekuhlaziyweni kwemiyalelo yezomthetho nolwazi olukhishwe kuma-inthavyu, izingxoxo zamaqembu okugxilwe kuwo, kanye nohlu lwemibuzo. Kusukela emibhalweni, kuyabonakala ukuthi izitayela zamanje zamasu okulawula ukusetshenziswa kabi kwezidakamizwa ezikoleni zihlanganisa ukusetshenziswa kwezindlela zokuvimbela ezijwayelekile ezifana nokusatshalaliswa kolwazi, imfundo eyimpumelelo nezinye izinhlelo. Izindlela zokungenelela ezivamile ezisetshenziswa izikole njengamanje zifaka i-SBIRT, ithuluzi lokuhlola i-CRAFFT, Uhlelo Lokusiza Lwabafundi, UKUKHETHA Iprojekthi, Ikharikhulamu esebhokisini kanye nezikhungo zezempilo ezisekelwe ezikoleni. Kubandakanya abeluleki bezikole, kuye kwahlonzwa othisha njengababalulekile ababalulekile ukuze kuqinisekiswe ukugwema uhlelo lokuzisola okuphumelelayo. Umsebenzi waphinde waveza ukuthi ukusetshenziswa kabi kwezidakamizwa kuyanda eSikoleni A.. Ababambiqhaza babonise ukuthi abanalo ulwazi lwemithetho efanelekile ephathelene nokulawulwa kokusetshenziswa kabi kwezidakamizwa. Izinto ezithikameza ukugwema uhlelo lokuzisola kwabafundi eSikoleni A zihlanganisa okuguquguqukayo okufana nokugula ngengqondo, ukuntula uthando noma intshisekelo yomndeni, umthelela oqhubekayo kontanga abasebenzisa izidakamizwa kanye namakhono angemahle okubhekana nezinkinga. Kuphinde kwatholakala ukuthi izinsiza ezifinyelelekayo ngokwezimali ezanele, izinsiza zokuhlunyeleliswa kwezimilo noma ukuziphatha azifinyeleleki kalula, abeluleki bezikole kanye nongoti bezengqondo ukuze banikeze usizo lochwepheshe kubafundi ababandakanyeka ekusebenziseni kabi izidakamizwa abatholakali kalula. Abafundi ababambe iqhaza bagcizelele ikakhulukazi isidingo sokuthi abazali babo babambe iqhaza elibonakalayo ezimpilweni zabo futhi basebenze nesikole. Imiphumela yasetshenziswa ukwazisa ukwakhiwa kohlaka lwesu lokulawula ukusetshenziswa

kwezidakamizwa phakathi kwabafundi abasakhula ezikoleni zamantombazane kuphela. Izingxenye ezakha lolu hlaka lwesu zihlanganisa ukuvimbela, ukungenelela, namasu okuvimbela uhlelo lokuzisola. Lelisu alizange lenziwe nje kuphela ngalokho okutholwe ngokoqobo, kodwa ngomthetho kanye nohlaka lwenqubomgomo okufanele kulawulwe ngalo ukusetshenziswa kabi kwezidakamizwa kanye nemibono ngezimbangela zokusebenzisa kabi izidakamizwa kanye nokuvimbela ukusetshenziswa kabi kwezidakamizwa, ukungenelela, kanye nokuvimbela uhlelo lokuzisola. Umthetho kanye nohlaka lwenqubomgomo lugxile ekusebenziseni kabi izidakamizwa njengamalungelo abantu, ukuphepha kwesikole, impilo yesikole, kanye nodaba lokuziphatha esikoleni. Uhlaka lwethiyori lugxile kumasu ajwayelekile kanye naqondile okuvimbela, ukungenelela, nokuvimbela ukuzisola.

Amagama abalulekile

Intsha esakhula, ukungenelela, ukuphatha, ukuvimbela, ukuvimbela ukuzisola, uhlaka lwamasu, ukusetshenziswa kabi kwezidakamizwa.

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Acronyms and abbreviations

Head of Department	HOD
KwaZulu-Natal Department of Education	KZN DoE
KwaZulu-Natal	KZN
Life Orientation	LO
National Drug Master Plan	NDMP
National Institute on Drug Abuse	NIDA
Republic of South Africa	RSA
South African Council on Alcoholism and Drug Dependence	SANCA
South African Police Service	SAPS
School-Based Support Team	SBST
School Management Team	SMT
Screening, Brief Intervention and Referral to Treatment	SBIRT
South African Community Epidemiology Network on Drug Use	SACENDU
Teenagers Against Drug Abuse	TADA
United Nations Office on Drugs and Crime	UNODC

List of abbreviated titles of Laws and Policies

Child Justice Act 75 of 2008	Child Justice Act
Children's Act 38 of 2005	Children's Act
Constitution of the Republic of South Africa of 1996	Constitution
The Drugs and Drug Trafficking Act 140 of 1992	Drugs and Drug Trafficking Act
Guidelines for the Consideration of Governing Bodies in Adopting a Code of Conduct for Learners	Guidelines for a Code of Conduct for Learners
Guidelines for the Implementation of Peer Education Programmes for Learners in South African schools	Guidelines for Peer Education Programmes
National Education Policy Act 27 of 1996	National Education Policy Act
National Health Act 61 of 2003	National Health Act
National Strategy for the Prevention and Management of Alcohol and Drug Use amongst Learners in Schools	National Strategy for Schools
Promulgation of National Policy on the Management of Drug Abuse by Learners in Public and Independent Schools and Further Education and Training Institutions.	National Policy on Drug Abuse
Regulations for Safety Measures at Public Schools	Regulations for Safety Measures
South African Schools Act 84 of 1996	Schools Act
Policy on Screening, Identification, Assessment and Support Integrated School Health Policy	SIAS

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CHAPTER 1: FRAMING THE STUDY

1.1 Introduction

Adolescents are impulsive and have low self-control and it is thus not surprising that adolescence is a period characterized by a rapid increase in the rate of substance use inception. A direct link is drawn between impulsivity and substance use disorders amongst adolescents (Eisenberg 2015:62; Peltzer, Ramlagan, Johnson & Phaswana-Mafuya 2010:2221–2243). Substance abuse has detrimental effects on adolescents' health and various facets of individual well-being (Stone, Becker, Huber & Catalano 2012:12). This negatively impacts on the school because it affects learners' academic capabilities as well as their self-esteem and relationships with their peers and educators. Research on managing substance abuse amongst adolescent learners in girls schools is thus most valuable.

I used the interpretive paradigm as assumptive base for the research and followed a qualitative approach. Designing the study as a single case study allowed me to investigate and critically evaluate the measures that the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners. I used the findings of the case study to develop a strategic framework for managing substance abuse amongst adolescent girl learners.

In this chapter I outline the background, thereafter I explain what motivated me to choose this topic, reflect on the problem statement, state the aim and objectives and indicate the significance of the study. I further give an outline of the chapters and define the key terms. In a brief methodological account, I explain my choices regarding the research paradigm, the research approach, the design of the study and the methods used to collect and analyse the data. In the last section of this chapter, I describe the steps taken to comply with the standards of ethical research.

1.2 Background

In his opening address in parliament in 1994, the former South African president, Nelson Mandela, singled out alcohol and substance abuse as a social pathology requiring urgent attention (Ramlagan, Peltzer & Matseke 2010:40). Changes in the South African political, social and economic structures since 1994 made the trafficking of illegal substances easier and left the country almost defenceless against substance abuse (Ramlagan *et al*. 2010:2221–2243). In an attempt to prevent the increase of substance abuse in the country, the National Drug

Master Plan (NDMP) was drafted in 1998.[1] In terms of the NDMP (RSA 2019–2024:48) substance abuse can affect adolescents' cognitive development, has a negative impact on adolescents' schooling and increases the risk of failure. It also can lead to violent behaviours and an increase in the risk that the youth will become perpetrators of abuse. It further increases accidents, injuries and sexual risk-taking.

Due to the prevalence of adolescent substance abuse in South Africa, the South African Community Epidemiology Network on Drug Use (SACENDU) emphasizes that substance prevention programmes should start at primary school level to prevent initial drug use before adolescence (NIDA 2011(a)). As already alluded to above, substance abuse has a negative effect on the education of girls and young women, thus making it imperative that SMTs find ways to manage girls' substance abuse effectively. The SMT is responsible for managing substance use and abuse, which includes preventing it, reacting to incidents of substance usage, and assisting abusers to avoid relapse. In doing so, the SMT must adhere to law and policy that govern them (cf. section 2.2–2.5).

Substance abuse has the potential not only to affect the realisation of several of the substance abuser's human rights, but also the potential that the substance abuser may violate the rights of co-learners and educators. In terms of section 7(2) of the Constitution of the Republic of South Africa (hereafter referred to as the Constitution) (RSA 1996(a)), school managers have a legal duty to prevent this from happening. In terms of section 7(2) of the Constitution, the State and its organs (and the organs of state's functionaries) must "respect, protect, promote and fulfil the rights in the Bill of Rights". Various Acts give expression to this constitutional duty. The National Education Policy Act 27 of 1996 (hereafter referred to as the National Education Policy Act) allows the Minister of Basic Education to regulate national education policy, such as policy on learner behavioural management and discipline at schools (RSA 1996(b), s 3(n)). Paragraph 4(b) of this policy on learner behavioural management and discipline at schools provides for an educational system that supports the personal growth of each learner and promotes and respect learners' and educators' human rights.

Sections 6(2) (a), (b), (c) of the Children's Act (RSA 2005) support section 7(2) of the Constitution and require that children's rights during court procedures and subsequent rulings

[1] The NDMP is amended regularly and applies for a five-year period, e.g. 1999–2004, 2006–2011, 2013–2017. The 2018–2022 NDMP was, however, never finalised. The current NDMP 2019–2024 was approved by Cabinet in October 2019 and launched on 26 June 2020.

be respected and protected. In this context, children's rights to dignity and equality as well as the need to treat them fairly are highlighted.

In terms of the Minister of Basic Education’s mandate to determine national policy containing directive principles, the Guidelines for the consideration of governing bodies in adopting a Code of conduct for learners (hereafter referred to as Guidelines for a Code of Conduct for Learners) was adopted to guide the content of schools’ Code of Conduct for Learners (RSA 1996(b), ss 3, 4). Some of the directive principles for schools’ Codes of conduct for learners are that these codes must observe and promote constitutional democracy and human rights, establish moral standards and prepare learners to become responsible citizens (RSA 1998, items 1.3, 1.4). As a result, the governing body must develop a Code of Conduct for Learners that will allow educators to teach and control learners in a way that respects the value for human rights and prepare them to become responsible citizens.

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The NDMP 2013–2017 was reviewed and updated as NDMP 2019–2024. The United Nations Drug Control Programme (UNDCP) defines a drug master plan as a single document that includes all national matters regarding drug control. The national strategies that are essential to the successful implementation of the NDMP 2019–2024 are: The Health Sector Drug Master Plan; The Anti-Substance Abuse Programme of Action, 2017–2019; The National Anti-Gangsterism Strategy; Draft Narcotics Integrated Action Plan 2017–2019; and South Africa’s National Strategic Plan for HIV, TB, and STIs, 2017–2022.

In addition, several national laws informed what is covered in the NDMP. One such Act is the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (RSA 2008(a), s 66(1) (2)), which repealed the Prevention and Treatment of Drug Dependency Act 20 of 1992. The Prevention of and Treatment for Substance Abuse Act seeks to combat substance abuse through

prevention, early detection, and reintegration programmes (RSA 2008(a), preamble). The Drug Free Sport Act 14 of 1997 mandates that all South African sporting codes provide for effective and efficient drug testing programmes. In line with this Act the Institute for Drug Free Sport advocates for drug-free sport participation in the interest of sportspeople's health and well-being.

1.3 Motivation for the study

Some authors such as Vithal and Jansen (2010:11) regard the motivation for the study together with the significance of the study as "the rationale" for the research. I present these as separate sections. Many factors motivated this study. My choice of the management of substance abuse as a topic is related to my profession as an educator. I have been a secondary school educator for the past thirty-two years during which time I have acquired a personal interest in learner discipline.

Abusing substances can cause mental and cognitive impairments. Substance abuse affects not only learner scholastic performance and leads to under-achievement, but also influences learner well-being and learner behaviour in a negative manner (Calder 2012:13). Joubert (2008:1) feels that forming and sustaining safe, well-organised schools and classrooms prove to be difficult for both principals and educators. As a member of the school disciplinary committee, I have seen an escalation of substance abuse amongst girl learners as more learners test positive for substance abuse viz. marijuana as well as other illegal substances.

According to Hayatbakhsh *et al.* (2008:356) disciplinary problems such as attention deficit disorder, delinquency, and aggression can commonly be attributed to substance abuse. I can confirm that in my experience, their conclusion runs true. As disturbing as this is, it is even more disturbing that I struggle to get these learners referred to counselling or rehabilitation. A strategic framework for managing substance abuse amongst the adolescent learners that includes prevention measures, intervention measures and regression-prevention measures (Alleyne 2017:1) is vital for schools to fight substance abuse. My desire to find a strategy that will address prevention, intervention and regression-prevention of substance abuse in schools motivated my choice of topic.

1.4 Statement of the problem

Kumar (2014:381) defines a **research problem** as any issue, problem or question that becomes the basis of one's enquiry. It is what researchers want to find out about during their research endeavour. The real-life problem that forms the basis of this research is substance abuse.

According to Reagon (2016:1), substance abuse remains a growing problem in South Africa with 7.06% of our population abusing narcotics of some kind. The UNODC (the United Nations Office on Drugs and Crime) (2018(a):16) indicates that surveys on substance use amongst the South African population show that the extent of substance use amongst young people remains higher than amongst older people. This finding confirms the position of Moodley, Matjila and Moosa (2012:2–9) that the prevalence rate of substance abuse is particularly high amongst school going children. It is clearly a trend that prevailed in KwaZulu-Natal as is evident from the SACENDU report that for the period July to December 2020 youth between the ages of 10 and 19 ranked the group with the 4th highest number of treatment patients of all age groups. Furthermore, it found that 55% of patients were between the ages of 10 and 29 (Dada 2021:54).

According to a booklet compiled by the Foundation for a Drug-Free World (2015(b):3), alcohol is a drug because it is categorized as a depressant, thus slowing down vital functions, which results in slurred speech, unsteady movements, disturbed perceptions and an inability to react quickly. It affects the mind by reducing a person's ability to think rationally and alters his or her judgment.

Traditionally, research on and the management of substance abuse focused on men and boys as substance abuse was regarded as mostly a male problem (The Recovery Village 2017). However, in many Western countries, the gap in substance usage between genders is shrinking (UNODC 2018(c):11). In fact, female substance abuse is on the increase (UNODC 2018(c):12) and the non-medical use of opioids is comparable between men and women, if not actually higher amongst women (UNODC 2018(c):11). In terms of the newest World Drug Report (2021(b):13), non-medical use of tranquilizers is higher amongst women than amongst men.

A recent study conducted by Miech *et al.* (2017:42–43) amongst boys and girls indicates that there is not only a difference in the preferred substances that boys and girls abuse, but they also tend to begin abusing substances at different ages. I focused my research on adolescent girl learners as girls tend to become addicted quicker than boys once they are exposed to illegal substances – a phenomenon known as "telescoping" (The Recovery Village 2017). The phenomenon of telescoping amongst women substance users is well-documented (UNODC

2018(a):19). For example, Sober Living By The Sea (2019), an organization consisting of several treatment centres, acknowledges that while women who use substances typically begin using substances later than men, once they have initiated substance use, women tend to increase their rate of consumption of alcohol, cannabis, cocaine and opioids more rapidly than men. Women may progress quicker from drug use to drug abuse and develop drug use disorders quicker than men (World Drug Report 2021(b):26). Dr Marc Potenza, an addiction researcher, refers to the fact that though the telescope effect in women was first identified several decades ago in relation to alcohol abuse, it is now also linked to women's abuse of other substances.

Adolescents are susceptible to accept the stereotype of adolescent substance abuse as normal and acceptable (National Institute on Alcohol Abuse and Alcoholism, 2005). Therefore, it is imperative to be able to address stereotypical perspectives and attitudes. Child (2017:1) as well as NIDA (2012) distinguish between social and parental risk factors. Social risk factors include homelessness, a lack of security, a lack of decent shelter, and parental risk factors include a lack of parental or adult care and guidance. Adolescents who are experiencing these problems abuse substances to escape from their reality.

Schools have an important role to prevent adolescents from starting with drug use and also to prevent drug use from developing into drug abuse. A task in which schools do not always succeed. For example, Mokwena, Mokwena, Van der Heever and Mokgatle (2020:2) found in their study on drug abuse management in a school in Northwest Province, that the school management team lacked knowledge of the national substance abuse policy and the school had no measures in place to prevent drug abuse. The school's response is after the fact and mainly by expelling the learner – something that the Promulgation of National Policy on the Management of Drug Abuse by Learners in Public and Independent Schools and Further Education and Training Institutions (hereafter referred to as National Policy on Drug Abuse) discourage (Mokwena *et al.* 2020:3, 4). Since it is stated in paragraph 6 that the main thrust of the policy is to help and support those who use drugs, these authors are correct in their assertion that expulsion as a first response is against the National Policy on Drug Abuse (RSA 2002, par. 6).

The lack of affordable, available in-house rehabilitation centres to accommodate learners whose parents do not have the money for private in-house rehabilitation facilities poses a problem. Learners can attend government rehabilitation facilities as outpatients when they are referred by the school, however, there is a long waiting list and the much-needed help does not come timeously. According to Netpages (2018) there are only nine listed drug rehabilitation

centres in KwaZulu-Natal. A recent SACENDU report (Dada 2021:53) lists 12 treatment centres in KwaZulu-Natal. A Google address search reveals that only six of these (Anti-Drug Forum, SANCA Nongoma, SANCA Durban (In/Out), ARCA, Siyakhula Centre, Serenity Addiction Treatment Unit (Jullo Centre) are located in Durban, a city with a population of over 3.8 million (World Population Review 2022). The insufficient number of drug rehabilitation centres in KwaZulu-Natal places a burden on schools to fill the gap.

The question now arises: What lessons on substance abuse and their management can be learnt from a case study at a girls school that can be used to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools? Bryman (2012:10) emphasizes the need to break the research question down, by formulating research sub-questions, so that one is able to determine exactly what one wants to research. I divided my research sub-questions into theoretical and empirical research sub-questions:

Theoretical research sub-questions

- What are the current trends regarding prevention, intervention, and regression-prevention strategies for managing substance abuse in schools?
- What are the South African legal prescripts to consider when adopting strategies for managing learner substance abuse?

Empirical research sub-questions

- What measures does the participant school use for prevention, intervention, and regression-prevention of substance abuse amongst learners?
- Are these management measures effective and in line with legal prescripts for managing substance abuse?
- What are the constituting elements of a strategic framework for managing substance abuse amongst adolescent learners in girls schools?

1.5 Aim and objectives of the study

The research problem should be translated into a research aim that states “the intent and direction of the research” (Gray 2015:53). The aim, in turn, was broken down into attainable research objectives, which articulate the intended and measurable outcomes (Gray 2015:53; Kumar 2014:381). Accordingly, the aim and objectives of this study are outlined below.

1.5.1 Aim

My aim was to undertake a case study on the management of substance abuse at a girls school and to use the findings to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools.

1.5.2 Objectives

It is necessary to restate the research sub-questions as achievable objectives that could guide me in answering my research question. I strived to achieve the following theoretical and empirical objectives:

Theoretical objective

1. To review current trends regarding prevention, intervention and regression-prevention strategies for managing substance abuse in schools.
2. To explore the legal prescripts that must be considered when adopting strategies for managing learner substance abuse in schools.

Empirical objectives

3. To investigate and critically evaluate measures that the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness.
4. To uncover the constituting elements of a strategic framework for managing substance abuse amongst adolescent learners in girls schools and to use those elements to develop a strategic framework for the participant school.

1.6 Significance of the study

The significance of any research breaks down into two distinct parts: theoretical and practical significance (Hofstee 2009:89). The participant school has received feedback on the compliance of its strategies with relevant South African laws and policies and the effectiveness of its current strategic approaches to prevention and intervention in relation to substance abuse. The participant school was a recipient of a custom-made strategic framework for managing substance abuse. In developing such a strategic framework, I have considered the legal prescripts, current trends with regard to prevention, intervention and regression-prevention measures, and the fact that the learners who are involved in incidents of substance abuse are girl learners. I have followed a unique approach to investigating substance abuse in that I have

not only approached it as either a human rights, safety, health or disciplinary issue as is commonly done, but followed an integrated approach and considered substance abuse as a complex issue which have human rights, safety, health and disciplinary implications. This approach is then also followed through when I developed my strategic framework. I provided a strategic framework that integrated law and policy dealing with substance abuse as a human rights, school safety, school health, and school discipline issue, which was extremely important. Managers can more effectively manage substance abuse if they approach substance abuse in an integrated manner. It prevents schools from viewing and treating substance abuse solely as a disciplinary or health issue. The DoBE could use the strategic framework for the management of substance abuse amongst adolescent girl learners as pro forma for other schools. My strategic framework will also fit in well with the DoBE's vision that a whole school approach should be followed in the management of schools. Future researchers who want to follow a whole school approach to the management of substance abuse, would be able to use my thesis, and strategic framework in particular, as basis to build on.

Qualified professional health care workers, such as psychologists, psychiatrists, counsellors and social workers, as well as non-profit organizations have been brought on board to help create a remediation programme to empower parents, educators and the SMT members on how to manage girl learners who need assistance. The school management benefitted when I introduced them to positive and remediative ways of managing learners who have been involved in substance abuse.

1.7 Delimitation of the field of study

According to Hofstee (2009:88), defining key terms ensures that they are not misunderstood in the context of the dissertation. Essential concepts were analysed as described below.

1.7.1 Conceptual analysis

I conceptually analysed the following fundamental concepts to eliminate imprecise and contradictory interpretations and identify the meanings relevant to this study: **management**, **substance abuse**, **adolescent**, **strategic framework**, **girls school** and **legal prescripts**.

1.7.1.1 Management

According to the Merriam-Webster dictionary (2017, s.v. "management") **management** is the act of looking after and making decisions about something as well as referring to the people

who look after and make these decisions. The term **management** includes decisions made by the SMT on how to handle substance abuse in the participant school.

Managing learner behaviour is an integral part of the SMTs' duty to assist the principal in the professional management of the school (RSA 1996b, s 16(3)). The SMT also manages the screening, identification, assessment and support in the school and ensures that action is taken when substance abuse risk factors are identified that could become barriers to teaching and learning. The SMTs' management of substance abuse is two-fold. Initially, the focus is on prevention, identifying risk factors and providing support. Then, if the risk factors cannot be alleviated and the learner transgresses, the focus moves to disciplinary action.

Managing discipline of learners is the responsibility of the Head of Grade for that particular grade. It is the duty of the Head of Grade to keep the Head of Department (SMT member) responsible for school discipline informed of disciplinary matters pertaining to substance abuse. This HoD, in turn, debriefs the school principal on serious misdemeanours. If the nature of the offence is serious enough to warrant a disciplinary hearing, the principal informs the Discipline committee of the governing body accordingly. The SMT member in charge of a particular grade leads the investigation on substance abuse allegations and informs the Discipline committee using the discipline report form of the outcome when disciplinary action is required. The SMT member then handles the substance abuse case by communicating with the learner, her parent/guardian as well as the principal.

1.7.1.2 Substance abuse

To understand **substance abuse** in the school milieu, one needs to consider the meaning of substance, as well as substance use. **Substances** that can be abused are those classified as illegal (such as inhalants), the use of which automatically constitutes "abuse" and then also substances that can be legally obtained such as tobacco, alcohol and medicine. Considering the definition of Crozer Health (2017:1) one can conclude that **substance use** indicates any consumption of substances as defined above. **Substance abuse** occurs when a person uses either legally obtained or illegal substances excessively and without medical justification (RSA 2019–2024:10) (cf. section 1.4). This is then also the meaning that is attached to **substance abuse** in this study.

1.7.1.3 Adolescent

Zervogiannis (2003:11) defines the concept of **adolescence** as the developmental phase between childhood and the achievement of adulthood. According to the Oxford English Dictionary (2006, s.v. "adolescent") **adolescence** describes the period following the onset of puberty during which a young person develops from a child into an adult. Although it is difficult to delimit the adolescent phase in terms of chronological age, it is generally accepted that it starts between the ages of 11 and 13 years, and usually ends between 18 and 20 years (Mosby's Medical Dictionary 2009). The substantial changes experienced in adolescence give rise to individuals experimenting with different identities, and frequently, with illegal substances (Wicks-Nelson & Israel 2003:203). Because they tend to experiment with "adult-like experiences" and are typically prone to impulsivity and ignoring consequences, adolescents are at an increased risk of developing substance use disorders (Yantsides, Tracy & Skeer 2017:103). In this study the focus has been on adolescent girl learners in a secondary school environment in Grades 8 to 12, e.g. between the ages of 12 and 18.

Adolescents are prone to substance abuse as their cognitive ability is in a developmental stage; making adolescence a period of heightened vulnerability to stress and risk-seeking behaviours (Uhart & Wand 2009:43–64). Family and/or community tensions as well as abuse that take place during important developmental phases of an adolescent can attribute to the abuse of addictive substances (Andersen & Teicher 2009:516–524). Adolescents' impressionability causes them to be susceptible to influences such as abnormal relationships with peers. Adolescents will socialise with substance abusing learners to appear to belong to the "popular" group because they crave peer group acceptance (Trucco, Colder, Bowker & Wieczorek 2011:526–547).

1.7.1.4 Strategic framework

In terms of the National Education Policy Act (RSA 1996(b), s 3(1) and 2(d)), national education policies should be determined in accordance with the provisions of the Constitution and show the government's commitment to monitoring and evaluating education. **Policy** is a broad statement and can be sector wide or specific to sub-sectors. A **strategy** specifies how the policy goals are to be attained and clarifies the functions and the duties of the stakeholders. A **plan**, in turn, defines the targets and activities and the timeline to implement a strategy (UNESCO 2013:6).

Strategic objectives comprise goals for a school to achieve. A school may pursue several short- and long-term strategic objectives at any given time. Strategic objectives are included in a strategic framework and have both existing objectives and objectives aimed at improvement (Dontigney 2017:1). Goals and action plans usually flow from a strategy (Heathfield 2017:1).

In accordance with the National Strategy for the Prevention and Management of Alcohol and Drug Use amongst Learners in Schools (hereafter referred to as National Strategy for Schools) (DoBE 2013:iv) the purpose of school-based strategies must be to ensure that schools are substance-free zones, and to manage problems that are linked to substance abuse so that teaching and learning can take place uninterrupted. For developing a strategic framework for substance management in schools, the Guidelines for the Prevention and Management of Drug Abuse, which is underpinned by principles enshrined in the Constitution and other legal requirements pertaining to substance abuse, must be considered (RSA 2019:1). For the purpose of this study, a **strategic framework** refers to prevention strategies, intervention strategies and regression-prevention strategies linked to the management of substance abuse amongst adolescent learners in girls schools and in conformation with the requirements as set out in the National Strategy on Screening, Identification, Assessment and Support (SIAS) (cf. section 2.3).

Prevention is a positive process through which individuals are inspired not to start using substances and during which systems and conditions are created that promote healthy behaviour and lifestyles (RSA 2019–2024:49). Prevention of drug use is aimed at delaying the onset of drug use as well as the changeover from drug use to drug use disorders and abuse (UNODC 2021(e):98).

Intervention combines detection of hazardous or harmful substance use and treatment of those involved. Early intervention is aimed at individuals who have not developed a physical dependency or major psychosocial complications yet (RSA 2019–2024:7). Intervention in this study refers to the involvement of family, friends, school or outside organizations to assist a learner with substance abuse problems.

Regression refers to a learner who reverts to substance abuse after going through a period of rehabilitation and recovery. Regression-prevention is aimed at averting a learner from relapsing into substance use by having regular monitoring and check-up meetings with a drug treatment counsellor (RSA 2019–2024:76).

1.7.1.5 Girls schools

According to the South African Schools Act 84 of 1996[2] (hereafter referred to as the Schools Act) (RSA 1996(c), s1(1)(xix)) "**school**" means a public school or an independent school which enrols learners in one or more grades between Grades 0 and 12. In this study, **girls school** refers to a public school, which enrols only girls.

1.7.1.6 Legal prescripts

For the purpose of this study, **legal prescripts** include both "law", which is binding and "policy", which is directive. Legal prescripts in this study include, but are not limited to the:

- Constitution, Schools Act, National Education Policy Act and Children's Act
- Circulars and relevant policy issued by the National Department of Basic Education as well as the KZN Department of Education (hereafter referred to as KZN DoE)
- The participating school's Code of conduct for learners.

1.7.2 Scope of the study

The research was undertaken in a multicultural all-girls school that is located in a community of working-class people in an area south of Durban in the province of KZN. The area around the school is highly industrialized with heavy duty traffic that frequents the area. There are many out of town truck drivers that have short overnight stays in the area. A container depot serving a very busy port is in close proximity to the school. School A is situated parallel to a busy main road, opposite a local shopping centre. The parking area of this shopping centre is also used as a public taxi drop-off point. School A is situated in a community where substance abuse is rife, the presence of organizations such as Blue Roof Life Space, a wellness facility for youngsters and Jullo Centre, an addiction treatment centre, bears testament to the fact that substance abuse is a very real problem in this community.

I explored substance abuse amongst adolescent girl learners with the purpose of developing a strategic framework for managing substance abuse. In order to achieve this, I reviewed current trends with regard to prevention, intervention and regression-prevention strategies for managing substance abuse in a girls school. In this study, I further investigated the legal prescripts to consider developing a strategic framework for managing learner substance abuse in public schools. Using the current trends and legal prescripts, I investigated and critically

[2] In this report the consolidated version of the South African Schools Act 84 of 1996, which contains all the amendments to date, was used.

evaluated the measures the participant school uses for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness. The constituting elements of a strategic framework for managing substance abuse amongst adolescent learners in girls schools were uncovered and used to develop a strategic framework for the participant school.

1.7.3 Theoretical framework

A theoretical framework aids a researcher in explaining a particular phenomenon (De Vos 2011:40). To achieve the aim of this study, which was to undertake a case study on the management of substance abuse at a girls school to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools, I needed to consider both the legal framework and theories on causes of substance abuse as the various frameworks are linked. All management occurs and must occur in the legal framework that governs the specific aspect (in this case drug abuse in schools). When choosing how to effectively manage substance addiction in schools, managers must consider theory on what causes a person to abuse substances, as well as theory on prevention, intervention, and regression-prevention strategies. The following theories on causes of substance abuse were considered: the social development theory, social control theory, cognitive behavioural theory of addiction, peer cluster theory and gateway drug theory. The National Policy on Drug Abuse (RSA 2002, par. 13–18), which explains the principles for schools on substance abuse management was also explored. The ecological system theory, broken windows theory, public health theory and universal prevention strategy are discussed as theories on prevention of, intervention in and regression-prevention of substance abuse.

Various law and policy documents were studied to collect information on the legal prescripts that regulate substance abuse in schools. I found that the law commands the protection of learners' human rights that all schools are to be safe schools, substance abuse must be managed not only as a disciplinary issue, but also as a school health issue. Section 7(2) of the Constitution (RSA 1996(a)) explains the constitutional mandate placed on the state and its organs to fulfil the rights in the Bill of Rights, by respecting, promoting and protecting these rights. Section 8(1) binds organs of state and section 8(2) makes the Bill of Rights relevant to and binds juristic persons to it. It is obvious that school management must take the utmost care that learners' rights are not violated when cases of substance abuse are managed.

1.7.4 Organization of the final research report

I structured the research report in seven chapters. **Chapter 1** forms the foundation of this research and gives direction to the study. It includes an introduction, a statement of the research problem that culminates in the research question and sub-questions and the related aim and objectives, as well as an account of the chosen methodology. **Chapter 2** is a literature study chapter, which focuses on the legal prescripts for substance abuse management in schools. This entails a study of law and policy documents. **Chapter 3** consists of the literature review on the management of substance abuse amongst learners. In **Chapter 4** I discussed prevention, intervention and regression-prevention of substance abuse. In **Chapter 5** I addressed the research methodology, which encompasses an in-depth discussion on the research design and methodology, developing on what was set out in chapter 1. The focus in chapter 1 was on introducing the approach, design and data collection and analysis methods. In **Chapter 6** I undertook the data analysis, interpretation and presentation of findings. **Chapter 7** forms the concluding part of the report and contains a synopsis of the findings, an overall conclusion as well as recommendations to the study. I also included the strategic framework for managing substance abuse amongst adolescent learners in girls schools in this chapter.

1.7.5 Assumptions

Assumptions in a study are factors that are out of the researcher's control, however, they are needed or else the study would become irrelevant (Simon, 2011:1). According to PhD Students (2018:1) assumptions are matters that are accepted as true by researchers and peers who read the study. To supplement the above-mentioned authors, researchers should list all underlying assumptions in their work, because they are often not obvious, but can affect the research adversely.

The following assumptions were made and addressed in this study:

- The first assumption underlying this study was the researcher's belief that the participant learners had engaged in substance use and that they would impart the reasons why they use/d substances.
- Secondly, that the principal, SMT, LO team, parent governors and peer counsellors would be able to give responses on the measures adopted by the participant school for prevention, intervention and regression-prevention of substance abuse amongst learners.

- Thirdly, the responses made by all the participants would be honest and without prejudice.

1.7.6 Limitations

Hofstee (2009:87) explains that a study has limitations when a researcher is constrained during the research process. It was imperative that I understood the limitations that could be imposed on the study. My subjectivity was one of the limitations in this study, which is characteristic to qualitative methodology and in particular insider research. This made it essential for me to constantly reflect on my role as insider researcher (cf. section 1.8.4). I had to be impartial so as not to influence the data that was collected and analysed. This study engaged in delicate, personal matters and I had to ensure participants' anonymity, which I did by not naming the school or the participants (cf. section 1.8.6.3).

The focus of the study was on female adolescents only, therefore the findings cannot be applied to male adolescents. This study was a qualitative single case study, whereby the findings were "generalised" to the broader population of the participant school. Since qualitative researchers cannot generalise their findings, they should produce findings that are transferable (Babbie & Mouton 2012:277). Transferability can be attained by ensuring that results can be transferred from a particular situation (surrounding, population, or setting) to another by carefully documenting research methodology used, so it can be adopted by other researchers to replicate the research in other settings (Kumar 2014:219). As mentioned above, as cluster coordinator, I shared the findings to a broader population, viz. the fifteen schools with whom I interact. The fact that these schools have similar community backgrounds and learner demographics regarding age and gender as that of the participant school and have to manage substance abuse in the same legal framework as the participant school, supported the transfer of the findings to these schools. Furthermore, to enable other researchers to duplicate the study in other schools, I carefully documented the research methodology and process.

Because of the school context, learner participants were in a subordinate position to me as educator, which could have inclined them to answer in a socially acceptable manner devoid of genuine emotions and honest views pertaining to substance abuse. I assured the learners that I am only interested in their opinions to help me help them and other substance abusing learners, and that I would not use the information against them. I reminded them that, as I have indicated in my information letter, I am legally and ethically obliged to use the information they provide

only for research purposes. I emphasized the importance of their role in finding a solution and their honest responses.

1.8. Methodological account

The selection of data collection and procedures used to analyse and investigate a particular research topic refers to the methodology of a study (McMillan & Schumacher 2013:16). The research methods are used to gain reliable and valid information. Data collection may be undertaken via widespread interviews or observations or a set of documents. Research methodology is systematic, purposeful and procedures are not haphazard as they are structured to gain data on a specific research problem. In this section, I introduced my approach to the literature review, before discussing the research paradigm, research approach, research design, data collection methods and the data analysis method that were appropriate to this type of study.

1.8.1 Literature review

A literature review constitutes a significant, systematic explanation of the current research on a specific topic (Tanczer, s.a.:1). As indicated by McMillan and Schumacher (2013:84), looking at various sources gives a researcher an overview of the research topic and allows him or her to describe the problem in exact terms. Creswell and Creswell (2018:26) explain that a literature review provides a background for ascertaining the significance of a research, offers standards to which the results of a study can be compared, and presents the researcher with the outcomes of other related studies. Focusing on reviewing current trends regarding prevention, intervention and regression-prevention strategies for managing substance abuse in schools, I reviewed relevant national and international literature (books, reports, various documents) to gain more information on strategic frameworks for managing substance abuse amongst adolescent learners in girls schools.

1.8.2 Research paradigm

A **paradigm** provides the theoretical lens and influence what should be studied, how it should be studied, e.g. the research methods that will be used, and how the results of the study should be analysed and understood (Kivunja & Kuyini 2017:1).

The most common paradigms found in research literature are positivist, interpretive (constructivist), and critical paradigms (Henn, Weinstein & Foard 2009:179). The positivist paradigm, found in normative studies, is associated to the objectionist viewpoint (Kusi 2008:68). It is based on the premise that an unbiased social reality is present “out there”.

Bernard and Ryan (2010:10) believe that positivist researchers aim to locate an array of laws that would collectively indicate a common pattern of human behaviour. Positivistic studies do not allow for the comprehension of individual-society interactions and the difficulties in relation thereof (Flick, Kardoff & Steinke 2009:114). Therefore, the positivist paradigm was not suitable for the purpose of this study.

L'Hullier (2011:16) asserts that studies informed by the critical paradigm aim to uncover disparities, misconduct, unfairness, and exploitation, allowing the excluded and marginalised groups a voice, to bring on social change. The goals of the critical paradigm were incompatible with the objectives of my study.

The history of the interpretive paradigm goes back to the work of Max Weber (1864–1930), who argued that we can increase our understanding of the social world if we view it from the side of the participants instead of using cause and effect to explain their behaviour (Henn, Weinstein & Foard 2009:145). The interpretative paradigm is thus most suited to qualitative research. Interpretive researchers intend to understand what social action means in a subjective manner (Bryman 2012:712). The interpretive paradigm can be applied to individuals or small groups (Janse Van Rensburg 2012:86).

According to Mack (2010:8), the interpretive paradigm is grounded in the following ontological assumptions:

- Individual interpretation is subjective as reality is indirectly constructed.
- People interpret events according to their own meaning.
- Events are unique and cannot be widespread.
- Each incident has numerous viewpoints.
- Translated meaning and symbols control action in social sciences.

The epistemological assumptions are as follows:

- Knowledge is gained by respecting the differences between people.
- Knowledge is gained inductively to create a theory.
- Personal experience attributes to knowledge.

Interpretivists conducting social science research must recognise the research site as the social reality and pick a research strategy that takes into account the diversity of people and objects that makes up that reality (Bryman 2012:30). They regard the social reality as being formed on mutual understanding between researchers and the researched, but with consideration of the socio-cultural background of the researched (Cohen, Manion & Morrison 2011:382; Rugg &

Petre 2006:224). Borko, Liston and Whitcomb (2007:10) indicate that social reality is often interpreted in a similar, but not necessarily identical, way.

The reasons why the interpretive paradigm is suited for this research firstly include the fact that the interpretive paradigm gives researchers an opportunity to understand the experiences and perspectives of the participants (Verma & Mallick 2011:166). Secondly, interpretive research data is more intense than positivist data and due to this quality, we refer to the methodology of interpretive research as qualitative (Borko *et al*. 2007:10). Thirdly, it recognises the role of the researcher and the participants in information creation (Kusi 2008:69). Lastly, this paradigm is suitable to understand a complex phenomenon such as substance abuse in a particular sociocultural context, e.g. the girls school context (Creswell 2014:126; Flick, Kardoff & Steinke 2004:116).

I believe that the reality to be studied in relation to substance abuse and the management thereof to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools can be explained by the learners, peer counsellors, the Life Orientation (LO) educators, members of the school governing body, the SMT, and the school principal.

1.8.3 Research approach

The **research approach** reflects the strategy and processes, which comprise the steps of comprehensive assumptions to specific data collection, evaluation and understanding. It is based on the nature of the research problem being addressed. The research approach essentially encompasses the approach to data collection and data analysis or reasoning (Creswell & Creswell 2018:19). The three approaches available according to Creswell and Creswell (2018:19) are the qualitative, quantitative and mixed method approaches. In qualitative data there is an inductive approach of analysis. In quantitative data the deductive approach of analysis is used and in mixed type of data, both inductive and deductive approaches of analysis are used (Creswell & Creswell 2018:18).

The qualitative approach can be used across disciplines, fields and subject matter (Bell & Bryman 2007:10). In a qualitative study, researchers aim to understand and describe a specific phenomenon from the perspective of a few participants (Kumar 2014:16). This type of research focuses on non-statistical methods and small samples, which are often carried out by means of purposive sampling (De Vos, Strydom, Fouché & Delport 2011:74). Qualitative data takes the form of words. Qualitative research is used to gain an all-inclusive picture of the research topic

and focuses on the "what", "why" and "how" questions, rather than on "how many" questions (Freebody 2003:3; Ormston, Spencer, Barnard & Snape 2014:3). Schulze (2003:13) explains that in qualitative research the meaning of the research topic is developed from the perspective of the participants. In this research, the participants' life world and the task of the SMT in the school were explored with the view of understanding substance abuse and the management thereof in particular and to inform the development of a strategic framework for managing such substance abuse.

According to Fouché and Delport (2011:64), qualitative researchers seek participants' answers to complicated matters. The qualitative research approach was used with the view to develop a strategic framework for managing substance abuse amongst adolescent learners in girls schools, which is a complicated matter. Qualitative research can be described as holistic as it is involved with the human environment in all its complexities. I sought to understand the world of the female adolescent secondary school learner who engages in substance abuse (objective 2). The law and policy regulating substance abuse and the management thereof form an integral part of the environment, therefore I used qualitative techniques in studying relevant national and provincial educational laws and policies and reviewed scholarly contributions.

Creswell and Creswell (2018:19) iterate that qualitative researchers interpret the responses of the participants on the research topic. Similarly, McMillan and Schumacher (2013:5) highlight that qualitative research refers to observation techniques used by an in-depth study, which entails the research to be undertaken in a natural setting. Qualitative research is appropriate for insider research.

1.8.4 Role as insider researcher

As alluded to above, qualitative research from an interpretivist assumption base acknowledges both the researcher and participants as knowledge creators (Kusi 2008:69). Qualitative research is indicative of research that is personal in nature, as it includes both the views of the participants as well as that of the researchers (Ary, Jacobs, Razavien & Sorensen 2006:45). Mack (2010:8) alludes that research observed from the outside cannot be objective; it must be observed from the inside via direct experience of the people. Undertaking qualitative interpretivist research thus creates a need for reflectivity, which is further increased when the researcher acts as insider researcher. Because I knew the participant school's principal as a colleague and I was, within reasonable bounds, allowed unhindered access to the school, its SMT and the other participants, I was in an excellent position to undertake insider research. As

a reflexive researcher, I made certain that my interactions with the learner participants were ethical, and that I constantly reflected on my preconceptions and opinions so that they did not influence the research (cf. section 5.2). I have, to the best of my ability, been impartial and unprejudiced in my interaction with the participants and my interpretation of the analysed data.

1.8.5 Research design

According to Polit and Beck (2012:58) and McMillan and Schumacher (2013:6), a **research design** is the researcher's plan for obtaining the most valid, accurate answers possible to his or her research questions. Creswell and Creswell (2018:101) suggest that research designs refer to precise measures involved in the research process viz. data collection, data analysis, and report writing. Designing, that is planning and structuring, is thus integral to successful research (McMillan & Schumacher 2013:6).

As my qualitative research design, I have chosen a single case study, which entails the in-depth study of an individual case (Cohen *et al.* 2011:33). According to Creswell and Creswell (2018:73), a case study can best be described as the investigation of a system that has constraints of time and place, which can be single or multiple using a wide range of data collection across various data sources. A research population refers to cases that conform to certain standards and to which we generalise the results of the research (McMillan & Schumacher 2013:143). Case studies are suited to "how" or "why" questions, are appropriate when the researcher has minimal control over events and when the emphasis is on a current real-life issue (Yin 2009:2). It is essential to use multiple sources of evidence, with triangulation, in order to enhance the trustworthiness of data in case study research (Yin 2009:2).

Case studies further require information-rich participants, as they are likely to be "knowledgeable and informed about the phenomenon the researcher is investigating" (McMillan & Schumacher 2013:349). By selecting information-rich participants, the insider researcher can establish a good relationship with participants and therefore get access to data and be able to "test" the validity of data offered by participants (Fouché & Schurink 2011:320, 322). The case study enabled me to understand the problem of substance abuse from the participants' perspectives.

1.8.6 Data collection methods

Chosen data collection methods must allow the researcher to extract data required to fulfil set objectives. As such the choice of data collection methods is intrinsically linked to the research objectives. To ensure this link I compiled a table which illustrates the relation between objectives, data collection methods and instruments and participants.

Table 1: Summary table: Objectives, data collection methods and instruments, and population

Objective	Literature review, data collection methods and instruments	Participants
Objective 1: To review current trends regarding prevention, intervention and regression-prevention strategies for managing substance abuse in schools.	**Literature review** of scholarly contributions	
Objective 2: To explore the legal prescripts that must be considered when adopting strategies for managing learner substance abuse in schools.	**Literature study** of laws, as well as circulars and relevant policies issued by the National Department of Basic Education and the KZN DoE.	
Objective 3: To investigate and critically evaluate measures the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness.	**Document analysis**: School's Discipline policy and Code of conduct for learners, Safety policy, Records of disciplinary cases and learner profiles. **Personal interview:** (Interview guide) **Focus group** (Focus group guides) **Questionnaire** (Qualitative questionnaires with open-ended questions)	**7 personal interviews:** One with the principal and 6 with learners who were involved in incidents of substance abuse. **2 focus groups:** A focus group with 4 SMT members and another with the LO team consisting of 1 Subject head and 3 educators involved in teaching the subject. **2 questionnaires**: One questionnaire for the governing body made up of 9 parent members and another for the 10 peer counsellors.
Objective 4: To uncover the constituting elements of a strategic framework for managing substance abuse amongst adolescent learners in girls schools and to use those to develop a strategic framework for the participant school.	**Personal interview** (Interview guides) **Focus group** (Focus group guides) **Questionnaire** (Qualitative questionnaires with open-ended questions).	**7 personal interviews**: One with the principal and 6 with learners who were involved in incidents of substance abuse. **2 focus groups**: A focus group with 4 SMT members and another with the LO team consisting of 1 Subject head and 3 educators involved in teaching the subject. **2 questionnaires**: One questionnaire for the governing body made up of 9 parent members and another for the 10 peer counsellors.

I used the following methods to collect data in this study: literature study; individual, semi-structured interviews with the school principal; a focus group with 5 members of the SMT; a focus group with the LO team (3 LO educators and 1 LO Subject head); a questionnaire for 9

governing body members, a questionnaire for 10 peer counsellors and interviews with 6 adolescent girl learners (Grades 8–12) who have been involved in substance abuse (cf. Table 1). The data collection process commenced with a literature study as the various applicable laws and policies have a direct bearing on the analysis of the school documents. An analysis of the school documents was used to inform the questions that were put to the principal, the SMT and the learners. By conducting the two focus groups and individual interviews as well as having questionnaires allowed me to triangulate the different datasets. A literature study of national and provincial law and policy documents was considered when adopting strategies for managing learner substance abuse in schools as well as investigating and critically evaluating measures that the participant school used for prevention, intervention and regression-prevention of substance abuse amongst learners that related to legal compliance and effectiveness.

I analysed the Code of conduct for learners of the participant school, which is an official document adopted in terms of the Schools Act (RSA 1996(c), s (8)) with regard to substance abuse as a form of misconduct. The views of the various stakeholders, viz. the parents, educators and learners must be considered when the learners Code of conduct is being compiled. These views are on how the learners should conduct themselves at school and sanctions that must apply in case of misconduct. The learners Code of conduct is a reflection of the joint desire of the school community and allows for relevant due process to be undertaken, which ensure a safe learning and teaching environment (KZN DoE 1997:2). Next, I continue to explain my choice of each specific data collection below.

1.8.6.1 Literature study

By means of a literature study, data on law and policy documents was collected to explore the legal prescripts to consider when adopting measures for managing learner substance abuse in schools (objective 2). I have studied the following law documents: The Constitution, the National Education Policy Act, the Schools Act, the Children's Act, Prevention of and Treatment for Substance Abuse Act, Drugs and Drug Trafficking Act, Child Justice Act and Regulations for Safety Measures at Public Schools. I have studied the following policy documents: Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions, the National Guidelines for the Management and Prevention of Drug Use and Abuse in all Public Schools and Further Education and Training Institutions and the Policy on Screening, Identification, Assessment

and Support, Integrated School Health Policy. Further, I studied the National Drug Master Plan 2019–2024, interventions by the government departments to explore the legal prescripts to consider when adopting strategies for managing learner substance abuse in schools (objective 2) as well as to investigate and critically evaluate measures that the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness (objective 3).

1.8.6.2 Document analysis

If you do a case study that includes the use of a document analysis as one of several data collection methods it is best to begin with the document analysis (Rule & John 2011:67). Starting with a document analysis provides background to the case as well as a broad overview of the case in its entirety, which, in turn, may lead to important questions which could be included in other data collection instruments (Rule & John 2011:67). Document analysis is suitable as a data collection method for this study as it is cost effective and efficient.

The documents of a case will usually include a variety of different types of documents such as reports, newsletters, minutes and correspondence (Gross 2018:546). Policies are regarded as an important part of the daily functioning of a school (Underwood 2003:217). I opted to analyse the following documents relevant to the management of learners who engaged in substance abuse such as the school's Code of conduct for learners, Discipline policy, school's Safety policy, Records of disciplinary cases and Learner profiles. The analysis of these documents assisted in investigating and critically evaluating measures the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness (objective 3).

1.8.6.3 Interviews

Interviews allow for collection of qualitative data on the research topic, which is based on the opinions and beliefs of the participants (Ary *et al*. 2006:480). The interaction between the researcher and the participant in an interview is such that the participant imparts his/her knowledge which the researcher seeks in order to answer the research question (Ary *et al*. 2006:480). According to Cohen *et al.* (2011:271) a research interview is initiated by the interviewer and focuses on content that will provide systematic description, prediction or explanation.

Morris (2015:9) indicates four kinds of interviews, namely the structured interview, in-depth semi-structured interview, the unstructured interview, and the narrative interview. In structured interviews there are set questions and there is no need for the interviewer to deviate from these questions or to probe the answers given. This type of interview ensures that the interviews are standardised; thereby eliminating interviewer variation and error (Morris 2015:9). In structured interviews the content and processes are planned, and this characterizes the interview as being formal and organised (Cohen *et al.* 2011:272). In unstructured interviews interviewees are encouraged to answer at length, are given the opportunity to give detailed answers and explanations and allowed to set the agenda for the interview (Morris 2015:10–11). The interviewer has very little control in the unstructured interview and the interviewee is at liberty to express her/his personal feelings fully and freely (Cohen *et al.* 2011:272). With narrative interviews there is an endeavour to get interviewees to tell their story about an event. There is minimal interruption by the interviewers when the interviewees relate their experiences. Open-ended questions are asked which encourage the interviewee to tell a story related to the topic of discussion (Morris 2015:10).

The in-depth semi-structured interview style is conversational and has a casual demeanour, with greater flexibility and freedom to the interviewee. However, this does not mean that it is spontaneous as it also must be carefully planned (Cohen *et al.* 2011:272). As McGrath, Palmgrena and Liljedahl (2019:1002) indicate, semi-structured interviews allow researchers to employ an interview guide that consists of a set of planned questions (usually 5–15). In-depth semi-structured interviews have topics that relate to the research question/s, but there is plenty of scope for deviation (Morris 2015:10). Even though the interview guides allow the researcher to follow a general order, semi-structured interviews are flexible in nature and allow the researcher to probe the interviewees' answers with follow-up questions and change the order or wording of questions as need be (Davies 2015:6; McGrath, Palmgrena & Liljedahl 2019:1002; Morris 2015:10).

I opted for in-depth semi-structured interviews because they allowed me to investigate individual issues, circumstances and incidents that participants would not have been willing to share with a group. In an interpretative, qualitative study aimed at obtaining participants' descriptions and interpretations of the complex issue of substance abuse management, an in-depth interview, as a direct method of collecting information on an individual basis, is a most appropriate method.

Individual interviews give participants the opportunity to freely express themselves about aspects that the researcher has decided on prior to the interview. The strategies used focused on these individual discussions. During interviews, ethical standards were maintained, and learner anonymity and confidentiality were ensured so as not to harm the learner participants (cf. section 1.9).

1.8.6.4 Focus group discussions

The Oxford English Dictionary (2006, s.v. "focus group") defines a **focus group** as an "exploratory research group of 8 to 12 participants, led by a moderator, who meet for an in-depth discussion on one particular topic or concept". The group, comprising people from common backgrounds and with shared experiences, meets to share their insights, attitudes, beliefs and views on a specific topic. Focus group discussions can generate a great deal of information in a relatively short time (Baral, Uprety & Lamichhane 2016:2). By creating a group environment, group members are stimulated by each other's responses and this enhances the richness of data (McMillan & Schumacher 2013:389). Furthermore, focus groups allow the researcher to observe the emotions, reactions and struggles of the participants (Greef 2011:360).

I undertook one focus group with members of the SMT and another with the LO team to determine their views on substance abuse amongst learners. I also needed to ascertain what their perceptions were with regard to prevention, intervention and regression-prevention of learners who are involved in incidents of substance abuse at the participant school. I further engaged with the focus groups in order to ascertain the views of the SMT and the LO team on what the constituting elements of a strategic framework for managing substance abuse at the participant school should be.

1.8.6.5 Questionnaire

Questionnaires, as data collection instruments, consist of a list of either closed-ended or open-ended questions (Bertram & Christiansen 2014:73; McLeod 2018:1). McMillan and Schumacher (2010:134) infer that questionnaires aid as "self-revealing documents(s)" or "first person document(s)" that "describes an individual's actions, experiences and beliefs" about the specific experience. The use of questionnaires can be a valuable means of determining the behaviour, attitudes and preferences of people (McLeod 2018:1).

Qualitative open-ended questionnaires were appropriate in this study. With open-ended questionnaires the participants were not limited to a predetermined set of responses, they were able to respond in their own way and elaborate with explanations if they wanted to. Open-ended questions could lead to participants sharing irrelevant information or may have an unintended consequence of participants interpreting the questions differently to what was intended. I piloted the questions to ensure that there were no unclear or ambiguous questions (cf. section 5.6). Questionnaires lessen the risk of psychological harm (McLeod 2018:3). I was able to assure participants that the information they shared would remain confidential. I administered the questionnaire to 9 parent members of the school governing body and 10 peer counsellors.

1.8.7 Sampling

Sample selection in qualitative research is usually "non-random, purposeful and small as opposed to the larger, more random sampling in quantitative research" (Garson 2012:5). While selection centres on the greater population to be studied, sampling involves a method of choosing a small sub-group from the bigger population (Budhal 2000:59). Palinkas *et al.* (2015:6) identify criterion sampling as a purposive sampling strategy because participants are chosen based on a criterion that they possess knowledge or experience on the phenomenon under study. Purposeful sampling is based on the assumption that the researcher seeks to discover, and gain understanding of a certain phenomenon and therefore should select a sample from which most can be learned, or the ones who are most informed or information-rich about such phenomenon (Merriam 2009:77).

The criterion used in this research was that the relevant participant group (learners) should either have abused substances or has a role to play in the management of substance abuse. The school principal was interviewed, six learners, five members of the SMT, and the LO Team (three educators and one Head of Department) were consulted via a focus group discussion. The nine parent governors as well as ten peer counsellors completed questionnaires.

The function of a school's SMT is to assist the principal with his or her mandate to undertake the professional management of the school, including managing learner behaviour, learner well-being and learner health (RSA 1996(a), s 16(3)). The governing body is involved in the adoption of school policies and rules and therefore plays a role in the prevention of substance abuse. They are also involved in handling substance abuse when it becomes a disciplinary matter at school. Synergy in the relationship between the governing body and the SMT is essential to ensure effective substance abuse management.

1.8.8 Data analysis method

Creswell and Creswell (2018:182) believe that the process of data analysis and interpretation can be represented best by a data analysis spiral, because the researcher is moving in analytic circles rather than using a fixed linear approach. Data consisting of text or photographs can be changed into a narrative.

In analysing the data I used the qualitative data analysis method, which entails the preparation, understanding and interpretation of the data (Creswell & Creswell 2018:183). To familiarise myself with the data collected, the transcripts were read and reread. The accuracy of the transcripts were verified against the recordings, thus confirming its validity. The use of a coding process allowed for common features to be grouped together. Following the advice of Schurink, Fouché and De Vos (2011:410), themes and categories were colour coded as they arose (cf. section 5.8.1.2). The implementation of the data analysis method is discussed in more detail in chapter 5.

1.8.9 Trustworthiness

Trustworthiness in qualitative research has become an important aspect as it allows researchers to describe the qualities of qualitative research in qualitative terms rather than those that apply to quantitative research (Smit 2012). Tappen (2011:153–161) indicates that researchers must ensure credibility, dependability, confirmability and transferability to improve the quality of the research and to be able to guarantee trustworthiness. In chapter 5, I explain in more detail what I did to ensure I meet these criteria.

1.9 Ethical considerations

For the purpose of this research, I sought permission from the KZN DoE and the principal of the participatory school. I was given permission by the principal to contact the chair of the disciplinary committee to request access to the Records of disciplinary cases related to substance abuse. The principal allowed me to contact the learners and their parents. I then contacted the parents and the learners and respectively sought their consent and assent. The parents, peer counsellors and learners were provided with an information letter, which contained clear, comprehensive and accurate information about the study, its methods, its advantages and its disadvantages as well as the assurance that their participation was purely voluntary and without repercussions if they wished to withdraw their consent and from the study at any time. I ensured that the school counsellor interacted with the prospective

participant learners before their interviews to establish whether they would be emotionally and psychologically able to handle any possible strain or discomfort the interview may cause. The school counsellor did this by means of discussions with the prospective participant learners. I considered the counsellor's report before requesting the prospective learner participants to assent to participate in the research. I also arranged for counselling if any of the participant learners needed it after being interviewed. The participant learners were also informed that they could ask the peer counsellors for emotional support. These counsellors are skilled to deal with learners who experience emotional difficulty (cf. section 4.5.4).

The learner did not participate if consent or assent was refused. The learner participants could be reached easily, however, I did not exploit them. I followed proper procedure before the learners were included in the study. In undertaking this study, I adhered to moral principles and ethical measures to ensure that no harm came to the participants. I attempted to capture the views of all the parties involved in the study in an unbiased manner. To ensure I do not hurt participants, either emotionally or psychologically, I avoided labelling and demoralising them. I therefore needed to have what McMillan and Schumacher (2010:345) call "constant self-awareness". It means that I had to be conscious that I was not recording my voice as data but rather that of the participants. It was imperative that I remained objective so that there was unbiased capturing of the views of the various parties involved in the research.

Descombe (2010:141) indicates that social research must ensure that the self-respect and rights of the participants are maintained to safeguard them from harm. I respected the dignity of the participants.

Accountability forms an integral part of ethics; this ensures that the research is to the benefit of the participants. The school as well as the participants would receive feedback on the compliance of its strategies with relevant South African laws and policies and on the success of its current strategic approaches to prevention and intervention in relation to substance abuse (cf. section 1.6). It is a social responsibility of the researchers to avail the research results to the relevant participants as well as the respective authorities. In this regard I arranged to meet with the school principal, the SMT, the governing body and the circuit manager of the specific region of the participating school.

I obtained ethical clearance from the Ethical Committee of the College of Education at the University of South Africa (Appendix A). I have discussed the ethical considerations further in chapter 5 (cf. section 5.9).

1.10 Chapter 1 conclusion

There is a need to recognise that the traditional view that substance abuse is perpetrated by boys only is no longer true and that substance abuse by girl learners has become a very common occurrence at schools. For schools to be safe places for teaching and learning to take place, the learners themselves must be in a healthy sober state of mind so that their focus can be on academic achievement. To facilitate a positive teaching and learning culture at school, the educational environment must be safe, disciplined and conducive to teaching and learning. The most important aspects discussed in this chapter include, *inter alia*, the statement of the research problem, aim and objectives of the study, significance of the study, clarification of concepts, scope of the study, organization of the final research report, research approach, role as insider researcher, research design and method, and ethical considerations. A literature study that provides a perspective on the legal prescripts for managing substance abuse in schools is dealt with in the next chapter.

CHAPTER 2: LITERATURE STUDY: LEGAL PRESCRIPTS FOR MANAGING SUBSTANCE ABUSE IN SCHOOLS

2.1 Introduction

A literature study is a data collection method where documents are studied to collect data. I studied law and policies such as circulars and relevant policies issued by the KZN DoE as well as the National Department of Basic Education that regulate substance abuse in schools (objective 2). Four themes relevant to the SMT's management of substance abuse, emanated from the literature study, which influenced the way the SMT should manage substance abuse amongst learners. Firstly, it became apparent that the law dictates that the human rights of learners must be protected when the school is managing a problem of substance abuse. Secondly, school safety is regulated by law and policy and it is the duty of the SMT to guarantee a safe school and to behave in a proactive manner when there are incidents of substance abuse at school. Thirdly, substance abuse as a health issue at school is governed by law and policy. Lastly, the law and policy that regulate substance abuse as a school disciplinary issue must be adhered to by the school management team when dealing with learners who have used or abused substances.

I have studied the relevant law documents as expounded below.

2.2 Managing substance abuse in a human rights framework

Section 7(2) of the Constitution (RSA 1996(a)) places a constitutional mandate on the state and its organs to "respect, protect, promote and fulfil the rights in the Bill of Rights". Section 8(1) binds organs of state and section 8(2) makes the Bill of Rights applicable to and binds juristic persons to it. When managing substance abuse, the following rights as stated in the Bill of Rights apply:

The United Nations Committee on the Rights of the Child (2003 par. 39) states that greater understanding of substance use behaviours amongst children is required, including the influence that neglect and violation of the rights of the child has on substance use behaviours, which inevitably impacts on one's right to life.

South Africa ratified the United Nations Convention on the Rights of the Child on 16 June 1995 to ensure human rights for children aged 0 to 18 years. In its General Comment No. 20 on the implementation of the rights of the child during adolescence, the Convention on the Rights of

the Child (2016) infers that adolescents are more likely to be introduced to substance use and are at a higher risk of substance-related harm than adults.

Adolescents who engage in substance use must be treated in accordance with the international human rights system, which requires state parties to promote the following principles as expounded by Barret *et al.* (2008:5). Firstly, the principle of **non-discrimination** which requires states to avoid discriminating against substance users and to take positive steps to ensure that the rights of those in need of assistance are guaranteed. Secondly, the principle of **protecting the most vulnerable**, which is relevant to the substance users, as they are often stigmatised in the community. Thirdly, the principle of **empowerment** runs throughout the human rights treaties. These three principles are explained below.

The principle of non-discrimination protects all human rights and this is a specific legal obligation of all UN member states (Barret *et al*. 2008:6). According to Professor Paul Hunt, a former Special Rapporteur, harm reduction that protects human rights means reducing drug-related harm in a way that respects the inherent dignity of every individual, regardless of their lifestyle (Open Society Foundations, the International Harm Reduction Association, Human Rights Watch, and the Canadian HIV/AIDS Legal Network 2010(a):4).

When substance dependence treatment programmes are developed and implemented, it is essential to take care to respect and protect the human rights of substance abusers as a most vulnerable group. These rights comprise the right of people who use substances to enjoy the highest attainable standard of physical and mental health; patient rights, including confidentiality and the right to receive information regarding one's state of health; and the right to non-discrimination in health care and to be free from other cruel, inhuman or degrading treatment (Open Society Foundations, the International Harm Reduction Association, Human Rights Watch, and the Canadian HIV/AIDS Legal Network 2010(b):2).

In order to aid and empower a substance user, the substance dependence treatment must be culturally and ethically acceptable, scientifically and medically appropriate, and of good quality (Open Society Foundations, the International Harm Reduction Association, Human Rights Watch, and the Canadian HIV/AIDS Legal Network 2010(b):3). The UNODC has also recognised that where systems of substance "treatment" and "rehabilitation" force people into treatment as a matter of course and *en masse*, such systems violate international human rights standards such as informed consent and the choice to withdraw from treatment (Open Society Foundations, the International Harm Reduction Association, Human Rights Watch, and the

Canadian HIV/AIDS Legal Network 2010(b):2–3). The National Health Act 61 of 2003 (hereafter referred to as National Health Act) gives effect to the right of an adolescent to be part of any decision affecting her personal health and treatment. An adolescent who undergoes addiction treatment must be given all the information regarding the treatment to give informed consent to undergo the treatment (RSA 2003 s (6),(7),(8)). This serves to reinforce section 28(2) of the Bill of Rights, which emphasizes that the child's best interests must be of paramount importance in every matter that concerns the child.

In order for schools to ensure the protection of learners from substance abuse, while still observing the child's best interests, the school must safeguard the continuity of the child's education during substance abuse treatment as stated by the National Strategy for Schools (DoBE 2013:15). If an educator observes that a learner's mental or physical performance is compromised and suspects that the learner may abuse substances, the educator should act in the child's best interests and make these observations known to the SMT as well as the school support team. As the educators are an extension of the school, their actions affirm that the school is acting in the best interests of a child (and all children). In acting in the child's best interests, the SMT could refer the substance abusing learner to the school counsellor for emotional support. To understand the reason for the learner engaging in harmful behaviour (substance abuse), the SMT could investigate whether there has been changes in the child's familial background (e.g. parents going through a divorce or parents themselves engaging in substance use). The SMT must ensure that there is a balance between the rights of the individual and the rights of the school, thus making the school a safe place for all learners, guaranteeing that education occurs in an environment that is free of fear or humiliation.

According to the policy on devices to be used for drug testing and the procedures to be followed (RSA 2008(c), item 2 (2.1.2)) schools must be a substance-free zone. The Schools Act (RSA 1996(c), s 8A (2)) authorises the principal or his or her delegate to conduct a random search on a group of learners only after a fair and reasonable suspicion has been established. According to the Education Laws Amendment Bill of 2022 ss 3(a),(b), one of the suggested amendments is to allow for random searches of individual learners for liquor or an illegal drug, if a fair and reasonable suspicion has been established or such found on school property or during a school activity. Devices to be used for drug testing and the procedures to be followed (RSA 2008(c), item 3 (3.2), (3.3)) declare that this search must be conducted in a private area and the search is not to be undertaken in the presence of other learners. If there is a suspicion that learners have illegal substances in their school bags or lockers, then the random search must be directed

at the learners' school bags and lockers only and not to their bodies as indicated by the devices to be used for drug testing and the procedures to be followed (RSA 2008(c), item 2 (2.1.3),(a),(b),(c)(i),(ii), item 3 (3.6)). If there is a suspicion that learners are carrying illegal substances in their pockets or elsewhere in their clothing, only their clothing and pockets may be searched, and not their property (such as school bags and lockers). If there is doubt about where the illegal substances are hidden, the search must first be directed at the learner’s belongings, such as school bags and lockers. If nothing is found in the school bags and lockers, the search may be directed at the clothes and body. The search must not be extended to any body cavity of the learner, and the learner's private parts may not be touched. This ensures the right to privacy is observed in relation to searches for and seizures of illegal substances.

The relationship between health and human rights is mutually reinforcing. By taking steps to value, safeguard, and realise the rights of young people, governments can reduce both the risk of substance use and the harm that it causes (Gruskin, Mia, Plafker & Estelle 2001:4). Section 8A of the Schools Act applies to all schools and protects learners’ right to education in an environment that is free of drugs.

2.3 Substance abuse and law and policy on school safety

The Regulations for Safety Measures at Public Schools (RSA 2001, s 4(2), (d), (e)) declares public schools substance-free zones. This regulation therefore prohibits learners from consuming or possessing illegal substances on public school premises. The policy framework as reflected in paragraph 10 of the National Policy on Drug Abuse seeks to contribute towards effective prevention, management and treatment of drug use, misuse and dependence in public or independent schools and Further Education and Training Institutions.

The National Policy on Drug Abuse (RSA 2002, par. 3(4) (n), par. (13)–(15)) as well as the current NDMP (RSA 2019–2024:40, 47, 56, 59, 73, 75, 90) provide the guidelines for schools in relation to drug abuse and school safety focusing on prohibition, policies, fairness and prevention measures. **Prohibition** emphasizes that all South African schools should be substance-free zones and highlights that the possession, consumption or distribution of illegal as well as legal substances, including alcohol and tobacco are prohibited.

School **policies** on substance use and abuse prevention and intervention procedures must be grounded in a restorative supportive approach and must address aspects of dangers of substance use, sanctions for substance use as well as procedures schools should follow when substance use is identified. It is essential that these policies be communicated to the whole school

community as they are essential to building safe schools that promote and foster learning environments that value human dignity and celebrate virtue. The policies must make the school community aware of what substance abuse is and the resultant effects of it. The confidentiality surrounding the incident of substance abuse and the manner in which the school manages it must be explained in the policy. Provincial education departments, other government departments and the private sector may provide professional development for the educators who handle drug related incidents and this must be indicated as a provision in the policy. Monitoring must be consistent to ensure that the policies that are implemented are relevant and updated.

The DoBE must ensure **fair** treatment of learners in matters pertaining to prevention, care and the treatment of drug related matters at school. Schools should adopt **prevention measures** to protect children and youth from commencing substance abuse and providing them with information about the ill effects of drug abuse. According to Department of Basic Education leaflet on a message to **educators** on substance use (2014a:1), the school must be a safe environment for learning and teaching and to this end should be free of illegal substances at all times.

The Department of Basic Education (DoBE 2014(b):1) emphasizes that learners can increase their defence against starting to use drugs or transitioning from using to abusing by participating in peer education programmes such as Teenagers Against Drug Abuse and avoiding friends who are experimenting with substances. The possession, consumption or distribution of substances in school by learners must be reported to the School-Based Support Team (SBST) (DoBE 2014(d):38). This report could be made by learners who are aware of other learners who engage in the above. The SBST could then assist learners before they fall into the substance abuse habit.

In terms of the National Strategy for Schools (DoBE 2013:v), if a learner is identified as a prospective or current substance user or abuser, the learner must be referred to the SBST for the necessary action to be taken. After the support needs have been identified, support must be provided, monitored, and evaluated. When barriers to successful support interventions are identified, or when support interventions are unsuccessful, an individual support plan and support strategy must be developed and implemented in consultation with the learner and his or her parents. This may include interventions such as referral, for example to social services or a clinic. If this intervention is not successful, the SBST should recommend further assessment, which is conducted, monitored and reviewed by the parent and the learner liaison

person. The SBST may request assistance from the community-based support team. The SBST will then draw up an action plan; either recommending that support be accessed at institution level or referring the learner to the district-based support team for implementation. At this stage parental consent must be obtained. The community-based support team makes a recommendation to the district-based support team for outplacement or strategic planning. The district-based support team reviews the plan and either approves the plan with certain stipulations or recommends different support. This support is given, monitored and reviewed by the parent/s and learner liaison person. The SBST and principals are required to: keep accurate records regarding referrals and incidents of substance use, provide recreational opportunities, strengthen referral systems, implement substance use testing in schools and to identify areas needing ongoing support from learner profiles (National Strategy for Schools DoBE 2013:v).

The SIAS should make assistance available at the school level to overcome the barriers to teaching and learning caused by substance use (DoBE 2014(d):1). An example of such help is Care and Support for Teaching and Learning and the screening, identification, assessment and support framework – in short referred to as CRAFFT 2.1 + N (cf. section 4.5.4). The CRAFFT 2.1+N is a good tool to use with regard to health, wellness and personal care for learners 12 to 18 years of age.

The National Strategy for Schools is located in the broader conceptual framework of Care and Support for Teaching and Learning Programme. The Care and Support for Teaching and Learning Programme is a Southern African Development Community (SADC) initiative that was adopted by SADC Education Ministers in 2008 to address *inter alia* substance abuse. South Africa is one of six countries that implemented Phase 1 of the Care and Support for Teaching and Learning Programme (DoBE 2013:2). The Care and Support for Teaching and Learning Programme provides an all-embracing framework for the initiation and expansion of care and support activities in and through schools. It focuses on the prevention and management of substance use in schools, aimed at improving learning outcomes and retention in schools.

Regulations for Safety Measures at Public Schools (RSA 2001, ss (4), (5)) makes provision for the searching of school premises or persons present on the premises by a police officer, principal or delegate, if there is reasonable suspicion of possession of substances. The law and policy provide for searches and drug testing as preventative measures. In terms of Section 8A (11) of the Schools Act, the Minister is permitted to choose devices that are appropriate for drug testing in schools. Schools may utilise any of the 10 approved drug testing devices detailed

in the document Devices to be used for Drug Testing and the Procedures to be followed (RSA 2008(c), item 2). Schools are also obliged to follow the prescribed procedures for drug testing indicated in item 4 (1–8) of the Devices to be used for Drug Testing and the Procedures to be followed (RSA 2008(c)). The procedures for drug testing will not be discussed here as the focus of this section is on drug testing as a preventative measure. In terms of the National Strategy for Schools DoBE (2013:vi) schools are expected to be able to implement drug testing where there is reasonable suspicion that learners are using drugs and to keep accurate records of alcohol and drug use. It also requires educators to be trained to identify warning signs of substance use amongst learners.

If a learner is involved in substance abuse, then the authoritative relationship that exists between the school and the learner warrants that the parent be informed about his or her child's substance abuse (DoBE 2014(b):1). Parents can then seek rehabilitative help for their child. The rehabilitative help could take the form of a school nurse or an onsite visit of a mobile clinic, which can encourage a positive school community attitude by working together with the parent in helping the learner overcome a substance abuse problem (DoBE 2014(b):1). The onus rests with the school to report to the DoBE that it has handled the substance abuse problem and has involved the parent.

The Drugs and Drug Trafficking Act (RSA 1992) aims to address the problem of substance use, abuse and trafficking in South African society including schools. Of particular importance is section 21(1)(a)(ii), which provides that a person will be prosecuted if found in possession of any dangerous dependence-producing substance in or on any school grounds or within a distance of 100 metres from the confines of such school grounds (RSA 1992). In addition to the stipulations as expressed above in the Drugs and Drug Trafficking Act, the prohibitions of the Tobacco Products Control Act 83 of 1993 (RSA 1993 s 4(1) and (2)) in respect of tobacco products iterate that

> (1) No person shall sell or supply any tobacco product to any person under the age of 18 years.
> (2) The owner or person in charge of any business shall ensure that no person under the age of 18 years in his or her employ or under his or her control, as the case may be, shall sell or offer to sell any tobacco product on the business premises.

The Liquor Act 59 of 2003 (RSA 2003 s 10(1),(2),(3),(4),(6(a),(b),(c)) prohibits minors from the illegal use of liquor or methylated spirits. It further prohibits the sale of such items to minors. Reasonable means must be employed to ascertain whether an individual is a minor before liquor or methylated spirits is sold to him or her. Minors must not misrepresent their age, enabling the sale of liquor to them. Minors may also not produce, import or supply liquor.

The restrictions placed on the possession, consumption and distribution of illegal substances, tobacco, alcohol and methylated spirits by minors as discussed above are *inter alia* aimed at preventing crime stemming from illegal substance addiction. Due to high levels of crime and violence in the schools, the Department of Basic Education and the South African Police Services signed an Implementation Protocol in 2011 that "aims to promote safer schools and prevent the involvement of young people in crime". Substance use is regarded as a key contributor to crime and violence in schools. The signing of the Implementation Protocol led to the establishment of local reporting systems on school-based crime and violence. To strengthen the collaboration between the police and schools in the fight against violence, the National Strategy for Schools (DoBE 2013:18) provides for the linking of schools to local police stations.

The safety of learners is most important, therefore schools must observe the law, protocols and action plans when substance abusing learners are being overseen. As mentioned above, substance abuse should also be approached as a school health issue.

2.4 Law and policy on regulating substance abuse as a school health issue

Most learners do not consume substances, therefore schools should focus on prevention and education and work with public partners and civil society on educating learners about substance abuse. Collaborative partnerships are important as the mandate of preventing and managing substance use extends beyond the schooling system.

The National Strategy for Schools (DoBE 2013:iv) indicates that prevention programmes must be delivered over time and not as a one-off activity. The protection of children against psychological or emotional harm is discussed in the Children's Act (RSA 2005). The Children's Act (RSA 2005, s 150(1)(d) indicates that a child needs care and protection if a child is "addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency". In order to provide care and protection for a child, the Children's Act (RSA 2005, ss 156(1)) states a court may order that a child is admitted as either an inpatient or an outpatient at an appropriate facility that treats children for addiction to a dependence-producing substance (RSA 2005, s 150(1)(d) and 156(1)(j)). The World Health Organisation (1996, cited in the Department of Health & DoBE 2012:6) defines a school health programme as "a combination of services ensuring the physical, mental and social well-being of learners so as to maximize their learning capabilities".

The Prevention of and Treatment for Substance Abuse Act 70 of 2008 (RSA 2008(a), s 2(d)) aims to provide a comprehensive response to South Africa's fight against substance abuse by focusing on reducing demand and harm through prevention, early intervention, treatment, and reintegration programmes. It allows for the registration and establishment of treatment centres and halfway houses, permits the development of minimum norms and standards to govern both inpatient and outpatient treatment and outlines guidelines for the treatment of children in treatment centres (RSA 2008(a), s 2(b)).

In the Western Cape Government's General Substance Abuse Booklet (2016:12–14) (2016:12–14) it is argued that services that allow interaction with other recovered substance abusing learners, make abstaining easier. Interacting with recovered learners demonstrates that there is life after substance abuse, and allows for resocialization in a safe, substance-free environment. Interacting with learners at varying stages of recovery allows substance abusing learners to benefit from group cohesion in the fight against substance abuse.

Peer education programmes are part of schools' prevention and support programmes aimed at influencing the behaviour of adolescents in favour of healthy lifestyles choices. According to DoBE (2011(a):15) peer education programmes assist learners who abuse substances by improving health-seeking behaviour, changing attitudes, reducing risk behaviour and vulnerability and promoting resilience. Peer education is built on the social influence people have on one another. Adolescents are guided by their peers and peer group norms. Adolescents engage in discussions with their peers about issues (such as substance abuse) and this highlights the important role that peer education plays in lifestyle choices (DoBE 2011(a):16).

According to the Integrated School Health Policy (Department of Health & DoBE 2012:10–11), the school health programme focuses on attainment of good health, suitable assessment, management, care and support services and guarantees that all learners who need these services will be able to access it. The school health programme must provide a health service that promotes the health needs of adolescents by catering for both current and future health needs. It is the SMT's responsibility to work with the parents to ensure that the learner follows the substance addiction prevention programme. By liaising with the parents, the SMT shows support to the learner and her family, which aids in regression avoidance.

A specific objective of the school health programme according to the Integrated School Health Policy (Department of Health & DoBE 2012:12) is to improve learning by identifying and focusing on health barriers to learning. Substance abuse poses a health barrier to learning and

negatively affects the learner's ability to engage in her academics. The school management has to show support and assist the learner in overcoming substance abuse as a barrier to her academic achievement. The School Health Policy objectives will be achieved through capacity building of the SMT and coordination and partnership between the learner, the parent and the SMT. All stakeholders in the school community should work together in creating and maintaining healthy schools (Department of Health & DoBE 2012:12).

Implementation of the Integrated School Health Programme at school level is the task of the SBST under the direction of the school principal. This team should include the LO educators, members of the School Health Team (including health promoters), representatives from the school governing body, representatives of relevant NGOs or CBOs, peer educators and learners. The LO educators or designated member of staff will coordinate all the Integrated School Health Programme activities in the school (Department of Health & DoBE 2012:19). The Integrated School Health Programme should include on-site services offered by a professional nurse. The nurse should lead the School Health Team, coordinate Integrated School Health Programme implementation, conduct learner assessments, and handle learner referrals and follow-ups. The nurse should further ensure that learner data is appropriately documented and stored and that data is collated and submitted on time (Department of Health & DoBE 2012:20).

The SIAS (DoBE 2014(d):38) summarises the process of identifying learners with substance abuse problems through screening and assessing these learners, and providing programmes for all learners requiring additional support to improve participation and inclusion in school. The SIAS establishes the degree of additional support that the learner may need (in the case of substance abuse) (DoBE 2014(d):5). The SIAS process can be illustrated as follows:

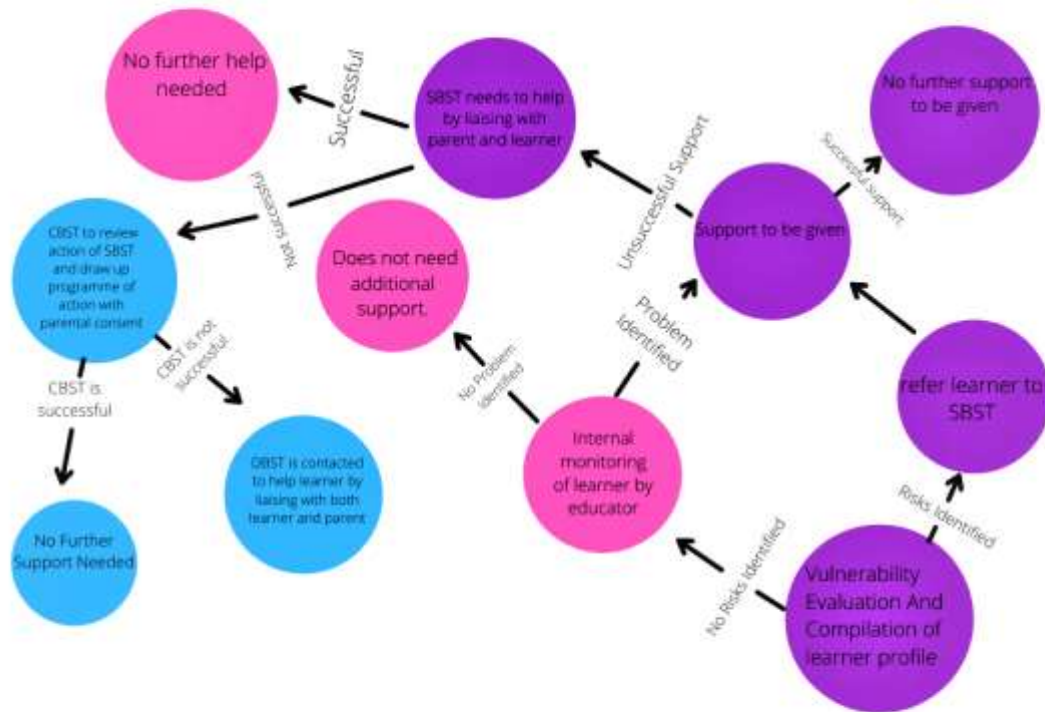

Figure 1: Flow diagram of the SIAS process

Source: Compiled by the researcher (31 January 2022)

The flow diagram above on the SIAS identifies the barrier to learning (substance abuse), the resultant support needs that stem from the barriers experienced and the development of the support programme to deal with the identified barrier (substance abuse) to learning.

In the next section a discussion on law and policy regulating substance abuse as a school disciplinary issue is undertaken.

2.5 Law and policy on regulating substance abuse as a school disciplinary issue

The law mandate for the management of learner substance abuse as stated in the National Education Policy Act (RSA 1996(c), s 3(n)) determines that the Minister of Basic Education establishes the national education policy for learner discipline at schools. The National Policy on Drug Abuse was promulgated in terms of this Act (RSA 1996(c), par. 3(4) (n)). The National Policy on Drug Abuse (RSA 2002, par. 3(4)(n), (6), (8)) indicates that support and help must be available for learners who abuse substances as well as for the majority of learners and staff

who do not use substances but may be affected by others who do. The Ministry deems that the adoption of a punitive approach only will not solve the substance abuse problem as substance abuse impacts negatively on social, physical, emotional and psychological levels as well.

The National Policy on Drug Abuse (RSA 2002, par. 3(4) (n), (1), (2), (3), (6), (8), (16)) infers that the Ministry differentiates between habitual abuse of drugs and drug dealing, which should be condemned and punished, and experimentation or peer group led abuse which should be dealt with in the context of restorative justice. There must be assistance and support for learners with a substance abuse problem who are willing to cooperate with educators and other professionals involved in the treatment and rehabilitation process. This policy recognises that misuse can lead to dependency, which then becomes a public health issue. There must be confidentiality regarding all information that relate to a learner's substance use, misuse or dependency. Parents/guardians should be informed of the substance abuse problem and involved in the correction of this behaviour. The implementation of a relapse prevention programme must provide for the treatment team to report to a designated person with the learners' written permission. In the case of a minor the parent/guardian has to be present. The school disciplinary procedures should be cited when the learner refuses to cooperate.

In terms of section 8(5) of the Schools Act (RSA 1996(a)) learner behaviour that comprises serious misconduct and the resultant disciplinary proceedings are to be handled by provincial Ministers of Education. The disciplinary processes to be undertaken when serious misconduct occurs must take into account due process, thus safeguarding the interests of learners and the other stakeholders involved in the disciplinary processes at school.

The Child Justice Act (RSA 2008(b), s 40(3) (d)) aims to keep young offenders out of the formal prison system. Provision is made to redirect children between the ages of 10 and 18 into diversion programmes, including substance abuse treatment programmes that attempt to reintegrate young offenders into family care, and to limit the stigma attached to crime. The National Department of Basic Education in conjunction with the National Strategy for Schools (DoBE 2013:iv) accepts this restorative justice approach in dealing with substance use amongst children as opposed to a punitive approach by encouraging rehabilitation of youth who abuse substances and the reinforcing of partnerships to eliminate substance trafficking.

Section 8(1) of the Schools Act (RSA 1996(a)) allows the school governing body to adopt a Code of conduct for learners, thus maintaining school discipline which is aimed at school being an organised and focused environment, promoting effective teaching and learning (RSA

1996(a), s 8(1)). This Code of conduct must be aligned with the Constitution regarding learners' rights, which are to be acknowledged, safeguarded and promoted. It must also be supported by the Schools Act, regarding suitable and unsuitable behaviour as well as the communication channels that are to be followed and the resultant grievance procedures. The learners Code of conduct must follow the stipulations for due process when a hearing is to be conducted (RSA 1998, item 3.4). The learners Code of conduct must include the stipulations for due process when a hearing is to be conducted (RSA 1998, item 3.4). Every learner must have access to the Code of conduct (RSA 1998, item 1.5).

The Guidelines for a Code of Conduct for Learners (RSA 1998, item 11a, c) indicates that a learner may be suspended when the learner endangers the safety of others by his or her conduct. Further, the above Guidelines iterates that learners must neither violate the rights of others, nor be in possession of or use narcotic or unauthorised substances, alcohol and intoxicants of any kind. The disciplinary process that is undertaken must be efficient, consistent and aim at remediating incorrect behaviour. Parents must be notified about their child's behaviour problems and they should play a role in helping their child.

The SMT of the participant school must work within the set guidelines as discussed above when they manage cases of substance abuse in schools. In terms of item 7.6 in the Guidelines for a Code of conduct for learners (RSA 1998), remedial measures must be consistent and correspond with the infringement. If the infringements are repeated, then suspensions or expulsions may follow. In accordance with item 7.7 of the Guidelines for a Code of conduct for learners (RSA 1998), a learner will be referred to the principal for non-compliant behaviour that impacts on the rights of other learners. The principal must attempt to assist such a learner to rectify this non-compliant behaviour, by engaging the assistance of the educators, parents or guardians as well as any other relevant stakeholder, including the education support services. If all of these efforts fail, the principal will refer the matter to the governing body, which will make a decision based on the best interests of the child and the other children at the school. These provisions, as outlined in the Guidelines for a Code of Conduct for Learners (RSA 1998), assist schools in operating in the scope of the law, ensuring a clear, objective, and just approach to dealing with behaviour problems.

With regard to the suspension of a learner, section 9(1) of the Schools Act (RSA 1996(a)) prescribes that if a learner is suspected of substance abuse, then the governing body may suspend such a learner pending disciplinary proceedings. The learner can make a submission regarding this precautionary suspension, which is for a maximum period of seven days. The

disciplinary proceedings must take place in the seven-day-period of suspension, or in an applicable extension of the suspension period as approved by the provincial Head of Department. If the governing body recommends to the provincial Head of Department that a learner is to be expelled, then the governing body can extend the suspension for a further fourteen days as it awaits the outcome from the provincial Head of Department.

The Guidelines for a Code of Conduct for Learners (RSA 1998, item 7.6) emphasizes that a learner's suspension should be considered as a last resort after every attempt has been made to try and correct the learner's behaviour. Assistance for the learner who engaged in substance use must precede punishment as is also a case of managing substance abuse as a health issue.

2.6 Chapter 2 conclusion

In this chapter I report on the literature study of the following legal prescripts on the protection of learners' human rights, substance abuse as a school safety issue, substance abuse as a school health issue and substance abuse as a school disciplinary issue. The importance of relevant law and policy ensures that a disciplined learning and teaching environment exist. The following law and policy documents were studied, viz. United Nations Convention on the Rights of the Child, the Constitution, the Schools Act, the Children's Act, Regulations for Safety Measures at Public Schools, the National Policy on Drug Abuse, the Schools Act, the Child Justice Act, the Drugs and Drug Trafficking Act, the National Education Policy Act, the National Strategy on Screening, Identification, Assessment and Support, Prevention of and Treatment for Substance Abuse Act 70 of 2008. The management of substance abuse in a human rights issue highlights that there is to be non-discrimination against substance abusers and the rights of those in need of support are to be guaranteed. Substance abuse as a safety issue declared public schools as substance-free zones, therefore prohibiting learners from consuming or possessing illegal substances on public school premises. As a school health issue, it is emphasized that there should be substance abuse prevention programmes that are to be delivered periodically to learners. Treatment for learners who abused substances as in- or outpatients at substance use care/treatment facilities was to be arranged so that learners could recover. The assistance of peer education programmes and the SIAS process was also discussed. Substance abuse as a school disciplinary issue entails approaching learners in a restorative justice context. In the next chapter, I undertook a literature review, which provides a perspective on the management of substance abuse amongst learners.

CHAPTER 3: LITERATURE REVIEW: SUBSTANCE ABUSE

3.1 Introduction

In this chapter I expound on the literature review that was conducted to determine what is written on the topic of substance abuse and this provides the framework against which I interpreted my data. I focused on theories of substance abuse, types of substances commonly abused and the prevalence of substance abuse internationally as well as in Africa, South Africa and South African provinces. Lastly, I investigated the risk factors that make learners vulnerable to substance abuse.

3.2 Theories on the causes of substance abuse

Adolescents who engage in harmful use of any substance in order to alter their moods can be regarded as substance abusing learners. Throughout the years, many have endeavoured to explain why some people abuse substances to such an extent that they harm themselves and others. According to Scheier (2009:689) substance abuse can be attributed to genetic, cultural as well as environmental factors and personality traits, all of which are difficult to investigate or address because they are self-regulating forces. Despite this difficulty, several theories were developed in an attempt to explain the causes of substance abuse. The following theories are discussed below, viz. the social development theory, social control theory, cognitive behavioural theory of addiction, peer cluster theory and gateway drug theory.

3.2.1 The social development theory

The social development theory seeks to predict and understand both prosocial and antisocial behaviour and identify general processes of human behaviour (Catalano & Hawkins 1996:150). A combination of the control theory (Hirschi 1969:302) and the social learning theory (Bandura 1977:191) indicates the impact of family relationships and school as well as relationship with one’s peers on a learner’s choice to abuse substances. Since Bandura's cognitive social theory is based on an interactive dynamic relationship between environmental, personal, and individual behaviour, this theory could be applied as a basis for intervention strategies. It covers theories about the origins of relationships, communication amongst members, and the abilities that individuals possess and may misuse in these social units. Theorists that support this view believe that through emphasizing strong social ties, people will become committed to and have faith in social norms that are against substance abuse (Hawkins, Catalano & Miller 1992:64–105).

The key features of this theory, according to Catalano and Hawkins (1996:154), emphasize the four distinct developmental phases, viz. preschool, elementary school, middle school, and high school. Each of these phases are separately and universally experienced, followed by changes in the balance of control amongst socialising units of families, schools, and peers. The theory describes mutual processes of interconnection in which behaviours at one period influence succeeding social development processes. This theory hypothesises the means through which risk and protective factors operates to increase or decrease the probability of antisocial behaviour such as drug abuse.

In the social development theory prevention methodology is discussed which is built on risk and protective factors regardless of social situations (Hawkins *et al.* 1992:64). Adolescents can control the type of environments they get into. They can create caring, supportive environments by seeking out helpful social networks. They can also undertake activities that assist them to disregard cravings for addictive substances (Bandura 1999:215). Prevention strategies can be further supported by this theory as adolescents have the power to choose good influences over bad, and in so doing prevent substance abuse and deviant behaviour. An intervention strategy would be to highlight to the adolescent her self-worth and reinforce to her the value of family relationships and good positive friendships with peers. Regression-prevention would be achieved by accentuating the value of a positive, cohesive social unit, whereby the adolescent eludes substance abuse (Hawkins *et al.* 1992:64).

3.2.2 The social control theory

In accordance with the social control theory, substance abuse and associated forms of deviance are caused by the lack of social controls that motivate conformity (Hirschi 1972:119). The social control theory suggests that the origin of adolescent substance use stems from inadequate social controls. A lack of parental control, for example, allows adolescents to socialise with substance-abusing peers, which can influence adolescents to experiment with substances or, where they are already using, to increase substance abuse (Davison, Neale & Kring 2004:151; Liddle & Rowe 2006:10; Pressley & McCormick 2007:20; Rice & Dolgin 2008:17). The argument of Davison *et al.* (2004:152), and Rice and Dolgin (2008:17) that the increase in the use of tobacco, alcohol, and cannabis can be ascribed to a lack of parents' emotional support is in line with the social control theory.

A basic assumption underlying the social control theory is that deviant behaviour decreases when individuals engage in strong, positive relationships with family, school, or work (Hirschi

1972:119). The Centre for Suicide Research and Prevention (2011:50) states that a good, strong bond between people will have a direct bearing on the behaviour of an individual and may prevent deviant behaviour (Centre for Suicide Research and Prevention 2011:50).

Rice and Dolgin (2008:15–16) allude that adolescents who live with both biological parents are less likely to use substances compared to those who do not live with both parents. However, if adolescents are raised in homes (with single or both parents) where family members use alcohol frequently, adolescents may regard this as normal and acceptable. Family forms the most important social groups for adolescents (Stone *et al*. 2012:747).

This theory purports that if an adolescent interacts positively in a social group that has firm social controls that dictate positive behaviour within strict parameters, then prevention of substance abuse is possible. If the adolescent has engaged in a deviant group, which supports substance abuse, then the intervention must be directed at weakening the hold that such a group has on the adolescent. Weakening the adolescent's dependence on such a group goes hand in hand with increasing self-dependency and her own moral convictions, beliefs and rules regarding her behaviour. The adolescent will achieve regression-prevention by believing in her own power and not that of a group (Stone *et al*. 2012:747).

3.2.3 The cognitive behavioural theory of addiction

The theory is based on the idea that our behaviour and emotions are determined by the way we think. This infers that, in order to change a particular behaviour, one needs to change one's mind-set about that behaviour. Adolescents who engage in substance use are sometimes uninformed about the true dangers of substance use and abuse. In terms of the cognitive behavioural therapy approach, addictive behaviours such as drinking, and substance use are the result of negative feelings. By systematically recording one's thoughts and associated feelings, along with the events that trigger those thoughts and feelings, and the behaviour that follows as a result, one can begin to change the automatic processes that sabotage one's efforts to change one's behaviours (Hartney 2017).

This theory purports that by analysing one's thoughts and feelings, changes can be made to negative thinking by looking more realistically at situations that do not automatically lead to negative emotions and resulting cycles of harmful behaviours. Harmful behaviours are replaced by healthier behaviours when healthier behaviours are rewarded and learners begin associating that with positive emotions and automatically begin to make healthier choices (Hartney 2017). The cognitive behavioural therapy postulates that one's thoughts, feelings, physical sensations

and actions are interrelated, and that negative thoughts and feelings can trap an individual in a vicious cycle (National Health Service 2016).

The cognitive behavioural theory of addiction developed by Lazarus (1971) lends itself to be applied in the management of substance abuse treatment (Linton 2008:31). School managers could apply cognitive behavioural therapy in assisting adolescents to manage their substance abuse problems by changing the way they think and behave (National Health Service 2016). According to Linton (2008:32) cognitive behavioural therapy theory suggests that actions and views are learned. Linton reiterates that substance abuse is behaviour that can be unlearned. Prevention of substance abuse can be aided by modifying the way one thinks of addictive behaviours. Intervention occurs when one changes an adolescent's thinking from negative to positive, resulting in replacing deviant behaviour with healthy, confident behaviour. Regression-prevention prevails when the adolescent can see that the changed, positive, confident behaviour is rewarded by positive, uplifting emotions.

3.2.4 The peer cluster theory

According to Oetting, Edwards, Kelly and Beauvais (1992:92), the peer cluster theory illustrates the strong correlation between substance abuse and peer influence. Substance abuse takes place in a social setting amongst peers consisting of best friends or a group of people who have the same mind-set regarding substance abuse. At risk adolescents tend to associate with peers who are experiencing the same kind of problems they are, such as performing poorly at school and having a strong aversion to school. These learners tend to behave in a deviant manner. An effective way to combat deviant behaviour is by involving family members, the school and peers to help prevent access to and use of substances. Peele (1998:153) argues that for substance abuse treatment to be effective, the substance abusing adolescent should change the peer group they socialise with. Treatment and prevention programmes must therefore take the influence that peer clusters have into account. Prevention programmes can only be successful if it triggers the adolescent to choose peers who discourage substance abuse.

3.2.5 The gateway drug theory

First popularized in the 1980s, the gateway drug theory purports that an adolescent's use of tobacco, alcohol or marijuana increases the risk of him or her using and/or developing addiction to other licit and illicit substances that may be perceived as more harmful, such as opioids, cocaine and methamphetamines (Freedman 2019:1). During adolescence, brain development is still underway, therefore every illegal substance is a gateway drug if used during this period of

development. Whether it's nicotine, alcohol, marijuana or opioids, it is the age of the person initiating use – not the specific substance itself – that increases the risk of using other addictive substances and developing addiction (Freedman 2019:1).

During adolescence, the human brain goes through many developmental changes in structure and function. While the areas of the brain associated with memory, learning, judgment, decision-making, risk-taking, reward, emotion and stress are maturing, they are uniquely vulnerable to the damage that addictive substances such as nicotine, alcohol and other drugs inflict on these critical brain functions. Damage to the brain not only makes the individual more susceptible to addiction, but it also further impairs the skills needed to make good decisions and sound judgements, heightening the risk of future substance use and addiction (Freedman 2019:1).

However, according to Wicks-Nelson and Israel (2003:204) as well as Wisdom (2008), substance use in adolescence does not necessarily mean that this will continue into adulthood. Most substance use intensifies in late adolescence. The gateway drug theory purports that abstinence is the best substance abuse prevention. However, should an adolescent become involved in substance abuse, then the intervention must be timeous as substance abuse leads to brain damage which makes the person susceptible to addiction.

3.3 Types of substances commonly abused and their effects

Adolescents commonly abuse alcohol, marijuana (dagga), cocaine, heroin, opioids, and whoonga, as evidenced by the discussion below.

Alcohol is produced when grains and fruits are fermented. Fermenting is a chemical process whereby yeast acts on certain ingredients in the food, creating alcohol (Foundation for a Drug-Free World 2015(b):3). The consumption of alcohol initially acts as a stimulant and as more alcohol is consumed, it acts as a central nervous system depressant (Foundation for a Drug-Free World 2015(b):3). Adolescents are susceptible to alcoholism as their central nervous systems are still immature and developing (Foundation for a Drug-Free World 2015(b):6). The use of alcohol amongst adolescents often results in injuries, violence, crime and other risky behaviours, as well as later physical illnesses and alcohol use disorders (Morojele & Ramsoomar 2016:139).

Cannabis is commonly referred to as dagga or marijuana. Other terms used to describe it include grass, pot, weed, dope, reefer, and ganja (American Addiction Centre 2022:1). The word marijuana is derived from a Spanish word meaning "a substance causing intoxication"

(Van Wormer & Davis 2008:47). Dagga consists of the flowers of the Cannabis Sativa plant and its dried leaves. The principal psychoactive ingredient in marijuana, delta-9-tetrahydrocannabinol, is responsible for the majority of the intoxicating effects that individuals seek. The substance is contained in resin generated by the female cannabis plant's leaves and buds (NIDA 2020(b):1). Dagga is smoked either on its own or in combination with other substances (NDMP RSA 2019–2024:6). Cannabis use amongst adolescents is linked to poorer cognition, a lack of self-control, memory loss and/or recall, as well as perceptual reasoning (World Drug Report 2021(c):23).

Cocaine was initially used as a painkiller. Cocaine is extracted from coca leaves and distributed in either a powder or crystal form. The powder is typically mixed with corn starch, talcum powder and/or sugar or other drugs such as procaine (a local anaesthetic) or amphetamines (Foundation for a Drug-Free World 2015(a):3). Sniffing cocaine is known as “snorting”, e.g. when cocaine is inhaled through the nose and absorbed into the bloodstream through the nasal tissues (NDMP RSA 2019–2024:6). Cocaine is also injected with a syringe (Foundation for a Drug-Free World 2016:20).

Daily use of cocaine results in a short-lived intense high that is immediately followed by depression and edginess and a craving for more of the drug. Cocaine affects the eating and sleeping pattern of its users. The use of cocaine leads to irritability, mood disturbances, restlessness, paranoia and auditory hallucinations. Cocaine users build up a tolerance to the drug, requiring more of the substance to achieve the same high (Foundation for a Drug-Free World 2016:21).

Heroin is made from the resin of poppy plants. The milky, sap-like opium removed from the pod of the poppy flower is refined to make morphine before it is further refined into different forms of heroin (Foundation for a Drug-Free World 2015(c):3). Most street heroin is “cut” with other substances or with ingredients such as sugar, starch, milk powder, strychnine or quinine. Heroin abusers are at risk of death or overdose as they are unaware of the actual strength of the substance or its true contents (Foundation for a Drug-Free World 2015(c):6). Opiates or derivatives of the opium poppy is usually smoked, but it can also be injected in refined form or even snorted (NDMP RSA 2019–2024:8). Heroin use is associated with an increased risk of overdose and mortality (World Drug Report 2021(e):37). Heroin use is related to major health risks. These include dependence and withdrawal; fatal and non-fatal (mostly accidental) overdoses, which are accompanied by permanent neurological and neurocognitive deficits; difficulties associated with injection use, including blood-borne virus transmission; challenges

due to associated high rates of polydrug use, and increased rates of other health problems such as tuberculosis and pneumonia (Foundation for a Drug-Free World 2015(c):12). This is of concern since injection use and sharing of needles are associated with health and social harms (Dada 2017:4). Heroin affects the part of the brain that regulates breathing (World Drug Report 2017:9).

Prescription drugs that are taken for recreational use pose a serious problem for adolescents (Foundation for a Drug-Free World 2015(d):3). There are four major categories of prescription drugs that are consumed for recreational purposes. The first category is depressants, which includes sedatives and tranquilizers that decrease brain function. The second category includes opioids and morphine derivatives which are used for pain relief. The third category is stimulants, which boost energy, alertness, blood pressure, heart rate and breathing and the final category is anti-depressants, which are psychiatric drugs used to manage depression (Foundation for a Drug-Free World 2015(d):5). The use of prescription drugs for non-medical use to reach a high or to "self-medicate" is as common as the consumption of illegal street drugs (Foundation for a Drug-Free World 2015(d):3). Adolescents are easily drawn into prescription drug addiction because they perceive prescription drugs to be less dangerous than other drugs because they are legal and regarded as legitimate because of social acceptability. Because prescription drugs are widely available, they are frequently used for experimentation (Yantsides, *et al*. 2017:102–103). In a study that they describe as "a nationally-representative sample of U.S. high school students," these authors (2017:105) discovered a significant relationship between the use of prescription drugs for non-medical purposes and heroin use. They concluded that students who abuse prescription drugs are more likely to use heroin.

Opioids refers to a substance class that includes morphine, heroin, methadone, and oxycodone, amongst others (Welsh, Rappaport & Tretyak 2018:19). Opioids are not dangerous in low doses and when used only for a short term; however, long-term use can lead to addiction and dependency (Welsh *et al.* 2018:20). According to the World Drug Report (2021a:26) women are more likely than men to misuse pharmaceutical opioids. Since opioids are prescribed by medical practitioners, adolescents may not realise that opioids are dangerous. Opioids largely work to relieve the sensation of pain as users report experiencing relief from physical pain, as well as feeling more relaxed and less stressed, making these substances appealing to high school learners facing the pressures to succeed academically or in sport. Therefore, high-achieving, perfectionist, and extremely motivated learners may be tempted to use opioids to experience euphoria and sustain longer periods of uninterrupted study time (Welsh *et al.* 2018:20).

Signs and symptoms of opioid use can include a high, which is characterized by an altered mental state of euphoria or confusion; sleepiness; glazed eyes; nausea or vomiting; small pupils, and difficulty breathing. Physical signs of opioid use, typically located on a person's forearms, include visible scarring, darkening along the veins at the site of injection and signs of infection. Withdrawal is extremely unpleasant and involves nausea, vomiting, sweating, intense abdominal cramping, and restlessness (Welsh *et al.* 2018:20).

An added danger is that adolescents may not appreciate how dangerous it is to combine opioids with other substances such as alcohol (Johnston *et al.* 2017:67). Another example of a powerful opioid is **lean**, which is also known as purple drank and sizzurp. Lean, a recreational drug is a mixture of prescription-strength cough medicine, soft drinks and hard, fruit-flavoured candy. Misuse of codeine, which is found in cough syrup can result in a coma or death. Adolescents who consume lean can easily overdose on it as the combination of liquids is concealed by the enjoyable flavours of soda and candy. Promethazine is an active ingredient found in certain cough syrups, which is an antihistamine that has a sedative effect that can damage motor function (Hilliard 2021:1). It is also easy for teens to take these substances in excessive quantities, resulting in an overdose (a decreased ability to breathe) and even death (Welsh *et al.* 2018:20).

Nyaope (whoonga) is a mix of anti-retroviral medication with other addictive substances such as dagga, heroin or scheduled drugs (Jordan 2013:1; Thomas & Velaphi 2014:78). The increased danger of nyaope lies in the fact that it is mixed with rat poisons, heroin, soap powder or detergents, crushed glass, methamphetamine and anti-retroviral drugs (Arca 2019:1). Nyaope is an extremely addictive substance, consumed by youth and often has different street names which are area specific. Some common names are "sugars" or "whoonga" in Durban (KwaZulu-Natal), "ungah" in the Western Cape, "pinch" in Mpumalanga and "nyaope" in Pretoria (Tshwane). Nyaope is smoked in South Africa, which is called "chasing the dragon". Nyaope is either placed on a foil to heat it and the smoke is then inhaled with a straw or it is mixed with dagga and smoked (Nyoka 2019:1). However, the latest trend entails the addicts exchanging blood through a syringe to share the high, as it is supposedly "cost-effective", though it is unclear if this really works. This vampire-like method has been dubbed bluetooth (Mafu 2017). Nyaope is an extremely addictive substance and many who tried it out recreationally found themselves desperately addicted to it. Taken in reduced amounts the effects include excitement, a sense of warmth and happiness. Larger doses result in sleepiness, feelings of satisfaction, safety and being calm. Addicted nyaope users lead chaotic lives that

rotate around securing the illegal substance and focusing on getting money to buy nyaope, which could include illegal activities such as prostitution and stealing (Nyoka 2019:1).

3.4 Prevalence of substance abuse

This section begins with a brief glance at the global prevalence of substance misuse, followed by a look at the prevalence of substance abuse in Africa, specifically South Africa, before delving deeper into the prevalence of substance addiction in South African provinces.

3.4.1 International prevalence of substance abuse

It is estimated that globally the number of people using substances will increase by 11% by 2030 due to demographic changes. Low-income countries will account for the majority of the increase (World Drug Report 2021(a):26). According to the World Drug Report (2021b:13) the frequency of drug use amongst female high school students aged 15–16 in 30 European countries included in its survey, rose on average from 68% to 78% in 2019.

On average every person in the world aged 15 years or older drinks 6.2 litres of pure **alcohol** per year. Less than half the population (38.3%) actually drinks alcohol, this means that those who do drink consume on average 17 litres of pure alcohol annually. Worldwide about 16.0% of drinkers aged 15 years or older engage in heavy episodic drinking (WHO 2020:1). Worldwide 3.3 million deaths are attributable to alcohol abuse (UNESCO, UNODC & WHO 2017:21).

There are laws in many countries that regulate the sale, use or purchase of **cigarettes** and other **tobacco products** with regard to adolescents. These laws are constantly changed and adapted to provide for new products like e-cigarettes. The use of tobacco amongst children and adolescents is of concern as it may lead to a pattern of prolonged lifelong use, causing illness throughout one’s life (UNESCO, UNODC & WHO 2017:20). Tobacco use is popular amongst adolescents in most parts of the world. Globally, in the age group 13–15 one in every ten girls and one in every five boys smoke tobacco. In Europe and the Americas, the rates of use are similar for both boys and girls (UNESCO, UNODC & WHO 2017:21). On average 8 million people die annually due to tobacco use worldwide and this figure is expected to increase to approximately 10 million deaths per year by 2030. Tobacco use is regarded as one of the foremost causes of unnecessary deaths internationally (Fagbamigbe *et al.* 2020:1).

Cannabis continues to be the most widely cultivated illegal crop worldwide. Since 2010, the illegal growth of cannabis has been reported by 151countries worldwide (World Drug Report

2021(b):51). In the United States in 2020, 14.6% of high school students reported past-month use of cannabis and there has been a noteworthy increase in the use of cannabis during 2019 and 2020. In 2020 cannabis use was at its highest, estimated at 4,1% amongst high school students as compared to nearly 1% in 1991. The increased daily use of cannabis was more significant amongst 8th and 10th grade students (World Drug Report 2021(c):23). The most widely used drug amongst young people is cannabis. Globally, in 2019 there were about 14 million students aged 15–16 who had used cannabis. This relates to an annual prevalence of cannabis use of 5,7% amongst this age group, a rate that is higher than the rate amongst the general population aged 15–64 (4%) and reflects regional variations (World Drug Report 2021(b):27). In 2019, an average of 2,5% of adolescents aged 15–16 years in 32 countries in Europe reported that they had used cannabis at least once in the past 12 months, with the highest prevalence reported, in descending order, in Czechia, Latvia, Estonia, Poland and Monaco (ranging from 4,9 to 4,0%) and the lowest prevalence reported, in ascending order, in North Macedonia, Finland and Portugal (from 0,4 to 0,8%). By comparison, the overall prevalence of current cannabis use amongst the adolescents surveyed was 7,4% (World Drug Report 2021(b):36).

An estimated 20 million people used **cocaine** in 2019, corresponding to 0.4% of the global population. The dominance rate of use was the highest in Oceania (2.7%), mainly reflecting the situation in the sub-region Australia and New Zealand, and the lowest in Asia (0.07%). Global prevalence rates have remained stable over the past decade, while the number of people using the drug increased by 22% largely owing to population growth (World Drug Report 2021a:18). The international manufacture of cocaine doubled in output between 2014 and 2019 and reached an estimated 1,784 tons in 2019, the highest level ever (World Drug Report 2021a:52).

In 2019 **heroin** trafficking was reported in 99 countries, which was a larger number than trafficking in opium or morphine. Quantities of heroin seized in Europe reached a record high and tripled since 2016, accounting for 27% of the global total (World Drug Report 2021a:18). In the United States there was an increase in the number of overdose deaths which was attributed to heroine mixed with fentanyl (World Drug Report 2021a:57). Amongst the global population aged 15–64, nearly 31 million were past-year users of opiates (heroin and opium), which correspond to 0.6% of the global population (World Drug Report 2021(b):22). In Europe, in 2019 the use of opioids (mostly heroin) was the main reason for going into specialized drug use treatment (World Drug Report 2021(b):28). The largest quantities of heroin and illicit

morphine seized in 2019 were reported by the Islamic Republic of Iran (World Drug Report 2021(b):56).

Amphetamine-type stimulants (ATS) refer to a group of substances that are made up of synthetic stimulants controlled under the Convention on Psychotropic Substances of 1971, which includes amphetamine, methamphetamine, methcathinone and the “ecstasy”-group substances (3,4-methylenedioxymethamphetamine (MDMA) and its analogues) (World Drug Report 2021(d):99). In 2019 an estimated 27 million people used amphetamine- type stimulants, which corresponded to 0,5% of the global population. In North America the figure was highest at 2,3% and lowest in Africa at 0,4%. It is estimated that nearly 20 million people internationally have used ecstasy in the past year. The use of amphetamine varies by region. In North America the non-medical use of pharmaceutical stimulants and methamphetamine is the most widespread. Methamphetamine is also rampant in East and Southeast Asia and amphetamine prevails in Western and Central Europe and in the Near and Middle East (World Drug Report 2021a:19).

Internationally substance use and abuse amongst adolescents has been on the increase and has killed almost half a million people in 2019, while drug use disorders resulted in 18 million years of healthy life lost, mostly due to opioids (World Drug Report 2021(d):3). The World Drug Report 2021 indicates that there is much work to be done to tackle the many ills substances inflict on health, development, peace and security (UNODC 2017(a):3). These statistics reiterate the need for the development of a strategic framework to manage substance abuse. Closer to home the picture does not look any better.

3.4.2 Prevalence of substance abuse in Africa

It is projected that the number of substance abusers in Africa will increase by as much as 40% due to demographic changes. Although a global increase in the number of people who abuses substances is predicted, it is expected to be prominent in Africa as the population is younger and substance use is higher amongst young people as opposed to older people. Further, it is projected that the population of Africa will grow faster than that of other regions (World Drug Report 2021a:26).

It is estimated that African countries will achieve a **tobacco** epidemic by 2040. This originates as more than 40 million adolescents aged 13 to 15 years are reported to have already started tobacco use (Amajuoyi, Fueta & Mantey 2021:1). This region also has an early onset age of smoking with girls predisposed to being introduced to smoking just as boys have. The past and

present cigarette smoking were as high as 36.4% and 15.4% respectively in sub-Saharan African nations, with the tobacco use considerably higher amongst boys (Amajuoyi *et al*. 2021:3). Africa has the lowest regional tobacco use rates and is currently known to be at sub-epidemic levels with less smoking compared to other continents. However, the *status quo* will change due to an aggressive tobacco marketing industry in Africa which has the youth as its target group, which will lead African countries to a tobacco epidemic by 2040 (Amajuoyi *et al*. 2021:1 –2).

According to the WHO (2020:1) **cannabis** remains the most widely used illegal substance in the African Region. In Africa, the annual prevalence of cannabis use in 2019 is estimated at 6,4% of the population aged 15–64 (range 3,8–8,8%), corresponding to 47 million past-year users. In the region, the sub-region constituted by West and Central Africa has the highest prevalence of use, at 9,4%, or an estimated 27 million past-year users. Amongst students aged 15–17 in countries in North Africa, the prevalence of cannabis use ranged between 5% in Morocco and 2,5% in Tunisia and Egypt (World Drug Report 2021(b):21). A survey, which was steered by Nigeria's National Bureau of Statistics (NBS) and the Centre for Research and Information on Substance Abuse with technical support from the United Nations Office on Drugs and Crime (UNODC), found that the highest levels of drug use was recorded amongst people aged between 25 and 39, with cannabis being the most widely used drug (Kazeem 2019:1). In 2018 in Nigeria, people who used cannabis were estimated to comprise 10,8% of the adult population, or 10.6 million people (World Drug Report 2021(b):21).

During the period 2015–2019 in West and Central Africa the largest quantities of **tramadol** (pain medicine in the form of a synthetic opioid, which is highly habit-forming) were seized, which equated to 86% of the worldwide total (Durbin 2021; World Drug Report 2021a:50).

3.4.3 Prevalence of substance abuse in South Africa

In South Africa, it is estimated that 32% of youth between the ages of 11 and 20 years have consumed **alcohol** and in a 30-day-period 36% of males compared to 28% of females had imbibed alcohol (Letsela, Weiner, Gafos & Fritz 2019:175). The latest South African survey on youth risk behaviours (Fagbamigbe *et al*. 2020:1) reveals that adolescents begin alcohol use prior to the age of 13 years, and that men were more likely than women to consume alcohol, participate in binge drinking and to drive or walk under the influence of liquor. The results of the South African national violence survey (2012) are that of the 47% learners who smoked marijuana at school, 27% reported knowing learners who were drunk at school (Burton &

Leoschut 2013:47). In a 2020 survey conducted in 16 KwaZulu-Natal high schools in the Umgungundlovu District Municipality amongst Grade 10 learners, one third of the learners stated that they consumed alcohol, 13% of whom were in the intervention group and 12% in the control groups reported that they have engaged in binge drinking (five or more glasses of alcohol at one time) (Khuzwayo, Taylor & Connelly 2020:3).

Adolescents in South Africa are likely to start smoking cigarettes between the ages of 12 and 19 years (Fagbamigbe *et al*. 2020:1). The result of a survey of 3360 respondents revealed the median age for the onset of smoking was 18 years with 2% beginning before the age of 10 years and 60% indicating that they had smoked before age 20. Tobacco smoking was higher amongst adolescents and those aged 20–29 years compared to those older than 60 years. The figures for males who smoked tobacco were three times higher than for females. The inception of tobacco smoking climaxed at 15–22 years and differed based on provincial location, sex, race and other characteristics (Fagbamigbe *et al*. 2020:2).

In South Africa for adolescents aged 20 years or less **cannabis** was reported as the primary or secondary drug for the majority of people who were treated for drug use disorders (World Drug Report 2021(c):20). It is not expensive to purchase and South Africa is a large producer of cannabis, further the law that prohibits possession of cannabis is infrequently and inconsistently applied (Ramlagan, Peltzer & Pengpid 2021:2). In 2017 a survey was carried out to assess "the prevalence and correlates of non-daily and daily cannabis use amongst persons 15 years and older living in South Africa". The study revealed that 5% of the participants used cannabis non-daily and 2.8% of the participants engaged in daily cannabis use. These survey findings had doubled compared to the findings of the similar survey undertaken in 2012 and this could be due to the ease of purchasing inexpensive cannabis as the laws were not aimed at the single end user but rather at the drug trafficker (Ramlagan *et al*. 2021:3). This study indicated that a quarter of the participants who had a Grade 8–11 education and were aged 15 years and older were positively linked to cannabis consumption. The increase in consumption of cannabis by learners (Grades 8–11) reinforces the need for immediate intervention to control the escalation and side-effects of cannabis use (Ramlagan *et al*. 2021:9).

Heroin has been cited as one of the main drugs used by people who sought help at treatment centres in South Africa during 2019. Between 2% and 40% of people attending specialized drug treatment services reported heroin as their most common or second most common substance of use (World Drug Report 2021(b):70). During 2015 to 2019, countries in Western and Central Europe reported that 18% of heroin had been trafficked along the southern route,

mostly via Southern and East Africa particularly South Africa. Belgium and Italy were the two European countries that listed South Africa as one of the African countries along the southern route that was implicated in the largest quantities of heroin seized during the period 2015–2019. In 2019 Italy reported that 84% of the heroin seized had arrived by air and South Africa was implicated as one of the countries involved in this increase of heroin trafficking. This was a new development because in the previous year 60% of the heroin seized in Italy arrived by sea, mostly from the Islamic Republic of Iran (World Drug Report 2021(c):95).

Cocaine weighing 706kg was seized by South African authorities in January 2019 in a container that was shipped by sea from Brazil (World Drug Report 2021(d):30). A container that was destined for South Africa with 51kg of cocaine was seized in Panama (World Drug Report 2021(d):31). South Africa is one of 49 countries identified by Australia as embarkation points for cocaine (World Drug Report 2021(d):32). There has been a consistently low number of people treated for cocaine-related problems in South Africa, however, cocaine remains the second most commonly abused substance amongst patients in drug treatment programmes. In 2019 cocaine was reported as the most common or second most common drug used by between 2% and 5% of substance abusers in South Africa. This is in contrast with the statistics of 2014, which indicate that between 3% and 10% of patients in treatment reported cocaine as their primary or subsidiary substance of abuse (World Drug Report 2021(d):39).

As of late 2019 some of the **methamphetamine** located in South Africa has been smuggled from Afghanistan via Pakistan and countries of East and Southern Africa. Methamphetamine is currently trafficked into South Africa along two major transnational supply routes, viz. from Nigeria and Afghanistan. Small quantities of methamphetamine are also trafficked into South Africa from East Asia. Due to the copious methamphetamine sources from overseas, local manufacturers in South Africa began producing lower-quality methamphetamine called methaqualone, MDMA and methcathinone. Most of the methamphetamine laboratories reported in South Africa were dismantled during 2015–2019, which was also followed by Nigeria dismantling its methamphetamine laboratories (World Drug Report 2021(d):59). In South Africa, treatment admissions related to methamphetamine use disorders have remained low (World Drug Report 2021(d):82). The dismantling of "ecstasy" laboratories to date has been limited to South Africa (World Drug Report 2021(d):73).

3.4.4 Prevalence of substance abuse in South African provinces

The highest frequency of **tobacco and cigarette** use has been reported in the Western Cape (37,9%), with the Northern Cape following at (33,2%) and Free State at (30,7%) following suit (Fagbamigbe *et al*. 2020:2). According to Fagbamigbe *et al*. (2020:2), there is a trend amongst young, wealthy males of "coloured" descent from the Northern and Eastern Cape to start smoking at an early age.

According to the NDMP (RSA 2019–2024:28) **mandrax** is the preferred drug in South Africa, particularly by gang members in the Western Cape. **Methamphetamine (tik)** use is reportedly the most popular drug in the Western Cape. In 2019 almost 30% of people in treatment were for methamphetamine as the primary drug of abuse, which remained constant for 2017 and 2018. During 2019 nearly 40% of adolescents were in drug treatment for methamphetamine as either the primary or secondary drug of use, compared to 13% reported in 2017 (World Drug Report 2021(d):82).

The Department of Health in Kwazulu-Natal suggests that **nyaope/whoonga** is the most popular drug in KwaZulu-Natal. Nyaope use is increasing in several provinces, and prompt intervention is required to avoid an epidemic (NDMP RSA 2019–2024:28).

The NDMP (RSA 2019–2024:34) alludes that **alcohol** remained the dominant reason for admission for drug misuse in KwaZulu-Natal and the central region. Between 17% (northern region) and 50% (central region) of patients admitted to treatment centres had alcohol as a primary drug of misuse.

Further, the NDMP (RSA 2019–2024:34) explains that between 36%, (Eastern Cape) and 52% (KwaZulu-Natal) patients who attended specialist treatment centres had used **cannabis**. Between 20% (Western Cape) and 54% (northern region) patients reported the use of a cannabis/mandrax (methaqualone) combination aka “white pipe”. In all the above treatment centres, cannabis was reported as the leading drug used by patients younger than 20 years. In the Eastern Cape, cannabis use by patients younger than 20 years was followed by methamphetamine (tik) (33%), heroin (nyaope) in the northern region (19%) and cannabis/mandrax (white pipe) in the central region (7%).

The NDMP (RSA 2019–2024:34) infers that **methcathinone (CAT**) is an Amphetamine-Type Stimulant (ATS) that has effects similar to that of methamphetamine. CAT was noted in most treatment sites, especially in Gauteng and the central region where 16% and 13% respectively had CAT as a primary or secondary substance of misuse. Poly-substance use remained high,

with between 24% (northern region) and 50% (Eastern Cape) of patients indicating the use of more than one substance on admission.

Treatment admissions for **heroin** as a primary substance of abuse remained stable across all provinces, except in the northern region where it significantly increased from 26% to 36% during the second half of 2016. Heroin is smoked mostly, but across sites between 2% (northern region) and 52% (Gauteng) of patients who reported heroin as their primary substance of abuse injected it. This period (second half of 2016) saw a significant increase in the proportion of patients injecting heroin in Gauteng. The percentage of heroin patients across all regions were black African and these percentages were 3% lower in the Western Cape and remained stable in other sites as indicated in the northern region (80%), KZN (90%) and Gauteng region (86%). In the central region, heroin is used as a second most common substance of abuse with 2% of patients. Thirty seven per cent of patients in the northern region, 12% in KZN and 16% in Gauteng reported heroin use as the most common or second most common substance of abuse (Dada 2017:1).

3.5 Risk factors for substance abuse

The identification of risk factors is necessitated by the vibrant, fast moving nature of society and the new developments in substance use. Knowledge of the type of risk factor that is applicable to the substance abusing adolescent who comes from different societies and social groupings can assist in revising the treatment programmes and models for substance abuse (Muchiri & Santos 2018:2). The UNODC (2020:85) contend that biological, psychological, and social factors all play a role in the development of adolescent substance use behaviours to varying degrees in various social domains. The UNODC (2020:85) further iterates that there are different models and theories to describe the risk factors affecting substance abuse. The World Drug Report (2021(e):7) indicates that risk factors can be divided into five categories, viz. individual characteristics, peer group, school, home and family, and neighbourhood/community.

3.5.1 Individual characteristics

The World Drug Report (2021(e):27) highlights the following individual characteristics as having, when linked to poverty, the ability of making adolescents more prone to drug use: depression, panic disorder, post-traumatic stress disorder and sexual violence. Life events and occurrences that are negative and associated with anxiety and other behavioural health issues may lead to substance abuse (SAMHSA 2019:3). According to Encyclopedia.com (2019:1)

individual characteristics encompass one's biological and psychological personalities, thoughts, values, understanding, abilities and behaviours. Certain individual characteristics make a child more susceptible to other risk factors and individual characteristics are not risk factors in themselves.

The danger that a specific risk factor holds in relation to substance abuse depends on the person's character, stage of development, environment and the way it influences substance use and abuse. It is more likely that a child exposed to these risk factors will abuse substances than a child not exposed to these risk factors. At the individual level, it is evident that the earlier the inception of substance use, the greater the possibility that the user will start using a variety of substances and with greater frequency (SAMHSA 2019:1). Drugs are sometimes used to reduce anxiety and alleviate stress (NIDA 2020(a):5). Risk factors are complex and take on varying levels of importance at different life stages (SAMHSA 2019:1).

3.5.2 Peer group

Peer pressure ensues when adolescents allow themselves to be forced by an individual or a group similar to their own age to act in a certain manner to fit in (Ministry of Education, Namibia 2006:49). Adolescents are more vulnerable to peer group pressure as they are limited in their ability to assess risks as the part of their brain that controls judgment and decision-making is still developing (NIDA 2020:11). This makes an adolescent more susceptible to peer pressure as peer relationships with other substance abusing peers can result in peers pushing their friends to use substances (Sofiana *et al.* 2018:260). Association with substance abusing peers is often the most immediate risk for exposing adolescents to substance abuse and delinquent behaviour. Research has shown that addressing such behaviour in interventions can be challenging (Sofiana *et al.* 2018:262). NIDA (2020(a):9) further explains that peers can influence others who may not even have risk factors to try drugs for the first time. Peer pressure can be very strong and this increases an adolescent's risk for substance abuse (NIDA 2020(a):5).

Learners who hang out with friends who practice a strong anti-drug lifestyle and who don't abuse substances are less likely than learners who hang out with peers who abuse substances to start using and ending up abusing substances (NIDA 2020(a):7). Poor peer relationships can lead to social rejection, a negative school experience, and problem behaviours including substance abuse (NIDA 2020(a):3). Individuals' loyalty to peer groups may lead to conflict between them and their parents. Adolescents are susceptible to have their appearance,

behaviour, and attitudes influenced by their peers (Sofiana *et al.* 2018:262). Not all adolescents have a strong ego and a willingness to separate themselves from the will of the peer group. Younger learners (Grades 8 and 9) are at risk for experimenting with illegal substances, for being persuaded by peers in a negative way, and for not following the school rules (Nelson, Rose & Lutz 2010:2).

3.5.3 School

The first big transition for children is when they exit the safety of the family and enter the school environment (Chakravarthy, Shah & Lotfipour 2013:1022). When learners proceed from primary school to high school, the change in social situations such as having to fit in with a larger and different group of peers can bring on stress. Combined with this, they may face a greater availability of substances, may socialise with learners who abuse substances, and may be involved in social outings that involve substances. These challenges can add to the risk that they will initiate use or abuse alcohol, tobacco, and other substances (NIDA 2020(a):11). Pressure felt at school to improve one's schoolwork and results may also prompt an adolescent to begin or continue with substance use (NIDA 2020(a):2). It is imperative that prevention must start at primary school level as that is when learners come in contact with and start using substances; this then progresses into early adolescence (NIDA 2020(a):11).

There is a correlation between substance abuse and bullying at school, as researchers have discovered that senior primary and high school learners who are either bullies or victims of bullies are more susceptible to using alcohol, cigarettes, and marijuana (Drug Awareness Program 2019:1). An adolescent at school may display aggressive behaviour by mistreating (bullying) other learners, which may be a sign of possible substance use. A low self-esteem, which is exacerbated by bullying, may lead to substance abuse (Drug Awareness Program 2019:1).

3.5.4 Home and family

Muchiri and Santos (2018:2) discuss the family environment in terms of family relations and family management which can lead to substance use problems amongst adolescents. The likelihood of adolescent substance abuse can be exacerbated by conflict between parents or parent and offspring. Even if the adolescent has personality issues, adolescent substance use disorder can be reduced by strong, positive family bonds and good parental support. The risk for substance abuse that an adolescent faces can be influenced by one's family and/or environment. In families where there is parental drug use, the risk of substance use is high

(World Drug Report 2021(e):24). Parents or older family members who abuse substances, or who engage in criminal behaviour can increase children's risks of developing their own substance abuse problems (NIDA 2020(a):9).

Substance abuse by parents and caregivers affects the bonding relationship between the adolescent and the family, creating feelings of insecurity which hinder healthy development (NIDA 2020(a):9). Muchiri and Santos (2018:8) highlight the important role played by the parent in being a positive influence on their child. Alcoholic parents are associated with poor family management, poor monitoring and discipline, failure to provide emotional support, and overall neglect.

Girls who experienced childhood adversity tend to internalize it as anxiety, depression and social withdrawal and may turn to substance use for self-medication (Evans, Grella & Upchurch 2017:901). Women play a traditional role in terms of supporting their family. Families, spouses or partners and children can suffer long-lasting emotional, financial and physical effects as a result of a mother's substance use (UNODC 2018(c):21). The UNODC (2018(c):22) states that women who use substances are more likely to report that they suffered familial instability in childhood, pointing to an intergenerational cycle of instability and substance use.

3.5.5 Neighbourhood and broader community

The socioeconomic characteristics in a community such as poverty, violence and income inequality are associated with drug use and drug use disorders (World Drug Report 2021(e):16). Poverty can have adverse educational, health and behavioural implications for the risk of both initiating substance use and developing substance use disorders (UNODC 2018(a):26). In the absence of social and economic opportunities, young people may deal in substances to earn money or to supplement meagre wages. Young people affected by poverty may be recruited by organised crime groups and coerced into working in drug cultivation, production, trafficking and local level dealing (UNODC 2018(a):18). While poverty alone does not cause anyone to initiate substance use, neighbourhoods with extreme poverty are often characterized by a lack of opportunities for personal achievement and economic growth, poor general health and substance use conditions that may disproportionally affect women (UNODC 2018(c):20).

3.6 Chapter 3 conclusion

From the above discussion it is evident that for there to be a positive culture of teaching and learning in schools, the learning environment would have to be a substance-free zone, safe and

conducive to teaching and learning. The various theories on the causes of substance abuse was expounded to gain an understanding of the reasons for substance abuse. Human behaviour, social controls, an individual's thought process, peer influence and physiological development were highlighted by the various theories as causes for substance abuse. The types of substances commonly abused and their effects on the lives of adolescents were also discussed. These effects include injuries, mental disorders, violence, crime and other risky behaviours which have impacted negatively on the substance abuser. The prevalence of substance abuse in the international, national and local domain was elaborated upon. Various risk factors and their effects on the adolescent were explained so that future treatment programmes could have an impact on substance abuse. The focus of the next chapter is on prevention, intervention and regression-prevention.

CHAPTER 4: PREVENTION, INTERVENTION AND REGRESSION-PREVENTION OF SUBSTANCE ABUSE

4.1 Introduction

The National Strategy for Schools (cf. section 2.5) emphasizes that the schooling system exists solely for the purpose of providing education. Early detection of substance use and dependence will result in timeous treatment, care and support, thus ensuring that learning takes place in a safe school environment. To this end the National Strategy for Schools (cf. section 2.5) emphasizes the importance of collaborative partnerships because the mandate regarding the prevention, intervention and regression-prevention of substance abuse extends beyond the schooling system. The DoBE supports the use of prevention activities, which are evidence-based and which promote prevention education from an early age as well as delivering programmes over time rather than a one-off programme and the inclusion of peer led programmes. Finally, the DoBE encourages the involvement of caregivers, and the importance of understanding youth perceptions. The managing of substance abuse in schools is discussed below, taking into account the principles that schools must adhere to when undertaking substance abuse management.

4.2. Managing substance abuse in schools

In this section I will look at the generic requirements for the management of substance abuse in schools.

4.2.1 Generic requirements for effective management of substance abuse in schools

Considering the National Policy on Drug Abuse (RSA 2002, par. 13–18), I identified several generic requirements for schools' management of substance abuse. Effective management of substance abuse requires schools to:

- **prohibit** the possession, consumption and distribution of illegal substances.
- prefer **collaborative policymaking** to ensure that they have well-defined policies for both prevention and intervention. The school should access parental/guardian assistance in drawing up and implementing its own policy, which should be synchronized with the standard policy supplied by the Department of Basic Education.
- follow a **restorative supportive approach** and disciplinary procedures should only be used if learners do not cooperate with the school. Schools must be support-orientated,

as in case of disclosure, educators and learners should be given support to handle confidentiality issues; as far as possible, a learner involved in a substance abuse-related incident should be assisted in remaining in their school, or, if necessary, assisted in finding an alternative school. Schools should develop a "Learners support programme", which clearly explains the role to be played by learners, parents, guardians and the school when the learner experiences problems with substance use and may need to be referred for (outpatient or inpatient) treatment. Schools that have less punitive substance use policies allow concerned educators and staff to talk directly with learners about substance use without learners fearing immediate disciplinary action. Widespread substance use testing in schools is not recommended as it may alienate learners from seeking help due to fear of negative consequences after testing positive, further, the negative consequences could be suspension or exclusion from extracurricular activities (Levy, Schizer and Committee on Substance Abuse & American Academy of Paediatrics, cited in Welsh *et al.* 2018:21). However, it is interesting that in a study conducted by Carney, Johnson, Carrico and Myers (2020:1022) with 30 substance-using adolescents and their primary caregiver in the Western Cape, one adolescent emphasized that drug testing should be retained because it is a measure to hold drug users accountable.

- **work with the treatment centres** when they request learner behavioural reports to aid in regression-prevention.
- **guarantee confidentiality** by ensuring that all information relating to substance use, misuse or dependency is treated as confidential (except where the learner has committed a criminal offence, such as dealing in substances on school property, in which case the learner's name can only be divulged to the police and education authorities on a need-to-know basis).
- include **substance abuse education** in the learning area of Life Orientation. Drugs and substance abuse is included in a theme to be covered in South African schools' Life Orientation curricula from Grades 4 to 12 but should also be supplemented by cocurricular activities – especially in secondary schools (DoBE 2013:v; Department of Health & DoBE 2012:12, 14). It is further expected that schools should infuse substance abuse in subjects other than Life Orientation (DoBE 2013:iv). Despite the above prescripts, only the Grades 4 and 5 and not Grade 6 Life Skills curricula address substance abuse. The Multi-grade teaching Annual Teaching Plan Subject: Life Skills

and Multi-grade Teaching Pacesetter Subject: Life Orientation does not include substance abuse as a topic to be taught for Grades 10 to 12. The Grade 4 curriculum focuses on respect for one's body and not subjecting it to substance abuse. The Grade 5 curriculum covers types of drugs including both legal and illegal drugs such as tobacco, alcohol and over-the-counter medication; the dangers of substance abuse and the negative impact of substances on health, body and mind (DoBE 2021(a):2, 15, 16). The Multi-grade Teaching Pacesetter Subject: Life Orientation for the Grade 7 Life Orientation curriculum covers types/forms of substance abuse, symptoms of substance abuse, intra- and interpersonal factors that contribute to substance abuse, protective factors that reduce the likelihood of substance abuse and prevention measures such as early detection. The Grade 8 Life Orientation curriculum covers social factors such as community, media and peer pressure that contribute to substance abuse, refusal and decision-making skills that will assist to stop and avoid substance abuse, long and short-term consequences of substance abuse with the focus on crime, violence and educational outcomes and where to find help, care and support for rehabilitation. The Grade 9 curriculum covers substance abuse as a counter-productive coping mechanism (DoBE 2021(b):3, 11). The focus should be on interactive methods, avoiding providing information purely for the sake of information, avoiding scare tactics and exaggerating information (DoBE 2013:iv).

- The overview of the topics discussed in the FET phase Curriculum and Assessment Policy Statement (CAPS) is as follows: development of the self in society, social and environmental responsibility and democracy and human rights. The topics do not cover substance abuse directly, however, societal and individual factors which can be related to substance use are discussed. In Grade 10 the focus is on self-awareness, self-esteem and self-development, which build confidence in oneself as well as in others, These require communication and good decision making, which acknowledge and respect the uniqueness of oneself and others as well as respecting the differences between individuals. The impact of power relations (peer influence) and the value of exercise, which enhance the correlation between physical and mental health, life roles encompassing responsibilities (responsible decision making), recreational and emotional health and changes towards adulthood are discussed. Social skills and responsibilities to be a productive member of society are deliberated. Grade 10 learners are further made aware of diversity, discrimination and violations of human rights on

individuals and society. Drug taking in sport to enhance one's performance is covered as part of democracy and human rights (DoBE 2011(b):10, 12, 14, 16).

In the Grade 11 Life Orientation curriculum, the use of harmful substances in food production as an environmental issue that causes ill health should be discussed. Risky behaviour with substance use and abuse and situations involving peer pressure is discussed as part of development of the self in society (DoBE 2011(b):18, 19). The Grade 12 Life Orientation curriculum seeks to discuss smoking and substance abuse as the factors that cause ill health (DoBE 2011(b):23).

- inform learners **and parents** on substance abuse. In its General Comment No. 20 on the implementation of the rights of the child during adolescence, the United Nations Committee on the Rights of the Child (2016 par. 64) indicates that adolescents should be provided with accurate and objective information based on scientific evidence aimed at preventing and minimizing harm from substance use. The National Strategy for Schools (DoBE 2013:vi) also promotes peer education programmes on substance abuse awareness. The UNODC (2018(a):23) further iterates that adolescents need to be made aware not only of the medical, but also of the socioeconomic harm associated with substance use. Examples of efforts to support the prevention and treatment of substance use are providing people who use substances with the necessary knowledge and skills to prevent overdoses, providing continuity of health-care services and increasing core interventions to help prevent the spread of HIV and hepatitis C. These attempts can only be effective if they are based on scientific evidence and respect for human rights and if the stigma associated with substance use is removed. A greater understanding of substance use disorders is needed as they are complex and multifaceted.

Welsh *et al.* (2018:20) explain that schools can educate learners and their families about substance use and the high risk of overdose via school assemblies, handouts, videos, and other resources. Schools should provide after-school activities when possible, which can help decrease unsupervised free time.

An ideal time for the school to provide educational materials on substance abuse to learners, parents, and educators is at the start of the academic year. Information should cover topics such as how to reduce access to substances, the safety and health risks of substances; and how to respond when one suspects someone close to them is using substances. Schools can share helpful prevention and intervention information

throughout the year as well, such as how to properly dispose of unused prescriptions, monitor use of medication in the household, and in case of an overdose how to get access to overdose treatments such as naloxone.

- **ensure educators are trained** in the area of substance abuse awareness. The educator should be aware of withdrawal or changes in social and academic functioning of the learner. The relationship between learners and educators can aid in early intervention. If service providers are contracted to assist in providing training to educators or learners, then the service provider must be recommended by the Department of Basic Education to undertake such work.
- **create support structures to implement policies** on substance abuse. Schools can also form a school health committee, composed of interested staff or learners as well as designated administrative staff who can approve and support the committee's activities. Staff in the health or physical education department can take a lead role in promoting health content. Athletic directors and coaches can emphasize prevention and intervention treatment through the committee, as well as observe for signs of learner substance abuse by sporting teams. Learners on the committee can encourage the use of pledges to not use substances, while staff can come together to develop schoolwide protocols on how to respond to potential substance use (Welsh *et al.* 2018:21).

Several generic requirements for effective management of substance abuse in schools have been discussed above, following which an explanation of the theoretical frameworks for prevention, intervention and regression-prevention of substance abuse is undertaken.

4.3 Theoretical frameworks for prevention, intervention and regression-prevention of substance abuse

Scheier (2009:689) states that the cause of substance abuse is based on a complex relationship of personality, genetic, cultural and environmental influences on behaviour that are inter-twined. The following theories, viz. ecological system theory, broken windows theory, public health theory and universal prevention theory are discussed below. These theories shed light on prevention, intervention and regression-prevention of substance abuse.

4.3.1 The ecological system theory

The ecological system theory as explained by Bronfenbrenner (2009) proposes that human behaviour can be described by using layers of systems and their interactions around the individual. These systems comprise the microsystem, mesosystem, exosystem, macrosystem and the chronosystem (Stormshak & Dishion 2009:227). The microsystem relates to the individual's immediate environment, e.g. family, peer group, school and neighbourhood. The external setting that does not involve the individual as an active participant but still affects the individual or is affected by the individual is regarded as the exosystem. The macrosystem refers to the larger cultural and the underlying ideological context. The chronosystem relates to the effect of time. According to Stormshak and Dishion (2009:227), it is the interaction between these layers that aid in resolving substance abuse. For successful prevention, intervention and regression-prevention, efforts must focus on the relevant systems (Vimpani 2005:111). Restructuring the settings or environment where the person lives can shape the individual's behaviour, and such an environmental approach can be used to reduce both substance supply and demand.

4.3.2 The broken windows theory

Kelling and Wilson (1982:1) proposed the broken windows theory in criminology in 1982 arguing that minor offences should be controlled before they developed into major offences. This theory has been applied in substance abuse deterrence. Kelling and Wilson (1982:1) infer that like the early fixing of a broken window to avoid deterioration, the timely rectification of substance abuse may stop deterioration. Kelling and Wilson (1982:1) argue that the concept of fear is a crucial element of the broken windows theory. Ranasinghe (2012:63) states that fear increases as perception of disorder rises, creating a social pattern that tears the social fabric of a community apart, and leaves the residents feeling hopeless and disconnected. Substance abusers fear that they will be abandoned by their families, friends and society and this increases the problem of substance abuse. Prevention, intervention and regression-prevention programmes to assist learners who abuse substances must be able to reduce this fear. This theory purports that interventions should be introduced as early as possible, at the first sign of substance abuse. The theory does not support aggressive zero tolerance strategies against adolescents but rather support approaches that involve the broader community as well as family (Van der Weele, Flynn & Van der Wolk 2017:5). This theory is closely linked to the organizational culture and based on the assumption that if early signs of misbehaviour

(substance use or abuse) are ignored the misbehaviour will become an acceptable standard that will manifest in the school culture (Rick 2017).

4.3.3 The public health theory

The public health theory addresses social problems in a comprehensive way. This theory proposes that individual actions result from interactions amongst the physical and social context of the environment, the person is known as the host, and the substance is known as the agent (Community Anti-Drug Coalitions of America 2008:5). According to the Centre for Suicide Research and Prevention (2011:53), interventions are organised on three levels, namely primary measures, which are aimed at prevention of initiation; here risk factors are targeted. Secondary measures, which are aimed at halting use-progression for individuals at the initial stage of substance use. Tertiary measures are aimed at improving the negative effects of substance abuse, rehabilitation and prevention of relapse.

The public health theory considers people and the characteristics of the substances that are abused as well as the environment that the adolescents live in, thus identifying causes and possible intervention measures that could be implemented (Sahoo 2015:5). Jane Callahan, Director of CADCA's National Coalition Institution, states that people that attend CADCA's training have greater capacity to be change agents for substance abuse, which allows them to be more comprehensive in their prevention and intervention efforts (CADCA 2008:5). The public health theory assumes that problems can be avoided if policies and interventions focus on the known risk factors. By quickly identifying and responding to problems the long-term effects of the problem are minimised (Sahoo 2015:8). There seems to be a relation between the broken window theory and the public health theory since both support immediate intervention.

4.3.4 Universal prevention theory

Since the 1990s a new trend developed where universal substance prevention and intervention measures are aimed at the general population instead of at substance abusers (NDMP RSA 2019–2024:49). According to UNESCO, UNODC, and WHO (2017:34), the universal prevention theory is based on the assumption that all groups in the population, regardless of their individual level of risk, are at risk to some extent. The universal programme addresses risk and protective factors common to all children in a given setting, such as a school and aims at preventing substance abuse by creating awareness and problem prevention skills (NIDA 2020(a):12).

Parents can both genetically and socially create risk factors that could contribute to their child becoming involved in substance use. Not much can be done with regard to the genetic risk factors, but social factors such as parental neglect or abuse, substance use or abuse, poor parenting, disrespecting children, etc. can be addressed to prevent children from start using or experimenting with substances. Parents who have a close relationship with their children and who are actively involved in the activities of their adolescent child and their friends may decrease the possibility of substance use. Parents' influence over their adolescent child may decrease as the influence of peers become stronger, however, the good, solid grounding given by parents, which has been internalized by their child may continue to influence their child's selection of good peers and healthy lifestyle choices. Parents who are good role models will have their child emulate their behaviour. If parents engage in substance use themselves, then this makes it so much easier for the child to obtain substances (Cuijpers 2003:12).

In family settings, universal prevention takes the form of reinforcing the development of parenting skills in relation to parental support, nurturing behaviours, establishing clear boundaries or rules, and parental monitoring. Social and peer resistance skills, the development of behavioural norms and positive peer affiliations can also be addressed with a universal family-based preventive programme (Foxcroft & Tsertsvadze 2011:4).

Substance use/abuse strategies based on the universal prevention theory could be very effective in the school milieu since it targets the entire school population and in so doing creates awareness of substance abuse.

4.4 Substance use/abuse prevention

The type of substances and the mode of use most prevalent in the community and school must be considered when future prevention strategies are implemented. Prevention measures must protect people, in particular children and youth from drug use initiation by providing them with information about risk of drug abuse (NDMP RSA 2019–2024:47). Early identification and effective treatment are essential for preventing long-term negative health and social outcomes amongst adolescents (Curtis, McLellan & Gabellini 2014:15).

A criticism of school-based substance abuse prevention programmes is that they do not acknowledge that different individuals may have different levels of programmatic needs and that one school prevention programme may not be adequate for all children and adolescents. To address this concern, three types of prevention "tiers", universal (cf. section 4.4), selective, and indicated programmes have been used to categorise prevention programmes. The aim with

the universal prevention programme is to secure a safe and supportive environment for children and young people via education, including the delivery of responses related to curricula and other activities in the context of educational institutions (UNESCO, UNODC & WHO 2017:12). Positive Choices, an online newsletter on Drug and Alcohol Information (2020), states that the universal prevention programme is offered to an entire population, regardless of their level of risk, the selective prevention programme targets groups identified as having an increased risk and the indicated prevention programme is offered to people experiencing early symptoms of substance disorder. An example of a selective substance abuse programme is Trampoline, which aims to promote resilience and reduce risk for children of alcohol- or drug-using parents. It focuses on providing the children with the necessary information, helping them to develop a positive self-image and coping strategies. It further reduces children's psychological distress due to their parent's/parents' substance addiction and improves their psychological well-being and quality of life. The programme is based on the belief that if children feel that they are in control of their life, their relationships with their parent improve. In the Trampoline programme the identical structure is followed in all sessions and small rituals are repeated to reinforce the concept of predictability, which is important to children who hail from families involved in substance abuse (Moesgen *et al.* 2019:2,4).

UNESCO, UNODC and WHO (2017:12) infer that a universal approach to prevention is recommended. The benefits of universal programmes are that they cover all aspects of the school community that can impact on learners' health and well-being, ensure that schools respond in a non-punitive manner to learners found using substances and transform incidents into educational and health-promoting opportunities because they embrace counselling, referral, cessation support and other support mechanisms.

The universal prevention approach links programmes that cover prevention of multiple substances. As discussed by Botvin and Griffin (2003:64) the behavioural arguments in favour of targeting multiple substances include the fact that many risk behaviours are interlinked. Further, an individual's motivation for using substances is usually not substance specific. Multiple-substance prevention programmes are more efficient and less expensive than multiple-single-substance programmes, since only a limited number of programmes can be cost-effectively administered in a single school setting.

Arguments supporting single-substance programmes such as smoking prevention programmes include the fact that too much information can be overwhelming to learners, and since the use of different substances usually occurs in stages, it may be developmentally inappropriate to

focus on substances that are initiated later in the sequence (Botvin & Griffin 2003:65). Prevention programmes that integrate other activities in which the adolescent participates (such as school and athletics) are amongst the most effective. Comprehensive prevention initiatives that are developmentally, culturally, and gender-appropriate are essential when addressing adolescent addiction (NIDA 2018:21).

Substance abuse can be reduced with concerted efforts aimed at prevention. School-based prevention plans alone are not influential enough to produce lasting prevention effects and multi-component prevention approaches that target the family and the larger community are needed. Research suggests that school-based programming combined with community or parent interventions can improve behaviour in support of substance avoidance over time (Botvin & Griffin 2010:5).

4.4.1 Principles for effective prevention programmes

Some of the principles identified by NIDA for effective prevention programmes, which provide a useable framework to schools, are discussed in this section. Before considering these principles, I think it is necessary to mention a principle not included in the original NIDA list but addressed later, namely that **prevention interventions need to start at an early age and address the developmental stage and needs of children, adolescents and young people** (NIDA 2016:7). Prevention programmes can be effected as early as preschool to address risk factors for drug abuse, such as aggressive behaviour, poor social skills, and academic difficulties (Tonigan 2017:2).

One of NIDA's original principles is that **prevention programmes should cover a wide range of substances**. Prevention programmes must therefore include the underage use of legal substances (e.g. tobacco or alcohol); the use of illegal substances (e.g. marijuana or heroin); and the inappropriate use of legally obtained substances (e.g. inhalants), prescription medications, or over-the-counter drugs. Although tobacco and alcohol are legal substances for adults in South Africa, they are illegal substances for children since children are prohibited from buying, possessing or using tobacco or alcohol in terms of the Tobacco Products Control Act 83 of 1993 (RSA 1993 s 4(1) and (2)) and the Liquor Act 59 of 2003 (RSA 2003 s 10) (cf. section 2.3).

Effective prevention programmes for adolescents **focus on the type of substance abuse problem** by making use of screening and brief interventions in preventing progression to substance use disorders (UNODC 2018(a):27). If the substance abuse problem exists in the

local community, then risk factors must be targeted and known protective factors strengthened. Prevention programmes must address risks specific to community population characteristics, such as age, gender, and ethnicity, to improve the effectiveness of the prevention programme (NIDA 2003:12). The delivery of an effective prevention programme must **fit the needs of a specific community** (Tonigan 2017:2).

Effective prevention programmes **focus on the transition stages**. Transitions represent points during which the individual is in a period of change, and they are characterized as sensitive, critical, or vulnerable periods (NIDA 2017:16). Learners experience significant transitions in adolescence (NIDA 2017:60). Transitions indicate changing physical, cognitive, social and emotional development, which heightened susceptibility to risk factors that may lead to substance abuse. The adolescent experiences new internal and external capabilities, social relationships and circumstances that can bring on stress and trigger anxiety and self-doubt amongst adolescents (NIDA 2017:84). The manner in which an adolescent manages the demands of a transition, affects their development, including risk for substance abuse or other behavioural problems (NIDA 2017:16). Thus a high school will focus on supporting the new Grade 7s that will join the school because transition affects a child's sense of belonging and social connectedness and makes them vulnerable to become involved in drug use to fill the need for belonging and social acceptance in the new school. Learners may see transitioning to the high school as an opportunity to gain more freedom and that will make them vulnerable to negative influences and making friends with the "cool kids", which is expounded by the peer cluster theory (cf. section 3.2.4) whereby the strong relationship between substance abuse and peer influence is emphasized.

Effective programmes **combine family-based and school-based programmes**. These combined prevention programmes, which reach populations in multiple settings, e.g. schools, clubs, faith-based organizations, and the media are most effective when they present consistent messages in each setting. Tonigan (2017:1) refers to school-based prevention programmes that have become the primary approach for reaching all children and family-based prevention programmes, which have proven effective in reaching both children and their parents in a variety of settings. In a family prevention programme parents can receive information and education on substance abuse that will reinforce and coincide with that which their children are learning about in their school prevention programme. This facilitates opportunities for family discussions about substance abuse.

The prevention approaches and strategies discussed below enhance the principles for effective prevention programmes.

4.4.2 Prevention approaches and strategies

Botvin and Griffin (2010:5) indicate generic prevention strategies as information dissemination, affective education, and alternatives programming. Further prevention strategies discussed below are prevention approaches and strategies based on school-family collaboration, developmental phase-based prevention approaches and strategies, peer led prevention and prevention approaches and strategies using school-based substance abuse prevention programmes.

4.4.2.1 Information dissemination

Providing information about substances and the harmful effects of their use represents the most widespread preventive approach that is founded on a simple cognitive model whereby people make decisions about substance use on the basis of their knowledge about their noxious effects (Hasanbegovic-Anic, Sandic & Alispahic 2018:10). Learners can be taught about the dangers of tobacco, alcohol, or substance use in terms of the adverse health, social, and legal consequences. Information programmes also define various patterns of substance use, the pharmacology of substances, and how easy one can become a substance abuser (Warren 2016:15).

The National Strategy for Schools DoBE (2013:vi) verifies that as primary prevention, schools must introduce and implement school-based drug use prevention programmes. Information and awareness campaigns are also to be implemented. Peer education clubs are to be created as part of the co-curricular activities and safety programmes of a school.

Botvin and Griffin (2010:14) indicate that schools could use external people to inform learners on substance abuse, such as police officers who can discuss law enforcement issues, including substance abuse related crimes and consequences for buying or possessing illegal substances. The Department of Basic Education and the South African Police Service have agreed to work towards intervening when crime occurs at school and assisting in the development of secure, protected, protective and nurturing environments particularly for susceptible children (Department of Basic Education and South African Police Service 2015:4).

According to a School Safety Pamphlet issued by the South African Police Service (SAPS s.a.), the Community Police Forum can play a critical role in school safety, because violence and

crime in the community flow over to schools and fighting such in the community will thus automatically benefit the schools too. The Community Police Forum can assist in creating safe schools by responding to community violence and crime and providing information about illegal substance suppliers and pedlars in the community who supply substances to learners. The Community Police Forum can also aid in the development of a sense of community. Schools should be encouraged to become active members of the Community Police Forum as school management's involvement assists in the development of consistent solutions to the crime challenges that schools face in their communities.

Doctors or other health professionals can discuss the harmful effects of substance use with adolescents. Former substance addicts can discuss the problems they encountered as the result of substance abuse and make adolescents aware of the harsh realities associated with substance abuse. Peer counsellors can provide information to substance abusing learners (cf. section 4.5.4).

Community-based information campaigns assist the public and the Community Police Forum to detect risky drug use early and access suitable preventive services (RSA 2019–2024:49). Information dissemination as a traditional prevention approach, which is based on the facts surrounding the effects that substance abuse have on the mind and body of an individual, can be an effective approach to make adolescents aware of the ill effects of substance consumption (RSA 2019–2024:49).

4.4.2.2 Affective education

The Affective education model was developed in the seventies and is based on the assumption that substance abuse occurs, viz. because adolescents have a low self-esteem, they have an inability to make rational decisions, are unable to express their feelings and they have inadequate problem-solving skills (UNESCO 1995:41). The aim of prevention should be to help reduce the possibility of substance abuse, focus on improving self-esteem, encouraging self-respect, enhancing decision-making and problem-solving skills (Hasanbegovic-Anic *et al*. 2018:10). This model finds its roots in the principle that once an adolescent has solved his or her basic interpersonal problems, the risk of involvement in substance abuse will be reduced (UNESCO 1995:41). It is the personal affective development of the learners that will directly reduce the likelihood of substance abuse, which is based on effective communication and assertive decision making (Hasanbegovic-Anic *et al*. 2018:18).

4.4.2.3 Alternative programming

Alternative programmes offer adolescents several creative, recreational and educative activities to assist with substance use (Hasanbegovic-Anic *et al*. 2018:10). Alternative programming could lead to youth centres providing a set of activities, such as sports, community service, or academic tutoring. Outward Bound is an alternative rehabilitation programme, where outdoor exploration is combined with survival skills turning it into a successful approach to treating addiction (Waletzky 2019:1). These real-life experiences can replace the involvement in substance use and alter the affective -cognitive state of participants and improve the way they feel about themselves, others, and the world. These programmes provided healthy, outdoor activities designed to promote teamwork, self-confidence, and self-esteem. A third alternative approach was designed to meet the kind of needs or expectancies that are often said to underlie substance use. For example, the need for relaxation might be satisfied by exercise programmes, sports, or hiking; the desire for sensory stimulation might be satisfied by activities that enhance sensory awareness (such as learning to appreciate the sensory aspects of music, art, and nature); or the need for peer acceptance might be satisfied through participation in sensitivity training (Botvin & Griffin 2003:50). Nordrum (2014) states that peer pressure could limit the positive effect of alternative programming because learners could cave in and start using or relapse.

4.4.2.4 Prevention approaches and strategies based on school-family collaboration

Hasanbegovic-Anic *et al*. (2018:4) describe multi-component preventive programmes that combine family and school programmes which are more effective than single programmes. According to Hasanbegovic-Anic *et al*. (2018:11) the main goal of preventive programmes is to increase the influence of protective factors and reduce risk factors in order to prevent the onset of substance use amongst adolescents.

Family relations is such a protective factor. As key environment for the support of the developing adolescent, family plays a key role in prevention via risk reduction, or promotion of protective factors (Hasanbegovic-Anic *et al*. 2018:18). Bergman, Dudovitz, Dosanjh and Wong (2019:1455) iterate that parental monitoring is an important protective factor linked to reduction of substance use. Families will benefit from formal prevention programmes that focus on enhancing family bonding and parenting skills. According to the Western Cape Government (2016:13), preserving the family structure of the persons affected by substance abuse is crucial to the success of prevention programmes. According to Chakravarthy *et al.* (2013:1022), multi-dimensional family therapy has proven successful in helping the youth to develop effective

coping, problem-solving and decision-making skills. It also aids families to develop good, interpersonal relationships which work against substance abuse-related problems.

According to Chakravarthy *et al.* (2013:1022), aspects schools should focus on in their awareness and information sessions for **parents** include keeping parents informed of their children's academic performance and school behaviour so that they can recognise changes, which might indicate involvement with friends that may create a risk for substance abuse or that the child is already using or abusing substances. The argument is that if parents had a better connection with educators and access to this information, they could be more effective and engaged parents. Schools could aid parents in developing appropriate parenting skills such as communication, rule-setting, appropriate disciplinary actions – especially where families are at risk. The Western Cape Government (2016:13), further emphasize that parents must be made aware of their own behaviours that may place their child at risk for substance abuse. The school plays an active role in creating awareness and educating parents on the dangers and consequences of substance abuse. Although Carney *et al*. (2020:1022) reported that the sessions with caregivers were not sufficient to significantly affect parenting practices, caregivers indicated that they realised the importance of their role and having a relationship with their children in effective intervention. They valued learning how to approach their children, how to interact and communicate and how to show understanding and love. The adolescents, in turn, indicated that the fact that their parents really listened to them motivated them to try and stop disappointing them (Carney *et al*. 2020:1021). Chakravarthy *et al.* (2013:1022) speak of schools enabling parents to recognise the early warning signs of substance use and equipping them with information on appropriate responses and available services.

According to the DoBE (2014(c):1) leaflet titled A Message to Parents on Alcohol and Drug Use parents must institute and enforce rules at home on alcohol and substance use. Parents must promote and model a healthy lifestyle, devoid of substance abuse (e.g. model the responsible use of alcohol) as their children imitate their behaviour. The signs and symptoms of substance use must be known to parents. There needs to be open conversations between parents and their children about the effects of substance use on their health, well-being, and schooling. Parents must support schools in order for them to remain substance-abuse-free zones, for example, by ensuring that their children do not arrive at school under the influence of drugs or alcohol. The school can benefit from informed parents who are aware of their child's rights and responsibilities when it comes to substance use testing at school. The DoBE (2014(c):2) guidelines indicate that parents can be involved with the community by being part of local

substance abuse action committees, which can help prevent adolescents from having easy access to substances on the way to and from school. The guidelines further suggests that parents make proper arrangements for after school adult supervision of their child to curtail experimentation with substances. If parents know that their child has a substance abuse problem, then the school must be informed of that so that the learner can be supported and all other children protected.

4.4.2.5 Developmental phase-based prevention approaches and strategies

Effective prevention programmes cover all age groups and target the critical transition periods in the development of children and young people. Prevention programmes at school level can be initiated as early as preschool to address risk factors for substance abuse, such as aggressive behaviour, poor social skills, and academic difficulties. At primary school, prevention programmes must be aimed at improving academic and social-emotional learning (which refers to an education practice that integrates social and emotional skills) to address risk factors for substance abuse (NIDA 2016:11). A response to early risk could assist in preventing substance abuse (Curtis *et al*. 2014:16).

The National Strategy for Schools (DoBE 2013:20) reveals that it is easier to prevent substance use at an early stage rather than attempt to intervene at a later stage when learners are already using substances. This is especially important because introduction into early alcohol and tobacco use is a risk factor for moving on to even more serious substances (UNESCO, UNODC & WHO 2017:11). This progression of substance use suggests that the focus of early-prevention programmes should be on substances used during the middle/junior high school years (Hasanbegovic-Anic *et al*. 2018:3) as adolescence is a developmental period that is characterized by experimentation with various substances.

The National Strategy for Schools (DoBE 2013:20) reveals that children are also subjected to alcohol advertising and the use of alcohol and tobacco in the community from a young age, therefore prevention education early in life is appropriate as it is more effective and successful at an earlier age when it is easier to influence attitudes or behaviour. The onset of substance use in early adolescence (before the age of 15) is linked with higher level of substance abuse later on in life as one gets older (Hasanbegovic-Anic *et al*. 2018:3).

4.4.2.6 Peer led prevention

Peer led processes play an important role in preventing substance use during adolescence as part of substance use prevention programmes (Henneberger & Mushonga 2021:1). Peer leaders can be effectively utilised to prevent learners who are already using from moving on to the more serious substances as they have greater credibility with junior-high-school-age learners than adults, since adolescence is typically characterized by a degree of rebellion against parents and other adult authority figures (Botvin & Griffin 2010:3).

The benefits of including positive peer relationships in prevention programmes are that it can be used to enhance substance use resistance skills, reinforce anti-drug attitudes, and strengthen social, emotional, and character-related skills (NIDA 2016:57). Peer leaders serve as significant role models who help to amend school patterns regarding substance use and its social acceptability. Peer led prevention programmes may therefore have an important impact on learner confidence in support of non-substance use. Prevention strategies in schools that make use of peers can ensure that children and youth, especially the most marginalized and poor, stay healthy and safe and grow into adulthood and old age (UNODC 2018(d):1).

Peers play a crucial role in the life of adolescents as influential role models and peers form closer relationships with adolescents than some parents or family members do. Reinforcing positive peer group interaction can prevent a learner from beginning substance use or prevent the learner in progressing from using to abusing substances (Nurmala *et al.* 2020:2). Peer led prevention programmes can help adolescents overcome the misconception that befriending substance abusing peers will make them popular. Pro-social behaviour can satisfy an adolescent's desire for popularity amongst his or her peers while also refuting the perceived social desirability of substance use (Henneberger & Mushonga 2021:6). Positive peer relationships empower adolescents to say "no" to friendships with substance abusing peers. According to the UNODC (2018(a):25), peer education programmes are effective in improving adolescents' self-image, thereby increasing their confidence and steering them away from substance abuse. Substance abuse prevention programmes that nurture interaction amongst peers and use interactive technique to stimulate the active participation of learners in practicing new behaviours are the most successful.

4.4.2.7 School-based substance abuse prevention programmes

Prevention programmes must be "user friendly" and appealing to schools, educators, learners and even parents; an example of a prevention programme can be found in the **SUCCESS**

programme for prevention of substance use as described by Agabio *et al.* (2015:106). This programme is easy to follow as it includes 6–8 lessons that can be delivered by school counsellors to small groups of learners on the following four topics, viz. being an adolescent, substances, family pressures and problems and skills for coping. The SUCCESS programme is focused on improving resilience in adolescents by increasing their knowledge about the ill effects of alcohol/substance consumption and promoting better coping skill amongst adolescents and their parents.

Nordrum (2014) states that the **Drug Abuse Resistance Education (D.A.R.E.)** program in the USA focuses on teaching learners to recognise pressure that leads to substance abuse, to resist that pressure, to build self-esteem, to develop positive alternatives, and to increase communication, interpersonal and decision-making skills. The D.A.R.E. program was unsuccessful as it focused on factual information and did not allow interaction opportunities; prevention scientists replaced the old curriculum with a course based on a few concepts that made the training more effective for today's learners. The new course, called **Keepin' it REAL**, differs in both form and content from the former D.A.R.E., replaced long, drug-fact loaded lectures with interactive lessons that offer stories meant to help children make intelligent decisions. Keepin' it REAL has reduced substance abuse and maintained anti-drug attitudes over time amongst learners in early trials, which was not the case with the former D.A.R.E. program.

Ozechowski, Becker and Hogue (2016:28) discussed approaches that emphasize proactive, rather than reactive methods to engage adolescents. These approaches include benefitting from medical meetings with the family, having caregivers involved in assessments and brief interventions and use of technology as procedures for treatment. The result aimed for was to be able to enhance the detection of adolescents with substance use problems in primary care, thus ensuring a consistent intervention in treating substance abusing adolescents. Although schools may be willing and able to implement prevention programmes they may not have the motivation or resources to continue such programmes indefinitely. There are several challenges that interfere with the widespread implementation of effective school-based prevention programmes, including the lack of appropriate infrastructures at the school and at school district levels (Botvin & Griffin 2010:5–6).

4.5 Current trends concerning intervention strategies for managing substance abuse in schools

An intervention is a course of treatment that may include a number of different treatments until the highest level of health and well-being is achieved (RSA 2019–2024:10). Treatment programmes are based on treatment models which are discussed below.

4.5.1 Current treatment models

Programmes are more effective when they incorporate not only substance-specific components, but also skills that help individuals to deal effectively with the challenges of each phase of life, such as relationship skills for adolescents or parenting skills for parents (World Drug Report 2016:74). Various models are used to create treatment programmes. I discuss these models below.

The first treatment model is the **moral model** in terms of which addiction is seen as a specific behaviour that disrupts religious, moral, or legal codes of conducts (Miller 1999:22). The individual's personal choices regarding the above codes of conduct is seen as the main reason for their addiction (Lassiter & Spivey 2018:39). Giving into substance use or abuse is seen as due to a personal weakness and a lack of judgment. According to this theory substance abusers are morally responsible for their action and addiction is not involuntary (Rise & Halkjelsvik 2019). Individuals thus choose immoral, sinful and illegal behaviour, which results in and affirms addictive behaviour (Lassiter & Spivey 2018:39). The degree of the support a substance abuser deserves is linked to the degree of moral responsibility attached to substance abuse. Treatment where a high level of moral responsibility is attached to substance abuse will focus on addictive actions, personal responsibility (Rise & Halkjelsvik 2019). Teaching responsibility and guiding the learner to make choices in line with the religious, moral or legal codes is thus seen as the solution.

The second treatment model, the **medical model**, has been the foremost addiction treatment model since 1960 (Sunshine Coast Health Centre 2011:1). The medical model assumes that mental conditions can be classified and treated just like physical conditions are classified and treated. During the classification and treatment of mental problems the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders is used (Joseph 2010:25, 94). Therapists encourage the addicts to follow a life of abstinence from substances during their treatment (Sunshine Coast Health Centre 2011:1).

The third treatment model is the **behaviour model**, whereby the therapists concentrate on the environmental conditions that have a bearing on one's behaviour. In behaviour therapy the focus of the therapist is to eradicate unwanted learned behaviours (Joseph 2010:72). The emphasis here is on the removal of specific symptoms and the development of new adaptive behaviour and the transitioning of environmental reinforcement contingencies (Joseph 2010:78). Behavioural therapies help addicts to transform their drug related behaviour, promote wholesome and healthy life skills and continue with other types of treatment that may include medication (NIDA 2019:6).

The fourth treatment model that I identified is the **narrative therapy model** which, as the name implies, uses storytelling coupled with illustrations as methods for learners to express their motives for, experiences of and views on substance abuse. According to the narrative therapy model adolescents can incorporate their cultural, social, and political experiences. This enables an adolescent to dissociate themselves from their problems, thus externalizing rather than internalizing it, resulting in a new perspective, whereby the origin of the problem is identified and a respective solution is sought, thus rewriting one's life story (Shakeri *et al.* 2020:92). The stories youth tell about drugs and alcohol can indicate how they observe substance use, reflect and influence the choices they might make in regard to use, and provide an understanding into how those working in substance-use prevention can best influence them to make healthier decisions (Buhr 2015:27).

The fifth treatment model is the **biopsychosocial model** which interfaces with the interaction of mind and body and the resultant effect of this interaction (Colman 2003:92). According to Van Wormer and Davis (2008:11–12) the biology of chemical use, viz. its addictive quality relates to the physical symptoms that are associated with substance abuse. Thinking that leads to the addiction refers to the psychological component, whereas the social component in addiction refers to the place where the addictive activity occurs and where the impact of the addiction is felt (Van Wormer & Davis 2008:11–12).

The **cognitive behavioural model** is the sixth treatment model and relates to a combination of cognitive and behavioural ideas. The cognitive behavioural therapist views dependence on substance as learned behaviour that is obtained through experience (Joseph 2010:90–91). Substance abuse treatment is based on the identification of specific needs that substance use satisfies and the identification of skills that allow for specific need satisfaction without the use of a substance (Kadden 2002:1). The brief intervention of RAD-PAL (Reducing Alcohol and Drug use and other Problem behaviour in Adolescent Learners) combines cognitive

behavioural therapy with motivational interviews and concentrates on reducing substance use, coping with peer pressure, problem solving and readiness to change, which is aimed at reducing participation in risky behaviours which has adverse consequences for one's health (Carney *et al.* 2019:9).

The seventh treatment model is the **twelve steps programme**, which was originally designed by Alcoholics Anonymous and focuses on the alcoholics' spiritual foundation as the recovery from the effects of alcoholism and can also be applied to learners who abuse substances (Buddy 2009:1). According to Buddy (2009:1) this programme has the following steps: honesty, faith, surrender, self-reflection, integrity, acceptance, humility, willingness, forgiveness, maintenance, making contact and service. In the final step of service, the message of the addict's recovery must be passed on to other suffering addicts as an inspiration for them to recover.

The eighth treatment model is the **family-based therapy model** that aims to reduce an adolescent's substance use by correcting the troubled behaviour that led to substance use. This model emphasizes concentrating on family risk factors, like poor communication in a family, a lack of family cohesiveness and ineffective family problem solving. This approach is grounded on the therapeutic foundation provided by the family which influences the development of a child and an adolescent (Austin, Macgowan & Wagner 2005:67).

Individual therapy is the ninth treatment model and refers to an individual's psychosocial therapeutic sessions with a therapist, whereas group therapy means psychosocial sessions involving a group of people and a therapist. Both individual and group therapy are used to treat adolescent substance use (Weiss *et al.* 2004:339). Individual and group therapy include cognitive behavioural therapy (cf. section. 3.2.3), which views one's dependence on substance as behaviour learned through one's experiences. In the study by Carney *et al.* (2020:8) (referred to before cf. section 4.2.1), a positive observation with regard to adolescents preferring individual interventions was made. Both adolescent and caregiver-participants felt more positive about individual intervention than group intervention.

Brief individual interventions are available in high-income countries for adolescents who engage in substance use and other problematic behaviour. However, in South Africa brief interventions for substance using adolescents are inadequate. Specialized treatment services are available for moderate to severe substance use disorders (Parry 2005 cited in Carney *et al.* 2020:2). For alcohol use disorders such as binge drinking, which has the potential for injury,

brief interventions can be of help. Brief interventions are available in high-income countries for adolescents who engage in substance use and other problematic behaviour.

The tenth treatment model is the **therapeutic community model**, which is universal in nature, seeing the community as the crucial representative of transformation, emphasising shared self-help, consequences for one's behaviour and mutual values for a healthy lifestyle (Jainchill 1997:161). The therapeutic community model consists of diverse therapeutic techniques for adolescents, which include counselling sessions for individuals, family therapy, 12-step techniques, life skills techniques, and recreational techniques.

The **pharmacotherapy model** is the eleventh treatment model relying on medicine to address various features of addiction, including reduction of cravings, different therapy types (aversive and substitution), and treatment of underlying psychiatric disorders (Deas & Thomas 2001:178). The use of medication in the treatment of people who have substance use illnesses and debilitating conditions is underutilised. Plans to encourage the use of medication for addiction disorders should suit the needs of the individual persons (Oliva *et al.* 2011:374).

4.5.2 Elements of effective substance abuse treatment programmes

It is essential that treatment for substance abuse is available. According to Winters, Andrea and Farnhorst (2011:5), the following core elements are associated with the successful treatment for adolescent substance use: understanding the problems as experienced by the adolescent as well as the family; the availability of a variety of services that focus on an adolescent's medical, mental health, familial, or educational problems; parental involvement; a treatment plan; getting children's buy-in into the value of seeking assistance for their problems; and available, easy accessible, qualified and experienced staff.

To these elements, one can add sensitivity to age, gender, ethnicity, and culture (NIDA 2018:5). With regard to gender equality, UNODC (2018(a):25) advises that in order to achieve gender equality and empower all women and girls, strategies to counter the world substance use problem need to consider the women and the great level of stigmatisation they experience. Prevention programmes, treatment interventions for substance use disorders and alternative development programmes need to be gender sensitive.

A further element of effective treatment is aftercare. Supplementing formal treatment by an aftercare program makes recovery more and regression less likely.

Successful treatment is dependent on the learner remaining in the treatment for the full duration. The level of and type of addiction will determine the appropriate duration for an adolescent's substance abuse treatment. Substance addiction recovery requires many sessions of treatment and is a long term process. If there is a relapse into substance abuse, then treatment needs to be reinstated. Individuals often exit treatment programmes prematurely; to avoid this there should be strategies to engage and keep learners in treatment. The SMT can help the learner in treatment by providing academic support (NIDA 2018:5).

The next core element is flexibility of and adaptability of the chosen combination of treatments. No single treatment is appropriate for everyone. The type of substance abused, and the characteristic and circumstances of the learner will determine the treatment used. For treatment to be effective, it should be flexible and be able to be adapted to cater for the various needs and associated medical and/or psychological problems that the particular adolescent experiences. This is vital in ensuring that the adolescent successfully reintegrates into the family, school and the community (NIDA 2018:5). The need for flexibility is even more acute in instances where people inject substances because those people experience some of the most harmful health consequences of substance abuse. Globally, only 97 countries have implemented both needle and syringe programmes and opioid substitution therapy (UNODC 2018(b):6). The best treatment is made up of medication and counselling. Learners' treatment programmes must be continuously amended so that these suit their changing needs. The first step in addiction treatment is medically assisted detoxification, which on its own does not impact greatly on prolonged substance abuse. After detoxification, learners should be urged to continue with substance treatment (NIDA 2018:5).

Behavioural therapies, which can take the form of individual, family, or group counselling, are an essential component of effective treatment. Behavioural therapies emphasize a learner's incentive to change by providing motivation for self-discipline, which includes abstinence, developing skills to aid in resisting substance use and solving problems, replacing substance use activities with positive and fulfilling behaviours and facilitating better social relationships. Participation in group therapy and other programmes that incorporate peer support during and after treatment can assist learners in successfully maintaining substance use abstinence (NIDA 2018:5).

There are various levels of substance abuse treatment, which are discussed below.

4.5.3 Levels of substance use or abuse and treatment options

As mentioned above, substance abuse treatment programmes may vary in format and duration. According to the American Society of Addiction Medicine a patient's placement criteria is based on a professional assessment of the substance use habits and associated factors that have a bearing on the applicability of the five treatment levels (Winters *et al.* 2011:3). The manner in which the five treatment levels relate to the intervention processes are discussed below.

The treatment levels are built on a range of intensity and consist of early **intervention services**, which contain educational or brief intervention services in the form of resources and counselling offered to adolescents who are referred for substance use problems. This level is related to screening, whereby a few questions are asked either in an interview or a questionnaire to determine the severity of the substance abuse problem. Based on the individual's risk level, the level of treatment will be ascertained (Pedersen 2021:1). A brief intervention as expounded by RAD-PAL also focuses on reducing substance abuse and decreasing risky behaviour by combining cognitive behavioural therapy aimed at improving the health of an adolescent.

In **outpatient treatment**, adolescents attend treatment for six hours per week or less and this depends on their progress and the type of treatment plan. Outpatient treatment will apply to individuals who have moderate risky behaviours and may be referred for a brief intervention as an outpatient treatment (Winters *et al.* 2011:3). The provision of **intensive outpatient** treatment allows for an adolescent to undergo treatment for six or more hours per week, with a suggested minimum treatment period of 90 days while residing at home. This level of treatment is applicable to those individuals who score high during the screening and may be referred to specialised treatment centres (Pedersen 2021:1). Further to intensive outpatient treatment, there is the **residential/inpatient treatment**, which contains programmes, providing residential setting treatment services that last from a month to a year. Individuals whose screening indicates a severe problem or dependence but who do not require constant medical care should be referred to a treatment centre as an inpatient (Winters *et al.* 2011:3). Finally, **medically managed intensive inpatient treatment** is suited for adolescents whose substance use and emotional problems are so severe that it necessitates 24-hour primary medical care (Winters *et al.* 2011:3).

4.5.4 School-based substance abuse intervention programmes

School-based interventions are more accessible for adolescents than interventions based in general community medical settings, because learners spend most of their time at school.

School-based interventions have been increasingly implemented and have been found to be effective in treating adolescent substance use (Stewart *et al.* 2016:24). Barnett *et al.* (2012:418), for example, mention that school-based interventions that use motivational interviewing have been found to be effective and appropriate to use amongst adolescents using drugs. Also Stewart *et al.* (2016:24) have expressed the view that motivational interviewing are appropriate and effective as brief treatments for adolescents because these promote adolescents' engagement in their treatment.

As a school-based intervention, SBIRT can be applied in public schools. There are practical challenges in conducting SBIRT interventions in public schools, in that the settings at school are quite different from clinical settings and it is not reasonable to think that SBIRT could simply be "plugged into" an educational setting without appropriate adaptation (Sorensen & Kosten 2011:262). According to SBIRT South Africa (2012), SBIRT is "a structured set of questions designed to help identify individuals who are at risk for alcohol and drug use problems". The SBIRT process involves screening, a brief intervention and referral for treatment and utilises the motivational approach that is centred on the willingness of people to modify their behaviour. SBIRT does not require extensive training, and studies have shown that for every one rand that has been spent on the implementation process, four rand is saved in overall productivity and health related costs. SBIRT is affordable and can be easily implemented to help struggling adolescents who are dependent on substances (SBIRT South Africa 2012).

Winn *et al.* (2019:15) identify insufficient time, a lack of training, unavailability of treatment options, and discomfort discussing substance use as primary challenges to SBIRT. According to Curtis *et al.* (2014:16) for a SBIRT intervention to be successful, practical, and sustainable in a school setting, it should create learner trust and honest risk reporting whereby learners are guaranteed that if they report substance abuse, no disciplinary action will be taken against them. Counsellors who are specially trained in modern risk reduction and motivational interviewing techniques must be used. SBIRT intervention must not interfere with the education of learners or the operations of the school and must be seen as having value to educators, school administrators, parents, and learners. There must also be a clear financial plan to sustain the programme. Amongst adolescents, brief interventions have indicated effectiveness in reducing the risk of substance dependence, alcohol consumption, and harmful behaviours (Curtis *et al.* 2014:15). SBIRT in a school could have advantages in preventing and also reducing emerging learner substance use and related problems (Curtis *et al.* 2014:16).

Sikes *et al.* (2009:11) indicate that substance abuse interventions initiated at school level have distinctive and unique benefits over traditional treatment styles. These consist of providing complete care to those who are in need of it and improvements in the following spheres of functioning, viz. school, one's emotional state, and family relations. Another benefit is the varying intervention levels that one can retrieve, e.g. individuals, classrooms, intentionally assembled group, the school in its entirety, or any combination of the above (Wagner, Tubman & Gil 2004 in Sikes *et al.* 2009:11). Another tool that schools could use to discover substance use is the CRAFFT Screening Interview, which is discussed below.

Welsh *et al.* (2018:21) explain that the CRAFFT Screening Interview, a six-question tool which is available online for free, is suitable for schools to use to detect risky substance use. Traditionally, schools have administered the CRAFFT Screening Interview anonymously to determine the extent of substance abuse amongst the school population. The individual CRAFFT questions can also be used by counsellors to educate learners about the potential impact of the high-risk behaviours.

The **Student assistant programme** is a well-liked school-based intervention that is accepted by adolescents with substance abuse problems. According to Wagner 2004 (in Sikes 2009:12) the Student assistant programme provides a means for early identification of adolescents with problems of substance abuse and approaches for secondary and tertiary prevention. The Student assistant programme provides assessment and referral, as well as individual and group counselling services. The Student assistant programme is synonymous with the peer counsellor programme, which is reinforced by the Department of Basic Education (2014(b):1) whereby learners can provide support to their friends by encouraging them to contact the substance abuse hotline or to communicate their substance abuse problem to an educator. If the learner chooses to approach a peer counsellor, the peer counsellor must inform the learner of the available support and offer to accompany him or her in seeking assistance. Peer counsellors must maintain a non-threatening demeanour while also refusing to bargain with the substance using adolescent. Although support may include explaining what is considered acceptable behaviour, peer counsellors should provide positive feedback and encouragement to motivate and persuade substance abusing peers that if they have the will to do so, they can overcome their substance abuse problem (Department of Basic Education 2014(b):1).

D' Amico and Edelen (2007 in Sikes *et al.* 2009:12) discuss project **CHOICE**, which is another school-based intervention. CHOICE has proven to be successful in decreasing marijuana consumption amongst adolescents. In each session there is feedback, questioning of unrealistic

hopes, role playing to avoid peer pressure and deliberating about strategies to aid in coping. This programme is based on Dr William Glasser's CHOICE Theory, which holds that humans have five basic needs (survival, freedom, fun, power, and love/belonging) and that their behaviour is aimed at satisfying these needs. The goal of this therapy is to empower the learners to confront and overcome obstacles on their own by making wise choices. Reality therapy focuses on using the following seven linking behaviours – "supporting, encouraging, listening, accepting, trusting, respecting, and working cooperatively" – to develop new habits (Atherton, Meola and Pritchard 2020:3). The emphasis is on cultivating a strong feeling of accountability for one's actions as well as the conviction that one can get what one wants out of life by making the right choices. Atherton *et al.* (2020:4) recently used a six-week protocol based on the CHOICE theory and using reality therapy with adolescents who abused substances and found that reality therapy interventions can successfully promote positive behaviour and reduce psychosocial symptoms in adolescents with substance use disorders.

Curriculum in a box: substance abuse is a fifth substance abuse intervention programme available. It has produced positive results in a school setting as expounded by Gatins and White (2006 in Sikes *et al.* 2009:12). This programme consisted of a documentary which had 10 video recordings and also comprised an educator's manual, with a learners workbook for learners to complete activities at home. The success of this programme was established by using a pre- and post-test design, indicating 55% of alcohol users and 36% of substance users wanting to decrease their consumption.

Robinson, Harper and Schoeny (2003:494) discuss **school-based health centres** as an intervention that takes place in the school. This programme provides numerous health services for learners in a non-stigmatizing school setting. Such school-based interventions can be of great future use for adolescents with substance abuse issues.

School counsellors cooperate with educators who are in a position to interact with learners who may be prone to substance abuse or are currently involved in substance abuse. Educators play a pivotal role in the fight against substance use in the school (Finn & Willert 2006, cited in Sikes *et al.* 2009:15). School counsellors partner up with educators to assist them to help learners by encouraging and training educators in their prevention attempts. According to the Council on School Health and Committee on Substance Abuse (2007:1379), learners are less prone to substance use and abuse when they feel that their educators care about them. Suldo, Mihalas, Powell and French (2008, cited in Sikes *et al.* 2009:15) explain that if educators support abstinence from substance use, then learners will follow this example that they see and,

in turn, also oppose peer pressure for substance abuse. Educators participate in a wide range of school-based substance abuse intervention programmes and counsellors use this to their advantage to work together with the educators to help learners who are engaged in substance use. The Council on School Health and Committee on Substance Abuse (2007:1381) suggests that learners who are recovering from substance use could have an educator who plays the role of a mentor and can provide support to the learner during the school day. This would provide the learner with a sense of close help when and as needed.

School counsellors can also work with community agencies to assist adolescents with substance abuse problems. This association between the school and the community is important as it allows the community agencies to have contact with the learners and provide school counsellors with much needed help to meet the needs of learners. Holcomb-McCoy (2008, cited in Sikes *et al.* 2009:15) maintains that although school counsellors are well trained to perform various counselling services, they may be lacking in specialised substance abuse counselling and also have limited time to engage in substance abuse counselling that can be provided by community counsellors. Community agencies could provide adolescents with alternative anti-drug programmes that would be a positive influence on the adolescent. Learners could therefore be accessed after school hours (Council on School Health and Committee on Substance Abuse 2007:1383).

4.6 Regression-prevention strategies for managing substance abuse in schools

Adolescents who are prone to relapse have the following three characteristics, viz. they are in denial that they have an addiction problem, the treatment that they underwent was not sufficient in developing coping skills for dealing with abstinence from substance abuse and development of dysfunctional symptoms during treatment that led them to regress into substance use (Mishra & Ressler 2000:10). From the study of Carney *et al.* (2020:1022–1023) referred to before, it is evident that both adolescents and caregivers see alternative activities as a safeguard against being drawn back into the world of substance abuse.

The following four principles assist in helping recovering patients from regressing into substance use. They are self-regulation and stabilisation whereby one's conscious thought about developing skills to cope with substance use leads to a decrease in relapse. Self-assessment is another principle that allows an individual to assess the reasons that they sought treatment for substance use and in so doing the warning signs that activate relapse are recognised. Understanding and self-knowledge of the reasons that relapse occurs may aid in

decreasing relapse. Relapse prevention education allows for an individual to become aware of self-monitoring skills and self-assessment and awareness of risk factors that can lead to regression (Mishra *et al.* 2000:10–11).

Brain function and behaviour are affected by addiction which is a complex but curable disease. The brain's structure and function are altered by substance abuse and result in changes that remain even after the use of substances has ceased. This explains the dangers for a relapse even after learners experience a sustained period of abstinence. The SMT can provide support to the learner by checking up on the learner and by having informal chats just to keep abreast of how the learner is coping (NIDA 2018:5).

Relapse often occurs amongst adolescents, although almost all treatment programmes for adolescent substance abuse are based on a model of abstinence (Winters *et al.* 2011:6). Between a third and a half of adolescents who have undergone substance abuse treatment are likely to resume substance use at least once within a twelve month period after treatment (Grella, Joshi, Hser 2004:13). Two types of variables, viz. treatment variables and individual variables focus on adolescent relapse risk.

Treatment variables that focus specifically on the adolescent's treatment experience are discharge status, counsellor rapport, and aftercare attendance. The significance of the bond between therapist and client has an impact on the treatment outcome of substance users. The continuation of care and/or aftercare assists in preventing an adolescent from relapsing (Whitney, Kelly, Myers & Brown 2002:67).

Individual variables refer to distinctive characteristics pertaining to the individual adolescent. The variables that are associated with relapse are psychiatric comorbidity, absence of family interest, on-going influence of substance-using peers, and weak coping skills (Anderson *et al.* 2007:42). The adolescent's decision making is influenced by the interaction of the treatment factors and the individual factors. If there are too many relapse factors present, then the adolescent's decision to use substances goes by unchallenged and grows in strength. If there is a lack of relapse factors, then the adolescent's decision making may lead to a substance-free lifestyle (Winters *et al*. 2011:6).

Towers (1987:77) suggests that, in order to help adolescent learners, the entire school staff should be involved in establishing support groups at school where learners can come together and participate in fun and recreational activities. Learners could thus work through problems by getting support from their peers in assisting them to conquer their substance abuse problem

and remaining off substances after completion of the treatment. Aftercare should include lifestyle programmes that also address cravings and withdrawal symptoms, and are cost-effective. These aftercare services are aimed at preventing relapses (Falkowski 2003:43–44).

Triggr is an App using data collected from smartphones that is a new innovative way to access support for a recovering addict, thus aiding in regression-prevention. The App tracks the number of days one has been in recovery and connects the recovering individual to a team of recovery coaches, who communicate periodically throughout the day using text and App messages. If the individual has not contacted Triggr for an entire day, the App team contacts the individual. The App is used to predict when an individual is going to relapse and thus intervenes (Byrnes n.d.:37).

Mindfulness meditation is another new intervention opportunity whereby relapse prevention can be attained by an individual applying their mind to this end. One's mind focuses on thoughts aimed at regression-prevention by having deliberate thoughts on attending to an object e.g. visual stimuli, while recognising and discarding distractions that could lead to a relapse in substance use. With this is coupled open monitoring meditation practice, which involves maintaining a metacognitive stance in which the individual remains mindful of both the field of awareness and the fluidity of internal and external incentives (Priddy *et al.* 2018:105).

4.7 Chapter 4 conclusion

To foster a positive culture of teaching and learning in schools, the learning environment must be drug-free, safe, and conducive to teaching and learning. In this chapter I investigated the theoretical framework for substance abuse and existing information on current trends regarding prevention and intervention. Regression-prevention of substance abuse amongst learners as well as treatment models were discussed. It was demonstrated that substance abuse is a global issue. It is found in first world countries such as the USA, in developing countries such as South Africa and in third world countries such as Malawi. The essential elements of a successful school-based prevention programme is that it must be suitable to the school, the learners, educators and parents, all of whom must be able to identify with it. The following prevention programmes, viz. SUCCESS programme, Drug Abuse Resistance Education programme, Keepin' it REAL were discussed. The key focus of these prevention programmes was to be proactive rather than reactive.

The key element of a successful school-based intervention programme is that there needed to be an understanding of the problems as the adolescent and the family experienced it. The

important elements of regression-prevention have been discussed as self-regulation, stabilisation, self-assessment and understanding and self-knowledge of the reasons for regression. The next chapter contains the research methodological account.

CHAPTER 5: RESEARCH METHODOLOGY

5.1 Introduction

In this chapter I focus on the implementation of the research methodology, which includes the research paradigm, the research approach and design, research population, selecting and sampling participants, data-collection methods, pilot study, trustworthiness of research, qualitative data analysis and ethical considerations. I used the following data collection methods, viz. literature study, document analysis, an individual, semi-structured interview with the school principal and with six learners who were involved in incidents of substance abuse, a focus group with members of the SMT, a focus group with the LO team, a questionnaire for parent members of the governing body as well as a questionnaire for peer counsellors.

5.2 Conducting an interpretivist, qualitative case study

As mentioned in chapter 1, this study is located in the interpretive paradigm and I followed a qualitative approach and designed the study as a single case study. As a qualitative researcher I aimed to understand the realities that the learners who abused substances found themselves in and tied these to the existing theories as discussed earlier in the study. Since the interpretive paradigm assumes that collecting data in context promotes the discovery of knowledge (Dean 2018:3), it is evident why it made sense to design the study as a single case study, which allows researchers to "intensive, holistic description and analysis of a single, bounded unit situated in a specific context to provide insight into real-life situation" (Ponelis 2015:535). Following the typical assumptions underlying interpretive research (Ponelis 2015:538), I interpreted the reality as socially constructed by the participants to form a subjective view on the school's prevention, intervention and regression-prevention strategies. My interpretation was, however, formed within the frame of reference of the participants with whom I have engaged in the natural setting of the school.

Because qualitative researchers work with the social world, it is critical that they are self-aware and can deconstruct their own biases (Thurairajah 2019:1). Because I participated in the study as an insider researcher, I needed to interact with the participants closely while conducting a qualitative, interpretative case study in order to understand their feelings, opinions, and points of view. As a result, it was even more important for me to be a reflexive researcher, which required me to establish an ethical relationship with participants that was devoid of personal feelings. When they shared their feelings, opinions, and points of view, I had to ensure that I

capture what was given and not taint it with my views and attitudes. I did not give the participants my views on substance abuse and resultant disciplinary procedures, instead I observed and took note of their responses. In choosing to do qualitative interpretive research, I engaged with the social problem of substance abuse in the context of girl learners at their school and as reflexive researcher, I practiced ethics as an ongoing aspect throughout the research.

Rashid *et al.* (2019:2) define four critical stages in conducting a case study. These are as follows: the foundation phase, pre-field phase, field phase, and reporting phase. In the **foundation phase** the philosophical grounding, the inquiry techniques and the research logic are considered. The literature review (cf. section 1.8.1) makes understanding of research philosophy important (philosophical consideration), as it builds the basis for how one approaches one's research. The choice of philosophical paradigm arises from the understanding of ontology, epistemology and paradigm choices (cf. section 1.8.2) (Rashid *et al.* 2019:2). This was then followed by the choice of the qualitative research methodology (cf. section 1.8.3) to be undertaken. Being an insider researcher (cf. section 1.8.4) allowed for me to have an ethical undertaking with the participants.

In the **pre-field phase** the operational details that should be carefully designed are discussed (Rashid *et al.* 2019:7). The single case study (cf. section 1.8.5) was decided on as my qualitative research design in this research. The third phase, viz. the **field phase** (Rashid *et al.* 2019:8) entailed the data collection methods (cf. section 1.8.6.1-1.8.6.5). Finally, the **reporting phase** (Rashid *et al.* 2019:9) and analysis of data (cf. section 1.8.8) took place.

5.3 Research population, selecting and sampling participants

As indicated in chapter 1, for the purposes of this study, a multicultural girls school in an area south of Durban was chosen as the research population (cf. section 1.7.2). At School A, fees are above average and the school is in a good condition with a sound infrastructure. The school has been in existence for fifty-three years and as such has many traditions, which form an integral part of its daily activities. Discipline is generally good, and the school prides itself on good academic results as well as fair sporting achievements.

5.3.1 Sampling participants

The most used form of sampling in qualitative research is "purposive sampling" (Merriam 2009:77). One can agree with the assertion of Rubin and Babbie (2007, cited in De Vos *et al.* 2011:392) that purposive sampling is judgemental in nature because it depends on the

judgement of the researcher on whether a prospective participant will be information-rich or not. The school principal, five departmental heads, three LO educators and a Subject head, six girl learners, ten peer counsellors as well as nine members of the school governing body participated in this study. The above information-rich participants were selected because purposeful sampling requires that the researcher selects specific groups from the population to shed relevant information on the topic of research (McMillan & Schumacher 2013:152) and is most suited to case study research. To ensure I chose participants fit for purpose I used the criterion that participants must be able to provide rich information on substance abuse and its management. The chosen participants, therefore, had a purpose, e.g. to provide specific data that will enable me as the researcher to answer one or more of the research sub-questions.

The school principal was selected, as she is ultimately accountable to the parents in managing school disciplinary issues, ensuring a safe school and that all learners have an equal opportunity to be taught and to learn. The five departmental heads have been actively involved in investigations regarding incidents of substance abuse and in managing those learners who have been abusing substances. The LO educators have a hands-on approach to issues that affect the adolescent learner as this forms part of the National Curriculum Statement for the teaching of LO as a school subject. The peer counsellors have provided guidance and emotional support for the learners. The members of the school governing body are parents who have knowledge and information about the substance abuse situation at School A and can therefore shed relevant information on the measures used by the school for prevention, intervention and regression-prevention amongst learners with regard to legal compliance and effectiveness. The learner participants chosen for this study were learners who were involved in incidents of substance abuse resulting in disciplinary interventions. Choosing learners who had been involved in incidents of substance abuse ensured that the research adhered to the beneficence principle for ethical research, as improved management measures would ultimately benefit these learners.

The valued input of the selected participant groups assisted me in reaching the aim of this research, which was to undertake a case study on the management of substance abuse and to use the findings to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools.

Table 2: Demographic data for participants of School A

Participant Pseudonym	Work experience	Years in this position/at this school	Qualification/Grade	Gender	Age
Principal	38 Years	10 Years	Academic and professional qualification	Female	61 Years
SMT 1	25 Years	5 Years	Academic and professional qualification	Male	47 Years
SMT 2	32 Years	10 Years	Academic and professional qualification	Female	51 Years
SMT 3	34 Years	9 Years	Academic and professional qualification	Female	57 Years
SMT 4	33 Years	10 Years	Academic and professional qualification	Female	55 Years
SMT 5	21 Years	1 Year	Academic and professional qualification	Female	46 Years
LO 1 Subject head	24 Years	5 Years	Academic and professional qualification	Male	37 Years
LO Educator 2	23 Years	3 Years	Professional qualification	Female	42 Years
LO Educator 3	14 Years	14 Years	Academic and professional qualification	Female	50 Years
LO Educator 4	4 Years	1 Year	Academic qualification	Female	27 Years
Parent governors Parent 1	N/A	3 Years	Degree	Female	43 Years
Parent governors Parent 2	N/A	3 Years	Diploma	Female	54 Years
Parent governors Parent 3	N/A	3 Years	Academic and professional qualification	Female	58 Years
Parent governors Parent 4	N/A	3 Years	Academic and professional qualification 12	Female	55 Years
Parent governors Parent 5	N/A	3 Years	Post-graduate diploma	Male	44 Years
Parent governors Parent 6	N/A	2 Years	National Senior Certificate	Male	44 Years
Parent governors Parent 7	N/A	2 Years	Degree	Female	45 Years
Parent governors Parent 8	N/A	2 Years	Degree	Male	42 Years
Parent governors Parent 9	N/A	1 Year	Diploma	Female	43 Years

Peer counsellor 1	N/A	N/A	Grade 11	Female	16 Years
Peer counsellor 2	N/A	N/A	Grade 11	Female	16 Years
Peer counsellor 3	N/A	N/A	Grade 11	Female	17 Years
Peer counsellor 4	N/A	N/A	Grade 11	Female	17 Years
Peer counsellor 5	N/A	N/A	Grade 12	Female	17 Years
Peer counsellor 6	N/A	N/A	Grade 12	Female	17 years
Peer counsellor 7	N/A	N/A	Grade 12	Female	18 Years
Peer counsellor 8	N/A	N/A	Grade 12	Female	17 years
Peer counsellor 9	N/A	N/A	Grade 12	Female	18 Years
Peer counsellor 10	N/A	N/A	Grade 12	Female	18 Years
Learner 1	N/A	N/A	Grade 10	Female	15 Years
Learner 2	N/A	N/A	Grade 10	Female	15 Years
Learner 3	N/A	N/A	Grade 11	Female	16 Years
Learner 4	N/A	N/A	Grade 11	Female	16 Years
Learner 5	N/A	N/A	Grade 12	Female	17 Years
Learner 6	N/A	N/A	Grade 12	Female	17 Years

5.4 Data-collection procedure

Before starting with my data collection, I conducted a literature review focusing on the risk factors for substance abuse, theoretical framework for prevention, intervention and regression-prevention of substance abuse, types of substances commonly abused, effects of substance abuse, current treatment models and current trends concerning prevention, intervention and regression-prevention strategies for managing substance abuse in schools (cf. chapter 3). The data collection commenced with a literature study (cf. chapter 2) to explore the legal prescripts that must be considered when adopting strategies for managing learner substance abuse in schools. The literature study confirmed the legal prescripts that had to be considered when adopting measures for managing learner substance abuse in schools. After the literature study, I did the document analysis. Doing the document analysis before interviewing enabled me to identify prospective learner participants and obtain information, which I then could use to inform the development of other data collection instruments.

After pilot testing the interview and focus group guides and questionnaires, I embarked on the field work. This entailed individual, semi-structured interviews with the school principal; a focus group with members of the SMT; a focus group with the LO team; a questionnaire for peer counsellors, semi-structured interviews with adolescent girl learners (grades 8–12) who

have been involved in substance abuse (cf. Table 1) and a questionnaire for school governing body members. I followed the above order as it was based on the school's hierarchical structure with the principal as head of the institution. The SMT is situated on the next level below the principal on the organogram ensuring that policies are updated and implemented as well as providing academic support to both learners and educators. In following protocol, I thus engaged with the SMT next, followed by a focus group with the LO team of educators. Peer counsellors as leaders are placed above the learners in the school hierarchical structure, resulting in them being included in that order in the data-collection process. Finally, data was collected from the governing body members. The procedure can be illustrated as follows:

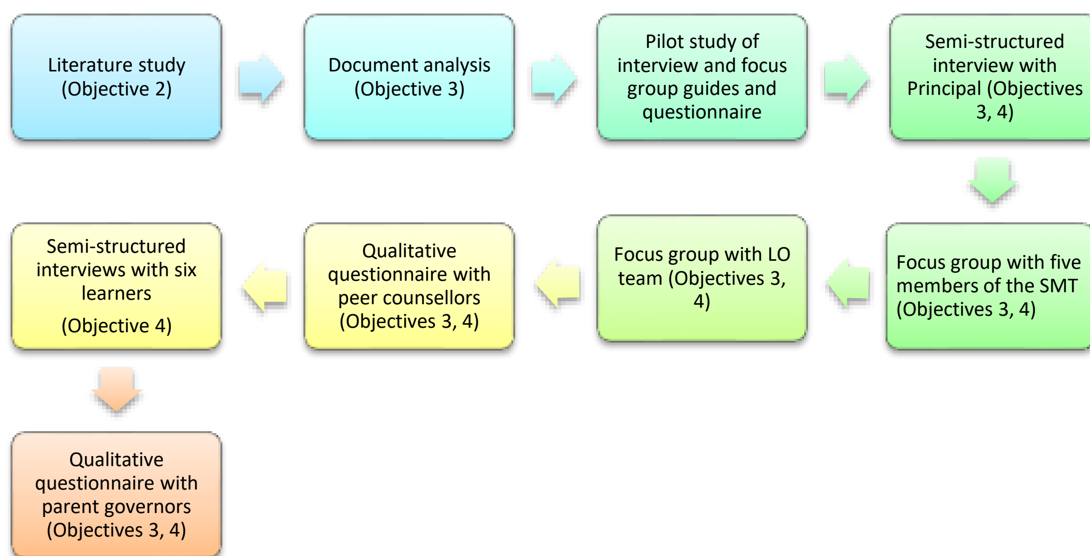

Figure 2: Flow diagram of data collection procedure

Source: Compiled by the researcher (24 August 2021)

5.5 Data collection methods

As indicated above, I started data collection with a literature study.

5.5.1 Literature study

I studied legislation, circulars and relevant policy issued by the National Department of Basic Education as well as the KZN DoE to explore the legal prescripts to consider when adopting strategies for managing learner substance abuse in schools (objective 2). I studied the following law documents: The Constitution, the National Education Policy Act, the Schools Act, the Children's Act, Prevention of and Treatment for Substance Abuse Act, Drugs and Drug Trafficking Act, Child Justice Act and the Regulations for Safety Measures at Public Schools.

Policy documents that I have included in my literature study are: Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions and National Guidelines for the Management and Prevention of Drug Use, Abuse in all Public Schools and Further Education and Training Institutions, the Policy on Screening, Identification, Assessment and Support, the Integrated School Health Policy and National Drug Master Plan 2019–2024.

5.5.2 Document analysis

The first steps prior to all data collection is securing access and building relationships to facilitate this process. I kept the school principal and the LO educators fully informed of the pending research. Gaining access to the relevant documents required planning, patience and ethical care. I followed but adapted the process for document analysis as set out by Olson (2012:3) starting with the initial steps of deciding on which documents to analyse and the purpose such analysis will serve. Policies form an integral part of the daily organization and management of a school (Underwood 2003:217). Arrangements were made with the school principal at the participant school to access the school's Discipline policy, Code of conduct for learners, Records of disciplinary cases related to substance abuse, six participant learner profiles and the school's safety policy. These documents were analysed to establish whether the documents were adequate in regulating substance abuse as a part of learner misconduct. The learners Code of conduct and Discipline policy were evaluated to investigate and critically evaluate measures that the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness (objective 3). Records of disciplinary cases related to substance abuse were accessed and analysed to identify possible learner participants. Learner profiles were utilised in order to evaluate measures the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners (objective 3).

The second step was negotiating access to the documents. The applicable documents must be readily available and easy to retrieve (Gross 2018:548). I arranged with the principal to make a copy of the school Discipline policy. I informed the school disciplinary committee that I obtained permission for the study from the KZN DoE as well as the principal and that the principal had granted me permission to request access to disciplinary reports from the committee. The Head of discipline gave me a copy of the learners Code of conduct. I further requested to view the learner profiles of the six learners to check whether there was any risk

factor(s) identified in their profiles and if so, what action was taken to reduce the risk of substance abuse. I was allowed to access the Records of disciplinary cases related to substance abuse at School A.

The final step was organising documents into a case file. Organising the documents by document type or chronological order or a combination of such systems helped with analysis and facilitated easy return to the documents. I organised the disciplinary cases into categories and sub-categories which was based on the order of the dates of substance abuse incidents.

5.5.3 Interviews

In interviews participants are asked to share their stories. In this study, the interviewees (learner participants) had, what McMillan and Schumacher (2013:381) call experiential, first-hand knowledge of the topic, because they had lived through the experience of abusing substances themselves; this meant that they could explain what it means to them personally (McMillan & Schumacher 2013:382).

Creswell and Creswell (2018:23) describe the following important steps in conducting interviews and which I followed. Identify the interviewee (cf. Table 1). Purposeful sampling was used to select participants in this study (cf. sections 1.8.7 and 5.3.1). Obtain consent from the interviewee to participate in the study (cf. section 1.9). Determine the type of interview you will use. I opted for in-depth semi-structured interviews (cf. Table 1 and section 1.8.6.3). Work according to a plan but be flexible. Following the guidance of De Vos *et al.* (2011:302), I used interview guides with predetermined questions for both the principal and the learner participants (cf. section 5.5.3.1 and 5.5.3.2). By using interview guides I could probe for clarity or obtain more information when needed.

Interviews should always be conducted at a convenient time selected by the participant as stated by Doody and Noonan (2016, cited in Dempsey, Dowling, Larkin & Murphy 2016:6). The Zoom interview with the school principal took place while she was in her office, which was a private venue, and the six learner participants were also interviewed via Zoom using the school boardroom, which was a quiet venue.

The learner participants at School A did not have access to their own laptops or smartphones and thus had to go to the prearranged venue so that we could meet via Zoom. Covid 19 protocols such as the use of hand sanitizer, sanitation of the venue, ensuring the venue is ventilated and the wearing of masks were adhered to. All those who were interviewed individually via Zoom had to ensure that they entered the interview venue wearing a mask and on entry into the venue

they could remove their masks. Hand sanitizer had to be used on entry to and exit from the venue. The venue (School A's boardroom) was sanitised using an air pump sanitizer as well as the surfaces in the venue were wiped with surface sanitizer after each participant left the venue. The venue was well ventilated with open windows, ensuring a free flow of air. There was no physical contact between the interviewer and the interviewee (Zoom interviews).

In scheduling the interview, Hofstee (2009:135) stated that it is considerate and polite to inform the interviewee beforehand of the topic and scope of the research as well as the estimated time required to conclude the interview. By notifying the participants prior to the interview ensured their availability on the day of the interview. I kept in touch with the interviewees until the day of the interview. The interviews were scheduled for a time that was convenient for the participants for the sake of avoiding disruption of their daily duties. The principal was interviewed in the afternoon after school hours. The learner participants were interviewed via Zoom at a prearranged time during the course of six afternoons after the end of the school day.

Jacob and Furgerson (2012:1) infer that in order to establish rapport the building of trust is essential. To build confidence and trust with the interviewee, questions were to be arranged in order from those that were least difficult or contentious to those that were most difficult. I started with questions on biographical information. I ensured that trust and confidence between myself and the interviewee was maintained by being open and upfront. In the information letter that I sent to the participants, I indicated that their anonymity and total confidentiality regarding their participation was guaranteed.

At the beginning of the interview, I reminded the interviewee about the nature of the research as well as the time frame of the interview (cf. section 5.5.3). I remained courteous and understanding in order to create a conducive atmosphere so that the participants could engage freely and comfortably in the interview.

It is imperative that the interviewer possesses interview skills to guide people through the storytelling process. Skilled interviewers can gain understanding into lived experiences, learn the viewpoints of individuals participating in a study, and discover the nuances in stories (Jacob & Furgerson 2012:1). In this study, I was primarily an interviewer and, as such, I followed the advice of McMillan and Schumacher (2013:383) and made a concerted effort to maintain a neutral stance during interaction with participants.

The interview guide for the principal (cf. section 5.5.3.1) as well as the interview guide with the learner participants (cf. section 5.5.3.2) comprised open-ended questions. I used open-ended

questions because, as Hofstee (2009:133) indicates, they allow participants to express themselves in their own words, thus giving them a sense of control and putting them at ease. Questions should be open-ended so that it would be possible to uncover as much about the participants as possible (Jacob & Furgerson 2012:1). Since open-ended questions allow for in-depth answers and this research required more than just yes/no answers, open-ended questions were preferred to closed questions that do not allow for in-depth answers. Reynolds (2017:1) explains that probing questions can be used to enhance open-ended questions because it allows the interviewer to home in on specific details after allowing the participant to speak. Probing on specifics can help keep the interview on track while giving the participant an opportunity to diversify their thinking. Probing helps when the participant does not bring up the topics that the interviewer was interested in. With probing there is also the additional advantage that an open-ended question may receive a response that addresses something that the interviewer had not thought of before, which is a significant benefit of qualitative research.

According to Davidson (2009, cited in Tessier 2012:449), a relationship exists between transcripts and technology and explores the different ways qualitative data can be handled. Tessier (2012:449) explains that technology improves data management because it enables the evolution from field notes to transcripts of tape recordings. Tessier (2012:449) further states that the weakness of field notes is overcome by transcripts and that working from a recording overcomes the weaknesses of transcripts. In order to enhance the quality of data management in qualitative studies, field notes, transcripts, and tape recordings should be used together. In this study, I followed this suggestion and recorded the interviews, transcribed the recordings (cf. section 5.8.1.1) and made use of field notes.

Hofstee (2009:135) explains that during interviews, notetaking is important as observations, ideas and questions may arise that need to be asked at the end of the interview. Field notes are researchers' private, personal thoughts, ideas, and queries regarding their research observations and interviews (Phillippi & Lauderdale 2018:381). Tong, Sainsbury and Craig (in Phillippi & Lauderdale 2018:381) expound that standardised criteria for qualitative research reporting urge researchers to include a statement of collection of field notes in manuscripts as field notes aid in constructing thick, rich descriptions of the study context. In this study, I referred to my field notes when analysing the interviews (cf. section 5.8.1.2).

5.5.3.1 Individual Zoom interview with the principal

The interview with the principal covered objectives 2, 3 and 4. The school principal was interviewed about the management of the learners who engaged in substance abuse. The principal expressed her views on the current trends in the prevention, intervention and regression-prevention strategies for managing substance abuse in schools (objective 1). She further gave her input on the legal prescripts that were considered when adopting strategies for managing learner substance abuse (objective 2). The school principal indicated that her entire teaching career was at School A. She has 20 years' management experience as well as experience in disciplinary interventions. To accommodate the principal's busy schedule, I interviewed her after school hours.

The recorded Zoom interview was transcribed, and the data analysed by looking for shared features and traits which were noted. Specific criteria were grouped according to the coding process which allowed for the accessibility of information.

Interview guide for the principal

An interview guide with open-ended questions was set, but questions were adapted as the need arose. The school principal was asked the following questions:

1. How common are learner substance abuse at this school?
2. What are the common risk factors that increase the likelihood of learner substance abuse in this school?
3. Would you say the management of substance abuse should be regarded as mainly a disciplinary matter, a health issue or a school safety issue? Kindly elaborate.
4. What do you do to prevent learners from using and abusing substances at the school?
5. What measures do you use at the school to intervene and support a learner who was identified as a substance abuser?
6. What measures do you use at the school to prevent a substance abusing learner from regressing?
7. Which law and policy regulate the management of substance abuse at schools?
8. Have you fully implemented the Policy on Screening, Identification, Assessment and Support in the school? If the answer is no, ask question 9. If the answer is yes, ask question 10.
9. Why did you not implement the policy at the school?

10. Kindly comment on the effectiveness of the structures and procedures that you put in place in terms of the Policy on Screening, Identification, Assessment and Support in relation to

    10.1 Preventing substance abuse at the school

    10.2 Intervening and supporting a learner who is abusing a substance or substances

    10.3 What role does the SBST play in managing substance abuse in the school?

11. What suggestions would you make on how the DoBE could improve on the support it provides in relation to substance abuse management that would enable you to better <u>prevent</u> substance abuse?

12 What suggestions would you make on how the DoBE could improve on the support it provides in relation to substance abuse management that would enable you to better <u>intervene</u> and support substance abusing learners so that they do not regress?

13. What role does the school governing body play in the management of substance abuse at the school?

14. In instances where learners have transgressed rules in relation to substance abuse what support, if any, did you receive from their parents?

15. What role, if any, does the South African Police Service play in relation to substance abuse at your school?

16. What advice would you give other principals on how they should approach substance abuse at their schools?

The interview guide for the school principal was followed by the individual Zoom interviews with learners as set out below.

5.5.3.2 Individual Zoom interviews with the learners

I conducted individual, semi-structured interviews with six learners who are involved in incidents of substance abuse at School A in order to find answers to the following research sub-question and fulfil the following corresponding objective, viz. to investigate and critically evaluate measures that the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness (objective 3). These substance abusing learners had first-hand knowledge of incidents of substance abuse. They were in grades 9 to 12 and fell in the age group 13 to 18 and were learners who had engaged in substance use/abuse. They participated with their parents' written approval and they themselves assented to participate in the study.

I recorded the Zoom interviews so that I could transcribe it before analysing it. I used the following interview guide:

Interview guide for learner participants

1. Where did you get the illegal substance or prescription drugs that you have misused?
2. Name the substances that you used.
3. Where did you consume these substances and who was with you?
4. What measures do the school have in place to prevent learners from possessing, consuming and distributing substances on the school premises?
5. How do learners bypass these measures?
6. In your opinion, what could the SMT do to assist learners from desisting substance abuse at school?
7. Based on the literature review, I compiled a list of risk factors that can lead to substance abuse and asked the participants to place the factors in order from the one that she regards as most applicable to her personally to the factor least applicable to her. Then I used that placement to probe further by asking: Please comment on the risk factors that you regard as the main factors that placed you at risk to abuse substances. The risk factors are as follows:
    a) Substance abuse at home
    b) Substance abuse in the community
    c) Peer group pressure (substance abuse is accepted amongst your friends and you will not fit into the group if you disapprove)
    d) The perception that substance use gives one standing and increases one's popularity
    e) Poor academic performance; struggling to cope academically
    f) A low self-esteem
    g) Escape from daily routine
    h) A lack of parental supervision as parents are uninvolved
8. What were your parents' response to you taking illegal substances?
9. What was their advice to you?
10. Do you think that you need help to overcome your addiction? If so, what type of help do you think you need? [If needed probe about support received from the peer counsellors and/or school support team.]
11. What could the school do to promote non-addictive behaviour?

12. Does the school have adequate substance abuse awareness programmes? If so, what do you like or dislike about these programmes?

The interview guide for learner participants was followed below by the discussion on the focus group.

5.5.4. Focus group

Stewart (2018:67) defines a focus group as a group discussion based on a specific topic supervised by a trained group facilitator. Focus groups are thus structured to encourage conversation, to allow participants to engage with one another and to respond to each other's responses. Considering this, I selected participants based on the role they played in managing substance abuse. I undertook two focus groups with SMT members and the LO team respectively. I chose to separate these two groups of participants so that each group could feel free to discuss their views without being intimidated or criticised by the other. Morgan (2013:37) states that the social roles of the different categories of participants should be considered, which prompted me to separate the above two groups. The focus group with the SMT consisted of three female Departmental Heads and one male Departmental Head and the focus group with the LO team consisted of three LO educators as well as a Subject head in LO.

The SMT of School A has one male member only. As School A is a girls only school, the majority of the teaching staff consists of female educators, as the school governing body prefer to employ female staff to male staff as they feel that this decision best suits the school. All of the SMT participants have both academic and professional qualifications. The SMT is aged between 46 and 57 years and these members have management experience ranging between 1 to 10 years and teaching experience ranging from 21 to 33 years. All five SMT members have vast experience in dealing with discipline matters involving substance abuse amongst learners.

Participants must be comfortable enough to interact openly (Devault 2019:1). Hofstee (2009:136) reiterates the value of maintaining a good rapport with participants by being calm, friendly and professional, which results in the participants responding in kind and being at ease. I created good rapport with the participants so that they would feel comfortable enough to open up; in so doing I ensured meaningful, constructive discussions.

The focus group was arranged after school hours because the SMT members as well as the LO team were busy during the workday and could only avail themselves after school. In light of the **Covid 19** pandemic, the focus group discussions therefore took place via Zoom over a

period of a week, at the end of each school day. In planning of the Zoom sessions, the participants of the focus group were asked to switch off their televisions and radios, to sit in a position where the light was behind them, to mute if they were not talking and to indicate if they wished to speak. Greef (2011:59) refers to voice recording as the best way to capture the participant's actual words. Schurink *et al.* (2011:404) state that techniques for recording focus groups should not impact excessively on the daily flow of events. I requested permission from the focus group participants to record the Zoom sessions so that I could note non-verbal responses for use during the data analysis and interpretation. The group participants were informed that they were not to record the focus group themselves and a provision to that effect was included in the Confidentiality Disclaimer.

Hofstee (2009:135) suggests that notes should be taken, even when conversations are being recorded. I took down notes even though the discussions were recorded, thus ensuring that there were specific and accurate references to the focus group discussions, which were based on reasons for substance abuse, measures used by the SMT to manage substance abuse and the legal prescripts which control management of learner substance abuse.

Participants were ensured that their privacy would be protected from the general public (McMillan & Schumacher 2013:383). Durrheim (2012:74) argues that protection of individual and institutional confidentiality is an important aspect of maintaining confidentiality. In this study, I maintained confidentiality by not revealing, in my report, the identity of the SMT members, LO educators and LO Subject head and by using pseudonyms that indicated their positions at the participant school. At the start of each focus group session, I assured the participants that I would take every possible precaution to ensure the confidentiality of the data. I also impressed on the participants the obligation that they had to protect the confidentiality of the other participants in the group, by not discussing what has transpired during the focus group discussions with other people. A precautionary measure that I took was to request that each participant sign a confidentiality disclaimer (non-disclosure agreement form). The disclaimer was included in the consent forms for the SMT and the LO team.

In this research, I investigated what the members of the SMT as well as the LO educators felt regarding substance abuse amongst learners, what their views were with regard to prevention, intervention and regression-prevention of substance abuse at the participant school. I also used the focus groups to ascertain the views of the SMT and the LO educators on what they thought should make up the constituting elements of a strategic framework for managing substance abuse at the participant school. The participants that were selected for this study have the

responsibility of managing substance abuse at the selected school. The following pre-prepared question guide was used in the focus group with the members of the SMT.

Focus group guide for SMT members

1. How many cases, dealing with substance abuse, do you decide on during a year?
2. What is your view on the general observation that the incidents of substance abuse amongst the learners are on the increase at the school?
3. How do you identify learners who are engaging in substance abuse?
4. How does the SMT handle incidents of substance abuse?
5. What kind of parental support does the school receive concerning learners who have abused substances?
6. Is the policy directive from the National DoBE with regard to the procedure to be followed when substance abuse occurs, sufficient?
7. What support does the school get from outside services, like the South African Police Services or any other psychological government services with regard to substance abuse at school?
8. Is the Code of conduct for learners and Disciplinary policy adequate in regulating this type of learner misbehaviour?
9. What does the Code of conduct for learners and Disciplinary policy state regarding substance abuse in your school?
10. What does the school do to prevent substance abuse?
11. How does School A intervene when a learner is found to abuse substances?
12. What does the school do to prevent a learner who abused substances and was treated from regressing?
13. What are the effects of substance abuse on the learner and the school?
14. What are your views on the legal prescripts regulating substance abuse at schools?

The following pre-prepared question guide assisted in the focus group with the LO Team.

Focus group guide for LO team

1. Does the LO curricula address substance abuse adequately? Explain.
2. What is your view on the general observation that the incidents of substance abuse at School A are on the increase?
3. What advice would you give to learners who are engaging in substance abuse?

4. Are there any peer led strategies at School A aimed at prevention of substance abuse? If so, explain briefly.
5. What kind of parental support does the learners receive concerning substance abuse?
6. Is there sufficient policy directive from the National DoBE with regard to the procedure to be followed when substance abuse occurs?
7. How involved is the school support team with matters related to substance abuse?
8. What support does the school get from outside services, like the South African Police Services or any other psychological government services with regard to substance abuse at school?
9. Is the learners Code of conduct and Disciplinary policy adequate in regulating this type of learner misbehaviour?
10. What does the learners Code of conduct and Disciplinary policy state regarding substance abuse in your school?
11. What does the school do to prevent substance abuse?
12. How does School A intervene when a learner who abuses substances is identified?
13. What does the school do to prevent a learner who abused substances and was treated from regressing?
14. What are the effects of substance abuse on the learner and the school?
15. What are your views on the legal prescripts regulating substance abuse at schools?

The Focus group guide for LO team was followed by a discussion on the questionnaire that was used to gain information on the research problem.

5.5.5 Questionnaire

The questions were compiled to gather relevant, reliable information relating to the problem that was being investigated. I compiled questions that were easy to understand. In my initial draft of questions, I found certain questions that were ambiguous and/or unnecessary and these were removed. The questions were formulated in a direct and concise manner so that the participants were able to understand them. I worded the questions in a neutral manner, not urging participants to answer in a particular way. The questions were set in a random order. These questions were then tested at the pilot study stage before I e-mailed it to the participants (cf. section 5.6).

I held a short informative meeting with the members of the school governing body as well as the peer counsellors via Zoom, informing them that the questionnaire would be e-mailed to

them and that they would have a few days to complete it and e-mail it back to me. The questionnaire was e-mailed to nine members of the school governing body as well as the ten peer counsellors in order to gather data on the extent of the substance abuse problem at School A and the measures used to address the problem at school. I gave an identical questionnaire to each member of the school governing body. A different questionnaire was used for the peer counsellors.

The questions posed to the members of the school governing body were aimed at investigating and evaluating the measures used by the participant school for prevention, intervention and regression-prevention of substance abuse amongst learners. The substance abuse problem as experienced by the learners at School A is regarded as an extension of the substance abuse dilemma present in the community, therefore the data that was extracted from the members of the school governing body had a bearing on the realisation of objective 3.

Questionnaire for the school governing body members

I sought to gather information from the school governing body with the following questions:

Biographical information

Age	
Gender	
Work experience (Years)?	
What is the highest level of education you have completed?	

1. What is the extent of substance abuse in School A?
2. What are the prevailing causes of substance abuse in School A?
3. Which type of substance/s are commonly abused in School A?
4. Where is the source of the illegal substances that are prevalent in School A?
5. What are the consequences of substance abuse for the learners at School A?
6. Does the school governing body play a role with regard to prevention of substance abuse in School A?
7. Are the current prevention measures in School A effective? Explain.
8. What are your views on the legal prescripts regulating substance abuse at schools?
9. What do you recommend should be done to address the substance abuse situation in School A?

10. Are the available rehabilitation facilities for the learners who abuse substances adequate? If not, why?
11. At School A, is there any form of staff development on substance abuse?

Questionnaire for peer counsellors

The peer counsellors were asked the following questions:

Biographical information

Age	
Grade	
Years as peer counsellor	
Number of substance abuse cases dealt with	

1. What is the extent of substance abuse in your school?
2. What are the prevailing causes of substance abuse in your school?
3. Which type of substance/s are commonly abused by learners?
4. What support do the learners get from their friends in trying to overcome substance abuse?
5. What help can you offer these substance abusing learners?
6. What is your view on the effectiveness of the current prevention measures in the school?
7. What is the common age group of learners who abuse substances?
8. What do you recommend should be done to address the substance abuse situation in the school?
9. Are the available rehabilitation facilities for learners in the community who abuse substances adequate? If not, why?
10. How are the peer counsellors effective in assisting these substance abusing learners?
11. How effective are the substance abuse education programmes at School A?

The pilot study is explained in the next section.

5.6 Pilot study

The view of Bertram and Christiansen (2014:49) that the research instruments should be pilot tested with a small group was followed. A pilot study was carried out in this research so that questions could be tested and amended if the need arose. The research participants were selected according to research needs. During the pilot study, a pre-test of the interview

questions was held with a few learners and members of the SMT. The six learners were aged between 14 and 17 years. The site chosen for this pilot study was comparable to the actual research site as it was a girls school with very similar school population demographics. In the pilot study, I noted the time that was required to conduct the various interviews. The prepared interview questions for the principal, members of the SMT and the learners were unambiguous and did not need reorganizing. It became evident that the learners wanted to express their desire for help regarding substance abuse, therefore questions were included in the interview guide for learners to accommodate this desire. Learners in the pilot study found question nine's instructions unclear; I then had to explain in greater detail what needed to be done to answer this question in the actual interview.

5.7 Trustworthiness of the research

In qualitative research the researcher should ensure the research is trustworthy. Tappen (2011:153–161) emphasizes the following criteria to ensure trustworthiness, namely credibility, dependability, confirmability and transferability.

5.7.1 Credibility

Lincoln and Guba (1985, cited in Amankwaa 2016:1) infer that credibility refers to confidence in the truth of the finding which will be ensured by an accurate representation of data (Smit 2012). A study is deemed credible when the researchers have correctly and richly described the phenomenon in question (Schurink *et al.* 2011:419). I ensured credibility by asking the same questions to all the participants during their interviews. Further, I kept a reflective journal in which I recorded notes and other daily occurrences regarding my research. I also used member checking to validate the authenticity of the accounts that were given.

Triangulation helps the investigator to reduce bias and it cross examines the integrity of participants' responses (Anney 2014:6). There are three major triangulation techniques as described by Denzin and Lincoln, Lincoln and Guba, Patton, Phillimore and Goodson, (in Anney 2014:6), which are investigator triangulation, data triangulation and methodological triangulation. I did not use investigator triangulation that makes use of multiple researchers to investigate the same problem. I utilised data triangulation, which uses different sources of data, such as interviews, focus groups and questionnaires. It further includes obtaining data from different informants (in this case the principal, SMT members, LO team, parent governors, peer counsellors and learners) to improve the quality of the data. The final triangulation technique

is known as methodological triangulation and it uses different research methods. I did not apply this technique since I did a pure qualitative study.

Triangulation allowed me to identify and describe the phenomenon accurately, thus ensuring the credibility of this study and enhancing the trustworthiness of this research.

5.7.2 Dependability

According to Lincoln and Guba (in Amankwaa 2016:2) dependability indicates that the research findings are consistent and could be repeated. According to Bitsch (2005, cited in Anney 2014:7), dependability refers to the constancy of findings over time. Dependability involves participants assessing the findings and the interpretation and recommendations of the study to make sure that they are all supported by the data received from the informants of the study (Cohen *et al*. 2011 Tobin & Begley 2004, cited in Anney 2014:7).

Dependability evaluates the accuracy of the research and assesses whether or not the findings, interpretations and conclusions are supported by the data (Lincoln & Guba in Amankwaa 2016:3). The dependability of my research was ensured through a research process that was rational, well documented and reviewed.

The school principal and the learner participants were each given a copy of their transcribed interviews and the members of the SMT and the LO educators the transcript of the focus group discussions so that they could confirm the accuracy thereof. The selected members of the school governing body and the peer counsellors answered questionnaires. Babbie and Mouton (2012:276–277) refer to this as "member checking" and this allows a researcher to go back to the participants to verify authenticity of information. Member checking is regarded as a technique for instituting the validity of an account. This strategy increases data dependability as participating learners, members of the SMT, members of the school governing body, LO educators, the school principal and peer counsellors were in a position to either confirm or disapprove the interpretations made. To reinforce the dependability of the interpretations, I made every attempt to remain objective and not to let my position as insider researcher influence the interpretations of the responses.

Bowen and Li (cited in Anney 2014:7) extrapolate that an audit trail entails an examination of the inquiry process to validate the data, whereby a researcher explains all the research decisions and activities to show how the data was collected, recorded and analysed. Guba and Lincoln (in Anney 2014:7) explain that in order for an auditor to conduct a thorough audit trail the following documents should be kept to enable the verification of the inquiry process: raw data,

interview and observation notes, documents and records collected from the field, test scores and others. In this research, I kept the original data safe for an audit trail as follows:

1. Written application (specific application form) for permission from the Head of Department: Basic Education: KZN to conduct research (Appendix A).
2. Written permission from the Head of Department: Basic Education: KZN (Appendix B).
3. Written permission from the Ethics Committee of UNISA to conduct research (Appendix C).
4. Letter requesting permission from the principal to conduct research at the school (Appendix D).
5. Permission Form from the principal that research may be conducted at the school (Appendix E)
6. Letter requesting participation and consent from the principal (Appendix F).
7. Example of the consent form for the principal (Appendix G).
8. Letter requesting participation and consent from SMT members (Appendix H).
9. Example of the consent form for the SMT members (Appendix I).
10. Letter requesting participation and consent from LO team (Appendix J).
11. Example of the consent form for the LO team members (Appendix K)
12. Letter requesting participation and consent from the parent governors (Appendix L).
13. Example of the consent form for the parent governors (Appendix M).
14. Letter requesting learner participation and consent from parents of underage learners that their child may participate (Appendix N).
15. Example of the Consent form for the parents (Appendix O).
16. Letter requesting learner participation and assent from underage learners (Appendix P).
17. Example of the Assent form for the learners (Appendix Q).
18. Letter requesting participation of the school counsellor (Appendix R).
19. Example of the Consent form for the school counsellor (Appendix S).
20. Letter requesting participation and consent from peer counsellor (Appendix T).
21. Interview guide with the school principal (Appendix U).
22. Interview guide with learner participants (Appendix V).
23. Questionnaire schedule for the focus group with members of the SMT (Appendix W).
24. Questionnaire schedule for the focus group with members of the LO team (Appendix X).

25. Questionnaire for Parent governors (Appendix Y).
26. Questionnaire for Peer counsellor (Appendix Z).
27. Researcher's Confidentiality Disclaimer given to all participants (Appendix AA). My supervisor who oversaw my research is well versed in mentoring qualitative research projects.

Following the discussion on dependability and the audit trail, I endeavoured to discuss confirmability of the study.

5.7.3 Confirmability

Confirmability refers to the degree to which the results of a research could be confirmed or corroborated by other researchers (Annie 2014:8). Annie (2014:8) further states that confirmability establishes data and interpretations of the findings which are based on the data and confirmability of a qualitative study can be achieved via an audit trial, reflexive journal and triangulation. According to Lincoln and Guba (in Schurink *et al.* 2011:421), the researcher must query whether the findings of the study could be confirmed by another study. This can be achieved by establishing whether there are general findings, that could be confirmed by another study. As already mentioned, multiple data collection methods (literature study; individual, semi-structured interviews with the school principal; a focus group with members of the SMT; a focus group with the LO team; a questionnaire for governing body members and peer counsellors and interviews with adolescent girl learners (grades 8–12) who have been involved in substance abuse) were used in this study to eliminate any researcher bias, and therefore ensured that the findings were reliable. Rule and John (2011:107) affirm that confirmability is a measure used to prevent researcher bias. Similar studies at the participant school would be able to confirm results attained from this study.

5.7.4 Transferability

Transferability implies that the research can be transferred from a specific situation or case to another (Schurink *et al.* 2011:420). Transferability refers to the extent to which findings can be transferred to other settings (Polit & Beck 2012:539). In qualitative research this means transferring the "generalisation" of the findings from the sample to the research population (Babbie & Mouton 2012:277), in this case School A's population. The selection of information-rich participants and the use of purposeful sampling ensure transferability (Tiwani 2010:90). Therefore, the learner participants were equipped to give applicable information about the

research topic. They were able to divulge this information by relating their personal experience of substance abuse at School A.

Thick description allows decisions about how well the research context fits other contexts, i.e. a rich and extensive set of aspects concerning methodology which should be included in the research report. Thick description assists other researchers to repeat the study with similar conditions in other settings (Li 2010, cited in Anney 2014:7). A strategy that can be engaged to facilitate transferability is thick description (Lincoln & Guba in Amankwaa 2016:3). Thick description is described by Lincoln and Guba (in Amankwaa 2016:2) as a way of accomplishing a type of external validity. By describing a phenomenon in enough detail one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Amankwaa 2016:2).

The principal was able to impart valuable input on the following research sub-question: What are the South African legal prescripts to consider when adopting measures for managing learner substance abuse? The legal prescripts could provide a high degree of congruence between the research context and other public schools which, according to Ritchie, Lewis, McNaughton and Ormston (2014:347), make the findings inferential "generalisable" or transferable.

5.8 Qualitative data analysis

Data analysis entails a quest for patterns in the data collected and for ideas that help explain why those patterns are there in the first place (Bernard & Ryan 2010:109). According to Engel and Scutt (2010:242) the process of data analysis is concurrent with the process of data collection in qualitative research. Data that is transcribed and analysed shortly after being collected will assist in notifying the researchers of aspects not properly explored in a previous interview and then to plan an intensive effort to explore these aspects should they surface in consecutive interviews. Qualitative research is characterized by an analysis of data before the process of data collection commences in that the researcher needs to have some idea of what type of data is required and what will be the best way to analyse the data. Qualitative data analysis involves preparing the data for analysis, conducting different analyses, moving further into understanding, representing and interpreting the data (Creswell & Creswell 2018:190). I regularly reflected on the data received, arranged it, and tried to discover emerging patterns.

5.8.1 Steps in qualitative data analysis

Schurink *et al.* (2011:403) maintain that data analysis can be conducted according to specific steps. These steps, which serve as a guideline to the process of qualitative data analysis, include preparing and organising the data, reducing the data and visualising, representing and displaying the data.

5.8.1.1 Preparing and organising the data

The process of preparing and organising the data consists of planning for the recording of data, data collection and preliminary analyses, managing the data and reading and writing memo's (notes).

Planning for the recording of data: Before data collection commenced, I used colour coding of notes for data analysis, for planning further data collection and writing my final conclusions (Spencer, Barnard & Snape 2014:279).

Data collection and preliminary analyses: I used triangulation by following both the field and office approach when conducting data analysis during data collection in order to ensure that this study was trustworthy. The field approach involves data analysis in the field during data collection while the office approach involves data analysis away from the field following a period of data collection which may be conducted between visits to the field, prior to, as well as after the completion of data collection (Gibbs 2007:1–2).

Managing the data: Labuschagne (in Bowen 2009:28) states that the analytic procedure entails making sense of and synthesising data contained in documents. Document analysis yields data that are then organised into major themes, categories, and sub-categories specifically through content analysis. Data is organised into computer files and converted to appropriate sentences and into the entire story for analysis (Schurink *et al.* 2011:408).

Reading and writing memo's: In reading through the data, I was able to edit marginal issues to ensure the field notes were more reliable and adaptable. Schurink *et al.* (2011:409) refer to reading through the data to become more familiar with it.

5.8.1.2 Reducing the data

The following three processes unfold, namely generating categories and coding the data, testing the emergent understandings and searching for alternative explanations and interpreting and developing typologies.

Generating categories and coding the data: In this study, there were verbatim accounts of conversation, transcripts and direct quotations, which were important data as they indicated the thought process of the participants. I followed the process suggested by Bogdan and Biklen (2007:173) on categorisation and coding to reduce the data. I searched through my data for regularities and patterns and then identified coding categories by writing down words and phrases that represented my topic of study. The report of the results was presented in a descriptive form, maintained by direct quotations from the raw data. These coding categories provided a means of sorting the descriptive data that was collected so that the relevant material could be used.

Testing the emergent understandings and searching for alternative explanations: Kreuger and Neuman (2006:452) suggest that before coding is undertaken, the researcher must search through the data in order to understand the complex links between the various aspects of people's mental processes. Researchers determine how well the data illuminates the research problem and which data is central to the story that is unfolding regarding the selected phenomenon (McMillan & Schumacher 2010:476).

Interpreting and developing typologies: To achieve this phase of the research the data collected was analysed with a view to identifying topics, themes and categories. Interpretation involves making sense of the data (Schurink *et al.* 2011:416). The focus group discussions, individual interviews with the participant learners and the principal were recorded and transcribed. I also made field notes of the observations during the interviews and focus group discussions to assist with the analysis and gain a better understanding of the participants and their reactions towards each other. A typology is a conceptual framework in which occurrences are categorised according to their common characteristics (Schurink *et al.* 2011:416). At this point I tried to draw an underlying sense of meaning in the data.

5.8.1.3 Visualising, representing and displaying the interpreted, analysed data

This is the final step in the process of presenting, analysing and interpreting analysed data. This relates to the presentation of the data in the text, in terms of the themes or categories in the study (Schurink *et al.* 2011:419). In this study, after completing phase one, which was the collection of data from the members of the SMT as well as the participant learners regarding their experiences in relation to substance abuse, I continued with phase two of the research. This comprised the constituting elements of a strategic framework for managing substance

abuse amongst adolescent learners in girls schools. A strategic framework for the participant school was then developed.

5.9 Ethical considerations

McMillan and Schumacher (2010:338) declare that research in education includes people, and it is therefore important that ethical and legal responsibilities prevail when educational research is undertaken. Ethics refers to appropriate behaviours and processes that are needed for the researcher to conduct research. Permission to undertake this research study was obtained from the KZN DoE. I obtained an ethical clearance certificate from the Ethics Committee of the University of South Africa (cf. Appendix C).

McMillan and Schumacher (2010:421) emphatically state that informed consent means that each participant in the study is informed of the purpose and assured of the confidential nature of the study. Participants should be allowed to either give or refuse consent and participation must be free of any form of coercion (Springer 2010:93). Strydom, Fouché and Delport (2011:117) maintain that informed consent and informed assent in the case of minor participants should be adhered to. The main aspects of the study were addressed in the information letter of which each participant received a copy (cf. section 19).

I gave the participants a detailed explanation of the purpose of the research and obtained informed consent from the participants. The reason, advantages and disadvantages of the study was explained to the learners in an understandable manner and their informed assent was gained. I informed the participants that they were selected as they met the set requirements for the research study. The participants were informed about the nature of the research and they could withdraw from the study if they wished due to personal reasons. In this study, all participants were made aware of the topic of research and their participation was purely voluntary. In this study, the participants were informed about the methods that would be employed. The methods were individual interviews with the learners as well as the principal, a focus group discussion with the members of the SMT and the LO educators, questionnaire with members of the school governing body, peer counsellors, and document analysis.

All participants were assured of complete confidentiality with their names remaining anonymous. This was to ensure participants that their privacy was protected and to prevent them from being labelled by other learners, thus reaffirming their self-esteem and their levels of confidence. All the necessary protective measures regarding ethical considerations such as avoidance of harm to the participants, gaining the informed consent of the participants and

respecting the confidentiality of the participants were taken to ensure that all the participants decided for themselves the extent to which their beliefs, attitudes and behaviours would be exposed (McMillan & Schumacher 2010:420).

Research cannot be ethical if it is not of some benefit to the participants. The Stanford Encyclopaedia of Philosophy (2019) explains that the beneficence principle entails that the participants in a research should be those who must reap the benefit of the research findings. In this research School A received feedback on how it complied with respective South African laws and policies and on the efficiency of its existing strategic approaches to prevention and intervention in regard to substance abuse. The participant school received a customised strategic framework for managing substance abuse and the school management benefitted because I introduced them to positive and remedial ways of managing learners who were involved in substance abuse. I presented the participant school with new and innovative ideas on how to assist learners who cannot afford privately owned in-house drug rehabilitation.

5.10 Chapter 5 conclusion

In this chapter, I explained the use of a qualitative research approach as well as the research design methods. This was achieved through reference to data collection methods and sampling, data analysis and trustworthiness. A purposeful sample of participants enabled me to obtain in-depth information on the research topic. Once the participants were identified, measures to ensure the trustworthiness of the research and ethical measures were explained to them. I further discussed the development and application of the data collection instruments. In the next chapter the collected qualitative data is presented and interpreted.

CHAPTER 6: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

6.1 Introduction

In chapter 5 the data collection process and implementation were expounded and the following aspects, viz. sampling, data collection and data processing, trustworthiness, data analysis, and ethical considerations were discussed. Theoretical objective 1, which entails the review of current trends regarding prevention, intervention and regression-prevention strategies for the management of substance abuse in schools, is covered in chapter 4. In chapter 2 theoretical objective 2 was fulfilled; there was an exploration of the legal prescripts that needed to be considered when strategies were to be adopted to manage learner substance abuse in schools. The intention of this chapter is to present and interpret the rest of the data that was derived from the individual semi-structured interviews, focus group discussions and the questionnaires (cf. Table 1). In this chapter the data is presented in accordance with the empirical objectives of the study, viz. objectives 3–4 (cf. section 1.5.2).

6.2 Biographical data

The biographical data for the parent governors and the peer counsellors in the participating school is presented in Table 3 and Table 4 below.

Table 3: Biographical data for parent governors of School A

Participant	Age	Gender	Work experience	Highest level of education completed
Parent governors Parent 1	43 Years	Female	20 years	Degree
Parent governors Parent 2	54 Years	Female	31 years	Diploma
Parent governors Parent 3	58 Years	Female	34 years	Academic and professional qualification
Parent governors Parent 4	55 Years	Female	29 years	Academic and professional qualification
Parent governors Parent 5	44 Years	Male	16 years	Post-graduate diploma
Parent governors Parent 6	44 Years	Male	20 years	National Senior Certificate
Parent governors Parent 7	45 Years	Female	21 years	Degree
Parent governors Parent 8	42 Years	Male	18 years	Degree
Parent governors Parent 9	43 Years	Female	20 years	Diploma

Table 4: Biographical data for peer counsellors of School A

Participant	Age	Grade	Years as peer counsellor	Number of substance abuse cases dealt with
Peer counsellor 1	16 Years	Grade 11	1 year	3 cases
Peer counsellor 2	16 Years	Grade 11	1 year	1 case
Peer counsellor 3	17 Years	Grade 11	1 year	2 cases
Peer counsellor 4	17 Years	Grade 11	1 year	2 cases
Peer counsellor 5	17 Years	Grade 12	2 years	5 cases
Peer counsellor 6	17 years	Grade 12	2 years	4 cases
Peer counsellor 7	18 Years	Grade 12	2 years	6 cases
Peer counsellor 8	17 years	Grade 12	2 years	5 cases
Peer counsellor 9	18 Years	Grade 12	2 years	7 cases
Peer counsellor 10	18 Years	Grade 12	2 years	6 cases

It is evident that most of the peer counsellors can be regarded as experienced with regard to dealing with substance abuse cases.

6.3 Measures that the participant school use for prevention, intervention and regression-prevention of substance abuse

This investigation was undertaken by firstly completing a literature review on current trends regarding prevention, intervention and regression-prevention strategies for managing substance abuse in schools (objective 1). The insight gained from the literature review was then used to inform the questions that were posed to learners who were involved in incidents of substance use and their views on prevention, intervention and regression-prevention of substance abuse amongst learners was then sought. Below I exhibit the data that was gathered.

The six learners whom I interviewed individually have been involved in incidents of substance abuse at School A. These learner participants have imparted various reasons for their involvement in incidents of substance use. A discussion of the factors that prompt learners to engage in substance abuse follows below.

6.3.1 Risk factors

Primary measures aimed at prevention of an introduction of substance use in an adolescent's life are discussed in section 4.3.3 on the public health theory. Risk factors such as peer pressure,

home circumstances and poor parenting, depression, a low self-esteem and mental health issues, academic requirements and accessibility to drugs are discussed below.

6.3.1.1 Peer pressure

The literature review extrapolates that peer pressure as a risk factor results from adolescents allowing themselves to be coerced by learners in their age group to act in a particular way so that they can fit in. Adolescents succumb to peer pressure because they do not want to be the odd ones out or labelled as losers. The pressure to fit in and avoid being an outcast is overwhelming for the adolescents, and it is easier for them to join in with their peers. Adolescents will go to almost any length to feel like they belong, to bond with and form peer relationships, and to avoid experiencing peer group rejection (cf. section 3.5.2). Learner 6 listed peer pressure as the main factor that persuaded her to start taking substances, she stated, "All of my friends were doing it. I did not want to be the odd one out. Like I was a loser." Learner 1 reiterated the power of peers by stating, "It is believed in friend groups that if you don't do what the rest are doing then you will be considered an outcast." Learner 2 was also influenced by the peer group as she said she did drugs because she "…wanted to be cool." Learner 4 alluded to the fact that smoking takes place with friends, as she declared, "Most of my friends smoke together." Learner 3 said "Because my friends tried it and it made them cool, so I wanted to try it also." She added, "My friends always forced me to try out new things." Learner 3 listed peer pressure as the second most applicable risk factor that led her to take drugs.

Nine out of ten peer counsellors have alluded that peer pressure is a reason that learners take drugs. Peer counsellor 3 said, "trying to impress your friends or doing it because your friends are doing it." Peer counsellor 4 also indicated that learners do drugs as it is "seen to be cool and to fit in." Peer counsellor 7 affirmed peer pressure as a risk factor when she stated, "I think a big one is peer pressure. When they see their friends do it and they feel as if what they're doing is right and they do it so that they can fit in and not feel left out." Peer counsellor 10 referred to peer pressure as a risk factor for substance abuse, when she said, "It is peer pressure or wanting to impress others to like you." Peer counsellor 6 talked about "Peer pressure and wanting to keep up with trends, feeling left out, hearing other people brag about it." Peer pressure is a very real risk factor which contributes to substance abuse as expressed by the peer counsellors who have first-hand experience with helping learners who abuse substances (cf. section 3.5.2).

Five out of the nine parent governors have indicated peer pressure as a substantive risk factor to substance abuse. Parent 4 said, "The learners want to see how it feels as there is a lot of peer pressure

involved." Parent 5 spoke of peer pressure as being "negative peer pressure" which added to the problem of substance abuse. Parent 6 revealed that "In the past peer pressure was the major cause of substance abuse." The other two parents merely listed peer pressure as being a risk factor for substance abuse. The peer cluster theory (cf. section 3.2.4) demonstrates the strong correlation between substance abuse and peer influence. In terms of the peer cluster theory, the involvement of family members, peers and the school in the prevention of substance use is crucial.

Two out of four LO educators referred to the influence the peer group had on the learners and on their belief that they need to use substances to fit in. LO 1 emphasised that learners should "have a good group of friends, who will be a positive influence." The power and influence of peer groups is inevitable, that is why LO 1 suggested that learners surround themselves with positive friends and role models, thus reducing the chances of them falling into the trap of substance abuse and negative peer influences. LO 4 mentioned that it was, "…peer pressure that has pushed them towards substance abuse." Peer pressure impacts on the peer group and influence learners to engage in incidents of substance abuse (cf. section 3.5.2). The cognitive behavioural model (cf. section 4.5.1) asserts that peers make learners who abuse substances think that it is acceptable to take these substances. Using this model, educators could use positive peer pressure to engage a learner in good behaviour and steer him or her away from substance abuse.

All participants identified peer pressure as a risk factor, confirming the literature (cf. section 3.5.2) that peer pressure is a very real risk factor for adolescents who use or abuse substances.

6.3.1.2 Home circumstances and poor parenting

The literature review supports that the variables that exist in one's home and family situation (cf. section 3.5.4) have a direct impact on adolescents' substance abuse. This has been reiterated by the participants of this study. High risk families are those in which parents abuse substances. Alcoholic or substance abusing parents are poor role models and commonly lack nurturing, parental love, and care for their children. This neglect can lead their children to seek solace in the escape that they think substance use can provide.

Peer counsellor 6 referred to "home problems" that led learners to abuse substances. Peer counsellor 10 cited issues at home as a risk factor for substance abuse as she said, "Some use it as an escape for what they are going through at home or internal issues." Parent 2 stated that "The surrounding environment could be a problem. This may refer to the home or where a scholar resides." Peer counsellor 2 said, "stress from home is a cause for drug abuse." Peer counsellor 5 stated, "Some learners come from

broken families and use substances as a coping strategy to escape reality, while others use it to numb the emotional pain and abuse." Peer counsellor 1 spoke of a "lack of family involvement" as a risk factor which leads learners to abuse substances. Learner 1 indicated that there was a lack of parental involvement when she said, "Parents are not really caring about what their children are dealing with." This indicated that Learner 1 felt that she was alone in whatever she was dealing with. Parent 3 explained that substance abuse by learners took place because "…there is a lack of parental supervision and loneliness." Parent 5 revealed that a "lack of adult supervision and substance abuse by adults in the home" leads to substance abuse as the role models at home were setting a poor example by delving into substances themselves (cf. section 3.5.4).

It is evident from the input of the above peer counsellors that their views are in line with the literature review where it was found that learners who came from homes where there was poor parenting and where parents themselves are substance abusers, are more inclined to engage in substance abuse, as opposed to learners who came from loving, caring homes with attentive parents (cf. section 3.5.4). The family-based therapy model (cf. section 4.5.1) will be a suitable treatment model to address this risk factor because it focuses on the role of family, poor parenting and the type of family background that the learner comes from and which has an impact on influencing substance abuse. This model highlights the importance of a family and good family values in a learner's positive development.

It is clear that the parents who participated in this study are aware that the positive interaction at home between the parents and their daughters plays a critical role in determining whether their daughters engage in substance abuse or not. Parental supervision was emphasized and the role played by parents as good role models was also highlighted in the literature review (cf. section 3.5.4). Furthermore, interventions such as the RAD-PAL (Reducing Alcohol and Drug use and other Problem behaviour in Adolescent Learners) (cf. section 4.5.1) emphasizes that caregivers should be included in interventions. LO 1 stated that the role parents play in the lives of their daughters would determine their daughter's behaviour in relation to substance abuse: "Some come from tight-knit families, where parents are involved, they then get advice, guidance, discipline, etc. Others come from families where they are left to their own devices, resulting in no rules, no guidance, no supervision etc." Learner 3 showed that she was lonely and often left unsupervised as she declared "My parents are always working so I am always at home alone."

Learner 4 also spoke of being left alone as her parents are away at work a lot as she said, "My parents are working all the time." Learner 5 showed a sense of abandonment as she iterated "My parents don't care about me." This sense of not being cared for and loved has led to Learner 5 delving

into substances. She does not value her life due to a lack of validation from her parents and love for her. LO 3 further iterated the importance of having supportive parents who shared in their daughter's life. She remarked, "I don't think parents are supportive enough. I think in many cases parents abuse certain substances themselves and it is an unfortunate cycle that is being repeated. Learners should have anti-drug and anti-alcohol talks at home before being sent to school. Education starts at home."

LO 4 stated "I have noticed in most cases, the parent component is absent in this regard. With the majority of learners coming from broken homes, this becomes increasingly difficult. Most parents also tend to be in denial as they do not wish to face the reality that their child engages in such practices as they are fearful as to what people may say about their child if their habits become public knowledge." Learner 6 felt "My parents are too busy in their own lives." She felt left out and she does not feel part of the family unit as her life is separate from that of her parents. Being left out and not feeling part of the family unit has been the third most applicable factor to Learner 6 for taking drugs.

LO 3 also spoke of learners who abuse substances as it is accepted behaviour by adults at home to abuse substances. Learners from these environments lack proper guidance and schooling in their homes on correct behaviour. The literature review (cf. chapter 3, section 3.5.4) brought to the fore that the risk of their children using substances increases in a family environment where parents use substances. From the above data it is evident that the views of the LO team on the role of home and parents denote that adolescents' substance abuse is caused by careless parents who set bad examples and who make home a harmful environment. The behaviour model (cf. section 4.5.1) is applicable here as it assumes that the environment that the child is in impacts on the child's behaviour. In my strategy I considered the family-based therapy model which focuses on remediating the family risk factor, i.e. a dysfunctional home that is characterized by substance abusing parents as best suited to these learners.

The National Policy on Drug Use in the literature study (cf. section 2.5) affirms that schools should inform parents when their child has engaged in substance use, which compels parents to play an active role in correcting this behaviour. The Child Justice Act (cf. section 2.5) speaks of the role of family in providing family care as part of the substance abuse treatment programme. This corroborates the above views of the participants about the critical role that family plays in helping children to steer away from the lure of substance abuse. It is evident from the views portrayed by the participants that a dysfunctional home where parents use substances does present problems for the adolescent who needs help to overcome a substance use addiction.

6.3.1.3 Risk factors related to mental health issues

Some participants identified general mental health problems as a risk factor. Peer counsellor 1, for example referred to "…mental health issues" and Peer counsellor 6 to "…bad mental health (sic)" as causes why learners abuse substances. Peer counsellors 8 and 9 were more specific and attributed substance abuse to the various stress levels and depression that the learners experience. Peer counsellor 9 stated that "…some use drugs to self-medicate from painful feelings. Also depression among many learners so they take the pills of their friends, the ones the doctor gave to their friends for anxiety. They call these pills the 'happy' pills." It is evident from the views of Peer counsellor 9 that it is common for learners to abuse prescription (legal) drugs that are not prescribed to them to self-medicate their depression (cf. section 3.3). Parent 3 mentioned loneliness which led to learners resorting to using substances. Feelings of loneliness as mentioned by Parent 3 can be a contributory factor to depression (cf. section 3.5.1).

Another individual mental health issue, which several participants identified as a risk factor, is a low self-esteem. Learner 1 indicated that because of her low self-esteem (which she listed as the number 1 risk factor most applicable to her) she "looks for an escape" and that steered her to drugs. Learner 5 placed a low self-esteem as the second most applicable risk factor to her. Some of the parent participants such as Parent 3 and Parent 9 likewise indicated a low self-esteem as a risk factor. Parent 9 felt that learners "…turn to substance abuse (sic) to make them feel … more confident of themselves." This confirmed that due to a low self-esteem, learners lack confidence and turn to drugs to feel good.

Learners, peer counsellors and parents all identified the lack of individual emotional coping mechanisms as risk factor. Peer counsellor 3 and Peer counsellor 4 both alluded to the fact that learners use drugs as a mechanism to help them cope, escape their problems and make them happy, albeit temporary. Peer counsellor 3 said "…I also think that some take drugs because they can't express their feelings so they want happiness for that moment to try and forget their problems. Due to problems that they can't solve, so they use drugs as their source of happiness." Parent 9 felt that learners "…turn to substance abuse to make them feel good." These views are confirmed by Learner 5 who signals that she abuses substances to escape her reality. She describes her reality as a boring life that she hates so much that she considers suicide to escape from it.

A low self-esteem and psychological disturbances combined with other risk factors increase the risk of substance abuse (cf. section 3.5.3). The medical model (cf. section 4.5.1) assumes that mental health conditions could be classified and treated just like physiological conditions are diagnosed and treated. The medical model as well as the pharmacotherapy model (cf.

section 4.5.1) expound that substance abuse can be properly diagnosed and treated with medication. Learner profiles and support programmes would assist in the correct diagnosis and treatment of substance abuse as indicated by the SIAS (cf. section 2.4). Other treatments together with medical treatment should be preferred and pure medical treatment alone should be avoided. Irrespective of the type of treatment, the school is not absolved from providing support when a learner is referred for treatment (cf. section 2.4).

6.3.1.4 Stress in relation to academic performance

The literature review brought to light that adolescents who experienced stress could engage in substance use to feel less anxious (cf. section 3.5.1) as has been affirmed by learners 1, 3 and 6. Learner 1 acknowledged that she consumes weed, ecstasy, cocaine and lean. She confessed, "The frustration of not reaching the levels that your parents want and then bringing you down because of it." Learner 1 felt pressure based on her parents academic expectations of her and her feeling she let them down, led to her initiating use and later abuse of substances. Learner 3 admitted that she smokes during exam time because it makes her feel better and help her cope with exam stress. Learner 6 likewise professed "I am not very strong with my academics and smoking weed helps to take away the stress."

The views of peer counsellors 2, 6, 8 and 9 that academic pressure is a risk factor for substance abuse confirm the learner participants' views and what was established in the literature review, namely that some adolescents who consume substances do so to cope with the pressure to improve their schoolwork and school results (cf. section 3.5.3). According to Peer counsellor 8 and Peer counsellor 9, learners' inability to cope with academic pressure makes them rebellious and therefore puts them at risk to start using or abusing substances. The individual therapy model (cf. section 4.5.1) may be most suitable to help these learners cope with school stress because it allows the individual learner to reflect on the experiences that have led to substance use. This could help the learners who find themselves abusing substances to regain good mental health and to desist from addictive behaviour.

The behaviour model (cf. section 4.5.1) finds application in instances where learners use or abuse substances in order to cope with academic pressure because its focus is on replacing unwelcome, self-destructive learner behaviour with more positive behaviour. Teaching learners positive coping skills could show them less destructive ways to cope with academic pressures. Combining that with support from parents who set realistic academic expectations in line with

their daughter's ability levels will go a long way to help learners to make more positive choices and move away from destructive behaviour.

6.3.1.5 Accessibility to drugs

School in general is identified as a risk factor (cf. section 3.5.3) in the literature review as learners exit the safety of their home and family to enter the school environment. SMT 5 confirmed that in the case of School A, having to leave their homes to attend schools, make substances more accessible to learners: "More learners get large sums of pocket money. They take public transport, therefore they are more exposed to pedlars at bus and taxi ranks." SMT 5's view is very similar to that of the principal who mentioned that the taxi services aid in making drugs easily accessible to learners and drug pedlars are using learners as couriers to bring drugs into schools. She further stated that drug dealers who operate at the shops outside school also pose a risk to learners as they make it easy for learners to buy drugs. The easy accessibility to illegal substances makes substance use at School A a very real problem. Learners who are transitioning from primary school to high school (cf. section 3.5.3) are easy prey (cf. section 1.7.2) to the drug pedlars who operate on buses and taxis.

SMT 5 also talked of "teenage parties where drugs are easily available." The learner participants indicated that they consume various types of substances with their friends, either at parties, on the soccer grounds, at school or at home. The learners indicated that they got the substances, viz. weed, tobacco, ecstasy, cocaine, alcohol and anti-depressant tablets from a friend or friend group. Only one of the learner participants indicated that she got the substance from outside school, but she was with a friend. The literature review (cf. section 3.5.3) confirmed that the high school learners who have just transitioned from primary school (as well as existing high school learners) may have new experiences, which could lead to the onset of learners using substances. These experiences include greater availability of substances (on buses and taxis as well as in school), socializing with new friends who are into substance use and getting access to social outings (like parties, sporting events) where opportunities for substance use are ever present. SMT 5 considers this as a real risk factor.

The Regulations for Safety Measures at Public Schools (cf. section 2.3) states that all public schools are substance-free zones. However, this is not the case at School A as the principal has mentioned that taxi services use learners as couriers to bring drugs into the school.

6.4 Findings in relation to risk factors (objective 3)

The learners were given eight factors, which came to the fore in the literature review, as the main risk factors for substance abuse (cf. section 3.5). The factors listed were as follows: (A) substance abuse at home, (B) substance abuse in the community, (C) peer group pressure, (D) the perception that substance use gives one standing and increases one's popularity, (E) poor academic performance, struggling to cope academically, (F) a low self-esteem, (G) escape from daily routine and (H) a lack of parental supervision as parents are uninvolved. The learners had to rate these factors from the ones most applicable to them to the ones least applicable to them; they also had to provide a reason for each of their choices and were allowed to add any factor not listed.

Table 5: Learners' responses on risk factors

FACTORS	Learner 1	Learner 2	Learner 3	Learner 4	Learner 5	Learner 6
Substance abuse at home	8	5	8	5	1	8
Substance abuse in the community	7	4	5	2	5	3
Peer group pressure	5	3	2	6	8	1
The perception that substance use gives one standing and increases one's popularity	6	1	1	1	6	4
Poor academic performance, struggling to cope academically	4	6	6	8	7	2
A low self-esteem	1	7	7	7	2	7
Escape from daily routine	2	2	4	4	3	5
A lack of parental supervision as parents are uninvolved	3	8	3	3	4	6

Learners' perception that substance use gives one standing and increases one's popularity is mentioned as the most common risk factor for accepting substance use. Escape from daily routine and boredom is chosen by learners as another risk factor for substance abuse. The learner participants as well as the peer counsellors, parents and LO team regard substance abuse at home and poor parenting as risk factors that steer learners to substance abuse. The peer counsellors, parents, LO team as well as learners regard peer pressure as the reason for engaging in substance abuse. The parents, peer counsellors and learners named depression, a low self-esteem and mental health issues as contributory factors to substance abuse. Pressure to perform

academically is indicated as a factor that leads to learners abusing substances. The easy accessibility to drugs is indicated as a reason for substance abuse.

From the above it is evident that every listed risk factor plays a role in some way to encourage learners to get involved in substance use and/or abuse. The need to be popular and to have an increased social standing amongst one's peers is the most common risk factor that leads to substance abuse.

6.5 Effect of substance abuse on the learners and the school

The fact that substance abuse has a negative impact on learners' academic performance (cf. section 3.5.3) was confirmed by all the SMT members and the LO team as well as two of the parent governors. SMT 5 ascribed the decline of a substance abuser's academic performance to the fact that "the learner develops a poor work ethic and she is often absent or bunking classes." According to LO 3, academic performance suffers because the learner's priorities shift and "her schoolwork is not a priority" anymore, while Parent 2 was of the opinion that "the learners' capacity to keep their academics at a level to pass decreases as they have problems concentrating."

Another effect of substance abuse, e.g. bringing the school's name into disrepute, was also mentioned by the participants. The SMT is in agreement that learners who abuse substances bring the school's name into disrepute. SMT 2 commented that substance abuse "damages the image of the school." SMT 4 described the impact of substance abuse on the school as follows, "…the school gets a bad reputation as substance abuse is a bad reflection of (sic) the school." LO 4 also stated that "the reputation of the school also suffers and the community may lose faith in the school as being a safe learning environment."

SMT 3 stated that substance abuse could be the reason learners stop participating in the extra mural programmes at School A. These learners then lose out on a holistic school experience, which attributes to a poor self-image as SMT 3 has affirmed, "…they have a poor self-image and become very broody." Substance abuse can also lead to a change in the learner's mind-set and behaviour pattern resulting in them becoming bullies or displaying aggressive behaviour. SMT 5 averred, "…sometimes they become bullies. They bully other learners." LO 3 spoke about aggressive behaviour, indicating that "…the learner can display aggressive behaviour towards educators and other learners." It is evident that SMT 3, SMT 5 and LO 3 concurred that a poor self-image leads to bullying and aggressive behaviour.

Changes in a learner's personality brought about by substance abuse can lead to mental health as well as other general health issues. This is especially the case with regard to heroin, cannabis

and cocaine use. Heroin (cf. section 3.3) has the effect of being mind-altering, causing permanent neurological and neurocognitive deficits as well as other health problems such as tuberculosis and pneumonia. Cannabis use is associated with impaired cognition resulting in a lack in self-control, poor memory, slow memory recall and perceptual reasoning. The use of cocaine leads to irritability, mood disturbances, restlessness, paranoia and auditory hallucinations. Parent 2 maintained that substance abuse can cause "brain damage".

LO 4 linked a learner's engagement in theft with her substance abuse and her need to fuel her habit, stating "…the learner becomes addicted to such substances and this opens the door to theft for them (sic) to fuel their (sic) habits." The parents stated that the Code of conduct for learners and the school's Discipline policy (cf. section 5.5.2) dictate the disciplinary implications of this misbehaviour. Theft requires disciplinary action and can draw sanctions such as compulsory counselling, suspension or expulsion as expressed in the Code of conduct for learners and the school's Discipline policy.

The effects of substance abuse is linked to some of the factors that cause substance abuse to take place, e.g. anxiety to perform academically, a low self-esteem, depression and mental health issues. Thus, it is clear that the various types of substances commonly used such as cannabis, heroin, cocaine, opioids have both physical and psychological ill effects on the adolescent resulting in exacerbating the initial reasons that lead to substance use and abuse.

6.6 Prevention measures of substance abuse

Objective 3: To investigate and critically evaluate measures the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness. I used data from the literature study, which I have included in Chapter 3 for the evaluation of the legal compliance of the current prevention strategies used. A elaboration of the preventative measures used by School A follows.

6.6.1 Policy

All five members of the SMT regarded the Code of conduct for learners and Disciplinary policy adequate in regulating substance abuse as a type of learner misbehaviour. SMT 2 explained that as substance abuse increases, a more detailed offence category should be in place. SMT 3 alluded that the Code of conduct for learners and Disciplinary policy "should try and remediate, not only punish learners." SMT 4 agreed with SMT 3 that remediation, such as counselling should be the first step to help the learner. SMT 5 was happy with the protocols that were followed by

School A which are based on its Code of conduct for learners and Disciplinary policy. She inferred that the school's Code of conduct states

> …that possession, use, peddling of alcohol is a category 4 offence and this leads to suspension as a corrective measure. Possession, use, [and] peddling of illegal substances is a category 5 offence and this leads to suspension pending expulsion. It is important to note that a tribunal will be held to establish if suspension should be applied for both categories. However, if the decision to expel is taken, then this is ratified by the Director General of the KZN Education Department.

The Guidelines for a Code of conduct for learners requires that schools' codes of conduct for learners denote constitutional democracy and human rights, identify requirements of good behaviour for learners thus preparing them to be dependable people (cf. section 1.2). In relation to policy directives from the National DoBE with regard to the procedure to be followed when substance abuse occurred, SMT 2 alluded that the DoBE fails families by not being able to supply social and psychological support when needed. SMT 3 explained that "most DoBE policies offer theoretical procedures and box checking. They do little to nothing to put theory into practice." SMT 4 concurred with SMT 3 and added that the policies as derived from the National DoBE assume that parents can afford private counselling, which is often not the case. SMT 4 also discussed the inter-departmental support that the National DoBE relies on, but which is not realistic as it very often does not materialize. SMT 5 once again referred to the school's Code of conduct regarding substance abuse and concluded that it is in line with the DoBE's drug policy. She expressed her view as follows: "…when learners are caught abusing drugs at school, then all protocols are followed as per DoBE drug policy. The procedures included in the policy are sufficient."

The four LO team members commented on the legal prescripts with varied viewpoints. LO 1 referred to the school rules and the school Discipline policy and expressed that the levels given to the different types of offences were adequate. She purported that level 5 (highest level) given for substance abuse was justified. LO 2 concurred with LO 1. LO 3 stated that the legal prescripts were not strict enough. She felt that there should be a longer suspension for learners who abuse substances. Enrolment into a rehabilitative programme such as alcoholics anonymous and performance of community service should be mandatory. She felt that "learners over 18 years of age should be sent to jail like every other adult." LO 3 discussed the zero tolerance policy regarding substance abuse at school as expressed by the learners Code of conduct. She referred to the school's Disciplinary policy and Policy on smoking and drugs and said that these are adequate as they spell out the consequences for substance abuse in school.

LO 4 intimated that the legal prescripts were comprehensive and easy to enforce in the school environment. She explained that legal prescripts were "…quite extensive to cover the causes, identification of the behaviour and how to circumvent this behaviour." LO 4 concluded by saying that the legal prescripts could be easily accessed online.

Parent 1 was a proponent of strong, legal action that must be brought against the learner who brought the drugs to school. Parent 2 felt that in theory the legal prescripts "…are adequate but need to be enforced." She said that the learners must be made aware of the laws that they are contravening. Parent 3 explained that the legal prescripts were too general and "…need to be more specific in terms of e.g. use, peddling, bringing onto premises, etc." Parent 4 indicated that "…the learners Code of conduct together with disciplinary measures seems (sic) to be effective in controlling blatant use." Parent 8 and Parent 9 were in agreement with Parent 4 and added that legal prescripts are effective if followed up, if parents buy into them and the decisions taken by the school are supported by the DoBE.

The principal described the structures and procedures that are place in terms of the SIAS in relation to preventing substance abuse at School A as "…constantly monitoring learners' behaviours (sic). Follow up with information given by friends or other informants. Remind learners of the powers of [the] school to search property. Awareness campaigns by SAPS." She said that the "SIAS involves parents to seek professional help and remediation programmes. Also, involve [the] SAPS if necessary." At School A the implementation of the SIAS as a prevention strategy to substance abuse had involved the SBST. The Principal explained, "Unfortunately since we no longer have an internal social worker we have not been able to function as effectively as we would like to. The Head of Grades and the Deputy principal have carried this load with (sic) discipline and parental involvement". As a prevention measure, a learner identified as a potential or current substance abuser is referred to the SBST (cf. section 2.3). The SMT reports learners involved in substance abuse and learners who are in danger of falling prey to substance use to the SBST. The principal highlighted that the school does not have an internal social worker, and that the SMT must thus rely on parents' willingness and ability to assist.

SMT 1 proposed that there should be stricter measures for substance abuse. SMT 2 felt strongly that substance abuse would lead to the demise of humanity and social structures. SMT 3 indicated that the legal prescripts were effective. However, she said that follow up on learners would be problematic as "…educators have many roles to fill." SMT 4 agreed with SMT 3 that too much is left to the school to carry out. SMT 4 spoke of their lack of training in carrying out the requirements of the applicable legal prescripts for substance abuse. It is left to individuals to familiarise themselves with the legal prescripts via research so that they do not fall short of the

law. SMT 5 is a proponent of the policies being correctly implemented so that it would work. This would allow every learner to learn in a safe, drug free environment.

6.6.2 Drug testing and searches

Learner 1 commented that the measures present at School A to prevent learners from possession, consumption and distribution of substances are "They search learners. They do locker inspections. They do drug tests on certain learners." Learner 6 also revealed that the school uses searches to prevent substance abuse. Learner 1 and Learner 6 both iterated that searches and drug testing are used to prevent substance abuse. SMT 5 mentioned that the school searches of suspected learners' school bags or school lockers are conducted to confirm the presence of substances. As confirmed by SMT 5, School A conducts searches and drug tests to ensure that there were no drugs at school and that learners are not using drugs. The school's legal compliance with the prescripts in relation to searches and drug testing is discussed below.

The National strategy for Schools (cf. section 2.2) advocates that in order to detect substance use early, searches and drug testing must be conducted in schools. Section 3 of School A's Policy on Drug, Alcohol and Substance Abuse with the heading "Search and testing" reads "Drug testing and searches will be done when substance abuse or the possession of illegal substances is suspected." The learners confirmed that this policy is implemented at School A. In accordance with Devices to be used for Drug Testing and the Procedures to be followed (RSA 2008(c) item 2 (2.1.3),(a),(b),(c)(i),(ii), item 3 (3.6)), School A is legally compliant in the searching of school bags and school lockers when there is reasonable suspicion of the presence of illegal substances in bags or lockers. Further, the Regulations for Safety Measures at Public Schools states that no person may possess illegal substances on public school premises or enter the premises while under the influence of an illegal substance (cf. section 2.3).

Drug testing at School A is carried out in compliance with section 8A (11) of the Schools Act (cf. section 2.2), which indicates the devices to be used for drug testing and the procedures to be followed when there is reasonable suspicion that learners are using substances (cf. section 2.2).

6.6.3 The South African Police Services (SAPS)

The principal alluded that the SAPS helps the school with awareness campaigns for learners and staff. She discussed the role of the SAPS at School A and expounded, "They have run drug searches when there has been a problem. They have removed drugs off the premises if found by us. They also removed a highly intoxicated learner off the school grounds. They also searched taxis and followed up on leads as

to the source of the drugs." SMTs 2, 3 and 5 spoke of random searches of school bags and lockers conducted by the school as well as the SAPS. This is in line with the Implementation Protocol of 2011 (cf. section 2.3) that was signed between the Department of Basic Education and the SAPS, whereby schools work together with the SAPS to ensure that school is a safe, crime free environment. The Department of Basic Education and the SAPS have a working partnership ensuring the school and the SAPS work together in reporting crime and violence. Substance use is regarded as a key contributor to crime and violence in schools. To strengthen the collaboration between the police and schools in the fight against violence, the National Strategy for Schools (DoBE 2013:18) provides for the linking of schools to local police stations.

SMT 5 further alluded to the Safe Schools Committee by saying that at School A as part of substance abuse prevention the "SAPS liaison officer [is] called in to address learners at assembly on drug abuse." The principal and SMTs 2, 3 and 5 explained that information dissemination (cf. section 4.4.2.1), which forms part of a generic prevention strategy, allows for the SAPS and Safe Schools Committees to collaborate to prevent crime and substance abuse in particular.

6.6.4 Patrolling of school grounds

Learners 2, 3, 4 mentioned that educators patrol the grounds during break time as a measure to deter learners from doing drugs at school. . Learner 2 said, "…there are also educators on duty" and Learner 4 reiterated this by saying, "and they also have educators on duty during the breaks." Learner 3 and Learner 6 referred to the matric counsellors who are on patrol duty during the morning, break time and after school. These matric counsellors are learner leaders who are tasked with assisting in certain discipline matters by observing and reporting learners who were transgressing the school rules to the relevant educators or SMT. The principal stated that one of the prevention measures implemented by School A are the allocation of "… matric counsellors and educators on break time duty".

The participant learners indicated how they bypass the above prevention measures. Learner 1 bypassed prevention measures "[B]y finding elite hiding spots", by storing substances in the location where it would be consumed and had "our friend who is not going to be searched to keep it for us." Learner 2 pointed out that she used "it early in the morning when no educators are on duty, break times in the bathrooms with my friends, batting (relief period due to teacher being absent, and another teacher sits in for that lesson) when there is no work and the teacher is hardly there, then we eat the edibles." Educators are only on supervision duty during break times. Learner 3 admitted to taking drugs when no educators or matric counsellors were present, or to skip class and consumes the substances in the school

toilet. Learners bypass the prevention measures that are in place at School A such as the cameras, educators on duty and in demarcated out of bounds areas. The cognitive behavioural theory of addiction (cf. section 3.2.3) applies here as the 4 learners mentioned above took deliberate, well thought through action to circumvent set prevention measures at School A. The decision to put alcohol into juice bottles, to find areas not covered by the cameras to smoke and to hide substances with friends who will not be suspected are indicative of thought out action. This theory reinforces the notion that substance abuse is a learned behaviour that can be modified. The way a learner thinks about substance use can be changed and replaced by thoughts that oppose substance use.

6.6.5 Peer led processes, school psychologists/counsellors

Peer led processes play an important role in preventing substance use during adolescence and should be part of substance use prevention programmes (cf. section 4.4.2.6). The use of learner leaders in the form of matric counsellors at School A, as highlighted by Learner 3 and Learner 6, as well as the role played by mentors, as confirmed by Learner 4 and Learner 5, affirmed that peer led processes are part of the prevention programme at School A. Learners 4 and 5 mentioned mentors who are also available at break time to listen to learners who are struggling with substance abuse issues and offer support and a listening ear.

The principal purported that the DoBE could assist in substance abuse prevention by providing more psychologists at school as well as awareness campaigns for learners. According to SMT 3 "outside organizations can come in and do talks on various issues." SMT 4 also stated, "We have had counsellors come in to give talks." Bringing in outside counsellors forms part of the universal intervention that is a part of the three types of prevention tiers (cf. section 4.4). Counsellors could assist School A as they create a protected and reassuring environment for the learners. In terms of the biopsychosocial model (cf. section 4.5.1) bringing in counsellors, psychologists and therapists as well as rehabilitation organizations to help the learner involved in substance abuse is effective in supporting the learner with regression-prevention to heal both her body and mind.

6.6.6 Teenagers against drug abuse (TADA)

TADA, consisting of Grades 8–12 learner mentors who are appointed on application by the teacher in charge of the school's substance awareness programme, collaborates with the peer counsellors in preventing substance use and supporting substance abusing learners. The peer counsellors work on projects independently of TADA, but sometimes collaborate with the

TADA mentors on specific projects. Six out of the 10 peer counsellors felt that TADA is effective in educating learners about substance abuse at School A, because TADA firstly educates learners about the consequences of drugs and secondly, makes learners aware of the dangers of drugs and its destructive effect on their lives. SMT 1 referred to the posters that School A display around the school, which is part of its substance abuse prevention campaign. However, not all participants regarded TADA's peer led substance awareness programme as effective. LO 2 suggested that "[T]here should be more posters around the school as well as awareness programmes", which could help to educate the learners on the assistance that was available to those having problems with substance abuse. Also Learner 3 acknowledged TADA's efforts but commented, "[T]here is not enough. There are some TADA posters around school, but with Covid now there are no outside speakers or anything like assembly talks."

The above strategy of awareness raising is linked to information dissemination as a generic prevention strategy, which allows for the provision of information about substances and their harmful effects (cf. section 4.4.2.1). Peer counsellor 9 indicated that there should be greater information dissemination to help parents and grandparents become better informed about substance abuse. The principal discussed the role played by TADA mentors, "who highlight [the] consequences of drug abuse,". TADA mentors also distribute pamphlets on substance awareness to parents at information evenings. LO 1 to LO 4 all spoke of TADA mentors as a group of learners who help to educate the learners of School A on substance abuse matters; they also offer guidance and support to the learners. LO 3 also mentioned that the activity of TADA mentors such as assembly talks has been restricted due to the social protocols of Covid 19 that School A has in place.

The school principal felt as prevention the school should, "engage learners in awareness programmes held by [the] SAPS, SANCA, TADA". SMT 2 described substance abuse as a social problem when she said, "the school as such cannot prevent substance abuse as it is a social problem which comes to school." Her stance was that as prevention, School A can advise learners not to take drugs.

SMT 2 expressed that the learners who are experiencing social problems tend to engage in substance use. She felt that School A can only advise learners about substance abuse, but that the deeper issues stem from outside the school, namely family and friends, over which the school has no control. It is clear that SMT 2 believes that a lack of social controls to motivate learners to conform is the root cause of their defiance against school rules and substance abuse. These points of view are consistent with the social control theory (cf. section 3.2.2), which

holds that substance abuse is caused by a lack of social controls (i.e. good, solid parenting and positive peer group interactions).

TADA is cited by Peer counsellor 1 as a group that could offer help to learners who are involved in substance abuse, however, she said that "not many attend it as attendance is not compulsory." Peer counsellor 1 felt that TADA should focus more on prevention and warn learners of the harmful effects of substance abuse. Peer counsellor 8, similarly, alluded to a need that greater emphasis should be placed on the prevention strategies. She further iterated that there should be consistency amongst groups raising awareness to provide learners with proper guidance and mentorship. It should be noted that the impact of the Covid protocols could have resulted in the above views since prevention of substance abuse received less attention during the fight against Covid. Furthermore, because Peer counsellor 1 is in her first year as a peer counsellor, she is likely unaware of the previous programmes mentioned by the other peer counsellors in which the peer counsellors made learners aware of the dangers of drugs and their destructive effect on their lives, as cited above and below.

Peer counsellor 2 commented that "the strategies are effective to an extent as the strategies can only make learners aware on how to prevent drug abuse, but it is up to the learners to practice these prevention strategies." She emphasised that it is the learner herself who has to accept the prevention strategies as implemented by the school for the prevention measures to be successful. Peer counsellor 2 referred to the attempts made by TADA mentors to help learners steer away from substances, however, poor attendance of their meetings and learners not taking the advice of TADA mentors pose a stumbling block to prevention measures.

Peer counsellor 4 thought that although TADA is present, it is not very effective as some learners who abuse substances do not talk about their problem of drug abuse. Peer counsellor 6 deemed that School A "needs to improve on encouraging mental health so that learners don't fall into substance abuse." She further indicated that a qualified full time counsellor is needed to "talk to kids whenever they need to say (sic) that they know that they have support."

Peer counsellor 9 explained that TADA has the potential to reduce substance abuse, however, she said, "…the continuous abuse of drugs done by learners indicates that the programme is not always successful." This is affirmed by Peer counsellor 10 who also felt that "the learners still do as they please". She felt that TADA can bring in a new angle so that learners will pay attention and take note of them and their message. The peer cluster theory (cf. section 3.2.4) espouses that prevention programmes can be successful if it encourages the adolescent to choose peers who discourage substance use. Peer counsellor 3 felt that the prevention strategies of School A are

ineffective as learners come to school with substances. TADA does not play a role with regard to physically preventing learners from bringing substances onto the school premises. Peer counsellor 4 is of the opinion that because learners do not speak of their substance use problems, they cannot be helped. The learners who need help can choose good role model type peers (cf. section 3.2.4) in the form of TADA mentors and peer counsellors.

Learner 1, Learner 4 and Learner 5 felt that "TADA is not really helpful as the learners in TADA are judgemental, as they made one hate oneself and the focus of TADA was not on the right things." Learner 2 felt that "TADA could help. They also need to be more consistent with rules." Learner 6 felt that "[the] TADA is very limited now due to Covid restrictions." All six learner participants mentioned the fact that TADA has not been functional due to Covid 19, which has affected its activities.

6.6.7 Use of closed circuit television (cameras)

The principal explained that closed circuit televisions (cameras) are "used to monitor areas of the school." SMT 5 mentioned the installation of cameras at School A assists in the prevention of substance abuse as she stated, "areas where learners could hide and engage in substance use were (sic) monitored." Four of the six participant learners referred to the cameras around the school and they regarded these as attempts made by the school to prevent substance abuse. Learner 3 iterated, "…they have cameras watching learners." Learner 4 mentioned, "…they have placed cameras around the school."

Although the cameras are clearly a good deterrent, learners have established in which areas they could escape the cameras. Learner 3, for example, said, "we go to the places where there are no cameras like the main grounds or by the pool area." Learner 4 confirmed the school bathroom is used as a venue to smoke, as there are no cameras in the bathrooms. She further mentioned that isolated areas like the back of the fields are frequented by learners to smoke. Learner 5 uses the same isolated area as indicated by Learner 4, i.e. the back of the fields for smoking as well as the toilets. She also mentioned that she uses a juice bottle to disguise alcohol as juice. Learner 6 confirmed similar behaviour patterns for smoking as the other five participant learners when she said "We try not to be seen by the educators or the cameras. We also hide it. We also go to the out of bounds areas."

Peer counsellor 8 is undoubtedly aware that learners avoid areas covered by cameras when using substances since she proposed the "tightening of school security with more educators patrolling the fields."

6.6.8 Putting disciplinary measures in place

Rule 24 in the Code of conduct for learners which is based on the values of honesty, respect and pride reads "using or being in possession of smoking materials, alcohol, stimulants, drugs and other harmful items whilst at school or in school uniform is prohibited." According to the Code of conduct for learners, a violation of Rule 24 with regard to smoking or having smoking materials at school is regarded as a category 3 offence, which draws sanctions such as a written warning being placed on the learner's file or suspension. If the learner's infringement of Rule 24 involves possession/use/peddling of illegal substances, then this comprises a category 5 offence and can lead to suspension pending expulsion. In this case a tribunal is held to establish whether suspension should be applied. The decision to expel would be ratified by the Director General of the KZN Education Department. The principal also reiterated that there are very clear guidelines in the Schools Act that a school's Code of conduct for learners is to address inappropriate behaviours. The principal said "we use disciplinary hearings to involve parents in the contravention of the Code of conduct. We also monitor learners by making use of urine tests."

In accordance with the Policy on Drug, Alcohol and Substance Abuse, substance abuse is a serious form of misconduct and is addressed in par. 1.30 of the school's Disciplinary policy, which states

> ...smoking or being in possession of smoking material, alcohol, any other stimulants or drugs or harmful substances, while on school property or while wearing [a] school uniform is strictly forbidden. The school reserves the right to conduct bag searches and drug testing from time to time when reasonable suspicion has been established.

The principal stressed the fact that all learners are made aware that they have the right to be safe and that substance abuse poses a school safety risk. She explained that the "drug community are (sic) always trying to recruit learners to peddle drugs at school." She indicated that the act of bringing drugs into school and distributing and/or consuming it has to be punished. Section 2 of the school's Disciplinary policy with regard to Disciplinary procedures for contraventions states

> …that procedures and regulations support and sustain the Code of conduct and the core value of discipline in our school. Containing the provision of due process, punishment is administered fairly and, where possible, through positive reinforcement.

All four SMT members agreed that substance abuse at School A is on the increase. SMT 1 felt that substance abuse is on the increase because substances are more readily available to teenagers. SMT 2 stated that the odd, isolated incidents of e.g. catching a learner having a "space muffin" on a fun day at school like market day or finding alcohol bottles in the toilet on the rare occasion, have escalated to learners now smoking before, during or after school. SMT 2 spoke of learners becoming more brazen as she said "Some learners fail to see the seriousness of their actions

and the effects that substance abuse has on their bodies and minds. They also do weekend binge drinking." SMT 3 explained the trend amongst learners to "abuse illegal as well as legal drugs". SMT 3 believed that there is a possibility that "learners who abuse legal substances are not even aware that they do so."

Parent 4 indicated that there are isolated cases of substance abuse. Parent 4 expressed her view that currently due to Covid the school governing body does not play a role in the prevention of substance abuse at School A. She, however, mentioned that "[C]ounselling has been very effective. There has (sic) only been incidents involving small groups of learners." Parent 5 commented on the extent of substance abuse at School A when she said, "There have (sic) been few serious cases of substance abuse in the past several years. At least 'publicly' on the school grounds. Whether there is a high prevalence in learner's private lives is much more difficult to assess." The school governing body does not really play a role in prevention, they are more involved with "handling contraventions of the Code of conduct when learners are caught doing drugs in school." Parent 5 was an exponent of a "zero tolerance" policy, which he said together with disciplinary measures would be "…effective in controlling blatant use."

Parent 6 advocated that at the moment there are no cases of substance abuse at School A, but there have been in the past. Parent 6 explained that the school governing body plays a role at tribunals, and the tribunals held by School A have aided in preventing further substance abuse as it "has deterred learners as it brings awareness to the parents of the seriousness of the learner's actions." Parent 7 alluded that the drug problem at School A has reduced drastically due to the restrictions placed by Covid 19. As a parent she felt that the school governing body plays a role in the prevention of substance abuse at School A. She elaborated that there is an "intervention programme at school. Learners attend a meeting every Wednesday with an ex-drug addict and spoke (sic) about issues. There was (sic) also police assistance."

According to parent 8, there are about five to 10 cases of substance abuse a year at School A. As a prevention measure he said that policy in line with the Schools Act is available at School A and this makes the prevention strategies adopted at School A effective as there are only a few substance abuse cases (cf. section 4.2.1). Parent 9 is of the view that substance abuse at School A has not reached a stage where outside intervention was needed as she said, "it has not come to that extent (sic) whereby (sic) our school needed experts and professionals to come intervene about substance abusing learners." She felt that the school governing body is "reactive when the problem arises" and should rather play a more proactive role in the prevention of substance abuse at School A. She concluded by saying that the current prevention strategies at School A are not effective. She declared that "…besides TADA, there is no other campaign that brings awareness about the dangers of substance abuse."

In terms of substance abuse procedure, School A's Policy on Drug, Alcohol, and Substance Abuse states that disciplinary action against the learner may be taken if it is determined during the hearing that it is warranted by the nature of the learner's involvement with drugs. The outcome of such a disciplinary action could include a variety of punishments, including a recommendation for expulsion. The Code of conduct for learners ensures that schools are managed as disciplined and purposeful environments (cf. section 2.5). Parent 6 confirmed that School A uses disciplinary hearings before taking disciplinary action against students accused of substance use or abuse. This due process is also affirmed by the Guidelines for a Code of Conduct for Learners (cf. section 2.5), which maintains that a learner who endangers the safety of others through the possession and distribution of substances could be suspended. The purpose of the disciplinary process is to help learners remediate deviant behaviour. Parent 1 felt that the prevalence of substance use in School A is very high, she further stated that at School A there are policies in place which aid in the prevention of substance abuse, however, the prevention measures need to be improved as the "…learners do not see the need to change."

Parent 2 stated that it is obvious that the school's preventative measures need improving because the school "still have learners who engage in substance abuse, some of them are even repeat offenders" and substance abuse has even risen over the years in School A. Parent 2 affirmed that the school governing body plays a role in assisting the school with prevention of substance abuse as she said "the Discipline committee gives their report at the monthly meeting and serious cases are discussed. Dates for hearings are also finalised." Parent 3 alluded that "It is very difficult to determine the exact extent of substance abuse. Learners may smoke or drink before or after school. If before school it may affect their behaviour and only if it is vastly different from their normal (sic) will it be noticed. An educator may not know the learner and could assume that it is the norm for that child. As parents on the school governing body, we will only be made aware of drug or alcohol abuse if learners are caught at school." Parent 3 also mentioned that the role of the governing body in prevention of substance abuse has been "limited as due to Covid interaction is minimal." She further iterated that the "only prevention strategy currently is TADA and initial (sic) Grade 8 talk by police. This is not at all effective as a more integrated strategy is needed."

All the SMTs suggested that they receive reasonable support from the parents. SMT 1 felt that the majority of the parents that she has interacted with "…see the negative effects of this behaviour." SMT 2 iterated that the onus rests with the parents to ensure that their daughter gets the necessary help. SMT 3 concurred with SMT 2 as she said that the parents should set up the rehabilitation schedule with the relevant rehabilitation facility.

6.6.9 Life Orientation (LO) curricula

SMT 1 said that the topic of substance abuse "is also dealt with in the Dramatic Arts syllabus." LO 1 explained that substance abuse is not adequately covered by the LO curricula, as he explained "substance abuse is only covered in the curricula, e.g. Grade 8 in term 2 has substance abuse as one of their chapters in their notes. However, it could be emphasised more, especially in the senior grades where it is even more applicable." LO 2 described the LO curricula in Grade 8 as follows: "They discuss the social factors that contribute to substance abuse. Appropriate behaviour to stop and avoid substance abuse. Consequences of substance abuse. Rehabilitation options, where to find help, care and support." LO 3 is of the opinion that the LO syllabus addresses substance abuse adequately, however, she mentioned that "theory and description aren't always relevant or applicable to real life situations." LO 4 agreed that the LO syllabus addresses substance abuse adequately, as she explained, "Substance abuse is continuously taught in the LO curricula for many years pertaining to the child when they are in school. Additionally, it also examines the causes of substance abuse, such as having low self-esteem and peer pressure. The impact on one's life is also examined and methods in which one can seek guidance to overcome substance abuse is (sic) addressed." LO 1 felt that "the scope of the LO syllabus [needs] to be increased," thus allowing for conversations relating to substance abuse, which should be in the syllabus and taught from Grades 8–12. Peer counsellor 6 explained that "there should be a lesson in the week for learners to talk about substance abuse and ways to improve their mental health." The dangers of substance use on the growth and development of an adolescent should be discussed at school level. Parent 3 stated that "Learners often say that they are not aware of the consequences, e.g. the effects of smoking on the brains and lungs, etc." The gateway drug theory (cf. section 3.2.5) explains that an adolescent's brain is still developing, therefore every illegal substance used during this period of development is a gateway drug. Parent 3 referred to the effects of these substances and consequences these substances have on the brain. The damage that addictive substances cause to the brain makes the already vulnerable adolescents even more prone to addiction (cf. section 3.2.5).

The LO team confirmed that substance abuse is addressed in their subject. However, they mentioned that the targeted group of learners are the junior secondary learners, namely Grades 8 and 9. They contend that substance abuse education should also be included in the Grades 10 to 12 curricula. This is in line with effective management of substance abuse (cf. chapter 4 section 4.2.1) where schools are required to include substance abuse education in the learning area of Life Orientation.

The principal said, "issues can be raised in relevant subjects, e.g. Natural Science, Life Science, Life Orientation." The National Strategy for Schools (DoBE 2013:vi) discusses the school curricular,

in particular the subject Life Orientation, which must have in its curriculum the teaching of a school-based alcohol and drug use prevention programme, including life skills training as part of the LO subject (cf. section 4.2.1). This coincided with information given by the principal on issues raised in relevant subjects like LO. The SMT had varying views on the prevention of substance abuse at School A. SMTs 1, 3 and 4 were of the view that prevention of substance abuse is covered in the LO syllabus. SMTs 1,3 and 4 were correct, as the National Strategy for Schools (DoBE 2013:vi) clearly states that substance abuse education must be included in the learning area of LO for Grades 8 and 9. Educators should also be trained in the area of substance abuse education (cf. section 4.2.1).

The literature review expounded the social development theory (cf. section 3.2.1), which explains the causes of substance use by having discussed four distinct developmental phases in schooling. Each of these phases has risk factors that lead adolescents to substance use. LO 1 referred to the topic of substance use only being taught in one of the two high school phases, viz. junior secondary (Grade 8), which she felt is inadequate. She argued that this topic should also be taught in the senior secondary phase as well as Grades 10, 11 and 12, thus covering both of the high school developmental phases.

6.7 Findings in relation to prevention measures

Below follows a list on the findings that are linked to prevention measures at School A.

- School A uses the following preventative strategies: policy, drug testing and searches, the SAPS, patrolling of school grounds, peer led processes, school psychologists/counsellors, TADA, the use of cameras, disciplinary action, LO curricula.
- The provision on drug testing and searches included in School A's Policy on Drug, Alcohol and Substance Abuse acknowledges the learners' human rights and is in compliance with section 8A (11) of the Schools Act. Thus, School A is legally allowed to undertake drug testing and searches when there is reasonable suspicion of possession or consumption of illegal substances to ensure it is a substance-free zone.
- The current preventative strategies regarded as most effective at School A include drug testing and searches, placement of closed circuit cameras, patrolling of school grounds during break time, designating certain areas as out of bounds and involving the SAPS.
- Participants found TADA ineffective as they argued that its activities were impeded by Covid protocols, its members lacked training and failed to keep confidentiality.

- Strategies that learners use to circumvent closed circuit cameras and which affect the effectiveness of this as preventative measure are learners accessing areas where there is no camera coverage and learners using out of bounds areas to circumvent educator and peer supervision during breaks.
- Participants offered the following reasons why they regard the current preventative strategies as ineffective, viz. that drugs are easily available from the taxis/public transport on the way to and from school, and that the scope of the LO syllabus on substance abuse does not target senior secondary (Grades 10–12) learners. School A does not have a social worker or a counsellor on a full time basis as part of the SBST and the onset of Covid 19 resulted in restrictions on gatherings and activities.
- Limitations of the current involvement of TADA in the prevention of substance use and abuse include learners not engaging in awareness programmes and TADA mentors lacking in confidentiality.

The intervention measures of substance abuse at School A are discussed below.

6.8 Intervention measures of substance abuse

The participants identified a wide range of intervention measures used at School A, including peer counsellors, TADA, collaboration between the school and parents, disciplinary measures, remedial actions and rehabilitation offered by SANCA.

6.8.1 Peer counsellors

All ten peer counsellors spoke of providing early intervention in the form of providing guidance, advice and support to the substance abusing learners. The DoBE's policy (cf. section 2.2) states that educators must be trained to be able to identify the warning signs of substance abuse and detect substance use early to improve the chances of effective intervention. This is supported by all the peer counsellors who emphasized that early intervention creates the best possible chance for successful intervention. Peer counsellor 4 believes that learners engage in substance abuse because of the varied problems they experience and as an intervention measure she could lend a listening ear and provide a space for the learner to speak about her problems and she hoped "maybe this will reduce substance abuse." Peer counsellor 3 described the mental state of depression of some of the learners who abuse substances. She further stated that some of these learners who abused substances may have trust issues, but she declared, "…eventually they open up and all you can do is listen and support them instead of judging them."

Peer counsellor 5 stated that she would address the actual problem by advising the learners to seek help to stop the substance abuse. She was of the opinion that "[O]nce the problem is addressed, there would not be a reason for taking the substances." Peer counsellor 6 reinforced that as an intervention measure the learners who abused substance must discuss their problems and the peer counsellors will "try to give them solutions on how to solve them." At School A the peer counsellors are the school-based intervention for adolescents with substance abuse, very similar to the Student assistant programme discussed earlier. The Student assistant programme (cf. section 4.5.4) is a popular school-based intervention for adolescents that allows for early identification of individuals with substance use.

Peer counsellor 1 said "I can be there for them as a supportive friend that they need during this hard time. Many times learners use substances as they have no one to talk to, as they need help." She iterated she offers guidance to learners involved in substance abuse. Peer counsellors 5, 6 and 7 assist the learners by guiding and counselling them and giving them alternatives, better choices, so that they can be rehabilitated from substance use. Peer counsellor 6 and Peer counsellor 7 emphasized that these learners should be shown alternative, healthier lifestyle choices as she said "Let them know that there are better things to do that are healthy that can make you happy and relieved. Also let them know that they are not alone, others also go through what they are going through and they can overcome this." They also explained that learners are informed of the consequences of substance abuse. School A's peer education programme includes peer counsellors who counsel learners who abuse substances. The peer education programmes at the participant school are part of the intervention programmes, which also include school-based activities (getting learners involved in sports and other healthy recreational activities) and life-skills training on substance abuse.

The Department of Basic Education (cf. section 4.5.4) supports the role that peer counsellors play in offering support and advice to learners who use substances. The DoBE (cf. section 2.4) refers to the peer education programme where peer counsellors play a role in positively influencing learners who use substances to change their behaviour and attitude.

In order for the peer counsellors to be effective, proper and relevant training is needed as expressed by Peer counsellor 8 "Due to [a] lack of proper knowledge on drug abuse and prevention, I cannot offer any sort of professional help, but I am willing to be educated on mentorship and how to treat and navigate around this issue of drug abuse amongst peers, so I will be able to offer proper help." Learner 4 referred to the peer counsellors and alluded that "The peer counsellors can also be more helpful." Learner 5 also discussed the role of the peer counsellors and she emphasised that they should have proper training on how to help learners. Peer counsellors should not judge learners who have been

involved in incidents of substance abuse and talk about these learners to their friends. The peer counsellors then lose the faith and trust of the learners who have come to them for help when they break confidentiality or when they are judgemental.

Learner 1 said, "The school has TADA, but this is useless as it does not help and people there make you think you're a horrible person for using." Learner 1 had experienced being judged by a member of TADA for her substance abuse problem. With regard to its role in interventions and providing support to substance abusing adolescents, TADA does not seem to be effective.

6.8.2 Involving parents in intervention measures

Learner 6 spoke of the school bringing in "recovered or recovering addicts to come and talk to us." However, this has not happened for a year and a half due to Covid 19 protocols suspending all school assemblies and mass gatherings. Sharing how abstinence has changed their lives is not only the final step. "Service" in the twelve steps programme (cf. section 4.5.1) is beneficial to recovering or recovered substance abusers, but it also sends a strong, motivating message to suffering addicts.

The SMT was asked how School A intervened when a learner was known to abuse substances. Four out of the five SMT members indicated that at School A, a urine drug test is carried out to confirm whether the learner has used substances. SMT 2 indicated that the drug tests are then recorded. This is followed by contacting the parents and calling them to school. She said that "parents are advised to take their daughter for blood tests. The school will follow up with parents." SMT 4 has had parents who themselves initially need counselling about their daughter's substance abuse as she alluded "…as they often in a state of shock and disbelief." SMT 5 agreed with SMT 4 when she said "…initially they are shocked." SMT 5 confirmed that if counselling is the outcome of a disciplinary hearing, then the parent takes the learner for external counselling. The manner in which the SMT intervenes in incidents of substance abuse seems to follow a uniform rather than an individual approach. All five of the SMT members indicated that they seek the involvement of parents with their daughter's substance use incident. SMT 1 indicated that "strict protocols are followed" and the other four SMTs alluded to this as well. SMT 4 explained that the reason for substance abuse is ascertained from the learners as well as the parents.

Peer counsellor 9 supported what was said by Peer counsellor 8 as she felt that if parents have conversations with their daughters about difficult topics, then this can be extended to the programme that is offered by the school and both the school and the parents can work together as an intervention to assist the learners with substance abuse problems. Peer counsellor 10

discussed the value of group counselling declaring, "I suggest the school starts group counselling or any space that can allow learners to either talk to someone, if they cannot reach out to the people at home or their own friends. There can be group counselling once a week at school and a teacher can assist in advising them and be a safe space to talk to (sic). They can also be taken to drug rehab facilities to see young people their age struggling to overcome the (sic) addiction." The group counselling mentioned above is similar to the project CHOICE, which indicates a decrease in substance use due to group discussions and the value of positive role models (cf. section 4.5.3).

Parents have imparted their perceptions on the intervention measures at School A. Parent 1 believes that School A has youth development programmes and also motivational speakers to help motivate learners. Parent 2 spoke of School A warning learners about the dangers of substance abuse and Parent 3 supported this as an intervention stating that "learners need to be shown pictures of damaged lungs, etc." Parent 4 expressed that "educators to discuss substance abuse in the LO lessons," and Parent 5 iterated that "there should be more awareness programmes that are integrated across more subjects, other than LO."

6.8.3 Disciplinary action

In their interaction with the school, most parents supported the intervention measures as applied in School A. Based on the Policy on Drug, Alcohol and Substance Abuse the procedure in School A for handling substance abuse is that when a learner tests positive for substance use, the learner is interviewed by a member of the school management team or the school counsellor to determine the nature and extent of the learner's involvement with drugs (casual experimentation/habitual use/dependence/dealing, etc.). The learner's parents are then informed of the alleged involvement and the parent is invited to attend a meeting at the school with the principal, senior management staff, or a school governing body representative. The necessary action is taken in the form of a disciplinary hearing. Stemming from the hearing, intervention such as providing support, counselling or different types of punishment, which may include a recommendation for expulsion, is instituted.

The school's Disciplinary policy as well as the school's Code of conduct for learners reiterate behaviour modification of learners, which is aimed at the removal of the occurrence of inappropriate behaviour that is harmful to one's health and well-being. The principal stated that the management of substance abuse is mostly a disciplinary matter with counselling and attempts to rehabilitate learners. The management of substance abuse is also a school safety issue whereby the drug community tries to recruit learners to bring drugs into school. It seems the school follows the moral model (cf. section 4.5.1) of treatment by focusing on the learner's

individual choices which are against the school's rules. An unwillingness to follow rules is regarded as the reason for the substance abuse and correcting that is regarded as the best way to get the learner back on track so to speak.

6.8.4 Remedial actions

The SMT investigates the reason why the learner engaged in substance abuse. As an intervention measure SMT 5 remarked on internal hearings that may be held to remediate the learner's substance use. This may lead to the following intervention measures, viz. learner having to face isolated suspension, which is working in isolation in a designated area in school over a specified period of time, writing a reflective essay, doing detention or a SMT referral for counselling to SANCA. The intervention measures as stated above are supported by the school's Code of conduct for learners, Discipline policy and school's Safety policy (cf. section 5.5.2). LO 2 stated that intervention for learners who abused substances is handled by the SMT and described the SMT as being very supportive to the learners and iterated that the SMT takes action immediately when it comes to learners using substances. The LO 2 further confirmed that the SMT contacts learners and attempts are made to counsel learners.

6.8.5 Role of the SAPS

The therapeutic community model emphasises mutual self-help. Parent 8 earlier discussed that the SAPS should undertake law enforcement at community level, and when this is done the benefit will be to the substance abusing learner whose neighbour or friend can become a positive influence for change in the learner's life. The therapeutic community model (cf. section 4.5.1), as a treatment for learners who abuse substances, includes the SAPS, community policing, neighbours and friends as key agents of change. If the SAPS can rid the community from substances, it will become more difficult for learners who are abusing substances to obtain substances. Parents have also spoken about the role of the SAPS in intervention measures at School A. Parent 3 declared that "there should also be more police searches and sniffer dogs." Parent 8 pronounced that "we are a reflection of society. Law enforcement should be done at society/community level, then school rules will be respected". Parent 7 is under the impression that "more intervention programmes" are needed at School A and this thought is also supported by Parent 9.

6.8.6 Rehabilitation and SANCA

Parent 6 thought that bringing in external speakers to talk to learners about their own substance use experience will help in improving substance abuse intervention. Linked to this thought he

said "organizations like SANCA can come on board to work with the school. We also need to get social services linked to school as the waiting time to get help from government facilities is very long." Peer counsellor 2 explained that outside organizations are of assistance at School A by having mentioned "offering external help by finding organizations or campaigns that are against substance abuse and are able to help rehabilitate the youth that find themselves in these type of situations. The principal said that learners "…can attend an outpatient course with SANCA. Learners can write reflective essays. The school can raise awareness with parents to monitor their daughter and to seek professional outside help." This is in line with the broken windows theory (cf. section 4.3.2), which emphasizes the importance of intervention at the onset of substance dependence. This is further supported by the public health theory (cf. section 4.3.3), which aims at pausing the progression of substance use for individuals at the initial stage. This is similar to the broken windows theory, which states that intervention at the very beginning stage is most effective.

SMT 3 mentioned that the school undertakes counselling as an intervention measure for learners who have been involved in substance use. She further purported that there may be "follow up which might include rehabilitation". SMT 5 reiterated the value of support services such as SANCA, which are called in to teach learners coping mechanisms and the skills to understand and recognise triggers to substance abuse. It is standard practice for the school to advise parents to take their daughter to SANCA for outpatient sessions. SMT 2 explained that "learner may also have to engage in community service". Arrangements can be made between the school and SANCA for the community service to be undertaken at SANCA.

6.9 Findings in relation to intervention measures

The following as listed below are the findings in relation to intervention measures.

- School A uses the following intervention strategies: peer counsellors, involving parents in intervention measures, disciplinary measures, remedial actions, involving the SAPS, rehabilitation and connecting learners with SANCA.
- The provision on the use of peer counsellors as well as the collaboration between school and parents included in School A's Policy on Drug, Alcohol and Substance Abuse acknowledge the learners' right to safety and is in compliance with section 8A (11) of the Schools Act. School A is legally compliant by using peer education programmes involving peer counsellors as well as by interacting with parents regarding their child's substance use.

- The intervention strategies regarded as most effective as they are currently in use at School A include involving parents, disciplinary measures, remedial actions, involving the SAPS, rehabilitation and referral to SANCA.
- Internal discipline interventions and tribunals are used as measures to intervene.
- Participants find peer counsellors ineffective as they lack proper training to help learners who are involved in substance abuse and interventions are hampered by the judgemental attitudes of peer counsellors.
- Participants offered the following reasons why they regard current intervention strategies as ineffective, viz. open communication channels between learner and school is lacking at School A, learners are not aware of better life choices that are available to them and they lack knowledge on the consequences and dangers of substance abuse, rehabilitation is impeded by an absence of expert help due to a shortage of psychologists, counsellors and social workers in School A and, drugs are easily available from the drug pedlars who operate at a shopping complex opposite the school.
- The onset of Covid 19 and restrictions that followed Covid 19 had a negative impact on substance abuse intervention.

The regression-prevention measures of substance abuse at School A will be discussed below.

6.10 Regression-prevention measures of substance abuse

At School A the peer counsellors, LO team members and the SMT are in agreement that the number of learners involved in substance abuse is on the increase. Regression-prevention measures of substance abuse are discussed below as substance abuse affects a learner’s mental and physical health and poses a barrier to the learner’s ability to learn.

6.10.1 Peer counsellors

Peer counsellor 1 intimated that the peer counsellors are effective in always supporting the learners. She explained that as counsellors they can regularly check on the learners, thus ensuring that they can assist learners in overcoming their struggles with substance abuse. Counsellor 3 suggested that an important part of supporting learners not to regress is to establish a trusting relationship with them so that they feel free to open up to their peer counsellors. She mentioned that she makes an effort to spend time with these learners at break and getting to know them better. Confidentiality of information is important according to Peer counsellor 9 and this is to prevent learners from being afraid of being judged by other learners. Peer counsellor availability does not necessarily mean effectiveness as the peers stated that they

themselves require proper training on how to carry out counselling, therefore their availability does not necessarily translate into being effective.

Some peer counsellors appear to prefer the narrative therapy model (cf. section 4.5.1), as they use storytelling of real life substance abuse examples in their storytelling to make learners reassess their life choices, to give learners a different perspective to their problems, and to introduce them to new, positive ways to deal with their problems. For example, Peer counsellor 6 is of the opinion that peer counsellors can play a role in regression-prevention, especially those peer counsellors who themselves are substance abusers and who can "…relate to the substance abuser's situation as they may have been through the same thing or they can understand as they are as young as (sic) them." Interventions organized as a tertiary measure (which refers to regression-prevention) in the public health theory (cf. section 4.3.3) can be applied by the peer counsellors who themselves were reformed substance users; the public health theory is aimed at improving the negative effects of substance use, rehabilitation and prevention of relapse as discussed.

She suggested that as peer counsellors, they can relate to the situation of a substance abusing learner and can use this knowledge to help learners avoid relapsing into substance abuse. Peer counsellor 7 emphasised that the close proximity of the peer counsellor and learner's age group creates a welcoming, comfortable atmosphere that allows for counselling and open discussion. Peer counsellor 10 mentioned a case where she had referred a learner who needed help to the SMT, which aided in effective regression-prevention.

Peer counsellor 8 expressed that the effectiveness of peer counsellors "…is hindered because they (learners) are too exposed to drugs and may be tempted to use them." The exposure to drugs could attribute to the increase in the number of learners consuming substances at School A. Peer counsellor 5 felt that regression-prevention can be difficult as she said that it is not always easy to identify a learner who needed help as the school had so many learners. There is a lack in communication with local social welfare, peer or counsellor who could render support in substance abuse regression-prevention. The principal as well as the LO team thought that the parents lack support.

6.10.2 Collaboration between the SAPS, social workers and counselling

The working relationship between SAPS and social workers aids in rooting out dealers. The principal and SMT support the combined efforts of the SAPS and social workers. The principal, SMT and LO team favour the continued monitoring and observation of learners. Learners attending programmes in centres to aid in regression-prevention and having access to continue

counselling is supported by the principal and peer counsellors. The continuation of counselling (started during the intervention/treatment) at school focuses on preventing regression. At School A the DoBE does not provide expert help for vulnerable substance abusing learners as the DoBE is under-resourced and over-stretched resulting in vulnerable learners not being placed in care centres that have programmes to prevent regression. Assistance is not given to the parents who faced the trauma of having daughters who abused substances. Essential close observation of the learner was lacking.

6.10.3 Intermittent drug tests

The SMT and LO team agreed that the school did random urine drug tests to ensure that learners did not regress into substance use. Intermittent urine drug tests for learners who have tested positive are undertaken. Learners are also warned that should they regress it would have severe consequences. One should keep in mind that although searches and drug testing fall in the category of prevention measures, they are also used as regression-prevention measures to deter learners who already underwent treatment (intervention) for substance use or abuse from regressing.

6.11 Findings in relation to regression-prevention measures

Findings in relation to regression-prevention measures are listed below.

- School A uses the following regression-prevention strategies: Peer counsellors, collaboration between the SAPS, social workers and counselling and intermittent drug tests.
- The provision on drug testing that was included in School A's Policy on Drug, Alcohol and Substance Abuse acknowledges the law and policy on school safety.
- School A is in compliance with the Regulations for Safety Measures at Public Schools (RSA 2001, s 4(2), (d), (e)), which declares public schools as substance-free zones.
- The policy framework as reflected in paragraph 10 of the National Policy on Drug Abuse seeks to contribute towards effective prevention, management and treatment of drug use, misuse and dependence in public schools and Further Education and Training Institutions.
- The following ineffective current measures on preventing regression at School A are unsuccessful peer counselling, a lack of communication between the substance abusing learner and the peer counsellors and a lack of support for parents of learners who abuse substances.

- Participants identified the need for a full time school counsellor.
- Various participants feel that learners who require help for substance abuse regression-prevention should be identified.
- Participants at School A indicated that the DoBE should provide school psychologists.
- There is a lack of DoBE care centres for learners to aid in preventing regression.
- School A does not have the necessary support structures for learner observation, monitoring and care to prevent learner regression.
- There is a need for stricter disciplinary measures for substance abuse at School A.
- Educators are lacking in knowledge of current and relevant legal prescripts.
- The onset of Covid 19 and the social protocols and restrictions that followed Covid 19 had a negative impact on substance abuse regression-prevention.

In the next section the factors that hinder the effectiveness of current measures are discussed.

6.12 Factors hampering effectiveness of current measures

The roles played by parents, rehabilitation facilities, friends and TADA mentors that hamper the effectiveness of current substance abuse management measures in place at School A are discussed below.

6.12.1 Non-supportive parents

The principal stated that when parents are informed that their daughter has violated a school rule regarding the possession, consumption, or distribution of illegal substances, some of the parents promise to assist their daughter but are unable to do so due to financial constraints. She concluded by saying that some parents are in total denial of their daughter's behaviour and either ignore it or blame their daughter's friends. She further stated that the school has to follow up with the parents and sometimes suggests that parents seek professional assistance, e.g. the government social workers who will help the parents to acknowledge and cope with their daughter's behaviour.

The learner participants expressed varied responses regarding her parent's response to her taking illegal substances. Learner 1 explained that her parents do not know that she takes illegal substances as she acts normally in their presence and there are no outward signs of substance abuse. She said that her parents are not in a position to give her advice, due to them being unaware of her drug consumption. However, her parents have told her that if she is found doing drugs they will disown her.

Learner 3 answered that her parents are unaware that she smokes weed, however, they know that she drinks alcohol but explains it as teenager experimentation. Their advice to her was that she should not become a habitual drinker. This is of concern as under-age drinking is illegal (cf. section 2.3). The fact that this is condoned by the parents undermines the Code of conduct of School A and its Discipline policy. Learner 5 had no response from her parents as she replied "…they did not even pick up the phone when the school called and they don't talk to me." She further indicated that her parents did not give her any advice on how to deal with her substance abuse problem. Learner 5 felt a sense of neglect and abandonment due to having an absent parent. Learner 6 experienced her parents' anger and disappointment and they advised her to behave in a responsible manner and to end substance use. Her parents felt that her friends are a bad influence and told her to change her friends.

Learner 4's parent enforced punitive measures by taking away some of her privileges. She commented "…my father stopped talking to me because he knows that I like talking to him. They took my cell phone away and they stopped taking me shopping." Her parents told her, "…not to be influenced and to fight the temptation." There was no open conversation about substance abuse. The lack of open conversations makes learners feel that their parents don't care about them. In terms of the literature review (cf. section 4.4.2.4), parental involvement and showing concern (love) do not only motivate learners to change their behaviour, but it is also necessary for effective invention.

6.12.2 Location of school and learner inhibitions related to rehabilitation facilities

The SMT and the principal spoke about the location of School A as a problem as drug pedlars are using the learners to bring drugs into the school. The fact that School A is situated in the middle of a highly industrialised area, with a container depot close by and the neighbouring shopping complex, which is opposite the school, makes substances easily accessible to the learners. The shopping complex's parking lot is also used as a taxi point to drop off and pick up passengers and the drug dealers supply substances to the learners at this shopping complex as it is easy for them (drug dealers) to gain access to the learners, based on the close proximity of this shopping complex to the school.

Both the parents as well as the peer counsellors agree that there are not enough affordable rehabilitation facilities available to assist the learners who have substance abuse problems at School A.

The principal stated that a few parents show gratitude for the information regarding their daughter's substance use and they are supportive of the efforts made by the school. These

supportive parents use their medical aids to get their daughter access to rehabilitation facilities. However, parents and peer counsellors alike described the available treatment facilities as too expensive. Peer counsellor 1 indicated that the rehabilitation facilities are expensive and learners cannot afford accessing these facilities. Parent 1 argued that private rehabilitation facilities are unaffordable. Peer counsellor 7 indicated that due to a lack of funds learners do not have access to the limited rehabilitation facilities. Peer counsellor 8 agreed with Peer counsellor 7 as she explained "…they are expensive for parents of drug abusers to afford and the service provided by government takes a long process (sic), leaving more and more time for the learner to get more addicted." Parent 6 disclosed "…those who rely on government facilities have a long waiting list to follow (sic) as there are many who need help and the facilities are understaffed and under-resourced."

Peer counsellors identified denial, a lack of knowledge on where to get help and a lack of courage as main reasons why learners do not use treatment facilities. Learners who are in denial about their substance abuse problems do not see the need to attend rehabilitation and therefore go by unassisted, according to Peer counsellor 3. Peer counsellor 4 said "…learners aren't aware of where they can get help from (sic). So if someone needed help they would not know where to go." Peer counsellor 5 mentioned that not all learners who abuse substances have the initial courage to seek help, instead they prefer that help is offered to them. Parent 3 mentioned the symbiotic relationship that exists between the rehabilitation facility and the parental involvement in their daughter's recovery. He continued to comment that unfortunately not all learners are so lucky as their "…absent parents" hamper their recovery. Often government rehabilitation facilities are understaffed and this impacts negatively on the recovery of the learner. Parent 4 discussed poorly managed and poorly controlled rehabilitation facilities where drug abuse may also take place. Parent 5 alluded that there should be an aftercare facility for the learner to assist in regression-prevention. Parent 2 also felt that due to a lack of learners being monitored and due to a lack of aftercare facilities, learners who cannot fight temptation relapse. Parent 9 agreed with parent 2 on the lack of aftercare facilities which leads to learner regressing into substance abuse. Peer counsellor 9 indicated that the variety of services that the rehabilitation facility offer is adequate, however, she alluded that there are too few facilities.

6.12.3 The role of friends and effectiveness of TADA at School A

Peer led prevention programmes (cf. section 4.4.2.6) may increase a learner's resistance against substance use. Peer counsellor 5 iterated that friends do not have the experience on how to help the learners and that they are also in the dark as to which friend of theirs is engaging in

substance abuse; she said "…most of the time the friends do not know about the problem as the abuser does not tell them. Being afraid to be mocked."

Peer counsellor 6 agreed with the previous peer counsellor as she felt that friends were of no help to the substance abusing learner as the friends themselves had substance abuse problems. Peer counsellor 7 alluded that "[the] majority don't get support because their friends think it is cool and their friends encourage them on (sic) doing drugs, rather than supporting them on (sic) overcoming them." Peer counsellors 8, 9 and 10 agreed with the above sentiments that friends did not help in the alleviation of substance abuse. Considering the above, a convincing argument can be made in support of the peer cluster theory (cf. section 3.2.4). This theory illustrates the strong correlation between substance abuse and peer influence as it is based on the supposition that substance abuse took place in a social setting amongst peers who are of the same mind about substance use.

Four Peer counsellors indicated that TADA mentors were not effective for the following reasons: firstly, due to the restrictions placed because of Covid 19, the TADA girls are curbed from performing their counselling and from engaging learners in their awareness programmes, due to the strict protocols that had to be maintained. Secondly, TADA needed more members to spread awareness.

6.12.4 Summary of the findings in relation to the factors hampering effectiveness of current measures

Parents who are non-supportive when issues of possession, consumption, or distribution of illegal substances occur, hamper the success of current measures. Financial constraints experienced by parents was cited as a reason for not seeking help for their daughter. Parents refuse to accept that their daughter has a substance use problem. Friends are blamed by parents for their daughter's substance use. Parents are unaware that their daughter uses substances. Underage drinking is condoned by parents. The Code of conduct of School A and its Discipline policy are undermined by parents. A lack of interest by parent as they do not communicate with the school was also mentioned as a reason for hampering the effectiveness of current measures. Parents do not have an open conversation with their daughter. which hindered success of current measures.

The location of School A posed a problem as substances are easily available outside the school. There was a lack of affordable rehabilitation facilities as private rehabilitation facilities were expensive making it inaccessible to most learners. Learners were in denial that they had a

substance use problem. Learners were unaware where to get help. There was a lack of bravery by certain learners to access treatment facilities. Affordable rehabilitation facilities were understaffed and could not meet the needs of learners. There were certain rehabilitation facilities that were poorly managed and poorly controlled thus affecting their functionality. A lack in after care facility affected prevention of regression.

The effectiveness of current measures was also hampered by friends who engaged in substances themselves and therefore could not help learners with substance abuse problems. Friends who are unaware of learners abusing substances could not render assistance. TADA mentors were restricted in their activities due to the restrictions posed by Covid 19. TADA mentor numbers were limited.

6.13 Conclusion to chapter 6

In this chapter, I explained the research findings in conjunction with the research questions formulated in chapter 1. The research findings were based on the documents that were analysed, data from the semi-structured interviews conducted with the principal and the learner participants, focus group with members of the SMT and the LO team, qualitative questionnaire with the parent component of the school governing body and the peer counsellors. The final chapter covers the findings, summary and conclusions of the research. It contains recommendations on the development of a strategic framework for the management of substance abuse in girls schools. I made suggestions regarding further study and investigations.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The aim of this chapter is to offer a summary of the study, reaffirm the research questions and objectives of the study, present the summary of the findings and conclusions in relation to the research question and sub-questions. The chapter ends with recommendations related to answering the research questions and suggestions for further research.

In the following sub-section I deal with the summary of the study.

7.2 Summary of the study

The first chapter is an introduction to the research. I provided a background on substance abuse in schools, looking briefly at the prevalence of substance abuse and the legal framework for managing substance abuse in schools. In the section on the statement of the problem (cf. section 1.4) I briefly addressed the real-world problem of substance abuse and the negative impact it has on the lives of girls and young women before entertaining the sub-problems that impact on the management of substance abuse in girls schools. It is evident that it is essential for the SMT to effectively manage this phenomenon because substance abuse affects the human rights of the substance abuser as well as influences the rights of educators and co-learners and therefore hampers the realisation of the right to education of all learners. Substance abuse impedes learners' academic progress and has a negative impact on their well-being and behaviour (cf. section 1.2). The statement of the problem is concluded with the research question and sub-questions. The research question was used to inform the aim of the study, which was to "undertake a case study on the management of substance abuse at a girls school and to use the findings to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools" (cf. section 1.5).

In section 1.3 I explained that I was motivated to choose this specific topic because, as a member of the school disciplinary committee, I have seen substance abuse escalating amongst girl learners as more girl learners tested positive for, viz. marijuana and other illegal drugs. The effort to get help for these learners in the form of counselling or rehabilitation has proven to be a challenge. I became motivated to develop a strategic framework for managing substance abuse amongst adolescent girls, which encompasses measures for prevention and intervention and regression-prevention.

In the Significance of the study (cf. section 1.6) I explained that School A has received feedback on the compliance of its strategies with relevant South African laws and policies and the effectiveness of its current strategic approaches to prevention and intervention in relation to substance abuse. I also elaborated on the main contribution of this study, which is a custom-made strategic framework for managing substance abuse containing contemporary and advanced ideas on positive and remediative ways of managing learners who engaged in substance abuse.

The conceptual analysis entails the clarification of a number of relevant concepts (cf. sections 1.7.1.1–1.7.1.6) and verifies what was relevant to the field of study. A conceptual analysis was undertaken with regard to the following concepts: **management, substance abuse**, **adolescent**, **strategic framework**, **girls schools** and **legal prescripts**. In section 1.7.2, which deals with the scope of the study, I explain how the field of study was demarcated in terms of the case (school) and the area and community in which it is situated, the research population and the education management focus. The research population was limited to a multicultural, all-girls school south of Durban in the South African province KZN. I delineated the topic to the management of substance abuse as a human rights, safety, health and disciplinary issue. The organization of the final research report was set out (cf. section 1.7.4) before I looked at the possible limitations to the study (cf. section 1.7.6).

Another important aspect discussed in Chapter 1 was the methodological account encompassing the research paradigm, approach, research design and the methods used for data collection and analysis as well as sampling (cf. sections 1.8.2, 1.8.3, 1.8.5–1.8.6). I focused on describing, explaining and justifying my methodological choices. Finally, I noted ethical considerations (cf. section 1.9) as I performed an investigation on a very personal, sensitive issue and thus needed to be ethically and morally correct and shield the participants from possible harm.

In Chapter 2 the literature study concerning legal prescripts for managing substance abuse in schools was undertaken, revealing four themes, viz. the protection of learners' human rights, school safety, school health and school disciplinary issue (cf. sections 2.2–2.5).

In Chapter 3 the literature in respect of managing substance abuse amongst learners was reviewed. I expounded on five theories on the causes of substance abuse (cf. sections 3.2.1–3.2.5) before I elaborated on types of substances that are commonly abused and their effects

(cf. sections 3.3). After having considered the prevalence of substance abuse (cf. sections 3.4.1–3.4.4), I looked at the risk factors for substance abuse (cf. sections 3.5.1–3.5.5).

My focus in Chapter 4 was on the management of substance abuse in schools (cf. section 4.2.1), the theoretical framework for prevention, intervention and regression-prevention strategies (cf. sections 4.3.1–4.3.4) and current trends concerning prevention, intervention and regression-prevention strategies for managing substance abuse in schools (theoretical objective 1) (cf. section 4.4.1–4.6). Whereas my discussion of the research methodology in chapter 1 concentrated on explaining my choices, in Chapter 5 I gave details on how I implemented these during my fieldwork. I commented on how I had designed my study as a single case study (cf. section 5.3) with my case being a multicultural girls school in an area south of Durban. I indicated how I had applied the criterion that participants should possess knowledge on, have experience with regard to or are involved in the management of substance abuse in the selected school in an effort to ensure I had information-rich participants (cf. section 5.4). My sampled participants included the school principal, six learner participants, five SMT members, LO team, members of the school governing body as well as the peer counsellors.

In section 5.4 I indicated the procedure I followed in implementing the data collection methods, the development of my data collection instruments and the actual execution, e.g. application of the data collection instruments. I used individual semi-structured interviews with the school principal (cf. section 5.5.3.1) as well as for the six learner participants (cf. section 5.5.3.2). A focus group was held with five members of the SMT and the four members of the LO team (cf. section 5.5.4). Finally, the nine members of the school governing body and ten peer counsellors answered a questionnaire (cf. section 5.5.5). A pilot study was undertaken to test and modify data collection instruments (cf. section 5.6). I further accounted for how I adhered to the four criteria (credibility, dependability, confirmability and transferability) of trustworthy research (cf. section 5.7). Before concluding the chapter with a discussion on ethical considerations, I expounded on the data analysis process.

In Chapter 6 the data was analysed and interpreted and findings were formulated. These research findings were based on a study of relevant law and policy, an analysis of documents and the information gathered from the interviews and the questionnaire responses from the parent component of the school governing body and the peer counsellors.

Finally, Chapter 7 consists of the main findings, conclusions and recommendations of the research on the management of substance abuse at a girls school. These were used to inform

the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools.

7.3 Main research findings

The purpose of this case study on the management of substance abuse at a girls school was to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in this girls school. However, it was envisaged that the strategy will be transferable to other girls schools. In this study it was assumed that substance abuse will continue to increase at School A and that there was a need to uncover the constituting elements of a strategic framework for managing substance abuse amongst adolescent learners in girls schools and to use those to develop a strategic framework for the participant school (objective 4).

The following research sub-questions guided the research and led to the research findings. The research sub-questions were divided into two theoretical questions and three empirical research sub-questions.

What are the current trends regarding prevention, intervention and regression-prevention strategies for managing substance abuse in schools?

This is the first theoretical research sub-question. The current trends regarding **prevention** strategies for managing substance abuse in schools entail the use of generic prevention approaches such as information dissemination, affective education and alternatives programming. Collaborative partnerships are used in information dissemination, e.g. the SAPS working together with schools informing learners of law enforcement regarding crimes related to substance abuse. Based on the Implementation Protocol of 2011 signed by DoBE and the SAPS, the Safe Schools Committees established at school level work with the SAPS and local NGOs to reduce criminal activities at school. Affective education is based on the premise that substance abuse occurs, viz. because adolescents have a low self-esteem, they are unable to make rational decisions, and are inept to express their feelings and lack problem-solving skills. Alternatives programming forms part of the prevention approach in which learners are presented with alternatives and choices to engage in sports and other activities instead of substance abuse (cf. section 4.4.2.1–4.4.2.3). Three types of prevention "tiers" at school have been identified, viz. universal, selective and indicated programmes. This is to accommodate the different needs that different individual learners may have as one school prevention programme may not meet the specific needs for all adolescents (cf. section 4.4.1). To aid in the prevention

of substance abuse, the DoBE has as part of its LO syllabus included topics on substance abuse for Grades 8 and 9 learners in the National Curriculum Statement (cf. section 4.2.1).

The literature review brought several intervention programmes, such as SBIRT to the fore. SBIRT, which was developed for clinical environments has, however, proven to be difficult to apply at schools. CRAFFT, a tool for screening, identification, and assessment to determine the level of support needed, is a tried-and-true tool for schools to use to detect risky behaviour and determine the level of support needed (cf. section 4.5.4). A third intervention programme that was identified, is the Student assistant programme, which is a well-liked school-based intervention for adolescents with substance abuse problems and is much like the peer counsellor programme of the Department of Basic Education. Interventions based on the CHOICE theory and using reality therapy is successfully used in school-based intervention programmes and so is the Curriculum in a box: substance abuse programme. School-based health centres where health services are provided to learners in a non-stigmatising setting is identified as a critical component of school intervention programmes. Other critical components of both intervention and regression-prevention measures are school counsellors and educators and community stakeholders (cf. section 4.6).

What are the South African legal prescripts to consider when adopting strategies for managing learner substance abuse?

The second theoretical research sub-question deals with the relevant legal framework. The following legal prescripts regulating the management of substance abuse amongst learners were applicable: the Constitution, Schools Act, National Education Policy Act, Children's Act, Circulars and relevant policy issued by the National Department of Basic Education as well as the KZN Department of Education, school's Code of conduct for learners (cf. section 1.7.1.6).

The legal framework for substance abuse management is depicted in the figure below. The four themes that originated from the literature study applicable to the management of substance abuse amongst learners are depicted below.

Figure 3: Legal framework for substance abuse management

Source: Compiled by the researcher (1 March 2022)

Four themes emerged from the literature study relevant to the manner in which substance abuse amongst learners was to be managed. The first theme centred on the protection of the human rights of learners where adolescents who imbibe in substances had to undergo treatment that is in line with the international human rights system, guaranteeing non-discrimination of substance users, by protecting the most helpless and empowering the substance user via treatment and rehabilitation programmes. The following rights are applicable when protecting the human rights of learners: one's right to life, the right to receive information regarding one's state of health; the right to non-discrimination in health care, the right to be free from other cruel, inhuman or degrading treatment, the right of an adolescent to be part of any decision affecting her personal health and treatment, the right to privacy is maintained in relation to searches for and seizures of illegal substances as well as the learner's right to education in an environment that is free of drugs.

The second theme dealt with the management of substance abuse as a school safety issue. The following laws and policies were referred to: the Regulations for Safety Measures at Public Schools (cf. section 2.3), which declares public schools substance-free zones, the National Policy on Drug Abuse that addresses effective prevention and management and treatment of substance use in public or independent schools and Further Education and Training Institutions

as well as the National Policy on Drug Abuse (cf. section 2.3) and the current NDMP (cf. section 2.3), which provide the guidelines for schools in relation to drug abuse and school safety concentrating on prohibition, policies, fairness and prevention measures. Further, the National Strategy for Schools speaks of SBIRT for assistance of substance abusing learners, Regulations for Safety Measures at Public Schools (cf. section 2.3) that makes provision for the searching of school premises or persons present on the premises, the Schools Act (cf. section 2.3) necessitates the adoption of a Code of conduct for learners and the Drugs and Drug Trafficking Act (cf. section 2.3) addresses the problem of substance use. In addition, the Tobacco Products Control Act 83 of 1993 (cf. section 2.3) in respect of tobacco products apply as well as the Liquor Act 59 of 2003 (cf. section 2.3), which prohibits minors from the illegal use of liquor or methylated spirits and from the supplying or selling of these to minors. Finally, in conjunction with the Implementation Protocol of 2011 (cf. section 2.3) schools are linked to local police stations.

School safety centres on prohibition, policies, fairness, and prevention measures. Prohibition means that all South African schools are to be substance-free zones, making the possession, consumption or distribution of illegal as well as legal substances, including alcohol and tobacco, unlawful. The requirement that school policies on substance use and abuse prevention, intervention, and regression-prevention be adopted, and that they should address the dangers of substance use, the consequences of substance use, and the process that the school will use for substance use, ensuring fairness and using a restorative justice approach.

Substance abuse as a school health issue was covered in the third theme. The laws and policies relevant to managing substance abuse as a health issue are as follows: the National Strategy for Schools speaks of prevention programmes that must be delivered over time and not as a one-off activity, the Children's Act (cf. section 2.4) discusses the protection of children from being psychologically or emotionally harmed, the Children's Act (cf. section 2.4) indicates that a child addicted to substances needs care, protection and treatment. The Children's Act (cf. section 2.4) further discusses the type of treatment (inpatient/outpatient) available for substance abuse treatment for children. The Prevention of and Treatment for Substance Abuse Act 70 of 2008 (cf. section 2.4) addresses prevention, early intervention, treatment, and reintegration programmes.

The Integrated School Health Policy (cf. section 2.4) centres on achieving good health and providing support and care facilities. Peer education programmes and the school health programme have to incorporate the SBST to assist the learner who abused substances. In order

to address substance abuse as a school health issue, it should be emphasized that prevention programmes were to be aimed at learners via specific awareness programmes as well as working in conjunction with public stakeholders and civil society.

Finally, the applicable law and policy that regulate substance abuse as a school disciplinary issue are as follows: the National Education Policy Act (cf. section 2.5), which establishes the national education policy for learner discipline at schools; the National Policy on Drug Abuse (cf. section 2.5) was promulgated in terms of this Act which shows that support and help must be available for learners who abuse substances, and that the Ministry differentiates between habitual abuse of drugs and drug dealing and peer group led abuse. The National Department of Basic Education in conjunction with the National Strategy for Schools (cf. section 2.5) accept a restorative justice approach in dealing with adolescent substance use. Section 8(1) of the Schools Act (cf. section 2.5) allows the school governing body to adopt a Code of conduct for learners, thus supporting school discipline. The learners Code of conduct (cf. section 2.5) states that due process must be followed when a hearing is to be conducted. The Guidelines for a Code of Conduct for Learners (cf. section 2.5) indicates that a learner may be suspended when the learner compromises the safety of others; it also infers that remedial measures may be applied, and a learner will be referred to the principal for non-compliant behaviour. Section 9(1) of the Schools Act (cf. section 2.4) prescribes that a learner suspected of substance abuse may be suspended by the governing body pending disciplinary proceedings. The Guidelines for a Code of Conduct for Learners (cf. section 2.5) emphasizes that a learner's suspension should be considered as a last resort.

When substance abuse is approached as a disciplinary issue, a distinction should be made between habitual drug use and experimentation use of substances that was initiated by the peer group. Habitual drug use should be punished and experimentation use of substances handled as part of restorative justice, giving support and help to learners with substance abuse problems.

What measures does the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners with regard to legal compliance and effectiveness?

To present the findings in a logical manner, this research sub-question was further divided into questions, with the first one being: What measures does the participant school use for prevention, intervention and regression-prevention of substance abuse amongst learners?

The above research sub-question is answered by looking at measures to address substance abuse as a **safety**, **health** and **disciplinary** issue:

Substance abuse as a safety issue

For **prevention** the presence of educators as well as learner leaders during break time duty deter substance use and abuse on school property. Learners acknowledge that the searching of school bags and lockers is a deterrent measure. The placement of cameras around School A was effective to prevent substance abuse. The LO team addresses substance abuse mostly in Grades 8 and 9 as prescribed in the Multi-grade teaching Annual Teaching Plan Subject: Life Skills and Multi-grade Teaching Pacesetter Subject: Life Orientation. The LO team regards the extent to which substance abuse is addressed in the LO curricula for Grades 10 to 12 as inadequate. Learners found ways to bypass prevention measures such as disguising the use of alcohol by placing alcohol in juice bottles, finding areas not covered by cameras to engage in substance use and finding hiding spots for substances as well as using friends to hide their substances. Drugs are easily accessible and available to learners. Learners do not engage in drug awareness programmes at School A. School A does not have enough substance awareness programmes.

As an **intervention** measure peer counselling sessions are most valuable, however, the peer counsellors' lack of proper training in dealing with substance abuse detracts from its value. There is a lack of open communication between learners and the school. Due to Covid TADA is not as active as it has always been. The SMT and educators lack the knowledge of legal prescripts regulating the management of substance abuse. The effectiveness of the school's intervention measures are restricted by the presence of several risk factors, viz. peer pressure, unsupportive homes, poor parenting as well as pressure stemming from striving for academic achievement (cf. sections 6.2.1.1, 6.2.1.2, 6.2.1.4.). It is clear that the learner participants at School A do not have the necessary skills to cope with the risk factors that may occur in their lives. Academic pressure (cf. section 6.3.1.4) contributes to learners engaging in substance use.

There is little follow up with learners and parents to promote **regression-prevention**. The SBST cannot provide support structures such as psychologists, counsellors and social workers, therefore observation, monitoring and care to prevent learner regression are constrained. Peer counsellors help in regression-prevention. Illegal substances are easily available to learners and this hinders regression-prevention. Friends enable learners in substance abuse, thus promoting

regression. Some parents are not very supportive in rehabilitating their daughters as they are in denial of the problem.

Substance abuse as a health issue

Counselling plays an effective role in substance abuse **prevention**. School A does not have a social worker and a counsellor as part of the SBST on a full time basis. The social protocols and restrictions that followed Covid 19 had an impact on substance abuse prevention at School A. The Covid 19 restrictions on extra-mural and extra-curricular activities limited the effectiveness of prevention measures. The postponement of these activities increased the opportunity for learners to engage in substance use or abuse because they not only had more free time, but they also couldn't spend it on positive extra-mural and extra-curricular activities.

Learners do not make good life choices, which affects **intervention**. Other factors that hinder the effectiveness of the school's substance abuse intervention measures are learners' lack of coping skills and understanding of the consequences associated with substance use and abuse (cf. section 6.3.1.4). There is a shortage of government rehabilitation facilities. Private rehabilitation is too expensive and parents cannot afford it. Aftercare for recovering addicts is limited. Peer counsellors and TADA mentors are not properly trained on managing learners with substance abuse. There is very limited help from social services and care centres. The DoBE does not play an active role in assisting the school to deal with the scourge of substance abuse and the learners who require assistance as a result. The onset of Covid 19 had a negative impact on substance abuse intervention. Intervention is deemed ineffective because the counselling and remediation available at School A are unable to meet the demand. The effectiveness of the school's intervention measures is restricted by depression, a low self-esteem and mental health issues (cf. section 6.2.1.3).

School A does not have counselling for **regression-prevention** on a daily basis. Learners who are in danger of regressing are not identified. Care centres are not available to help learners from regressing. School A does not have psychologists and counsellors to aid in regression-prevention. The DoBE does not have sufficient school psychologists. School A lacks support structures to promote regression-prevention. The effectiveness of regression-prevention is further hampered by long waiting lists to access government substance abuse treatment facilities as well as a lack of affordable aftercare, which is essential to prevent regression. Covid 19 had impacted negatively on substance abuse regression-prevention. Regression-prevention at School A is achievable if depression, a low self-esteem and mental health issues are

addressed. Further, if stress which is caused by demands for academic achievement and the easy accessibility to drugs are tackled, then regression-prevention is possible. Greater collaboration between School A and outside professional support services can aid in regression-prevention (cf. section 6.8). It became evident that the participant learners need better coping skills, which would guide open conversations that would result in assistance by care and support facilities that prevent self-destructive behaviour (substance abuse).

Substance abuse as a disciplinary issue

For **prevention** search and seizure are carried out at School A. Having designated out of bounds areas helps in preventing learners from going to those areas to engage in substance abuse. The SAPS plays a role in prevention of substance abuse at School A.

School A operates in the guidelines of relevant National policy, learners Code of conduct and Discipline policy during **intervention**. Internal disciplinary hearings are held. The SMT at School A involves parents in their disciplinary interventions. Learners have easy access to drugs. The SAPS plays a role in substance abuse intervention. All of the learner participants agreed that the internal disciplinary hearings had impacted positively on them, reminding them that there were consequences for infringement of school rules and the policies that govern a school (cf. section 6.8.4).

Strict disciplinary measures for regression in substance abuse are not present at School A. The SAPS plays a role in **regression-prevention**. Educators are not trained on legal prescripts that pertain to learners abusing substances. The effectiveness of the school's regression-prevention measures is restricted by easy accessibility to drugs (cf. section 6.2.1.5).

The second question is: **Are these management measures effective and in line with legal prescripts for managing substance abuse?**

The legal prescripts are the Code of conduct for learners (cf. section 2.5), the Discipline Policy (cf. section 2.3) as well as Policy on Drug, Alcohol and Substance Abuse (cf. section 2.3). It is evident from the above study that certain members of the SMT, as well as LO team, parents and learner leaders indicated that they are not knowledgeable about the legal prescripts that govern substance abuse at school. This is a concern as the SMT is not able to carry out prevention, intervention or regression-prevention of substance abuse in a feasible manner when they are unaware of relevant law and policy documents. The SMT needs to be clued up about the school rules, the learners Code of conduct and relevant policies so that they can manage

substance abuse in an appropriate manner. Parents condoned underage drinking and thus undermined the Code of conduct of School A and its Discipline policy.

Non-supportive parents make effective management of substance abuse difficult as they fail to recognise that their daughter has a substance abuse problem. Parents who could not afford the cost of rehabilitation facilities also hampered the successful management of learners who abused substances. Parents who fail to communicate with the school affect the effective management of substance abuse. The location of School A impacts negatively on the effective management of substance use. Failure by learners to acknowledge that they have a substance abuse problem affects the effective management of it. Rehabilitation facilities that lack adequate manpower and proper management tend to be ineffective for learners needing their assistance. A shortage of after care facilities exacerbates the substance abuse problem. Friends who were poor role models posed a challenge to the management of substance abuse. Ineffective peer led programmes resulted in challenges to effective management of substance abuse.

7.4 Recommendations

To address the problems with the school's prevention, intervention and regression-prevention strategies that came to the fore from the above-mentioned findings, the following recommendations are made. The findings and recommendations are used to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in this girls school.

Table 6: Linking findings and recommendations

Prevention	
Findings	**Recommendations**
Though the school's awareness raising efforts are commendable, they are inadequate.	• Make use of collaborative partnerships, e.g. the SAPS to increase presentations to learners on substance awareness programmes. • Plan and engage learners of different grades in varied anti-drug activities spread over the whole year. • Have competitions aimed at anti-drug messages, e.g. poster competition, story/poetry writing competition, board game or online game development competition, etc. • Organise an anti-drug community march by learners, educators and parents.

	• Arrange different classes to do assembly presentations using song, dance, poetry, sketches and talks. This can be made part of a competition. • Work with other school principals of the neighbouring high schools to create unity in undertaking combined substance awareness programmes. • School A must continue with drug searches as it is every learner's right to be in a substance-free zone. • The police services' dog squad can be taken to hotspot areas in and around the school to check for hidden drugs. • Learners must be made aware of the various support groups and individuals who they can speak to, e.g. Peer counsellors and matric counsellors. Peer counsellors can also be trained to use the CRAFFT screening tool (cf. section 4.5.4) to detect risky behaviour. Peer counsellors can use the tool to empower learners about the consequences of risky behaviour and in so doing aid in prevention of substance abuse.
Substances are easily available from the pedlars who sell them at the shopping centre opposite the school and outside school.	• Have the SAPS and Metro police patrol the shopping centre across from the school in the mornings and after school. A police presence could deter pushers from operating in the vicinity of the school. • There must be a collaboration between community organizations and the school to monitor areas at the shopping centre and outside school.
Alternatives programming forms part of School A's prevention approach but the advent of Covid and lockdown has negatively affected these activities.	• Reintroduce extra-curricular as well as co-curricular activities at School A. • Engage learners in activities that will negate boredom, e.g. book club, chess. • Ensure there is a variety of activities, i.e. sports as well as non-sport activities to draw as many learners as possible. • Allow and invite faith based associations, e.g. the Hindu Students Association, Christian Students Association, Muslim Students Association to become active at School A. • Engage the Visual Art and Dramatic Art learners to hold mini workshops with learners who have an interest in these fields.
School A does not sufficiently cater for all three tiers of prevention programmes: universal, selective, and indicated programmes.	• To be able to cater for all learners, School A should have (1) universal prevention programmes that are offered to the entire learner population, regardless of their level of risk, (2) selective prevention programmes, which target groups identified as having an increased risk and (3) indicated prevention programmes aimed at learners who are experiencing early symptoms of substance disorder.

Learner participants found the CCTV cameras an effective deterrent but have identified areas not covered by the cameras and then use substances in those areas.	• Install cameras in areas that the learners have identified as areas where they use substances. • Make it compulsory for educators on supervision duty to sporadically walk through the bathrooms.
The LO syllabus as per the National Curriculum Statement covers substance abuse only for Grades 8 and 9 learners.	• The LO syllabus as per the National Curriculum Statement should have topics on substance abuse for Grades 8–12 learners. I will make a written request to the provincial department of the DoBE via the circuit office requesting a meeting with the Chief Education Specialist for the subject LO to discuss an amendment to the LO syllabus.
School A does not comply with the requirement set out in the Implementation Protocol of 2011 that schools must have a Safe School Committee.	• School A should have a fully constituted Safe School Committee. • Get more NGOs on board at School A as part of the working arm of the Safe School Committee to assist learners who are experiencing substance abuse problems.
Intervention	
Findings	**Recommendations**
School A does not use any screening measures.	• School A should try and work towards establishing a school-based health centre, where screening measures can be undertaken. • Convert an unused classroom into a school-based health centre where SBIRT, CRAFT and Project Choice can be used. The school could perhaps buy some of the posters from these tools and put them on the walls of such a room. • A substance abuse programme similar to Curriculum in a box should be made available at a participant school.
Private rehabilitation facilities are too costly, thus limiting the number of learners that can access them.	• School A must create bonds and work together with local clinics and other relevant community-based service providers. • School A must get counsellors to volunteer their help. Perhaps call out to parents who are qualified counsellors to offer their services free of charge for an hour a week. They could operate from the "centre" I envisaged establishing in the first recommendation. • Final year university students studying psychology or social work can do community service by offering to assist learners at School A. Not only students could be included but lecturers themselves. The principal could contact the University of KwaZulu-Natal and set up a meeting with the relevant lecturers. The principal can ask the lecturers how they can collaborate. University lecturers must have registered Community Engagement Projects, they might be willing to provide assistance to the school as a project. • Enlist the services of retired professionals (psychologists, nurses, doctors) to volunteer their help. • Try and get local businesses to adopt School A as part of their social responsibility programme.

There are too few government rehabilitation facilities to cater for the growing demand for learners, resulting in long waiting periods for appointment dates.	• Engage learners in activities that lead to wellness and good mental health, e.g. beach clean-up with the school environment club. • School A needs to engage the education wing of organizations such as SANCA and Blue Roof (rehabilitation facility). • A rotational rehabilitation clinic using School A as its base can be set up for a cluster of high schools in the vicinity of School A. The professional staff serving this clinic can be placed on rotation based on a roster system, e.g. rotation between a counsellor, a psychologist and a psychiatrist. • In the public health sector special legislation has to be gazetted whereby a school has the authority to refer a learner who is in need of mental and/or physical medical assistance related to substance abuse to a government facility. • The administrative forms for such intervention requests must be formally produced by the DoBE in conjunction with the Department of Health and these learners must be seen to as a matter of priority at the applicable government hospital, clinic or social services department.
Management of substance abuse at School A is governed by legal prescripts as a school disciplinary issue, a school safety issue, a school health issue and in a human rights framework. Unfortunately, the SMT and educators are not sufficiently knowledgeable about these legal prescripts.	• The SMT and educators must be workshopped on legal prescripts that govern substance abuse. • The Schools Act should recognise internal disciplinary hearings, should the school not wish to follow the route of an external tribunal in managing substance abuse as a school disciplinary issue. In an internal disciplinary hearing the parent, learner and member or members of the SMT will be involved, this is different from the external tribunal where a parent member from the school governing body Discipline committee must also be present. • Because of the serious safety risk substance abuse holds, suspension should be a mandatory sanction for repeat offenders. • Support for the learner who engaged in substance use for the first time must precede punishment as is the case of managing substance abuse as a health issue. • Remedial classes to be made available, thus allowing the learner to seek medical/rehabilitation assistance. • School A must have an academic policy in place that ensures the learner who abuses substance has her right to education protected and will receive academic assistance while in treatment. • A peer led academic programme for learners who abuse substances must be accessible to learners. • An unused classroom should be made available for peer tutors to use after school hours. This venue would be different to the one used as a health centre.

Peer counsellors breach the trust of learners	• Peer counsellors to undergo proper training. • Learner leadership courses can be brought to school to empower peer counsellors, e.g. Lexden leadership training, which strives to equip aspiring leaders with skills, strength, determination and motivation. • Confidentiality forms must be signed by peer counsellors and kept on file.
TADA does not keep abreast of current trends in substance use.	• TADA mentors need to be properly trained. • TADA as a peer led initiative must be guided by an educator/educators who are knowledgeable about current issues that affect adolescents.
School A does not have a social worker and a counsellor as part of the SBST on a full time basis.	• The school's SBST must be fully constituted and functional. • The SBST must follow up on learners who have undergone treatment and provide support.
Multiple substances are in use at times	• The universal prevention approach must also consider multiple substance use.
School A currently addresses substance abuse as prescribed in the Multi-grade teaching Annual Teaching Plan Subject: Life Skills and Multi-grade Teaching Pacesetter Subject: Life Orientation.	• There should be an amendment of the Life Skills curricula at School A for Grades 10 to 12, to include topics on substance use and abuse can be taught.
Regression-prevention	
Findings	**Recommendations**
The regression-prevention measures at School A are not effective because there is no school counsellor, no support structures and educators lack the necessary knowledge and skills to identify the signs of substance use regression.	• Educators need to be workshopped on signs of substance use regression. • There should be a SBST from School A for regression-prevention. • School A needs a full time counsellor – see the recommendations in this regard above under Intervention.
School A implements the narrative therapy model.	• Use learners who were substance users to become peer counsellors. • School A should have a support group where learners who abuse substances could meet weekly and share their stories.
School A is lacking in following up on supporting learners who have been found to use substances.	• Professional help and support in the form of counsellors and psychologists must be available to learners at School A – see the recommendations in this regard above under Intervention. • The SMT should have monthly follow-up meetings with both parents and learners. • The SBST must be functional. • Create a system where an individual learner with serious substance abuse problems is "buddied-up" with a police official for a one-on-one advisory session.

Parents are in denial that their child is a substance user.	• Family therapy arranged by the principal and presented by a family counsellor needed to bridge the gap between parent and learner. • Parents must be made aware of risk factors for substance use.

In the section below the strategic framework for managing substance abuse in School A is discussed.

7.5 Strategic framework for managing substance abuse in School A

What are the constituting elements of a strategic framework for managing substance abuse amongst adolescent learners in girls schools? The constituting elements of a strategic framework for prevention, intervention and regression-prevention of the management of substance abuse were identified from the findings and related recommendations. A strategy has been developed to operationalise the identified prevention, intervention and regression-prevention measures School A will have to take to ensure effective management of substance abuse. The strategy has been developed taking into account the legal framework (cf. chapter 2) and theoretical framework consisting of theories on the causes of substance abuse and theories on the prevention, intervention and regression-prevention of substance abuse (cf. sections 3.2, 4.3).

Law and Policy framework

This framework focuses on managing substance abuse prevention, intervention and regression-prevention as a human rights issue, a school safety issue, a school health issue and a school discipline issue (cf. chapter 2 and section 7.3).

Theoretical framework

One of the constituting elements of a strategic framework for prevention, intervention and regression-prevention for the management of substance abuse amongst adolescent learners in girls schools is a theoretical framework. An understanding of theories on the causes of substance abuse is essential for an understanding why adolescents begin to use substances and progress toward substance abuse, which, in turn, is fundamental to effective substance abuse management. Equally important is the theories on prevention, intervention and regression-prevention of substance abuse.

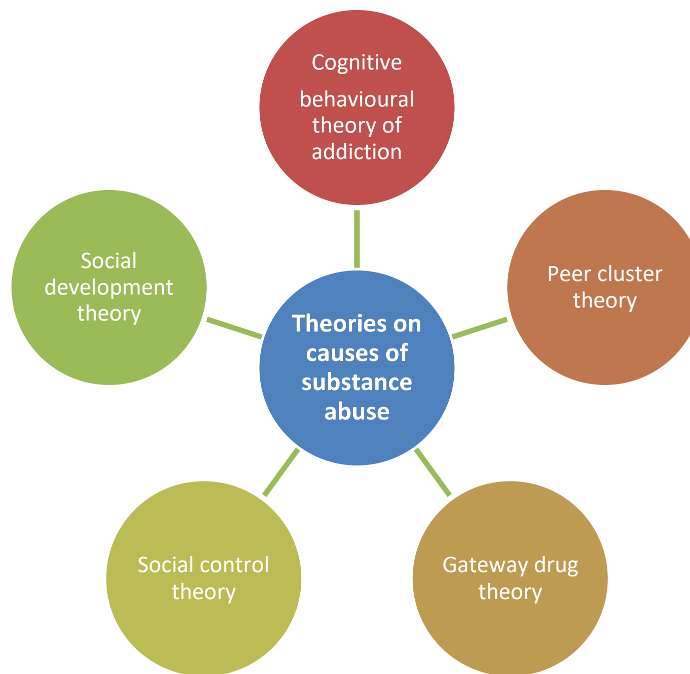

Figure 4: Theories on causes of substance abuse

Source: Compiled by the researcher (1 March 2022)

In the figure below are the four theories on prevention, intervention and regression-prevention of substance abuse.

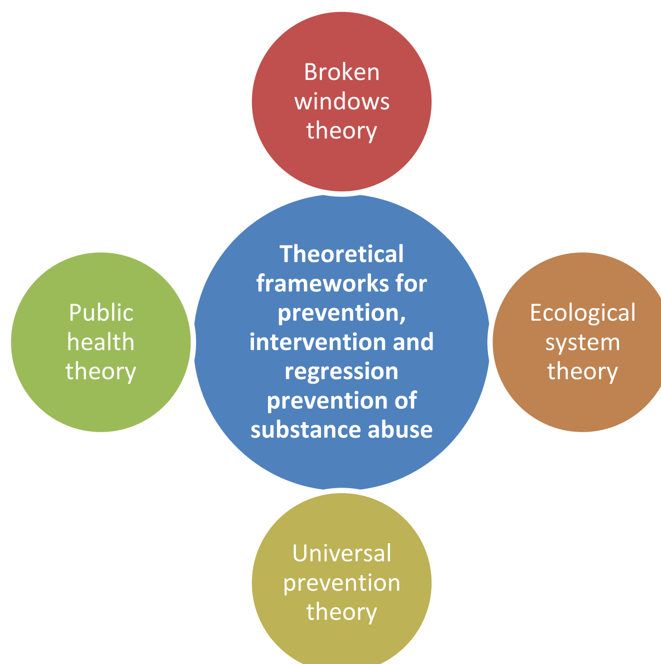

Figure 5: Theoretical framework for prevention, intervention and regression-prevention of substance abuse

Source: Compiled by the researcher (1 March 2022)

Strategic framework

1. Adopt a policy on substance abuse taking into account the spheres of prevention, intervention and regression-prevention with consideration that substance abuse will have to be managed as a human rights, school safety, school health, and school discipline issue.
2. Conduct a SWOT analysis: Consider the strengths, weaknesses, opportunities, and threats in relation to substance abuse. Considering the literature review on management of substance abuse as well as the data, I suggest a focus on the following when doing a SWOT analysis:
   - How does the school policies address substance abuse?
   - The SMT's approach and leadership style – do the principal and SMT support the promotion of prevention, intervention and regression-prevention of substance abuse in their leadership approach and style?
   - How do learners get access to substances?
   - Where on the school premises does the learners use drugs?
   - What measures are in place to monitor these areas, e.g. placement of CCTV cameras, supervision of these areas by staff, placement of learner leaders in these areas to act as a deterrent?
   - Identification of the main types of substances being consumed, which can be ascertained by the regular use of the data-collection instruments used in this research to update this information.
3. Training needs: (a) Ensure that educators and the SMT are trained on the contents of the legal prescripts that govern substance use. (b) TADA mentors, peer counsellors and matric council learners need the proper training on observing signs of substance use as well as on keeping confidentiality and gaining the trust of learners.
4. Ensure support structures such as the SBST or school-based health centre are in place.
5. Address support of substance abusing learners during various stages by keeping in contact and having follow-up scheduled meetings on a roster basis, which is indicated on the school's year planner and term calendar. This will assist in preventing initial substance use to progress into substance abuse and by further supporting learners who abuse substances will inevitably assist in regression-prevention.

6. Address substance abuse education. Set up meeting with the LO Team:
    - Discuss progressive curricula so that comprehensive coverage is ensured in the framework of CAPS, Multi-grade teaching Annual Teaching Plan Subject: Life Skills and Multi-grade Teaching Pacesetter Subject: Life Orientation.
    - Compile plans to address the problem of insufficient coverage of substance abuse in the LO curricula for Grades 10 to 12.
7. Draw up a plan and schedule for prevention measures – make sure the plan provides for universal, selective and indicated programmes.
8. Plan intervention measures with stakeholders:
    - Parents (to receive progress reports from care centres and plan face to face meetings regarding the status of learners' recovery).
    - Subject educator (to arrange for completion of classwork activities, homework exercises, provide learners with academic material for tests and exams).
    - Learners attending a treatment centre – support of parents, duration of treatment, type of treatment.
    - Format of intervention measures.
9. Arrange meetings with other stakeholders:

9.1 The SAPS:
- Discuss problems with easy access to drugs, taxis and shopping centres; police visibility in mornings and afternoons.
- Plan awareness campaigns and activities.

9.2 TADA:
- Discuss problems and needs as identified by learner participants, e.g. the lack of sensitivity and thus need for sensitivity training.
- Non-attendance of meetings due to Covid protocols being maintained.

9.3 Peer counsellors:
- Determine their needs – what do they need to enable them to more effectively support learners that abuse substances?
- Inform them of learners' needs.

9.4 Parents:
- Information sessions on substance abuse and essential role parents and the home play.
- Explain prevention, intervention and regression-prevention measures.

9.5 District office:

- Invite representative of this office to one of the drug awareness activities – to come and talk to the learners.
- Make district aware of the prevention, intervention and rehabilitation needs of learners who use/abuse substances.

9.6 University:

- Lecturers' and students' involvement.

The above strategic framework for managing substance abuse amongst adolescent learners in a school for girls covers prevention, intervention, and regression-prevention strategies.

7.6 Study conclusion

A strategic framework for managing substance abuse amongst adolescent learners in girls schools is based on the management of substance abuse at a girls school. An analysis of legal prescripts and information extracted through interviews, focus group discussions, and questionnaires resulted in the research findings on current management practices, factors that contribute to substance abuse, reasons for and effects of substance abuse and a strategic framework for managing substance abuse. The literature review indicated that current trends in substance abuse management strategies in schools includes the use of generic prevention approaches such as information dissemination, affective education and alternatives programming.

Literature (cf. section 4.5.4) indicates that schools currently engage common intervention measures known as SBIRT, CRAFFT screening tool, the Student assistant programme, Project CHOICE, Curriculum in a box and school-based health centres. It was imperative that in a school, counsellors, educators and the role played by parents were identified as essential to ensure effective regression-prevention. The research highlighted that substance abuse was on the rise at School A. Participants indicated that they lacked knowledge of the relevant legal prescripts regarding the management of substance abuse. The following factors that hindered learners to prevent regression at School A that came to the fore were psychiatric comorbidity, a lack of family interest, continued influence of substance-using peers and poor coping skills. It was further found that affordable, easily accessible rehabilitation facilities were not enough, the SBST at School A lacked school counsellors and psychologists to provide expert help to learners involved in substance abuse. Learner participants stressed the need for their parents to

play a more active role in their lives and to work with the school as partners in assisting them overcome their substance use/abuse problem.

The findings were used to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in schools for girls. The strategy was informed by the empirical findings as well as the law and policy framework in which substance abuse should be managed and the theories on the causes of substance abuse and on substance abuse prevention, intervention, and regression-prevention. The law and policy framework focused on substance abuse as a human rights, school safety, school health, and school discipline issue. The theoretical framework focused on generic and specific strategies for prevention, intervention, and regression-prevention.

7.7 Suggestions for future research

It has become evident that there is a prospect for future research regarding the management of substance abuse regression-prevention. Little attention is given to this aspect of management of substance abuse treatment at School A. Further research on the training of the SMT on regression-prevention, which is aimed at preventing a learner from relapsing into substance use is needed. The possibility of having mobile clinics that arrive at schools according to a set pre-determined schedule to focus on substance abuse treatment and aftercare support of learners needs further research. Collaborative research between schools and treatment centres to determine why learners that were referred do not stay in treatment for the full duration of the treatment could prove to be most valuable.

A pilot study needs to be done on specific schools in substance abuse hot spot areas becoming venues for other schools in that area to send their learners for counselling, treatment and care. According to the Integrated School Health Policy the school health programme should ensure that the focus is on the achievement of health, appropriate assessment, treatment, care and support services, which are available and accessible to all learners who are identified as having substance abuse problems. In practice, this is not the case as there is a major problem to access government based treatment facilities. Further research on the actual role of the DoBE and the Health Department for treatment for learners with identified substance abuse problems should be undertaken.

Further study on the role that learner leaders can play at school level in engaging in prevention, intervention and regression-prevention programmes that assist girl learners can also be

undertaken. There is a scope for further research on the school-based support teams and the effectiveness of these teams.

7.8 Chapter conclusion

In this chapter I summarised the research findings, which aimed at answering the research sub-questions. The recommendations regarding the role played by the school in managing prevention, intervention and regression-prevention were discussed. I concluded the chapter with recommendations derived from the study and mentioned a number of specific suggestions.

7.9 A final word

Learners' lives today are complex, fast paced and extremely demanding. They are faced with various types of pressure and levels of anxiety in any one day. Many learners lack a conventional familial structure and grow up in an abyss devoid of proper parenting and find solace in escaping their sad reality by engaging in substance abuse. Negative peer pressure, mental health issues, a low self-esteem and school stress exacerbate the situation that adolescents find themselves in. Relevant law and policy govern the school and it is in this framework that the school has to manage measures to assist learners in the prevention, intervention and regression-prevention of substance abuse. It is the intention of the participant school to be non-punitive as far as possible and to offer a remedy that leads to learners' mental wellness and a substance-free lifestyle. If a firmer stance needs to be taken with repeat offenders, then this stance must be taken. The mission of the participant school must always be upheld at all times and aim at the optimal development of every girl to enable her to see her unique potential and become a productive, proud, law abiding young South African woman who is able to cope with an extremely demanding society.

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APPENDIX A Written application (specific application form) for permission from the Head of Department: Basic Education: KZN to conduct research

Application for Permission to Conduct Research in KwaZulu Natal Department of Education Institutions

1. Applicants Details

Title: Ms Surname: BRIJRAJ

Name(s) Of Applicant(s): ARTHIE Email: arthiep@mweb.co.za

Tel No: 031-5639864 Fax: N/A Cell:

Postal Address: PO BOX 40234, RED HILL, 4071

2. **Proposed Research Title:**
A strategic framework for managing substance abuse amongst adolescent learners in girls schools

3. Have you applied for permission to conduct this research or any other research within the KZN DoE institutions?

Yes	No
	X

If "yes", please state reference Number: N/A

4. Is the proposed research part of a tertiary qualification?

Yes	No
X	

If "yes"
Name of tertiary institution: UNISA
Faculty and or School: Department of Educational Leadership and Management
Qualification: Philosophiae Doctorem
Name of Supervisor: Prof SA COETZEE **Supervisors Signature**__________
If "no", state purpose of research:

Application for Permission to Conduct Research in KwaZulu Natal Department of Education Institutions Page 1 of 5

5. Briefly state the Research Background

In his opening address in parliament in 1994, the former South African president, Nelson Mandela, singled out alcohol and substance abuse as a social pathology requiring urgent attention (Ramlagan, Peltzer & Matseke 2010:40). In an attempt to prevent the spread of substance abuse in the country, the National Drug Master Plan (NDMP) was drafted in 1998.[1] The NDMP (RSA 2013-2017:4) infers that substance abuse leads to crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as AIDS and Tuberculosis, injury and premature death. Due to the prevalence of adolescent substance abuse in South Africa, the South African Community Epidemiology Network on Drug Use (SACENDU) emphasises that an important implication for policy and practice is that substance abuse prevention programmes should start at primary school level and continue to secondary school level (National Institute on Drug Abuse 2011). Substance abuse has a negative effect on the lives of girls and young women, thus making it imperative for the SMT to find effective ways in managing this abuse by female adolescent learners. The SMT is obliged to manage substance abuse, not only by means of prevention strategies but also by means of handling learners who abuse substances considering the law and policy framework that govern such.

6. What is the main research question(s) :

What lessons on substance abuse and the management thereof can be learnt from a case study at a girls school that can be used to inform the development of a strategic framework for managing substance abuse amongst adolescent learners in girls schools?

7. Methodology including sampling procedures and the people to be included in the sample:

As my qualitative research design, I have chosen the single case study design. For the purposes of this study, a multicultural girls school in an area south of Durban will be chosen as the research population. School A is a public school (an ex-model C school), which serves a working-class community. The school principal, five departmental heads, four Life Orientation educators, five members of the school governing body, four peer counsellors as well as six girl learners will participate in this study.

8. What contribution will the proposed study make to the education, health, safety, welfare of the learners and to the education system as a whole?

I will submit my contributions stemming from this study to the Professional Development Committee (PRODCO) of SACE. This committee is responsible for developing resource materials to initiate and run training programmes, workshops, seminars and short programmes that are designed to enhance the profession. This study could further inform the DoBE on the development of a strategic framework for the management of substance abuse amongst adolescent learners in public girls schools. The school management will benefit in that I will introduce them to positive and remediative ways of managing learners who have been involved in substance abuse. I will present the participant school with new and innovative ideas on how to assist learners who cannot afford private in-house drug rehabilitation.

9. KZN Department of Education Schools or Institutions from which sample will be drawn – If the list is long please attach at the end of the form		
Removed to protect anonymity of institution		

10. Research data collection instruments: *(Note: a list and only a brief description is required here - the actual instruments must be attached)*:

Document analysis- school's Code of Conduct for learners, school's Discipline Policy, Records of disciplinary cases related to substance abuse, school's Safety Policy and 6 learner profiles will be accessed. **Focus Group** – 5 members of the SMT and 3 educators from the Life Orientation department with 1 Departmental Head (Appendix S,T). In- depth, semi-structured **interview**- school principal and 6 learner participants (Appendix Q,R). **Questionnaire**- 5 SGB (school governing body) members and 4 Peer Counsellors.

11. Procedure to maintain confidentiality (if applicable):

I have signed the Researchers Declaration to adhere to the UNISA Code of Conduct regarding the Ethics of the proposed research and thus I maintain privacy and the confidentiality of records pertaining to the research. I will also send a signed confidentiality disclaimer to the research participants, thus indicating my understanding of my responsibilities to maintain confidentiality and the participant's obligation that they have to protect the confidentiality of the other participants, by not discussing that which transpires during the research.

12. Questions or issues with the potential to be intrusive, upsetting or incriminating to participants (if applicable):

Substance abuse can be a very sensitive and emotional topic for learner participants. If participants feel that they are uncomfortable to answer any of the questions, then they are not compelled to answer as indicated on the letter requesting participation in the study. Participants are also assured that withdrawal from answering questions that are intrusive, upsetting or incriminating will be without reprisal.

13. Additional support available to participants in the event of disturbance resulting from intrusive questions or issues (if applicable):

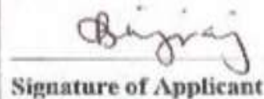
Learner participants have access to the school counsellor as well as Peer Counsellors for emotional support and comfort.

14. Research Timelines : It is hoped that this research will be concluded by 2021.

15. Declaration

I hereby agree to comply with the relevant ethical conduct to ensure that participants' privacy and the confidentiality of records and other critical information.

I ARTHIE BRIJRAJ **declare that the above information is true and correct**

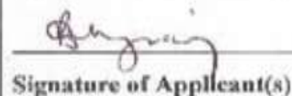


Signature of Applicant **Date** 30/11/2020

16. Agreement to provide and to grant the KwaZulu Natal Department of Education the right to publish a summary of the report.

I/~~We~~ agree to provide the KwaZulu Natal Department of Education with a copy of any report or dissertation written on the basis of information gained through the research activities described in this application.

I/~~We~~ grant the KwaZulu Natal Department of Education the right to publish an edited summary of this report or dissertation using the print or electronic media.



Signature of Applicant(s) **Date** 30/11/2020

Return a completed form to:
Sibusiso Alwar
The Research Unit; Resource Planning; KwaZulu Natal Department of Education

Hand Delivered:
Office G25; 188 Pietermaritz Street; Pietermaritzburg; 3201
Or
Ordinary Mail
Private Bag X9137; Pietermaritzburg; 3200
Or
Email
sibusiso.alwar@kzndoe.gov.za

APPENDIX B: Written permission from the Head of Department: Basic Education: KZN

KWAZULU-NATAL PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE HEAD OF DEPARTMENT

Private Bag X9137, PIETERMARITZBURG, 3200
Anton Lembede Building, 247 Burger Street, Pietermaritzburg, 3201 **E-mail**: Phindile.duma@kzndoe.gov.za **Tel**: 033 3921062 / 033-3921051
Buyi.ntuli@kzndoe.gov.za

Enquiries: Phindile Duma/Buyi Ntuli

Ref.:2/4/8/7082

Ms Arthie Brijraj
P.O. Box 40234
RED HILL
4071

Dear Ms Brijraj

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"A STRATEGIC FRAMEWORK FOR MANAGING SUBSTANCE ABUSE AMONGST ADOLESCENT LEARNERS IN GIRLS SCHOOLS":** in the KwaZulu-Natal Department of Education Institutions

has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 24 February 2021 to 10 October 2023.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators,

Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.

8. Should you wish to extend the period of your survey at the school(s), please contact Ms Phindile Duma/Ms Buyi Ntuli at the contact numbers above.

9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.

10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Dr EV Nzama
Head of Department: Education
Date: 24 February 2021

GROWING KWAZULU-NATAL TOGETHER

APPENDIX C: Written permission from the Ethics Committee of UNISA to conduct research

UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2021/03/10

Ref: **2021/03/10/7236948/05/AM**
Name: Ms A BRIJRAJ
Student No.: 7236948

Dear Ms A BRIJRAJ

Decision: Ethics Approval from 2021/03/10 to 2026/03/10

Researcher(s): Name: Ms A BRIJRAJ
E-mail address: arthiep@mweb.co.za
Telephone: 031-5639864

Supervisor(s): Name: PROF SA COETZEE
E-mail address: Coetzsa1@unisa.ac.za
Telephone: (012) 337-6170

Title of research:

A strategic framework for managing substance abuse among adolescent learners in girls schools

Qualification: PhD Education Management

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2021/03/10 to 2026/03/10.

*The **medium risk** application was reviewed by the Ethics Review Committee on 2021/03/10 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

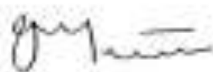
University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the UNISA College of Education Ethics Review Committee.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
8. No field work activities may continue after the expiry date **2026/03/10**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **2021/03/10/7236948/05/AM** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Kind regards,



Prof AT Motlhabane
CHAIRPERSON: CEDU RERC
motlhat@unisa.ac.za

Prof PM Sebate
EXECUTIVE DEAN
Sebatpm@unisa.ac.za

APPENDIX D: Letter requesting permission from the principal to conduct research at the school

PO Box 40234
Redhill
4071
15 NOVEMBER 2020

To: The Principal

Dear Madam

Re: Request to conduct research

I humbly request your permission to conduct a research study at your school. I am presently studying towards a Philosophiae Doctorem (PhD) degree in Education Management and Leadership at the University of South Africa. My research topic is based on **A strategic framework for managing substance abuse amongst adolescent learners in girls schools**. This research will involve an interview with you as Principal, as well as a focus group discussion with the Life Orientation team which will be made up of one Departmental Head and three Life Orientation educators. The governing body chair and deputy chair, 7 parent members, and 3 educator members will be asked to complete a qualitative questionnaire. Individual interviews will be held with six learners from Grades 8–12 who are substance abusers. Relevant policy documents as well as the school's Code of Conduct and disciplinary and safety policies will be analysed. I ensure anonymity and confidentiality of all the participants and reiterate that participation is voluntary and withdrawal without reprisal is accepted. I will also seek permission from the relevant District Office to carry out this research study. It is hoped that input from this study will aid towards developing a strategic framework for managing substance abuse amongst adolescent learners in girls schools. Please note that as this research is on a very sensitive topic, you will be asked to agree to a confidentiality clause to protect the rights of the learners.

I kindly await your response.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

I would appreciate it if you could sign below, thus indicating that you have granted permission for the research to take place at your school.

Signature: ______________________________

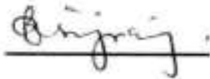
Print name: ______________________________ Date: ______________________________

Please further indicate by signing below that you as Principal give consent to participating in said research.

Signature: ______________________________

Print name: ______________________________ Date: ______________________________

I humbly await your response.



A.BRIJRAJ (DEd Student)

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX E: Permission Form from the principal that research may be conducted at the school

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A. BRIJRAJ (PhD Student)

Supervisor: Prof Susanna A. Coetzee

I, ………………………………………………., agree that the school can participate in the above named study. The details of this research and its purpose have been explained to me. I have received an information letter to keep.

I consent to the following: (Tick to indicate your selection)

Participation of school:

Yes or No

The possible future use of the findings to inform government:

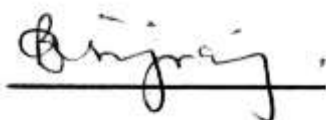
Yes or No

Publication and/ or dissemination of findings:

Yes or No

____________________________ ____________________________

Signature of participant Date



____

Signature of researcher Date

APPENDIX F: Letter requesting participation and consent from the principal

Redhill
PO Box 40234
4071
15 NOVEMBER 2020

To: The Principal

Dear Madam

Re: Requesting participation and consent

My name is Arthie Brijraj. I am presently studying towards a Philosophiae Doctorem (PhD) degree in the subject Education Management at the University of South Africa. My research topic is based on **A strategic framework for managing substance abuse amongst adolescent learners in girls schools.**

I will obtain permission from the District Director (and also requested your permission) to conduct this research project at your school. I hereby invite you to participate in the research project. Should you agree to participate in an interview, I would like to inform you that the following applies:

- Your participation in this study is purely voluntary.
- You are free to refuse to answer any question at any time.
- You are also free to withdraw from this research at any time.

I will protect your identity and your responses will be kept confidential. Your name and contact details will be kept in a separate file from any data that you supply. In any publication emerging from this research, you will be referred to by a pseudonym. I will remove any references to personal information that might allow someone to identify you. I undertake not to divulge the information from these documents to anyone outside the school, or anybody in the school who may not be entitled to insight therein.

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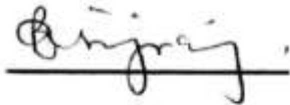
Once the research has been completed, the findings will be presented in a published dissertation. Further to the above I attach the Confidentiality disclaimer, the intention of which is to indicate to you that strict confidentiality will be maintained at all times.

If you would like to participate, please indicate that you have read and understood this information by signing the accompanying consent form and return it to me.

Should you require any further information, do not hesitate to contact me.

I kindly await your response.



A BRIJRAJ (DEd Student)
arthiep@mweb.co.za
(0837839864) – cell no

APPENDIX G: Example of the consent form for the principal

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I, ..., am aware of the details of the research, its purpose and my involvement. An information letter has been given to me to keep.

I consent to the following: (Tick to indicate your selection)

Being interviewed at some point during the study

Yes or No

The tape recording of my interview with the researcher

Yes or No

I agree to keep all identifying information about the participants and their names and study sites as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

____________________ ____________________

Signature of participant Date

____________________ ____________________

Signature of researcher Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX H: Letter requesting participation and consent from SMT members

Dear SMT members

My name is A. Brijraj. I am presently studying towards a Philosophiae Doctorem (PhD) degree in Education Management and Leadership at the University of South Africa. My study focuses on A strategic framework for managing substance abuse amongst adolescent learners in girls schools**.** I have obtained permission from the Head of Department of Education: KwaZulu-Natal and the principal of the school to send this letter to you informing you of this research project. Should you agree to participate in a focus group, I would like to inform you of your following rights:

- Your participation in this study is purely voluntary.
- You are free to refuse to answer any question at any time.
- You are also free to withdraw from this research at any time.

I kindly request that you sign below, thus indicating that you consent to participating in the above study.

Signature: ______________________________

Print name: ______________________________

Date: ______________________________

Further to the above I include the Confidentiality Disclaimer below, the intention of which is to indicate to you the participant that strict confidentiality will be maintained at all times.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
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APPENDIX I: Example of the consent form for the SMT

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I ………………………………………………………. am aware of the details of the research, its purpose and my involvement. An information letter has been given to me to keep.

I consent to the following: (Tick to indicate your selection)

Being involved in a focus group at some point during the study

Yes or No

The recording of focus group with the researcher

Yes or No

I agree to keep all identifying information about the participants and their names and study sites as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

____________________________ ____________________________

Signature of participant Date

____

Signature of researcher Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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APPENDIX J: Letter requesting participation and consent from Life Orientation (LO) team

Dear LO team members

My name is A. Brijraj. I am presently studying towards a Philosophiae Doctorem degree (PhD) degree in Education Management and Leadership at the University of South Africa. My study focuses on a strategic framework for managing substance abuse amongst adolescent learners in girls schools**.** I have obtained permission from the Head of Department of Education: KwaZulu-Natal and the principal of the school to send this letter to you informing you of this research project. Should you agree to participate in a focus group, I would like to inform you of your following rights:

- Your participation in this study is purely voluntary.
- You are free to refuse to answer any question at any time.
- You are also free to withdraw from this research at any time.

I kindly request that you sign below, thus indicating that you consent to participating in the above study.

Signature: ______________________________

Print name: ______________________________

Date: ______________________________

Further to the above I include the Confidentiality Disclaimer below, the intention of which is to indicate to you the participant that strict confidentiality will be maintained at all times.

University of South Africa
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APPENDIX K: Example of the consent form for the LO team members

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I, ………………………………………………………., am aware of the details of the research, its purpose and my involvement. An information letter has been given to me to keep.

I consent to the following: (Tick to indicate your selection)

Being involved in a focus group at some point during the study

Yes or No

The recording of focus group with the researcher

Yes or No

I agree to keep all identifying information about the participants and their names and study sites as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

__________________________ __________________________

Signature of participant Date

____

Signature of researcher Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX L: Letter requesting participation and consent from the Parent Governors

Redhill
PO Box 40234
4071
15 NOVEMBER 2020

To: The School Governing Body

Dear Member

Re: Requesting participation and consent

My name is Arthie Brijraj. I am presently studying towards a Philosophiae Doctorem degree (PhD) degree in the subject Education Management at the University of South Africa. My research topic is based on **A strategic framework for managing substance abuse amongst adolescent learners in girls schools.**

I have obtained permission from the District Director and the school principal to conduct this research. I hereby invite you to participate in the research project. Should you agree to participate in the completion of a questionnaire, I would like to inform you that the following applies:

- Your participation in this study is purely voluntary.
- You are free to refuse to answer any question at any time.
- You are also free to withdraw from this research at any time.

I will protect your identity and your responses will be kept confidential. Your name and contact details will be kept in a separate file from any data that you supply. In any publication emerging from this research, you will be referred to by a pseudonym. I will remove any references to personal information that might allow someone to identify you. I undertake not to divulge the information from these documents to anyone outside the school, or anybody in the school who may not be entitled to insight therein.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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UNISA university of south africa

Once the research has been completed, the findings will be presented in published dissertation. Further to the above I attach the Confidentiality disclaimer, the intention of which is to indicate to you that strict confidentiality will be maintained at all times.

If you would like to participate, please indicate that you have read and understood this information by signing the accompanying consent form and return it to me.

Should you require any further information, do not hesitate to contact me.

I kindly await your response.

A BRIJRAJ (PhD Student)

arthiep@mweb.co.za

(0837839864) – cell no

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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APPENDIX M: Example of the consent form for the Parent Governors

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I, ………………………………………………………., am aware of the details of the research, its purpose and my involvement. An information letter has been given to me to keep.

I consent to the following: (Tick to indicate your selection)

Completing a questionnaire at some point during the study

Yes or No

I agree to keep all identifying information about the participants and their names and study sites as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

____________________________ ____________________________

Signature of participant Date

____

Signature of researcher Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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APPENDIX N: Letter requesting learner participation and consent from parents of underage learners that their child may participate

Dear Parent

My name is A. Brijraj. I am a Philosophiae Doctorem degree (PhD) student at the University of South Africa. My study focuses on A strategic framework for managing substance abuse amongst adolescent learners in girls schools. I have obtained permission from the District Director and the principal of the school to send this letter to you informing you of this research project. With regard to this study, your daughter has the following rights:

- Her participation in this study is purely voluntary.
- She is free to refuse to answer any question at any time.
- She may also withdraw from this research at any time.
- Her responses will be kept in the strictest of confidences.
- Her name or any identifying characteristics will not be divulged in the report.
- She is free to consult with the school counsellor and/or the peer counsellors as and when she sees fit.

I will protect her identity. In any publication emerging from this research, she will be referred to as participant A, B, C, etc. Before she participates in this research, she will be provided with counselling by the school counsellor, to ensure that she is ready. If she needs further counselling after she has participated in the study, it will be arranged for her. I would appreciate it if you, the parent could sign this consent form as an indication that you have read and understood its contents.

Signature: ______________________________

Print name: ______________________________

Date: ______________________________

Thanking you kindly.

A.BRIJRAJ

arthiep@mweb.co.za

(0837839864) – cell no.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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APPENDIX O: Example of the Consent form for the parents

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I, ………………………………………………………., am aware of the details of the research, its purpose and my child's involvement. I have received an information letter.

I consent to the following: (Tick to indicate your selection)

My child to be interviewed by the counsellor to determine whether there is any reason she should rather not participate in the research

Yes or No

My child be interviewed by the researcher on a one-on-one basis.

Yes or No

My child's interview to be recorded

Yes or No

I agree to keep all identifying information about the participants and their names and study sites as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

______________________________	______________________________
Signature of parent	Date
______________________________	______________________________
Signature of researcher	Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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APPENDIX P: Letter requesting learner participation and assent from underage learners

Dear Participant

My name is A. Brijraj. I am presently studying towards a Philosophiae Doctorem (PhD) degree in Education Management and Leadership at the University of South Africa. My study focuses on the creation of a strategic framework for managing substance abuse amongst adolescent learners in girls schools. I have obtained permission from the District Director and the principal of your school to send this letter to you to participate in this research project. On reading this letter you can decide whether you wish to participate or not. Should you agree to participate, I would like to inform you of your following rights:

- Your participation in this study is purely voluntary.
- You are free to refuse to answer any question at any time.
- You are also free to withdraw from this research at any time.
- Your responses will be kept in the strictest of confidences.
- Your name or any identifying characteristics will not be divulged in the report.
- You are free to consult with the school counsellor and/or the peer counsellors as and when you see fit.

I will protect your identity. In any publication emerging from this research, you will be referred to as participant A, B, C, etc. Before you participate in this research, you will be provided with counselling by the school counsellor, to ensure that you are ready. If you need further counselling after you have participated in the study, it will be arranged for you.
I would appreciate it if you the learner could sign this consent form as an indication that you have read and understood its contents.

Signature: ______________________________

Print name: ______________________________

Date: ______________________________

Thanking you kindly.
A.BRIJRAJ
arthiep@mweb.co.za
(0837839864) – cell no.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX Q: Example of the Assent form for the learners

A strategic framework for managing substance abuse amongst adolescent learners in girls schools

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I, ………………………………………………………., am aware of the details of the research, its purpose and my expected involvement. An information letter has been given to me to keep.

I assent to be interviewed by the researcher:

(Tick to indicate your selection)

Yes or No

I agree for the interview to be recorded:

Yes or No

I agree to keep all identifying information about the participants and their names and study sites as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

____________________________ ____________________________

Signature of participant Date

____

Signature of researcher Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX R: Letter requesting participation of the school counsellor

PO Box 40234
Redhill
4071
15 November 2020

Dear Counsellor

My name is A. Brijraj. I am presently studying towards a Philosophiae Doctorem degree (PhD) degree in Education Management and Leadership at the University of South Africa. My study focuses on a strategic framework for managing substance abuse amongst adolescent learners in girls schools.

I have obtained permission from the District Director and the principal of your school and the parents of the prospective learner participants have consented to their children's participation. The learners themselves have assented to participate.

After you have read this letter you can decide whether you wish to participate or not. Should you agree to participate, I will require you to interview the prospective learner participants, who will be substance abusers, to determine whether any harm will come to a learner as a result of participating in this research and also to be available to council learners during and after the research should it be necessary. To assist you in making such determination I attach the interview guide to this letter.

Your reports will be kept confidential and only be used for the purpose to establish the readiness of a prospective learner participant so as to avoid possible harm to a participant. Please find my signed Confidentiality Disclaimer attached. If you agree to participate, please indicate that you have read and understood this information by signing the accompanying consent form and return it to me.

Should you require any further information, do not hesitate to contact me.

Thanking you kindly.

A.BRIJRAJ

arthiep@mweb.co.za

(0837839864) – cell no.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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APPENDIX S: Example of the Consent form for the school counsellor

A strategic framework for managing substance abuse amongst adolescent learners in girls schools.

Researcher: A BRIJRAJ (PhD Student)

Supervisor: Prof. Susanna A. Coetzee

I, ………………………………………………………., am aware of the details of the research, its purpose and my expected involvement. An information letter has been given to me to keep. I consent to participate in this research by interviewing prospective learner participants and declare my willingness to council any learner participant who may require counselling: (Tick to indicate your selection)

Yes or No

I agree to keep all identifying information about the participants and their names and study site as completely confidential. I further agree not to divulge, publish, or otherwise make known to unauthorised persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

____________________________ ____________________________

Signature of counsellor Date

____

Signature of researcher Date

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX T: Letter requesting participation and consent from Peer Counsellor

Dear Peer Counsellor

My name is A. Brijraj. I am presently studying towards a Philosophiae Doctorem degree (PhD) degree in Education Management and Leadership at the University of South Africa. My study focuses on a strategic framework for managing substance abuse amongst adolescent learners in girls schools**.** I have obtained permission from the Head of Department of Education: KwaZulu-Natal and the principal of the school to send this letter to you informing you of this research project. Should you agree to participate in completing a questionnaire, I would like to inform you of your following rights:

- Your participation in this study is purely voluntary.
- You are free to refuse to answer any question at any time.
- You are also free to withdraw from this research at any time.

I kindly request that you sign below, thus indicating that you consent to participating in the above study.

Signature: ______________________________

Print name: _____________________________

Date: ______________________________

Further to the above I include the Confidentiality Disclaimer below, the intention of which is to indicate to you the participant that strict confidentiality will be maintained at all times.

University of South Africa
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APPENDIX U: Interview guide with school principal

1. How common are learner substance abuse at this school?
2. What are the common risk factors that increase the likelihood of learner substance abuse in this school?
3. Would you say the management of substance abuse should be regarded as mainly a disciplinary matter, a health issue or a school safety issue? Kindly elaborate.
4. What do you do to prevent learners from using and abusing substances at the school?
5. What strategies do you use at the school to intervene and support a learner who was identified as a substance abuser?
6. What strategies do you use at the school to prevent a substance abusing learner from regressing?
7. Which law and policy regulate the management of substance abuse at schools?
8. Have you fully implemented the Policy on Screening, Identification, Assessment and Support in the school? If the answer is no, ask question 10. If the answer is yes, ask question 11.
9. Why did you not implement the policy at the school?
10. Kindly comment on the effectiveness of the structures and procedures that you put in place in terms of the Policy on Screening, Identification, Assessment and Support in relation to
    - 10.1 Preventing substance abuse at the school
    - 10.2 Intervening and supporting a learner who is abusing a substance or substances
    - 10.3 What role does the SBST play in managing substance abuse in the school?
11. What suggestions would you make on how the DoBE could improve on the support it provides in relation to substance abuse management that would enable you to better prevent substance abuse?
12. What suggestions would you make on how the DoBE could improve on the support it provides in relation to substance abuse management that would enable you to better intervene and support substance abusing learners so that they do not regress?
13. What role does the school governing body play in the management of substance abuse at the school?
14. In instances where learners have transgressed rules in relation to substance abuse what support, if any, did you receive from their parents?

15. What role, if any, does the South African Police Service play in relation to substance abuse at your school?
16. What advice would you give other principals on how they should approach substance abuse at their schools?

APPENDIX V: Interview guide with learner participants

1. Where did you get the illegal substance or prescription drugs that you have misused?
2. Name the drugs that you used.
3. Where did you consume these drugs and who was with you?
4. What measures do the school have in place to prevent learners from possessing, consuming and distributing substances on the school premises?
5. How do learners bypass these measures?
6. In your opinion, what could the SMT do to assist learners from desisting substance abuse at school?
7. Based on the literature review, I compiled a list of risk factors that can lead to substance abuse and asked the participants to place the factors in order from the one that she regards as most applicable to her personally to the factor least applicable to her. Thereafter I used that placement to probe further by asking: Please comment on the risk factors that you regard as the main factors that placed you at risk to abuse substances. The risk factors are as follows:
    a. Substance abuse at home
    b. Substance abuse in the community
    c. Peer group pressure (substance abuse is accepted amongst your friends and you will not
    d. fit into the group if you disapprove)
    e. The perception that substance use gives one standing and increases one's popularity
    f. Poor academic performance; struggling to cope academically
    g. A low self-esteem
    h. Escape from daily routine
    i. A lack of parental supervision as parents are uninvolved
8. What were your parents' response to you taking illegal substances?
9. What was their advice to you?
10. Do you think that you need help to overcome your addiction? If so, what type of help do you think you need? [If needed probe about support received from the peer counsellors and/or school support team.]
11. What could the school do to promote non-addictive behaviour?

12. Does the school have adequate drug awareness programmes? If so, what do you like or dislike about these programmes?

APPENDIX W: Questionnaire schedule for the focus group with members of the SMT

1. How many cases, dealing with substance abuse, do you decide on during a year?
2. Would you say the incidents of substance abuse amongst the learners are on the increase?
3. How do you identify learners who are engaging in substance abuse?
4. How does the SMT handle incidents of substance abuse?
5. What kind of parental support does the school receive concerning learners who have abused substances?
6. Is there enough policy directive from the National DoBE with regard to the procedure to be followed when substance abuse occurs?
7. What support does the school get from outside services, like the South African Police Services or any other psychological government services with regard to substance abuse at school?
8. Is the Code of conduct for learners and Disciplinary policy adequate in regulating this type of learner misbehaviour?
9. What does the Code of conduct for learners and Disciplinary policy state regarding current trends concerning prevention of substance abuse in your school?
10. What does the school do to prevent substance abuse?
11. How does School A intervene when a learner is found to abuse substances?
12. What does the school do to prevent a learner who abused substances and was treated from regressing?
13. What are the effect of substance abuse on the learner and the school?
14. What are your views on the legal prescripts regulating substance abuse at schools?

APPENDIX X: Questionnaire schedule for the focus group with members of the Life Orientation team

1. Does the Life Orientation curricula address substance abuse adequately? Explain.
2. Would you say the incidents of substance abuse at School A are on the increase?
3. What advice would you give to learners who are engaging in substance abuse?
4. Are there any peer led strategies at School A aimed at prevention of substance abuse? If so, explain briefly.
5. What kind of parental support do the learners receive concerning substance abuse?
6. Is there sufficient policy directive from the National DoBE with regard to the procedure to be followed when substance abuse occurs?
7. How involved is the school support team with matters related to substance abuse?
8. What support does the school get from outside services, like the South African Police Services or any other psychological government services with regard to substance abuse at school?
9. Is the learners Code of conduct and Disciplinary policy adequate in regulating this type of learner misbehaviour?
10. What does the learners Code of conduct and Disciplinary policy state regarding current trends concerning prevention of substance abuse in your school?
11. What does the school do to prevent substance abuse?
12. How does School A intervene when a learner is found to abuse substances?
13. What does the school do to prevent a learner who abused substances and was treated from regression?
14. What are the effect of substance abuse on the learner and the school?
15. What are your views on the legal prescripts regulating substance abuse at schools?

APPENDIX Y: Questionnaire schedule for Parent governors

1. What is the extent of substance abuse in School A?
2. What are the prevailing causes of substance abuse in School A?
3. Which type of substance/s are commonly abused in School A?
4. Where is the source of the illegal substances that are prevalent in School A?
5. What are the consequences of substance abuse for the learners at School A?
6. Does the school governing body play a role with regard to prevention of substance abuse in School A?
7. Are the current prevention strategies in School A effective? Explain.
8. What are your views on the legal prescripts regulating substance abuse at schools?
9. What do you recommend should be done to address the substance abuse situation in School A?
10. Are the available rehabilitation facilities for the learners who abuse substances adequate? If not, why?

APPENDIX Z: Questionnaire for Peer Counsellors

1. What is the extent of substance abuse in your school?
2. What are the prevailing causes of substance abuse in your school?
3. Which type of substance/s are commonly abused by learners?
4. What support do the learners get from their friends in trying to overcome substance abuse?
5. What help can you offer these substance abusing learners?
6. Are the current prevention strategies in the school effective?
7. What is the common age group of learners who abuse substances?
8. What do you recommend should be done to address the substance abuse situation in the school?
9 Are the available rehabilitation facilities for learners in the community who abuse substances adequate? If not, why?
10. Are the peer counsellors effective in assisting these substance abusing learners?

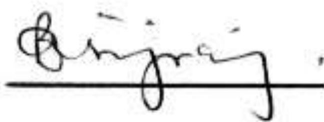
APPENDIX AA: Confidentiality Disclaimer

Title of Research Project: A strategic framework for managing substance abuse amongst adolescent learners in girls schools.

Researcher: A. BRIJRAJ

As a researcher I understand that I may have access to confidential information about participants. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study sites and participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study sites or participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorised persons any of this information, unless specifically authorised to do so by approved protocol or by acting in response to applicable law or court order, or public health or clinical need.
- I understand that I am not to read information about study sites or participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.



Signature of Researcher   Date

APPENDIX BB: An example of an interview transcript with the principal

Interviewer	Good day, Mam. May we begin with this interview? How common are learner substance abuse at this school?
Principal	Ahh yes, it goes in phases. Not really commonplace in our school. It does depend on whether there is umm, a dealer or pedlar in the school or on the transport used by the learners.
Interviewer	What are the common risk factors that increase the likelihood of learner substance abuse in this school?
Principal	Well err, taxi services increase the easy access to learners and they use the learners as couriers to school. There are also drug dealers who operate outside the shops that are close to school.
Interviewer	Would you say the management of substance should be regarded as mainly a disciplinary matter, a health issue or a school safety issue?
Principal	Hmm, mostly a disciplinary matter with counselling and attempts to rehabilitate learners also a school safety issue as the drug community are always trying to recruit learners to peddle drugs at schools.
Interviewer	What do you do to prevent learners from using and abusing substances at the school?
Principal	Ummm, engage learners in awareness programmes held by [the] SAPS, SANCA,TADA. Also, issues can be raised in relevant subjects, e.g. Natural Science, Life Science, Life Orientation. CCTV can also be used to monitor areas of the school.
Interviewer	What strategies do you use at the school to intervene and support a learner who has [been] identified as a substance abuser?
Principal	Well, we use disciplinary hearings to involve parents in the contravention of the Code of conduct. We also monitor learners by making use of urine tests. They can attend an outpatient course with SANCA. Learners can write reflective essays. The school can raise awareness with parents to monitor their daughter and to seek professional outside help.
Interviewer	What strategies do you use at the school to prevent a substance abusing learner from regressing?
Principal	Mmm yes, we raise awareness of staff to monitor learners’ behaviour. We undertake random drug tests. Counselling also.
Interviewer	Which law and policy regulate the management of substance abuse at schools?
Principal	Well ummm, [the] South African Schools Act, Safety and Security Acts, Constitution and [the] SIAS.

Interviewer	Have you fully implemented the Policy on Screening, Identification, Assessment and Support? If the answer is **no**, answer question **9**. If the answer is **yes**, answer question **10**.
Principal	Yes.
Interviewer	Kindly comment on the effectiveness of the structures and procedures that you put in place in terms of the Policy on Screening, Identification, Assessment and Support in relation to preventing substance abuse at the school.
Principal	Ehh, constantly monitoring learners' behaviours. Follow up with information given by friends or other informants. Remind learners of the powers of school to search property. Awareness campaigns by [the] SAPS.
Interviewer	Kindly comment on the effectiveness of the structures and procedures that you put in place in terms of the Policy on Screening, Identification, Assessment and Support in relation to intervening and supporting a learner who is abusing a substance or substances.
Principal	Umm, [the] SIAS involves parents to seek professional help and remediation programmes. Also, involve [the] SAPS if necessary.
Interviewer	What role does the SBST play in managing substance abuse in the school?
Principal	Umm, unfortunately since we no longer have an internal social worker we have not been able to function as effectively as we would like to. The Head of Grades and the Deputy principal have carried this load with discipline and parental involvement.
Interviewer	What suggestions would you make on how the DoBE could improve on the support it provides in relation to substance abuse management that would enable you to better prevent substance abuse?
Principal	Unfortunately [it] requires a major improvement. There needs to be more psychologists for schools as well as awareness campaigns for learners. Also, there should be training programmes for educators on drugs and testing. Basically for more support with rehabilitation programmes or centres for learners. Far too much is left up to schools to find their own way with this problem.
Interviewer	What suggestions would you make on how the DoBE could improve on the support it provides in relation to substance abuse management that would enable you to better intervene and support substance abusing learners so that they do not regress?
Principal	Well umm, provision of expert help with troubled or vulnerable learners. As well as assistance with placing vulnerable learners in centres that have programmes to prevent regression. There should be

	assistance to provide support to parents who are facing this trauma. Err, there is also a need for more social workers to liaise with [the] SAPS to root out dealers.
Interviewer	What role does the school governing body play in the management of substance abuse at the school?
Principal	Unfortunately, we have no support from our school governing body.
Interviewer	In instances where learners have transgressed rules in relation to substance abuse what support, if any, did you receive from their parents?
Principal	Well, some parents are grateful and supportive. They use [their] medical aids for rehabilitation or counselling and become more in tune with their daughter. Unfortunately, many parents claim to assist but fail to find affordable solutions. Some parents reject or ignore the behaviour of their daughter or they blame friends.
Interviewer	What role, if any, does the South African Police Service play in relation to substance abuse at your school?
Principal	Yes, they assist with awareness campaigns with learners and staff. They have run drug searches when there has been a problem. They have removed drugs off the premises if found by us. They also removed a highly intoxicated learner off the school grounds. They also searched taxis and followed up on leads as to the source of the drugs.
Interviewer	What advice would you give other principals on how they should approach substance abuse at their schools?
Principal	Yes, yes. Tackle every case with a serious approach. The message sent out to learners that we will follow through with every incident is important. They must have a good relationship with the local SAPS for assistance. They must also, err, encourage the support of learners, staff and parents to be the eyes and ears of the school and the community.

APPENDIX CC: An example of a transcript with a Focus Group of members of the Life Orientation (LO) team

Interviewer	Good day, colleague. I want to thank you for your time and valued input. May we begin? Does the LO curricula address substance abuse adequately? Explain.
LO 1	No. It is only covered in the curricula, e.g. Grade 8 in term 2 has substance abuse as one of their chapters in their notes. However, it could be emphasized more, especially in the senior grades where it is even more applicable.
LO 2	Yes, for example in Grade 8. They discuss the social factors that contribute to substance abuse. Appropriate behaviour to stop and avoid substance abuse. Consequences of substance abuse. Rehabilitation options, where to find help, care and support.
LO 3	It addresses substance abuse adequately but theory and description aren't always relevant or applicable to real life situations.
LO 4	Yes it does. Substance abuse is continuously taught in the LO curricula for many years pertaining to the child when they are in school. Additionally, it also examines the causes of substance abuse, such as having [a] low self-esteem and peer pressure. The impact on one's life is also examined and methods in which one can seek guidance to overcome substance abuse is addressed.
Interviewer	What is your view on the general observation that the incidents of substance abuse at School A are on the increase?
LO 1	Very difficult to say in terms of what learners do at home. In terms of school-related issues regarding substance abuse I would not say that there has been an increase over the last several years.
LO 2	This is difficult to respond to as there are some learners whose behaviour might indicate substance abuse, but without more information as an educator I would not be able to state there is an increase definitely (sic).
LO 3	Substance abuse is on the increase. Every year more and more learners are caught smoking cigarettes or dagga on school property. Learners as young as 13 have been caught abusing medication.
LO 4	To my knowledge, being a new teacher in this school, I have not noticed many incidents of substance abuse and extreme substances being taken by the children. I am only aware of a smoking case that took place during my time here.

Interviewer	What advice would you give to learners who are engaging in substance abuse?
LO 1	Ensure that you have a good group of friends who will be a positive influence on you. Get professional help, e.g. a counsellor, psychologist, teacher, etc. Also consider the destructive consequences.
LO 2	The substance abuser does need to acknowledge that they do indeed have a problem. Only once the person admits to their (sic) addiction can they (sic) then be able to get help. They can then be referred to professionals who can then assist them.
LO 3	Yes, my advice is always to think of the future that they are jeopardizing by engaging in substance abuse. Many learners have parents who have sacrificed a lot to have them attend school and I would try and remind them of that.
LO 4	I think the key is to understand the cause of their trauma and pain or peer pressure that has pushed them towards substance abuse. In most cases teenagers engage in this activity as it takes away their pain or stress. I would advise that they replace this behaviour by something more acceptable such as engaging in community work, playing sports or developing another talent. Engaging in professional help to guide them through detaching from this behaviour is absolutely necessary.
Interviewer	Are there any peer led strategies at School A aimed at prevention of substance abuse? If so, explain briefly.
LO 1	Ehhh, no peer led strategies. Although Teenagers Against Drug Abuse (TADA) has been active in the past.
LO 2	Yes, we have a TADA group at school.
LO 3	Yes, we have TADA mentors that meet regularly and help with counselling. They have created awareness in the past but with Covid 19, it is difficult for them to have assemblies with the rest of the school.
LO 4	I am aware that the school has the TADA group, who help to educate the learners of the school and bring awareness. Furthermore, they offer guidance and support to students of the school.
Interviewer	What kind of parental support do the learners receive concerning substance abuse?
LO 1	Mmm, very difficult to say. Some come from tight-knit families, where parents are involved, they then get advice, guidance, discipline, etc. Others come from families where they are left to their own devices, resulting in no rules, no guidance, no supervision, etc.
LO 2	Errr, I don’t know.
LO 3	I don’t think parents are supportive enough. I think in many cases parents abuse certain substances themselves and it is an unfortunate cycle that is

	being repeated. Learners should have anti-drug and anti-alcohol talks at home before being sent to school. Education starts at home.
LO 4	I have noticed in most cases, the parent component is absent in this regard. With the majority of learners coming from broken homes, this becomes increasingly difficult. Most parents also tend to be in denial as they do not wish to face the reality that their child engages in such practices as they are fearful as to what people may say about their child if their (sic) habits become public knowledge.
Interviewer	Is there sufficient policy directive from the National DoBE with regard to the procedure to be followed when substance abuse occur?
LO 1	I do not know the policy directives of the National DoBE regarding substance abuse so I am unable to comment.
LO 2	I am not sure as management will deal with this.
LO 3	Err, not sure about Departmental policies.
LO 4	Mmm, yes there is. The department did publish the National Strategy for the prevention and management of alcohol and drug use amongst learners in schools.
Interviewer	How involved is the school support team with matters related to substance abuse?
LO 1	I am not sure.
LO 2	Errr, I don't know. Management would deal with this.
LO 3	Yes, they are very supportive. The SMT is very supportive and action is taken immediately. Parents are phoned in and there are attempts to counsel these learners, but as in most schools, resources are limited.
LO 4	The management of the school does offer support, however, it would be best to have an onsite counsellor who is professionally trained to handle substance abuse.
Interviewer	What support does the school get from outside services, like the South African Police Services or any other psychological government services with regard to substance abuse at school?
LO 1	Yes. The school rules and Discipline policy cover these under levels and substance abuse is level 5.
LO 2	Not much if any.
LO 3	Oh, yes our local police station is very involved in anti-substance abuse campaigns. We have a liaison officer who visits the school and sends brochures to create awareness. She also has frequent assemblies with our learners pre-Covid to highlight dangers, not only of substance abuse, but also other issues like bullying.

LO 4	The school will get support from the South African Police Services as they do perform searches in schools. They do offer talks, programmes and printed material for learners in an attempt to combat this problem.
Interviewer	Is the learners Code of conduct and Disciplinary policy adequate in regulating this type of learner misbehaviour?
LO 1	Yes. The school rules and Discipline policy cover these under levels (sic) and substance abuse is level 5.
LO 2	Ahh, yes it does.
LO 3	Mmm, yes the Code of conduct has a zero tolerance policy regarding substance abuse on school premises.
LO 4	The school does have a smoking and drug policy and does state the consequences of substance abuse in school. Yes, it is adequate.
Interviewer	What does the learners Code of conduct and Disciplinary policy state regarding substance abuse in your school?
LO 1	Enforcement of Code of conduct and Disciplinary policy. Mmm, there is also education of substance abuse in the LO lessons, also there is one-on-one intervention by management.
LO 2	LO educators discuss prevention strategies. Yes, also posters are displayed as well as wall murals. TADA has meetings and invites guest speakers to talk to learners about substance abuse.
LO 3	As I stated previously the school has a TADA club and under the TADA facilitators' guidance, TADA learners create awareness. There has also been an excursion to rehabilitation facilities where they received first-hand experience.
LO 4	TADA is in place. The school also has students of the matric council strategically situated at duty points to ensure that such behaviour does not take place. In addition, educators are on duty during breaks as well.
Interviewer	How does School A intervene when a learner who abuse substances is identified?
LO 1	Well ja, this depends on the situation. Management deals with learner, learner parents, police, etc. There are disciplinary consequences if necessary, like a tribunal. There is also referral, if necessary, to counselling.
LO 2	Management intervenes.
LO 3	[The] School management team is notified. Yes, the learner is called into the office and this is followed by a meeting with the parents. There is some attempt at counselling.
LO 4	The students are called to the office and are asked to explain what has transpired. This is done with the RCL teacher liaison officer as well. The

	school will then act in accordance to the category of the offence mentioned. A counselling session with the teacher liaison officer is also offered.
Interviewer	What does the school do to prevent a learner who abused substances and was treated from regressing?
LO 1	I think they need to follow up with learners and parents. Also have intermittent drug tests.
LO 2	I don't know.
LO 3	The learner could be referred to join TADA, but in my opinion, the school cannot force the learner to seek help. This is the responsibility of the parent.
LO 4	Follow-up sessions are offered to monitor the progress of the learner. The learner is also monitored by the management of the school to ensure that the learner is making progress and not regressing.
Interviewer	What are the effects of substance abuse on the learner and the school?
LO 1	Yes, the learner suffers academically. There may be behaviour problems with conflict in school. The school's reputation suffers.
LO 2	The learner is not able to function at their (sic) best and may end up failing. The school may get a bad reputation, thus parents may not send their children there.
LO 3	The learner is academically impacted because her schoolwork is not a priority. Emotionally the learner can display aggressive behaviour towards educators and other learners. The school receives a bad reputation and poor performance could lead to a decline in matric results. Learners who abuse certain substances may also decide to drop out altogether.
LO 4	The learner becomes addicted to such substances and this opens the door to theft, etc. for them to fuel their habits. They begin to perform poorly in school as they are not focused.
Interviewer	What are your views on the legal prescripts regulating substance abuse at schools?
LO 1	I do not have enough information about this to answer.
LO 2	I don't have much information about this.
LO 3	I don't think they are strict enough. Learners who abuse substances should be suspended for a longer period of time. They should be enrolled in an alcoholics anonymous programme of sorts and perform community service. Learners over 18 years of age should be sent to jail like every other adult.

LO 4	They are comprehensive and easy to enforce within the school environment. They are also quite extensive to cover the causes, identification of the behaviour and how to circumvent this behaviour. They are also easily accessible to everyone online.

APPENDIX DD: An example of a transcript with a Focus Group of members of the School Management Team (SMT)

Interviewer	Good afternoon, colleague. I want to thank you for your valued contribution. Yes, may we begin? How many cases, dealing with substance abuse, do you decide on during a year?
SMT 1	Umm, in the last year I've handled two cases of substance abuse.
SMT 2	Err, I would say about four cases a year, yes, at least four.
SMT 3	I have not encountered many this year. So far two cases.
SMT 4:	At least one.
SMT 5:	Yes, two cases per year.
Interviewer	What is your view on the general observation that the incidents of substance abuse amongst the learners are on the increase at the school?
SMT 1:	Yes, they are on the increase, reason being, I think they are more readily available to teenagers.
SMT 2	Well ja, in the past learners would take space muffins on average once a year and on the odd occasion of a "fun'' day at school like when it is market day. There used to be isolated instances of alcohol bottles found in toilets. However, in the past couple of years, learners have become more brazen, they engage in smoking and drinking before, during and after school. Some learners fail to see the seriousness of their actions and the effects that substance abuse has on their bodies and minds. They also do weekend binge drinking.
SMT 3	I am convinced that there are many learners who abuse substances. Some abuse illegal substances and some abuse legal substances. Possibly learners who abuse legal substances are not even aware that they do so.
SMT 4	I think it is on the increase, however, I think that learners are more adept at hiding it, thus making it more difficult to detect.
SMT 5	More learners get large sums of pocket money. They take public transport, therefore they are more exposed to pedlars at bus and taxi ranks. Learners today are also immature, they have less responsibilities and are easily influenced. There are more teenage parties where drugs are easily available.

Interviewer	How do you identify learners who are engaging in substance abuse?
SMT 1	I look for strange behaviours (sic) like laughing, inconsistent speech, avoiding contact, "ducking and diving". Also standing away from other learners, trying to hide.
SMT 2	They are either super loud or become very quiet. Their behaviour is generally unlike their normal behaviour. They may also have reddened (sic) eyes, sleep in class and can be slurred in their speech.
SMT 3	They have behaviour changes like lethargy, poor work ethic, disinterest and some may show aggression.
SMT 4	They display behaviour changes and may become either aggressive or submissive. A learner may change her group of friends. She may start to miss deadlines in handing in her assignments and projects. She may miss many days at school. Her physical appearance may change as she sees no self-worth, her clothes may become dirty and she becomes unkempt.
SMT 5	Learners may develop sleeping patterns (sic) in the class. Exhibit disruptive behaviour. They may develop a poor work ethic and not hand in schoolwork. There may also be a sudden change in personality. They become absent often (sic). They may even bunk lessons.
Interviewer	How does the SMT handle incidents of substance abuse?
SMT 1	Strict protocols are followed. Drug tests are conducted, parents are called in, the police sometimes and learners may be suspended.
SMT 2	The school support team made up of the principal, Deputy principal and the Head of Grade get involved in investigating and lend support to the family and the learner concerned. In the past when we had a social worker, she would do a lot of counselling, support and liaise with parents, SANCA, etc.
SMT 3	Proactively by getting parents involved and in rehabilitation.
SMT 4	Call learners in to discuss if any problems exist. Call parents and ask them if they are experiencing any problems with their daughter or at home to cause this type of behaviour change.
SMT 5	Learners are interviewed and drug tests are conducted and their parents are informed. Learners are sent home with letters. In serious cases, if learners require medical assistance, then parents fetch and take them to a medical facility or with the permission of parents, paramedics are called in. Interventions or hearings are held. Learners face isolated suspension, do community service, write reflective essays, do detention and may receive counselling from SANCA.
Interviewer	What kind of parental support does the school receive concerning learners who have abused substances?

SMT 1	There has been reasonable support by parents, the majority of whom see the negative effects of this behaviour.
SMT 2	Identified learners who engage in substance abuse normally have positive support from their parents. Ultimately it is the parents' responsibility to ensure learners get the further help they need.
SMT 3	Parents are sometimes required to take learners for drug tests. Parents are responsible for setting up the rehabilitation schedule initially.
SMT 4	In general I have found parents to be supportive and grateful for being alerted to the problem. Counselling needs to be done in the initial stages of alerting parents as they often in a state of shock and disbelief.
SMT 5	Most parents are supportive of the school and its Code of conduct regarding substance abuse. Initially they are shocked. They attend the intervention or hearings that are held and accept the outcomes. If learners require counselling then parents are willing to take them.
Interviewer	Is the policy directive from the National DoBE with regard to the procedure to be followed when substance abuse occurs, sufficient? Explain.
SMT 1	Umm yes, I think so. We followed the DoBE directive last year and it seemed to be effective in combatting the problem.
SMT 2	Yes, there might be sufficient policy directives, but the DoBE fails families by not being able to supply social and psychological support when needed.
SMT 3	Most yes, most DoBE policies offer theoretical procedures and box checking. They do little to nothing to put theory into practice.
SMT 4	I don't think so because it makes the assumption that parents can afford private counselling which is often not the case. It also relies on inter-departmental support, e.g. the department of health, which past experience has shown us is not always the case.
SMT 5	The school's Code of conduct regarding substance abuse is in line with the DoBE drug policy. When learners are caught abusing drugs at school, then all protocols are followed as per DoBE drug policy. The procedures included in the policy are sufficient as learners at our school do not abuse drugs on a large scale.

Interviewer	What support does the school get from outside services like the South African Police Services or any other psychological government services with regard to substance abuse at school?
SMT 1	The SAPS have been supportive when these crimes were reported. Learners were sent for counselling as well.
SMT 2	[A] captain comes from [the] SAPS to speak to the learners and police would get involved if it is a case of selling, etc. at school. But psychological and social services are not included as they should be, I think mainly because they have so few people employed and too many schools to service.
SMT 3	They engage [the] SAPS, SANCA and local community organization like the Blue Roof Clinic.
SMT 4	The SAPS have been supportive in dealing with the problem, if it is violent. I have found them not very supportive if they have to investigate a drug issue that is not on school property. The social welfare department is understaffed and unable to cope with all but the very severe cases.
SMT 5	We have a school liaison police officer from the local police station whom (sic) is attached to our school. Assistance is given to us whenever required. [The] SAPS also does random searches at school. With regard to psychological government services, we have not received any assistance. SANCA has offered support to drug abusers in the form of counselling.
Interviewer	Is the Code of conduct for learners and Disciplinary policy adequate in regulating this type of learner misbehaviour?
SMT 1	I think for now yes, unless the problem worsens.
SMT 2	Our Code of conduct is quite adequate when relating to offences. However, as substance abuse increases, a more detailed offence category needs to be put into place.
SMT 3	Yes, as I said the Code of conduct is clear in terms of consequences for various types of drug abuse. However, it should try and remediate, not only punish learners. I think they need to be helped as well.
SMT 4	In the initial stages of substance abuse counselling is of utmost importance. Unfortunately the Code of conduct only deals with punitive measures.
SMT 5	At our school the Code of conduct and the Disciplinary policy is (sic) adequate as it is (sic) enforced when learners engage in substance abuse. All protocols are followed and are effective.

Interviewer	What does the Code of conduct for learners and Disciplinary policy state regarding substance abuse in your school?
SMT 1	This is a category 4 offence which results in a learner's suspension. A tribunal is held thereafter.
SMT 2	It states that there must be a tribunal for continued infringement.
SMT 3	It states that substance abuse is unacceptable and cannot be tolerated. Learner must undergo rehabilitation.
SMT 4	Suspension and a tribunal.
SMT 5	The school, the Code of conduct states that possession, use, peddling of alcohol is a category 4 offence and this leads to suspension as a corrective measure. Possession, use, peddling of illegal substances is a category 5 offence and this leads to suspension pending expulsion. It is important to note that a tribunal will be held to establish if suspension should be applied for both categories. However, if the decision to expel is taken, then this is ratified by the Director General of the KZN Education Department.
Interviewer	What does the school do to prevent substance abuse?
SMT 1	This topic is integrated in the LO syllabus. There are posters around the school. It is also dealt with as a topic in Dramatic Arts.
SMT 2	Apart from advising learners, the school as such cannot prevent substance abuse as it is a social problem which comes to school. Bags can be searched and get the police in to do searches from time to time.
SMT 3	There can be drug raids. Also discussions in LO classes. Outside organizations can come in and do talks on various issues.
SMT 4	We have had counsellors come in to give talks. Also addressed in the LO lessons.
SMT 5	[The] school has cameras. There are also matric counsellors and educators on break time duty. Areas where learners could hide and engage in substance use are monitored. Learners are not allowed to leave the classroom during lessons, unless it is an emergency. There are also random searches by [the] SAPS. We also have TADA who highlight (sic) consequences of drug abuse. TADA also print (sic) out materials on substance abuse which are handed out to parents on information evening. [An] SAPS liaison officer called (sic) in to address learners at assembly on drug abuse.
Interviewer	How does School A intervene when a learner is found to abuse substances?
SMT 1	A drug test is conducted.
SMT 2	Parents are contacted and summoned. The school conducts a urine test. The results of the urine test are recorded. Parents are advised to take their daughter for blood tests. The school will follow up with parents. The

	school will advise parents to take their child to SANCA sessions. Learner may also have to engage in community service.
SMT 3	Initially there will be counselling. If the learner is still suspected of substance abuse, then the learner will undergo a drug test. There will be a follow up which might include rehabilitation.
SMT 4	Call learner in. Talk to learner. May do random drug urine test. Call parents in to discuss the results and the suspicions of the school.
SMT 5	Learner is called to the office, in the presence of the principal, Deputy principal and the Head of Grade the learner is questioned. If there is reasonable suspicion, then the learner's bag and locker is (sic) searched for evidence of substances. Interventions and/or tribunals may be conducted to establish why learner was abusing substances. Learner is given counselling. Support services like SANCA are called in to assist learner with coping mechanisms and how to recognise triggers.
Interviewer	What does the school do to prevent a learner who abused substances and was treated from regressing?
SMT 1	The learner is observed closely. Warnings are given that regression will lead to more severe consequences.
SMT 2	Keep contact with learner. Counselling at school will continue until the counsellor feels that the learner is safe once again and can continue without the fear of falling into drugs again.
SMT 3	There is monitoring that continues by the management and the counsellor. There may also be follow-up urine drug tests if required.
SMT 4	The school will offer assistance or local social welfare can assist. Ask the learner if she has a peer who can also help to monitor her. School can also use a counsellor for follow up.
SMT 5	The Head of Grade counsels the learner from time to time. A relationship of trust is built between [the] Head of Grade and learner. The learner is then comfortable to talk to the Head of Grade when they (sic) are experiencing problems instead of reaching out to substance abuse (sic). Frequent communication with the parent shows the learner that the school cares about their (sic) wellness.

Interviewer	What are the effects of substance abuse on the learner and the school?
SMT 1	Yes, the effects are negative as the learner performs badly at school and the school's reputation is at risk.
SMT 2	It damages the image of the school. The learner is not able to perform academically or to the best of their (sic) ability. They lack focus and lose out. They also don't benefit from a holistic approach as they don't participate in extramurals (sic).
SMT 3	They perform poorly in their academics. They have [a] poor self-image and become very broody. They have a personality change. The school gets a bad name and other learners think that substance abuse is cool. The educators also lose interest in these learners and regard them as lost causes.
SMT 4	With regard to school, there is a disruption of classes and the school gets a bad reputation as substance abuse is a bad reflection on the school.
SMT 5	The learner develops a poor work ethic as she is often absent or bunking classes. Learners who abuse substances may become rowdy and disrupt lessons. The teacher then spends class time disciplining the learner who is abusing substances and this is at the expense of the other learners who are losing out on teaching and learning time. Substance abusing learners may also have poor academic achievement. Sometimes these learners may become bullies. They bully other learners. Yes, they also sell drugs to other learners, making the school an unsafe environment to (sic) innocent learners.
Interviewer	What are your views on the legal prescripts regulating substance abuse at schools?
SMT 1	There should be stricter measures put into place when dealing with a learner who is found to be involved with substance abuse.
SMT 2	I am not sure of the legal prescripts for substance abuse at schools. This is a whole new field, dealing with the modern teenager and a degenerating society. If not stopped substance abuse will in general lead to the demise of humanity and social structures as we know it.
SMT 3	In theory the legal prescripts are effective. However, in practice it is difficult to follow up, as we as educators have too many roles to fulfil.
SMT 4	I think that too much is left to the school to carry out. We are not trained at all to follow the prescripts as it (sic) is set out. If we do not research and familiarise ourselves with these set prescripts then we fall short of the law.
SMT 5	I agree with the prescripts and if policies are correctly implemented it will work. Every learner has a right to education in a safe environment free from drugs.

APPENDIX EE: An example of a questionnaire for the peer counsellors

Interviewer	What is the extent of substance abuse in your school?
Peer counsellor 1	The majority of the learners at school have experienced drinking alcohol, drinking lean and smoking weed and cigarettes. In some cases there have been learners taking Xanax pills.
Peer counsellor 2	The substance abuse in the school is to the extent whereby (sic) some learners sneak drugs or alcohol into school and hide behind corners to smoke and drink these substances.
Peer counsellor 3	Well, I would say that they do take them, but this year it’s better than the past years.
Peer counsellor 4	Of recent substance abuse has increased in my school.
Peer counsellor 5	The extent of substance abuse is fairly controllable as there has not been any cases of violence due to substances or cases where the police have been called in because of a learner under the influences (sic) of substances.
Peer counsellor 6	Substance abuse is not that high. There are a few learners who do it, but the number, however, is increasing slowly.
Peer counsellor 7	They smoke weed in the toilets. They make space muffins and sell them at school. Some learners are taking Xanax and some drink lean.
Peer counsellor 8	The only cases I’ve heard of is weed-infused baked goods, cough mixture and sprite, cigarettes and boost tablets.
Peer counsellor 9	Substance abuse has become a part of everyday life for a number of children at the school. Not many children are involved in substance abuse. It is just a few number (sic) of learners. The level of this problem is not high.
Peer counsellor 10	Learners are sometimes seen behind certain buildings and corners smoking or taking drugs. Others bring food that contain drugs inside and share with friends or sell them.
Interviewer	What are the prevailing causes of substance abuse in your school?
Peer counsellor 1	Peer pressure, [a] lack of family involvement, [a] lack of discipline and I think mental health issues.
Peer counsellor 2	In my school the causes of drug abuse is bullying, stress either from home or school and peer pressure.
Peer counsellor 3	Peer pressure, trying to impress your friends or doing it because your friends are doing it. I also think that some take drugs because they can’t express their feelings so they want happiness for that moment to try and forget their problems. Due to problems that they can’t solve, so they use drugs as their source of happiness.

Peer counsellor 4	I would say that for different people it is for a different reason, but when it is happening within school, then it is definitely done to be “cool”. Yes, to fit in or just as something teenagers feel will help them cope.
Peer counsellor 5	Some learners come from broken families and use substances as a coping strategy to escape reality, while others use it to numb the emotional pain and abuse.
Peer counsellor 6	Peer pressure, home problems, stress about school, wanting to keep up with trends, feeling left out, hearing other people brag about it and I think also bad mental health (sic).
Peer counsellor 7	I think a big one is peer pressure. When they see their friends do it and they feel as if what they’re doing is right and they do it so that they can fit in and not feel left out. Social media and celebrities popularize using drugs as a trend.
Peer counsellor 8	One cause I am aware of is peer pressure. Another one is stress and anxiety or just rebelliousness to get attention, and the lack of education about substance abuse.
Peer counsellor 9	It is mostly due to peer pressure. Academic pressure can also be a cause to substance abuse. Some use drugs to self-medicate from (sic) painful feelings. Also depression among[st] many learners, so the (sic) take the pills of their friends the ones the doctor gave to their friends for anxiety. They call these pills the happy pills.
Peer counsellor 10	It is peer pressure or wanting to impress others to like you. Some use it as an escape for what they are going through at home or internal issues.
Interviewer	Which type of substance/s are commonly abused by learners?
Peer counsellor 1	Alcohol, lean, Xanax, weed and cigarettes.
Peer counsellor 2	Well, in my school it is weed, alcohol, painkillers, lean and Xanax.
Peer counsellor 3	Space muffins mostly, weed and Xanax.
Peer counsellor 4	Smoking of cigarettes and weed. Drinking of alcohol. Eating of edibles containing substances, e.g. space muffins.
Peer counsellor 5	The type of substances used commonly by learners are cigarettes, marijuana and alcohol.
Peer counsellor 6	Yes, I know they use weed in the form of blunts and also space muffins. Tobacco, alcohol and lean.
Peer counsellor 7	Weed, Xanax, alcohol, codeine.
Peer counsellor 8	Weed and lean.

Peer counsellor 9	Learners use alcohol more than any other drug. Other commonly abused substances include heroin, cocaine, tobacco, marijuana and lean. Some misused drugs are prescription medication.
Peer counsellor 10	Weed, there has been an incident of ecstasy where some girls needed help by educators because they had overdosed.
Interviewer	What support do the learners get from their friends in trying to overcome substance abuse?
Peer counsellor 1	The learners don't get much support from their friends than they should be receiving. In many cases, the learners' friends encourage them to use substance abuse. Their friends don't see the bad that they are doing.
Peer counsellor 2	Some learners may have emotional and mental support from their friends, whereas others may not. Hence, there are peer counsellors that are here to assist these learners as well as be [a] support structure and educating them on the dangers.
Peer counsellor 3	Some don't speak about it. They come to school looking normal, then all of a sudden they are happy. Some can't concentrate in class. Some girls actually talk about it, and then us as friends find a way to help them. Like lending a shoulder to cry on or just listening to them. By giving them advice on the consequences of the drug, they may or may not listen to us as their friends.
Peer counsellor 4	Not many learners who are dealing with substance abuse tell their friends. To be supportive you must know that your support is needed. So I would say that friends don't play a major role in helping overcome substance abuse, because when substance abuse is a result of a real problem, friends don't always know.
Peer counsellor 5	They get very little support as their friends have no knowledge and lack experience to help the learner. Most of the time, the friends do not know about the problem, as the abuser does not tell them, being afraid to be mocked.
Peer counsellor 6	Some friends help them by trying to talk them out of it. Some friends, however, don't even support, even after knowing as (sic) they do drugs also. Some friends get overwhelmed as they don't know what to do.
Peer counsellor 7	Majority don't get support because their friends think it is "cool" and their friends encourage them on (sic) doing drugs, rather than supporting them on overcoming them.
Peer counsellor 8	Just support in the form of encouragement of stopping the drugs and advice from the internet about ways to stop doing drugs.
Peer counsellor 9	At times it can be so overwhelming that ignoring the situation may seem like an easier solution. Many children do not support or

	encourage their friends to overcome this issue. Instead they join into (sic) doing the same thing or just ignore the situation as if nothing is wrong.
Peer counsellor 10	In most cases, you take the drugs from of (sic) your own will. No one uses violence. The learners are quite strong willed and the friends don't have much power to help. There is a drug awareness programme called TADA and those who have been helped reach out to others.
Interviewer	What help can you offer these substance abusing learners?
Peer counsellor 1	The help that I can offer these learners are some guidance. I can be there for them as a supportive friend that they need during this hard time. Many times learners use substances as they have no one to talk to, as they need help.
Peer counsellor 2	I can offer guidance and advice to learners that abuse substances as well as offering external help by finding organizations or campaigns that are against substance abuse and are able to help rehabilitate the youth that find themselves in these type (sic) of situations.
Peer counsellor 3	I would personally say that most of these learners may be depressed, so getting them to trust you is a long process, but eventually they open up and all you can do is listen and support them instead of judging them.
Peer counsellor 4	Substance abuse is generally caused because people are going through all types of problems. These problems are all different. I can offer to be someone who a learner suffering from substance abuse can talk to about the problems they are dealing with. Maybe this will reduce substance abuse.
Peer counsellor 5	I would advise them to seek help and address the actual problem that that influenced the substance abusing. Once the problem is addressed, there would not be a reason for taking the substances.
Peer counsellor 6	I can offer them time to talk about their problems and try to give them solutions on how to solve them. Let them know that there are better things to do that are healthy that can make you happy and relieved. Also let them know that they are not alone, others also go through what they are going through and they can overcome this.
Peer counsellor 7	We as teenagers, we understand each other more, so the help we offer is we talk to each other because we have similar issues. Tell them about the consequences in which (sic) other teenagers faced when they took that (sic) part.
Peer counsellor 8	Due to [a] lack of proper knowledge on drug abuse and prevention, I cannot offer any sort of professional help, but I am willing to be educated on mentorship and how to treat and navigate around this

	issue of drug abuse amongst peers, so I will be able to offer proper help.
Peer counsellor 9	Substance abuse prevention starts with parents learning how to talk to their children about difficult topics. Then the programmes offered by the school can support what the parents have started.
Peer counsellor 10	I suggest the school starts group counselling or any space that can allow learners to either talk to someone, if they cannot reach out to the people at home or their own friends. There can be group counselling once a week at school and a teacher can assist in advising them and be (sic) a safe space to talk to. They can also be taken to drug rehab facilities to see young people their age struggling to overcome the addiction (sic).
Interviewer	What is your view on the effectiveness of the current prevention strategies in the school?
Peer counsellor 1	I feel that although there is TADA, not many attend it as attendance is not compulsory, whereas I believe that it should be as learners should always be aware of what substance abuse can harmfully (sic) do to them.
Peer counsellor 2	I would think that the strategies are effective to an extent as the strategies can only make learners aware on how to prevent drug abuse, but it is up to the learners to practice these prevention strategies.
Peer counsellor 3	I feel it is weak because you can easily come in with drugs into the school (sic) including alcohol. The school doesn't bother to check and the learners have many ways of distributing and consuming alcohol and drugs during school hours.
Peer counsellor 4	TADA is a committee within (sic) my school and I would say that is the only prevention strategy. Well, this committee is doing everything they (sic) can, however, I don't think it's enough. As some learners don't just speak up.
Peer counsellor 5	The prevention strategies are fairly effective as the (sic) TADA educates the learners about drugs and consequences.
Peer counsellor 6	I feel that they are not effective as there are barely any strategies. I feel that our school needs to improve on encouraging mental health so that learners don't fall into substance abuse. I feel that we also need a qualified full time counsellor to help to talk to kids whenever they need to say, that they know that they have support.
Peer counsellor 7	The school only has TADA as a prevention strategy.
Peer counsellor 8	The prevention strategies are not stressed enough and put on display. Consistency of awareness group isn't there and learners lack proper guidance and mentorship.

Peer counsellor 9	It is unclear whether or not the prevention strategies are effective. The TADA school-based programme has the potential to reduce substance abuse but at the same time the continuous abuse of drugs done (sic) by learners indicates that the programme is not always successful.
Peer counsellor 10	I don't believe they are helping because the learners still do as they please. Maybe, if we could add (sic) something new to the table, they can really pay attention. Although honestly, it is not a lot of people who are actually taking drugs, it is only a portion which means the learners do have a certain amount of self-control. I do feel that more should be done. We had a team of young people over the years presenting (sic) their struggles through song and dance.
Interviewer	What is the common age group of learners who abuse substances?
Peer counsellor 1	15–17 years.
Peer counsellor 2	14–18 years.
Peer counsellor 3	I would say from Grade[s] 10–12.
Peer counsellor 4	Teenagers 12–19 years old.
Peer counsellor 5	The common age group of learners who abuse substances are 14–19 years, with peer pressure and as they are growing it becomes more difficult to deal with emotions.
Peer counsellor 6	14–18 years.
Peer counsellor 7	It is mostly when they get into their teen stage and also in high school so between (sic) 13 and upwards.
Peer counsellor 8	15–18 years.
Peer counsellor 9	The common age is among youth ages (sic) 16–17 years.
Peer counsellor 10	15–18 years. I think most common is Grade 10 as I personally believe they are at the in-between stage in their lives.
Interviewer	What do you recommend should be done to address the substance abuse situation in the school?
Peer counsellor 1	There should be more awareness about substance abuse in schools. Posters should be around the school to educate learners and to let them know if they need help that there are groups to join and people to speak to.
Peer counsellor 2	Doing presentations for the learners to show them the effect of substance abuse on teenagers and group counselling or private counselling for the learners who are involved in substance abuse.
Peer counsellor 3	Have open talks and show that you care about the learners with these talks, which may be for 10–15 minutes. Maybe scare them by saying that you will be doing a drug test or alcohol test so that they won't do drugs.

Peer counsellor 4	Substance abuse needs to be spoken about more. The negative effects really need to be addressed. Children need to be aware of the extremely bad impact it has on their lives.
Peer counsellor 5	TADA should also be included in LO lessons and learners should be given resources to learn more about the different types of substances.
Peer counsellor 6	A lesson in the week should be given to talk about substance abuse and ways to improve mental health for learners. This will allow learners to be more aware and ease them into talking about their abuse problem.
Peer counsellor 7	There should be various forms of substance abuse awareness programmes, whereby (sic) learners are taught about the dangers of substance abuse and how substances can decrease (sic) the development of a young, growing child.
Peer counsellor 8	Posters should be put up in the most visible places and also in corners where this drug taking occurs. Security must be tightened with more educators patrolling the fields instead of being in one place, and talks from external organizations about drug abuse and prevention [should be given].
Peer counsellor 9	The school may adopt a variety of alternatives to drug testing to address this issue. They can help parents and grandparents as many girls live with their grannies to become better informed. The school can also provide full time counselling, pay attention to the learners' whereabouts and lastly establish rules and consequences that are stricter.
Peer counsellor 10	There could be a speech or programme done to show the volatile (sic) effects of drugs and where the issue actually starts. Someone or some people could share information of the depths (sic) of substance abuse and not just what we always hear from everyone to grasp attention. Also more real life (sic) dramas like we once had should be held at school on an ongoing basis.
Interviewer	Are the available rehabilitation facilities for learners in the community who abuse substances adequate? If not, why?
Peer counsellor 1	No, they are not as some students aren't able to afford going to rehabilitation facilities as they are expensive. Some aren't aware of the rehabilitation facilities that are in their area.
Peer counsellor 2	I do not know as I have never been made aware of any specific rehabilitation facilities in my area.
Peer counsellor 3	I think they are but (sic) for learners who can see they have a problem. Some deny this and carry on without getting help.

Peer counsellor 4	Not that I know of, another issue is that learners aren't aware of where they can get help from (sic). So if someone needed help they would not know where to go.
Peer counsellor 5	No, there is no information that shows learners there is a safe place where they can get help. Not all learners have the courage to seek help but rather prefer it when help is offered to them.
Peer counsellor 6	No, there aren't any. I'm not sure why because we are not under-resourced, but I think that it may be that no one has brought it up.
Peer counsellor 7	No, there are no rehabilitation facilities because some addicts destroy whatever they are given as for (sic) help as they are not understood. Since counsellors' lives are at risk, they decide not to over help (sic) in other areas, also some don't have enough funds.
Peer counsellor 8	No, they are not adequate because they are expensive for parents of drug abusers to afford and the service provided by government takes a long process leaving more and more time for the learner to get more addicted.
Peer counsellor 9	Rehabilitation involves extensive therapy, which aims to rectify drug-seeking behaviours. As part of ongoing recovery, various outlets of aftercare provide individuals with long term support and continued relapse prevention opportunities. So yes, it is adequate in the services that they provide but more facilities are needed.
Peer counsellor 10	I'm not sure. I know there isn't one nearby, but the one on the South Coast is quite successful.
Interviewer	How are the peer counsellors effective in assisting these substance abusing learners?
Peer counsellor 1	The peer counsellors are effective as they are always there for learners who abuse substances. Counsellors will be able to regularly check up on the learners to ensure that they are okay and to help them overcome their struggles.
Peer counsellor 2	I do not know as I have never been made aware of any specific rehabilitation facilities in my area.
Peer counsellor 3	By sitting with the learners at break we, we (sic) spend the time to get to know the learners and they see us as their peers so it is much easier for them to open up to us.
Peer counsellor 4	I personally don't see how peer counsellors could be effective. Speaking as a peer counsellor, I am unsure of how to help with a learner going through substance abuse. If peer counsellors knew more on how exactly to help then we would.
Peer counsellor 5	The peer counsellors are effective, however, identifying a child that needs help can be difficult in a school of (sic) so many learners.

Peer counsellor 6	They are effective as they can at times relate to the substance abusers' situation as they may have been through the same thing or they can understand as they are as young as them (sic). They can also explain a learner's situation to other adults.
Peer counsellor 7	Since both parties are in the same age group it becomes easy to relate to each other. This creates a sense of feeling welcomed and comfortable, enabling learners who need to be counselled a platform where they can easily talk about what they are going through.
Peer counsellor 8	They aren't really effective because they haven't gotten (sic) any chance to engage with the learners and their effectiveness is hindered because they too are exposed to drugs and may be tempted to use them.
Peer counsellor 9	We are always available if any of the learners need someone to talk to. We try not to be strict all the time to allow learners to be free and not be scared or embarrassed. We keep information confidential to prevent learners from being scared of being judged.
Peer counsellor 10	Our first-hand experience with the learner is very beneficial, like the one learner who was referred to the office and through intervention from the office with her mum, she was helped.
Interviewer	How effective are the substance abuse education programmes at School A?
Peer counsellor 1	It is effective to a certain extent as due to Covid 19 the substance abuse education programmes are on hold, but before Covid it was effective as a great deal (sic) of learners were part of TADA.
Peer counsellor 2	I do not feel that it is very effective as there are still girls getting caught with drugs as they do not wish to take the programme seriously.
Peer counsellor 3	I think that they are not enough, to raise awareness to these learners.
Peer counsellor 4	TADA is the only substance abuse education programme at my school. I wouldn't say that they are effective. The people within (sic) the programme are aware of the effects of substance abuse, and those who chose (sic) not to join, they know nothing.
Peer counsellor 5	The programmes are very effective as learners become educated about the consequences of substance abuse and the ways to deal with it.
Peer counsellor 6	They are effective to a certain extent as they make learners aware but there are still some who carry on abusing.
Peer counsellor 7	Very effective, as learners are educated about the dangers of drugs and get to know people who have recovered from substance abuse. This enables learners to see what substance abuse can do to people and how easily it can destroy lives.

Peer counsellor 8	Moderately effective. They do raise awareness but offer little mentorship.
Peer counsellor 9	The TADA programme educates learners about the effects and consequences of substance abuse. Sometimes people from outside the school who have abused substances come to school and tell their sad and terrifying stories. This enlightens learners and makes them aware of the negativity (sic) of abusing substances.
Peer counsellor 10	I believe they could do better by not just being verbal, but more practical and active in implementing the information given. I believe in doing activities because in most cases this helps one to remember and grasp the importance of the task. Also, LO makes learners aware, but some learners shrug these lessons off as unimportant. These learners should develop their understanding further by making the LO activities more exciting.

APPENDIX FF: An example of an interview transcript with the Learners

Interviewer	Where did you get the illegal substance or prescription drugs that you have misused?
Learner 1	I ehh, I got it from friend groups, older guy friends and school acquaintances.
Learner 2	I got it from a friend.
Learner 3	I mmm, got it from one of my friends, also my cousins and my older brother.
Learner 4	From one of my friends, he is a neighbour. I also got it from a learner at school and another time from one of my classmates.
Learner 5	From a friend and a psychologist.
Learner 6	From outside school.
Interviewer	Name the substances that you used.
Learner 1	I have used weed, ecstasy, cocaine and lean.
Learner 2	Weed and tobacco.
Learner 3	Weed, alcohol and cigarettes.
Learner 4	I have used weed, alcohol and cigarettes.
Learner 5	I snort my anti-depressants. Eat edibles. I also smoke weed and drink alcohol.
Learner 6	Dagga.
Interviewer	Where did you consume these substances and who was with you?
Learner 1	I used in the soccer grounds by myself, also at school with friends and at a party with a group of drunk people.
Learner 2	At school with friends.
Learner 3	At a party with some of my friends and at home with my older brothers and cousins.
Learner 4	At school with my group of friends and at home with my neighbour.
Learner 5	At school with my friends and at home by myself.
Learner 6	Outside school with a friend.

Interviewer	What measures do the school have in place to prevent learners from possessing, consuming and distributing substances on the school premises?
Learner 1	They search learners. They do locker inspections. They do drug tests on certain learners. Restrict regular areas that are used for consuming these substances.
Learner 2	They have the Code of conduct. There are also educators on duty and the cameras around the school.
Learner 3	They have cameras watching learners. There are matric counsellors and educators on duty during breaks.
Learner 4	They have placed cameras around the school and they also have educators on duty during the breaks. They have mentors that are on duty as well.
Learner 5	The school has cameras, educators on duty, mentors and TADA.
Learner 6	There are random searches, matric council learners and duty staff as well as rules are in place.
Interviewer	How do the learners bypass these measures?
Learner 1	By finding elite hiding spots. We also store the substances in the location that we are going to consume it. We also make our friend who is not going to be searched to keep it (sic) for us.
Learner 2	I use it early in the morning when no educators are on duty, break times in the bathrooms with my friends, batting when there is no work and the teacher is hardly there, then we eat the edibles.
Learner 3	We will take drugs before school when there are no educators and prefects on duty. We will sometimes bunk class and go to the toilet and consume the substances or we go to the places where there are no cameras like the main grounds or by the pool area.
Learner 4	During lessons they bunk and smoke in the bathrooms because there are no cameras there. Early in the morning learners smoke in the areas that people don't walk near (sic) like the back of the fields.
Learner 5	We smoke in the toilet during lessons. We also bring alcohol in juice bottles. We also go to the back of the fields where there is (sic) no cameras.
Learner 6	We try not to be seen by the educators or the cameras. We also hide it. We also go to the out of bounds areas.

Interviewer	In your opinion what could the SMT do to assist learners from desisting substance abuse at school?
Learner 1	By having regular drug tests and regular school searches. Regular locker inspections can take place. Parents can be contacted as well as a counsellor.
Learner 2	There should be a full time counsellor at the school. There should be bag and locker searches. Instead of punishment, they should help us and talk to us.
Learner 3	They should have someone that the learners would be able to speak to before consuming the drugs and the alcohol so that the person can listen to why they have turned to drugs for help. They should have drug tests every week and bag and locker searches.
Learner 4	There should be someone that we could go to and talk about our problems. The school should also guide children and help them with their problem instead of punishing them. There should also be surprize drug tests and bag searches.
Learner 5	Instead of punishing the learners they should help them and support them.
Learner 6	There should be more drug awareness talks. Also out of bounds areas must be marked. Also put matric council learners in out of bounds area to watch.
Interviewer	Place the factors in order from the one that you regard as most applicable to you personally to the factor least applicable to you. Please comment on the risk factors that you regard as the main factors that placed you at risk to abuse substances. The risk factors are as follows: a) Substance abuse at home b) Substance abuse in the community c) Peer group pressure (substance abuse is accepted amongst your friends and you will not fit into the group if you disapprove) d) The perception that substance use gives one standing and increases one's popularity e) Poor academic performance; struggling to cope academically f) A low self-esteem g) Escape from daily routine h) A lack of parental supervision as parents are uninvolved
Learner 1	F Looking for an escape G Stress related H Parents not really caring about what their children are dealing with. E The frustration of not reaching the level that your parents want and them bringing you down because of it.

	C It is believed in friend groups that if you don't do what the rest are doing then you will be considered an outcast. D People think that drugs are cool and that people will think you're cool also. B Not much of an issue if you just sit at home in your own space. A I have not been faced with this.
Learner 2	D I wanted to be popular. G I got (sic) bored easily. C I wanted to be "cool". B I saw people do it and I wanted to try it. A Someone in my family smokes. E I am struggling a little with Afrikaans. F I don't have a problem with self-esteem. H My parents are involved in my life a little.
Learner 3	D Because my friends tried it and it made them cool, so I wanted to try it also. C My friends always forced me to try out new things. H My parents are always working so I am always at home alone. G Sometimes smoking helps me to forget about the struggles in my life. B In my community most people smoke and drink so I wanted to try it as well. E Sometimes when I am stressed about exams, I smoke to help me feel better. F I don't really have a low self-esteem. A Nobody really smokes in my home.
Learner 4	D All the people I know do it and I also wanted to try it. B Seeing my friends happy when they do drugs and I also want to feel happy. H My parents are working all the time. G I do drugs so that I am not bored at home. A My uncle does drugs. C Most of my friends smoke together. F I don't have a low self-esteem. E My marks are really good.
Learner 5	A I see my family member do it. F I hate my life and I want to die. G My life is boring. H My parents don't care about me. B There is (sic) a lot of people in my community who do drugs.

	D It was a "cool" thing to do. E I have good grades. C No, there was no peer pressure.
Learner 6	C All my friends were doing it, I did not want to be the odd one out. Like I was a loser. E I am not very strong with my academics and smoking weed helps to take away the stress. B Where I live, it is very easy to get drugs. Almost everybody smokes or drinks alcohol. D I want to be like the "cool" kids. The others must feel that I am so good with everyone (sic). G When I smoke weed, it takes me to a happy place, not in (sic) a boring spot. H My parents are too busy in their own lives. F I have a (sic) good self-esteem. A Nobody smokes at home. My parents drink alcohol, but not every day.
Interviewer	What were your parents' response to you taking illegal substances?
Learner 1	My parents do not know as I act normal (sic) in front of them showing no signs of substance abuse.
Learner 2	They were very disappointed in my actions and they did not expect that from me.
Learner 3	My parents don't know that I smoke weed, but they do know that I drink alcohol. My mother wasn't really worried because I'm a teenager experiencing things and she knows that I only drink every now and again.
Learner 4	My father stopped talking to me because he knows that I like talking to him. They took my cell phone away and they stopped taking me shopping.
Learner 5	They did not even pick up the phone when the school called and they don't talk to me.
Learner 6	They were angry with me and said that they were very disappointed in my behaviour.

Interviewer	What was their advice to you?
Learner 1	No advice given as they do not know and will never know, but they always told (sic) me that if they catch me or find me doing drugs, they will kick me out of the house and disown me forever.
Learner 2	To make right decisions and choose the right friends, and there is a time for everything. I should focus more on getting through school.
Learner 3	That I shouldn't drink all the time because alcohol isn't good especially for my age group.
Learner 4	So they told me not to be influenced and to fight the temptation.
Learner 5	Nothing, they don't talk to me at all.
Learner 6	They told me to stop it and to act in a responsible way. They also told me to change my friends as my friends were a bad influence. They also said that I must mind my own business.
Interviewer	Do you think that you need help to overcome your addiction? If so, what type of help do you think you need? [If needed probe about support received from the peer counsellors and/or school support team.]
Learner 1	No, I do not need any help as I am already months clean (sic). But my closest of (sic) friends would help me by distracting me when they could see that I was going to use and they would give me alternatives.
Learner 2	I am not an addict.
Learner 3	I am not addicted to any of these things as I do not drink and smoke every day.
Learner 4	No, I am not an addict and I only do this when I want to or for fun. I don't do it continuously.
Learner 5	I don't have an addiction, it's for fun and it's not serious. My grades don't suffer.
Learner 6	Yes, I need to go for counselling.
Interviewer	What could the school do to promote non-addictive behaviour?
Learner 1	The school has TADA, but this is useless as it does not help and people there make you think you're a horrible person for using.
Learner 2	TADA could help.
Learner 3	They should offer sports and make it compulsory for everyone to join so that it keeps the mind busy. They should have fun days at school, to keep the minds off of (sic) doing drugs. They also need to be more consistent with rules.
Learner 4	TADA could have more meetings. The peer counsellors can also be more helpful.

Learner 5	Give the peer counsellors proper training on how to help us and not to have the peer counsellors' judge us and talk about us to their friends.
Learner 6	The school needs to have more sports and other clubs. The school can also get recovered or recovering addicts to come and talk to us.
Interviewer	Does the school have adequate substance abuse awareness programmes? If so, what do you like or dislike about these programmes?
Learner 1	The school has TADA, but I dislike how they make you hate yourself with the things they say and how they judge you because you use drugs.
Learner 2	Yes, TADA teaches you about the drugs and their effects, but unfortunately it is not open due to Covid.
Learner 3	There is not enough. There are some TADA posters around school, but with Covid now there are no outside speakers or anything like assembly talks.
Learner 4	They have TADA, but only on certain days due to Covid restrictions and they don't really help with anything. Some people go to TADA to judge others and they focus on all the wrong things.
Learner 5	The TADA group is dysfunctional (sic) because of Covid 19 and people don't get help for their addictions, instead they judge learners.
Learner 6	We can talk to the counsellor and we get advice. Now with Covid 19 there are no awareness programmes. TADA is very limited now due to Covid restrictions.

APPENDIX GG: An example of a questionnaire for the school governing body members

Interviewer	What is the extent of substance abuse in School A?
Parent 1	Very high.
Parent 2	In general it has risen in (sic) the years.
Parent 3	It is very difficult to determine the exact extent of substance abuse. Learners may smoke or drink before or after school. If before school it may affect their behaviour and only if it is vastly different from their normal (sic) will it be noticed. An educator may not know the learner and could assume that it is the norm for that child. As parents on the school governing body we will only be made aware of drug or alcohol abuse if learners are caught at school.
Parent 4	It is not very prevalent. There are isolated cases with specific groups.
Parent 5	There have been few serious cases of substance abuse in the past several years, at least "publicly" on the school grounds. Whether there is a high prevalence in learner's private lives is much more difficult to assess.
Parent 6	Currently there are no cases of substance abuse at School A. There has been cases in the past.
Parent 7	Our drug problem has decreased in the last year drastically (sic), this may be due to Covid 19.
Parent 8	We have about 5 to 10 cases a year to deal with.
Parent 9	It has not come to that extent whereby (sic) our school needed experts and professionals to come intervene about (sic) substance abusing learners.
Interviewer	What are the prevailing causes of substance abuse in School A?
Parent 1	Some say they are experiencing social problems which they cannot deal with. For others it is just a stage where they want to taste everything.
Parent 2	The surrounding environment could be a problem. This may refer to the home or where a scholar resides.
Parent 3	Experimenting, peer pressure, [a] low self-esteem, [a] lack of parental supervision and loneliness.
Parent 4	In many cases it is experimental. The learners want to see how it feels as there is a lot of peer pressure involved.
Parent 5	[A] lack of adult supervision. Negative peer pressure. Easy availability of substances. Substance abuse by adults in the home. Experimentation.
Parent 6	In the past peer pressure was the major cause of substance abuse.
Parent 7	Poor learners who try and sell to make an income.

Parent 8	Drugs are easily accessible. Confusion over the legality of using drugs in private and testing positive at school.
Parent 9	Learners go through the most stress (sic) and pressure from their peers. They also turn to substance abuse (sic) to make them feel good and more confident of themselves.
Interviewer	Which type of substance/s are commonly abused in School A?
Parent 1	Dagga, whoonga and lean.
Parent 2	Alcohol and some types of drugs.
Parent 3	Dagga and alcohol.
Parent 4	Dagga.
Parent 5	Alcohol and dagga.
Parent 6	Dagga.
Parent 7	Xanax and dagga.
Parent 8	Dagga and Xanax.
Parent 9	Weed, alcohol and tobacco.
Interviewer	What is the source of the illegal substances that are prevalent in School A?
Parent 1	An outside adult will get one of the learners to sell for him in school.
Parent 2	Desperate community members who want to enrich themselves by selling drugs to school children.
Parent 3	Township spaza shops. Drug dealers on taxis and public transport. Parents' alcohol cabinets.
Parent 4	The source are other learners who bring it to school.
Parent 5	Mostly from friends, especially older friends. Can also be older siblings. Learners from other schools might also be a source.
Parent 6	External suppliers.
Parent 7	Drug dealers who use learners to sell.
Parent 8	From within the community and also at times from other learners.
Parent 9	From dealers outside the school as well as being sold in taxis by other learners or dealers.

Interviewer	What are the consequences of substance abuse for the learners at School A?
Parent 1	They are unable to cope with schoolwork as they are always tired and their academics take a back seat.
Parent 2	Brain damage. The learners' capacity to keep their academics at a level to pass decreases as they have problems concentrating.
Parent 3	Learners who are identified as users of drugs face tribunals. Often the school issues outcomes that are remediative in nature, e.g. learners have to attend counselling sessions. Sessions with SANCA are also recommended.
Parent 4	There is a full investigation. Learners may undergo drug tests. There may be an internal disciplinary intervention or an external tribunal. The emphasis is to get the learners the help they need.
Parent 5	There are disciplinary procedures laid out in the learners Code of conduct for consumption, distribution and selling substances. These include tribunals and hearings.
Parent 6	Learners were suspended and attended tribunals.
Parent 7	Learners' parents are contacted. May lead to suspension (sic) and a hearing.
Parent 8	[The] first time parents are called into school and rehab counselling is compulsory. If the problem persists then a discipline hearing is held.
Parent 9	As per the school Discipline policy and the learners Code of conduct. Parents are contacted and may lead to counselling for first time offenders. If there is further incidents then the learner is suspended and a hearing is held.
Interviewer	Does the school governing body play a role with regard to prevention of substance abuse in School A?
Parent 1	Yes it does, there are policies in place.
Parent 2	Yes, the Discipline committee gives their report at the monthly meeting and serious cases are discussed. Dates for hearings are also finalised.
Parent 3	Yes, however, it is limited as due to Covid interaction is minimal.
Parent 4	No, not at the moment due to Covid.
Parent 5	Not really with prevention, more with handling contraventions of the Code of conduct when learners are caught doing drugs in school.
Parent 6	Yes at tribunals.
Parent 7	Yes.
Parent 8	Yes, they have policy (sic) in line with [the] SASA.
Parent 9	No, we are reactive when the problem arises.

Interviewer	Are the current prevention strategies in School A effective? Explain.
Parent 1	Not that much since the learners do not see the need to change.
Parent 2	No, as we still have learners who engage in substance abuse, some of them are even repeat offenders.
Parent 3	Only prevention strategy currently is TADA and initial Grade 8 talk by [the] police. This is not at all effective as a more integrated strategy is needed. Learners often say that they are not aware of the consequences, e.g. the effects of smoking on the brains and lungs, etc.
Parent 4	Counselling has been very effective. There has only been incidents involving small groups of learners.
Parent 5	[A] "zero tolerance" policy together with disciplinary measures seems to be effective in controlling blatant use.
Parent 6	Yes, having tribunals have deterred learners, as it brings awareness to the parents of the seriousness of the learners' actions.
Parent 7	Yes, we have an intervention programme at school. Learners attend a meeting every Wednesday with an ex-drug addict and spoke (sic) about issues. There was also police assistance.
Parent 8	We believe so as the cases are not too many.
Parent 9	It is not effective. Besides TADA, there is no other campaign that brings awareness about the dangers of substance abuse.
Interviewer	What are your views on the legal prescripts regulating substance abuse at schools?
Parent 1	There should be a strong legal action towards (sic) the person who bring these drugs to school.
Parent 2	They are adequate but need to be enforced. The learners need to know that there are laws that they are breaking. There needs to be available help for the school to offer to these learners.
Parent 3	Legal prescripts need to be more specific in terms of, e.g. use, peddling, bringing onto premises, etc.
Parent 4	I know that [the] SASA tells the school what must be done. The learners Code of conduct together with disciplinary measures seems (sic) to be effective in controlling blatant use.
Parent 5	When there are tribunals for substance abuse then the legal prescripts apply. We need to know more about the legal prescripts.
Parent 6	I don't know the exact legal prescripts. The learners Code of conduct must be followed.

Parent 7	I know that it deals with drug addiction. There must be help for the learners who abuse substances. The school needs to do more to prevent substance abuse.
Parent 8	They are effective if followed up and parents buy into them and if the Department of Education supports the decisions taken by the school.
Parent 9	They are effective if the parents and the affected learners follow through with the decisions made by the school. The parents need to be made aware of what the legal prescripts are. These are in policies but need to be more in practice (sic).
Interviewer	What do you recommend should be done to address the substance abuse situation in School A?
Parent 1	Have [a] youth development programme. Get motivational speakers to motivate learners.
Parent 2	School A should warn learners about [the] dangers of substances, like not to take them at all.
Parent 3	Learners need to be shown pictures of damaged lungs, etc. There should also be more police searches and sniffer dogs.
Parent 4	Placement of posters at relevant areas within the school. Educators to discuss substance abuse in the LO lessons.
Parent 5	There should be more awareness programmes that are integrated across more subjects, other than LO. Parents to be included more in the prevention side of things.
Parent 6	More talks with external speakers in assembly to make learners aware. Bring organizations like SANCA on board to work with the school. We also need to get social services linked to school as the waiting time to get help from government facilities is very long.
Parent 7	There should be more intervention programmes.
Parent 8	We are a reflection of society. Law enforcement should be done at society/ community level, then school rules will be respected.
Parent 9	Schools should promote more programmes or campaigns that bring about awareness to the learners.

Interviewer	Are the available rehabilitation facilities for the learners who abuse substances adequate? If not, why?
Parent 1	No, learners whose parents don't have medical aid and have to go to public facilities; the waiting list is very long. Private rehabilitation facilities are very expensive and most people can't afford it.
Parent 2	Not adequate as they need to be monitored, even after they stop taking the drugs. There is temptation for them always. The aftercare is very little (sic). That is why they relapse.
Parent 3	Rehabilitation facilities are so dependent on parental involvement and in many cases the children live without much parent supervision as they have absent parents. Rehabilitation facilities are often understaffed, unless it is a private rehabilitation, which is very expensive.
Parent 4	No, many of these facilities are expensive and parents do not have sufficient funds. Also some facilities are not well controlled and so drug abuse takes place within the facility.
Parent 5	No, as it may only help the learner immediately, but the aftercare and the going back to drugs is (sic) not emphasized too much.
Parent 6	No, sadly it mostly takes care of substance abusers who have financial backing to help them in recovering. Those who rely on government facilities have a long waiting list to follow (sic) as there are many who need help and the facilities are understaffed and under-resourced.
Parent 7	Yes, always helpful and the learners who are referred to these facilities, once treated, get reports sent regularly to the school.
Parent 8	No, there are not enough resources to help people, the waiting list is long.
Parent 9	No, as they do not take long term care of the learners and they do not offer much support once the learner leaves the programme.
Interviewer	At School A, is there any form of staff development on substance abuse?
Parent 1	Yes, staff have been workshopped on how to handle learners with substance abuse issues. The staff were given a brief by the SAPS liaison officer on signs to look out for that may indicate substance abuse.
Parent 2	The staff do attend workshops that are organised by their unions, sometimes they also attend seminars that are based on current topics.
Parent 3	No, staff should be guided as to what to look for, e.g. what different drugs look like, trends on where learners hide drugs, behaviour changes to look out for, etc.
Parent 4	There has been staff development in previous years by the SAPS as well as social services, however, not recently.
Parent 5	No, not in recent times.

Parent 6	Yes, the school Discipline committee did have a (sic) staff development whereby they made staff aware of the signs of learners abusing substances and on how to deal with such learners.
Parent 7	No, not in the last few years.
Parent 8	Yes, the SMT also develop (sic) staff on signs to look for with substance abuse.
Parent 9	No, the staff need (sic) to be developed on the latest type of drugs and their effects. The type of substances are always changing and new products come onto the markets. Staff need to be made aware of this.