ILLICIT DRUG USE BY SECONDARY SCHOOL LEARNERS: RECLAIMING A LIFE

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ABSTRACT

The use of illicit drugs among secondary school learners is increasing and, therefore, poses a grave threat to public and social health. A qualitative approach was used to explore and describe the experiences of secondary school learners regarding the use of illicit drugs. Twelve secondary school learners participated in this study. Data were collected through in-depth individual face-to-face interviews and field notes. Data were analysed using Tesch's method. Illicit drugs had an influence on both the internal and external environment of the secondary school learner. The initial enjoyment of drug use led to addiction and directed a downward spiral causing behavioural problems, emotional distress, physical and social challenges, and often resulted in conflict with the law. School grades dropped or learners failed grades. Participants wanted to recapture their lives, they needed support from parents, teachers and professionals as well as the internal and external resources to do so.

INTRODUCTION

Today's youth live in a rapidly changing world where they face a number of challenges such as violence, drug availability and abuse, poverty and HIV and AIDS. Previous protective factors such as a stable family system, close community structures and role models are often absent in societies. Many youth turn to illicit drug use as a way of coping.

Globally, 0.4% of deaths and 0.9% of disability-adjusted life years were ascribed to illicit drug use in 2004 (World Health Organisation (WHO), 2009). The African Union Ministerial Conference on Drug Control Report (2004) points out that 16 African countries have anounced misuse of opiates, with incidence ranging from 0.01 to 0.8% for the population aged 15 years and older. In addition, 12 countries reported misuse of cocaine with occurrence ranging from 0.01 to 1.1% for the same age range. The age of those initiated into drug use is declining with more in-school and out-of-school youth using drugs.

The World Drug Report published by the United Nations Office on Drugs and Crime (UNODC, 2012) states that cannabis and amphetamine-type stimulants (ATS) continue to be the highest used illicit drugs worldwide. South Africa is the world's third major manufacturer of cannabis and exports to its bordering countries, such as Namibia (Peltzer, Ramlagan, Johnson and Phaswana-Mafuya, 2010). In South Africa the estimate for the collective prevalence of alcohol use was 38.7%, of tobacco smoking 30.0%, of cannabis use 8.4%, of other drug use 2.0%, and of extra-medical psychoactive drug use 19.3% (Van Heerden, Grimsrud, Seedat, Myer, Williams and Stein, 2009). The study also found a statistically significant relationship between males and alcohol, tobacco, cannabis and other drug use. Coloureds and whites more often used alcohol, tobacco and other drugs compared to blacks.

The health costs of using illicit drugs such as cocaine, opioids, and amphetamine may include insidences of overdose, mental disorders, accidental harm and violence. Risk factors for cannabis use include family dysfunction, individual problems, social and circumstantial issues (Degenhardt and Hall, 2012).

Substance abuse at an early stage in life can result in mental health and behavioural problems. Depressive symptoms, psychosis, suicidal thoughts and attempted suicide are some of the mental health problems found to be related to substance abuse (Perou, Bitsko, Blumberg, Pastor, Ghandour, Gfroerer, Hedden, Crosby and Visser, 2013). Participation in illicit drug use can escalate the possibilities of being both a victim and/or an offender of violence. Experiencing violence can however also increase the risks of starting the use of illicit drugs in order to cope with the aftermath of violence. Illicit drugs may promote high risk behaviours such as stealing, truancy, and a loss of interest in schoolwork.

In addition, the World Drug Report by the UNODC (2012), states that illicit drugs weaken economic and social improvement and contribute to instability, uncertainty, the spread of HIV and crime. The risk of dropping out of school as well as the suspension of school pupils is high among school learners who use unlawful drugs.

Namibia, the context of this study, is one of the major cocaine trafficking routes and shares part of its border with South Africa, a country with an increase in accessibility and availability of illicit drugs (Peltzer et al., 2010). Drug abuse is thus a growing concern

in Namibia and is affecting the society in terms of crime, violence, poor academic performance, school dropouts, corruption and drainage of resources that can be used for social and economic development.

Currently, little is known about the use of illicit drugs among secondary school learners in Namibia, and as a result this study sought to explore and describe the use of illicit drugs among secondary school learners in Windhoek, Namibia. The use of illicit drugs among secondary school learners is a grave threat to public and social health, both internationally and in Southern Africa. It is important to understand the phenomenon from the perspective of secondary school learners who use illicit drugs in order to strengthen social and health practice strategies.

Aim of the study

The aim of the study was to explore and describe the experiences of secondary school learners using illicit drugs.

Theoretical perspective

The Theory of Health Promotion in Nursing (University of Johannesburg, 2009) played a significant role in this study. The purpose of this theory is aimed at the advancement of the health of the individual, in this instance the secondary school learner, family, group and community. The following assumptions are applied in this study:

The secondary school learner is a whole person who functions interactively and in an intergrative manner with their inner and outer environments.

Their inner location consists of the body, mind and spirit. Body refers to physical and biological aspects. The mind relates to intellectual, emotive and decision making processes of the learner. The intellect includes the capability and characterisitics of psychological practices of thought, association, analysis, understanding and appreciation. The emotions of the secondary school learner are intricate and include care, longings and feelings. Spirit is the aspect of the secondary school learner that consists of relationships with self and others and conscience.

The external location deals with the physical, social and spiritual context. The physical setting includes physical and chemical arrangements. The social aspect refers to external human resources. The spiritual element refers to the religious aspects of the milieu.

RESEARCH DESIGN

The study used a qualitative, explorative, descriptive and contextual design (Creswell, 2014). The qualitative design enabled the researchers to gain an in-depth understanding of the research phenomenon.

Setting of the study

The setting of the study was a Mental Health Care Unit in Windhoek, Namibia. No site sampling was done since this was the only government mental health care unit in Namibia. The center provides a relatively broad range of mental health services with 112 beds and offers outpatient and inpatient programmes and services for children.

METHODOLOGY

Population and sample

Twelve secondary school learners in Namibia were purposefully selected and took part in this study. Data were collected until saturation occurred, meaning that no new information came to light.

Data collection

Data were collected by the first author through in-depth, individual, face-to-face interviews (Creswell, 2014) with secondary school learners with a history of illicit drug use who were undergoing rehabilitation at a health care unit. Interviews were conducted in English and lasted approximately an hour each. A pilot interview (Olsen 2012) was conducted with two participants to test the feasibility of the proposed research procedures. A small amount of data was gathered to test the research procedures and to identify possible challenges in the data collection protocol. The pilot interview results had rich data, giving the researcher an overview of the research proceedings. The pilot interview results were analysed as part of the study.

To establish active rapport, the first author as interviewer showed respect to the participants. Communication techniques such as probing, clarifying, reflecting, summarising and active listening were used to gather in-depth information. The interviews were audio recorded to capture the whole session and field notes were written. Audio recordings were transcribed verbatim by the first author.

Data analysis

Data were analysed using a thematic approach (Creswell, 2014). Data analysis involved identifying themes by generating codes which were sorted into categories according to how they were related. The first and second author analysed the data independently. After a consensus discussion, a refinement of the themes was done. In addition, an external experienced person in research was used as independent co-coder to analyse data independently. A discussion meeting was held with the independent co-coder to address the gaps identified in different categories. Categorised data were compared and changes were made after further consensus was reached.

Ethical considerations

The first author sought permission in writing from Unisa and the Ministry of Health and Social Services, Namibia, to conduct the research. Informed consent was obtained from the parents or legal guardians of learners who participated in the study. Assent was obtained from the secondary school learners under the age of 18 years. Consent was obtained from learners aged 18 years.

Potential participants were informed about the proposed study and allowed them to voluntarily choose whether to participate. The participants were not pressured to take part in the study. They were informed that they could withdraw from the study at any time without any penalty. It is important to note that there was no covert data collection. The learners' confidentiality was assured by conducting the interviews in a private and quiet

room in the rehabilitation department at a mental health care unit. On the consent letters the first author provided clear information about the research process, the risks and benefits of the research, and also reminded the participants of their rights. An opportunity was given to the participants to ask questions for further clarifications on issues regarding the study. Each participant signed the assent or consent letter. The participant decided on the time he/she was available to be interviewed. The participants were interviewed separately to ensure confidentially. No names were recorded or reported in the final report. Every effort was made to minimise the risk of psychological discomfort by protecting participants' privacy and ensuring anonymity. The information that needed to be collected could, however, trigger emotional discomfort such as anxiety, since the use of illicit drugs is sensitive in nature. In the event of psychological discomfort during and after the research, the researchers had organised specialists (a psychologist, a social worker and an occupational therapist) to provide psychosocial support to participants at no cost. No participant, however, required this intervention. No financial rewards were given for taking part in this research.

Measures of trustworthiness

Four strategies were employed by the researcher to improve the quality of the inquiry, namely credibility, dependability, confirmability and transferability (Krefting, 1990). Credibility was ensured through prolonged engagement (interviews lasted for an hour or more). In addition, the researchers also enlisted the help of an external coder who was competent in qualitative data analysis. The sources of data, data collection techniques, an independent investigator and the researcher's analysis were triangulated. Member checking was carried out where participants verified the findings. Reflexivity was practised through the use of field notes and a reflective diary in which the researchers reflected on their own values, judgments, feelings and other possible biases. Dependability was ensured by recording each research process and methodology in detail. Debriefing sessions with other colleagues took place in order to examine potential bias, emotional disequilibrium or ethical challenges. Confirmability was ensured through a detailed audit trail.

RESULTS

A total of 12 participants took part in the study. Eight participants were male and four were female. Their ages ranged from 16 to 18 years with a mean age of 17. The participants were all black. All participants were undergoing rehabilitation and had a history of illicit drug use during the time the study was being conducted. Participants started using illicit drugs between grades 4 to 10. The reason for using drugs related to being vulnerable due to being part of a single-parent family, poverty and a lack of basic needs, family conflict and rebellion towards authority figures. This research did not examine the sources and consequences of the disparities among different ethnic groups.

The initial experience of illicit drug use by secondary school learners was one of enjoyment. The initial enjoyment, however, soon led to the use of stronger drugs. Addiction directed a downward spiral often due to the lack of internal or external resources to cope. Behavioural problems, emotional distress, physical and social challenges ensued, and often resulted in conflict with the law. These challenges culminated in school grades dropping or the learner failing. It was difficult to get out of the spiral or to stop illicit drug use, and although participants wanted to recapture their lives, they needed support and resources. Identification codes, for example P1, are used to de-identify participants.

Table 1: Overview of themes, categories and codes

THEME	CATEGORY	CODES
Initial enjoyment leads to the use of stronger drugs		
A downward spiral influenced both the internal and external environment of the secondary school learner	Behavioural problems	Hustling, lying and stealing
	Emotional distress	Feeling hopeless, lonely and disappointed
	Physical challenges	Cognitive symptoms
		Cravings
	Social challenges	Family conflict
		Losing friends
	Conflict with the law	Criminal offences
	Challenges in school	Grades dropping or failing
Hitting bottom	Difficulty in giving up	Withdrawal symptoms
Recapturing a life	The role of support	Religion
		Rehabilitation

Initial enjoyment leads to the use of stronger drugs

Initial enjoyment was a form of pleasure felt by participants after partaking in illicit drugs for the first time. All participants experienced initial enjoyment upon using illicit drugs, however, the enjoyment soon led to the use of stronger drugs.

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

"I started with cigarettes in grade 5 and felt, no man; it's no longer making me feel high, then a few ciders and then weed. You always want to add more [drugs] to feel high" (P4).

A downward spiral influenced both the internal and external environment of the secondary school learner

A downward spiral refers to a situation where secondary school learners continuously used illicit drugs which influenced both their internal and external environment. This then led to behavioural problems, emotional distress, physical, and social challenges, conflict with the law and challenges in school.

Behavioural problems

The secondary school learners' inability to cope due to a lack of internal and external resources resulted in behavioural problems such as disobeying rules, refusal to obey parents, stealing, running away from home and school, and frequent lying, among others.

"I had problems at home, and I needed something to take my mind off these problems" (P1).

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

The secondary school learners also had different ways of maintaining the illicit drug use such as stealing money to ensure they had money to buy drugs.

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

A participant also mentioned what they had witnessed when peers used illicit drugs and lost control over their behaviour. This resulted in sexual activities in exchange for money.

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

Emotional distress

Along with behavioural problems, participants also experienced emotional distress in the process. Emotional distress is a negative emotional reaction or negative feeling. All the participants exhibited some form of emotional distress due to the continuous use of illicit drugs such as self-blame and fear.

"I used to blame myself for everything" (P1).

"I was stressed because of fear" (P6).

Physical challenges

Participants experienced some physical changes leading to illicit drug use. The locations where they smoked such as their bedrooms smelt bad, their fingers and lips became blackened. They also tried different means to hide their use such has using lip balm to give their lips colour. One of the participants became pregnant and gave birth to a malnourished child due to illicit drug use, while another participant was raped.

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

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

"I woke up the next day with a heavy headache and a kind of pain between my legs I've never felt. I couldn't walk and I noticed some blood on the blankets where I slept. It burned a lot when I went to the toilet and it didn't smell good. I didn't want to tell Mrs. T that I feel uncomfortable or anything, but I think I was raped" (P1).

Social challenges

Illicit drugs use influenced secondary school learners to live a life that was not culturally and legally acceptable within or by the community. This included aggressive behaviour towards parents which lead a mother to fear her son and withdraw from him, suicide with feelings of remorse for harm done to others, and the spread of HIV. Participants also engaged in or organise prostitution.

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

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

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

Conflict with the law

Apart from using illicit drugs, the participants committed different crimes as a result of using drugs. Some of the crimes were committed under the influence of drugs while others were committed to access drugs. One can draw the conclusion that once a secondary school learner uses drugs they are likely to commit a crime of some sort, since all participants have been in conflict with the law at one point. Prostitution, stealing, pickpocketing, gang fights, loitering and breaking into houses were some of the crimes committed by the participants.

"I was so high; I didn't even realise what was happening, till I was inside the police van. I saw the shock on my friend's face and realised we were in big trouble" (P1).

"One time, unluckily, we stole a phone because we already had marijuana, now we were looking for the mandrax, you see. But we didn't have the money for the mandrax. We needed to have it so we stole" (P2).

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

Challenges in school

Challenges in school refer to negative changes in academic interest and learning as a result of the effects of using illicit drugs. Illicit drug use had profound effects on the cognitive abilities and academic interest of learners, and it ultimately impeded the good academic performance of all the participants.

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

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

Hitting the bottom

Hitting the bottom, describes the stage at which secondary school learners using illicit drugs developed addiction and had difficulties in stopping to use drugs. Any attempt to stop using illicit drugs resulted in withdrawal symptoms.

Difficulty in giving up

The participants could not voluntarily stop using illicit drugs at this stage even if they wanted to. All the participants reached the stage where they could not stop using drugs without assistance. One participant's face became sad and she pointed her finger in the air and back to herself as she expressed her fear:

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

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

Recapturing a life

This describes the process the participants went through to take back their lives from using illicit drugs. The secondary school learners using illicit drugs could only recapture their lives through various external support systems and resources that included rehabilitation, religion, social support and increased family commitment.

The role of support

Apart from treatment, all the participants indicated the important role of support from professionals or family. These were often the first people who identified and referred the participants to the hospital for rehabilitation.

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

The following quotation mentions the care, love and security received by a participant:

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

A small number of the participants also mentioned the role of support from the church as alluded to by the following statement:

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

DISCUSSION

The aim of this study was to gain a greater understanding about the use of illicit drugs among secondary school learners in Namibia in order to fill the current contextual void on the phenomenon in this setting. Illicit drug use seemed to be a complex problem, possibly because it is a process and not a single event. The use of illicit drugs had an influence on both the internal and external environment of the secondary school learner. Participants clearly moved from drug use to clear signs of addiction such as disruption in normal brain function, changes in personality and behaviour, social dysfunction and financial trouble. Hamdulay and Mash (2011) note a high danger of rapid dependency and harm among regular users of illicit drugs. The impetus for first-time use is often related to difficulties and challenges within themselves such as mental distress, sadness, loneliness, feelings of hopelessness (Peltzer, 2009) or depressive symptoms (Onyeka, Beynon, Uosukainen, Korhonen, Ilomäki, Bell, Paasolainen, Tasa, Tiihonen and Kauhanen, 2013). At first, the risks associated with illicit drug use may be stimulating and lead to adolescents underestimating the risks involved (Ayvasik and Su¨Mer, 2010). Recreational users of cannabis state that it provides symptomatic relief from the inability to feel pleasure and depression (Parrott, Milani, Gouzoulis-Mayfrank and Daumann, 2007). However, with further chronic use, Manchikanti and Singh (2008) state that different side effect develops which include hormonal and immune system effects, abuse and addiction, and tolerance.

The findings of this study concur with those of Hamdulay and Mash (2011), where they note that the use of cannabis by students made them vulnerable to intellectual impairment such as understanding, time perception, verbal recollection and the ability to convert short-term memory into long-term memory. Therefore, substance misuse is associated with poorer working memory and executive functioning (Donoghue, Mazzoncini, Hart, Zanelli, Morgan, Dazzan, Morgan, Murray, Jones and Doody, 2012). The recreational use of cannabis was linked to routine, and cued prospective memory problems, whereas the use of 3,4-methylendioxy-methamphetmaine was associated with greater degrees of long-term prospective memory problems. Users of both drugs experienced problems with both types of memory loss (Parrott et al., 2007). This often resulted in problems at school. According to Johnston, O'Malley, Bachman and Schulenberg (2009), more teens are being expelled from school or leave school on their own volition because of their drug use. These findings tallied with the experience shared by all participants. Furthermore, truancy is marginally, significantly associated with illicit drug use (Pengpid and Peltzer, 2013) and cannabis use is consistently associated with reduced educational attainment (Macleod, Oakes, Copello, Crome, Egger, Hickman, Oppenkowski, Stokes-Lampard and Smith, 2004).

Illicit drug use is associated with problems in the learners' external milieu, specifically their social environment and often leads to learners incurring trouble. According to Peltzer et al. (2010), an upsurge in crime, violence and corruption in South Africa has been linked to drug use and illicit drug trafficking. According to Vaughn, Shook, Perron, Abdon and

Ahmedani, (2011), it is more likely that youth who have used and sold drugs have been in trouble, and have had interaction with the criminal justice system. Hamdulay and Mash (2011), and Onyeka et al. (2013) point out that, people who used substances often particpated in risky sexual activities, therefor increasing the potential for teenage pregnancy or contracting sexually transmitted infections. In addition, Bezinović and Malatestinić (2009) allude to boys being significantly more involved in betting and gambling.

Addiction and withdrawal symptoms made it difficult for the participants to give up illicit drug use. All participants in this study who abused illicit drugs found themselves increasingly isolated from their families, yet they pleaded for their support to regain their lives.

Practice implications

Caregivers have a central role to play in the fight against illicit drug use by secondary school learners. Care is a holistic action and comprises activities that meet the survival needs of children and include physical care, emotional care and social care (Jacob and Seshadri, 2013). Care also means making the necessary resources available for learners to reach their full potential.

Given the negative social/environmental conditions that secondary school learners experience (for example, poverty, lack of parental guidance, peer pressure and personal challenges), a concerted effort is needed to promote the resilience (Wyman, Sandler, Wolchik, and Nelson, 2000) of secondary school learners. Secondary school learners who are resilient are those adjusting and functioning well despite adverse environments without giving into negative influences that can lead to dysfunctional coping and behaviours. The protective factors identified by Wyman et al. (2000), include individual, family and community influences, which can positively effect the adaptation development of youth in negative social/environmental conditions and enhance cognitive-affective wellbeing.

Hamdulay and Mash (2011) equally point out the need to include family-oriented interventions by health and welfare practitioners as part of an inclusive approach to substance use among adolescent learners. Horner, Grogan-Kaylor, Delva, Bares, Andrade and Castillo, (2011) state that healthy family functioning and satisfactory levels of involvement between youth and their parents are family traits that act as protective influences (Murphy, Marelich, Herbeck, and Payne 2009) against the use of substances. According to Galea, Nandi and Vlahov, (2004) social norms, established in families and social networks, are associated with the probability of ending drug use and with abstinence from cigarettes and alcohol.

Another protective factor noted by participants related to religious support. According to (Brechting and Giancola, 2006), individuals who utilise a more religious coping style and receive support, engage in less frequent drug use and use fewer drugs. The results suggest this to be a protective source with potential prevention and treatment implications. In addition, school-based efforts should be directed at school going children who have peer support at school, and who are unlikely to become regular smokers and/or drinkers in later life (Peltzer, 2009).

CONCLUSION

Secondary school learners are under enormous pressure to cope in a world that often lacks attentive care and nurturing. They frequently revert to unhelpful coping mechanisms to manage. The experiences shared by the participants in trying to recapture their lives show that there is hope if learners, parents, teachers, communities, religious workers and professionals work closely together and develop further strategies to alleviate the access and use of illicit drugs by secondary school learners.

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