

**SCHOOL LEARNER'S PERCEPTIONS OF THE FACTORS  
THAT INFLUENCE METHAMPHETAMINE USE IN  
MANENBERG**

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## ABSTRACT

The aim of this study was to explore school learners' perceptions of the factors that influence methamphetamine use in Manenberg. To meet this aim, three objectives were proposed namely, to explore school learners' knowledge and understandings of methamphetamine use; to explore school learners' perceptions of methamphetamine and its uses and; to explore school learners' perceptions of the factors that influence methamphetamine use. Methamphetamine use amongst adolescents has become an increasing concern internationally and globally, with Cape Town's level of methamphetamine users being substantially higher compared to other parts of South Africa. The study was thus important as it firstly, permitted the understanding of adolescents' knowledge of methamphetamine and its uses in a lower socioeconomic status community, secondly, permitted the understanding of adolescents perceptions of the contributing factors of meth use, and thirdly, by knowing and understanding their viewpoints, key focus areas were recommended for intervention and prevention programs in an attempt to decrease the high drug rate in South Africa.

A qualitative methodology was adopted for the study and participants were purposefully sampled from the three high schools in Manenberg. Information was gathered through focus group discussions and analysed using thematic analysis. The study strictly adhered to the ethics stipulated by the University of the Western Cape. Findings indicate that learners generally had a broad amount of knowledge about methamphetamine and commonly expressed disgust for users. Learners also perceived peer substance use and pressure, parental substance use, and poverty to be the risk factors for methamphetamine use in Manenberg. 'Decreasing' factors noted by the participants mainly focused on improving intervention strategies as a means to decrease methamphetamine use in the area. Recommendations for interventions and improvement of interventions for all the risk factors noted were then stipulated.

## DECLARATION

I declare that *School learners' perceptions of the factors that influence methamphetamine use in Manenberg* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

**Candice Rule**

Signed.....

March 2010

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background and rationale

Substance abuse is posing a major threat to public health (Spoth, Clair, Shin & Redmond, 2006) both nationally and internationally. Within the last two decades research has shown that the drug-culture has evolved in alarming ways (Emmett & Nice, 1996; Plüddemann et al., 2009). Both local and international data indicate that initial substance use often commence during the ages of 14 and 15 (Richter et al., 2006) and further suggests that there are various factors contributing to the use of drugs and other substances at this age and generally, for example parent substance use (Brook, et al., 2006; Russell et al., 2008; Fox & Brown, n.d.), economic difficulties (Brook et al., 2006; Maseko et al., 2003) and cultural influences (Walker- Barnes & Mason, 2004; Ward, 2007; Kinnes, n.d.) however, research indicates that peer influences is the predominant influential factor in adolescent substance use (Oetting & Beauvais, 1990; Rauch & Huba, 1991; Hoberg, 2001; Barnard, 2005; Brook, et al., 2006; Fox & Brown, n.d.).

In South Africa too, especially in the Western Cape, substances are predominantly used by individuals under the age of twenty; almost half of them adolescents (Plüddemann et al., 2009). More specifically in Cape Town, methamphetamine use has become the latest craze. Statistics indicate that Cape Town's level of methamphetamine users remain substantially higher compared to other parts of South Africa (Plüddemann, Myers & Parry, 2008; Plüddemann, Flisher, Mathews, Carney &

Lombard, 2008; Plüddemann et al., 2009). Prevalence studies conducted by the South African Community Epidemiology Network on Drug Use (SACENDU) indicate this.

SACENDU is a network that monitors substance abuse treatment centres in six sites all over South Africa. These sites are the Western Cape, Kwazulu Natal, Eastern Cape, Gauteng province, Mpumalanga, and Limpopo provinces (Plüddemann et al., 2009). Plüddemann et al. (2009) reported that between July and December 2008, 23% of the admitted individuals to Cape Town centres were under the age of 20 with 14% being pupils or students. Plüddemann et al. (2009) further reported that more males (75%) than females (25%) were admitted to treatment facilities during July and December 2008 with the majority of the admitted patients being Coloured<sup>1</sup> (72%) and the rest of the population including White (20%), African (7%) and Asian (1%) individuals (Plüddemann et al., 2009). It should however, be noted that the proportions of patients admitted to treatment have decreased by 1% but still remains higher than treatment for any other substance in Cape Town (35% between July and December 2008) (Plüddemann et al., 2009). Furthermore, this report showed that Cape Town centres continue to admit the most methamphetamine addicted individuals (35%), compared to the other treatment centres in Gauteng (1%), Northern Region (0%), Kwazulu Natal (0%), Eastern Cape (0%), and the Central Region (2%) (Plüddemann et al., 2009, July to December 2008).

Similar demographic details of the predominant users of methamphetamine have been reported by other studies (Maseko, Ladikos, Naser, Van der Merwe & Ovens, 2003; Parry, Myers & Plüddemann, 2004; CTDCC, 2006; Simbayi et al., 2006; Plüddemann, et al., 2008; Plüddemann et al., 2009).

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<sup>1</sup> Coloured here refers to an individual who is of a mixed (ethnic) descent (The dictionary unit for South African English, 2002). This term was used during the apartheid period to classify individuals into racial categories and is therefore seen as a derogatory term, but for the purpose of this paper, it is used to distinguish between racial groups.

In recent years an increase in methamphetamine readmissions has been noted. The SACENDU (2009) report indicates an increase in readmissions between January 2007 and December 2008 of approximately 5% and a decrease in first time admissions of 5% (Plüddemann et al., 2009). This could be based on the highly addictive qualities of methamphetamine “rather than to any exponential rise in ‘tik’ users in the community” (Berg, 2005: 316).

What should be noted here is that statistics may not always be a true reflection of the magnitude of the methamphetamine problem especially in a low socio-economic status community such as Manenberg. Many studies that present statistics or prevalence of substance use in South Africa are based on treatment admissions to rehabilitation centers. Rehabilitation centers are expensive and thus many of those who use substances in areas such as Manenberg cannot admit themselves to treatment. Also, many of these reports and other theorists (such as Maseko et al., 2003; Parry et al., 2004; CTDC, 2006; Simbayi et al., 2006; Plüddemann, et al., 2008; Plüddemann et al., 2008 & 2009) indicate that more males than females use this drug. Simbayi et al. (2006) for example found in their study on the link between methamphetamine use and sexual risks for HIV infection that approximately 29% of the male participants reported that they abuse methamphetamine while only 18% of the female participants admitted to the abuse of this drug. Findings such as this may also not be a true reflection of the methamphetamine phenomena because some studies rely on self-report data and admissions to rehabilitation facilities as reflecting the status of the methamphetamine phenomenon.

Statistics may then be an under-representation of the methamphetamine phenomenon. These reports could then have been influenced by factors such as social desirability, self-report biases or stigmas attached to use or seeking treatment, especially for women. Theorists have suggested that there are stigmas attached to substance use for example alcohol use (Jarvis, 1992; Thom, 1986 cited in Schober & Annis, 1996). Female users are said to be more negatively perceived than males and that women are more likely to experience shame and embarrassment than males when they do seek assistance for their alcohol use problems (Jarvis, 1992; Thom, 1986 cited in Schober & Annis, 1996). Thus once again, it is notable that the above mentioned statistics may not be an accurate reflection, and maybe an underestimation, of the current drug use phenomena in South Africa especially for low socio-economic status individuals and females. However, statistics do provide us with an approximation of what is happening in the Cape Town areas, and thus have been, and will further be, used to provide the reader with an estimated understanding of the problem.

#### 1.1.1 *Methamphetamine explained*

Methamphetamine, amphetamine, crystal, speed, 'choef', 'tuk-tuk', globes, lolly, 'Hitler's drug' and ice; these are the most common names for what Cape Town knows as 'tik'. Methamphetamine or 'tik' is derived from amphetamine and is a highly addictive drug, affecting several areas of the central nervous system (Health 24, 2006; Plüddemann, Myers & Parry, 2007). It can be bought in various forms such as crystals, tablets or in a white to yellow powdery form. In South Africa it is typically smoked in the powdered form by use of a instrument called a 'lolly'. This is done by placing the powdery or crystal substance in the 'lolly', and heating it with a lighter until the fumes comes out. These fumes are then inhaled to get that "extremely pleasurable

rush” (South African Travel Forum & Bulletin Board (SATFBB), 2006). This drug is described by many to induce feelings of pleasure, increasing self-esteem, insomnia and a high sex drive, to say the least. The Cape Town Drug Counseling Centre (CTDCC) states that with more than six months of use 94% of users become addicted, emphasizing the highly addictive qualities of this drug (Health 24, 2008). ‘Tik’ is frequently made in clandestine laboratories in family kitchens and backyards from over the counter ingredients and costs between R15 and R30 (Plüddemann et al., 2007; Caelers, 2004).

Methamphetamine holds a variety of long-term and short-term consequences ranging from an intense sense of euphoria (a ‘high’) to more severe consequences such as mental health difficulties or cardiovascular problems (Plüddemann et al., 2007; Herman- Stahl, Kabs, Kroutil & Heller, 2006; SATFBB, 2006). Short-term effects include euphoria, increasing confidence and self-esteem, a curbed appetite, irritability, anxiety, pleasurable feelings, insomnia, a heightened sex drive and fornication (SATFBB, 2006; Plüddemann et al., 2007; Health 24, 2008). These effects differ for every user and with the amount of meth that is taken. According to Caelers (2004), long-term effects are more chronic with 94% of those smoking meth becoming addicted and 74% of those snorting it. Chronic abuse has consequences such as psychotic episodes, homicide and suicide, hallucinations, paranoia, and heart diseases (SATFBB, 2006; Health 24, 2008). According to Health 24 (2008), this drug increases heart rate and blood pressure, which can lead to damage to the blood vessels of the brain and in turn produce strokes.

### 1.1.2 *Setting: Manenberg*

Manenberg is a residential town, about 20 kilometres outside Cape Town city centre, and is known for its high crime rate and history of violence and gangsterism (Sauls, 2005; Vium, 2006; United Nations office on drugs and crime (UNODC), 2009). It is a predominantly 'coloured' area and consists of approximately 70, 000 people, majority of them unemployed and living in poverty (Sauls, 2005; Salo, 2005; UNODC, 2009). According to Vium (2006) it is because of this poverty and unemployment that young people in Manenberg turn to crime. Mario Wanza, chairperson of the Proudly Manenberg Campaign, further add that it is the need to calm drug driven urges that forces users to turn to crime, as financially they might not be equipped to obtain the drugs themselves (Medved, 2007). Previous scholarships have alluded to this.

Gie (2009) for example, recently released an analysis report stipulating the property, violence and drug-related crime statistics in Cape Town. She found that Cape Town's rate of drug-related crimes have dramatically increased from 241 cases per 100 000 to a staggering 830 cases per 100 000 between the period 2001/2 to 2007/8. This, she added, may be because of the dramatic influence the drug 'tik' have had on the Cape Flats areas, which includes Manenberg (Gie, 2009). This report also revealed that Manenberg falls within the top ten police districts that account for most of the drug-related crimes in Cape Town.

Furthermore, theorists have also found a strong positive correlation between gang-involvement and substance abuse which will be elaborated in chapter 2 (Medved, 2007; Walker- Barnes & Mason, 2004; Ward, 2007; Kinnes, n.d.).

Statistics of methamphetamine use in Manenberg is represented by the Observatory branch of the Cape Town Drug Counselling Centre (CTDCC). According to CTDCC Observatory (2008), the highest frequencies of patients admitted to this branch are from the Manenberg and Athlone areas, and are under the age of 20. 72% Of the clients in the Observatory branch also report that they started using drugs in their teens, and this proportion is almost five times higher than other ages of onset (CTDCC, 2008). This means that in this area, people start using this drug at an early age and thus shows how important it is to know what it is that drive the onset of use at this age. CTDCC (2008) also report that 50% of the patients admitted to the Observatory branch are for the use of methamphetamine, which is also almost two to three times more than admittance for any other drugs in these areas.

## 1.2 Aim and objectives

The aim of this study was to explore school learners' perceptions of the factors that influence methamphetamine use in Manenberg and thus the following objectives were proposed:

- 1) To explore school learners' knowledge and understanding of methamphetamine use
- 2) To explore school learners' perceptions of methamphetamine and its uses
- 3) To explore school learners' perceptions of the factors that influence methamphetamine use

It was thus important to conduct this study to develop an understanding of what youth depict as influential factors of methamphetamine use, especially in the Manenberg

area. By knowing and understanding what adolescents consider as the factors that influence methamphetamine use in Manenberg and in general would allow one to determine whether information is needed about this drug and its consequences. It would also allow one to establish what it is that is driving this drug phenomena and ultimately inform existing intervention and prevention strategies in an attempt to provide focus areas in terms of risk and protective factors for substance abuse for adolescents.

In addition, this study also forms part of a bigger mixed method project, which aims to apply a mixed method to both explore and further investigate the issue of methamphetamine use in a low socio-economic status community in the Cape Metropolitan area of South Africa. This means that the project proposed to use both the qualitative and quantitative approach to explore and investigate methamphetamine in a low socio-economic status community in the Cape Metropolitan area.

The main aims of the bigger study are, firstly, to gain an understanding of the factors that influence adolescents' use of methamphetamine in a specific low socio-economic status community in Cape Town where methamphetamine use is reported to be high (phase one), and also to gather information that can contribute to the development of an instrument that will be used to quantitatively gather data, in the same community, on the adolescents' perceptions of their community's functioning and the influence of this on their decision to use methamphetamine (phase two). Phase one included conducting interviews with stakeholders in the community, parents of users in the community, school attending adolescents in the community (current study) and non-school going individuals in the community. Information gathered in this phase will be

used to inform the adaptation or the development of an instrument to be used to quantitatively compare methamphetamine users and non-users in phase two. This instrument is still being constructed. The second phase will include further exploration of the factors obtained during phase one, where a random sample of adolescents will be selected from the schools in the area as well as a convenient sample of adolescents who are in the age range 15 to 18, but not attending school. This study was then part of phase one of this project.

### 1.3 Organization of chapters

Chapter one provided an overview of the phenomenon of substance abuse, with most emphasis on methamphetamine use. An outline of the setting of the study was provided along with the rationale, aims and objectives of the study.

Chapter two offers a discussion of the relevant literature that relate to the aims and objectives of the study. A detailed explanation of the adopted theoretical framework has also been provided in this section, explaining the appropriateness of this framework to the current study.

Chapter three consists of a comprehensive account of the qualitative methods that have been utilized for this study. The methodological framework discussing the qualitative research design has been explained in this section. A detailed description of the participants, procedure followed, data collection method and data analysis method was provided. Furthermore, a brief discussion of my reflections on the study has also been given, followed by an overview of the ethical considerations that were taken into account while conducting this study.

Chapter four offers the findings of the study. The findings are explained in themes, as suggested by the analysis technique utilized in this study.

In Chapter five, the themes are discussed related to literature or theories in an attempt to explain them in a more in-depth manner and thus provide a deeper understanding of the findings.

Lastly, Chapter six concludes the study by summarizing the key findings, noting the limitations of the study and finally, presenting recommendations for further and future research on the topic of discussion.

## CHAPTER 2

### LITERATURE REVIEW

#### 2. 1 Introduction

The aim of this study was to explore school-going youth's perceptions of the factors that influence methamphetamine use by developing an understanding of their knowledge about the drug but also their perceptions of the drug. Many studies have investigated drug abuse in general, most focussing specifically on adolescent drug use. Studies on risk and protective factors have also been stimulated and while providing useful information, many do not investigate the influence of various ecological systems/levels on the drug or 'tik' phenomena, as intended in this study, but mostly focus on the risk and protective factors on a single system/level (such as peers etc.).

In order to obtain an understanding of substance use for the current study, this review will commence by presenting some of the key tenets of two theories of development namely Erikson and Piaget. Developmental theories provide one with an overview of how substance use could have occurred by looking specifically at a desired age group. For the current study, school-learners between the ages of 15 and 17 were sampled and thus theories of adolescence will be reviewed.

Following this, scholarships relating to perceptions of substance use, and factors that increase or decrease substance use, will be discussed.

## 2.2 Adolescence

Adolescence is defined as a period that occurs between childhood and adulthood and is characterised by developmental changes such as physical, cognitive, emotional and social changes (Boeree, 2006; Allen 2006). It stretches from approximately 12 years to 18 years of age and according to Erikson's psychosocial stages, it is during these ages that issues such as peer pressure, curiosity and promiscuity enter, which could influence decisions regarding methamphetamine use (Boeree, 2006; BC Partners for Mental Health and Addiction Information, 2006).

Erikson proposed that one of the important developments during the period of adolescence is identity or rather ego-identity (Boeree, 2006). Ego-identity refers to an individual knowing who s/he is and how they fit into society (Boeree, 2006). Boeree (2006) states that positive adult role models that mimic an acceptable adult culture could assist individuals to achieve ego-identity. When individuals are confronted with uncertainty and confusion about whom they are and where they fit in to society and the rest of the world, they are faced with role confusion or an identity crisis (Boeree, 2006).

Piaget further speaks of 'adolescent egocentricity' and explains that it is the inability of adolescents to de-centre from their own focus (Louw, Van ede & Louw, 1998). Adolescent egocentrism manifests in two forms, namely the '*imagery audience*' in which adolescents are convinced others are enmeshed in their being, and '*personal fable*' in which they perceive themselves as untouchable and indestructible (Louw et al., 1998).

The key tenet taken from these theories is that, according to Erikson, during the period of adolescence youth strive to find their place in the world. When combining this, with Piaget's theory of egocentricity one could find that various factors come into play. For example, while adolescents strive to find their place or form their identity, they also have the inability to de-centre themselves from others, and still believe that they are indestructible and untouchable. This means that their identity will be shaped and influenced by others in their environment and as suggested by Bronfenbrenner (which will be discussed later in this chapter) there are structures in an individual's environment that do influence development. When applying this to substance use development, one sees that factors such as peer influences, parental influences, socio-economic status, and culture and religion have been found to influence the development of substance use among adolescents. And, as suggested by Piaget, Bronfenbrenner too alluded to the fact that contextual factors such as these are enmeshed with the adolescent and may thus put them at risk or protect them from using substances.

Furthermore, Piaget's theory of the personal fable is often related to high-risk behaviours as a common trend observed in recent studies investigating adolescents attitudes toward the risks attached to drug use reveals that adolescents perceived themselves as invulnerable to risk (Maseko et al., 2003; Morojele, Brook & Kachieng'a, 2006). For example, Maseko et al. (2003) found that 25% of students believed that taking an illegal drug "socially" won't do any harm.

### 2.3 Perceptions

Various studies have reported on adolescents' perceptions of substance use (Maseko et al., 2003; Hoberg, 2001; Parr et al., 2008; Adlaf, Hamilton, Wu & Noh, 2008; Morojele, Brook & Kachieng'a 2006) and methamphetamine use specifically (IDAHO Meth Project (IMP), 2007& 2008; The Partnership Attitude Tracking Study (PATS), 2008; Kubicek et al., 2007). However, qualitative studies exploring perceptions or attitudes of substances in South Africa and Cape Town (see for example Morojele et al., 2006 and Hoberg, 2001) remain limited. Many studies related to substance use in Cape Town and even South Africa investigate the prevalence of substance use and many provide us with a picture of the 'typical' substance user, as opposed to providing individuals' perceptions, thoughts, understandings or attitudes of drugs.

Previous studies on substance use found that adolescents generally perceived drugs in a positive light, meaning that previously individuals saw more positive effects in using substances. Parry et al. (2008) for example reported in their assessment of drug-related HIV risk among men who have sex with men that their respondents associate drug use with enhanced sexual pleasure and energy. They further stated that some individuals would also report using drugs as an aid to escape or deal with unwanted realities that faces them and, with a community such as Manenberg that is characterised by poverty and unemployment, this is often the case. Furthermore, Hawton, Harris, Hodder, Simkin and Gunnell (2001) in their study on economic and social environment influences on deliberate self-harm and suicide, found that self-poisoning was highest associated with individuals from a lower SES and in areas characterised by socio-economic deprivation as well as poor social integration.

Other studies have also found adolescents to view substance use as having positive effects. Hoberg (2001), in his study on adolescents' perspectives on club drugs, found that adolescents viewed drug use as a fun way to pass time. He also reported adolescents to perceive emotional consequences to be associated with quitting drug use, which could contribute to adolescents' continuing use.

Maseko et al. (2003) in their study on learners' attitudes and views on experimenting with drugs found the same positive views on drug use. They reported that adolescents considered drug use as a norm and did not recognise any risks to be associated with the use of drugs. Morojele et al. (2006) reported similar findings in their study on adolescents' perceptions of sexual risk behaviours and substance abuse in South Africa. They reported that it was the adolescents' views on the reinforcing effects of the drugs that were the main underlying factor of their use.

In accordance to the previously noted studies, IMP (2007) report that young people generally expressed a positive attitude towards methamphetamine, in their statewide released survey results on methamphetamine use and attitudes.

Positive perceptions of methamphetamine could then be seen as contributing factors to the high drug rate in South Africa and internationally (Adlaf et al., 2008), and could also be the underlying reason meth and other drug use is perceived as a norm.

In 2008 however, different results were reported by IMP. They found that youth were more increasingly becoming aware of the negative effects of methamphetamine (IMP, 2009). IMP reported an increase in perceived risk of using this drug (teens increase with 8% and young adults with 9%). This shows that a possible shift in perception

could have emerged from seeing methamphetamine and other substance use as a fun way to pass to time, to seeing substance use as holding negative consequences. Supporting this, Kubicek et al. (2007) found in their study that adolescents perceive methamphetamine use as a risk but still reported methamphetamine to have certain positive effects such as enhancing energy, sexual pleasure, concentration and happiness. In accordance to this PATS (2008) also found adolescents to express that meth use holds negative consequences for users such as addiction, death and paranoia in their annual report on teen drug use.

In sum, studies previously reported that some youth place emphasis on the positive effects of drugs while others have experienced a shift and acknowledge and emphasize the negative consequences of drugs, especially methamphetamine. Findings regarding perceptions of substance use, including methamphetamine use, is then not consistent in all studies and will thus be further investigated.

It is important to acknowledge and understand youth's perceptions as positive perceptions of methamphetamine could lead to use of the drug while acknowledgement and emphasis on negative consequences could lead to a decrease in use or decrease in probability of initial use occurring.

#### 2.4 Theoretical framework

The framework that was adopted to assist in identifying and explaining the perceived contributing factors of meth use was Bronfenbrenner's ecological systems theory.

### 2.4.1 *Rationale for framework*

Capra (1997) asserts that all organisms are part of an integrated whole and that all these integrated parts are essentially interdependent, thus forming an interconnected network (as cited in Visser, 2007). Miller and Miller (1992) adds that these parts also take a hierarchical form, with higher levels containing the lower levels, but with all levels fundamentally being nested (as cited in Visser, 2007). A framework that follows this standpoint is that of Bronfenbrenner (2005). In addition, this framework complements the above-mentioned theories of adolescent development as it asserts that there are various factors that directly but also indirectly influence development.

Bronfenbrenner's ecological systems theory asserts that an individual's development comprises of interactions with his/her environment (Visser, 2007). Bronfenbrenner articulates that there are five nested systems in an individual's environment, which are important to consider when attempting to understand an individual's behaviour or development. This framework then asserts that by looking at any phenomenon or issue from this standpoint, a comprehensive framework of the phenomenon under investigation will be shaped (Visser, 2007; Paquette & Ryan, 2001; Boemmel & Briscoe, 2001). Reviewing previous research done on substance abuse, it is evident that this theory may be deemed viable as these studies have found risk and protective factors for substance abuse behaviours that can be clustered into the different ecological levels as suggested by Bronfenbrenner (2005) (Rauch & Huba, 1991; Brook, Morojele, Pahl & Brook, 2006; Maseko et al., 2003; Russell et al., 2008; Herman-Stahl et al., 2006; Fox & Brown, n.d.). However, many of these studies only focus on risk or protective factors at a particular ecological level and do not take into

account that all these levels should be investigated to obtain an all-inclusive understanding, as suggested by the current study.

#### 2.4.2 *Ecological systems theory and substance abuse*

The eco-systemic theoretical framework adopted in this study was developed by Bronfenbrenner in 1986. This framework focuses on the impact that environmental structures, close relationships and interactions between these structures may have on development. It asserts that it is when these factors or structures are not ideal, but flawed, that maladaptive behaviours occur in individuals. Drug abuse and delinquent behaviours based on this theory, are then partly seen as consequences of poorly functioning systems. Studies on substance abuse have used this theory especially when focusing on risk and protective factors, however as stated before many studies only investigate certain influential structures at a time such as, family influences, peer influences, environmental influences, and organizational influences to mention a few.

To understand the relevance of this theory for the current study, the different systems suggested by Bronfenbrenner will not only be noted but also explained by using previous studies on risk, protective and predictive factors. The four nested systems as suggested by Bronfenbrenner (2005) are the *micro-*, *meso-*, *exo-*, and *macro*systems.

##### 2.4.2.1 Microsystem

The *microsystem* is the layer closest to the person consisting of those structures that the person has direct contact with, such as family, friends or school environments (Lerner, 2005; Paquette & Ryan, 2001). At this level the relationship between the person and the structures in the microsystems is seen as bi-directional (meaning that

the structures, such as families or friends, might influence the individual, but the individual may also influence those structures) (Paquette & Ryan, 2001). Previous research points to this level as the most influential level for individual substance abuse. Community psychology theorists argue that within this level one should also look for individual (i.e. the individual self) factors that may have contributed to substance abuse and previous scholars such as Moleko (2007) have also reported on this. Here, issues such as personal history of crime, delinquency, and drug and alcohol abuse has been indicated as possible risk factors for adolescent substance abuse (Rauch & Huba, 1991; Brook et al., 2006; Russell et al., 2008; Herman-Stahl et al., 2006).

Studies indicate, however, that familial and peer substance abuse is the predominant risk factors for substance abuse (Brook et al., 2006; Bernard, 2005; Maseko et al., 2003; Hoberg, 2001; Rauch & Huba, 1991; Oetting & Beauvais, 1990; Fox & Brown, n.d.). The most influential factor to consider, as emphasised in many studies, is *peer drug use* (Oetting & Beauvais, 1990; Rauch & Huba, 1991; Hoberg, 2001; Bernard, 2005; Brook, et al., 2006; Fox & Brown, n.d.). Hoberg (2001), in her study on adolescent substance abuse, found that adolescent drug abusers are often influenced by their peers and get rejected by the peers if drug use is unwanted. Barnard (2005) takes a similar stance, stating that friends who are “positively inclined towards drugs might additionally legitimate drug use” (p. 2) while Oetting and Beauvais (1990) adds that drug-using learners are mostly influenced by their friends and usually operate in peer groups. Thus friends’ perceptions of drug use may alter an individual’s perception of using drugs.

Parental or familial drug and alcohol abuse have also been proposed as risk factors of adolescent drug abuse (Brook, et al., 2006; Russell et al., 2008; Fox & Brown, n.d.). In their systematic review of studies, investigating risk factors for methamphetamine use in youth, Russell et al. (2008) found a significant relationship between family history of crime, alcohol abuse and drug use, and methamphetamine use. Fox and Brown (n.d.) in their study on methamphetamine in Nebraska also found the lack of family interaction to lead to ineffective parenting, which in turn could increase youth's risk of future drug abuse.

Protective factors on this level have also been noted, however, many of the conducted research do not investigate protective factors specifically. Some of the main protective factors that have been noted at this level are: personal control, an ability to cope with pressures and family support, knowledge about drugs and risks associated with drug use, negative attitudes towards drugs, positive relationships with grown-ups and involvement in extramural activities (Snedker, Herting & Walton, 2009; Gosap, 2003).

#### 2.4.2.2 Mesosystem

The *mesosystem* provides the connection between the structures of the microsystem (Bronfenbrenner, 2005; Paquette & Ryan, 2001). Lerner (2005: xiii) defines it as “the set of microsystems constituting the individual's developmental niche within a given period of development”. This means that the mesosystem refers to the connection and interactions between the structures of the microsystem that form and inform an individual's current developmental position. Thus, an individual's developmental niche might be influenced by the connection(s) between peers and parents, or between parents and school. This system then looks at how the different structures of the

microsystem interact and then influence development, or in the case of the current study, influences the probability of methamphetamine use occurring, increasing or decreasing.

For example, the relationship between peers and family members becomes entangled with the adolescent's development and may thus influence this development. Certain peer influences might then cause problems in the family, while negative relationships between the parent and the individual may influence the individual's academic performance. Confusion may be caused at this level as the immediate structures of the microsystem might not coincide with certain norms. Also, if an individual is taught at school that drug abuse is wrong, but at home parents are using drugs or alcohol, the individual may become confused about whether substance use may be accepted or not. Another example could be if peers use drugs, but parents advocate against drug abuse, confusion may arise as the individual may be leaning towards using the drug to please friends, but also does not want to disappoint parents. This confusion could then further lead to rebellious behaviours such as substance use as other theories may suggest.

In the last decade, studies have been stimulated that provide empirical support for Bronfenbrenner's theory on the mesosystem. Researchers have investigated the influence that the family may have on children's relationships with others (Bogensneider, Wu, Raffaelli & Tsay, 1998). Bogenscheider et al. (1998) for example investigated the influence parents have on adolescent peer orientation and substance use. They found that parenting practices influence adolescent' preferences towards peers and that both parents and peers may also influence adolescent substance

use. Similar findings were also previously reported by Brown, Mounts, Lamborn & Steinberg (1993). Brown et al. (1993) investigated the relationship between parenting practices and peer group affiliation in adolescence. They reported a significant relationship between certain parenting styles (such as monitoring) and specific adolescent behaviours (such as drug use), which was in turn significantly related to membership in common adolescent crowds such as those who use drugs (Brown et al., 1993).

Therefore, parenting styles could then decrease the probability to whether adolescence would fall prone to peer influences and then use methamphetamine. Maintaining close family relationships, having parents set clear limits regarding substance abuse and maintaining parental involvement in the child's school and activities could then be deemed as protective factors for substance use for adolescents (Gosap, 2003).

#### 2.4.2.3 Exosystem

The *exosystem* is the larger social system that the person is not directly involved in but still impacts the child's development (Lerner, 2005; Paquette & Ryan, 2001; Boemmel & Briscoe, 2001). Bronfenbrenner views this system as one in which specific social structures that are not immediately in contact with an individual, still impinge upon an individual's immediate setting and may thus define, determine or influence the occurrences within this setting (Lerner, 2005). For example, parents' workplace or schedules could influence the relationship between parent and the individual as the parent may be spending less time with the individual, leaving the individuals feeling rejected or not appreciated (Bronfenbrenner, 2005; Paquette & Ryan, 2001; Boemmel & Briscoe, 2001). This could then in turn lead to substance

abuse as lack of family interaction and ineffective parenting has been noted possible risk factors for future drug abuse in youth along with environmental stressors and stressful life events (Brook et al., 2006; Maseko et al., 2003; Rauch & Huba, 1991; Fox & Brown, n.d.).

According to Brook et al. (2006) environmental stressors, such racial discrimination and economic changes and difficulties, play a vital role in predicting adolescent drug use, especially in South Africa. Moleko (2007) further adds that a deficiency of supportive structures, unemployment and higher level of community crimes may also be noted as possible reasons for adolescent substance abuse.

Flisher and Charlton (2001) also provide evidence for exploring the exosystem and its effects on risk behaviour. They conducted a study investigating the association between urbanisation and adolescent risk behaviours, focussing on the length of time spent living in an urban area and the impact or rather influence this may have on certain adolescent risk behaviours. They reported a relationship between urbanisation and risk behaviours, including recent use of certain substances such as alcohol or Cannabis. This then means that residing in an urbanised area may have an influence on decisions regarding substance use.

Furthermore, Gosap (2003) notes that protective factors on this level could include stringent laws and ordinances to be enforced that would act against substance abuse. They also state that policies that encourage non-use and comprehensive risk focussed programs, both for parents and adolescents, would also aid as a decreasing factor to the substance abuse phenomenon.

#### 2.4.2.4 Macrosystem

The *macrosystem* is the “outermost layer” of the person’s environment, comprised of laws, customs and religious- and cultural values (Berk, 2000, as cited in Paquette & Ryan, 2001). It is said to overshadow the other ecological levels, as these are influenced by the principles of the macrosystem, and development is perceived as steered by religious- and cultural values, norms, laws and customs (Paquette & Ryan, 2001; Lerner, 2005). Researchers have investigated the relationship between certain structures of the macrosystem and substance abuse. Here, research predominantly focuses on protective factors for substance abuse. Wills, Yaeger and Sandy (2003) report that religiosity has a buffering effect on substance abuse, meaning that religiosity may be seen as a protective factor for the use of drugs and alcohol. This, they add, could be due to the fact that at an individual level religiosity influences ones attitudes, values and perceptions of substance abuse, which could then impact on decisions based on the use of alcohol or drugs (Wills et al., 2003). Furthermore, Torres Stone, Martinez and Chen (2005: 13) add that cultural factors also have a positive association with alcohol cessation and state that “the degree to which individuals are embedded in their culture as manifested by practicing traditional culture and spirituality” can be associated with a decrease or termination of the use of alcohol. Family traditions have also been reported to have a buffering effect on substance abuse. In their study on the influence of social and environmental factors on drug use vulnerability and resiliency in rural populations, Dew, Elifson and Dozier (2007) reported that “the traditional family in rural America has historically served as a protective influence that decreases the probability of negative or undesirable outcomes among its members”. And thus, family structures that uphold, for example,

cohesion and discipline could serve as a protective factor for many youth (Dew et al., 2007).

A possible risk factor at this level, especially in the Manenberg, could be the gang culture that many uphold. Studies have indicated a strong positive correlation between gang-involvement and substance abuse (Walker- Barnes & Mason, 2004; Ward, 2007; Kinnes, n.d.). Walker-Barnes & Mason (2004) for example found a link between substance use and gang-involvement in their study investigating the moderating effect parenting practices have on the relationship between gang-involvement and problem behaviours among adolescents. They found that gang-involvement is a highly significant predictor of three problem behaviours namely minor delinquency, major delinquency and substance use (Walker-Barnes & Mason, 2004). In accordance to this finding, Ward (2007) too found a link between substance use and gang-involvement in her study investigating children's experiences of violence and their nature of perpetration. She reported that drug use was perceived as a common route to gangs-related activities.

Drug abuse is thus seen as a risk factor for gang involvement and vice versa and in an area like Manenberg that is known for its high levels of gang membership, this could be a risk factor for substance abuse.

### 2.5 Significance of this study

While providing useful information, the literature reviewed did not investigate all the systems that contribute to the drug or methamphetamine phenomena, as suggested by Bronfenbrenner (2005), while this study will attempt to investigate this phenomenon from the standpoint of Bronfenbrenner's ecological systems theory. This means that,

contrary to some of the previously mentioned studies, this study provides an understanding of methamphetamine use in a low socioeconomic status community that considers and investigates influences on different levels and does not investigate the influences one or two levels may have. Moreover, it will allow one to pinpoint structures that might be influencing methamphetamine use in a single study as opposed to identifying an influential structure at a time in several studies. In addition, it has been suggested that a study of this nature be conducted (Brook et al., 2006).

## CHAPTER 3

### METHODOLOGY

#### 3.1 Introduction

The current study proposed to investigate school learners' perceptions of the factors that influence methamphetamine use and employed a qualitative research design. According to Pope and Mays (1995) qualitative researchers attempt to develop concepts that will provide us with an understanding of social phenomena in natural contexts by acknowledging language as the mode of transport for individuals' meanings, understandings and perceptions of social phenomena. In this light, school learners' perceptions of the factors that influence methamphetamine use are then assumed to be based on their (inter)subjective experiences and understandings of the drug or of those who use the drug.

#### 3.2 Rationale for a Qualitative approach

Various quantitative studies have been conducted to investigate substance abuse or specifically methamphetamine use. The focus areas of these studies include: investigating *predictors of drug abuse* (Brook et al., 2006; Frisher, Crome, Macleod, Bloor, & Hickman, 2007); *risk and protective factors of substance use or specifically methamphetamine use* (Russell et al., 2008; Kilpatrick et al., 2000; Herman-Stahl et al., 2006; Carroll, Anker & Perry, 2009); *the relationship between methamphetamine use and risky sexual behaviour or HIV* (Parry & Pithey, 2006; Simbayi et al., 2006); and *incidence and prevalence reports on substance use* (SACENDU, 2008 & 2009; Madu & Matla, 2003; CTDCC, 2006). Correlates of methamphetamine or substance use, such as *behavioural and social* (Sutherland & Sheperd, 2001) correlates (Embry, Hankins, Biglan & Bowles, 2009), and *social and neighbourhood* correlates (Parry,

Morojele, Saban & Flisher, 2004) have also been investigated, while attitudes and behaviours towards substance use and more specifically methamphetamine use have also been studied (IDAHO Meth Project (IMP), 2007& 2008; The Partnership Attitude Tracking Study (PATS), 2008; The Meth Project, 2007). While providing useful information, the before-mentioned studies do not provide an in-depth account of the substance use phenomena as experienced by those involved, especially in a low socio-economic community such as Manenberg.

Quantitative studies do not provide the participants a chance to voice their perceptions, attitudes, meanings or thoughts, but rather tests a researcher's perceptions, attitudes, meanings or thoughts of phenomena. Thus, as a qualitative study, an open and inductive method following an exploratory approach to finding and developing an understanding of the school learners' perceptions was adopted (Terre Blanche et al., 2006). Glesne (2006) states that it is because of this open approach that it is possible for qualitative researchers to explore intricate and complex social issues as expressed by subjects. Pope and Mays (1995: 43) further adds to the argument it is this openness then deems qualitative research valid as it allows one to understand "how people really behave and what people actually mean when they describe their experiences, attitudes, and behaviours".

The qualitative approach was followed as I believed that the only way for me to understand and provide an authentic account of school learners' knowledge of the drug, perceptions of the drug and perception of the factors that would influence others to use methamphetamine (in a low socio-economic status community such as Manenberg), was to openly ask those in the community their meanings. By openly

asking and probing for their perceptions and knowledge, I could explore whether more information is needed on the drug in the area of Manenberg, what the factors are that the learners perceive to lead to methamphetamine use and then by knowing all this, possibly pinpoint focus areas for intervention and prevention structures as suggested by the learners, be it a lack of knowledge or particular risk or protective factors in the area of Manenberg. Common weaknesses noted of qualitative research is that it is too subjective and open to biases from the researcher, that it is too contextual, or that conclusions derived at are co-constructions of realities and thus not valid, however, as this study is part of a bigger project, the gathered information will be used for the development of an instrument to quantitatively investigate the methamphetamine phenomena in the area of Manenberg and thus the reliability and validity of these findings will be tested.

### 3.3 Participants

Participants were purposively sampled. This method allowed me to select participants that are typical of the population under investigation, and also allowed for the in-depth study of those participants, based on the objectives of the study (Terre Blanche et al., 2006). Teachers recruited participants based on the following inclusion criteria: age, area of residence and school attendance. Those who participated should thus have been between the ages of 15 and 17, should have resided in the Manenberg area and attended one of the three high schools (Silverstream High, Manenberg High and Phoenix High) in Manenberg. Each teacher was requested to recruit 8 learners from their respective schools and no emphasis were placed on specific gender of the participants, thus both males and females were included. Initially I wanted to sample 24 learners. This however, was not possible as some of the learners did not obtain

signed consent from their parents to participate and thus only 21 learners participated. It should also be noted that of these 21 learners, only 17 contributed to the discussion and thus in chapter four, this will be evident. The following table depicts the demographics of the groups:

Table 1: Demographic information of participants

<b>GROUPS</b>	<b>NUMBER OF PARTICIPANTS</b>	<b>GENDER</b>	<b>LANGUAGE</b>	<b>AGES</b>
<b>Group one</b>	8 Participants	Boys: 3 Girls: 5	English	15-17 Years
<b>Group two</b>	8 Participants	Boys: 2 Girls: 6	Afrikaans	16-17 Years
<b>Group three</b>	5 Participants	Boys: 2 Girls: 3	Afrikaans	16-17 Years

### 3.4 Procedure

Permission was requested to do the study from the Western Cape Education department and the three relevant schools. Permission was granted by all parties and meetings were arranged with the representative teachers to discuss the study. The role of the schools, teachers and learners were explained in these meetings. Teachers were generally very excited about the study and gave their full participation and support. We (the teachers and I) then set up a date for data collection, and based on the inclusion criteria stipulated above teachers recruited the participants. The relevant documentation that the learners and their parents were to read and complete before

they could participate in the study was provided to the teachers to disperse to those who wanted to participate. These were the information sheets (see appendix A<sub>1</sub> & A<sub>2</sub> and B<sub>1</sub> & B<sub>2</sub>), informed assent (see appendix C<sub>1</sub> & C<sub>2</sub>) and consent forms (see appendix D<sub>1</sub> & D<sub>2</sub>). These forms clearly stated what the study was about, what is expected from the learners and what, if any, the risks are for participation, while also stating that assistance will be provided if anyone experienced difficulties related to the study. It further elaborated on issues such as confidentiality, anonymity and respect, by explaining that it is their personal information that will be kept confidential and anonymous, and that the information gathered throughout the focus group will be included in the final report of the study. Once these forms were completed and consent was obtained, the data collection process proceeded. Before each of the focus group commenced, the participants' part in the study, as well as duration of the data collection procedure was explained in detail to ensure voluntary participation. Furthermore, the participants were also asked to keep the information shared confidential.

### 3.5 Data collection

Focus group discussions were used to gather information. A focus group refers to a research interview conducted with a group of participants who share similar backgrounds and often, heterogeneous interests and attitudes towards a particular phenomenon (Terre Blanche et al., 2006; Morgan, 1988, as cited in Creswell, 2007). According to Morgan (1988) focus groups are useful when investigating *what* individuals think about phenomena, thus this technique was the best suited for the aims and objectives of the study (as cited in Barbour, 2007).

One focus group, consisting of between five and eight participants, was conducted per school. The size of the focus groups was steered by Creswell (2007), who argues that a maximum of eight participants are adequate for focus groups, as it makes the process less demanding to moderate and analyse, and allows the researcher to “identify individual voices” as well and explore the differences in views of the participants (p. 60). Open-ended questions were asked according to a semi-structured discussion guide (see appendix E<sub>1</sub> & E<sub>2</sub>), and probing was used to acquire an in-depth and authentic understanding of their perceptions. Focus groups were conducted in English and Afrikaans as requested from the participants, and lasted approximately 30 to 50 minutes. With the permission of the participants, the discussions were recorded and transcribed verbatim.

### 3.6 Data analysis technique

Data analysis methods used with qualitative research should be able to capture the true essence of the phenomenon under investigation as explained by the participants. The emphasis is thus on language and the meaning, understanding and experiences of phenomena in context, hence Visser (2007: 84) states that methods that use “words as data to understand peoples’ interpretation of experience” should be employed. Thematic analysis was therefore adopted for this study.

Thematic analysis is a method used to identify and analyse emerging themes, which are initially embedded in the gathered information, and recognises that a specified theoretical framework carries a number of assumptions about the nature of the gathered information and can, therefore, not be ignored (Braun & Clarke, 2006). As

suggested by Braun and Clarke (2006), I followed a six-step procedure when conducting the thematic analysis.

The first step was to familiarise myself with the gathered information. I listened to the recordings in an attempt to understand the information and then transcribed it verbatim to be able to adequately report on the findings.

Secondly, I systematically coded the information. This means that I reviewed the transcription, noted down key words or phrases that have meaning in relation to my aims and objectives. Key phrases that do not directly link to the objectives were also noted, as qualitative research is concerned with phenomena from the participants' perspective and is therefore interested in obtaining rich, detailed, subjective and intersubjective accounts of the phenomenon under investigation (Terre Blanche et al., 2006).

Thirdly, the codes were collated into potential themes. This means that the codes were reviewed and clustered to form themes that overarch various codes. While doing this step four was also implemented. This involved reviewing the themes in relation to the potential codes in order to generate clear definitions and labels for the themes (step five). Finally, once a set of "fully worked-out themes" were identified, I started reviewing the themes in relation to literature in an attempt to produce a comprehensive report of learners' perceptions of the factors that influence methamphetamine use (Braun & Clarke, 2006: 87).

### 3.7 Reflexivity

Reflexivity refers to the researcher acknowledging his/her role within the research process (Finlay, 2003; Terre Blanche et al., 2006). In employing a method such as qualitative thematic analysis, that uses interpretation as a means to thematise the gathered information, it is of utmost importance that the researcher remains self-aware of own biases, views and preconceived assumptions as these could influence the research process and outcomes (Terre Blanche et al., 2006).

The qualitative approach was thus favoured as I adopt the stance that reality is internal and subjective, and constructed based on personal experiences. I also acknowledge that the only way for me to obtain an authentic understanding of school-learners' perceptions of the factors that influence methamphetamine use, I needed to investigate this phenomena from an inside perspective and thus I recognise that the findings are contextual.

I believe that a given situation should not only be analysed from a singular standpoint but that there are multiple influences that shape that reality. This openness allowed and assisted me in my study. I also found the study rather self-fulfilling as it allowed me to shape my perceptions of what might contribute to the increase or decrease of methamphetamine use as well. The school-learners' thoughts stimulated other influences that I might not have thought of but is still important contributions that can be used to tackle the high drug rate, especially in Cape Town. It was interesting to see how much these learners actually knew about the drug and its consequences. Almost every learner knew someone using this drug with some of them actually living with users. Those learners made me realise that even though they were participants in this

study, they are the ones that are touched by these crime rates and drug driven urges and that future research in this area should not be bound by research barriers but should be stimulated in an attempt to provide social change as suggested by Participatory Action Research and Critical theorists.

It was also a challenge for me to get all the participants to partake in the discussions. Not all of them provided their views or said anything, but it was clear that they were listening and reflecting on what has been said. It was also difficult for me not to make any promises of assistance. I feel very strongly about community enrichment and empowerment that I had to remind myself not to get too involved. Seeing such young learners going through these challenges made me grateful for my life and the way I was raised, but also empowered my urge to assist. I am thus obliged to use my expertise in the line of empowerment, upliftment and advocacy and thus argue not just to document, but to implement.

### 3.8 Ethical considerations

Participants were fully informed of the nature of the study, its aims and objections, and their anticipated part in this study. Voluntary and informed consent were obtained as each of the participants and their parents signed an assent or consent form. Informed consent means that the participants knowingly give consent to partake in the study without coercion, fraud or manipulation (Berg, 2001; Terre Blanche et al., 2006). The participants' right to anonymity and confidentiality were also respected and before the focus groups commenced, it was requested that the participants keep the information discussed during the focus group confidential as well. The information that was collected was secured in a safe location and was only discussed

amongst the researcher and supervisor, which was also explained to the participants. Participants were informed that they have the right to withdraw at any time and that they are under no obligation to participate. No trauma was experienced throughout the course of this study, however, if during the interviews the participants' experienced any trauma or difficulties relating to the topic counselling sessions were available from SELFHELP Manenberg (Counselling NGO in Manenberg). Finally, feedback about the study will be given to those who have participated in the study in a form of a summary report.

## CHAPTER 4

### FINDINGS

#### 4.1 Introduction

The obtained information was analysed using thematic analysis which revealed the major themes and sub-themes that will be discussed here. Three major themes emerged from the focus group discussions:

*Knowledge of methamphetamine and its uses*

*Perceptions of methamphetamine and users*

*Perceptions of the factors that influence methamphetamine use*

#### 4.2 Knowledge of methamphetamine and its uses

Learners generally had an accurate and broad amount of knowledge about methamphetamine, in terms of what it looks like, how it is used and its effects and consequences. Learners could also elaborate on where this drug is used, accessibility of the drug as well as whom they perceive were the predominant users in the Manenberg community. A definite link between methamphetamine use and certain crimes were also acknowledged with a strong link noted between use of this drug and stealing. Lastly, learners also noted a possible link between methamphetamine use and use of other drugs or simultaneous use of meth with other substances.

Learners were also asked to elaborate on the first time they were introduced to this drug and many expressed that this drug has been on the market for quite a while and thus they know about this drug for years. Some reported being introduced to this drug in primary school while others stated that they heard about this drug from friends who have used it, the media (television), or via community members.

#### 4.2.1 Characteristics of methamphetamine

Participants generally referred to meth as a white or “see-through” substance that resembles salt-like crystals, which can be purchased in a ‘bankie’ (a slang name for a small bag) and not sold in a straw as before. Prices, they stated, range from R20 to R50 or more, depending on the amount you want. They explained the following:

Group 1, female participant 2: “*It looks like crystals...white*”

Group 1, male participant 2: “*It looks like crystals: that’s why it’s called crystal meth...It’s like that white goetertjies man... Like salt... White*”

Group 1, female participant 1: [it is] “*White and sometimes cream*”

Group 2, female participant 1: “*Is ‘crystals’... wit... Is groter as sout...*”

Group 3, male participant: “*It lyk so souterig*”

Group 3, male participant 2: “*Wit, klein goetertjies. So ‘see througherig’*”

Group 3, female participant 1: “*It lyk soos die growwe sout... ja is wit*”

When asked whether different types or colours of methamphetamine exists, majority of the participants said no, stating that only one type exists, however one participant explained that tik is now being added into sweets to produce what it called ‘strawberry tik’. She explains:

Group 2, female participant 2: “*daar is net nou daai nuwe... daai wat hulle sê... daai wat die kinders... daai strawberry tik goeters... wat hulle sê daar is tik in. Ek dink dai is in ‘colours’ in. Dai wat uhm... is amper soos lekkers goeters man...*”

Another participant elaborated on what is called 'evergreen', which is a type of 'tik' that produces green smoke when it is lit. He explains that this tik is the same as the normal type but just produces a green smoke:

Group 2, male participant 1: *“As jy dit rook is die colour mos nou nie dieselfde nie... it is different, dan weet jy mos nou is ‘Evergreen’. Die anders maak net soos ‘n sigarette: it maak net wit rook, so dié een maak nou wit rook en die ander een maak mos nou so ‘n groen...”*

#### 4.2.2 Addiction

Participants perceived methamphetamine to be a dangerous and highly addictive drug, stating that it only takes one 'hit' for an individual to become addicted to the drug.

Group 3, male participant 3: *“hulle het mos gese daai is die enigste drug wat... is nie soos ander drugs nie. As jy dit een keer gebruik dan is jy addicted”*

Group 1, male participant 3: *“they say once you've used it once, then you're addicted. And it's very hard to get off it”*

#### 4.2.3 Mode of administration

Learners were well informed about the usage of this drug. In agreement to the method of use explained by Plüddemann et al. (2007), Morris and Parry (2006) and SATFBB (2006) above, the learners explained the following:

Group 3, male participant 1: *“Sê nou jy het die pakkie nuh... dan gooi jy dit miskien*

*nou op jou hand, dan is daar 'n gatjie innie lolly in dan gooi jy die tik daarin. Dan hou jy nou die gatjie bo dan brand hulle it tot it smelt dan kom daar sulke rook uit. En dan trek hulle die rook in."*

Group 3, female participant 2: "*Ja. Jy gooi die tik daar in [referring to the lolly] en dan steek jy die lighter aan dan trek jy so [showing with mouth how to inhale the smoke]"*

Group 2, female participant 1: "*... is rond en dan is daar 'n gatjie... dan gooi hulle it daar in en dan amper soos hulle rol it en dan sit hulle die lighter daar en dan ko daar sulke rook uit..."*

Group 2, female participant 2: "*Hulle gooi dit in 'n lolly en dan brand hulle dit vas... Amper soos 'n globe uhh, but it is glas..."*

Group 1, female participant 1: "*... some use it in through a globe"*

Group 1, male participant 2: "*A globe is like a globe... (laughter)... and a lollie is so thin... Then you gooi the stuff"*

Some learners also recognised that meth can be used orally or in other ways.

Group 3, female participant 1: "*Daar is ander maniere ook. Sommige mense kan dit in foil gebruik..."*

Group 3, female participant 3: "*...of op hulle tong"*

#### *4.2.4 Demographics of users*

Learners were asked to state who they perceived as the predominant users in the community and provided an approximate depiction of the predominant users in Manenberg. Some of the learners perceived both males and females to use

methamphetamine, while many agreed that methamphetamine use is more prevalent amongst males than females. In accordance with Parry et al. (2007), Maseko et al. (2003), SACENDU (2008) and CTDCC (2008), it was also found here, that more younger than older individuals were perceived to use this drug:

Group 2, female participant 2: “*meestal teenagers gebruik dit... se ma van teenagers af op*”

Group 1, female participant 1: “*its more younger people than older people [that use this drug]*”

Group 3, female participant 2: “*daar is baie jong meisies wat dit [tik] gebruik... teenagers. Maar groot mans ook, but nie baie nie... meer jong mans*”

#### 4.2.5 Place of use

Learners stated that methamphetamine can be used anywhere and that one cannot assign one specific venue for the use of this drug, but many of the participants perceived toilets as the most common place where the drug will be used:

Group 1, male participant 2: “*anywhere... anywhere they get a kwaai [cool] place*”

Group 1, female participant 1: “*at home... in the toilet... in a car... by the beach...*”

Group 3, female participant 2: “*hulle kan op enige plek tik... soema op straat, by die huis... toilets*”

Group 2, female participant 3: “*jy kan dit enige plek doen...*”

Group 2, female participant 1: “*jy kan dit even op die skool ook doen...*”

Two of the participants also noted that users could also get together at ‘tik’-parties to indulge in this drug. They explained:

Group 3, female participant 3: “*daar is parties waar hulle tik... of hulle gaan na tik parties toe*”

Group 3, female participant 2: “*ja, jy kry die tik kamer... die dagga kamer... dans kamer...*”

Methamphetamine is then seen as a social drug that may be used in different locations; from clubs to almost anywhere.

#### 4.2.6 Accessibility

Gfk Roper Public affairs & media (2007) along with SAFTBB (2006) emphasize that methamphetamine is easily accessible. Learners confirmed this notion. They attributed the easy accessibility of methamphetamine to the many ‘merchants’ (drug lords) that operate in Manenberg and stated that anyone and everyone know where to obtain this drug.

Group 1, female participant 1: “*Anywhere... anywhere. They [referring to the people of Manenberg] will take you to the merchants*”

Group 1, male participant 2: “*yes, they will take you to the merchants. And there is so a lot of merchants. Tik is not like you must travel from here to Cape Town to buy a bankie...*”

One learner also stated that it is the easy accessibility of this drug that could be seen as a contributory factor to the high levels of methamphetamine users in Manenberg. He noted:

Group 3, male participant 3: “*ek dink omdat jy dit by enige plek naby kan kry [that makes people use the drug]...*”

#### *4.2.7 Effects and consequences*

Learners were asked what they knew about the effects and consequences attached to methamphetamine usage. Questions were structured around short- and long-term effects and consequences. The short-term effects noted by the learners were mostly focussed on the euphoric and behavioural consequences of this drug while long-term effects and consequences included more physical effects as well as the social consequences of methamphetamine use.

##### *4.2.7.1 Short-term effects*

###### *4.2.7.1.1 Behavioural effects*

Some learners stated that meth use has an effect on the eyes of the users, making it either red, big or both. Others, however, expressed that it is not always easy to detect whether someone has used the drug, because some people look “normal” when on the drug. Majority of the learners highlighted the euphoric qualities of this drug, noting that meth makes you “high” and perform unusual behaviours. Learners explained:

Group 2, female participant, 1: “*it makes you clean a lot.*”

Group 2, female participant 3: “*loop op en af, maak die hele huis skoon...*”

Group 1, female participant 2: “*You pull faces*”

Group 1, male participant 3: “*you will run fifty times around the block [without being] tired*”

Group 2, female participant 2: “*Hulle wil net besig wees, hulle kan nie slaap nie*”

Group 3, female participant 2: “*jy jump sommer op die goeters*”

Group 3, male participant 2: “*Jy kan nie slaap nie*”

Group 2, female participant 2: “*You talk a lot... you talk aanmekaar*”

Group 2, female participant 1: “*and you don’t eat*”

Group 2, male participant 3: “*and you don’t sleep*”

Group 2, female participant, 1: “*and it somme keep you awake for two days*”

Group 3, female participant 2: “*jy praat aan een*”

#### 4.2.7.1.2 Euphoric effects

Learners explained that this drug induces feelings of being paranoid, hyper and aggressive. Unusual behaviours of users were largely linked to the hyperactive feelings the drug induces.

Group 2, female participant 3: “*Jy is paranoid... [when you’re on this drug]*”

Group 2, female participant 3: “*Ja, is amper soos jy trip...Paranoid*”

Group 3, female participant 2: “*ja jy is perrie [paranoid]*”

Group 3, male participant 2: “*jou mood swing gou...*”

Group 3, male participant 1: “*Jou mood swing gou en jy is perrie [paranoid]*”

Group 2, male participant 1: “*Hulle sien goeters... hulle hallucinate*”

Group 3 female participant 1: “*ja en jy sien sommer goeters*”

Group 3, female participant 2: “*uhh of jy sien goedtjies op die dak*”

Group 3, female participant 3: *“sommige van die tikkers glo mos as hulle tik dan... is hulle baie op hulle vel. Dan knip hulle sommer hier enige ding, dan sien hulle simmer daar is iets wat hulle byt of so iets”*

Group 2, female participant 3: *“En sê ma nou it trek uit dan wil hulle heel dag slaap. Of sê ma nou it begin uit te trek dan soek hulle miskien moeilikheid saam met iemand of hulle stry onnodig. Is ampe so hulle kan nie hulle sin kry nie”*

Group 3, male participant 2: *“en partykeer raak jy aggressive ook”*

Group 3, female participant, 1: *“jy gaan net uit dan ko jy terug in en se nou jy’s affakerag, jy nou net ge smile nou’s jy affakerag”*

Even though reference was made on the link between meth use and aggressive behaviours, no direct link was noted between meth use and grievous criminal acts.

#### 4.2.7.2 Long-term effects and consequences

Participants generally stressed the acidic nature of tik and how this drug ‘eats’ the bodies and minds of users. The long-term effects noted by the learners were based on this consideration and two of the participants collaboratively explained how dangerous the drug is based on their experience:

Group 3, male participant 2: *“ons het ‘n experiment gesien, dan maak hulle tik ...en dan gooi hulle dit so op die tissue hie by jou brein, dan wys dit jou hoe dit in sink”*

Group 3, female participant 1 : *“...uhh dan kom daar gatjies dan maak dit sink...”*

Group 3, male participant 2: *“... tik is dan acid... dit eet aan jou”*

Others agreed and expressed :

Group 2, female participant 3: *“Ja! It eet mos aan jou body binne in en aan jou brein en goeters...op die ou einde dan sien jy ook net jy is nie meer normal nie”*

Group 1, male participant 1: *“Even your brain also. I watched it already when ‘Special Assignment’ came on they say there, they show like X-rays of your brain it like vreet weg”*

Group 1, male participant 3: *“you get sick...”*

Group 1, female participant 2: *“get thin”*

Group 1, female participant 2: *“Every time you take a hit then it takes part of your brain... On your whole body”*

Group 1, male participant 1: *“And their eyes is just so [showing big eyes]”*

Group 1, female participant 3: *“And I think this get darker [showing the area under the eyes]”*

Group 3, female participant 2: *“daar kan ‘n gat in jou hart in kom”*

Group 3, female participant 3: *“daar kan klomp gate in jou hart en in jou brein”*

Group 3, female participant, 1: *“breinselle... dit vernietig dit”*

Group 3, female participant 2: *“jy raak maer”*

Two participants also noted the link between substance use and deficiency in familial relationships.

Group 2, female participant 2: *“Dit breek families ook uitmekaar uit. Dit maak dat hulle [parents] nie meer tyd het van hulle kinders nie”*

Group 3, female participant 2: *“...die ma is ook never minded en die ma’s werk hard*

*en dan is daar nie eers 'n pa by die huis nie... tik breek families op...*

#### 4.2.8 Methamphetamine and other drugs

Three learners expressed that previous substance use could lead to methamphetamine use, while others expressed that people may use this drug even though they have never abused substances before.

Group 2, female participant 3: *“Dan gaan jy na drugs toe wat vir jou worsere laat voel... nie worsere nie, but daai tik is nou te lig...”*

Group 1, female participant 1: *“Because if you have a craving and this one is coming in with ‘beat’ and say ‘do you wana beat’, you going to beat with that person. Because you want to tik but there’s no tik for you, so you going to beat”* [beat is another name for heroine]

Group 2, male participant: *“Once jy lank op tik is dan change jy dit oor na ‘oenga’ toe.”*

‘Oenga’ and ‘beat’, learners explained, is the same thing but different to ‘tik’. They explained that with oenga one would use foil as a mode of administration, but could not provide any other information about the drug other than stating that more people are using ‘tik’ as opposed to oenga or beat.

Some of the learners also noted that methamphetamine may be used in conjunction with other drugs and not only because of previous drug abuse. They expressed:

Group 1, male participant 3: *“They mix dagga with the flavour”*

Group 2, female participant 3: *“En jy rock ook saam, jy drop ‘E’s en ‘Buttons’”*

Group 3, female participant 3: *“somtyds rafel hulle uit dan gebruik hulle E en gooi die tik in die okkapyp”*

Group 3, female participant 3: *“sommige mense wat buttons rook wat ek ken... gooi die tik in met die dagga dan rook hulle dit”*

#### 4.2.9 Methamphetamine and crime

A definite link between methamphetamine and certain crimes were also noted by the learners. They generally focussed on the link between meth use and stealing.

Group 1, male participant 2: *“they will do anything... they will steal books... really the will steal the stupidest stuff just to sell it...”*

Group 3, female participant 2: *“hulle steel sodat hulle tik kan gaan koop”*

Group 3, female participant 2: *“ek het ook n broer wat tik gebruik en hy steel omtrent. Hy sê nou hy gaan nie weer steel nie, more dan los ons hom nou dan sien ons net hier is die weg hier is dai weg”*

Group 1, male participant 3: *“once they on it then they like... You know some of them don’t work... most of them don’t work. And the craving they will steal anything from you”*

Learners commonly perceived this criminal act to be linked to the need for the drug; the craving. Users were perceived to steal to obtain funds to purchase the drug as opposed to stealing because of the effects of the drug.

### 4.3. Perceptions of methamphetamine and those using the drug

Learners perceived methamphetamine to be a big social problem in the community of Manenberg. It was thus not surprising that learners generally expressed negative perceptions about methamphetamine users. Learners thought that there was something mentally wrong with people who consciously decide to use this drug.

Group 2, female participant 3: *“Ek dink niks van hulle nie, want hulle dink niks van hulle self nie”*

Group 1, female participant, 1: *“[they] Mad”*

Group 1, female participant 2: *“[they] Stupid”*

Group 1, male participant 1: *“They mad man”*

Group 3, female participant 2: *“ek dink jy wat sien nou daai person tik jy sien wat doen it aan hom. More as hulle vir jou sê try dit dan doen is jy net so stupid, dan jy try it ook.”*

Group 3, male participant 3: *“hulle is nie reg nie”*

#### *4.3.1 Perceived availability of knowledge about meth*

The participants were asked whether they think there is enough information available on this drug. Many of the learners expressed that there is an excess of information available on this drug and its effects, while others suggested that we consider other contributory factors to this drug and not just focus on whether users have information on this drug.

Group 2, female participant 3: *“Mense wat tik weet wat hulle doen “*

Group 2, female participant, 1: *“En hulle weet wat is in die tik”.*

Group 2, female participant 3: “*Hulle het [genoeg inligting]*”

Group 1, male participant 2: “*If you don’t know the affects then you’re just a idiot!...*

*No really, coz then I don’t know in what world you’re living in. Because it’s so popular everybody is using it. You telling me you don’t know what is tik? You thought it’s a sweet?...”*

Group 1, female participant 3: “*And how can you not know the affects when you know theres people that’s tikking?...”*

One of the participants, however, felt that there is not an adequate amount of information available and argued:

Group 3, female participant 1: “*ha a ek dink nie daar is genoeg inligting oor tik beskikbaar nie, hulle weet nie wat hulle doen nie... waarvoor hulle hulleself inlaat nie... maar daar is programme van daai, maar nie genoeg nie...”*

#### 4.4 Learners’ perceptions of the factors that influence methamphetamine use

##### 4.4.1 *Learners views of the Factors that would increase or perpetuate methamphetamine use*

Four risk factors emerged through out the focus group discussions namely: parental substance use, peer pressure, poverty, and personal issues.

#### 4.4.1.1 Parental substance abuse

Learners perceived parents who use drugs and other substances were poor role models for youth, by illustrating that methamphetamine use, amongst other drugs, are acceptable.

Group 2, female participant 2: *“Uhh, want somtyds miskien nou soos ek maak net ‘n voorbeeld, miskien nou soos die kinders. Hulle vat dit so my ma doen dit en omdat my ma dit doen ek kan dit ook mos doen. Want die ma is nie ‘n voorbeeld vir die kinders nie, ook nie die pa’s nie”*

Group 2, male participant 1: *“En groot mense hulle is ook nie ‘n voorbeeld vir die anders nie”*

Group 1, female participant 1: *“They do what their mothers do”*

Group 1, female participant 2: *“And some of the daddys do it then the children see and then they wanna try it”*

#### 4.4.1.2 Peer pressure, peer use and fitting in

Peer pressure was another prominent theme that derived from the discussions. Learners in this study emphasised the influence peer pressure has on decisions regarding methamphetamine use. They stated that it is the need to ‘fit in’, curiosity and to be accepted by friends that drives many to use methamphetamine. Learners expressed that if an individual has friends who use this drug chances are higher that they would start using as they would have the need to fit in or rather not ‘feel out’ when friends are high. Consider the following quotes:

Group 1, male participant 1: *“because... You never know maybe now one of your*

*small friends that you always see playing here... now one of there friends... now do it they influence that person to do it, now once you do it once you're hooked. You can't come off'*

Group 1, male participant 2: *"And friends that follow their friends"*

Group 2, female participant 3: *"As jy miskien uitgaan met jou vriende miskien nou en hulle tik, want hulle wil high voel. Nou jy wil nie uit voel nie nou gaan jy dit ook maar doen nou raak jy addicted daar aan en dan tik jy ook maar nou net al aan. Jy gaan dit mos nie net doen vir daai een keer nie. Daarom gaan jy dit elke keer doen as julle uitgaan, want dit voel mos lekker"*

One learner also attached a cultural norm to methamphetamine use, linking it to gangsterism. She explained that youngsters start using this drug as they want to be like gangsters and to fit into an older social group. Other participants did not express any macro influences as contributing to or decreasing methamphetamine use as some suggest (Gosap, 2003; Wills et al., 2003; Torres Stone et al., 2005).

#### 4.4.1.3 Poverty and problems

Many participants perceived financial needs and difficulties as an influence on 'tik' use. They expressed that people use this drug to make them forget about the financial needs and problems they might be going through at home or in their personal sphere and perceive meth use as a 'way out'.

Group 3, female participant 3: *"ek dink dit is poverty wat die mense dryf na drugs toe... poverty kom met klomp responsibility en problems"*

Group 1, male participant 3: *"Maybe their mommy is fighting... there's no food..."*

*They mos say once they tik that's the only thing they need... not still food...  
Once they have their tik then they happy... like I said it sorts out all your  
problems, yor like if you have problems in the house...“*

Group 1, female participant 2: *“problems at home”*

Group 1, male participant 2: *“some people have like problems...at their house and  
they think now that's the only way to escape this problem and then they keep  
on using the drug even if they were by rehab”*

Group 3, female participant 2: *”somtyds is dit miskien dat jy het nie ‘n huis nie, jy is  
dik van die lewe al...”*

The problems noted in the above quotes were directly linked to poverty or socio-economic conditions. Researchers such as Brook et al. (2006) Maseko et al. (2003) Rauch & Huba, (1991) have recommended that environmental stressors and other stressful life events, such as these should then be considered as risk factors for methamphetamine use.

#### *4.4.2 Learners' views of the factors that would decrease use or probability of use starting*

Learners were asked, here, to elaborate on what they thought are the factors that would decrease individuals to use methamphetamine or decrease the probability of individuals starting to use the drug. Learners were also asked to express who they perceived are the structures or people who are responsible for the meth problem in Manenberg.

The learners expressed that there are specific structures that should be held accountable for the meth problem in Manenberg. They expressed that intervention

strategies implemented by the government, and other community level structures, need to be improved in order for meth use in Manenberg to decrease. Most of the learners also stressed that ‘prevention is better than cure’ by educating as this would inform individuals about how harmful the drug is and this decrease the probability of new users emerging.

#### 4.4.2.1 Responsibility

##### 4.4.2.1.1 Structures

Learners generally pointed to specific structures that should be held accountable for methamphetamine abuse in Manenberg. Some noted that it is the justice systems, including the government, police and law systems that are responsible because they are not doing an adequate job in preventing or intervening with methamphetamine users. Consider the following two quotes regarding who is responsible for the meth phenomena in Manenberg.

Group 3, male participant 2: *“Die government en die army... want hulle het die army toegelaat om dit te gebruik”*

Group 1, male participant 2: *“Cause the law they say they working on it but there’s no progress... They not working hard enough”*

Along with this learners also felt that it is the inventors of the drug that needs to be held accountable for the high drug rate in Manenberg, stating that “whoever invented the tik” (Group 1, male participant 2) is responsible. They further expressed that in order for methamphetamine use to decrease, the merchants and producers of the drug

need to be eradicated and to do this, the community of Manenberg should stand together:

Group 2, female participant 3: “*Weet hulle nie miskien hoe of wie maak die tik goeters nie, hoe kan ‘n mens sê like a fabriek of ‘n ding wat it maak mos nou. Hulle kan mos daai mense toe maak of iets*”

Group 2, female participant 2: “*En die drug lords ook uit te werk uit die community uit, coz hulle is die mense wat die goeters verkoop...*”

Group 1, female participant 3: [we must] “*Take the law into our own hands*”

This they felt would dramatically decrease the use of methamphetamine in Manenberg, and some of them were willing to go to extreme lengths, such as bombing the houses of the merchants, to combat the methamphetamine phenomena in Manenberg.

#### 4.4.2.1.2 User

Learners also felt that the users themselves needs to be held responsible for using the drug and combating their problem. As most of the learners thought that there is enough information available about this drug, they expressed that users know what they are doing and thus the responsibility should go to them for the high drug use in general and in Manenberg specifically.

Group 1, male participant 2: “*... but it starts with the person that use it also*”

Group 1, female participant 2: “*Yes you are, cause you know what you’re doing and you know what kind of affects its gona be on you*”

Group 2, female participant 3: “*Die mense self wat dit gebruik... [is responsible]*”

The learners also generally perceived that users can combat their addiction but only if they are committed to change. The responsibility for change in the community is thus also shifted on to the user. They did, however note that the prices of these rehabilitation facilities make it almost impossible for those users in the Manenberg area to admit themselves because of the high prices and thus recommended that decreasing prices would aid as a means to decrease ongoing use of methamphetamine.

#### 4.4.2.2 Prevention strategies

Learners expressed that focus should be on preventing methamphetamine use, and not only on intervening. They expressed:

Group 1, female participant 3: “*Like if you educate a person that is not on drugs then I can assure you that person is not going on drugs because that person knows what the affects are and what it does to you “*

Group 1, male participant 2: “*Ja prevention...Then it’s more better. Because now you gonna go to try to get people off it that is already on it then there is more children going on it. Rather prevent the children that’s not on from doing it.”*

About half of the learners noted that prevention and intervention strategies do work but can be improved, by using materials that would capture individuals’ attention. They thus recommended that more visual materials be used, such as pictures, to explain the effects and consequences of the drug, as well as inviting people who have used the drug to speak to learners as opposed to only ‘lecturing’ them on the drug:

Group 1, male participant 2: *“...this people that do the rehab and stuff... like say ma now they educate the children, they bring like someone that was on drugs and that person come and explain how he felt and what experience and stuff”*

Similar practical recommendations were made for intervention strategies:

Group 1, female participant 2: *“If you can put them in front of a big mirror and let them look at themselves then, coz I don’t think they do. Let them see how... what tik is doing to them then maybe... “*

Group1, male participant 1: *“ Let them look at the photo’s they had in the past when they weren’t tikking.”*

#### 4.4.2.3 Interventions

Many of the learners stressed that more assistance is needed for rehabilitated users once they are released from rehab in terms of dealing with peer pressure and other social pressures that may arise when they are released into the environment where their substance usage started. Assistance in terms of recreational activities for users was also recommended by one of the learners.

Group 1, female participant 1: *“It’s uhm... when you in rehab you can’t even wait to get out to start again. Or you want to you trying to stop but then you see your friends again. Then they go and tik again”*

Group 2, female participant 2: *“Soos nou ek dink as daar ‘n ander person inkom van*

*'n ander plek af of whatever, of miskien nou soos wat is die plek se naam hier die centre? Waar hulle kan kom, meeste van die mans is tog ma by die huis wat drugs doen waar hulle vir hulle kan besig hou met dinge. Maybe vir hulle leer craft of something om iets te doen net om hulle minds besig te hou sodat hulle nie kan dink aan sulke goed nie ja'*

#### 4.5 Conclusion

This section provided the major themes that emerged from the focus groups. The next section will discuss and interpret the key findings and link them to Bronfenbrenner's ecological systems theory.

## CHAPTER 5

### INTERPRETATION OF THEMES AND DISCUSSION

#### 5.1 Introduction

This section will discuss and interpret the major themes of the study as presented in chapter 4. The current study sought to gain insight to what learners in Manenberg perceived to be the factors that influence methamphetamine use. Participants were probed in three areas namely: their knowledge about methamphetamine and its uses, their perception of methamphetamine and users of the drug, and lastly their perceptions of the factors that would increase methamphetamine use of users or new users emerging as well as decrease methamphetamine use or probability of use occurring.

The major themes of this study were then learners' knowledge about the drug, perceptions of the drug and users of the drug, and perceptions of the factors that influence use as set out in the objectives of the study.

#### 5.2 Knowledge of methamphetamine

Methamphetamine is a synthetic addictive stimulant, which can be snorted, orally taken or injected, but it's most popular mode of administration in Cape Town is smoking, by use of a light bulb or an instrument known to common users as a 'lolly' (Pluddemann et al., 2007; Morris & Parry, 2006). This is done by placing the powdery or crystal substance in the 'lolly', and heating it with a lighter until the fumes comes out. These fumes are then inhaled to get that "extremely pleasurable rush" (South African Travel Forum & Bulletin Board (SATFBB), 2006). Methamphetamine holds

a variety of long-term and short-term consequences which includes an intense sense of euphoria (a 'high') or severe consequences such as mental health difficulties or cardiovascular problems (Pluddemann et al, 2007; Herman- Stahl, Kabs, Kroutil & Heller, 2006; SATFBB, 2006). Short-term effects include euphoria, increasing confidence, a curbed appetite, irritability, anxiety, and pleasurable feelings (SATFBB, 2006; Pluddemann et al., 2007; Health 24, 2008). These effects differ for every user and with the amount of meth that is taken.

In all, learners had an accurate and broad amount of knowledge about methamphetamine, its uses, and effects and consequences. Every learner knew what the drug was, how it is used, how addictive the drug is and the consequences of using the drug. Learners expressed that they were introduced to these facts by community members, friends who have used it, and the media (television). Also, everyone knew someone who have, or is, using the drug and it is this that made them so knowledgeable about the drug.

Learners also elaborated on the predominant users of meth in the area of Manenberg. They agreed that more youngsters than older individuals use this drug and that both males and females use the drug. They also stated that the ages of users are currently decreasing with more of the younger children starting to use this drug. When reviewing the prevalence statistics for this drug provided by SACENDU (2009), one notices that from January 2008 to December 2008 there has been an increase of users between the ages of 10 and 14. This then strengthens their argument, which means that youngsters are starting to use this drug and thus interventions should now not only be directed at high or secondary schools, but towards the younger population too.

As will be discussed later, various factors may be influencing this such as peer pressure and the need to fit or be like older kids and parental modelling.

Learners further expressed that meth is also a very accessible drug. They explained that there are many merchants of selling this drug in Manenberg, making it very popular. This may then also contribute to why children obtain this drug as it is highly addictive but also easily accessible. Another contributory factor here is that learners all agreed that this drug can also be used anywhere and anytime; from a party to a toilet. Some of the learners also stated that “tik parties” may also be held at times, where the objective is to indulge in this drug through out the party. Some scholars refer this drug along with other substances such as ecstasy, amphetamine or alcohol as ‘club drugs’ (see Hoberg, 2001 and Freese, Miotto & Reback, 2002), however a definite shift has emerged in this area from using this substance only to ‘have a good time’, to using it because of addiction and need.

A substantial amount of knowledge about the effects and consequences of this drug was also provided by the learners. In accordance with the literature, learners stated that meth use leads to and alters behaviour (see Moleko, 2007), has short term euphoric effects (see SATFBB, 2006; Pluddemann et al., 2007; Health 24, 2008), and holds long-term effects and consequences such as mental health difficulties (see Pluddemann et al, 2007; Herman- Stahl et al.,2006; SATFBB, 2006).

To sum, learners had a broad knowledge span about meth which was largely based on first hand experiences of users. This finding can be seen in a positive light because it is very beneficial for youth to be knowledgeable about the drug, as this could decrease their probability of using the drug but, the first hand experience or exposure of the

negative consequences of meth can also be detrimental for the well-being of these learners especially for those residing with users. As learners stated, and possibly experienced, there is a definite link between meth use and certain crimes such as stealing, and also aggressive behaviours. Aggressive behaviours could then lead to violent behaviours and exposure to violence have been found to have a negative impact on the well-being of youngsters (Raviv, Raviv, Shimoni, Fox & Leavitt, 1999; Schwartz & Proctor, 2000).

### 5.3 Perception of meth and users

Methamphetamine and the users of this drug were generally perceived in a negative manner. Learners expressed strong disgust for users and justified this by explaining that there is information available about this drug and it thus seemed “stupid” or “mad” to even try the drug out of curiosity or to continue use of the drug. They did, however, perceive this drug as very addictive and this perception seemed to have been acting as a protective factor for these learners to not start using the drug. Learners’ perceptions were also strongly shaped based on their personal experiences of the drug as all of the participants knew someone addicted to the drug. This includes living with addicts thus seeing the consequences the drug could have on users.

Recent studies relating to perceptions of methamphetamine and other substances reported similar findings. PATS (2008) for example reported that adolescents perceived methamphetamine use as holding negative consequences for users such as addiction, death and paranoia in their annual report on teen drug use. IMP (2009) also found that youth became more aware of the negative effects of methamphetamine. They reported that an increase in perceived risk of using this drug for both teens and

young adults. Teens' perceived risk of methamphetamine increased with 8% from 2008 and young adults with 9%. The findings of this study is also supported by Kubicek et al. (2007) as they too found adolescents to perceive methamphetamine use as a risk but contrary to the current study, adolescents still reported methamphetamine as possessing certain positive effects such as enhancing energy, sexual pleasure, concentration and happiness.

Earlier studies on perceptions of methamphetamine use supported the latter mentioned finding by Kubicek et al. (2007). Parry et al. (2008) for example found in their study that men who have sex with men used this drug to enhance sexual energy and pleasure. Hoberg (2001) and Maseko et al. (2003) also reported adolescents to have positive attitudes toward this drug, and viewing the use of this drug as a norm.

A definite shift has thus emerged in terms of people's perceptions. Adolescents' initially perceived methamphetamine and other substance use as a fun way to pass time, but recent studies reveal a change to seeing substance use as holding negative consequences. It is possible, as stated before, that youth and especially the youth in this study, have altered their mindsets to perceive using this drug as unacceptable because they are exposed to the consequences of use every day. The aim of this study was not to identify protective factors for these learners, but this may be seen as a protective factor, meaning that this perception or attitude may decrease their probability of using the drug, but being exposed to these circumstances may also have an impact on the well-being of these youth.

## 5.4 Learners' perceptions of the factors that influence methamphetamine use

### 5.4.1 *Ecological systems theory and substance use*

Bronfenbrenner's ecological systems theory argues that our development is influenced by many ecological factors (Bronfenbrenner, 2005). Evaluating meth use from this perspective means that one needs to acknowledge that those who use this drug do not only use it because of individual addiction or curiosity, but that there are other factors that influenced that individual's choices to use meth or other substances. Thus, substance use is driven by ecological forces that some may be able to acknowledge and pinpoint, and also forces that are not directly involved in the development of substance use, but still have an influence on this.

When reviewing previous studies conducted on substance use, it is evident that their findings support the tenets of this theory. Many studies do not investigate the development or influences of substance use from all the levels as suggested by Bronfenbrenner, but the risk and protective factors suggested by them may all be clustered into the different ecological systems. For example, studies on substance use have investigated influences on the different levels such as the micro-level (including individual) investigating peer pressure, history of substance use, parents' use, family support, knowledge about drugs and risks associated with drug use, negative attitudes towards drugs, positive relationships with grown-ups and involvement in extramural activities (see Brook et al., 2006; Bernard, 2005; Maseko et al., 2003; Hoberg, 2001; Rauch & Huba, 1991; Oetting & Beauvais, 1990; Fox & Brown, n.d; Snedker, Herting & Walton, 2009; Gosap, 2003.); exo-level, looking at influences like environmental stressors, economic changes and difficulties, deficiency of supportive structures, unemployment, higher level of community crimes, urbanization and laws

(see Brook et al., 2006; Maseko et al., 2003; Rauch & Huba, 1991; Fox & Brown, n.d; Flisher and Charlton, 2001; Gosap); and macro-level assessing influences such as religiosity and cultural factors (see Wills et al., 2003; Torres Stone et al., 2005; Dew et al., 2007).

Studies investigating the dynamics of the meso-system and its relevance to substance use are scarce. This system refers to the connection and interactions between the structures of the microsystem that form and inform an individual's current developmental position. Linking this to meth use, one could argue that flawed relationships between parent and child could lead to that child rebelling and thus finding an identity with delinquent peers. Theories of child development, such as Piaget and Erikson point to this.

Simply put Piaget's theory argues that adolescents are enmeshed with others in their environment such as friends and families and thus their identities are shaped by others. What Erikson further states is that when individuals are confronted with uncertainty and confusion about whom they are and where they fit into society and the rest of the world; they are faced with role confusion or an identity crisis (for a full explanation of these theories, please see chapter two). This means that others in the micro-system such as friends and family, and relationship between the two, may influence the development of meth use. Now, because an adolescent is enmeshed and influenced by others, s/he might adhere to thoughts or beliefs of others and if the beliefs of his/her friends and family are different, they could develop an identity crisis. This could then lead to adolescents identifying with destructive peer groups which, in turn, may lead to substance use or other delinquent behaviours, as

adolescence has been characterized as a time where youth rebel against the rules and norms of society (Boeree, 2006; Allen, 2006). Studies in this area should be stimulated as it would allow one to investigate the extent to which confusion may lead to meth or substance use.

#### *5.4.2 Ecological systems theory and the factors that influence meth use*

The findings of the current study also provide support for the ecological systems theory. Factors that the learners perceived to influence meth use were the following: parental substance use, peer pressure, poverty, and prevention and intervention strategies. Parental substance use, peer pressure, flawed justice systems and poverty learners perceived as the factors that would increase use while prevention and intervention strategies and the improvement of these strategies were emphasised as the factors that would decrease use. Reviewing this in relation to Bronfenbrenner's theory, we see that learners perceived factors on the micro-, exo-, and macro-levels to influence substance use. On the micro-level learners reported peer pressure and parental substance use as influential. On the exo-level, they reported poverty, flawed justice systems, and prevention and intervention strategies. On the macro-level on learner stressed the influence of gang culture on substance use.

##### *5.4.2.1 Influences: micro-level*

###### *5.4.2.1.1 Personal problems*

Learners expressed that personal problems may fuel meth use. They explained that the drug would aid as an escape from issues and mostly referred to problems that are experienced in the homes of users such as financial issues or problems within the families. This is not a surprising finding as the adolescent developmental theories

such Erikson and Piaget articulate firstly that adolescence is a period of delinquency and ‘acting out’ behaviour, and secondly that conflict and confusion may lead to delinquent behaviours such as substance use, while other studies such as those conducted by Brook et al. (2005) report the relationship between poverty related issues and substance use. This will be elaborated in a later section.

#### 5.4.2.1.2 *Peer pressure*

Peer pressure was one of the major factors that learners saw as influencing others to use meth. Learners thought that people would start using this drug because they see their friends do it or because they want to fit in with their friends. According to SAFTBB (2006), peer pressure plays a major role with youth initially starting to use ‘tik’. Many others have reported this. Hoberg (2001), for example in her study on adolescent substance abuse, found that adolescent drug abusers are often influenced by their peers and get rejected by the peers if drug use is unwanted. Barnard (2005) takes a similar stance, stating that friends who are “positively inclined towards drugs might additionally legitimate drug use” (p. 2) which would make use acceptable. Oetting and Beauvais (1990) also reported that drug-using learners are mostly influenced by their friends and usually operate in peer groups.

Peer pressure and the need to fit in then seems to be a common risk factor for substance use but does not merely refer to being pressured to do something. According to Borsari and Carey (2001) it is a combination of three acts namely overt offering of substance, modelling substance use and thirdly seeing use as a social norm. It is clear that the learners in this study viewed peer pressure mostly as others modelling that meth use as acceptable. It would thus be relevant to further investigate

what youth mean when they say peer pressure; whether they refer to peers forcing them to use meth, modelling to them that it is acceptable or seeing meth use as a social norm because everyone is doing it.

#### *5.4.2.1.3 Parental substance use*

Theories of adolescent substance abuse suggest that parents' behaviours aid as a behavioural model for children and thus influences whether youngsters will use drugs or not (Brook et al., 2006; Fox & Brown, n.d.). Findings for the current study support this as learners' perceived parents who use meth as a contributory factor for their children using meth. Learners expressed that parents who use this drug are then advocating that meth use is tolerable but society is advocating against this.

Parental or familial drug and alcohol abuse have been proposed as risk factors of adolescent drug abuse as stated before (Brook, et al., 2006; Russell et al., 2008; Kilpatrick, Ancierno, Saunders, Resnick, Best, & Schnurr, 2000). Russell et al. (2008) for example found a significant relationship between family history of crime, alcohol abuse and drug use, and methamphetamine use in their systematic review of studies, investigating risk factors for methamphetamine use in youth. In accordance to this, Brook et al. (2006) also found a significant relationship between parental drug use and adolescents frequency of drug abuse.

This finding was strongly emphasised and broadened the awareness that it is not only youth who use this drug and need assistance for meth use, but that parents also use the drug and need assistance. It also showed that these youth and possibly other youth in these areas are aware of the meth problem and the causes of this problem because

they are constantly exposed to these issues. It would thus be important to stimulate more studies in the South African context to establish how many users have parents who use and also how many users use substances and especially meth with their parents. The latter could also be a possible perpetuating factor to meth use.

As stated before, adolescents did not explicitly note any influences that relate to the meso-system. However, the repercussions of the above-mentioned finding could be linked to this level. As mentioned earlier, and suggested by many, adolescent development in relation to substance use is influenced by parents' use because parents model this behaviour as acceptable. But while Parents are advocating that meth use is acceptable, society is advocating against this. And as suggested by Erikson, when individuals are confronted with uncertainty and confusion about whom they are and where they fit in to society and the rest of the world, they are faced with role confusion or an identity crisis which could then lead to individuals rebelling against the rules and norms of society (Boeree, 2006). Also another consideration could be if peers are advocating substance and parents advocate against this, peers may also find themselves confused and develop an identity crisis.

#### *5.4.2.2 Influences: exo-level*

Learners noted many factors at this level to influence meth use in their community, such as poverty related issues as well as intervention related strategies. Poverty related factors they perceived as those that would exacerbate the meth phenomenon, while supportive structures that would assist those who are using the drug but also assist preventing the use of the drug where perceived as factors that would improve this.

#### 5.4.2.2.1 *Poverty*

In all, learners perceived poverty to play a major role in driving meth use. Every participant noted this, but some however also explained that one cannot merely give this reason for meth use, because there are many others in the community that do not use the drug.

Learners then expressed that people use this drug to assist them to forget about the financial needs and problems they might be going through at home or in their personal sphere. Studies that have been done to support this view indicate that poverty related issues such as economic deprivation and poor housing are associated with higher rates of problematic substance use in adults, as well as delinquency in adolescence (Hawton et al., 1992) (as cited in Barrett & Turner, 2005).

In a study done on economic and social environment influences on deliberate self-harm and suicide, Hawton, Harris, Hodder, Simkin and Gunnell (2001) also indicated that self-poising is highest with individuals from a lower SES and in areas characterised by socio-economic deprivation as well as poor social integration. Flisher and Charlton (2001) also reported findings for neighbourhood influences on substance use which contradicts some of the previously mentioned studies. They however reported a relationship between urbanisation (focussing on the length of time spent living in an urban area) and risk behaviours, including recent use of certain substances such as alcohol or Cannabis. They then concluded that there is an association between urbanisation and an increased risk in the prevalence of some risk behaviours. Other studies have also investigated environmental risk factors for certain drug uses and also suggested that deprivation provides a strong indication of problematic use of certain

drugs and further stated that issues related to poverty such as bad-housing, crime and unemployment is associated with an increased risk of problematic use of certain drugs such as Crum, Lillie-Blanton and Anthony (1996) in their study investigating neighbourhood environment as a determinant for being exposed to certain drugs such as heroine and this leading to drug use (also see Burgois, 1989). Furthermore, Brook et al. (2006), Maseko et al. (2003), Moleko (2007) and Rauch & Huba, (1991) also reported environmental stressors and stressful life events, such as these to be considered risk factors for methamphetamine use.

The implications of this finding are then that youth are aware, once again, of the driving forces of the meth phenomenon. Even though they see environmental stressors as fuelling meth use in their area, all of them adequately expressed that these stressors are not the only causes to substance use but one of the major factors that perpetuates use in the area. Acknowledging and investigating environmental causal or perpetuating factors is important in substance use prevention research because failures of many such research endeavours lie in their incapacity to capture the diverse social but also environmental influences of drug use, and the relevance of these factors to develop interventions that are socially appropriate for the context (Rhodes, Lilly, Fernandez, Giorgino, Kemmesis, Ossebaard, Lalam, Faasen & Spannow, 2003). Rhodes et al. (2003) thus recommended that research be stimulated towards generating information that would assist the development of interventions as opposed to delineating causative factors of substance use.

#### 5.4.2.2.2 *Prevention and intervention strategies*

Primary prevention programmes for substance abuse traditionally rely on school-based drug education programmes (Botvin, 1990). These approaches are generally aimed at educating youth on the consequences and effects of substances, and to promote “anti-drug-use attitudes” (Botvin, 1990: 473). This seems to be an appropriate technique for school-going adolescents; however future prevention and intervention strategies should also be stimulated for non-school going youth, as failing grades, suspension and expulsion from school have been noted as indicators of substance abuse (Greydanus & Patel, 2005). Secondary prevention generally focuses on the individual and community levels. On the individual level, intensive inpatient and outpatient treatment for substance abuse have been recommended (Winters, 1999). These types of treatment approaches are recommended when an individual presents moderate to severe problems associated with substance abuse (Winters, 1999). The general features of these approaches include the following: firstly, a common goal of abstinence from substance during and after the treatment programme; secondly, talk therapy approaches are used, be it in a group or individual, to obtain insight to personal issues that may drive the substance abuse; thirdly, recovered abusers are used as role models for other patients; fourthly, post treatment interventions are made available for rehabilitated individuals (Winters, 1999).

Learners noted the importance of primary and secondary prevention strategies and stressed that these services do assist users, but only when the users are committed to change. In all, learners advocate ‘prevention is better than cure’ via education because this, they felt, would inform individuals about how harmful the drug is and thus decrease the probability of new users emerging.

Learners also suggested a change in the approach of these services, especially school-based, but also inpatient facilities. They recommended practical changes such as using more visual materials, such as pictures of users or pictures of the targeted group, to visually explain the effects and consequences of the drug. Also, they suggested inviting people who have used the drug to speak to learners as opposed to only 'lecturing' them on the drug. These learners thus suggest that services could make an impact if it is altered towards the specific target population.

The issue of affordability of these services, especially in a low socio-economic status community such as Manenberg, were also stressed. Learners acknowledged that interventions strategies are important and possibly work, but low monetary income does not allow those in their area to seek treatment because it is expensive. They thus recommended that prices be decrease, and the development of intervention facilities for substance use that are more socially or financially appropriate for their context could also be recommended. This finding was also reported in a recent parliamentary reported from the Alcohol and Drug Research Unit (ADRU) (2008) of the Medical Research Counsel South Africa. The ADRU (2008) found contextual influences to underpin inequalities in the use of substance treatment services, in an assessment of access to substance abuse treatment for historically disadvantaged communities in the Cape Town area. These contextual factors included difficulties such as those related to availability and affordability to services as well as the quality of these services as suggested by the learners in the current study.

Reference was also made to the difficulties faced by rehabilitated users once they have completed their treatment. Majority of the learners expressed that rehabilitated

users are faced with issues such as peer pressure and strong cravings to use the drug because they return to the same areas with the same 'friends' where they initially started using. Learners thus also suggested that assistance to be made available for rehabilitated users to deal with these types of pressures. This is a very important finding. Prevalence reports on substance use in Cape Town indicates that first admissions have decrease (from 76% to 72%), while repeated admissions have increase (from 24% to 28%). Acknowledging and investigating this is thus very important. One learner then noted that recreational activities should be stimulated and centres be developed as a protective structure for both rehabilitated users and for other youth in the community to decrease the probability of meth use occurring.

## 5.5 Conclusion

This section discussed the main findings in relation to previous research. It noted some of the implications of this study, but also short-comings and suggestions for future research. The next section will summarise the main findings and propose recommendations for future endeavours.

## CHAPTER 6

### CONCLUSION AND RECOMMENDATIONS

#### 6.1 Aim and objectives

The study aimed to explore school learners' perceptions of the factors that influence methamphetamine use in Manenberg. The objectives were as follows:

- 1) To explore school learners' knowledge and understandings of methamphetamine use
- 2) To explore school learners' perceptions of methamphetamine and its uses
- 3) To explore school learners' perceptions of the factors that influence methamphetamine use

These objectives were set as I wanted to obtain an understanding of what it is that is driving the methamphetamine phenomena in Manenberg. I wanted to determine whether it is a lack of knowledge, flawed perceptions or particular factors that influence methamphetamine use. I could thus explore whether more information is needed on the drug in the area of interest, what the factors are that the learners perceive to lead to methamphetamine use increasing or decreasing, and then by knowing all this, possibly identify focus areas for intervention and prevention structures as suggested by the learners. In light of the bigger study that will be informed by this study, certain focus areas will be provided to be included in the construction of a questionnaire that will be used to further investigate the methamphetamine phenomena in low socio-economic communities.

## 6.2 Summary of the findings

### *6.2.1 Knowledge and perceptions of methamphetamine*

In all, learners had a broad amount of knowledge and understanding of methamphetamine. They displayed a clear understanding of the consequences and effects of the drug and emphasised addictive nature of the drug. Generally, they first heard of the drug from friends, family, the media and community members. This then provided support for Bronfenbrenner's theory as it depicted how the learners' knowledge and perceptions were shaped by structures of the micro- and exosystems.

As suggested by the reviewed literature, the learners perceived the predominant users of the drug to be youth in their teens, and both male and female. No particular 'type of person' was profiled as a user, as learners felt that anyone is prone to use this drug, despite of occupation or socio-economic status.

Learners generally expressed a strong disgust for the drug and also anger towards users of the drug. This anger manifested as they believed that there was a large amount of information available on methamphetamine and the risks of using the drug, and therefore saw users as ignorant, but knowledgeable of their actions. A link between methamphetamine use and stealing was also noted, with the perception that users steal to obtain money to purchase the drug as opposed to stealing because they are under the influence. Methamphetamine was also perceived as easily accessible and often used in conjunction with other substances such as dagga, ecstasy, 'oenga' (cheap form of heroine) and okkapyp (an apparatus used to smoke flavoured tobacco). The amount and depth of knowledge displayed by the participants conveyed that it was not only information sheets or educative programmes that informed them of methamphetamine, but that some of the information was obtained via personal

experiences of the drug and its consequences. Many of the learners knew someone using the drug, while some of them were living with users in the same household. Contrary to the previewed literature, here familial methamphetamine use and exposure to the consequences of the drug decreased the probability of these learners to use this drug which is evident in the strong disgust for the drug displayed by the learners.

Seeing that learners perceived an acceptable amount of information to be available on methamphetamine, they noted thus emphasised that it is not the lack of information that leads to methamphetamine use, but that other factors need to be considered as well.

## *6.2.2 Learners' views of factors that would increase or decrease the use of methamphetamine*

### *6.2.2.1 Microsystem*

Previous scholarships indicate risk and protective factors for substance abuse on all the ecological levels of Bronfenbrenner's theory. On the micro level personal history of crime, delinquency, drug and alcohol abuse, peer drug use and peer pressure have been noted as risk factors (Oetting & Beauvais, 1990; Rauch & Huba, 1991; Hoberg, 2001; Bernard, 2005; Brook, et al., 2006; Fox & Brown, n.d.; Moleko, 2007; Russell et al., 2008), while personal control, an ability to cope with pressures, family support, knowledge about drugs and risks associated with drug use, negative attitudes towards drugs, and positive relationships with grown-ups have been noted as protective factors for substance abuse (Snedker, Herting & Walton, 2009; Gosap, 2003).

Learners stressed three vital factors that contribute to methamphetamine abuse, namely parental substance abuse, peer pressure and use, and the need to be accepted. For the learners parental methamphetamine use plays a major role in predicting whether individuals will use the drug as parents are modelling that using the drug is passable. Theories of social learning are of the same standpoint stating that both parents and peers play significant roles in shaping adolescents' perceptions and attitudes towards substances (Bahr, Hoffmann & Yang, 2005). Peer influences were also perceived as risk factors for methamphetamine use. Friends using the drug, or pressuring one to use the drug were the main risk factors noted. Lastly, learners also expressed that individuals would also start using the drug because of a need to 'fit in' in a group or to 'not feel out' of a group. Along with this the issue of curiosity also emerged as learners perceived some individuals to try the drug to calm their curious minds.

#### 6.2.2.2 Mesosystem

No direct link was made by the participants that speak to the mesosystem, but when considering the finding that parental abuse can lead to individual abuse a possible link can be considered. When adolescents are faced with difficulties such as their parents abusing a socially unaccepted drug, they may become confused about whether the drug is acceptable or not. This is because their perceptions and attitudes are not only shaped by their parents or caregivers, but by teachers, friends, community norms and the media as suggested by systems theory. Confusion might, therefore emerge as societal norms and schooling argues against methamphetamine use, while at home a different picture is modelled.

### 6.2.2.3 Exosystem

A definite link was also noted between methamphetamine use and structures of the exosystem. Some of the learners held poverty accountable for the methamphetamine phenomenon in Manenberg. They perceived financial difficulties, and the personal and social problems that accompany it, as factors that increase the probability of someone turning to this drug, especially in the Manenberg area. Their perception was that people would use this drug to assist them in dealing with their problems and studies show that economic deprivation is associated with higher rates of substance abuse in individuals as well as delinquency in adolescents (Hawton et al., 1992 cited in Barrett & Turner, 2005; Hawton et al., cited in Hawton, 2007).

Learners generally held the structures of the justice system and policy level structures accountable for the methamphetamine phenomenon. They felt that the justice systems and communities are not doing an adequate job in preventing the use of methamphetamine. Therefore, as discussed in chapter four, the protected factors noted by the learners generally stressed that improving intervention would decrease methamphetamine use in Manenberg.

Learners thus suggested that education programs be altered to capture the audience as opposed to lecture the audience. They also noted that extra activities are needed to occupy individuals and thus keep them off the streets and away from drugs. Lastly, they recommended that lowering the costs of the rehabilitation facilities might decrease use as well, along with providing more structured support for users once they are released from the centres.

#### 6.2.2.4 Macrosystem

Only one participant pointed to the link between methamphetamine and a cultural norm, such as gangsterism. She explained that the youth start using this drug as they want to be like gangsters and to fit into an older social group. Other participants did not express any macro influences as contributing to or decreasing methamphetamine use as some suggest (Gosap, 2003; Wills et al., 2003; Torres Stone et al., 2005).

These findings thus provide supportive evidence for Bronfenbrenner's theory as it shows (also see the table one below)

- 1) how parents perceptions, attitudes and also behaviour inform those of their children;
- 2) how peers may influence decisions regarding using methamphetamine;
- 3) how the relationships between the microsystems such as parental views and schooling may influence an individuals perception and understanding of substance use;
- 4) how structures of the exosystem such as poverty, policy makers and community leaders influence development or decisions regarding methamphetamine use and;
- 5) how cultural norms may also contribute to decisions based on methamphetamine use

Table 2: Summary of factors influencing methamphetamine use

<b>ECOLOGICAL LEVEL</b>	<b>FACTORS THAT INCREASE</b>	<b>FACTORS THAT DECREASE</b>
<b>Individual-level</b>	<ul style="list-style-type: none"> <li>- Need to fit in</li> <li>- Personal problems or difficulties</li> </ul>	<ul style="list-style-type: none"> <li>- Taking responsibility</li> </ul>
<b>Micro-level</b>	<ul style="list-style-type: none"> <li>- Parental substance use</li> <li>- Peer pressure</li> </ul>	
<b>Exo-level</b>	<ul style="list-style-type: none"> <li>- Poverty</li> </ul>	<ul style="list-style-type: none"> <li>- Primary and secondary intervention                             <ul style="list-style-type: none"> <li>o Preventing initial substance use</li> <li>o Intervening with substance users</li> </ul> </li> </ul>
<b>Macro-level</b>	<ul style="list-style-type: none"> <li>- Culture of gangsterism</li> </ul>	

### 6.3 Recommendations

The rationale for conducting the study was two fold. Firstly, to establish what it is that's driving this drug phenomena and ultimately inform existing intervention and prevention strategies in by providing focus areas for risk and protective factors for substance abuse amongst adolescents in Manenberg. Secondly, to use the gathered information to inform the construction of a questionnaire that will be used to further investigate the methamphetamine phenomena in Manenberg. The recommendations that follow are thus based on providing key focus areas, especially for the Manenberg area, regarding methamphetamine use as well as recommendations for future endeavours in this area.

### 6.3.1 *Key themes for the construction of the questionnaire and intervention strategies*

I do acknowledge that community leaders and workers are working very hard in trying to combat the methamphetamine phenomenon in Manenberg and thus the following recommendations aid as assistance.

Based on the findings of the current study the following factors that could increase or perpetuate methamphetamine use are proposed: peer use and pressure, parents' methamphetamine and substance use, easy accessibility, previous substance use, and using other substances simultaneously with meth. Throughout this paper scholarship has been noted that would support these findings.

These themes are then proposed for both the construction of the questionnaire (during phase two of the larger study) and as recommendations for focus areas for future intervention and prevention strategies. These factors and the findings of the current study have shared with some of the community leaders in Manenberg.

Recommended factors that could decrease use or probability of starting use are mostly directed at intervention and prevention strategies. These include using more capturing and mentally stimulating educative programs as prevention and intervention strategies, paying particular attention to prevention strategies as, on the learners' testimonies, activities that are mind stimulating and captivate attention would make a more significant impact than only providing information on drugs. Another recommendation noted was to decrease the costs of rehabilitation facilities and to provide more assistance for rehabilitated users or outpatient clients of these facilities. SACENDU (2008) report that in Cape Town first time admissions to treatment centers have decrease (from 76% to 72%), while repeated admissions have increase

(from 24% to 28%). Thus, an exploratory study that investigates the challenges associated with outpatient treatment is recommended. This will allow one to obtain an understanding of the needed intervention strategies that could be stimulated (or improved) to provide future assistance for rehabilitated users to not fall back to their habits or rather addictions.

### *6.3.2 Research endeavours and evaluations*

It is recommend that more intervention strategies be stimulated that focus specifically on parents who use the drug as opposed to adolescents only. Many research has been conducted on adolescent substance abuse, but based on this study, it is evident that a shift has emerged from adolescents to parents as users. This shift could be due to the fact that those parents who are using this drug might have started using as it when they were adolescents and this use progressed into their adulthood. I thus also recommend that research be stimulated in this area as to provide the prevalence of parents who use this drug, but also to investigate the well-being of the children of those users in attempt to provide coping strategies and other interventions to increase their well-being.

As the study also only focussed on school-going adolescents, research should also be stimulated focussing on non-school going youth in the area of Manenberg as well to obtain a clearer and comprehensive understanding of the contributing factors of methamphetamine use, research shows that failing grades, suspension and expulsion from school have been noted as indicators of substance abuse (Greydanus & Patel, 2005).

Furthermore, I recommend that research be stimulated investigating the protective factors of methamphetamine abuse in low socio-economic communities such as Manenberg. Knowing what would decrease the probability of an individual to use this drug would once again pin point to areas one could focus on with interventions, which will empower those in need of intervention as opposed to educating only.

#### 6.4 Limitations of the current study

The study aimed to investigate school-learners' perceptions of methamphetamine use and did not focus specifically on substance abusing youth. This could be a possible limitation as those who actually use substances could have provided a more in-depth viewpoint on the possible risk and protective factors for methamphetamine use. Another limitation presents itself within using focus group discussions. Approaches such as focus groups can fall prone to issues such as bias and thus in addition to this approach individual interviews or a survey approach is recommended for future research.

Some might argue that qualitative research comes with its own limitations, one of which might be the generalisability of findings. This study was limited to its context, but the objective was not to generalise. Thus using a sampling method such as purposive sampling allowed the researcher to shape a specific framework of analysis, rather than to aspire to representativeness or generalisability (Barbour, 2001).

Lastly, the findings of the study was coded, analysed and interpreted primarily by one researcher and even though the analysed findings were checked by a supervisor, some might question the 'inter-rated reliability' of this study. In qualitative research one

could obtain this reliability by using a multiple coding strategy, which involves the “cross checking of coding strategies and interpretation of data” (Barbour, 2001: 1116). Barbour (2001) further adds that multiple coding of entire data sets is not recommended, but that it can be of use to have someone check segments of coded themes as they emerge, which is seen as an important activity of supervision sessions or research team meetings.



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## APPENDIX A<sub>1</sub>: INFORMATION SHEET- Learners

Title of Research Project: School learners' perceptions of the factors that influence methamphetamine use in Manenberg.

### **What is this study about?**

This research project is being conducted by Candice Rule under the supervision of Mr C. Davids, a lecturer of the Psychology department at the University of the Western Cape. We are inviting you to participate in this research project because you are between the ages of 15 and 17 years and living in Manenberg. The purpose of this research project is to get a sense of whether 'tik' use is a problem in the Manenberg community and to find out what school learners perceive to be the factors that lead to 'tik' use in general and in Manenberg. This research will contribute to a better understanding of the problem in this area of the Western Cape and South Africa, and could lead to better preventive and treatment programmes being implemented.

### **What will I be asked to do if I agree to participate?**

You will be asked to take part in a group discussion (should he/she volunteer for this) to which he/she must please respond to the best of your ability. All the questions will be related to the issue of the factors that impact in 'tik' use, as well as some demographic information

such as age, gender, family make-up, etc. Participation in the research is completely voluntary and your child is under NO obligation to take part. The information that you will provide will NOT be disclosed to any member of the community or any other person, unless you give permission

**Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. We will need to record information like your age, gender and socio-economic status and your name, however, this information will be kept strictly confidential. The researchers will be the only people who will have access to the information. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

**What are the risks of this research?**

There are no known risks associated with participating in this research project. We are not doing research on you as a person or to affect you in any way. You are only being questioned so that we could collect information about 'TIK' use in general in the Manenberg area.

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the researchers learn more about the perceived factors that influence 'tik' use. We hope that, in the future, other people might benefit from this study through improved understanding of this problem.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop at any time. If you decide

not to participate in this study or if you stop participating at any time, there will be no consequences.

**Is any assistance available if I am negatively affected by participating in this study?**

Should you be negatively affected by this research, you can contact Candice Rule or Mr Charl Davids who will do everything possible to refer you for support and assistance.

**What if I have questions?**

If you have any questions about the research study itself, please contact: The University of the Western Cape, Candice Rule, 2541291@uwc.ac.za or Mr Charl Davids, 021-9592841, [cdavids@uwc.ac.za](mailto:cdavids@uwc.ac.za).

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Primary investigator: Prof. Elize Koch, 021-9592842, [skoch@uwc.ac.za](mailto:skoch@uwc.ac.za)

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## APPENDIX A<sub>2</sub>: INLIGTINGSVORM – Leerders

Titel van Navorsings Projek : Skool leerders se persepsie van die faktore wat 'n impak het op metamfetamine gebruik.

### **Waaroor handel die studie ?**

Hierdie navorsingsprojek word uitgevoer deur 'n meesters student, Candice Rule, onder die lyding van Mnr C. Davids in die Sielkunde Departement van die Universiteit van Wes-Kaapland. U word versoek om aan die navorsings projek deel te neem aangesien hy/ sy tussen die ouderdom 15 en 17 is, asook woonagtig in Manenberg. Die doel van hierdie projek is om die omvang van “Tik” gebruik in die Manenberg gemeenskap te bepaal, asook watter faktore dalk aanleiding sal gee tot “Tik” gebruik. Hierdie navorsing sal bydrae tot 'n beter begrip van die omvang van die probleem in hierdie area van die Wes-Kaap, asook Suid-Afrika. Verder kan dit ook lei tot die implementering van verbeterde voorkomende- asook behandelingsprogramme.

### **Wat word van my verwag indien ek sou instem tot deelname ?**

U sal gevra word om deel te neem in 'n groep onderhoud, indien jy daartoe sou instem. Die verwagting is dat jy dit na die beste van u vermoë moet beantwoord. Alle vrae in die

gedurende die onderhoud sal verband hou met die faktore wat 'n impak op "Tik" gebruik het, asook sekere demografiese inligting soos ouderdom, geslag, familie samestelling, ens.

Deelname aan die navorsing is geheel en al vrywillig en jou is onder GEEN verpligting om deel te neem nie. Die inligting wat deur u kind verskaf word sal aan GEEN ander persoon in die gemeenskap bekend gemaak word nie, tensy u toestemming daartoe verleen het.

### **Sal my deelname aan die studie as vertroulik hanteer word ?**

Ons verbind ons daartoe om alle persoonlike inligting as vertroulik te hanteer. Inligting soos u ouderdom, geslag, sosio-ekonomiese status en u naam sal deur ons genoteer moet word, maar dit sal konfidensieel gehou word. Die navorsers sal die enigste persone wees wat toegang sal he tot die informasie wat gedeel sal word in die onderhoude. In die geval waar ons n verslag of artikel in verband met die navorsings projek sou skryf/publiseer, sal u identiteit na die beste van ons vermoë beskerm word.

### **Wat is die risiko's verbonde aan hierdie navorsing?**

Daar is geen risiko's in terme van deelname wat aan hierdie navorsingsprojek gekoppel kan word nie. Navorsing word nie op jou as persoon gedoen nie, dus word u kind op geen wyse geaffekteer nie. U sal slegs vir die inwin van inligting insake die algemene "Tik" gebruik in die Manenberg area ondervra word.

### **Watter voordele spruit voort uit hierdie navorsing ?**

Hierdie navorsing sal nie tot u of jou as persoon tot voordeel wees nie, maar is ontwerp om die navorsers 'n ideë te gee van die omvang van en faktore wat aanleiding gee tot "Tik" gebruik. Deur 'n beter begrip van die omvang van die problem te hê, poog ons onder andere dat ander persone in die nabye toekoms voordeel sal trek uit hierdie navorsing.

Is deelname aan hierdie navorsing verpligtend en mag ek te eniger tyd deelname staak?

U deelname aan hierdie navorsing is volkome vrywillig. Die keuse om deel te neem al dan nie, berus by jou. Indien jy sou besluit om deel te neem aan die navorsing, staan dit u vry om te eniger tyd deelname te staak. Daar sal geen gevolge wees indien u sou besluit om nie verder aan die studie deel te neem nie.

Is daar enige ondersteuning tot my beskikking indien ek enigsins negatief beïnvloed sou word deur my deelname aan die studie ?

Indien u op enige wyse benadeel of negatief geïmponeer word deur die navorsing, kontak asseblief Prof. Elize Koch. Ons sal na die beste van ons vermoë aan u die nodige ondersteuning verleen.

**Indien ek enige vrae sou he?**

Indien u enige navrae insake die navorsings projek sou hê, staan dit u vry om ons te kontak by : Die Universiteit van Wes-Kaapland, Candice Rule, [2541291@uwc.ac.za](mailto:2541291@uwc.ac.za); Charl Davids, [cdavids@uwc.ac.za](mailto:cdavids@uwc.ac.za), 021-9592841.

Indien u enige vrae insake hierdie studie en u regte as deelnemer aan hierdie navorsing het of indien u enige probleme ervaar met betrekking tot die studie, maak asseblief kontak met die :

Hoof Navorser: Prof. Elize Koch, 021-9592842

Universiteit van Wes-Kaapland

Sielkunde Departement

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Hierdie navorsing is deur die Universiteit van Wes-Kaapland se Senaat Navorsings Kommittee asook Etiese Kommittee goedgekeur.



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## APPENDIX B<sub>1</sub>: INFORMATION SHEET- Learners' parents

Title of Research Project: School learners' perceptions of the factors that influence methamphetamine use in Manenberg.

### **What is this study about?**

This is a research project is being conducted by Candice Rule under the supervision of Mr C. Davids, a lecturer of the Psychology department at the University of the Western Cape. We are inviting your child to participate in this research project because he/she is between the ages of 15 and 17 years and living in Manenberg. The purpose of this research project is to get a sense of whether 'tik' use is a problem in the Manenberg community and to find out what school learners perceive to be the factors that lead to 'tik' use in general and in Manenberg. This research will contribute to a better understanding of the problem in this area of the Western Cape and South Africa, and could lead to better preventive and treatment programmes being implemented.

### **What will my child be asked to do if he/she agrees to participate?**

Your child will be asked to take part in a group discussion (should he/she volunteer for this) to which he/she must please respond to the best of his/her ability. All the questions will be related to the issue of the factors that impact in 'tik' use, as well as some demographic

information such as age, gender, family make-up, etc. Participation in the research is completely voluntary and your child is under NO obligation to take part. The information that your child will provide will NOT be disclosed to any member of the community or any other person, unless you and your child gives permission

**Would my child’s participation in this study be kept confidential?**

We will do our best to keep your child’s personal information confidential. We will need to record information like your child’s age, gender and socio-economic status and name, however this information will be kept strictly confidential. The researchers will be the only people who will have access to the information. If we write a report or article about this research project, your child’s identity will be protected to the maximum extent possible.

**What are the risks of this research?**

There are no known risks associated with participating in this research project. We are not doing research on you as a person or to affect you or your child in any way. Your child will only be questioned so that we could collect information about ‘TIK’ use in general in the Manenberg area.

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the researchers learn more about the perceived factors that influence ‘tik’ use. We hope that, in the future, other people might benefit from this study through improved understanding of this problem.

**Do I have to be in this research and may my child stop participating at any time?**

Your child's participation in this research is completely voluntary. Your child may choose not to take part at all. If your child decides to participate in this research, he/she may stop at any time. If your child decides not to participate in this study or if he/she stops participating at any time, there will be no consequences.

**Is any assistance available if my child is negatively affected by participating in this study?**

Should your child be negatively affected by this research, you can contact Candice Rule, or Mr Charl Davids who will do everything possible to refer you for support and assistance.

**What if I have questions?**

If you have any questions about the research study itself, please contact:

The University of the Western Cape, Candice Rule, [2541291@uwc.ac.za](mailto:2541291@uwc.ac.za), or Mr Charl Davids, 021-9592841, [cdavids@uwc.ac.za](mailto:cdavids@uwc.ac.za).

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Primary investigator: Prof. Elize Koch, 021-9592842, [skoch@uwc.ac.za](mailto:skoch@uwc.ac.za)

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## APPENDIX B<sub>2</sub>: INLIGTINGSVORM – Leerders se ouers

Titel van Navorsings Projek : Skool leerders se persepsie van die faktore wat ‘n impak het op metamfetamine gebruik.

### **Waaroor handel die studie ?**

Hierdie navorsingsprojek word uitgevoer deur ‘n meesters student, Candice Rule, onder die lyding van Mnr C. Davids in die Sielkunde Departement van die Universiteit van Wes-Kaapland. U kind word versoek om aan die navorsings projek deel te neem aangesien hy/ sy tussen die ouderdom 15 en 17 is, asook woonagtig in Manenberg. Die doel van hierdie projek is om die omvang van “Tik” gebruik in die Manenberg gemeenskap te bepaal, asook watter faktore dalk aanleiding sal gee tot “Tik” gebruik. Hierdie navorsing sal bydrae tot ‘n beter begrip van die omvang van die probleem in hierdie area van die Wes-Kaap, asook Suid-Afrika. Verder kan dit ook lei tot die implementering van verbeterde voorkomende- asook behandelingsprogramme.

### **Wat word van my kind verwag indien ek sou instem tot deelname ?**

U kind sal gevra word om deel te neem in ‘n groep onderhoud, indien hy/sy daartoe sou instem. Die verwagting is dat hy/sy dit na die beste van sy/haar vermoë moet beantwoord. Alle vrae in die gedurende die onderhoud sal verband hou met die faktore wat ‘n impak op

“Tik” gebruik het, asook sekere demografiese inligting soos ouderdom, geslag, familie samestelling, ens.

Deelname aan die navorsing is geheel en al vrywillig en u kind is onder GEEN verpligting om deel te neem nie. Die inligting wat deur u kind verskaf word sal aan GEEN ander persoon in die gemeenskap bekend gemaak word nie, tensy u en u kind toestemming daartoe verleen het.

### **Sal my kind se deelname aan die studie as vertroulik hanteer word ?**

Ons verbind ons daartoe om alle persoonlike inligting as vertroulik te hanteer. Inligting soos u kind se ouderdom, geslag en sosio-ekonomiese status en u kind se naam sal deur ons genoteer moet word, maar dit sal konfidensieel gehou word. Die navorsers sal die enigste persone wees wat toegang sal he tot die informasie wat gedeel sal word in die onderhoude. In die geval waar ons n verslag of artikel in verband met die navorsings projek sou skryf/publiseer, sal u kind se identiteit na die beste van ons vermoë beskerm word.

### **Wat is die risiko's verbonde aan hierdie navorsing?**

Daar is geen risiko's in terme van deelname wat aan hierdie navorsingsprojek gekoppel kan word nie. Navorsing word nie op u kind as persoon gedoen nie, dus word u kind op geen wyse geaffekteer nie. U kind sal slegs vir die inwin van inligting insake die algemene “Tik” gebruik in die Manenberg ondervra word.

### **Watter voordele spruit voort uit hierdie navorsing ?**

Hierdie navorsing sal nie tot u of u kind as persoon tot voordeel wees nie, maar is ontwerp om die navorsers 'n ideë te gee van die omvang van en faktore wat aanleiding gee tot “Tik”

gebruik. Deur 'n beter begrip van die omvang van die problem te hê, poog ons onder andere dat ander persone in die nabye toekoms voordeel sal trek uit hierdie navorsing.

Is deelname aan hierdie navorsing verpligtend en mag my kind te eniger tyd deelname staak?

U kind se deelname aan hierdie navorsing is volkome vrywillig. Die keuse om deel te neem al dan nie, berus by u en u kind. Indien u kind sou besluit om deel te neem aan die navorsing, staan dit u kind vry om te eniger tyd deelname te staak. Daar sal geen gevolge wees indien hy/sy sou besluit om nie verder aan die studie deel te neem nie.

Is daar enige ondersteuning tot my kind se beskikking indien my kind enigsins negatief beïnvloed sou word deur sy/haar deelname aan die studie ?

Indien u of u kind op enige wyse benadeel of negatief geïmmuniseer word deur die navorsing, kontak asseblief Candice Rule of Charl Davids. Ons sal na die beste van ons vermoë aan u en u kind die nodige ondersteuning verleen.

**Indien ek enige vrae sou he?**

Indien u enige navrae insake die navorsings projek sou hê, staan dit u vry om ons te kontak by : Die Universiteit van Wes-Kaapland, Candice Rule, [2541291@uwc.ac.za](mailto:2541291@uwc.ac.za); Charl Davids, [cdavids@uwc.ac.za](mailto:cdavids@uwc.ac.za), 021-9592841.

Indien u enige vrae insake hierdie studie en u regte as deelnemer aan hierdie navorsing het of indien u enige probleme ervaar met betrekking tot die studie, maak asseblief kontak met die :

Hoof Navorsers: Prof. Elize Koch, 021-9592842, [skoch@uwc.ac.za](mailto:skoch@uwc.ac.za), .

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## APPENDIX C<sub>1</sub> ASSENT FORM – learners

Title of Research Project: School learners' perception of the factors that influence methamphetamine use in Manenberg.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

**Participant's name**.....

**Participant's signature**.....

**Date**.....

**Witness' name**:.....

**Witness' signature**: .....

**Date**: .....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name: Elize Koch**

**University of the Western Cape**

**Private Bag X17, Belville 7535**

**Telephone: (021) 959-2842/2283/2453**

**Fax: (021) 959-3515**

**Email: [skoch@uwc.ac.za](mailto:skoch@uwc.ac.za)**



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## APPENDIX C<sub>2</sub>: TOESTEMMINGSVORM – Leerders

Titel van Navorsingsprojek : Skool leerders se persepsie van die faktore wat 'n impak het of metamfetamien gebruik.

Hierdie studie is aan my verduidelik in verstaanbare taal , dus stem ek vrywilliglik in om deel uit te maak van die studie. Alle vrae insake die studie is bevredigend beantwoord. Ek verstaan ten volle dat my identiteit nie bekend gemaak sal word nie asook dat ek die reg het om te eniger tyd, sonder om redes te verskaf, deelname aan die studie te staak.

Voorgenoemde sal my op geen wyse negatief beïnvloed nie.

**Deelnemer se naam:.....**

**Deelnemer se handtekening:.....**

**Datum: .....**

**Getuie se naam:.....**

**Getuie se handtekening:.....**

**Datum:**.....

Indien u enige navrae insake die studie het of enige verwante probleme wat u ondervind wil rapporteer, kontak asseblief die studie- koördineerder.

**Studie-koördineerder se naam : Elize Koch**

**Universiteit van Wes – Kaapland**

Privaatsak X 17 , Bellville 7535

**Telefoon : ( 021 ) 959-2842 / 2283 / 2453**

**Faks : ( 021 ) 959-3515**

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## APPENDIX D<sub>1</sub>: CONSENT FORM – parents

Title of Research Project: School learners' perceptions of the factors that influence methamphetamine use in Manenberg.

The study has been described to me in language that I understand and I freely and voluntarily give permission for my child to participate. My questions about the study have been answered. I understand that my child's identity will not be disclosed and that s/he may withdraw from the study without giving a reason at any time and this will not negatively affect him/her in any way.

**Participant/child's name.....**

**Parent/guardian's signature.....**

**Date.....**

**Witness' name:.....**

**Witness' signature: .....**

**Date: .....**

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name: Elize Koch**

**University of the Western Cape**

**Private Bag X17, Bellville 7535**

**Telephone: (021)959-2842/2283/2453**

**Fax: (021)959-3515**

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## APPENDIX D<sub>2</sub>: TOESTEMMINGSVORM – Ouers

Titel van Navorsingsprojek : Skool leerders se persepsie van die faktore wat 'n impak het op metamfetamien gebruik in Manenberg.

Hierdie studie is aan my verduidelik in verstaanbare taal, dus gee ek vrywilliglik asook geredelik my toestemming dat my kind/pleegkind aan die studie mag deelneem. Alle vrae insake die studie is bevredigend aan my beantwoord. Ek verstaan ten volle dat my kind se identiteit nie bekend gemaak sal word nie asook dat hy / sy die reg het om te eniger tyd, sonder om redes te verskaf, deelname aan die studie te staak. Bogenoemde sal hom/haar op geen wyse negatief beïnvloed nie.

**Deelnemer/Kind se naam:.....**

**Ouer/Voog se handtekening:.....**

**Datum: .....**

**Getuie se naam:.....**

**Getuie se handtekening:.....**

**Datum:.....**

Indien u enige navrae insake die studie het of enige verwante probleme wat u ondervind wil rapporteer, kontak asseblief die studie- koördineerder.

**Studie-koördineerder se naam : Elize Koch**

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## APPENDIX E<sub>1</sub>: DISCUSSION GUIDE (ENGLISH)

1. What do you know about tik?
2. Who do you think uses this drug?
3. Where would people your age use this drug?
4. How were you initially introduced to this drug?
5. Do you think this drug has any consequences?
6. What do you think about tik?
7. What do you think about people who use this drug?
8. What do you think your peers think about this drug?
9. Do you think tik use is a problem? (in general and in Manenberg)
10. Why do you think tik is a problem? (in general and in Manenberg)
11. Why do you think people use this drug? (in general and in Manenberg)
12. What do you think influences people to use tik?
13. Who do you think are responsible for the tik problem? (general and in Manenberg)
14. What do you think are some of the factors that would lead to an increase of tik use?
15. What, do you think, are some of the factors that could lead to a decrease of tik use?

## APPENDIX E<sub>2</sub>: DISCUSSION GUIDE (AFRIKAANS)

1. Wat weet julle van tik?
2. Weet julle how hierdie dwelm gebruik word?
3. Waar sal mense hierdie dwelm gebruik?
4. Hoe was julle die eerste keer blootgestel aan hierdie dwelm?
5. Dink julle daar is enige newe-effekte van die dwelm?
6. Wat dink julle van tik?
7. Wat dink julle van mense wat die dwelm gebruik?
8. Wat dink julle dink julle vriende van tik?
9. Dink julle tik gebruik is n probleem ? (in algemeen en Manenberg)
10. Hoekom dink julle is dit n probleem?
11. Hoekom dink julle gebruik mense hierdie dwelm?
12. Wat dink julle beïnvloed mense om tik te gebruik?
13. Wie dink julle is verantwoordelik vir die tik probleem?
14. Wat dink julle is van die faktore wat verantwoordelik is vir die toename van tik gebruik?
15. Wat dink julle is van die faktore wat verantwoordelik is vir die afname van tik gebruik?

## APPENDIX F: SAMPLE OF TRANSCRIPTED SEMI-STRUCTURED FOCUS GROUP

### DISCUSSION

Female Participant 1: FP1

Female Participant 2: FP2

Female Participant 3: FP3

Female Participant 4: Silent

Female Participant 5: Silent

Male Participant 1: MP1

Male Participant 2: MP2

Male Participant 3: MP3

Researcher: So like I said I'm trying to find out from you guys what you know about tik, the drug tik, or as we call it 'meth', and also what you think about the drug. So my first question to you guys is what do you know about tik?

FP1: It destroys people's lives...(laughter)...

Researcher: OK

MP1: Jy lag. It's hard to explain man.

Researcher: OK then what does it look like? Do you know what it looks like?

FP2: It looks like crystals.

MP2: It looks like crystals: that's why it's called crystal meth.

...(laughter)...

Researcher: Crystals? Like what's crystals?

MP2: It's like that white goetertjies man...(interrupted)

FP3: ... tiny bolletjies.

MP2: Like salt.

Researcher: Like salt?

FP3: Uhh

MP1: There we go...

Researcher: And what colour is it?

MP2: White

FP2: White

MP3: White

FP1: White and sometimes cream.

...(laughter)...

Researcher: So where would you find this drug?

FP2: At the merchants.

Researcher: At the merchants? And is it popular?

MP2: Ofcourse

Researcher: Do you guys know what it costs?

FP1: Yes

FP2: Yes

Researcher: What?

FP2: R30

FP1: R20

MP1: Wow...

Researcher: So you get different prices?

FP1: Yes

FP2: Yes, coz there's a merchant house next to us.

Researcher: Uhh.. so you get 30 and you get 20...(interrupted)

FP3: ...and you get 150.

Researcher: So it depends on how much you buy?

FP1: Yes

FP2: Yes

MP1: Hoe sê hulle in Afrikaans: 'n bankie.

...(laughter)...

Researcher: 'n Bankie?

MP1: 'n Bankie ja.

Researcher: So you don't get the straws?

FP2: Some people yes, when that first came out.

FP1: When it first came in it was like R20 straws.

Researcher: So now it's more, so now you get different amounts?

FP1: Yes coz there's more varieties of tik.

Researcher: So do you get different types of tik or do you just get...(interrupted)

MP2: No, you only get one type.

FP2: No, you get only one type but different types of packets.

MP2: [different] amounts

Researcher: OK, so do you know how it's used?

FP1: through a lolly.

MP1: with a lighter..(interrupted)

FP1: ...And some use it in through a globe.

Researcher: So what's a lollie now? What's the difference between a lollie and a globe?

MP2: A globe is like a globe...(laughter)... and a lollie is so thin.

FP3: Like a lollipop ja.

MP2: Then you gooi the stuff in.

FP3: There's a hole in.

Researcher: So the lollie is made for you to use tik in? And the globe is just what you use creatively?

FP3: Ja.

MP2: Ja, like when you don't have a lollie coz you pay for a lollie. Then you use a globe, that's why they steel the globes...(unclear)...the people start putting burglar bars on their globes.

...(laughter)...

FP1: That they have in there cars, the small ones.

Researcher: So does it have a smell?

FP2: No

FP1: No

Researcher: Doesn't it smell like anything?

FP2: No

FP1: No

Researcher: So if I have to smoke now and someone has to come in no one is going to know?

MP2: No it's like different than dagga, dagga you can smell from... wie kom daar aan... that you don't smell

...(laughter)...

Researcher: So who uses tik?

FP3: People

...(laughter)...

MP2: like why do they used it?

Researcher: I mean is it like more older people than younger people?

FP1: No it's more younger people than older people.

MP2: yes

FP2: yes

FP1: more young people than older people

MP3: But some older people do use it to escape their problems.

FP2: and some do it for peer pressure.

Researcher: And... more males than females?

FP1: Everyone

MP3: Everyone. 50/50 percent

Researcher: Ok so you think it's like weighed out... you don't think it's more girls than boys or more boys than girls?

MP3: 'Cause it's like so popular you don't even know.

Researcher: OK, so where do people use this drug?

MP3: where?

FP1: At home, in the toilet

FP2: In a hokkie.

MP2: Like anywhere, no not just in a hokkie, anywhere they get a kwaai place...(interrupted)

FP1: In a car by the beach.

MP2: Like how can I say if they turkie, like they say in Afrikaans, hulle turkie (interrupted)

Researcher: what is turkey?

MP2: like it pulls out then they must get another to feel now better.

FP1: Ja they must.

MP2: And then they'll be like there's no one there, they wil do it here anywhere they can.

FP2: Is it nie net met 'beat' wat jy turkie nie?

FP3: Nee, jy turkie saam tik oek

FP2: no you tudie with any drug.

Researcher: Wat is 'beat'?

MP2: 'Beat' is 'n ander drug. With foil. It's another drug.

FP1: It's almost like a tablet.

MP2: Ja but you crush it..(interrupted)

FP1: Tile

MP2: ...and they sniff it in, but with tik you mos smoke it.

Researcher: So beat is not like 'oenga'?

FP1: Yes, it is 'oenga'.

Researcher: Well then I learned a new word today. So 'beat' and 'oenga' is the same thing?

FP2: Yes

FP3: Yes

Researcher: So is 'oenga' picking up now or is it like the same... is more people using  
...(interrupted)

FP2: Yes, more people is using tik.

MP2: There's some people that use everything dagga, 'oenga' and tik gelyk.

FP1: And cigarettes.

...(laughter)...

MP2: Really!

Researcher: Alles saam?

MP2: I saw it in a lot of taxi drivers when they stop here, like there by my friend there under then they 'oenga'. Then we don't still phone the police coz when they get here they already gone.

FP3: That's why they so 'perrie' on the road.

Researcher: It makes a lot of sense ja. So there's no specific place that people use it , say like parties or anything like that or clubs?

FP2: No

FP3: No

MP2: No! That's like legal they go to their toilet and they do it. In the shopping malls they go into the toilet and they do it. Anywhere they want to. They just musn't be caught.

Researcher: So where did you guys first hear about the drug, or from who, I mean was it you know like...

FP1: Some experienced the drug already.

Researcher: OK

FP2: And everybody is talking about it.

MP1: I saw it.

FP2: And it got more and more and more popular and then they tried it.

MP1: And some of our friends have also done it seker. I know a few, not going to mention names.

Researcher: OK. No you don't have to mention names. So what do you guys... So, so if I use this drug now, what does it do to me? The effects it will have on me?

FP3: Hyper

MP2: No the effects.

Researcher: Like now? If you and I had to tik now, what is going to happen to us? You feel high and hyper?

FP2: Not the first time.

MP1: No but they say your brain slaan blank you don't know what you're actually doing.

FP2: You talk a lot you talk aanmekaar. You pull faces.

MP3: you will run fifty times around the block [without being] tired

Researcher: So you're hyper, you talk a lot and you pull faces?

...(laughter)...

MP1: Your eyes are red.

FP3: Your lippe...(unclear) it's raining then you walk with sunglasses.

MP2: I can still remember the days, yor it's night it's night and she's walking with glasses.

She think the sun is shining.

Researcher: So it makes you hyper, it makes you high, it makes you mad...(interrupted)

FP1: It makes you clean a lot.

Researcher: I've heard that before, people say that once you on tik dan maak jy sommer die hele huis skoon.

MP3: Uhh, but some of them only make the house clean to earn more money to go buy more tik.

FP1: And you don't eat.

Researcher: Ohh you don't eat?

MP3: and you don't sleep

FP1: And it somme keep you awake for two days.

MP3: Uhh you don't sleep, that's why the druggies they come steel the cables off here. They first make a lekker move and then they come so 5o'clock se kante then they... how do they say...how do they say... I cant get that word, nevermind I can't get to that word. They clock in for their work then they start steeling. They don't sleep while everybody is sleeping they walking around.

Researcher: Why do you guys think you can't sleep when you use this drug or you can't eat?

MP3: Don't know.

FP2: Some people even do it to lose weight. It's like 'Bio – Slim' or something.

MP1: It's not that they don't sleep, it's just they can't sleep. They cant... that drug is mentally something wrong.

Researcher: Now can you see when someone... say if I tik now will you be able to see?

FP2: Yes

MP3: You can't see somer, but if we like knew you for a long time then we would see yor your getting thin and you just acting not normal. Vlekkie come in your face and stuff.

Researcher: So what is so... say if I use this drug. Say I've used this drug now for two years nè, what are the long term consequences of using this drug? Like you said now vlekkie in die gesig...(interrupted)

...(unclear comments)...

MP3: you get sick...

FP2: get thin

FP3: and your clothes... you sell your clothes

FP1: You somme live on the streets. You lose your mind.

Researcher: So it takes a lot of things away from you?

FP3: Yes

MP1: Even your brain also. I watched it already when 'Special Assignment' came on they say there, they show like X-rays of your brain it like vreet weg.

FP2: Everytime you take a hit then it takes part of your brain.

FP3: Your brain cells dies.

Researcher: So it's got physical effect on your skin and then also on your brain...

FP2: On your whole body.

FP3: On your whole body.

Researcher: And your status at home, it takes that away from you like you said you will sell your clothes or anything.

MP2: People stop school, sell there clothes, steel their mommy's stuff.

Researcher: So what do you guys think about tik? In terms of do you think it's OK to use it?

MP2: No it's a bad influence on small children also, like the youths... and..(unclear)

Researcher: So you guys tink that it's bad?

MP3: Ofcourse

FP2: It's negative.

MP3: They say once you've used it once, then you're addicted. And it's very hard to get off it. Like a lot of people I know went to rehab already but when they come back they just do it again.

FP1:\_Uhh then they just do it again.

Researcher: So you don't think the rehab is helping?

MP3: I don't think it work... its hard... (interrupted)

FP2: Ha a you must talk to them you must...(unclear)

Researcher: So why do you guys think rehab doesn't work? Do you think that there is...(interrupted)

FP3: There's too little people.

FP2: They don't talk properly with you like really what you feel and all that. And how you started and...(interrupted)

FP1: It's uhm when you in rehab you can't even wait to get out to start again. Or you want to you trying to stop but then you see your friends again. Then they go and tik again...(interrupted)

MP2: Then you just try one more time dan is jy weer op dit.

Researcher: So what do you guys think of people who use the drug?

FP1: Mad

FP2: Stupid

MP1: They mad man. They hyper then they sommer run here and talk with everybody. They don't even know you then they come talk with you.

FP2: Just to get money out of you.

FP1: Like 'give a rand man?'

MP1: They somme look for 20c on you , then they build it so lekke up to buy a lekker bankie.

FP3: Hulle kan 'n rand om die blok gaan vat .

Researcher: What do you think...(interrupted)

MP1: And their eyes is just so [showing big eyes]

...(laughter)...

FP3: And I think this get darker.

Researcher: Ohh, under your eyes?

FP3: I think so.

Researcher: So what do you guys think do other friends that's on the school your age what do they think about the drug about tik? I mean in terms of the sense that you get man from everyone else your age and the other students on the school what do you guys think they feel about this drug? Is it popular or do they feel it's OK to use it or what?

FP2: some of them...

MP2: I don't know, bu Some people that use it, they think it's kwai they use it man.

FP2: Uhh, coz they feel lekke. Hulle sê nog 'ons gan nou 'n lekke pyp maak'.

FP1: they not even ashamed of it... They sommer tell you they are doing it.

Researcher: so its cool?..

FP1: mmm [yes]

MP2: They somme say they gonna to the yard and gonna sit lekke still and they gonna swaai it. Like that one person, I'm still gonna kick his face in he robbed me, but my uncle did catch him and then they ran his face through the wall. He 'oenga' nè, you mos know who I'm talking about, he robbed me with my jacket. An expensive jacket he started to take my tekkies off it was expensive tekkies also lekker. The next day he's walking like... now I'm gonna explain the story. I come from my girlfriends house nè now my uncle did come fetch

me coz the day before they robbed me and his son and another friend of mine, so this boy who come there rob us. They were three so he's walking so past me so I'm looking at him and I ask my cousin isn't that the guy that robbed us? Yes so he run there down the road, we chase him...(interrupted)

Researcher: Is this now a guy that does drugs?

MP2: Yes he does drugs. And so I went home and then my cousin went to get him. They run his face yor there through the wall.

Researcher: Do you guys think that people that use tik and also other types of drugs are more... forced then to do these type of things, is it the tik that makes them do it? Or what do you guys think?

FP1: No it's the influences by bad people.

FP2: It's the craving. If they want it now they will do anything to get it.

MP3: Ja once they on it then they like... You know some of them don't work most of them don't work. And the craving they will steel anything from you.

FP1: Craving and turkieness is not the same. Craving is where your tongue is droog and you kwyl from self. Turkie is just...(interrupted)

Researcher: What is turkie now?

MP3: Turkie is like you need it now. They sommer start scratching and they not even itching, but they scratching.

FP3: Uhh hulle val flou hierso.

...(laughter)...

MP3: They don't even know how to talk coz they need it. Then they start steeling.

Researcher: So is turkie now more intense than craving?

FP1: A craving is like you want something, like anything. If you have a craving you want something and you will do anything to get it. It's the same like turkie.

MP3: It's the same like turkie. It's just the people here you mos know it's Cape Town man and Mannenberg. Jy turkie. Turkey is there in Europe... they don't talk of turkey.

Researcher: So you guys think generally that your other peers think what? That it's cool, they think that it's cool?

MP2: Ja, but some of them really want to get off. But I don't always think they also serious sometimes when they say it, coz they don't try also. They just use it on.

Researcher: So is tik a problem?

MP2: Ofcourse!

FP2: In general.

Researcher: And in Mannenberg specifically?

MP2: Ja

FP2: Yes, major.

MP1: because... You never know maybe now one of your small friends that you always see playing here, now one of there friends now do it they influence that person to do it, now once you do it once you're hooked. You can't come off.

Researcher: So you think it's a problem because of peer influence?

MP2: And friends that follow their friends.

Researcher: And what else?

FP2: And problems at home.

MP3: Maybe their mommy is fighting theirs no food.

FP1: Their daddys is beating their mommys, they don't know how to get rid of that.

MP3: Maybe their mommy's is alcoholics that don't look after them properly.

FP1: They do what their mothers do.

MP3: They mos say once they tik that's the only thing they need... not still food... Once they have their tik then they happy.

FP2: And some of the daddys do it then the children see and then they want to try it.

Researcher: So you think if your parents do it why should you not do it? Is it like that type of thing?

MP3: Uhh

FP1: Uhh

FP2: Uhh it's the role model.

MP2: But some people like some parents influence their children.

FP1: They do it with their children.

MP3: Yorr, my mommy must see me smoking a cigarette then my legs are seker gonna be broken.

Researcher: So you guys think it's friends and then family that do it and problems at home, is there anything else that could influence people to use this drug? I mean if we come out of the same situation and I tik and you don't tik, what is it that made me tik?

MP2: You know sometimes you come two children out of a house then the mom is favouring him, then he now go on drugs sommer to get attention. But once you on drugs you can't come off again. That's the downfall of it.

Researcher: So do you think this whole concept like you guys said now like people think it's cool. Does that also play a influence on why other people started doing it?

FP1: Uhh

MP3: 'yor I feel high'

FP2: Uhh ja. Yor this thing is lekker you must try it.

MP3: Yes, yes. Then you try it.

Researcher: dan is jy hooked?

MP3: then you hooked... Dagga is different people can still get off that. That's mos a how do they say...

FP1: ...a herb.

MP3: naai not a herb, they say tik is a physically addictive drug and like dagga is mentally.

Researcher: Oh yes....

FP3: People just say but that you can get off.

Researcher: So do you think people who use tik use other substances with it? Or not? If I tik would I just tik or would I do anything else aswell?

FP3: No they will try others to get a different feeling.

MP2: Once you on one of those drugs, say ma you now on 'oenga' then you can ma say that person is on all the drugs you get.

FP1: Uhh, coz that's the highest.

MP2: Coz if you on 'oenga' then you on tik and if you on tik then you 'oenga'.

Researcher: So what your saying is... are you saying that if you start with one drug you are gonna progress to the next?

MP2: Ja

FP1: Because if you have a craving and this one is coming in with 'beat' you and say 'do you want to beat', you going to beat with that person. Because you want to tik but there's no tik for you, so you going to beat.

MP3: Then they on that drug also.

Researcher: So it progresses, do you guys think that using, say for example, dagga now that there is a bigger chance for me to start tikking or not?

MP2: Ja

FP3: no

FP1: Yes

MP3: Ja some people do. Some people smoke dagga just for the fun like they say

FP1: Uhh to lag.

MP2: to have fun... I know of some people then they work on my nerves and I ask them like are you idiots?

FP1: They like clowns. Then they come in the morning dik gerook.

Researcher: Just for fun?

MP2: Ja then they laugh. They sommer smoke before they write exams, then they laugh right through the exam.

FP1: They laugh somme at the paper.

MP2: They laugh the paper out if its difficult... ja It is I heard them already say, they read the questions then they

laugh for the stuff. They laugh them in their chops.

...(laughter)...

Researcher: So do you think that there is a certain type of person that uses a drug or do you think anybody has a chance to use it?

FP2: Anybody

MP2: Yor I would say ...(unclear)... I just can't get my words today.

Researcher: What do you think?

MP1: It's not just for certain people to use it like some people get influenced by their friends to do it, so you can't say you not gonna use it. Because you know... How can you say, come out of a good house and what not. Some people come out of good houses and their families(unclear) that's also the downfall. Now your mommy gives you R200 pocket money now you have a friend that do drugs, 'koop 'n bankie daar man?'. OK then he now smoke just so high, lekker . Ok then you also smoke. Your mommy don't know you on drugs then you still get your R200 pocket money. Dan koop jy net vir jou die hele bankies, or packets..(unclear)

Researcher: What do you think, do you think it's anyone who would use it or?

MP3: Anybody can use it.

Researcher: Anybody? So young, old, girls, boys?

FP1: They throw it in the okka pyp also.

FP2: Sommer oumas! And they throw it in the mxit pype.

MP3: That's why you must watch with who you smoke man. They mix dagga with the flavour. Now some people they so spitefull they will sommer mix tik also in there. Alles wat mal is.

Researcher: Have you guys heard whether they use tik in coke?

FP1: Yes, I heard it already.

FP2: That's speed, it's called speed.

Researcher: That's speed? Ok, so does that then have the same effect as normal tik?

MP2: All that drugs is competition to say like which one is the best.

FP3: Uhh

Researcher: So is it accessable easily? If I want tik now can I go get it now?

FP1: Yes, ofcourse anywhere anywhere. They will take you to the merchants

MP2: Yes, they will take you to the merchant. And there is so a lot of merchants. Tik is not like you must travel from here to Cape Town to go buy a bankie.

FP1: Uhh, here sommer.

MP2: You'll never know, there is sommer someone walking here in the school selling tik, it's just now a example. Then you go there to the merchant like they sell cigarettes. Everybody knows they sell cigarettes here on the school. Like the same with tik they can sell it, but again tik is more...if they catch you with it then you most obviously gonna go to jail. That's why they rather stick with their cigarettes.

Researcher: So who do you think is responsible for the problem, the tik problem? Or do you think that everyone...(interrupted)

FP1: the nagies...

MP2: Who ever invented the tik!

Researcher: the nagies?

FP1: The Nigerians.

FP2: They import it from other countries.

MP1: Really I watch movies, I think it's Mexico. Really coz I watch movies. It's always them that do that type of drugs.

Researcher: So if I tik, do you guys think I'm responsible for tikking or not?

FP1: Yes you are.

FP2: Yes you are coz you know what you're doing and you know what kind of affects its gona be on you.

Researcher: But what if I don't know the affects?

MP2: If you don't know the affects then you're just a idiot!

...(laughter)...

FP3: And how can you not know the affects when you know theres people that's tikking?

MP2: No really, coz then I don't know in what world you're living in. Because it's so popular everybody is using it. You telling me you don't know what is tik? You thought it's a sweet?

...(laughter)...

Researcher: So you think it's importers and it's yourself...(interrupted)

MP2: The thing is also the people that sell it, they make that big bags, I watched a movie also where they put the cocaine in. They get rich. They don't care if you a small child.

Researcher: So you are saying that the merchants are also responsible?

FP3: Ja

MP2: Uhh, they don't worry of small children they will sell it to small children if they come there. So long they get their money, they seker millionaires already. They don't care they just sell.

FP1: Uhh, ride around in posh cars.

MP2: Uhh, and you know what's the baddest thing of all? They have people that sell it for them. If they catch that people then that base they say if you talk then you're dead. That's why yougo to jail and he's sitting there in his mansion in Muizenberg.

Researcher: No one can say anything?

MP2: Ja

Researcher: So the ages that people start...(interrupted)

FP2: And they target people that have little money, then they say if you buy this then I will give you so much money and then they crave for that money, because why they must feed their families and everything.

Researcher: So the ages, do you guys think that it's starting to get younger?

MP3: younger

FP2: Yes

FP3: Yes

MP2: Ja I saw already. Because of the mommies that use it, like small children also get addicted to tik. I saw in the 'Voice' already once.

FP2: They gamble also for it.

Researcher: They gamble for it?

MP2: Ja they gamble for money.

FP2: They will do anything for it.

MP2: They will do anything... they will steal books... really, they will steal the stupidest stuff just to sell it really.

FP2: Clothes off of the lane.

Researcher: So younger children are starting to use it and younger children are using it with their families like parents and their mothers?

MP1: The mothers use it and then they addicted I don't know how but ja.

FP3: My mommy use it so I can also use it.

Researcher: Ja because that brings confusion to the child right?

MP3: No food it takes your hunger, it takes all your problems away. Like I like eating ooh jinne.

Researcher: So you saying if you don't have food in the house and then you tik and you're not hungry?

MP3: Yes like I said it sorts out all your problems, yor like if you have problems in the house also...(interrupted)

FP2: You don't care anymore when you tiking. Like if somebody comes and beat you up you don't care.

FP3: You feel nothing.

MP3: Ja that's why some of them also say I'm first gonna take a swaai from my lollie then I'll take you on. Coz you can hit their mouth pap hit all their teeth out they don't care they'll just come back. They like draculas they hungry.

Researcher: So do you think there is anything that we could do or anyone could do to decrease this tik problem.

MP2: Yes there is, but it starts with the person that use it also nè. Now we cant now go and hit this person flou to stop it or talk to them it just go in here and out there. It start like they say a HIV free how do they say...?

FP2: Generation

MP2: Ja like a HIV free generation it starts with the person that's doing it.

Researcher: You said yes, what do you think we could do?

...(laughter)...

Researcher: Seriously what do you think anyone or we should do to get this tik problem to decrease? The tik problem...

MP2: Sometimes I don't agree on the PAGAD's. I don't agree with them coz they sometimes make me angry, but it's also I think if that is what you have to do to get this druggies who sell it out..(interrupted)

FP1: They must mantra them out. Throw holy water on them.

MP2: Because they the PAGAD's they burn sommer your house out if they know you were a person like a merchant then they burn sommer your house out. I'll do that.

Researcher: So take action into our own hands?

FP3: Take the law into our own hands.

MP2: Yes our own law if you must man. Cause the law they say they working on it but there's no progress.

FP3: They vreet them versin that's why they so fat.

MP2: That's why I'll reall I will go burn one of their houses out with pleasure. I musn't just go to jail.

Researcher: So then you think the laws and the people...(interrupted)

MP2: They not working hard enough.

Researcher: ...they also responsible for the tik problem coz they not doing anything?

FP3: Yes

FP2: Some of them are working with the merchants so...?

FP1: Uhh

FP3: Uhh most of them.

FP1: They must go search there then they go sit and drink tea and drinks.

MP2: Some of them are that sleepy fat people, then they sommer sleep.

FP1: Hulle tik saam met die merchants.

FP2: If they find tik on you then they take it off then sometimes they let you go and they take the tik for them.

MP2: Some of them are on tik that's why I say anybody you can ma be who you can and you will.

FP1: Never say never.

Researcher: It's true ja. So if I say now like I'm gonna come into Mannenberg and I need all of you guys to help me to decrease the tik, what would you tell me to do?

MP1: Bomb their houses.

...(laughter)...

Researcher: ok we get the bomb. Bomb their houses what else?

MP1: Really it's difficult man. Coz if the police cant do it, really it's difficult to get them off. It's just like a cycle they now stop they now will stop for a month give them another month then it's again going. You did now work you in your chops. Ohh we had progress. Then you see a month later there they tik again.

FP2: If you can put them infront of a big mirror and let them look at themselves, then coz I don't think they do. Let them see how... what tik is doing to them then maybe...(interrupted)

MP1: Let them look at the photo's they had in the past when they weren't ticking.

FP3: You can see the inside of them already. They perrie

...(laughter)...

MP2: They'll somme pull faces in the mirror if they bored jong.

FP2: And you can't force somebody to go to rehab, because if that person doesn't want to and that person is coming out then he's gonna do it again, because he didn't want to go in the first place.

Researcher: Ja it's true.

MP2: That's why I think the rehab...(interrupted)

FP1: And you just waisting your money also.

Researcher: So you guys don't think that rehab works.

MP2: It works for some people, for some people. Coz I know some people that was on it.

Researcher: So why do you think it works for some people and not for others?

MP2: Some people is really stubborn.

FP1: Uhh hardegat.

FP2: And some people want to get off.

MP2: Uhh they want to, and some people have like problems...(interrupted)

FP3:They need support from their family members.

MP2: ...at their house and they think now that's the only way to escape this problem and then they keep on using the drug even if they were by rehab. But some people have a good family that's why.

Researcher: So what, this is my last question, so what factors would lead to tik usage increase? Tik use increasing? So like I asked you now what would decrease these but what would increase these? What is it then now that makes people use it more? Coz you said just now for someone to start using it now would be stupid , because you know all the affects. You know what I mean? So if I am ... so what would lead to the increase in tikking?

FP2: they put it in sweets

MP1: Ja really this people is so clever nè, children that didn't evens go like ... people that is not even educated I don't know how they get so clever seker of tik. They will find a way to like let friends that don't want to use it... they will somme throw it like in Coke and such stuff. Okkapyp then you addicted also.

Researcher: So the fact that you can easily get it would... keeps tik going? Because it's obviously like you say you get R20 packets and R30 so it's cheap.

MP2: And it's nothing also there's sometimes maybe now they don't have then they'll slat R2, R2, R2 they don't worry if they 50 people on that one lollie they make a way.

FP2: And uhm like with any drug... with anything... you start doing it but you don't do it regularly then when you get addicted then you gonna do it everyday.

MP3: Whenever you turkie then you will do it, coz then you start robbing.

Researcher: So is there anything you guys would want to see happen in terms of what you guys would do if you could, to decrease the tik?

MP1: Decrease?

Researcher: To decrease the tik. Because you see the project we are running we are trying to find out why...That's why I'm asking you guys. Because I'm trying to find out is it because people don't know what the drug does that they still go and use it. I mean you guys generally know what it does and so forth... or is it just because they have different thoughts about it? So I'm trying to find out like what can we do to tackle this problem? You know coz I mean it's innocent children.

MP1: Ja the children need to be educated about the drug. Coz some of them are not educated that's why they...

FP2: If they can show a picture of how their brains will look after a few years of using tik then maybe... coz they are living in denial. Because , they say : 'no I'm not addicted'. If you are on tik they say 'no im not addicted' 'I'm not as perrie as him' and so on. They don't want to admit that they are addicted.

MP1: They on the drug

Researcher: So do you think it would be.. do you think like you said education? To get them to see look here this is what it does to you.

FP1: Parents should talk to them.

MP3: And not just parents for example like L. O. teachers.

Researcher: The teachers also? Have you guys had any talks...(interrupted)

FP2: The community must stand together.

Researcher: So do you guys think if... I want to come into the school and have a prevention you know like to get people to not starting using it at all. Do you think that type of workshops would help...(interrupted)

MP3: It will help.

Researcher:... or do you think that even if you do have it the people will still use it?

FP1: The people go so on about rape and that stuff and crime and stuff but they don't do about tik. It's the same.

MP2: That's what leads people to rape... they start using different types of drugs and their brains don't work like we told you. Then they sommer start raping their mommies, they try to rape their mommies.

...(laughter)...

FP2: Their grandmothers...

MP2: They hijack the people with the car and all... Or they rape you and they dump you somewhere.

FP3: Like if you educate a person that is not on drugs then I can assure you that person is not going on drugs because that person knows what the affects are and what it does to you. But when you tell a person that's already on tik then...(interrupted)

MP2: It's not easy for them to come off.

Researcher: So you think focusing more on prevention rather than to get people off it. Because you can prevent someone from using it...(interrupted)

MP2: Ja prevention...Then it's more better. Because now you gonna go to try to get people off it that is already on it then there is more children going on it. Rather prevent the children that's not on from doing it. Because this people are very stubborn hoekal in Manenberg .

Researcher: OK, so you say focus more on prevention and education in terms of prevention. Have you guys had any type of intervention at school? Like when people came to speak to you about tik and educate you about tik and so?

MP3: About drugs ja.

Researcher: So you do get the type of intervention...(interrupted)

FP2: We had uhm people like there by...(unclear)... class. He's not teaching here anymore, at the end of the year. He had his own rehab and then the people that was on drugs but is not anymore came to the school and told us their history of addicts.

Researcher: Do you feel that it helped at all for you? I mean did it touch you in terms of you don't want to do it anymore at all?

MP3: A bietjie.

MP2: They need to do more.

Researcher: Like what?

MP2: I really don't know but they like you know...this people that do the rehab and stuff... like say ma now they educate the children, they bring like someone that was on drugs and that person come and explain how he felt and what experience and stuff.

Researcher: Ok. Is there anyone that would like to add anything.

FP3: Don't do it.

Researcher: OK. Thank you guys I think that I have got everything that I need. Once again I want you guys to know that I'm very thankful. The community should be thankful to you guys coz you have really helped now. Because we are really trying to tackle this problem and I think from your perspectives as young people and you're peers that use these drugs. I think

it's important to get your perceptions on this as well. So I say thank you to you. Once again I won't be using your names or anything in the paper. I'm gonna be writing a paper and I will be giving feedback to the principal. So if you guys want anything you can just.... I don't know if you have the information sheet because my contact details are on there. I can give it to you guys then you can if you have any questions or if you want to check up on how it's going or if you want to give me any feedback or anything that you can think of you can contact me. Any ideas it's really... I don't think you guys see the importance of getting your input. It's very important because you guys are living this life, you have the friends and so forth that are using the drugs and it's important for us to get your view point. If you have anything else to add, please don't hesitate to contact me or one of the other researchers and ja. So thank you very much to each and every one of you. Any questions just let me know.

MP3: no questions...