Substance use and abuse by adolescents is a major problem facing the world today. For this reason, strategies to curb adolescent substance use need to be explored. The article reports on a study that was conducted in the rural areas of Zeerust, North West Province, South Africa. The participants included 12 African male adolescents, ranging from 12 to 15 years of age. A qualitative, exploratory design was employed and data were gathered using semi-structured interviews, genograms and observations. Thematic analysis was used to analyse audio-taped data. Findings indicate that substances abused by participants include beer, cigarettes, cannabis and heroin. Reasons for using these substances included individual, family and environmental factors. Peer group pressure, however, was identified as the primary factor for adolescent substance use. The findings emphasise the painful nature of substance abuse among adolescents, yet at the same time succeed in highlighting the strategies that can be employed to address the issue. In addition, it is recommended that a concerted effort by all stakeholders is required in addressing the substance abuse problem.

Keywords: adolescence; genograms; interviews; qualitative research; substance abuse
widely abused substances are alcohol, cigarette and cannabis, because they are widely and easily available (Alcohol and Substance Abuse Information, n.d.; Madu & Matla, 2003; United Nations Office on Drugs and Crime, 2011).

Abuse of substances among adolescents is associated with a broad range of high-risk behaviour. These types of behaviour can lead to profound health, economic and social consequences. For example, some adolescents participate in the activities of deviant peer groups, unprotected sexual intercourse, interpersonal violence, and destruction of property, and in addition, they perform poorly in their studies (Henry, Smith, & Caldwell, 2007; Parry, Rehm, & Morojele, 2010; Substance Abuse and HIV/AIDS, n.d.; Wijnberg, 2012). According to the report by the United Nations Office on Drugs and Crime (2008), the situation of substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills are devastating to many families and communities.

There are various theories that explain the etiology of substance use disorders. These include developmental theories, biological theories, psychological theories, learning theories, progression theory, economic theories, symbolic interaction theory, social control theory, bonding theory and availability theory (Cicchetti, 2007; Crain, 2004).

**SCOPE OF THE STUDY**

The scope of this study was to explore information regarding substances abused by male adolescents in Zeerust, their knowledge of substances, their reasons for using substances, their family structures as well as to identify strategies that could be employed to address substance abuse among adolescents. The literature reviewed assisted in contextualising the research project within an accepted body of knowledge and provided good, solid background knowledge. Furthermore, it helped me, the first author, to refine questions in order to address the aims of the investigation. Permission to conduct the study was granted by the Research Ethics Committee of the Department of Psychology, University of South Africa.

**METHOD**

A qualitative research design was implemented as the aim of the study was not necessarily to explain human behaviour in terms of universally valid laws or generalisations, but to understand and interpret the meanings and intentions that underlie everyday human actions (Atkinson, Coffey, & Delamont, 2001; Schurink, 2003). Furthermore, the study was conducted with a few participants, 12, within the natural setting of the participants, thus enabling me (the first author) to gain a better understanding of the social worlds of the participants.
Sampling

Purposeful sampling was implemented for the selection of a sample of male adolescents abusing substances. Twelve black male adolescents, 12 to 15 years of age in grades 7 to 9 in four different secondary schools situated in rural areas of Zeerust, North West Province, participated in the study. The interviews were conducted in private offices after school hours. The reason for conducting interviews after lessons was to respect scheduled teaching and learning times. Before the main study commenced, pilot interviews were conducted with two informed and consenting male adolescents. Informed consent was also obtained from the parents or guardians of the participants.

Method of recruitment

Permission to conduct the study was requested from the Department of Education, the Zeerust area project office manager, the secondary school principals, the parents, the guardians, and the participants. Informed consent was obtained in writing from the above mentioned stakeholders. In addition, letters confirming the dates for the interviews were sent to the Zeerust area project office manager and secondary school principals of the participating schools. The process was aided by the fact that I was, at the time, a life orientation subject specialist and involved in drug awareness campaigns.

Data collection

The data collection methods employed included interviews, genograms and observations. Individual face to face unstructured interviews were conducted with the participants for approximately two hours at their schools. I made use of an interview guide which I designed and which provided me with guidelines for the interviews. The interviews were conducted in 2008.

A tape recorder was used to record information; however, permission to use the recorder was requested from the participants before starting the interviews. An expert was employed to assist in transcript typing and I worked closely with that person to make certain that the data were accurate. This provided me with the opportunity to become immersed in the data, as well as a chance to become familiar with the cumulative data as a whole, an experience that usually generates emergent insights (Patton, 2001; Seidman, 1998).

Information gathered about individual family structures was used to develop a family genogram for each participant. However, for the purpose of this study, only family members living with the participants were included in the genograms. These included both the nuclear and the extended family members, depending on the information provided by the participants. Furthermore, for the purposes of this study, the ages of the participants and the family members staying with them have
not been included. The behaviour of the participants regarding substance abuse was traced on the genogram from multiple perspectives. The genograms were also used to note the patterns of substance abuse behaviour among other family members living with the participants.

I observed and inferred important matters concerning the interactions during the interviews, including verbal and non-verbal communication with the participants. These observations enabled me to probe the participants during the interviews as well as to respect and to be patient with them. Ethical issues that were considered in this study are permission to collect data, debriefing, voluntary participation, informed consent, confidentiality, and the protection of participants (Berg, 2001; Kerlinger & Lee, 2000; Newman, 2000; Patton, 2001; Seidman, 1998).

**Data analysis**

Data were analysed thematically. The works of Aronson (1994), Attride-Stirling (2001), and Braun and Clarke (2006) were consulted in analysing the data. First, audiotapes were transcribed verbatim (with the assistance of an expert in transcript typing) in order to conduct thematic analysis. The transcripts were subsequently checked against the original audiotapes for accuracy (Braun & Clark, 2006). I ensured that all the data collected were complete, and that no parts of the detailed field notes had been neglected. After checking the quality of the data and filling in any gaps, copies were made of all the data collected.

In order to keep the study focused, codes were developed based on the main questions. After identifying codes, the issues discussed under each code were identified. The issues discussed were then supported with themes identified from the interview transcripts of all the participants. The themes identified were arranged into coherent groupings and then illustrated in tables and hierarchical structures.

Data were also entered into the NUD*IST (qualitative data analysis software) computer program. The following techniques, adapted from Cresswell (1997), were used to ensure that the qualitative data obtained, and the subsequent data analysis, were dependable and credible: focused observation in the field; triangulation of data using multiple data sources; multiple methods and multiple data analysts; and rich thick descriptions. The data were presented in the form of short quotations from the participants.

**DISCUSSION OF FINDINGS**

Five themes were generated from the data and are presented in this section.

The themes include age and grade for substance use, substances abused and setting, reasons for substance abuse, maintaining the substance abuse habit, and stopping substance abuse.
Age and grade for substance use

Participants had started using substances between the ages 12 and 15 years while enrolled for grades 7 to 9. Only one participant reported that he had started using substances in grade 4. This study supports the notion that adolescence is the developmental stage during which adolescents start abusing substances. It has also been confirmed by previous studies that the mean age for the onset of substance abuse is 12 (Karen Lesly, 2008; Parrot, et.al., 2004). In addition, two participants had begun using substances at the even earlier age of 11 and while still in grade 6. These participants had exposed their developing bodies to substances at an earlier age than would normally be expected.

Nature of substances abused by male adolescents

Substances abused by participants included alcohol, tobacco, cannabis, cocaine, glue and heroin. In addition, participants also reported poly substance use. For example, *I drink alcohol and smoke cigarettes; I drink brandy and beer; I use dagga and pills; and I smoke cigarette and dagga and drink cider*. These substances were abused in a variety of settings such as home, school, taverns, butcheries, and the bush.

As in the studies conducted by Craig and Baucum (2001), Salm, Sevigny, Mulholland, and Greenberg (2011); Dada et al., (2012), participants in this study abused both legal and illegal drugs. These substances have been reported in previous studies as common primary substances of abuse among young people (Pluddermann et al., 2010; Pluddermann, Parry, & Bhana, 2007). This study supports previous and current investigations in that it reveals that the nature of drugs abused by adolescents varies among regions and within communities (Dada et al., 2012; Pludderman et al., 2007; Salm et al., 2011).

Furthermore, participants were poly-substance users; in other words, they used more than one drug. The modes of using these substances included swallowing, drinking, sniffing, smoking, and inhaling. The majority of participants reported that they used alcohol and smoked both cigarettes and dagga. Only one participant reported that he inhaled the smoke coming from a pill that was put under a burning bottle. Most of these modes of drug use were also mentioned in previous studies (Dada et al., 2012; Pludderman et al., 2007); however, that of burning a bottle and inhaling the smoke from a pill of heroin was a new mode of drug use reported in this study.

Reasons for substance use

Participants mentioned various reasons for their use of drugs. Their reasons included the following: experimentation, depression, biological, peer group pressure, availability, and family structure.
Experimentation

Participants reported that they used drugs in order to taste them and to feel high. As participants reported: *I had a desire for alcohol, I wanted to taste it; and I wanted to feel Iry.*

Participants do experiment with drugs during the adolescent stage, a time of exploration and risk taking as discussed in Louw, Van Ede, and Louw (1998). They used drugs in order to taste them, and to feel high. This was also supported by previous studies (Donald, Lazarus, & Peliwe, 2007; Parrott et al., 2004). However, this study reported a new concept used by adolescents when they refer to feeling ‘high’, namely the concept ‘Iry’, as briefly reported by one participant.

Stress and depression

Stress was reported by most of the participants as the cause for their use of substances. For example, *I feel stressed, I have problems at home, I feel like running away, I need someone to help me,* and *Ke batla go thusiwa ke tshwane le bana ba bangwe (I want to be assisted so that I can be like other children).*

Depression also appeared to be one of the reasons for substance abuse among participants. Furthermore, most of the participants mentioned one of the functions of using drugs as relieving stress. Other components of depression described by participants included irritability, unrelenting anger and powerlessness. The findings revealed the participants to be overwhelmed by the challenges in their own lives. They would then resort to drugs as a way of coping with their problems, not realising that their use of drugs would not solve their problems, but would aggravate them instead.

Biological reasons

Participants reported that substances helped them. For example: *Ke ne ke sa kgone go robala, ke be ke nwa bojalwa pele ke robala ke fa bo nthusa gore ke kgone go robala* (which means *I drank alcohol before I could sleep, so drinking beer before sleeping enabled me to sleep*), and *I thought using drugs will make me cleverer.*

Another participant reported that he had a problem of bleeding with his nose and he was advised by his family to smoke cigarette to stop the bleeding. Thus, they used drugs to enable them to sleep and to stop the bleeding problem.

Peer group pressure

Participants reported that their friends influenced them to use drugs. In the following extracts, participants explained: *I used drugs because of my friends, I was lonely and friends told me to use drugs to relieve stress, I was worried that I will be the only one not smoking,* and *I relied on friends for care and support, I had no choice but to join them in using drugs.*
The influence of friends was articulated as a key factor. The frequency of mention of the influence of friends was perhaps to be expected, given that peer group pressure is frequently perceived as being the major reason, or the cause, of substance abuse among adolescents. In this study, then, adolescents learned from their friends to use drugs. As social learning theory postulates, these adolescents learnt this behaviour from those around them, in this instance, their peers (Burger, 2008; Carson, Butcher, & Mineka, 2000; Rice & Dolgin, 2008).

**Availability**

Substances were easily available in the communities of participants. A majority of the participants mentioned that they were able to buy substances in their locations or villages: *I bought alcohol and cigarette at the shop, I bought alcohol at the tavern, and I bought them from the butchery.* Drugs readily available to the participants and, as such, they could afford to buy them (Kawaguchi, 2004; Liddle & Rowe, 2006).

**Family factors**

*Family structure:* The family structures of the participants differ from each other. Participants stemmed from nuclear families, single parent families, extended families, step parent families and child-headed families. As participants explained: *I am staying with my mother, father and siblings; I am staying with my grandmother, grandfather, my mother, aunt and my younger sister; I am staying with my mother, my stepfather and younger brother; I am staying with my mother and my brother; and I am staying alone.*

The majority of the participants did not have father figures at home, which led to male adolescents expressing a need to want to know their fathers. As a result, these male adolescents looked up to the behaviour modelled by other male figures in their environment and in the media. The participants from nuclear families also used drugs, even though they had father figures in their families. Child-headed families also proved to be a risk factor for substance abuse, because such adolescents were lonely and relied on their peers for support. They seem not to have the necessary support during this challenging stage of development.

*Communication:* Certain participants reported closed communication channels between themselves and their parents. As participants explained: *Ga ke kgone go bua le mme wa me* (which means *I am not able to talk to my mother*), *I can only express my feelings to my grandmother who is not staying with us, and I am afraid to tell my mother my problems, she is too strict.*

The closed communication channels between participants and their parents varied from being afraid of talking to their parents to not being able to communicate with their parents. In addition, parent-child conflicts were also noted as a cause of substance abuse in this study. Such conflicts often lead to poor communication and
strained relations between parents and their children. This places the participants at risk of abusing drugs because they are likely to spend most of their time with friends who give them the love and support that they seem to lack at home.

**Parenting style:** The participants reported both permissive and authoritarian parenting styles in their families. The following was expressed by participants: *My mother is too strict, she is ok but at the same time strict, My stepfather does not allow me to play, he always wants me to work at home, and My mother does allow me to go to the taverns, she only tells me not to come back late.* The participants also reported that they were ill-treated at home: *My mother ill-treats me, keeps on telling that she does not love me and chases me away without any reason.*

Parenting style seems to also contribute to substance abuse, with some parents in this study allowing their children to abuse substances. This is supported by findings of previous studies that permissive parenting styles contribute to substance abuse (Baumrind, 1991; Hawkins, Catalano, & Arthur, 2002). In addition, authoritative parents who do not allow their children time to relax may frustrate them and such children may end up using or abusing drugs.

**Hereditry:** It was reported by some participants that there was someone using substances in their families: *My uncle smokes cigarettes and drinks alcohol and My uncle drinks African beer.* There was also evidence of non use of substances in the families of some participants, for example: *No one is using drugs in my family and I am the only one using drugs.*

While there was evidence of some participants having someone in their families using substance, the majority of participants abused substances even though there was no one else in their families using substances. The participants reported that they learn to use substances from other family members, their peers, and other adults in their communities (Carson et al., 2000; Papalia, Olds, & Feldman, 2004; Sue, Sue, & Sue, 1994).

**Socio-economic status:** The majority of participants were of lower socio-economic status. They had either one employed parent or both parents not employed. The participants reported that: *Only my father is employed and My mother is not employed and I do not get things that I need, we rely on the social grant of my younger sister.* Furthermore, one participant was from a child headed family, and indicated that: *My father left me and told me that I am a man and that he rely on friends for help and support.* Only one participant was from a middle class family, reporting that his *father is employed as a police inspector.*

The majority of participants in this study were of lower socio-economic status. They had either one employed parent or both parents were unemployed. Only one participant stemmed from a middle class family. The socio-economic status of the participants and their families was also identified as a risk factor for substance use and abuse in this study. Most of the participants did not get what they wanted because
their parents could not afford it and ended up relying on friends for care and support. This placed them at risk of using substances because they were forced to please their friends as they relied on them.

Reasons for substance use as reported by the participants included individual, family and social factors.

**Maintaining the substance abuse habit**

The means of obtaining substances varied amongst participants. As the participants explained: *I used pocket money, If I do not have money to buy drugs, my friends bought them, I help people to carry their groceries and use money earned to buy drugs and I gamble by playing dice.* In some instances, they also contributed money in order to buy substances. It seems that the participants did not struggle to buy drugs and have found a means to do this.

**Stopping substance abuse**

All the participants emphasised that they wanted to stop using substances and, as such, needed assistance. The participants responded to the question as to whether they would like to stop using drugs: *I want to stop using drugs, I need someone to guide me, I need help and will appreciate it if I can be helped, and I have tried to stop using drugs, but I am unable to stop.* The participants displayed an awareness that substances were not good for them. They regretted their use of substances, and, as such, verbalised a need to stop using drugs.

**Effects of substance abuse**

All the participants in this study were aware of the effects of abusing substances. They mentioned the following health, social and economic effects of substance abuse:

*Health Effects*

One participant reported that people became slaves to substances. Most of the participants indicated that substances affected their lungs, heart, eye sight, and movement, as well as their minds. Furthermore, one participant reported that: *I know someone who died because of drugs.*

Participants reported awareness of the health effects of these substances, however, they had continued using them. They reported that they wanted to stop using them, but that they could not do so. The participants reported feeling helpless and desperate, and this was likely to place them at risk of further substance abuse if they did not obtain help. The findings also indicated that the participants were not informed about available services, implying the need for fulltime social workers and psychologists to assist them.
Dependence

Most of the participants reported that they were dependent on substances. The participants described their continuous use of substances as follows: *I use drugs twice or even thrice in a day, I use drugs in the morning, during the day and at night and I use drugs on my way to school, during break, during the lessons, and after school.* However, other participants reported that they used substances during the weekend only: *I use drugs during weekends; on Fridays, Saturdays and Sunday.*

Social effects

All the participants were aware that their use of substances also affected other people. For example, they mentioned that substances: *make people not to respect others and may do anything wrong, make people tease you, make people aggressive, make people violent, I fight with other people after using drugs, make people to rape, make people to think of raping and people using drugs end up in jail.* One participant indicated that: *after using drugs, he felt like killing someone.*

The participants indicated that they were aware that their use of drugs also affected other people and that their use of substances had a negative impact on the welfare of society. Their use of substances endangers the lives of both their families and other people in their communities, they become dangerous to everybody and end up being rejected by the very society that is supposed to nurture and guide them.

Economic effects

The majority of the participants indicated that substances affected their academic performance and that they may end up dropping out of school. Furthermore, the participants mentioned that substances affected their studies. As the participants explained: *I am not performing well in my studies, I pass some subjects and fail other subjects and I am repeating the grade.* The use of substances had a negative impact on the academic performance of these participants. However, one participant reported that his use of substances enabled him to make plans: *I was able to make chairs and tables.*

The abuse of substances seem to have a negative impact on the academic performance of participants. In addition, in such cases there is a negative impact on the budgets allocated to schools. Those repeating grades create a shortage in staff, learner furniture, and stationery. Furthermore, a lot of money is spent on strategies to improve academic performance, strategies that may include, but are not limited to, convening meetings, writing letters and contacting parents through telephone calls to discuss learner behaviour and academic performance (Department of Education, 2007).
LIMITATIONS

The current study was limited to rural black male adolescents between the ages 12 and 15 years of age, and who were attending school. In addition, a qualitative method was employed. This had a limiting effect in terms of measuring the magnitude of the substance abuse problem. In addition, interviews constituted the main tool for acquiring data, which may have had a limiting effect as most of the participants were reluctant to talk about their substance abuse behaviour.

RECOMMENDATIONS

It is recommended that a larger sample inclusive of various racial groups as well as female participants, and covering a wider geographical area be drawn in order to improve the generalisability of the findings. Adolescents not attending school should be included in future studies. So too should other stakeholders such as parents, community members, health practitioners and other experts involved in substance abuse prevention. Quantitative methods could also be employed to cover the magnitude of the substance abuse problem. In addition to interviews, it might be profitable to have participants write down the details of other aspects of their substance abuse behaviour.

CONCLUSION

Adolescents find themselves at 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 models and the media. If they are not prepared for these developmental changes as well as other challenges of adolescence, they end up being frustrated, confused and helpless. In trying to cope with such challenges, adolescents may end up indulging in a variety of substances that endanger their own lives as well as those of other people.

The voices of the adolescents in this study are clearly saying that we are abusing substances due to various reasons and we need help to stop this behaviour. Parents, educators, health professionals, social workers and the community at large must be positioned at the forefront in the fight against substance abuse by adolescents. The substance abuse problem affects everybody. Thus, in order to be addressed, it requires the effort of all stakeholders including the adolescents themselves.
BIOGRAPHICAL NOTES

Irene Mohasoa’s work explores the reasons for substance abuse among male adolescents, using qualitative research methods and thematic analysis to frame this research problem. She holds a Master’s Degree in Psychology from Unisa and is currently registered for a PHD. She is employed at Unisa as a Health and Wellness Practitioner for students, in the Department of Student Affairs and has previously served as a Senior Education Specialist in the Department of Education, North West Province, South Africa. Her interests include child and youth development, community development, HIV/AIDS, substance abuse, spirituality and victim empowerment.

Eduard Fourie is an associate professor in the Department of Psychology at Unisa. He facilitates community psychology modules and is the coordinator of the MA Research Consultation programme in the Department of Psychology. He is interested in the development and publication of the work of developing scholars.

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