

BANDURA UNIVERSITY OF SCIENCE EDUCATION



**AN ASSESSMENT OF FACTORS CONTRIBUTING TO DRUG ABUSE BY LEARNERS
IN SECONDARY SCHOOLS IN INSIZA DISTRICT, MATABELELAND SOUTH
PROVINCE**

**A PROJECT SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION IN
PARTIAL FUFILLMENT OF THE REQUIREMENT OF THE DEGREE IN SCIENCE
EDUCATION MATHEMATICS**

BY

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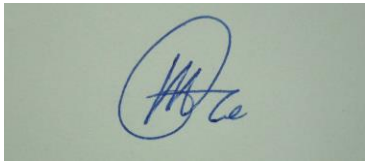
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AUGUST 2024

DECLARATION

I *Mathuthu Mzwandile Rudolf*, declare that an assessment of factors contributing to drug abuse by learners in secondary schools in Insiza district, matabeleland south province is my own work and that all the sources that I have used or quoted in the study have been indicated and acknowledged by complete references.



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This research work was undertaken under supervision of Dr E. Mangwende



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APPROVAL FORM

The undersigned certify that they have supervised, read and recommend to Bindura University of Science Education for acceptance a dissertation entitled “an assessment of factors contributing to drug abuse by learners in secondary schools in Insiza district, Matabeleland south province.” Submitted by Mathuthu Mzwandile. R in partial fulfilment of the requirements of Honours Bachelors Degree in Science Education mathematics.

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DEDICATION

This study is dedicated to my lovely wife Wayne Sibanda who encouraged me through all circumstances to reach beyond the stars, I am so thankful. To my son and my daughter Wandile and Yandiswa Mathuthu, you are the reason I have so much courage to move on when the road gets tough. To my extended family, my dear friends and colleagues I am thankful for all the encouragement you have given me.

ABBREVIATIONS/ACCRONYMS

L1-L12 = Learners

GT1- GT 4= Guidance and Counselling Teachers

SA1-SA 4 = School Administrator

HBScED = Honours Bachelors Science Education Degree

MoPSE = Ministry of Primary and Secondary Education.

ABSTRACT

Drug and Substance Abuse has been a keen talk in the country of Zimbabwe since year end 2023. Teachers, parents, church officials and other stakeholders have been at the forefront trying to find out the causes and ways of controlling it. To understand the reasons for adolescent substance abuse behaviour, various theoretical perspectives were utilised and strategies to curb substance use were also identified. The study was conducted in the rural areas of Insiza District, Matabeleland South province. The study aimed at finding out the influences contributing to drug abuse by learners in Insiza district secondary schools and the effects that arise out of this practice. The study was guided by the following objectives: to establish the causes of drug abuse by learners in secondary schools, to establish the commonly abused drugs by learners in the district, the effects and possible measures that can be implemented. A qualitative, explorative research design was employed. Data was gathered using semi-structured interviews, data analysis and observations. The study found that substances abused by the participants include alcohol, nicotine, cannabis and cough syrups at some point. The study also found out how drug abuse among secondary school learners determines their academic achievement and high levels of school dropout and identified measures that can be implemented to contain drug and substance abuse by learners. It suggested that engaging parents, punishments, and the effective use of guidance and counselling can help minimise drug abuse in the school environment.

The study recommends MoPSE to give relevant guidance and counselling training on all teachers or to employ qualified counsellors in schools and to introduce a specific and compulsory learning area on Ethics and Moral Education and to reinforce the effective learning and teaching of Guidance and Counselling in schools.

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My foremost gratitude goes to Almighty God that through His amazing Grace I was able to undertake and complete the study. To Him I give honor and glory. I would like to sincerely thank Dr. E. Mangwende (my project supervisor) for devoting his time for guidance and recommendations especially in the course of the preliminaries of research proposal. Your patience, dedication and encouragement made it possible to complete this dissertation.

I would like to thank my coworkers at Wanezi High School, my colleagues BScED Mathematics at B.U.S.E. I also thank the administrators of Wanezi High School for allowing me to carry out the research at their institutions.

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CHAPTER 1 : INTRODUCTION

1.1 Introduction

In this study there shall be a focus on examining the assessment of factors contributing to drug abuse by learners. It is a case study of four secondary schools in Insiza district. The researcher has opted to carry out this study, after observing that Insiza cluster is experiencing unprecedented levels of drug abuse by learners and youth in the community. This chapter discusses the following sub-themes; background to the study, statement of the problem, research objectives, significance of the study, delimitation of the study, limitations of the study, definition of terms and summary of the chapter.

1.2 Background of the study

Over the past two decades, the use of illegal drugs and misuse of therapeutic drugs have spread at an unprecedented rate and have penetrated every part of the globe. No nation has been spared from the devastating problem caused by drug abuse, (Njeri & Ngesu 2014). Drug abuse has evolved through generations and has a historical background that stretches from AD 1200 to AD 1500 among the Inkas of South America who for instance took cocaine, which had a central role in their religious and social systems throughout civilization, (Njeri & Ngesu, 2014).

Global investigations revealed that partially all the long-standing smokers will expire impulsively, (Doll, 2014). The investigation as well states that, smokers are 4 times additionally expected from non-smokers to get a heart attack before age of 40 (Gono, 2014). Additionally, the younger individuals commence smoking, and the further they smoke over their life span, the added likelihood they are to suffer from smoking associated ailments. The condition explained above is factual in urbanised nations that have been conducting research with such substances for a lengthy duration. However, emerging nations are not excused as of the menace. All nations are exposed. It has been illustrious that Zimbabwe is one of the emerging nations in Africa that has recently been witnessing speedy growth in manufacturing, production, circulation and utilization of numerous drugs of addiction (Daily News, 12 November 2016). In the light of this confront, a large continuum of the global population has confirmed passionate anxiety concerning the

predicament. It is in the unsurpassed wellbeing of each country, as well as Zimbabwe, to seize a solid position in stopping every facet of substance misuse.

According to the United Nations Office on Drugs and Crime (UNODC), the 2015 World Drug Report, which reports one of the most comprehensive study outcomes on this issue, 200 million people between the ages of 15 and 64, or 5 % of the world population, have used an addictive substance at least once during the 12-month period prior to the publication of the report, and the number of users have steadily increased in the last 15 years. In the report, a large proportional increase during 2012–2014 was reported (UNODC, 2015); however, when the UNODC 2014 report is examined, it can be seen that in 2012, the number of people between the ages of 15 and 64, who used drugs at least once during the last one year, has increased to between 175-283 million. This number is approximately 4.52 % - 5.68% of the world's population (UNODC, 2014).

In 2013, the World Drug Report claimed that number of drug users and medicine abuse based disorders remained stable; however, the increase seen was largely related to an increase in the world's population (UNODC, 2013). For European countries, the most comprehensive research on alcohol and drug abuse is carried out by ESPAD (The European School Survey Project on Alcohol and Other Drugs). In this study, drug abuse among learners between the ages of 15 and 16 in 35 European countries were analysed. The study found a decrease in substance abuse in Western European countries but an increase in Eastern European countries between 2008 and 2011 (ESPAD, 2013).

However, according to another study conducted in 36 European countries by ESPAD (2011), findings suggest a decline in cigarette use between 1999 and 2007. Also in the 2011 ESPAD report, no changes between 2007 and 2011 were reported. While there was almost no change in the use of non-prescription sedatives and tranquilizers, the same situation remained valid during 2011; however, a slight rise in the use of intoxicating inhalants was reported. When comparing the findings of the 2011 ESPAD with the 1995 ESPAD report, it was found that the ratios of periodic heavy use, life-long use of marijuana and illegal drugs barely changed or had slightly increased in many countries in 2011. With some exceptions, Eastern European countries are shown as areas

where the percentage of use has increased, whereas in Western European countries, with the exception of the Ukraine, a distinct reduction in drug abuse has been reported (ESPAD, 2013).

Recent studies in Africa indicated a high prevalence of substance use among young people when compared to the general population, with associated physical and psycho-social problems such as fighting, vandalism, theft, engaging in unprotected sex, personal injury, medical problems and impaired relationships with family and friends (Ngwenya, 2018). A recently published systematic review found that the overall prevalence of ‘any substance use’ among adolescents in sub-Saharan African is 41.6%, with alcohol and tobacco being the highest prevailing substances (i.e. 40.8% and 45.6%, respectively) across the continent compared to any other substance use. More interestingly, a few region-specific patterns of substance use were identified, highlighting the need for region (or country)-specific and culturally appropriate interventions and policies, for example, in East Africa and using tranquilisers in South Africa.

In addition, the Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) examined drug use among 15 and 17 years old learners in Algeria, Morocco, Lebanon, Tunisia, and Egypt. Findings from the study found that initial drug use began at a young age and made recommendations for the development of an effective policy and school based prevention programs, which need to be implemented for the younger learners (Keane 2016). According to the Turkish Monitoring Centre for Drugs and Drug Addiction State of the literature Research reports on countries, regions and the world scale has emphasized that children and young people are confronted early with the use of addictive substances. In the context of preventing substance abuse, it is necessary to learn the developmental characteristics of children and adolescents, the process of formation of addiction, the risk factors for substance use, and the protective approach and attitudes. In the prevention of substance abuse, school staff who are the teachers, the education administrators and the school counsellors play an important role together with parents.

Furthermore drug abuse is among the major social and economic problems affecting the continent but it is not attracting as much attention as it should. There is rise on the use of illicit drugs in Africa and no country is spared from this calamity. “Cannabis, methaqualone, heroin and alcohol are included among the drugs used across the African continent. Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists

in the continued spread of HIV/AIDS across Africa (World Assembly of Youth 2014). The United Nation (UN) Program on HIV/AIDS estimates that Africa has some 25.4 million people, more 60% of its population living with HIV. People are watching loved ones die, young people are graduating without employment, and many are frustrated about the future, hence they end up abusing drugs to cope up with stress.

To add on that, drug abuse in Tanzania for example, has been on the rise and according to the World Assembly of Youth (2014), “The “hardest” drugs used are a mixture of heroin, cannabis (marijuana) and mandrax. Of the youth, 89.6% use a mixture of heroin and mandrax, and 82.9%, especially females, use a cannabis/mandrax mixture”. The Tanzanian government’s response to drug abuse according to McCurdy (2012) was destroying farms and plots producing marijuana. Drug abuse tends to take place within family circles and communities health care services agents. Drugs are socially accepted, and use is viewed as trendy and pleasurable.

In Southern Africa, drug abuse in countries such as Zambia has not been seen as a major problem compared to other parts of the world. According to WHO, the abuse of substances such as cannabis, heroin, cocaine and mandrax in Zambia does not seem to be a major problem, however, it is often found to be the root cause of offences such as drunken driving, arrest for disorderly conduct, fights and arguments, drunk while operating a machine, and suspension or expulsion from school.

The Republic of South Africa is among countries in Africa with highest levels of drug abuse across its population. According to the World Assembly of Youth (2014), “The Republic of South Africa with its infiltrative borders has become a lucrative market for drug traffickers and the drugs. Alcohol consumption and tobacco smoking followed by the smoking of cannabis is often the route. Alcohol consumption has contributed to the prevalence of medical conditions, such as carcinoma of the mouth, oesophagus, stomach and pancreas, cirrhosis of the liver, peripheral neuritis, vitamin deficiency and malnutrition; psychological conditions, such as addiction to other drugs, delirium and dementia; personality deterioration, and psychotic reactions (Dada, 2018). Certain social

problems that occur in the country are also often attributed to the use of alcohol, such as ordinary crimes, assault, family disorganization, homicide, and suicide.

In Zimbabwe there is anecdotal evidence of drug abuse among the youth especially in the intimate and informal interaction networks (Ngwenya, 2019). Moyo (2018) states that there is limited national data on the use and effects of illicit drugs among the population. However, other studies have shown an increase in the use of marijuana among young people with prevalence ranging from ranging from 6.1% to 13.8%. The use of marijuana has been found to be a stepping stone and entry point to further uptake of other illicit drugs especially among young people in Zimbabwe and Africa (Rudatsikira et al, 2013). This study sought to understand the socio economic and demographic factors that predisposes young people to using illicit drugs, prevalence of illicit drug use among young people in Zimbabwe. Most studies have been primarily focusing on the individual drug users without paying particular attention to the ‘risk environment’ which predisposes young people to illicit drug use (Kolla et al, 2017).

The problem of drug abuse among the youth is a growing concern in Zimbabwe. According to UN Zimbabwe Newsletter (2014), Cannabis is the most widely-abused drug among young people, mostly because it is cheap to purchase and other drugs such as cocaine and heroin are not commonly abused. Statistics reported by United Nations Office for Drug Control indicate that only one person out of six drug users is able to get professional help. Manayiti (2016), also notes that the youth are abusing drugs such as new psychoactive substances such as methamphetamine, cough syrups, marijuana, and drugs for hyperactive mental patients, and mixing their own concoctions with medical substances.

There is limited information on the extent of the drug abuse by youths in Zimbabwe and hence it is a difficult task to curb drug abuse without such information. According to Dorcas Sithole, Deputy Director of mental health services and substance abuse in the Ministry of Health cited by Manayiti (2016), the use of illegal drugs among youths in Zimbabwe affect the brain but there is still need to do a proper baseline.

Manayiti (2016) postulates that these drugs being abused by the youth are highly toxic and addictive, and the effects of abusing these drugs involve uncontrollable vomiting, constipation, drowsiness confusion and dry mouth, changes in mood, facial flushing and sweating among other things. This study therefore sought to have an understanding on why drug abuse among the youth is on the rise in Zimbabwe and the causes to the latter, and how it has affected learners in Insiza district.

1.3 Statement of the problem

The menace of drug abuse among learners has been the centre of attraction for comments, debates and discussion amongst the public, media and other intelligentsia. Drug abuse has been a problem in Local Government Area of Insiza North, Matabeleland South, cases of learners appearing before school and community disciplinary committee, as well as psychiatric homes in some areas of Zimbabwe is on the increase. Schools in Insiza have witnessed an increase in cases of learners addicted to drugs, which has led to poor learner performance, poor concentration, truancy and absenteeism as well high levels of indiscipline. This has negatively affected the learning process in schools, some parents, teachers, who are somehow not able to succeed in their attempt to control their addicted children or wards. Therefore the essence of this dissertation was to assess the influences contributing to drug abuse by learners in Insiza District.

1.4 Purpose of the study

The purpose of this study is to investigate the factors contributing to drug abuse by learners in secondary schools.

1.5 Research questions

- a) What are the causes of drug abuse amongst learners in public secondary schools in Insiza North district?
- b) What are the commonly abused drugs in public secondary schools in Insiza North district?
- c) . What are the effects of drug abuse on learners in public secondary schools in Insiza North district?

- d) What measures have schools put in place to minimize/eliminate the problem of drug abuse in the school environment?

1.6 Research objectives

The objectives of this study were as follows;

- a) To identify and discuss the causes of drug abuse in public schools of Insiza District
- b) To establish commonly abused drugs by secondary school learners in Insiza District.
- c) To examine the effects of drug abuse on the secondary school learners of Insiza District.
- d) To find possible solutions that can be used to minimise drug abuse by learners in secondary schools.

1.7 Significance of the study

Research of this nature could help in finding strategies in reducing the causes and consequences of drug abuse in Insiza North and assist in the preventive measures to the ever increasing rates of drug abuse in the community and elsewhere in Zimbabwe. It will address the misconception that learners have on drug abuse as well as the significance of preventive measures. Finally, the learners will in the end reap the benefits of having adequate and sufficient resources helping them in their overall growth and development. Findings of the study will help learners develop a positive self-concept; understand the effects of drug abuse. Teachers will be able to understand their roles in the implementation of effective strategies to combat drug abuse. The study will also shade light on teachers on how addicts should be handled at school level. Finally, it will enable them to be provided with adequate materials to conduct counselling lessons.

The study will also empower the administrators on the challenges being faced by teachers and learners in the effective implementation of strategies to fight drug abuse. In addition, administrators will benefit from the findings that can be adopted to ensure effective

implementations. This study will act as an evaluation on the implementation of strategies to minimize drug abuse in secondary school which will help policy makers in designing proper curriculum on drug education. Furthermore, the study will pin point the challenges being faced by implementers and also the resources needed for effective implementation.

More so, the study may also be useful to parents as it will shade light on the important role to be played by the parents in guidance and counselling. Parents and guardians of the learners will come to know some of the bad habits which their children do whilst they are at school, therefore this study will help them to team up with educators so that they can be in a position to mould the characters of the learners both at home and at school. The study will also lay out a foundation for further study by other academics; this therefore will be of beneficial to various academic institutions. The researchers will also become well versed on issues to attend to and approaches to adopt during the implementation of guidance and counselling.

1.8 Delimitation

The study was confined to four secondary schools in Insiza District in Matabeleland South Province. The focus of the study was on the perceptions of various stakeholders on how drug abuse by learners can be addressed, pointing out their effects, how they change learners' behaviour as well how these drugs affect individual's life. The participants will be guidance and counselling teachers, heads of schools, district guidance and counselling coordinator, some learners and parents.

1.9 Limitations

The study was carried out in only four secondary schools in Insiza District in Matabeleland South in Zimbabwe; hence, it is difficult to generalize the results to all secondary schools in Zimbabwe. Some participants find that the study was sensitive and became suspicious of their involvement in the study. Therefore, the researcher assured the participants that the findings of the study were not going to be reported on the basis of individual institutions but rather on the overall reports of the respondents in the different institutions.

1.10 Definition of key terms

Drug: This refers to any product other than food or water that affects the way people feel, think, see, and behave. It is a substance that affects physical, mental and emotional functioning of the body due to its chemical nature (Keane 2014). It can go into the body by chewing up, breathing in, smoke, ingestion, rubbing on the skin or injection

Drug abuse: Refers to the utilization of drugs for reasons that are different from medicinal grounds. According to Njeri et al (2014) refers to abuse of any psychotropic material contributing in transformations in physical functions, consequently distressing the person negatively socially, cognitively or physically.

Drug addiction: This refers to dependence to substances or an alcoholic drink implies that an individual's body can no more work devoid of these stuffs. Drugs habitually contain unconstructive consequences; for instance, can change psychological situation and manners to a spot where the person turns out to be a hazard to himself and humanity.

1.11 Summary

This chapter discussed the research problem and its setting. In this the background of the study, statement of the problem, research questions and objectives were outlined. The researcher revealed the study limitations, such as financial challenges and how it may be a challenge to generalise the result to suit the whole population of youth in Zimbabwe. In this chapter, it was stated that the research was to be conducted in Insiza North district. It was noted that various groups of people are to benefit from this study. Various key terms were also defined. The next chapter concentrates on reviewing related literature.

CHAPTER 2 : LITERATURE REVIEW

2.1 Introduction

This chapter is centred on reviewing related literature. In this chapter the researcher outlined perceptions, comments and findings made by various researchers and scholars on the issue under study. Therefore, literature review in this chapter was done in line with research questions and research objectives. This chapter is sub-divided into the following themes, (a) the social learning theory (b) causes of drug abuse, (c) commonly abused drugs by learners in Zimbabwean secondary schools, (d) effects of drugs to Zimbabwean Secondary school learners, (e) possible strategies that have been put in place by schools and other stakeholders to combat drug abuse

2.2 Theoretical framework

This study was grounded on social learning theory coined by Bandura in 1977. This theory focuses on the social context as a site for learning behaviour and the reciprocal influence between the individual, the behaviour and the environment. According to this theory learners' influences on drugs are stemmed on the fact children copy good and bad behaviour from adults and other children. Those at risk of antisocial conduct learn from others that socially unacceptable behaviour is right. In agreement Haynie, (2012) notes that children learn antisocial behaviour through the attitudes and behaviour of their peers such as stealing, fighting and bullying others as individuals or groups.

This theory posits that students acquire their beliefs and antisocial behaviours from their role models, especially close friends and parents (NACADA, 2012). The theory assumes that substance specific cognitions are the strongest predictors of learner drug use. Specifically, Social Learning Theory (SLT) asserts that a student's involvement with substance-using role models is likely to have three consequential effects, beginning with observation and imitation of drug specific behaviours, followed by social reinforcement (encouragement and support) for Early Substance Use (ESU) and culminating into a learner's positive social and psychological consequence for future ESU. Secondary indications in the environment (including not only

physical aspects of the environment but the addicts' lifestyle) are associated with the primary stimuli of the addict's drug experience. Many learners are being exposed to drugs, especially through family members or friends from whom they observe doing the act and hence imitate and model their behaviour (NACADA, 2012).

2.3 Causes of drug abuse

Causes of drug abuse among youths range from different various broad aspects. According to Zvira (2016), studies by the Ministry of Health revealed that there was a marked increase in substance abuse among teenagers in Zimbabwe and the reasons for abuse ranged from poverty, unemployment, boredom and lack of self-discipline. The report by Zvira (2016) focused on the rural and urban teenage populations. The reasons for the abusive of substances may vary from person to person and more than one reason could be responsible for it (Vivek, 2012). According to the World Health Organisation (2013), causes of substance abuse are classified into three classes, which are, social factors, psychological factors and biological factors.

2.3.1 Social factors

Social factors that contribute to increased risk for youth substance use in the school environment include, deviant peer relationships, popularity, bullying, and association with gangs. Social influences and familial influences are often present simultaneously. This interaction creates a complex system of risk factors that predicts the abuse of drugs by youths, which is important to take into consideration.

The influence of peers on adolescent substance use often exists in the form of deviant peer relationships, where a learner associates with a group of people who use substances, or in the form of perceived popularity (Chappell, 2012). It is possible that a shared inclination to use drugs and alcohol attracts deviant individuals to form peer groups or that, in order to gain social standing or join a group, individuals are motivated to use substances and thus form a deviant peer group. Similarly, peer pressure and perceived popularity have been shown to be associated with increased risk for youth substance use (Leinwand, 2012). Specifically, when learners and their counter

youths believe that their popularity within a peer group increases with the use of substances, they are more likely to participate in such substance and drug use. According to Chappell (2011), adolescents who self-identify as popular have shown to have increased chances of abusing drugs than when compared to adolescents who do not identify this way. There may also be a greater correlation between substance use and self-identification of popularity than between substance use and popularity as assessed by peers.

The National Institutes of Health (2015), define bullying as a series of interactions whereby a group or individual verbally or physically assaults a victim who is perceived to be weaker. All youths who participate in bullying, whether they are the perpetrator, the victim, or a combination of both roles, have been shown to have increased risk of mental health disorders and psychosocial problems when compared with those who do not participate (Bava, 2016). Interestingly, being a victim of bullying has an inverse association with alcohol use. However, studies also indicate that victimization is positively associated with other forms of substance use, including marijuana, inhalant, and hard drug use.

In public schools of Zimbabwe, learners have been involved into formation of gangs and this has been more prevalent in urban population (Moyo 2018). A legal definition of gangs is a group of three or more people that is characterized by criminal behaviour (Mallett et al 2013). The literature reveals a significant positive association between gang affiliation and substance use, which has shown to exceed the influence of typical deviant peer groups. Specifically, higher rates of alcohol and marijuana use have been reported among gang members than among those who are affiliated with a group of deviant peers (Zireva, 2016). Gangs promote the cycle of substance use, as the appeal of delinquent behaviour so as to attract another peer to join a gang, and, once membership is established, participation in the gang can foster further deviant behaviours and substance use.

2.3.2 Psychological/individual factors

The psychological factors that contribute to drug abuse among learners in the public schools in Zimbabwe include curiosity, as a novelty, social rebelliousness (disobedience), early initiation, poor control, sensation seeking (Feeling high), Low self-esteem (Anomie), poor stress management, as a relief from fatigue or boredom, to escape reality, no interest in conventional goals, psychological distress (Taylor, 2011). These factors have been perceived as the ones leading

to substance misuse by learners. Most learners think that taking in drugs, or any substance soothes their soul and may feel comfortable to perform any task, or it helps them to deal with any situation that may seem to be difficult to them.

Depression is one of the major factors that affect learners in secondary school. The term depression encompasses feelings of sadness, pain, gloom, or anger (Charach 2013). Clinical depression specifically refers to situations wherein a person's depressive feelings interrupt their daily life. Depression has been shown to be linked to genetics and may also result from stressors such as parental divorce, parental substance abuse, depression of a family member, or feelings of inadequacy. These stressors can lead to feelings of sadness, which some adolescents have reported to be a motivator for them in deciding to begin substance use.

Low self-esteem is one of the factors leading to drug abuse by youth in Zimbabwe (Nhunzvi et al., 2019). Forced mobility (migration) because of limited opportunities in the country, makes youth lack confidence and feel incompleteness, since they are failing to get menial jobs, they did not train for (Mahiya, 2016). Another avenue of low self-esteem is pinned to the HIV/AIDS pandemic as most youth in Zimbabwe are orphans and or infected by the disease and due to stigma; they feel unlovable and unaccepted around peers (Nhunzvi et al., 2019). UNAIDS Report (2018), stated that sixty-six thousand eight hundred and eighty-eight (66,888) adolescence between the ages of 10-19 years are on Anti- Retro Viral Treatment (ART) and approximately 1.2 million persons out of a population of 14.4 million, which is a high rate according to Cowarn et al., (2018).

2.3.3 Familial factors

Familial Risk Factors. Familial risk factors include childhood maltreatment (including abuse and neglect), parental or familial substance abuse, marital status of parents, and level of parental education, parent-child relationships, familial socioeconomic status, and child perception that parents approve of their substance use (Dube 2013). Child maltreatment has been classified for the purpose of this paper as a familial factor, though it is important to note that not all maltreatment is perpetrated by a family member. The federal Child Abuse Prevention and Treatment Act (2016), defines maltreatment as child abuse or neglect, which encompasses any act or lack of an act by a

child's caretaker that results in physical or emotional harm. Childhood maltreatment, including physical abuse and neglect, has been linked to increased risk for adolescent substance use, with one study reporting 29% of children who experienced maltreatment participating in some level of substance use and another reporting 16% of maltreated children abusing substances.

Physical and Sexual Abuse. In most states, the legal definition of physical child abuse entails any act that causes a child to experience physical harm that is not accidental (Bava 2012). The effects of physical and sexual abuse, specifically, on adolescent behaviours regarding substance use have been examined, with researchers consistently reporting a statistically significant relationship between physical or sexual abuse and adolescent use of nicotine, marijuana, and alcohol. There is also some evidence that higher levels of illicit drug use, including cocaine, heroin, and barbiturates, are associated with physical and sexual abuse. Being a victim of physical or sexual assault increases the risk of an adolescent getting involved with substance use from two to four times. However, different studies have shown varying specific results regarding which type of abuse is the strongest contributor, with some reporting a higher risk associated with sexual abuse, and while others report a higher risk associated with physical abuse. One review of thirty-five studies indicated that most findings consistently show that childhood maltreatment is a risk factor for earlier onset of substance use (Chen et al 2012). This may be because victims of maltreatment use drugs and alcohol as coping mechanisms rather than purely for social reasons. Thus, their onset is less dependent on the time other adolescents begin to use drugs. This cascade of events can lead to limited functions related to attention and learning. Likewise, susceptibility to paranoia has been linked to PTSD.

Emotional Abuse. According to a legal definition, emotional child abuse encompasses a situation whereby the child's intellectual or psychological functioning or development is hindered (Chen et al 2011). Research shows that experiencing emotional abuse can lead to increased risk for adolescent substance use, though it does not have as much influence as experiencing physical or sexual abuse. It has also been found that witnessing violence can increase an adolescent's risk for developing a substance use disorder with alcohol, cigarettes, marijuana, or hard drugs by as much as two to three times. This is likely because witnessing violence creates great stress, especially in the case of a child witnessing domestic violence. Therefore, substance use becomes a coping mechanism. It has also been speculated that, in some cases, substance use may precede witnessing

violence because such acts of violence may occur within the context of a delinquent peer group where substance use is prevalent. However, there is comparatively little literature that focuses on emotional abuse, including witnessing violence, and its relationship to adolescent substance use and abuse.

Neglect. A legal definition of child neglect includes any situation where a child's caregiver does not provide adequate living necessities, including protection, clothing, health care, and/or food (Child Welfare 2011). Studies have consistently shown that victims of neglect are at increased risk for substance use. Additional research has begun to explore the effects of child neglect on adolescent brain development. Because children in adolescence are undergoing developmental changes, neglect during this period can have long-term effects. It is difficult to study the ramifications of neglect on the brain because of the existence of other contributing factors, such as domestic violence, socioeconomic status, and prenatal exposure to substances. It is also more likely that females' relationship with their parents or conflict within the home will be linked to their choice to use substances than males' (Buka et al 2012). This may be because many females respond to stress (as may occur in a negative family environment) by avoiding coping with a situation and increasing attentiveness to emotions, which can heighten depression and lead to substance use, whereas males are often more directly confrontational.

2.3.4 Other factors

Other factors leading to drug abuse by these youth are limited knowledge about drug abuse and breakdown of the family system (Rugoho, 2018). Most families are child headed, as either parents pass away due to the HIV/AIDS pandemic or parents move to other countries to seek employment (Rurukwa, 2019). However, according to Nhunzvi et al, (2019) postulates that people with low self-esteem are easily swayed by peers, drift from their known beliefs just to please others.

Availability and accessibility of drugs and substances is another major cause for abuse of psychoactive substances in relation to alcohol, tobacco and prescribed drugs such as diazepam. This is further supported by Ngwenya (2019) who postulate that, high rates of cannabis use for example, is associated with the availability of other drugs and contribute to a situation in which the use of other drugs becomes more acceptable. In Harare, psychoactive drugs are sold mostly in

high density suburbs in Mbare, in Bulawayo, Makhokhoba and Mzilikazi are well known place for drug market and most of the youth are found there (Ngwenya, 2019). These psychoactive drugs and marijuana are sold for less than one dollar and this has influenced a lot of youths to abuse drugs because they can afford to buy the drugs, and they are easily available.

The influence of media is another cause of drug abuse among learners in secondary schools. Yarduma and Abdulamid (2007) asserts that the dynamic explosion of the media system through Facebook, Twitter, LinkedIn, WhatsApp, Imo, YouTube, television, radio, magazines and newspapers as well as computer have contributed to the inculcation of deviant practices among students in school. They noted that some programs which are broadcast on radio and television usually promote violence and pornography among students. In concurrence Reeves (2008) states that children who are highly subjected to violence through media are likely to repeat that violent behaviour three times as compared to their peers who are lowly exposed to low levels of media violence. However, it is worthy to note that the influence of media on causing learners' deviant behaviour should not be over exaggerated. Scholars such as Rogers (2008) argues that learners also have power to select what is useful and relevant to them from the media, making the media not to be rendered too powerful in influencing learners' behaviour.

School environment also plays a part in deviant behaviour such as drug abuse. School activities are a focal point for adolescents' behaviour, (Kandel, 2014). Learners in schools are individuals with their unique problems and critical issues that can be tackled meaningfully only on individual basis. Failure to address the problem by individual students could result in feelings of hopelessness, hatred, failure and physical weakness. In an attempt to overcome the above-mentioned feelings, the individual seeks refuge in drugs. Such persons may become social drinkers or drug abusers (Gathumbi, 2012). Karechio (2015) asserts that low performance in class may lead to misuse of drugs such as Marijuana which is believed to improve understanding and insight.

This misconception is based on the belief that people who use or abuse substances will become bold, confident or courageous. School risk factors that may enhance drug and substance abuse according Karechio (2015) include, ineffective classroom management, failure in school performance, truancy, affiliations with deviant peers and perceptions of approval of drug using behaviour in the school. Reports of drug abuse among the youth, socially unacceptable sexual adventures, academic underachievement, poor study habits, serious misunderstandings between

teachers and students are common in Zimbabwean educational institutions. These have led to students' expulsions from schools and even students dropping out of school (Zimbabwe Teachers' Association (2014). Behavioral problems such as stress, fatigue, anxiety, bullying and even committing of murder are reported to emanate from drug abuse. In Kenya such instances have occurred, where students under the influence of drugs have beaten up their teachers, raped them or killed fellow students (Karechio, 2015).

2.4 Commonly abused drugs in secondary schools

Cannabis or marijuana is a commonly abused drug in secondary schools of Zimbabwe, locally known as “mbanje” (Nhunzvi, 2019). The Zimbabwe Civil liberties Drug Network (ZCLDN) reckons that an average of 20 % of the youth in Zimbabwe use it. Cannabis is affordable to the youth and is readily available as some youth grow it in their back yards (Zvira, 2016). Cannabis usually gives ‘the high’, to feel good (Batsell, 2018). It is reported that, the youths bury their sorrows of the socio-economic challenges and other day to day problems they face, by continuously abusing cannabinoids to avoid realities in their lives (Kabugi, 2019). Cannabis is a recreational drug, it enhances pleasure and excitement among the youth, the drug is smoked, inhaled or ingested (Giordano et al., 2015). Cannabis contains chemicals called cannabinoids that work by binding the central nervous system that is the brain and related nerves (Charilaou et al., 2017). Majority of the Zimbabwean learners as their youth friends, suffer from the long and short-term effects of cannabis (Nhapi & Mathede, 2016); these include headaches, sweating, depressed mood, decreased appetite, trouble sleeping, nervousness, shaking, nausea, dependence and addiction (Zehra et al., 2018).

The Zimbabwean youth also abuse cough syrups such as BronCleer and Histalix (Rugoho, 2019). These cough mix contains alcohol, ephedrine and codeine. Codeine is an opiate, and contains morphine like substances (Matunhu and Matunhu, 2016). These syrups are more in the urban population than in rural, but due to exposure, some areas are becoming more prevalent to such drugs and most learners succumb to them. Because they contain alcohol and codeine, BronCleer and Histalics are central nervous system stimulants and causes drowsiness, apathy and euphoria to the youth who take them in large quantities than the prescribed quantities. These cough mixes are

also highly addictive (Zvira, 2016). Histalix and Broncleer are some of the most discovered drugs by police drug raids among the youth in Zimbabwe (Makande, 2017). Histalix is a registered medicine in Zimbabwe for cough whilst Broncleer is an illegal drug according to the Medicines Control Authority of Zimbabwe (Matunhu & Matunhu, 2016). However, affordable and easily accessed and smuggled by the youth into Zimbabwe from neighbouring South Africa (Zvira, 2016).

Prescription and over-the-counter medications, tranquilizers, and sedatives continue being the drugs most abused by youths. According to Zivira (2016), another drug that is abused by the youths is diluted ethanol or methanol, with the common street name '*musombodhiya*'. Zivira (2016) goes on to state that, ethanol is reportedly smuggled from ethanol plants and transported in relatively small quantities of up to several drums to Harare and other towns where it is then diluted with water. Shakhashiri (2012) shows that, Ethanol acts as a drug affecting the central nervous system. Ethanol is toxic, and the body begins to dispose of it immediately upon its consumption. Over 90% of it is processed by the liver. In the liver, the alcohol dehydrogenises enzymes and converts ethanol into acetaldehyde (a poisonous metabolic by-product of alcohol metabolism), which is itself toxic.

Youths overdose anti-depressant drugs (Jakaza & Nyoni, 2018). Anti-depressants are not harmful when used as per correct prescribed dosage. Abuse or overdose of anti-depressants damages the abuser through common side effects, which include dry mouth, muscle cramps, seizures among other side effects (Baler & Volkow, 2016). Most of the learners have been found in the same situation of abusing anti-depressant drugs due to exposure. Learners get these drugs through relatives, some visit urban cities, and they brought them from their holiday to use them with friends (Moyo, 2018). The Youths complain of being '*sticken*', a common street name in Zimbabwe among drug abusers whereby the youth pause, failing to coordinate their physical activity (Makande, 2017). The anti-depressant drugs are crushed and mixed with a juice or snorted and become a concentrated overdose of antidepressants (Berihun, 2015).

Other drugs abused by the youth in Zimbabwe include diazepam, which is a prescription drug, locally known as "*mangemba*" (Mazuru, 2018). Diazepam is a medicinal drug in the anxiolytic class and is a prescription drug according to the Medicines Control Authority of Zimbabwe (Matunhu and Matunhu, 2016). Diazepam addresses anxiety, seizures and alcohol withdrawal.

(Mazuru, 2018). This drug somehow finds its way into the streets of Zimbabwe and this drug is taken in excess resulting in the youth being less active and drowsy (Mazuru, 2018). Diazepam is also highly addictive (Laitzelart, 2018). Chlorpromazine is also another prescription drug abused by the youth in Zimbabwe to get high (Matunhu & Matunhu, 2018). Chlorpromazine (CPZ) is an antipsychotic prescription medicinal drug used in mentally ill patients (Schifano et al., 2018). The drug somehow finds its way into the streets, abused by the youth in Zimbabwe. The side effects of the drug include anxiety, drowsiness, anxiety, and insomnia, swelling of hands and feet and many more (Schoedel et al, 2018).

The youths also abuse a concoction of ethanol and emblems powders used in funeral parlours to preserve dead bodies (Zvira, 2016). This highly intoxicating concoction popularly known as “musombodhia” in the streets in Zimbabwe (Zvira, 2016). Ethanol fuel creates a highly concentrated alcohol content that can reach up to 95% (Miranda et al, 2010). This concentrated ethanol is very poisonous especially to the central nervous system causing seizures and coma, blindness and or even death if consumed in large quantities (de Oliveira et al., 2016). However, the youth drug abusers in Zimbabwe take this blend because it is cheap and one can go for a long time before you reach sobriety after taking the blend (Miranda et al., 2010). Drinking water leads to further intoxication; therefore, it becomes more desirable by the youth drug abusers (Makande, 2017). Drugs like cocaine and heroin are expensive and uncommon in Zimbabwe (Matunhu & Matunhu, 2018).

Methamphetamine is another highly addictive stimulant drug commonly referred to as “crystal meth” or locally as “mutoriro” (Jakaza & Nyoni, 2018). This drug affects the central nervous system and can leave users in deep stupor. Dzinamarira and Masuka (2021) highlighted that an increase in the number of hospital admissions due to methamphetamine use among adolescents and youth has been recorded. Clearly, there is an impending public health disaster in Zimbabwe. For instance, some of the substances are significant factors for risky sexual behaviour, cardiovascular and neurological diseases and predispose to short and long-term psychiatric complications including addiction, stress, depression, anxiety, suicide and even psychosis. School going children who turn to using illicit substances are also at risk of conflict with the law and dropping out of school (UNICEF, 2021). Drug use also has serious socioeconomic repercussions

and is associated with a higher burden of violent activities, robberies, increased un-employability and the need for rehabilitation services.

2.5 Effects of drugs on learners

Drug abuse does not only affect the user but the community at large. According to the UN in Zimbabwe Newsletter (2014), Drugs do not just affect the user; they cause tremendous hardship and misery to their families and loved ones as well as constrain economic and social transformation. Moodley et al (2012) states that, medical and psychosocial consequences of using illicit substances, highlight the public health importance of the problem and the need for urgent intervention. The youth drug abusers in Zimbabwe exhibit both physical and mental negative effects of drug abuse (Nhunzvi & Mavindidze, 2016). Some of these youths face common short –term effects of drug abuse that include panic, anxiety, hangovers, getting irritable, mood swings, hallucinating, withdrawals, paranoia and feeling a crash (Pufall, 2017). Some in this age group suffer the long-term effects of drug abuse, which include stomach pains, early –onset Alzheimer’s, paranoia, major depression and much more (Pufall, 2017).

The long-term effects of drugs often have a detrimental effect on a person’s well-being. Death is imminent to drug abusers as some die due to an overdose or in mixing prescription medication that end up becoming hard for the body to bear. Long-term effects of drugs include HIV due to risky sexual behaviours when intoxicated, and harm to fetus in pregnant women among other issues. According to the World Youth Report (2003), a small percentage of youth will develop substance dependency characterized by drug tolerance, withdrawal and continued use despite significant substance-related problems. Mba (2008) cited in Fareo (2012) identified numerous negative effects of drug abuse on the body chemistry as follows.

Alcohol-related problems include liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder, mental retardation for the foetus in the womb, growth, deficiency, delayed motor development, crania-facial abnormalities, limbs abnormalities and cardiac deficits, psychiatric, for example pathological drunkenness, suicidal behaviour and socially broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases. **Tobacco** causes stimulation of heart and narrowing of blood vessels,

producing hypertension, headache, loss of appetite, nausea and delayed growth of the foetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack. **Stimulants** on the other hand cause lethargy, irritability, exaggerated self-confidence, damage nose linings, sleeplessness, and psychiatric complications. **Inhalants** use has an effect of causing Anaemia, damage kidney and stomach bleeding. **Narcotics** cause poor perception, constipation, suppression, vomiting, drowsiness and sleep unconsciousness and death.

Many cases in mental institutions are considered drug abuse related. In 2014, the Ministry of Health and Child Care's Department of Mental Health indicated that 135 drug induced psychosis admissions were recorded at Harare Hospital in 2013, with 865 outpatients documented in the same year. Gono (2014) pointed out that, the drugs commonly used by youth in Zimbabwe include heroin, cannabis, histalix and other cough mixtures, especially broncleer (commonly known as bronco), which is used as a relaxation drug. The aim of this study seeks to understand how the youth are accessing prescription drugs without a prescription and uncover how those selling the drugs in the street are accessing these drugs and what role is being set aside to stop youth from abusing drugs.

The other negative effects of drug abuse experienced by the Zimbabwean youth include lack of production, employability, crime, deteriorating quality of life and increased violence (Rwafa et al., 2019). Makande (2017) highlights that a substantial number of youth drug abusers in Zimbabwe become school dropouts and become a menace to society, becoming violent and engaging in criminal activities to sustain their livelihoods. Peace in the communities is also compromised as youth drug abusers tend to be aggressive (Maraire & Chethiyar, 2019). Drug and substance abuse by the Zimbabwean youth is also costly to the Government of Zimbabwe in terms of revenue spent in the enforcing, prosecution, incarceration and rehabilitation.

In some urban cities such as Harare and Bulawayo and even other small towns, there has been a recent sprouting of child prostitution and criminal activities due to drug abuse (Moyo, 2018). The reasons behind being that young girls addicted to drugs sometimes cannot afford to buy the drugs and hence end up in prostitution because they need to get rid of the edge caused by addiction. Hence there are instance where young girls are getting into prostitution for a bottle of broncleer or a plastic of marijuana for a dollar (Ngwenya 2019). There is also a rise in criminal activity such as stealing from people at the bus rank and touting for one to get money to go and buy drugs. Also,

the use of drugs helps in aiding violence because of one's inability to make sound judgments whilst under the influence of drugs. Drug addicted can also cause the in-school youths to drop out of school because of drug dependency.

2.6 Strategies that can be used to minimise drug abuse in secondary schools

Since drug abuse in secondary schools has led to problems such as learner deviancy which is one of the serious issues in schools and leading to moral decay, educational departments can develop code of conduct for school children. The code can promote social values and norms, this is true regarding South Africa which has developed such code of conduct which is meant to promote Ubuntu among learners and to abstain from any drug activities (Department of Education of South Africa (2013). In support Yaroson and Zaria (2014) suggests that, to curb indiscipline such as substance use in secondary schools there is need to include moral education in the school curriculum as moral values build a consistent set of values and ideas which become a basis for making personal decisions about how to behave in relation to other people and the society.

The principal ensures proper maintenance of discipline for the smooth functioning of the school and attainment of quality delivery of teaching and learning. A healthy school environment is imperative for learners' meaningful learning and quality assurance. As rightly noted by Akomolafe (2012), highly performing schools are committed to desirable student behaviour as well as clear behavioural expectations for all students. The administrator is responsible of ensuring that education policies and programmes are efficiently and effectively implemented for the successful attainment of the goals and objectives of the school.

According to Asiyayi (2019) the administrator should ensure that learners are properly controlled by bringing to their knowledge the school rules and regulations and admonishing them regularly to be of good behaviour toward the use of drugs in the school environment. Proper control of learners' activities is essential to stem down the upsurge the use of drugs among learners in the school. Discipline is maintained in school in order to ensure that students learning are not disrupted (Asiyayi 2019). The principal in ensuring effective administration of school must ensure that students, teachers and other staff of the school are well checkmated through a vibrant disciplinary policy which emphasises the penalty if one is caught with drugs or abusing drugs (Asiyayi 2019).

Mcqueen (2012) observes that detention after school is the most used procedure for curbing deviant behaviour and drug abuse in some schools for example in boarding schools. Mcqueen (2012) suggests that detention must be administered with seriousness. Hence, teachers who send pupils to detention must provide work for them to do. This will obviously keep it from being a time to sleep or create other disturbances. Contrary to this view, Varna (2013) said that detention may not prove to be an effective form of discipline because children will tend to associate school environment with discomfort. This is said to lead pupils into developing a negative attitude towards schoolwork.

Professional counselling, if effectively used, can go a long way in controlling learners' deviant behaviour. The relevance of counselling is that it offers a lasting solution as it attempts to address some of the root causes and possible effects of drug abuse in the long run. In the USA peer counselling programmes are used under a qualified counsellor, where pupils address problems and issues such as interpersonal problems at home and at school, substance abuse and career planning. When peer counselling is combined with cross-age tutoring, younger pupils learn about drugs, alcohol, premarital pregnancy, delinquency, dropping out and HIV-AIDS among others (Williams 2012). Ajowi and Simatwa (2010) sampled 916 pupils in Kenya and found that guidance and counselling was minimally used to promote discipline among high school pupils.

Mwanakatwe (2012) states that the growth of a disciplined school requires as a pre-condition a healthy and easy relationship between staff and pupils where the school should seek primarily to develop the individual personalities of pupils by giving constructive suggestions to pupils on how they can avoid getting in unwanted behaviours such as drug abuse as well outlining their effects. Reeves (2008) reported that at Woodstock school, improvements in pupil behaviour were as a result of improved relationships among teachers, administrators and pupils. This relationship was enhanced through teachers endeavouring to learn names of pupils and showing that they really cared for pupil welfare.

The use of reinforcement can help curb undesired behaviour among school children. Winkielman (2015) defines reinforcement as a stimulus that strengthens behaviour and increases the frequency of its occurrence. It involves reinforcing one's positive response which in turn blocks the appearance of undesirable behaviours. There are different types of reinforcement; these are intrinsic reinforcement (that is when a behaviour strengthens itself e.g. eating and playing music),

extrinsic reinforcement (this is when the behaviour is strengthened by external consequences), primary reinforcement (things that are important to life such as food, water) and secondary reinforcement (things like money and praise) (Winkielman,2015).

Psychologists affirmed that the use of reinforcement helps to provide an explicit model of what is expected among in-school adolescents (Asonibare 2016). Okobiah and Okorodudu (2012) note that disruptive behaviour can persist if only verbal reinforcement is used by the counsellor on the management of drug abuse in schools. Garber (2016) opines that reinforcement strategy in classroom instruction promotes academic achievement.

Punishment can also be used in reducing drug abuse among learners in secondary schools. Punishment refers to the use of aversive stimuli to decrease undesirable behaviour (Asonibare 2016). This is often used when all other techniques have failed. There are two major types of punishment: positive punishment (when the counsellor applies aversive consequences like kneeling down and flogging) and negative punishment (this involves the withdrawal of certain privileges) (Asonibare 2016). Adesina (2013) explains that punishment must be retributive; it should serve as a deterrent and must be reformatory. Punishment should be applied immediately after a negative behaviour. Williams (2012) note that various forms of punishments such as satiation, reprimand and social isolation can be used. Satiation: this is a way in which the counsellor allows the learner to continue with negative behaviour until they are tired of doing it. For example, a child who likes stealing learners' underwear in the hostel can be helped by encouraging the parents to buy more than enough underwear for the student until it pisses the student off (Alao 2000).

Reprimand: this is when a learner is rebuked for misbehaviour. Soft, private reprimands are done quietly while a loud public reprimand is when the counsellor or the teacher speaks to the offenders loudly in the presence of others. Social Isolation: this is often used to decrease undesirable behaviour. The counsellor might decide to set the learner aside for the meantime as a result of a particular misbehaviour. The counsellor must be careful when using this method so that other negative behaviours are not strengthened (Williams, 2012). Constructive confrontation: this is a way in which the counsellor confronts the client about a particular negative behaviour (Bolu-Steve and Adeboye 2016).

2.7 Summary

This chapter reviewed related literature. In this chapter Social Learning Theory of Bandura was discussed in detail since it formed the study's theoretical framework. Various works of scholars were used in outlining the nature, causes and effects of drug abuse on learners and youth in Zimbabwe. This chapter also discussed strategies that can be employed to curb learners' behaviour towards drug abuse in schools. The next chapter focuses on research methodology.

CHAPTER 3 : RESEARCH METHODOLOGY

3.1 Introduction

This chapter concentrates on discussing methodological issues. The researcher explained how the necessary data and information to address the study objectives and questions was collected, presented and analysed. This chapter is also divided into the following sub-topics; research paradigm, research design, population, sample and sampling procedure, gathering instruments, credibility and trustworthiness issues, triangulation, member checking, ethical considerations data collection procedure and data presentation and analysis procedure.

3.2 Research methodology

The qualitative research approach, also known as the socio-anthropological research approach was applied to collect and analyse the data. Kumah, (2019), says qualitative research involves interpretive and naturalistic approach, meaning it is an approach that study things in their natural settings, attempting to make sense, or to interpret a situation, for instance, the physics lack of resources in guidance and counselling subject, in terms of the meanings brought about by the people.

According to Creswell (2014) qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. The qualitative research is concerned primarily with a process rather than outcomes or product determined by the process. The approach has no preconceptions. In applying the qualitative research, the researcher is interested in the way how people make sense of their lives, experiences and their structure of the world.

Kumah , (2019) confirmed that qualitative research involves fieldwork where the researcher goes out to mingle and interact with the people and get data for sociological issues, such as the current research problem, perceptions of stakeholders towards the extent to which drug abuse has affected learners in rural secondary schools, through observations and interviewing the concerned stakeholders. The qualitative research is descriptive in nature as the researcher is concerned with

the process, meanings and understanding gained through the interaction with the concerned people. The qualitative research uses an inductive approach in that the research builds abstractions, concepts and theories from details obtained from the research.

Qualitative researcher's nature in terms of investigation, unlike its counterpart, quantitative research is known as an "an inquiry from the outside, (Creswell, 2012). In qualitative research, it is known to be deeply immersed in the research in terms of experiential engagement and with direct contact with the subjects, and the physical involvement in the setting. The researcher will have a holistic outlook of the research issue or problem, perceptions of stakeholders towards the influences that contributes to drug abuse by learners, as well as ways that can be implemented to minimize drug abuse among learners in rural secondary schools in Insiza District.

3.3 Research design

According to Kumar (2019), a research design refers to the exposition or plan and structure of investigation and has the objective of planning, structuring and executing the research concerned in such a way that the validity of the findings is maximized in answering specific research questions. According to Creswell (2015) a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. In fact, the research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data.

In this study, the researcher used case study design. A case study design as cited by Creswell (2015) is a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context. It is an established research design that is used extensively in a wide variety of disciplines, particularly in the social sciences. A case study can be defined in a variety of ways, the central tenet being the need to explore an event or phenomenon in depth and in its natural context. It is for this reason sometimes referred to as a "naturalistic" design; this is in contrast to an "experimental" design (such as a randomised controlled trial) in which the investigator seeks to exert control over and manipulate the variable(s) of interest.

The case study approach lends itself well to capturing information on more explanatory 'how', 'what' and 'why' questions, such as 'how is the intervention being implemented and received on the ground?' (Creswell 2015). The case study approach can offer additional insights into *what* gaps exist in its delivery or *why* one implementation strategy might be chosen over another. This in turn can help develop or refine theory (Muzari et al 2022). In this study, the researcher used a case study of four secondary schools in Insiza North district.

3.4 Population of the study

Saunders, Lewis, & Thornhill, (2012) states that, a population is a group of members who have specific common characteristics that the researcher wants to investigate in their study or the entire aggregation of cases in which a researcher is interested in studying. Kumah , (2019) define a population, also called universe, as the entire set of people, events or objects which is the object of research and about which the researcher wants to determine some characteristics. A population is defined as the total number of units from which data can be collected such as individuals, groups or organizations.

In this study the researcher used population from four secondary schools in Insiza North District in Matabeleland South Province. The target population were the school heads, district guidance and counselling coordinator, teachers of guidance and counselling as a subject, school learners (prefects). The researcher particularly chose this group as participants because they were assumptions that they might give reliable information on the extent in which drugs are abused in the community and school.

3.5 Sample

The participants in the study were coded as follows: L1-L12 = Learners; GT1- GT 4= Guidance and Counselling Teachers; SA1-SA 4 = School Administrator. A sample is a subset of the population, and a representative sample must have properties that best represent the population so as to allow for an accurate generalization of results (Kumah , 2019). Sekaram & Bougie, (2013) states that,

sampling process includes taking a fraction of the target population or the proportion of the population, investigating this smaller, manageable group and then generalizing the findings to the larger population from which the sample was drawn. Sampling is the act or process of selecting a suitable representative part of a population for the purpose of determining the characteristics of the whole population. According to Kumar (2019) sampling is the process of selecting a few (a sample) from bigger groups (the sampling population) as the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the bigger group. The researcher used a sample of 16 random individuals from the district in which 12 are learners from four of the selected schools, then 4 guidance and counselling teachers.

3.6 Sampling Techniques

Sampling is a technique of selecting individual members or a subset of the population to make statistical inferences from them and estimate characteristics of the whole population (Creswell, 2015). Different sampling methods are widely used by researchers so that they do not need to research the entire population to collect actionable insights. In this study, the researcher used two types of sampling methods, which included purposive sampling and snow-balling sampling.

3.6.1 Purposive sampling

Purposive sampling represents a group of different non-probability sampling techniques. Also known as judgmental, selective or subjective sampling, purposive sampling relies on the judgement of the researcher when it comes to selecting the units for example people, cases/organisations, events, pieces of data, that are to be studied (Ben-Shlomo et al 2013). Usually, the sample investigated is quite small, especially when compared with probability sampling techniques. The main goal of purposive sampling is to focus on characteristics of a population that are of interest which will enable the researcher to answer research questions. Purposive sampling was used to collect information from the Guidance and counselling teachers and school heads.

3.6.2 Snowball Sampling

According to Ben-Shlomo et al (2013) snowball sampling is a method commonly used in social sciences when investigating hard-to-reach groups. Existing subjects are asked to nominate further subjects known to them, so the sample increases in size like a rolling snowball. For example, when carrying out a survey of risk behaviours amongst intravenous drug users, participants may be asked to nominate other users to be interviewed. Snowball sampling can be effective when a sampling frame is difficult to identify. However, Mohajan (2016) states that by selecting friends and acquaintances of subjects already investigated, there is a significant risk of selection bias (choosing many people with similar characteristics or views to the initial individual identified). This method was used to find some useful information from learners who uses drugs at school.

3.7 Research instruments

Data collection is the process of gathering information on variables of interest in an established systematic fashion that enables one to answer stated research questions and evaluate outcomes according to Creswell (2013). Research instruments are vital in the progression of any research. (Neuman 2013) defines research instruments as tools for collecting data from human subjects. In this study a plethora of data collection instruments were used and these included in-depth interviews, observations and document analysis. All these instruments were used for triangulation purposes. In Maree (2016) support that the use of various data instruments enhances validity of outcomes and results.

3.7.1 Interviews

An interview is a conversation between two or more people where questions are asked by the interviewer to elicit facts or statements from the interviewee (Creswell, 2012). According to Kumar (2019) an interview method of collecting data involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses. The use of the interview in research marks more away from seeing human subjects as simply controllable and data as somehow external to individual and towards regarding knowledge as generated between humans often through conversations. Thus, an

interview is a two-person conversation initiated by the interviewer for the specific purpose of obtaining research related information and focused by on content specified by research objectives and systematic description, prediction or explanation

The researcher used face to face structured and unstructured interviews to obtain the required responses to the study. According to Kumar (2019) structured interviews involve the use of a set of predetermined questions and of highly standardized techniques of recording. According to Creswell (2014) interviews enable participants – be they interviewers or interviewees – to discuss their interpretations of the world in which they live, and to express how they regard situations from their own point of view. Kumar (2019) explored that unstructured interviews are flexible in structure, in depth in their search, free from rigid boundaries and at liberty to deviate from their predetermined course if there is need. In these senses the interview is not simply concerned with collecting data about life: it is part of life itself. The interview is a flexible tool for data collection, enabling multi-sensory channels to be used: verbal, non-verbal, spoken and heard.

Interviews are time consuming .More so, they are easily influenced by personal attributes .They need well qualified interviewers to be able to operate within lines that does not affect participants .In an interview it is easy to lose focus if the interviewer gets carried away .More so, there is high risk of subjects disowning their contribution at a later stage (Leedy & Ormrod, 2014). In this study the researcher interviewed three school administrators. These interviews enabled the researcher to acquire detailed on the issue under study. Interview facilitated probing of each question and clearing up misunderstandings. The interviewer elaborated where an interviewee needs clarification, this made the researcher to obtain detailed data.

3.7.2 Naturalistic nonparticipant observation

Naturalistic observation is an observational method that involves observing people's behaviour in the environment in which it typically occurs. Ward et al (2013) postulate that most of researchers who engaged in naturalistic observation usually make their observations as unobtrusively as possible so that participants are not aware that they are being studied. Ethically, this method is considered to be acceptable if the participants remain anonymous and the behaviour occurs in a public setting where people would not normally have an expectation of

privacy. For this reason, most researchers would consider it ethically acceptable to observe them for a study (Engler 2021).

According to Bhasin (2020), it is challenging to work undercover. For example, the researcher will have only to observe and not record in front of others because he will not want to blow his cover. He relies heavily on his memory which can be faulty at times. Sometimes the researcher becomes too involved in the intricacies of that group. There is a higher chance of losing his objectivity because his reporting will be selective and dependent on his memory. On the other hand, one of the arguments against the ethicality of the naturalistic observation is that people have a reasonable expectation of privacy even in a public and that this expectation is sometimes violated (Creswell 2014).

3.7.2.1 Participant observation

In participant observation, researchers become active participants in the group or situation they are studying. Participant observation is very similar to naturalistic observation in that it involves observing people's behaviour in the environment in which it typically occurs (Mekonen et al 2019). As with naturalistic observation, the data that is collected can include interviews (usually unstructured), notes based on their observations and interactions, documents, photographs, and other artefacts. The only difference between naturalistic observation and participant observation is that researchers engaged in participant observation become active members of the group or situations they are studying. The basic rationale for participant observation is that there may be important information that is only accessible to, or can be interpreted only by, someone who is an active participant in the group or situation (Bhasin 2020). Like naturalistic observation, participant observation can be either disguised or undisguised

The researcher used observation and social discussions in getting information as well. This allowed the researcher to get information while observing the behaviour of drug users and asking questions to the subjects under review. The researcher used non participatory observation to minimise bias on the data to be collected.

3.7.3 Document Analysis

Document analysis is a systematic procedure for reviewing or evaluating documents, both printed and electronic, that is, computer-based and Internet-transmitted material (Corbin and Strauss, 2014). These types of documents are found in libraries, newspaper archives, historical society offices, and organisational or institutional files. Muzari et al (2022) notes that document analysis is often used in combination with other qualitative research methods as a means of triangulation- the combination of methodologies in the study of the same phenomenon. Documents provide supplementary research data. Information and insights derived from documents can be valuable additions to a knowledge base. Documents can be analysed to verify findings or corroborate evidence from other sources (Bowen 2009).

Analysing documents incorporates coding content into themes like how focus group or interview transcripts are analysed (Bowen, 2009). A rubric can also be used to grade or score document. There are three primary types of documents (O’Leary, 2014), Public Records: The official, ongoing records of an organization’s activities. Examples include student transcripts, mission statements, annual reports, policy manuals, student handbooks, strategic plans, and syllabi, Personal Documents: First-person accounts of an individual’s actions, experiences, and beliefs. Examples include calendars, e-mails, scrapbooks, blogs, Facebook posts, duty logs, incident reports, reflections/journals, and newspapers, Physical Evidence: Physical objects found within the study setting (often called artefacts). Examples include flyers, posters, agendas, handbooks, and training materials. The researcher used school records, journals, books and e-books to gather information.

3.8 Data collection

The researcher obtained authorisation permits from the Ministry of Primary and Secondary Education through the District Schools Inspectors and Bindura University of Science Education. Letters were written to the heads of four selected schools to ask for permission to do the research at their schools. The appointments were made with school heads and guidance and counselling teachers at least one week before visiting to avoid inconvenient. Creswell, (2014) identifies different research techniques and data collection methods, which includes questionnaires for

quantitative research, semi structured and unstructured interviews and focus groups for the qualitative research. This research collected data using interviews, observation and document analysis.

3.9 Credibility and trustworthiness

Credibility in qualitative research can be achieved through trustworthiness. Trustworthiness allows for checking and vetting of the accuracy of the information to be collected from the participants and its quality (Creswell, 2015). To ensure trustworthiness of data the researcher adopted some validation strategies such as triangulation of techniques and member checking. Evaluative criteria for qualitative studies are needed to judge vitality and truthfulness of the study findings. The evaluative aspect is normally done by checking for credibility, conformability and transferability of the study findings (Creswell 2012). Credibility is the truth-value of the findings and is based in the environmental and cultural context of the participants.

Issues of credibility can be ensured by having appropriate research instruments which should be used to collect first-hand information for the study. First-hand information is free from distortions and other fabrications which generates credibility (Muzari et al 2022). Briggs & Coleman (2012) propose that for trustworthiness of the study the accuracy of the information should be based on the credibility of the researcher, in taking all necessary steps that conform and apply to the principles of obtaining data as proper to the qualitative research. In this study the researcher used multi-sources of data (primary and secondary sources of data) and various data gathering instruments to enhance data trustworthiness.

3.9.1 Triangulation

According to Cohen et al. (2013) triangulation is the use of two or more methods of data collection in the study of some aspect of human behaviour. Triangulation is a powerful technique that facilitates validation of data through cross verification from two or more sources (Creswell 2015). Triangulation is a method-appropriate strategy of founding the credibility of qualitative analysis. Triangulation has an advantage that it tests reliability and validity (Punch, 2013). In this research study, the researcher used interviews, observations and document analysis so as to gather data on

the influences of drug abuse by learners as well as how they are affected by drugs. These data gathering instruments were used for triangulation purposes.

3.9.2 Member checking

The method of returning an interview or analysed data to a participant is known as member checking, and as respondent validation or participant validation. Member checking is used to validate, verify, or assess the trustworthiness of qualitative results (Doyle, 2007). Member checking covers a range of activities including returning the interview transcript to participants, a member check interview using the interview transcript data or interpreted data, a member check focus group, or returning analysed synthesized data. Morse (2015) suggest that member checking is done to ensure that the participants' own meanings and perspectives are represented and not curtailed by the researchers' own agenda and knowledge.

Harper and Cole (2012) suggest that the process of seeing personal experiences validated and reflected in those of others can help participants to see that they are not alone, and benefits might be similar to those experienced in group therapy. The researcher adopted member checking on the views that were given on drug abuse without overstepping the ethical issues of the participants.

3.10 Data analysis

Data analysis is a way of making sense out of the data collected so that whatever has been collected can be communicated and understood by others, that is comparisons and contrasts of the things that have been noticed is made in order to discover similarities and differences, build typologies, or find sequences and patterns. Data analysis is the process of systematically applying statistical and or logical techniques to describe and illustrate, condense and recap, and evaluate data (Creswell, 2012). According to Fraenkel & Wallen , (2009) various analytic procedures provide a way of drawing inductive inferences from data and distinguishing the signal the phenomenon of interest noise statistical fluctuations presents in the data.

The researcher must check the instruments for completeness, after gathering data from the field. The content must be organized and edited as per the study objectives. Open ended questions are to

be analysed qualitatively through content analysis and logical analysis to provide details of the study.

3.11 Ethical consideration

Punch in Evans (2015) views research ethics as principles of right and wrong that govern the operation of the researchers during the process. Therefore, ethics are standards, codes of conduct or principles that govern the research process. The researcher observed the following ethical issues to ensure the viability of the study. The researcher considered respondents' right to confidentiality. He ensured that all the participants are protected from harm and danger, coercion and deception. The researcher-maintained accountability to the public and he ensured responsible reporting by avoiding plagiarism and fabrication of the research findings. He also sought consent from the parents of the learners. Use of offensive, discriminatory or unacceptable language was avoided in the formulation of interview questions.

3.12 Summary

This chapter discussed research methodological issues. Qualitative research approach and the study research paradigm. The researcher used the case study research design. Participants of the study were selected using purposive and snowball sampling techniques. Interviews, observations and document analysis were data gathering instruments which were used in this study. The researcher used triangulation and member checking to check for validity and reliability of data gathering instruments. The researcher observed various ethical issues such as confidentiality, avoiding falsification of information and protecting participants from danger and harm during the research process. The next chapter concentrates on data presentation, analysis and discussion.

CHAPTER 4 : DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

The data was analysed according to research questions and research objectives. Through data collection, different views and opinions were given by learners, teachers, school heads and parents pertaining to the factors contributing to drug abuse by learners.

4.2 Response Rate

The researcher administered his questionnaires to teachers, learners and administration personnel. About 80% of the sampled teachers returned their questionnaire forms with all questions responded to and 65% of the administrators managed to respond whereas 82, 5% of the selected learners (5 boys and 5 girls) completed and returned the questionnaires.

4.3 Gender and Classes

All the learners who responded to the questionnaires were categorised and they gave their responses as follows:

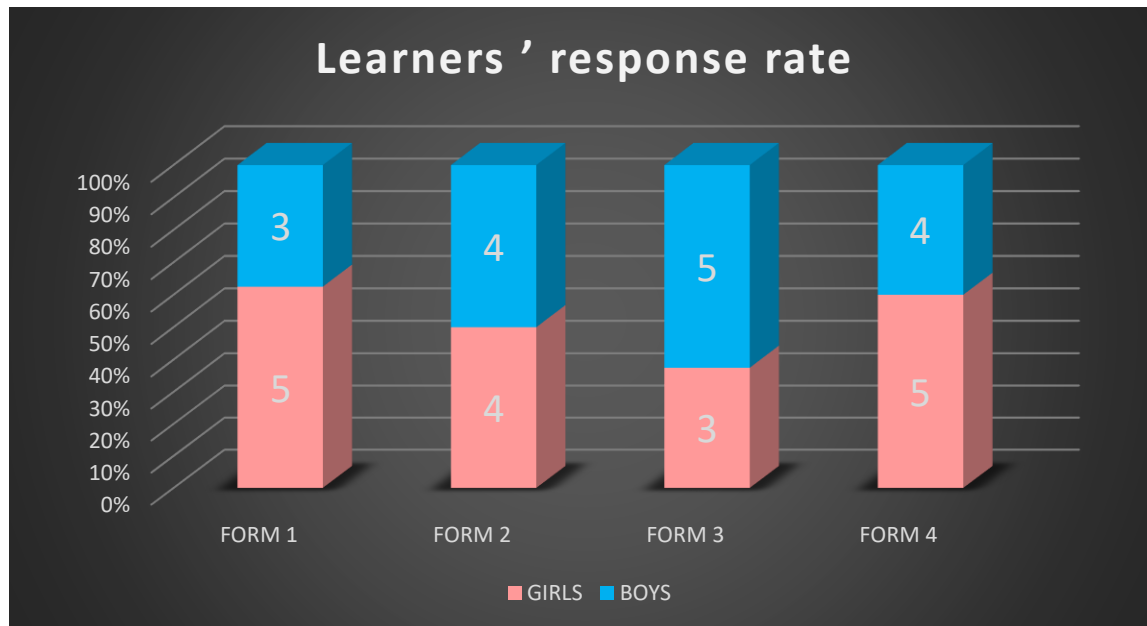


Figure 4.1: Learners' response rate

4.4 Causes of drug abuse

The information obtained from the Guidance and Counselling teachers showed that they all concurred that most of the learners abused drug, either in a school setting or at home. It further revealed that learners abused drugs wherever they felt they could do so without being noticed. The Guidance and Counselling teachers stated different reasons cited by learners for abusing drugs. The responses were as follows:

GT2 had this to say.

“Reasons given vary from individual to individual, some site family problems and frustration”

GT1 pointed out that,

“Most of the learners abuse drugs because they see their peers doing it.”

GT3 stressed that,

“Stress and anxiety are the most causative factors that lead to drug abuse among learners, however, there are some factors like peer pressure and family problems.”

GT4 said,

“Learners abuse drugs for the sake of having fun, for experimentation and some abuse drugs because of peer pressure.”

These remarks by Guidance and Counselling teachers reflected that drug abuse was a common phenomenon, and learners also admitted that they abused drugs. It was also revealed that the causes of drug abuse were both internal and external. Internal causes cited by teachers included the desire by learners to experiment and have fun while external forces encompassed peer pressure and stressful family relations.

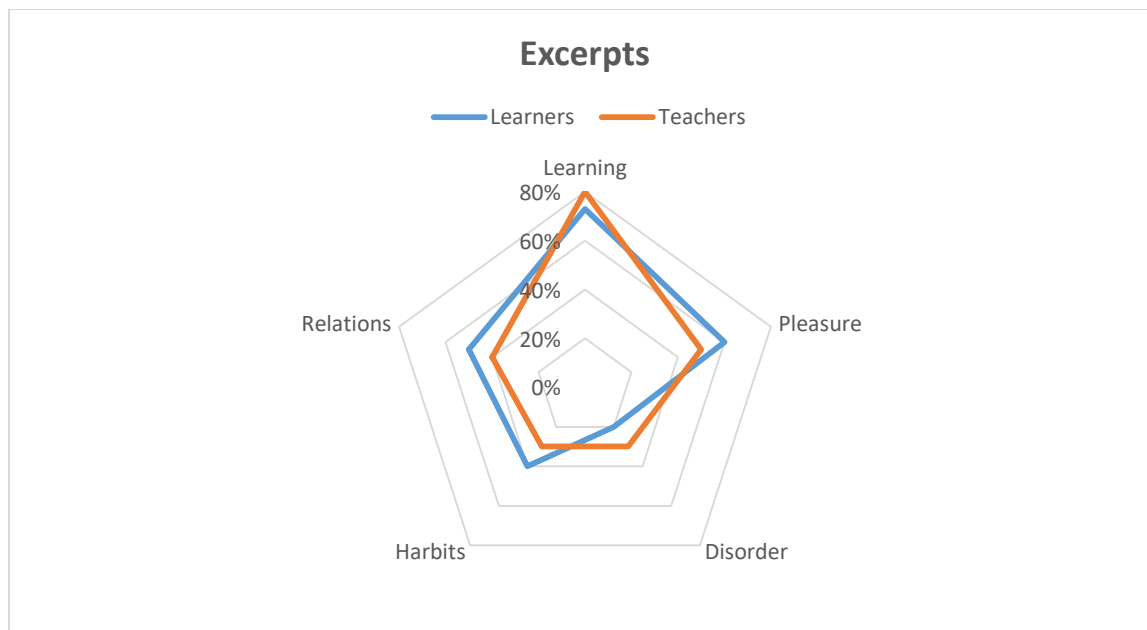


Figure 4.2: Responses by teachers and learners on drug abuse in the school environment (n=16)

The participants mentioned that various determinants triggered them to use drugs. Their reasons include the following: depression and peer pressure. The data was generalised into categories of relations, learning, pleasure, disorder and habits. The data gathered indicated that most of the learners have been taught and have learnt how to indulge in drugs from various influences. One of the students reported that:

“I had a desire for alcohol and other drugs. I wanted to taste them as I saw my friend’s father laughing after smoking cannabis, so I wanted to feel happy,”

L11 asserted, *“I wanted to feel high”*

L3 simply indicated that, *“I wanted to enjoy myself.”*

One participant, L1 reported that:

“My cousin introduced me to drugs during school holidays while visiting my uncle in Harare.”

In addition, L5 reported, *“I started on my own, I just wanted to have a taste of it.”*

Most of the participants indicated that stress was the major cause leading them to use substances. One of the participants had this to say, *“I feel stressed, so I use drugs as a remedy”*

L10 said, *“I worry a lot, and I am unable to sleep but I feel better when I take drugs.”*

Furthermore, most of the participants mentioned that drugs relieve them from stress. Depression irritability, unrelenting anger and powerlessness were also revealed as conditions which trigger learners to engage in drug abuse.

L8 had this to say: *“I feel like running away whenever I feel depressed.”*

L4 reported, *“I sometimes feel like killing someone when I take drugs.”*

Most of the participants indicated that they had problems at home. L11 said, *“I had problems at home and I always forget them when I take drugs.”*

L3 retorted, *“my uncle ill-treated me, I also saw him beating his wife severely, he was arrested he died soon after his release from prison.”*

To add on, some learners indicated that they wanted to be rescued from addiction. They responded as follows: L6 said, *“I need someone to help me because I really wish to quit drugs.”*

L4 said, *“I want to be assisted so that I can be like other children.”*

The data gathered revealed that the youths engaged in drug abuse as a way to derive happiness and relaxation. The learners argued that they temporarily forget problems, get relieved from stress and also stimulate themselves through the use of drugs. In the same vein, some of the sampled learners believed that substance use was primarily initiated to relieve depression and stress. Therefore, they saw drugs as playing a pivotal role in bringing happiness to a depressed soul.

One participant indicated that he used drugs because it helped him with his sleeping problem; others reported that drugs helped them to accomplish things that they wanted to do: The following responses were captured from the participants: L10 said,

“Drugs helped me to do critical things in my life because they gave me courage to do things I could not have done in my sober mind.”

L7 said, *“I had a problem of bleeding and at home they told me to smoke cigarettes in order to cure my bleeding problem; I smoked cigarette, and it stopped instantly.”*

L7 added that he lost his mother and had indelible memories about her mother which induced trauma and depression in him. He revealed that he drank alcohol to erase those memories for a while, especially at night because he used to dream about his late mother.

L10 remarked, *“Drugs are useful because they make one sleep deeply without thinking of anything, personally, I could not sleep, so drinking beer before sleeping enabled me to sleep freely like a baby.”*

L5 said, *“I thought using drugs would make me more intelligent.”*

In most adolescents, the influence of friends was mentioned as a key factor that resulted some abusing drugs. Peer group pressure was often perceived as a major cause of substance abuse among adolescents. In the following quotations, participants explained how their friends influenced them to take drugs:

L3 said, *“I used drugs because of my friends; my friends introduced me to drugs.”*

L10 mentioned that, *“My friends told me to smoke, at first I refused but later on I joined them.”*

L7 had this to say, *“It was because of my friends; I smoked cigarettes and drank alcohol with my friends.”*

L4 stated that, *“My friends told me to smoke and drink alcohol.”*

L2 added that, *“My friends told me to smoke dagga.”*

L6 said, *“My friends told me to use drugs in order to forget my problems.”*

L6 added, *“I was lonely and my brother told me to use drugs to relieve stress.”*

L12 mentioned that, *“My friends told me not to be stressed because I would die of heart attack. They told me that drugs were the solutions to all problem”*

L11 said that *“I was worried that I would be the only one not smoking.”*

L8 revealed, *“I relied on my friends for care and support, thus I had no choice but to join them in using drugs.”*

L9 mentioned that *“My friend’s father used to send his son to buy marijuana for him. We stole part of it. We saw his father laughing after smoking marijuana, so we wanted to feel that way. We felt happy after smoking it.”*

Most of the participants said that the main factors driving them to use substances were family instability, the over-control of children and media materials. It was discovered from the interviews that the way in which some families raised their children contributed to drug abuse by learners. If the child’s father smoked a cigarette, the child became a passive smoker at first and that led them to start smoking at a younger age. Some of the children inherited their family’s behaviours. It meant that if elder family members used drugs, the possibility of the children to use drugs became high.

Some participants reported that they had restricted communication channels between themselves and their parents. The communication between members of such families was too formal and rigid, which eliminated chances of parental love, thus children from such families lived in constant fear of their parents. Such learners revealed that they ended up resorting to drug abuse to ease loneliness and stress: L4 said, *“I am not able to talk to my mother and I always feel out of place whenever I am at home.”*

L11 mentioned that *“I am not able to talk with my mother, we never sit down and talk, she does not talk well with me.”*

L8 had to say, *“My mother does not want me to talk to my father, she always restricts me to interact with him and that makes me take drugs to forget about that.”*

L2 added that, *“I can only express my feelings to my grandmother who is not staying with us but I hate socialising with other family members. I therefore find comfort in drugs.”*

4.5 Types of drug abuse

The means of obtaining substances varied amongst the participants. Other participants revealed that they obtained money from home whereas others carried out piece jobs to obtain money to buy drugs. Learners also revealed that sometimes they contributed as friends towards the buying of drugs. L2 indicated that they contributed \$0.5 each to buy marijuana. L8 concurred to this when he indicated that drugs are not expensive, and it was easier for them to contribute as friends and buy drugs that lasted them for some days

The United Nations Children’s Fund (2014) postulated that youths face problems that include unemployment, poverty, diseases, forced migration, disrupted homes. These challenges usually result in the youth feeling sad, angry, stigmatised. It was also revealed that it is through such challenges that most youth end up resorting to drug and substance abuse to find happiness.

The data obtained from the participants pointed out that cannabis and marijuana is a commonly abused drug in rural secondary schools as most of the teachers concurred that most of their learners abused them. The data obtained also shows that learners are exposed to alcohol, for example, brandy, African beer, castle lager and many more types or substances that contain alcohol. Some of the responses given by teachers are as follows:

GT1 stated that the *“Most common substances abused are, alcohol, African beer, cigarettes, and marijuana, at times learners are exposed to the locally brewed beer.”*

GT2 also mentioned that *“Learners took alcoholic products such as undiluted brandy and cough syrups. At one point, I caught three learners with orange juice that was mixed with alcohol”*

GT4 revealed that, *“learners smoke dagga and cigarettes and some take in alcoholic substances such as brandy”*

All the sampled learners reported that they were using drugs. The nature of substances abused included both legal and illegal substances. The legal substances that were abused were beer, ciders and tobacco. Illegal substances that were abused included cannabis, tablets and cough syrups.

Some participants also reported to have been taking more than two drugs. Some of the participants had this to say:

L8 said, *“I drink alcohol and smoke cigarettes.”*

L10 said, *“I smoke cigarette and marijuana.”*

L6 added that, *“I smoke cigarette and drink Black Label.”*

L5 had to say, *“I use dagga and pills; I smoke cigarette, dagga, glue and cocaine.”*

L4 said that, *“I drink Amstel and Black Label.”*

L3 revealed, *“I smoke marijuana and drink Amstel.”*

In addition, participants revealed their convenient places for taking drugs: L5 said, *“Home is best, I feel safe when I take drugs at home.”*

L11 stated that, *“I smoke cigarettes inside the school toilets.”*

L5 had to say, *“We bought beer from the local shops and drank it outside the shops.”*

L1, L3, L4, L12 mentioned, *“I drink alcohol at the local shop.”*

L2, L8, L11, indicated that they smoked cigarettes in the bushes and they felt comfortable because the bushes were dense, hence they were not disturbed by anyone whenever they took their drugs.

The information above shows that most participants abused drugs and substances. Alcohol (beer), tobacco (cigarettes) and marijuana were the most commonly abused drugs by the learners in schools. Those drugs are readily available in rural areas. The availability of such substances enables learners to experiment in them.

Taylor (2012) revealed that cannabis was the most abused drug by youths. Other commonly abused drugs included prescription drugs like anti-depressants, anti-psychotics, anti-anxiolytics and cough mix and other backyard-manufactured concoctions. The availability and accessibility of drugs and substances triggered some of the youths to indulge in drug and substance abuse. This was further supported by Leinwand (2012) who argued that high rates of cannabis abuse is associated with the availability of other drugs. In this vein, the use of drugs becomes a common practice to those who abuse them.

4.6 Effects of drug abuse

As indicated by the Guidance and Counselling teachers, effects of drugs on every individual abusing drug are detrimental as the drugs destroy both the mental and physical aspects of a human being. Some of the mentioned effects included dizziness, mental disorder, dependence, lack of concentration on school. Some of the learners eventually got suspended from school. The following was gathered from the participants:

GT1 commented that, *“There is nothing good that has been brought by drugs. Health issues, mental disorder and seizures are the fruits of drug abuse”*

GT3 revealed that, *“addiction is the most common effect, some learners cannot do without taking in drugs.”*

GT4 observed that, *“leaners are affected academically, and some are expelled from school because of their violent behaviours towards other learners; some even drop out of school voluntarily”*

GT2 mentioned that *“Life is shortened, especially for those who take pills and cough syrups.”*

From these quotations, the effects of drugs can be classified depending on the rate at which a person consumes them. All the sampled teachers spoke in one voice that drugs have detrimental effects on learners and if not controlled, the effects may be unbearable and disastrous to both the learner and his or her community. All the participants in this study were aware of the effects of drug abuse. They mentioned the following health, social and economic effects of substance abuse:

One participant, L10 reported, *“People become slaves to drugs.”* Most of the participants indicated that substances affect their lungs, and they are hazardous to their health. However, those participants who were addicted highlighted that it was difficult for them to quit drugs because drugs had become part of their systems.

L5 revealed that he had an eyesight problem which he assumed was as a result of drug abuse. The learner regretted being involved in drug abuse as his health was at a compromising state.

L1 reported, *“I am not able to see properly.”*

One participant, L6 reported that, *“Drug abuse causes muscle diseases.”*

L8 added that, *“Drug use affects the brain and can make one to be mentally unstable”*

L7 went retorted, *“Drugs destroy lives.”*

Furthermore, one participant L9, revealed, *“I know someone who died because of drugs.”*

From the gathered data, it was revealed that most participants depended on substances and they found it difficult to quit drugs. They indicated that drugs had become part of their systems. Participants described their continuous use of substances as follows:

L1, L5, L6 and L8 mentioned that they use drugs twice or even thrice in a day. They revealed that they take drugs in the morning, during the day and at night. They highlighted that smoking had become a habit to them.

L9 and L11 indicated that they use drugs on their way to school, during break, during the lessons and after school. They highlighted that drugs boost their academic performance, especially in Science and Mathematics. However, other participants reported that they used substances during the weekend only and they usually needed them when they were doing difficult chores. They used drugs as a source of energy. L1, L2, L4, L12 had the common statement that they used drugs during weekends, especially on Saturday after doing their household chores.

L3 said, *“I am addicted to alcohol and drink it during every day.”*

Thus, most of the participants in this study were addicted to drugs. They found it difficult to spend a day without taking in drugs. All the participants were aware that their use of substances also affected other people, for example, L1 and L8 mentioned that substances made them lose respect for adults. In the same vein, some of the learners revealed various negative effects of drug abuse by learners.

L7 stated, *“Drugs make people brave.”*

L4 had a similar view and he said, *“Substances make people aggressive and violent”*

L3 added that, *“I fight with other people after using drugs.”*

The majority of the participants indicated that substances affected their academic performance and that some ended up dropping out of school because of indulging in drug abuse. Furthermore, the participants mentioned that substances affected their studies, and they explained that they could not do their homework when they were under the influence of drugs.

L4 and L9 said they were not able to concentrate in classroom after taking drugs. L10 and L3 indicated that they were not performing well in their studies as a result of taking drugs. They cited that hallucinations and illusions disrupted their learning.

The above data shows that most of the participants were almost under the influence of drugs almost daily. They highlighted that drug abuse affected their academic performance. Most of the participants in the study indicated that they were repeating as they did not do well in the previous years because of drugs. Some indicated that they could not do without drugs because they helped them to focus.

The school records availed to the researcher revealed that several learners had been suspended due to drug abuse. The data obtained showed that the effects of drugs had consequences that affected learners academically. At one school, the researcher found out that, 13 learners were caught abusing drugs, of which 4 were suspended and 9 given forced transfers. The use of such records showed that learners were affected at large.

In gathering the data, the researcher paid attention to participants' behaviour. Examples of aspects that were mainly observed included eye contact and facial expressions. The researcher also observed how some of participants interacted with each other. Some strange behaviour patterns were noted in classrooms. Baler and Volkow (2016) stated that abuse or overdose of anti-depressants damages the abuser through common side effects, which include dry mouth, muscle cramps and seizures, among other side effects. When not under the influence of drugs, such learners look tired, weak and lack they concentration, which are signs of addiction. Such behaviours were noted among some of the learners who were sampled.

4.7 Measures to minimise drug abuse at school

Data regarding Guidance and Counselling teachers' perceptions of the drug abuse were summarized in Table 4.2. In general, both respondent groups considered influence, stress and peer pressure as the most common reason why individuals indulged in drugs.

Table 4.1: Interview responses by Guidance and Counselling teachers on measures to minimise drug abuse in the school environment (n=4)

Punishments

- *GT1- punishment can save as a temporary measure to stop drug abuse in the school environment, but for the sake of future, learners need life skills lessons to abstain from drug, those affected need counselling.*
- *GT2- disciplinary measures should be taken, learners know the code of conduct therefore, they need maximum supervision to adhere to it.*
- *GT4 -school disciplinary committee should engage parents in order to attain better results in curbing drug abuse in schools. Drug abuse is a national problem, therefore, the government's intervention is needed to stop drug abuse*
- *GT3- learners need to create a safe school environment.*

Parental involvement

- *GT2 to reduce substance prevalence and related problem the school and parents should work together to ban and restrict the use of drugs at school*
- *GT3 the school should consider parental environment, especially in the disciplinary committee, as well as attending development lessons on handling drug abuse cases*

Counselling

- *GT2 counselling helps learners to see things differently*
- *GT3 repeated sessions and workshops help a lot because some learners may open up about their condition*
- *GT4 workshops help the learners to realise the effects of drugs before it's too late*
- *GT1 learners listen when the relationship between them and teachers is good,*
- *Sessions help learners to cope with life situations without using drugs as the solution.*

The participants in the study suggested different methods that can help to reduce the current problem in substance abuse among learners. They highlighted that enforcing strong rules and regulations on substance use can alleviate drug abuse.

They also suggested the use of parental engagement, the effective use of Guidance and Counselling and punishment as means of curbing drug abuse. Guidance and Counselling sessions to learners who abuse drugs and generally to all learners can be adopted as a measure to control drug abuse in the school environment. The relevance of this strategy is that it can help teachers to understand and to solve the root causes of deviancy.

The government should work together with Education Sector in carrying awareness campaigns to minimise drug abuse in schools. It was reported that most of the learners usually started abusing substances when they joined secondary education. Providing education and awareness campaigns will help in preventing drug abuse.

Forming anti-drugs groups at school can play a great role in minimising drug abuse. As for the society, individual families and parents should play their pivotal roles regarding their children's behaviour. Right from birth to adolescence periods, parents should guide their children by being role models.

4.8 Discussions

Some of the participants revealed that they were experiencing a lot of stress due to the use of drugs. Another reason for engaging in substance abuse was a desire to experiment new things. Adolescents in this study revealed that they used substances to entertain themselves. Participants in this study reported various factors that contributed to their use of substances; these included personal, family and environmental factors. Some adolescents in this study reported that they wanted to experiment with substances. They wanted to taste the substances and they indicated that they felt high after using them. The majority of the participants were from poor families, which made it difficult for their parents to provide for their needs. This is supported by Taylor (2011) who stated that most learners think that taking in drugs or any substance soothes their souls and makes them feel comfortable to perform any task. Child-headed families also proved to be a risk factor for substance abuse because such adolescents are usually lonely and they rely on their peers

for support. They do not have anyone to guide them or provide moral support during this challenging stage of development.

This study supported previous investigations that the nature of substances abused by adolescents vary from one area to another. The study revealed that the most abused substances in the rural areas are cigarettes, alcohol and cannabis. This is supported by Nhunzvi (2019) who noted that alcohol and marijuana are the commonly abused drugs in rural areas.

Learners abuse drugs in schools even though they know the code of conduct that prohibits the possession and use of drugs in the school premises. The high prevalence of substance abuse among adolescent learners makes the school environment unsafe to both the educators and learners. Karechio (2015) argued that ineffective classroom management, failure in school performance and truancy sometimes promote drug abuse in schools.

The participants in the study knew the effects of taking substances and even regretted indulging in drug abuse, however, some continued abusing drugs due to addiction. Their knowledge of substances was limited in the sense that they were not aware that alcohol and cigarettes are substances, even though they are socially acceptable. Thus, they were not aware of the other life-threatening effects of these substances. Rugoho (2018) highlighted that youths have limited knowledge about drug abuse. The use of substances usually shortens one's life span and impacts negatively on the already depleted scarce health resources.

Makande (2017) highlighted that a substantial number of youths who abuse drugs in Zimbabwe become school dropouts and become a menace to their respective societies as they tend to be violent. That has a negative impact on the budget allocated to schools.

Teachers highlighted that strategies that may be employed to improve academic performance of those adolescents may be costly in terms of time and finances required to implement such strategies. The strategies may include, but not limited to convening meetings, writing letters and contacting parents through telephone calls to discuss learners' behaviour and academic performance (Department of Education, 2013). This emphasises on the burden the schools endure in their endeavours to create safe school environments.

Socially, if these adolescents are not monitored, they end up getting involved in criminal activities such as robbery, theft, rape and murder (United Nations Office on Drugs and Crime, 2013). The

use of substances endangers the lives of both their families and other people in their communities. This is supported by Maraire & Chethiyar (2019) who state that peace in the communities is also compromised as youths who abuse drugs tend to be aggressive. Drug and substance abuse by the Zimbabwean youths is also costly to the Government of Zimbabwe in terms of revenue spent in the rehabilitation processes.

4.9 Summary

In this chapter, the findings of the study were discussed in detail and related to previous studies. It was realised that adolescents used both legal and illegal substances. Substance abuse among adolescents is caused by personal, family and environmental factors. Substance abuse does not only affect the person using them, but it also affects other people directly or indirectly. Thus, substance abuse by the adolescents has health, economic and social implications. The next chapter will outline a summary, conclusions and recommendations of the study.

CHAPTER 5 : SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of research findings, conclusion, and recommendations of the study whose objectives were to identify the causes of drug abuse, the commonly type of drugs abused, determine the effects of drug abuse and find out various measures used to minimize drug abuse in public secondary schools in Insiza District and recommend possible intervention and prevention strategies for the welfare of learners and other adolescents.

5.2 Summary of the study

This study sought to examine the influences contributing to drug abuse by secondary learners in Insiza district. The study sample size was 24, and only 16 which included school prefects, guidance and counselling teachers participated. All 16 participants participated in this study through interviews. Observations and document analysis were also used to find more comprehensive information about the study. Study participants were selected using purposive and snowball sampling techniques. Data was gathered and analysed using qualitative methods and presented in themes and text.

The study established that learners abused drugs mainly due to peer pressure. This was based on the formation of gangs and peer deviant groups that uses drugs to gain courage and ready to face challenges of life. This concurs with Chapell (2012) who notes that peer pressure influences youth to use drugs as well peer deviant relationships under the false impression that some drugs stimulate appetite for food, increase strength and give wisdom as well as courage to face life. Lack of parental guidance through family structure on drug abuse influences learners to abuse drugs. This finding agrees with Chen et al (2011) that young people between 10 and 24 years, whose parental relationships are not strong and full of mal treatments, are likely to abuse these drugs. At the times youth, including learners, who sell on behalf of parents, are themselves exposed to drug abuse in due course. Other reasons that led to drug abuse included social pressure from the media,

psychological factors such as depression, frustrations due to poverty and biological factors such as low self-esteem.

The study revealed that alcohol (beer), tobacco (cigarettes) and marijuana were the most abused drugs by the learners in school. This is likely because these drugs are readily available especially rural areas. This finding concurs with Nhunzvi (2019) who noted that Cannabis or marijuana is a commonly abused drug in secondary schools of Zimbabwe, locally known as “mbanje” and almost every youngster at one time or another experiments with drugs. Tobacco in the form of cigarettes and alcohol is mostly grown in rural areas, and its availability leads to learners and up experiment and later became addicts. Other drugs abused by learners included opiates broncleer and tablets. This finding agrees with Makande 2017 who noted that Histalix and Broncleer are some of the most discovered drugs that learners are abusing. Their prevalence use in rural youth populations was generally low largely due to difference in exposure thus only found on few participants who wants administered broncleer.

From the study, the drug users performed poorly in academic and from school, some are suspended or detained eventually opted to drop out of school before completion. These findings concur with Makande (2017) who highlighted that a substantial number of youth drug abusers in Zimbabwe become school dropouts and become a menace to society, becoming violent and engaging in criminal activities to sustain their livelihoods. The study also revealed that the youth drug abusers suffer both physical and mental negative effects of drug abuse Some of these effects were concurred by (Pufall, 2017) who mentioned that youths face common short –term effects of drug abuse that include panic, anxiety, hangovers, getting irritable, mood swings, hallucinating, withdrawals, paranoia and feeling a crash and engaged in high-risk sexual behaviour.

The study participants suggested different methods that help to reduce the current problem in substance use among youth in the study area. They promoted that enforcing strong rules and regulations on substance use, the use of parental engagement, the effective use of guidance and counselling, punishments, the use of code of conducts and use of moral education. Educational departments can develop code of conduct for school children to minimise indiscipline. This supported by Asiyayi (2019) who concurred that discipline is maintained in school in order to ensure that learners’ learning is not disrupted. Therefore, it is the duty of the school to ensure that learners are properly controlled by bringing to their knowledge the school rules and regulations.

5.3 Conclusion

5.3.1 Factors contributing to drug abuse

The study found out that some students display signs that they do abuse drugs. In most cases it has been that the causes include social effects like peer-pressure and background. by background it means the inclusion of watching parents or any family member use drugs. The study also includes that the factors leading to drug abuse followed health effects, dependence and economic influences.

1. Peer pressure

Adolescents are in a very important developmental stage of their lives. They are faced with physiological development as well as pressures from their families and their social environment. They are also vulnerable to environmental pressures from their peers, role model, and the media. If they are not prepared for these developmental changes and challenges of adolescence, they may end up being frustrated, confused and helpless when confronted by them. In trying to cope with such challenges, adolescents may end up indulging in a variety of drugs and substances that endanger their own lives as well as the lives of other people.

2. Health effects causing dependence

Study observed that medication can lead to dependence and later drug abuse through several mechanisms embracing tolerance, physical dependence, withdrawal symptoms, psychological dependence, dose escalation, loss of control, neglecting responsibilities, hiding and lying out use and the use of multiple sources of drugs. It is vivid from the observations made in the study that some students get addicted due to unawareness of the side effects of the drugs that get prescribed to them.

3. Economic factors

These include poverty, lack of access to healthcare, trauma, adversity, lack of opportunity and sometimes stress and coping mechanisms. The study has observed that financial struggles can lead to stress, anxiety and desperation. Sometimes the insufficient access to

education, healthcare and extracurricular activities can lead to boredom, disengagement then an increased risk of drug use and abuse. The study also shows that if a child feels trapped in a cycle of poverty can lead to a lack of motivation, later o drug use and abuse.

This study managed to achieve its goals of investigating the influences contributing to drug abuse by learners, investigating the complexities of drug abuse among a small, group of adolescents in secondary schools in the Insiza district. A check on the knowledge of these people about drugs and the effects thereof, identify the family structure and the social environment where the adolescents are living, and identifying strategies to prevent drug abuse amongst learners at school and the community.

5.4 Recommendations

This study recommends that a database of child headed families and adolescents abusing drugs be developed and such adolescents be referred to social workers for intervention. Most of the participants reported that they bought cigarettes and alcohol from the shops and community members in their villages. Other participants indicated that they drank alcohol in shops. This evidence shows that even though the Liquor Act is implemented, some of the shop owners do not comply with it. Furthermore, this means that some entrepreneurs do not only sell goods that are stipulated in their business licenses. This has implications for policy makers to strengthen strategies employed to implement, monitor and evaluate policies. In addition, there is a need to educate entrepreneurs, shop owners, parents, adolescents and community members in rural areas about the Liquor act because they are important stakeholders who may play a role in ensuring that the act is implemented.

In addition, there is a need for proper monitoring to control the influx of drugs from urban areas to rural areas. Teenagers should be encouraged to participate in community policing forums because they seem to know the sources of the substance supply.

There is a need for recreational facilities in rural areas in order to curb the high rate of drug abuse among adolescents. Availing recreational facilities in rural areas may help to keep adolescents active in constructive ways and take them away from abusing substances.

Traditional leaders in rural areas should also be engaged in curbing substance abuse problems because rural communities seem to respect their leaders.

There is a need to educate parents on adolescent drug and substance abuse. Training is currently undertaken in schools for parents. The Department of Education, Health and Social Development are the primary actors in raising awareness of and educating them about the dangers of drug abuse.

In addition, parents can also be encouraged to establish support groups in their communities. This will assist parents to share their experiences about the drugs and substances that are used by adolescents and also help in raising awareness about drug abuse and how they can support their children. Through such interactions, they will be able to deal with stigma of drug abuse and that will relieve them, as they will realise that they are not alone, but other parents are also facing the same challenge.

Furthermore, this study recommends that parent-child relations be strengthened to avoid tensions which ultimately lead to adolescent drug abuse, for example, parents need to have time to talk to their growing children about drugs and their effects. If they know other adolescents in their communities who are using drugs, or see them while in company of their children, they can also use that moment to talk about drugs that are used and their negative effects.

The study also revealed that comprehensive information about drugs need to be covered during Life Orientation lessons, drug abuse awareness campaigns and workshops need to be implemented. Where possible, site visits to hospitals and rehabilitation centres need to be arranged for learners so that they can witness the hardships of people who abuse drugs. Abstinent drug dependents may be used to encourage adolescents not to use substances. Adolescents need to be taught refusal and coping skills when encountering difficult situations in their lives (The partnership for a drug free America, 2013).

There is a need for knowledge about drug abuse to be disseminated to children as they approach adolescence as well as other people in the communities. The earlier intervention is undertaken, the

better chance that children will regain their health and return to a drug free life (The Partnership for a drug free America, 2013). Information provided to these adolescents must at all costs clarify all the myths pertaining to drug abuse.

There is a need to challenge media's role in perpetuating unhealthy images and to use the media to disseminate information. Furthermore, adolescents must be taught that even though they are exposed to drug abuse either by role models through all kinds of media, they must value their lives and learn to resist such pressures.

Findings of the study indicated that parents in rural areas need to be assisted by educators, health practitioners and social workers in their communities to be fully involved in the development of their children. They should also ensure that they love their children, have open communication channels with them and support them.

Drug abuse peer education programmes should be implemented in schools, for example, Teenagers Against Drug Abuse (National Drug Master Plan, 2016). Support structures like that can be effective when they employ interactive techniques such as peer discussion groups and role playing. This will provide an opportunity for adolescents to discuss their challenges with trained peers and learn from them, since adolescents are more willing to discuss their challenges with their peers than with their parents.

Motivational talks need to be conducted in schools to encourage adolescents that even though they face many challenges, they must not turn to drugs as a way of solving their problems as that may aggravate the situation instead of alleviating it.

Future research

- It is recommended that a larger sample, covering a wider geographical area be drawn in future investigations, in order to improve the generalizability of the findings. In addition, adolescents who do not attend schools should also be part of the study.
- Furthermore, the study should also include other racial groups. Interview questions must be translated into the participants' preferred language before interviews are conducted. Furthermore, in addition to face-to-face interviews, it is also recommended that participants be allowed to write down all the other aspects that relates to the study which they find difficult to express during interaction with the interviewer.

- Information can also be obtained from other important stakeholders involved in programmes that address substance abuse among adolescents in rural as well as urban areas.
- This study recommends further research undertaking regarding parental support during adolescence. In addition, this study calls for research on substance abuse monitoring devices that can be used in schools to curb substance abuse behaviour.
- Furthermore, more than one researcher could collect data in order to ensure objectivity during data analysis. Both qualitative and quantitative approaches can be used to gather information about substance abuse among learners to maximise the strength and minimised the weaknesses of each approach.

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APPENDIX A: Research Request Letter



The following image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been moved. Restart your computer, and open the file again. If the red X still appears, you may have to delete the image and then insert it again.

APPENDIX B: Permission Letter from the School

Wanezi High School

P Bag 'S' 5369

Bulawayo

18 April 2024

The Provincial Education Director

Ministry of Primary and Secondary Education

P. O Box 555

Gwanda

Dear Sir/ Madam

RE: REQUEST TO CONDUCT A RESEARCH AT INSIZA DISTRICT IN MATABELELAND SOUTH PROVINCE.

I hereby seek the permission to carry out a research in Insiza District as partial fulfilment of the requirement of the programme. I am a student at the Bindura University of Science Education who is studying an Honours Degree in Mathematics and Statistics. The schools where the research is to be conducted are Sibhata Secondary school, Nkankezi Secondary School, Filabusi High School and Wanezi High School. The topic is as follows: An assessment into the influences of drug abuse by learners: A Case study of four schools in Insiza District. Your permission will be greatly appreciated.

Yours faithfully

Mathuthu Mzwandile Rudolf Student number: B225413B

EC Number 5845648 P

APPENDIX C: Informed Consent

Informed Consent

I hereby agree to participate in research regarding

In giving my consent, I state that:

- I understand the purpose of the study and what I will be asked to do.
- I understand that I am participating freely and without being forced in any way to do so.
- I understand that this is a research project whose purpose is not necessarily to benefit me personally.
- I have been informed about the nature of the research and the nature of my involvement.
- The researcher has answered any questions that I had about the study and I am happy with the responses.
- I understand that I can withdraw from the interview at any time and that this decision will not in any way affect me negatively.
- I understand that I may refuse to answer any questions I do not wish to answer.
- I understand that personal information about me that is collected over the course of this interview will be stored securely and will only be used for purposes that I have agreed to.
- I understand that information about me will only be told to the researcher's supervisor, and that my identity will not be referred to.
- I understand that the results of this study may be published, but these publications will not contain my name or any identifiable information about me.
- I consent to:

• Audio-recording Yes..... No.....

• Permanent archiving Yes..... No.....

Signature of participant:

Date:

APPENDIX D : Interview guide for Guidance and counselling teachers

My name is Mathuthu Mzwandile a final year Bachelor of Science education honors degree student with Bindura University of Science Education.

This interview guide shall be used to solicit information to **inform my study entitled ‘An assessment of influences contributing to drug abuse by learners. A case study of four secondary schools in Insiza district.**

This is meant for study purposes as well as a requirement for the completion of a Bachelor of Science education honours degree in Mathematics and Statistics. Kindly respond as objectively as possible.

1. What are the major causes of drug and substance abuse by learners at your school?
.....
2. What are the commonly abused substances by learners at your school?
.....
3. What effects does drug abuse have on the general academic performance of your learners?
.....
4. What strategies are you using as a school to combat drug and substance abuse?
.....
5. How effective have been the strategies you have been using to combat drug abuse to date?
.....

THANK YOU

APPENDIX E: Document analysis guide

My name is Mathuthu Mzwandile. Rudolf a final year Bachelor of Science education honors degree student with Bindura University of Science Education.

This document analysis guide shall be used to solicit information to **inform my study entitled ‘An assessment of influences contributing to drug abuse by learners. A case study of four secondary schools in Insiza district.**

This is meant for study purposes as well as a requirement for the completion of a Bachelor of Science education honors degree in Mathematics and Statistics. Kindly respond as objectively as possible.

The documents to be analyzed include:

1. Class Registers of attendance
2. Subject Mark lists
3. Learners’ Exercise Books
4. School enrolment Chart
5. School Progress Report
6. Guidance and counselling record book.
7. Journals
8. Books

APPENDIX F: OBSERVATION GUIDE FOR LEARNERS

My name is Mathuthu Mzwandile. Rudolf a final year Bachelor of Education Honours Degree student with Bindura University of Science Education.

This interview guide shall be used to solicit information to inform **my study entitled ‘An assessment of influences contributing to drug abuse by learners. A case study of four secondary schools in Insiza district.**

This is meant for study purposes as well as a requirement for the completion of a Bachelor of Education Honours Degree in Mathematics and Statistics. Kindly respond as objectively as possible.

COMPONENT	OBSERVATION NOTES
1(a) Observing Power language: Tone (b) Duration	• Tone, Pitch, Loudness, Intonation • Length of sentence, Conciseness
2 (b) Observing Content	• Tag questions, Phrases of tentativeness: I believe, I guess, I think, Apologies, “hmmm, “yes”, aggressive
3(a) Observing Silences	• Wait time
4(a) Observing Non-Verbal: kinesics (b) Observing Engagement and feedback	• Kinesics, Face, Eyes, Rest of face, Hands, Legs • Looking at speaker, Eye contact, Head nodding, Verbal agreements, Smiling, Asking questions, Body positioning

APPENDIX G: Interview guide for Learners

My name is Mathuthu Mzwandile. Rudolf a final year Bachelor of Education Honours Degree student with Bindura University of Science Education.

This interview guide shall be used to solicit information to **inform my study entitled ‘An assessment of influences contributing to drug abuse by learners. A case study of four secondary schools in Insiza district.**

This is meant for study purposes as well as a requirement for the completion of a Bachelor of Science education honours degree in Mathematics and Statistics. Kindly respond as objectively as possible.

1. Have you ever used any drug in your life? If yes, which drug did you use?
2. With whom do you/did you take drugs?
3. For what reason did you/do you take drugs?
4. How were you introduced to drugs?
5. Do any of your friends take drugs?
6. If yes, how often do you take drugs?
7. Where do you buy drugs?
8. At which places do you usually take drugs?
9. How do you support your drug taking habit?
10. Does anyone in your family take drugs?
11. What effects does drug abuse have on the general academic performance of yourself

THANK YOU