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PURPOSE AND SCOPE

The *African Journal of Drug & Alcohol Studies* is an international scientific and peer-reviewed journal published by the African Centre for Research and Information on Substance Abuse (CRISA). The Journal publishes original research, evaluation studies, case reports, review articles and book reviews of high scholarly standards. Papers submitted for publication may address any aspect of alcohol, tobacco or drug use and dependence in Africa and among people of African descent living anywhere in the world.

The term “drug” in the title of the journal refers to all psychoactive substances other than alcohol. These include tobacco, cannabis, inhalants, cocaine, heroin, prescription and over-the-counter medications, and traditional substances used in different parts of Africa (e.g., kola nuts and khat).

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UNRAVELLING THE DRUG-CRIME RELATIONSHIP: A STUDY OF SUBSTANCE USE AMONG FEMALE OFFENDERS

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ABSTRACT

The correlation between drug use and criminal behaviour is well-documented but often oversimplified. This study explored the intricate dynamics of this relationship, focusing on female substance users—a demographic historically underrepresented in such research. Individual semi-structured interviews were conducted with 29 female offenders in South African correctional centres, followed by inductive thematic analysis. The findings challenge the conventional narrative that drug use directly causes violent criminal behaviour among women. Instead, it suggests violent behaviour is not inevitable, rather, women often choose to self-isolate or use substances to regulate their emotions. Highlighting these complexities, the study underscores the need for comprehensive investigations into the drug-crime relationship. Understanding this interplay is crucial for effective interventions and policies, particularly among female populations.

Keywords: criminal behaviour, drug-crime relationship, female offenders, gender differences, substance use

INTRODUCTION

The relationship between drug use, crime, and gender has been a focal point of scholarly inquiry, yet the experiences of females in this discourse have often been marginalised. Historically, women were predominantly confined to domestic roles, limiting their visibility in discussions and research surrounding drug use and criminal behaviour. In contrast, men enjoyed greater autonomy to engage in

various activities beyond the confines of the household, including involvement in substance abuse and criminality (Galvin, 2020). Moreover, societal expectations imposed distinct gender roles and moral standards on women, emphasising decorum and adherence to societal norms that proscribed drug use and criminal behaviour (Prentice & Carranza, 2002). These expectations, coupled with socio-economic constraints, further constrained women's agency and autonomy.

Particularly among black women, historical and contemporary socio-economic disparities have perpetuated systemic inequalities, hindering their access to socio-economic freedoms (Samaradiwakera-Wijesundara, 2022). Despite steps toward gender equality, significant segments of black women, particularly those from working-class backgrounds, continue to deal with social and economic challenges that impede their pursuit of socio-economic autonomy (Esnard, 2022; Mahlatsi, 2020). Consequently, black women, especially those from marginalised socio-economic backgrounds, face heightened vulnerability to drug use and involvement in criminal activities due to the intersecting factors of gender and socio-economic status (Amaro, Sanchez, Bautista & Cox, 2021; Quigley, Logsdon, Turner, Gonzalez, Leonard & Becker, 2021; Schuler, Prince, Breslau & Collins, 2020). The imperative for rigorous research arises from the need to investigate the intersectionality of gender, socio-economic status, and the drug-crime relationship, with a specific focus on elucidating the experiences of female drug users within this complex framework.

Historical perceptions of the drug-crime relationship

Anecdotal reports have frequently associated substance use with violence, drawing from the tripartite conceptual framework proposed by Goldstein (1985) and earlier conceptualisations of the drug-crime relationship. Historical perspectives on this relationship have traditionally emphasised psychopharmacological effects, economic compulsions, and systemic frameworks as explanatory factors for drug-related violence, with a focus on male participants (Boles & Miotto,

2003; Bennett & Holloway, 2009; Weiner, Sussman, Sun & Dent, 2005). However, it is noteworthy that a significant portion of the research supporting the psychopharmacological effects of drugs pertains specifically to alcohol (Boness, Watts, Moeller & Sher, 2021; Fagan, 1993; Parker & Auerhahn, 1998). This emphasis on alcohol in research can be attributed partly to its historical prevalence as a mainstream drug (David, 1989). Conclusively, alcohol intoxication and dependence have been implicated in various violent incidents, including sexual assault, homicide, suicide, intimate partner violence, physical assault, and verbal aggression (Eriksson, Bryant, McPhedran, Mazerolle & Wortley, 2021; Grigorian, Brem, Garner, Florimbio, Wolford-Clevenger & Stuart, 2020; Isaacs, Smith, Sherry, Seno, Moore & Stewart, 2022; Kirk-Provencher, Schick, Spillane & Tobar-Santamaria, 2020). This association between alcohol use and violence is acknowledged by some of the referenced scholars as causal, however, the causal link is still arguably anecdotal. Collaborating researchers (Sontate et al., 2021) in the neuroscience field made the conclusion that alcohol-induced aggression results from a complex interplay of biological and social determinants. These determinants include gender, genetic predispositions, co-occurring psychiatric conditions, blood alcohol concentration, and environmental factors.

Research pertaining to the relationship between alcohol consumption and aggression has historically lacked specificity, often encompassing a broad spectrum of violent behaviours. Furthermore, the demographic composition of research participants has predominantly skewed towards males. Investigations into other drug types, such as cocaine,

have primarily concentrated on instances of violent crime and intimate partner violence, with comparatively less emphasis on minor offenses (Ogden, Dichter & Bazzi, 2022; Stjepanović, Hall & Leung, 2023; Zhong, Yu & Fazel, 2020). Baumer, Lauritsen, Rosenfeld and Wright (1998) conducted a comprehensive study examining the association between cocaine and crack cocaine usage and crime rates across more than 100 cities. The study revealed that cities with elevated crack cocaine use experienced an uptick in robbery rates, while burglary rates either declined or remained stable. In contrast, analysis of homicide trends in relation to cocaine and crack cocaine usage yielded no statistically significant effects. Their findings suggested a discernible pattern in the criminal behaviours of crack cocaine users, predominantly involving shoplifting, robbery, and burglary, while generally abstaining from violent offenses. Nevertheless, these investigations remained predominantly centered on male subjects. Likewise, research on stimulants, depressants, opioids, and hallucinogens has predominantly featured male participants. Thus far, existing literature underscores the male-centric nature of the drug-crime relationship.

The literature unequivocally demonstrates that drug use is intricately linked to criminal behaviour across genders (De Vogel, Stam, Bouman, Ter Horst & Lancel, 2022; Pierce et al., 2017; Piquero, Schubert & Brame, 2014; Turner, Daneback & Skårner, 2020). In endeavors to elucidate the criminal trajectories of both genders, criminologists have historically juxtaposed male and female criminality. This comparison has often underscored traditional gender roles and stereotypes. Female criminality has

been predominantly associated with offenses such as shoplifting, prostitution, and other forms of sexual deviance (Mukhammadiyah, 2023; Schmidt, 2020). Early researchers posited that women's involvement in street deviance was limited, largely due to societal constraints and their primary roles in familial responsibilities (Campbell, 1982; Klein, 1973). In contrast, male criminal behaviour has been depicted as driven by aspirations shaped by cultural norms, peer influence, and a propensity to deviate from societal expectations (Farnworth & Leiber, 1989). However, evolving societal norms and increased gender equality have reshaped these historical trends. Women's expanding access to various spheres of society has diminished traditional barriers, enabling their participation in a wider array of criminal activities.

Certain studies have sought to deepen the understanding of the intricate relationship between crime, drug use, and gender by focusing specifically on women. However, these investigations have only explored women's involvement in drug use within the public health sphere, and their roles within drug distribution networks (De Angelis et al., 2020; Diviák, Coutinho & Stivala, 2020; Fleetwood & Leban, 2023; Selmini, 2020; Tinjacá & Ortega, 2023). While these studies have produced conflicting findings, they have shed light on the evolving nature of women's roles in illicit drug markets. Primarily centered on street-level drug markets, these research endeavors have examined the opportunities available to women within these contexts. Despite street-level drug markets being perceived as well-organised distribution structures, they are predominantly controlled by men (Selmini, 2020), with women typically

occupying subordinate positions within these hierarchies (Haugen, 2023). Much of the research in this domain has adopted qualitative methodologies, focusing on Western urban contexts. This study addresses the gap by exploring the drug-crime relationship among female offenders in South Africa, offering insights from a non-Western perspective using a qualitative approach.

METHOD

To investigate the lived experiences of female substance users in relation to their criminality and the criminal justice system (CJS), this study employed a qualitative approach. This methodological choice is in line with an inductive research approach, allowing for themes to emerge organically from the data itself (Bazen, Barg & Takeshita, 2021). Qualitative research provides valuable avenues for a thorough exploration that captures the richness of human experience and provides context to social phenomena (Dehalwar & Sharma, 2024). Therefore, it is well-suited for exploring relationships between various entities, such as substance use, crime, and the CJS. Moreover, a phenomenological research design was adopted to facilitate a deeper understanding of participants' experiences with this phenomenon. This design was deemed optimal for capturing the subjective meanings and lived realities associated with the drug-crime relationship among female substance users (Van Manen, 2023).

Participants

This study recruited incarcerated female offenders in South Africa with a

history of substance use prior to incarceration. Participants were required to be at least 18 years old and older, the age of a recognised adult in South Africa. Adulthood ensures the ability to provide relevant data aligned with the research objectives because of self-awareness (Carden, Jones & Passmore, 2022). Given the challenges of accessing this specific population, a non-probability sampling technique, specifically snowball sampling, was employed (Raifman, DeVost, Digitale, Chen & Morris, 2022). Since the Department of Correctional Services (DCS) does not categorise inmates based on past or present drug use, snowball sampling proved necessary. Existing participants were asked to identify and potentially recruit other incarcerated women who met the study criteria.

Materials

To gain deeper insight into the relationship between female substance use and criminal behaviour, semi-structured interviews were conducted with incarcerated women from two correctional centres in South Africa. The interview guide inquired into participants' family history, criminal history, and substance use experiences, supplemented by the collection of demographic information. All participants provided consent for audio recording of the interviews, while the interviewer/researcher meticulously recorded field notes to capture non-verbal cues. Following each interview, the recordings were transcribed verbatim. Thematic analysis, following Thompson's (2022) guidelines, was employed to analyse the transcribed interviews. A qualitative data analysis software, facilitated the coding process by enabling the researcher to highlight and code text segments into designated

categories with labels such as substance use, type of crime, experienced trauma, and upbringing. These coded segments were then synthesised into themes that informed the study's results.

Procedures

The study recruited a total of 29 incarcerated female offenders from two correctional centres in Gauteng, South Africa: Johannesburg Correctional Centre (JCC) and Kgoši Mampuru II Correctional Centre (KMMII). Data collection commenced at JCC, where semi-structured interviews were conducted with 21 participants. The determination of this number was guided by the snowball sampling method, as no further willing participants could be recruited. Subsequently, interviews were conducted at KMMII, resulting in the recruitment of an additional eight participants. The overall sample size was determined by saturation, a point at which no new insights emerged from the interviews (Sukmawati, 2023). Throughout the data collection process, the interview guide was adapted to facilitate follow-up questions, clarifications, and deeper exploration of participants' experiences. This adaptive approach ensured a comprehensive understanding of their perspectives. Each interview typically lasted for at least one hour.

Measures

This research prioritised ensuring the trustworthiness of its findings through four key criteria: credibility, transferability, dependability, and confirmability as proposed by the seminal work of Lincoln and Guba (1985). Credibility, essentially, refers to the alignment between participants' perspectives and how the researcher represents them in the study

(Ahmed, 2024). To establish credibility, this study adhered to well-defined procedures for conducting qualitative research (Megheirkouni & Moir, 2023). Transferability in qualitative research entails the potential applicability of findings to other settings, allowing for a degree of replicability (Megheirkouni & Moir, 2023). In this study, transferability was achieved by providing rich descriptions of the participants, interview locations, and the broader contextual framework of the research.

The third criterion, dependability, pertains to the consistency of data over time and across different conditions. In qualitative research, dependability is associated with maintaining research focus throughout the study (Ahmed, 2024). To ensure dependability, the researcher meticulously maintained a process log documenting decisions made and the rationale behind methodological and theoretical choices as the study progressed. The final criterion, confirmability, addresses the researcher's capacity to minimise personal biases in data analysis and ultimately present objective findings (Ritter, Koralesky, Saraceni, Roche, Vaarst & Kelton, 2023). Confirmability is inherently linked to the other three trustworthiness criteria. Therefore, throughout the research process, this study explicitly justified the theoretical framework, methodological approach, and data analysis techniques employed.

Data analysis

This study employed inductive thematic analysis, a method that allows themes to emerge from the interview data itself, rather than being predetermined by existing theories (Naeem, Ozuem, Howell & Ranfagni, 2023). While ideally, themes

would not be influenced by the interview questions, the researcher acknowledges that their background and experiences can play a role. To mitigate this bias, the analysis prioritised staying true to the participants' experiences as reflected in the data (Braun & Clarke, 2023).

Ethical considerations

Prior to commencing the research, ethical approval was obtained from both the University of South Africa's College of Law (UNISA's CLAW) Research Ethics Committee and the DCS research committee. Informed consent was a pivotal aspect of the semi-structured interviews process (Fons-Martinez, Murciano-Gamborino & Diez-Domingo, 2024). Participants received a comprehensive informed consent form outlining the study's purpose, data collection process, potential risks and benefits, and their right to withdraw at any point. Considering the participants' vulnerability as incarcerated individuals and drug use, the researcher ensured transparency throughout the process. This entailed providing a clear overview of the research, potential discomforts, and the absence of direct benefits for participation. Additionally, participants were informed of their right to withhold information and discontinue the interview at any time.

The researcher actively monitored participants' comfort levels, pausing interviews to check in and offering referrals to social workers within the correctional centres for debriefing if needed. Furthermore, social and cultural sensitivity towards participants' age, gender, and background was emphasised throughout the interviews. To ensure safety for both the researcher and participants, a DCS official (guard) remained stationed outside

the interview room with the door open. While acknowledging that this protocol could potentially impact data quality and anonymity, most participants confirmed feeling comfortable continuing the interviews.

RESULTS

Demographics

The youngest participant was 21 years old and the oldest was 52, resulting in a mean age of 36.5. In terms of race, there were 15 black participants, four white participants, nine coloured participants, and one participant of Asian descent. The introduction to this article has suggested that black women are at higher risk of drug abuse or involvement in criminal activities. A total of 18 participants were unemployed before incarceration; among those who were employed, most had informal jobs paying below a living wage. Only six offender participants held formal employment in various business industries while informally employed individuals relied on temporary odd jobs without a stable income.

Regarding education levels, 21 offenders did not complete high school with eight dropping out during primary school, five completing matriculation and three pursuing higher/tertiary education after matriculating. The goals for higher education were however not achieved. These findings once again confirm that women facing socio-economic challenges are more likely to engage in criminal activities or substance abuse due to lack of resources for upward mobility towards economic and social freedom. This is evident from the average age for initial substance use being reported as 17.7 years old.

Drug Use Patterns Among Offenders

The prevalence of a drug was determined by its accessibility and affordability. In this study, the most commonly used drug category among offenders was depressants, which were easily accessible in their environments. All but one of the offenders had used depressants at some point in their lives. They either started with depressant drugs or transitioned into using them. Some combined depressant drugs with other affordable drugs from different categories. The only less accessible and affordable depressant drug was gamma hydroxy butyrate (GHB). The participant who used GHB was relatively wealthy and had connections to easy access of the substance. Hallucinogens were the least used due to their high cost, with ecstasy being the most expensive. The most prevalent substances used were crystal methamphetamine and cannabis. Prescription drugs were only used by one offender participant; psychiatric drugs were reported to not be preferred as they are neither easily accessible nor affordable.

Less than half of the participants reported that they used alcohol, contrastingly, most women reported that they do not like alcohol. Although alcohol has temporary stimulant effects on behaviour, it is classified as a depressant (Gopakumar, Shine & Anjali, 2023). Alcohol also goes by specific references such as wine, beer, cider etc. based on type. Cocaine occurs in two forms—powder and crack cocaine—with no pharmacological difference between them except for appearance (Donald, Patel, Smith, Clayton & Potru, 2023). Crack appears as rock crystals while the powder form appears powdery; therefore, consumption methods differ accordingly (John, Dos Santos Souza & Ferrão, 2023).

Transition to other substances and polysubstance use

Almost all of the female offender participants had no choice as to the substance to use at the onset, as they used whatever was introduced to them. Later some transitioned into the use of other substances that they preferred over the onset substance. Reasons for these transitions included the need for bigger and better high; the cost of the substance by moving to a cheaper substance; and the availability of a substance based on location:

Participant 04: The thing with ecstasy is that you can't take one pill after the other; it's not possible. You take your pill, you have your high and, when you come down, you can't take another one to get back up there again. Kat kept its high longer, and you can maintain it in the beginning. Ecstasy started fading away and you couldn't get nice ecstasy anymore.

With kat¹ you spend hours constantly chasing the initial high. The more I used it, the worse tasting it became. I just couldn't leave it and that's the reason why I went to look for something stronger, the GHB (liquid ecstasy) and crystal meth. I wanted something stronger. I think my life was also in shambles, I just didn't want to face reality.

Participant 13: Rock² is an expensive drug, so I decided to quit it and started crystal meth. I felt better with every smoke. I never smoked it for long. I

-
- 1 An amphetamine and has similar effects to cocaine
 - 2 Crack cocaine

then went into nyaope³ because it was cheap. It was R25.

Participant 02: I moved to Joburg at the age of 19, and I got my first child at the age of 20. That's the time when I transitioned from the mandrax to the rocks. I got introduced to rocks here in Joburg. The popular drug in Cape Town was mandrax and here in Joburg it was rocks. Rocks makes you hyperactive and you want to go out, you just want to enjoy life. The tik⁴ only came now, I went on trips to Cape Town and that's how I got introduced to the tik.

Criminality and drug use

Almost all of the female offender participants learned their criminal behaviour from peers or intimate partners who also introduced them to substance use as they explained:

Participant 01: I remember I started hanging out with a group of people from Soweto and I started stealing cars, this is how deep I fell in.

Participant 08: When I got married to this drug lord husband of mine, he introduced me to cars. One day, he gave me a BMW, brand new for my birthday. I got into an accident one day where somebody hit my ass [rear bumper] and I hit the person in front of me. The car was almost a write off. I went for two weeks without a car; I had to drive his; I do not like driving his because I know

my car. He then said to me: 'In this family, you must earn. I think I must show you how to earn a car'. He showed me how to earn by stealing cars. To get my car, I had to steal about three cars, then I had to go out and steal my own car.

Participant 16: He (boyfriend) introduced me to stealing. I just saw him stealing at home, and then I also started stealing at home.

Participant 03: I would steal people's money to buy drugs. I was stealing from the people there in town who were going to do shopping. I was pickpocketing.

When the above participant was asked who taught her to pickpocket, she responded by saying it was her ex-boyfriend.

How substance use habit was supported

Two participants, Participant 14 and Participant 02 were the only participants who committed crimes to support their substance use habit and also to survive. Participant 14 described her substance use as something that was counterproductive to her criminal endeavours. When asked if she used her prescription medication to be able to commit a crime, she stated: *"No, that would be counterproductive. I'm very unproductive under the influence, with everything."*

Participant 14 continued: Then the second time it was a way of living. I grew up very wealthy, but when I had a choice of husband that I took, my father cut me off completely. We were not surviving, and I had my first child. So how that started again was that I sold my wedding ring which was from my grandmother. We met this Nigerian syndicate

3 A common street drug found in South Africa comprised of substandard heroin, cannabis derivatives, antiretroviral medications, and additional substances utilised as diluents.

4 Crystal Methamphetamine

where this guy asked me if I'm interested, and I thought he was approaching me for some human trafficking thing, but it turned out it wasn't. It was just to play the middleman with the diamond smuggling that they had. I would just phone the different diamond corporations like xxx, order things then say that they were robbed and insurance would pay out. Essentially, it was just my voice. Then they would send out an Uber driver to go fetch the diamonds, then I would make those scheduled payments like I used to do, and they would sell the diamonds overseas and I would get my cut.

Participant 02: I would go to spin⁵ (stealing, then selling the stolen goods for quick cash), come back and then relax. When I relax I don't want anyone around me I just want my drugs. No children around me or whatever.

The other female offender participants who engaged in criminal activity, did so for the express purpose of supporting their substance use habit. This included stealing from home, other thefts, depending on their partners for money, using money/allowances received from parents or guardians, hustling, salary from formal employment or odd jobs and sharing substances with friends. They did not practice one form of crime but started with one then moved to another as they progressed in their criminal careers. In some cases, multiple means were used at the same time. Only four of the female offender participants started by stealing from home, then later escalated to theft

from shops or robbery. Prostitution was only resorted to by two of the female offender participants for the purpose of attaining money.

Participant 01: In these six months it was rocks then I escalated to crystal meth. We were doing small thefts; my friend would go to her mother's [place] and steal small things.

Since this participant's friend was stealing from home and sharing with her friends, Participant 01 will be categorised as "sharing with friends". This participant employed two means of supporting her substance use habit.

Participant 05: I got money from my grandmother. I think she just gave it to me because she probably felt guilty about not believing me. She felt like she owed me, so when I ask for money, she will just give it to me because she didn't want to hurt me. She just wanted to see me happy.

Participant 07: I was working, and my parents would also give me money sometimes when I ask. My sister would be the one that always gives me money when I ask.

Violence resultant from drugs

Most of the female offender participants did not display any violence while intoxicated. When asked if they ever became violent after consuming substances, especially stimulants, the majority responded with a "No!" Of the five that responded with a "yes" had underlying anger issues. When questioned about their anger issues, the response was typically:

5 Stealing, then selling the stolen goods for quick cash.

Participant 14: Yes, I do, but internally I perceive myself as being calm. But, ever since being in here, I react to situations differently. I'm a lot more calmer. But the moment I am on my pills, I do not even have time to reason out with you, I become aggressive.

One participant pointed out that substances simply show more of your personality when intoxicated:

Participant 15: If you're a violent person then you become more violent; if you are quiet, then you will be more quiet. A lot of people that I actually knew that were on heroin were able to rob people at gunpoint because they were naturally of a violent nature. With me, I've never been a violent person. It would just make me more friendly and more giving. I could give away everything when I'm high.

Alcohol often appeared in incidents where violence was displayed. Where participants only used alcohol and no other substances, they often committed murders. This was the case for five (5) of the participants (Participant 06, Participant 09, Participant 10, Participant 11 and Participant 12). However, these participants asserted that the murders they committed were not premeditated and they were unfortunate mistakes.

Participant 06: We had a party just chilling outside with my friends and drinking wine. Suddenly my mother came and sat with us. After that, she took a glass of wine. After she had a second glass, she said she was fine, and she went home and said she will call me. I was 18 at the time.

When she called me I ran home, as I entered the house my mother was angry at me, and I didn't know why. When I asked her she said it's already late, it's around 4:00 AM. My father was sleeping at the time. But my mother suddenly raised her voice and started getting physical with me. I didn't even react. Suddenly there appeared a black pitch on me. When it lighted up again, I saw my mother lying down and me holding a knife. I stabbed her in the left arm. It went through her veins, and she lost a lot of blood.

When I went out to look for help, I did not get it and the ambulance took long to come. When it came, she was already dead.

The common theme in these incidents is that the murders were reactionary, not planned. These participants showed regret for their actions during the interview process.

DISCUSSION

Relation between drug type and offence

Existing literature has indicated that individuals with substance use disorders often engage in money-generating crimes to sustain their substance use habits (Miller, 2021; Rutter & Barr, 2021). Consistent with these findings, this study observed similar patterns among female offender participants from the two correctional centres. Additionally, research has underscored that the proportionality of substance dependence correlates with the extent of criminal involvement (Van Wormer & Bartollas, 2021). In this study, the majority of female offenders

exhibited dependency on their respective substances, excluding alcohol, leading to frequent engagement in criminal activities. This finding aligns with broader research suggesting that women are disproportionately affected by substance abuse (Weiss et al., 2022). Notably, this study revealed that while female participants were less prone to violent offenses overall, alcohol-related violence remained prevalent. Moreover, existing literature suggests that the influence of alcohol on violence is largely mediated by environmental factors rather than intoxication itself (Sontate et al., 2021).

Despite one participant reporting an incident of a violent crime (armed robbery), excluding murder, it was primarily a consequence of contextual factors, notably the social environment where the female victim was walking alone at night. The victim's resistance to the theft of her belongings precipitated the violence. Moreover, the female offender involved in the incident served merely as a bystander accomplice, while her male counterparts directly perpetrated the crime. This observation further supports the argument that females exhibit a preference for non-violent offenses (Nemavhola, Melapi, Hoffman & Gerber-Schutte, 2024:6). This assertion finds additional support in Liu, Sun, and Lin's (2020) exploration of conditioning factors influencing the strain-crime association, wherein the authors conclude that women typically assume a more passive role in crime commission (Liu et al., 2020). Specifically, females often act as lures to entrap victims, with males executing the violent acts. Notably, the offender involved in the aforementioned incident expressed a preference for non-involvement in the crime.

The literature identifies a range of offenses commonly committed by individuals with substance use disorders, including prostitution, property theft, burglary, fraud, drug trafficking, and breaking and entering (Gavrilova, 2022; Nemavhola et al., 2024; Young et al., 2021). Evident in this study, was that the predominant offenses among individual female substance users were contact crimes and other serious categories, specifically theft, housebreaking, and shoplifting. Contact crimes observed, primarily comprised aggravated robbery and murder, although the murders were reported to be unintentional by the offender participants, often occurring in states of alcohol intoxication. For aggravated robbery, participants predominantly served as accomplices, resulting in guilt by association. It is worth noting that these offenses represent only a portion of those reported in the literature. While drug trafficking, breaking and entering, prostitution, and fraud were each reported by one offender participant, existing literature suggests that higher positions within the drug trafficking hierarchy are typically inaccessible to females. Women usually occupy roles of drug mules (Klein, 2020; Sumter, Wood & Whitaker, 2024). Notably, the single incident of fraud in our study aligns with this pattern, as the participant was apprehended for involvement as a drug mule. These crimes are evidently driven by the financial and social constraints experienced by female substance users in supporting their drug habits.

The types of crimes perpetrated by the female offender participants in this investigation typically do not necessitate high levels of expertise or access to additional resources required for more intricate criminal activities. This observation aligns

with the assertions of Schäfer (2022), who argue that expertise in any behaviour, including criminal, are acquired through the repetition of the same actions. Moreover, Goulette (2020) and Hachtel, Nixon, Bennett, Mullen and Ogloff (2021) note that women are more likely to be apprehended when engaging in crimes traditionally associated with male offenders. Additionally, these types of offenses often entail minimal risk of prosecution, leading to a pattern of repeat offending among female participants. Upon initial apprehensions for these money-generating crimes, participants were often detained for short periods without formal trial proceedings, resulting in minimal legal repercussions. This leniency in punishment may contribute to the preference for such crimes among female offenders in this investigation.

Kerr, Small, Johnston, Li, Montaner and Wood (2008) assert that individuals enter the drug market, such as drug dealing, to sustain their substance use habits or exchange their services for substances. However, this study did not uncover any evidence of such instances among the female participants. These women lacked direct access to drug markets unless facilitated by a male companion. This finding aligns with literature indicating that females typically encounter barriers to accessing drug markets and often require association with a male counterpart who possesses such access (Sumter et al., 2024). Moreover, women in South Africa predominantly remain economically dependent on men, as highlighted in the introduction. Contrary to these prevailing trends, female offender participants engaged in criminal activities independently in this study, with minimal assistance from male counterparts, except for one Caucasian participant.

Drug use for coping

This study revealed that female substance users often had motivations beyond the mere intention of committing crimes, with the primary reason being to cope with their traumatic experiences. Consequently, the type of drug consumed may not significantly influence the type of crime committed. Instead, female offenders participating in this study predominantly engaged in non-violent crimes to procure funds to support their substance use. This suggests that the relationship between drug use and crime, when considering gender as a variable, exhibits a weaker causal link from a psychopharmacological perspective. Female participants indicated that engaging in criminal activities was not their first choice, and they would prefer lawful means to support their substance use habits if available. This underscores the prioritisation of substance use over criminal behaviour among the female offenders. Zhong et al. (2020) posits that high addiction levels are associated with increased violent crimes, while low dependence on a substance corresponds to lower levels of criminal involvement. The female offender participants in this study exhibited a pattern of escalating substance use leading up to their apprehension. They reported a progressive increase in substance use frequency, often transitioning to more potent substances over time. This escalation may be attributed to their unresolved traumas and past victimisations, leading them to rely on substances as a coping mechanism. Consequently, as their substance use intensified, the need to engage in money-generating crimes became more pressing. Violent offenses were still however avoided.

Withdrawal symptoms and violence

Apart from alcohol consumption, withdrawal symptoms from other drugs led to tendencies towards violence among female offender participants. They described feeling irritable and aggressive when experiencing withdrawals. This finding is supported by the literature, which suggests that long-term use of certain substances could lead to violent behaviour during withdrawal (Radcliffe et al., 2019, Schifano et al., 2020). However, participants in this research chose to remove themselves from the environment when experiencing withdrawal symptoms. They either isolated themselves or used substances to alleviate the symptoms, avoiding displays of violence whenever possible. If they did not have drugs to relieve the withdrawal symptoms, they felt compelled to commit money-generating crimes out of desperation. Contrary to this study's findings, existing literature suggests that violence is inevitable during withdrawal symptoms.

Polysubstance use and criminality

Ten female offender participants reported engaging in polysubstance use, meaning they used more than one substance simultaneously. Existing literature suggests that individuals who engage in polysubstance use are more likely to be involved with the criminal justice system (Cumming, Kinner, McKetin, Li & Preen, 2020; Winkelman, Chang & Binswanger, 2018). Polysubstance users are also more inclined to engage in money-generating crimes than those who use only one type of drug (Vergunst et al., 2022). However, these reports from the literature are not supported by this present study, as there was no noticeable difference between polysubstance users and those who used

only one type of drug. However, the small sample of this study is not enough to draw comparisons with the literature from the quantitative studies. The primary reason polysubstance users reported using multiple substances simultaneously was to self-regulate between being high and experiencing the comedown from that high. For instance, they would use a stimulant drug to achieve a high, followed by a depressant drug to ease the comedown, aiming to restore their appetite for food or sleep. This suggests that female polysubstance use may be driven by the desire to stabilise and control their social behaviour. Nevertheless, research on polysubstance use among females remains limited, and a more comprehensive understanding requires further exploration of all the interplaying facets in the drug-crime relationship.

Limitations

The study's reliance on self-reported data introduces the possibility of response bias and inaccuracies. Participants may have underreported or overreported their substance use and criminal behaviours due to social desirability bias or memory limitations. This reliance on self-reported data raises concerns about the validity and reliability of the findings, especially when drawing direct associations between substance use and criminal behaviour. Furthermore, the study design may have restricted the depth of understanding of certain variables. For example, the examination of withdrawal symptoms and their association with violent behaviour was based on self-reported experiences, which may not capture the full spectrum of responses to withdrawal across different individuals. This limitation hinders a comprehensive

understanding of the potential links between substance withdrawal and violent behaviour among female offenders.

Additionally, it is important to note that a DCS official was always stationed just outside the room where the interviews were conducted, with the door remaining open for security reasons. This presence may have influenced the responses of the participants. Lastly, the study may have been limited in its ability to capture the complexities of polysubstance use among female offenders. Given the limited understanding of polysubstance use in the context of female criminal behaviour, the study's findings may not fully capture the nuances of this behaviour. The multifaceted nature of polysubstance use and its implications for criminal behaviour among female offenders may require more comprehensive research to provide a thorough understanding.

Recommendations

Policymakers should advocate for and allocate resources towards the development of diverse support and intervention programs tailored specifically for female substance users involved in criminal activities. These programs should address the complex needs of this demographic, including but not limited to substance abuse treatment, mental health support, vocational training, and reintegration assistance. By recognising the unique challenges faced by female offenders with substance use disorders, policymakers can effectively enhance the efficacy of rehabilitation and reintegration efforts. Additionally, early identification of substance use disorders can facilitate timely intervention and treatment, ultimately reducing the likelihood of involvement in criminal activities among women.

CONCLUSION

The literature on male drug use revealed correlations between certain substances and specific types of crimes. In contrast, this study focusing on females found no distinct correlation between the type of crime and the specific drug used. Female participants in this study tended to avoid violent offences and instead engaged in property theft crimes to fund their drug use habits. The findings highlighted a co-existence of drug use and offending behaviour within the same social sphere for female offenders, with alcohol often leading to an increased likelihood of violent acts. Of note, this research indicated that criminality could result from substance use rather than preceding it as commonly observed among female substance users; contrary to male counterparts where criminal behaviours typically precede substance use. These finding challenges widely held beliefs by the general public and policymakers alike regarding the causality between drug use and criminal behaviour. This suggests that perceptions around how drugs cause or lead to criminality should not be considered an absolute truth but rather should undergo a thorough examination before influencing policies related to drug misuse.

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SOCIAL AND CULTURAL PERCEPTIONS OF ALCOHOL USE IN ZAMBIA: A QUALITATIVE STUDY

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ABSTRACT

Alcohol is a global leading risk factor for death and disease among individuals 15-49, with highest rates of heavy alcohol consumption among drinkers in Sub-Saharan Africa. Given identified gaps in mental, neurological, and substance use services, community- and church-based services are needed to support individuals looking to reduce or quit harmful substance use. This qualitative study identified social and cultural perceptions of alcohol among drinkers, community health workers, and Christian pastors in rural and peri-urban Zambia. Themes included roles of alcohol, reasons for drinking, benefits and problems with drinking, Possible interventions, and impacts of quitting. Aligning alcohol perceptions between drinkers and brief intervention practitioners like health workers and pastors is an opportunity to fill the gap in substance use services.

Keywords: Alcohol consumption, substance use, community support, church-based interventions, Zambia, health workers, drinking motivations, alcohol interventions

INTRODUCTION

Alcohol use disorders (AUDs) continue to be a global issue given the health burden and economic costs (e.g., health care, law enforcement, productivity loss) emanating from such disorders (Peacock et al., 2018). Sub-Saharan Africa (SSA) has the highest rate of heavy alcohol consumption among drinkers, exceeding 60% in some countries (World Health Organization, 2019). In Zambia, growth in adolescent and young adult consumption suggests a growing burden of AUD. In a school-based alcohol survey, 36.7% of boys and

45.2% of girls reported ever drinking alcohol (Siziya et al., 2013; Swahn et al., 2011). Among young adults 15-24 years living in Lusaka townships, 80% reported consuming alcohol monthly or more, with 27% reporting drinking alcohol daily (Mungandi et al., 2022). While limited, research reporting substance use prevention and care in southern Africa suggests that the major problems are in urban areas. Yet, the shift to widely marketed and distributed commercial alcohol products contributes to the increasing burden of alcohol and other drug use in rural areas (McCall, 2017).

AUD (and other mental and neurological disorders) treatment gaps in southern Africa are some of the largest in the world, ranging from 75 to 90% in some countries (Alem et al., 2009; Lund et al., 2015; Williams et al., 2008). Scaling up AUD services in Zambia needs to address barriers to cost-effectiveness, adequate mental health indicators, and social stigma (Mwape et al., 2012). Effective treatments must address relevant etiologic factors to develop context-driven adaptations of AUD services. The World Health Organization suggests using Screening and Brief Intervention (SBI) in primary care settings (World Health Organization, 2024). The SBI model (SBI) is conceptually simple and typically consists of a brief screen (1-10 questions) to identify potentially harmful substance use followed by a brief intervention consisting of 1-4 motivational interviewing style conversations with a health educator or provider. Despite the evidence of SBI from high-income countries (Moyer, 2013), results from lower- and middle-income countries are mixed (Ghosh et al., 2022). A positive effect was associated with alcohol brief intervention among adults with HIV in Zambia, along with barriers leading many to return to harmful drinking levels (Asombang et al., 2022). This inconsistency in SBI effectiveness requires a better understanding of “context-driven adaptation and innovation in service delivery,” building on variation in local areas while leveraging a global understanding of substance use disorders (Baingana et al., 2015). Evidence suggests a brief intervention might be as effective as a more intensive screening and brief intervention strategy (Ghosh et al., 2022; Joseph & Basu, 2017).

Key factors contributing to an efficient and effective brief intervention include

provider knowledge, time, social motivations, and finances, leading to the receipt of appropriate services (Asombang et al., 2022). Community Health Workers (CHW) have proven effective in delivering lower-cost health services in southern Africa, including mental health interventions (Chibanda, 2017). Studies of health educator-administered substance use brief intervention in primary care settings in the United States showed positive health-care use effects (Paltzer et al., 2019).

Given the lack of cultural-specific evidence of alcohol use in Zambia, this qualitative study aimed to identify etiologic factors that could inform an SBI-like community- or church-based approach. The research questions explored the social, environmental, and cultural beliefs associated with alcohol use in peri-urban and rural Zambia and the knowledge, attitudes, and cultural opportunities or barriers that could hinder the implementation of community- or church-based interventions.

METHOD

This qualitative study used focus groups to gather community member perspectives regarding current factors influencing substance use, specifically heavy alcohol consumption and recovery efforts. Focus groups were organized among three specific groups within the community 1) current drinkers, 2) community health workers, and 3) pastors/spiritual leaders. Questions focused on the social, cultural, and environmental factors influencing substance use and not on individual practices or behaviours to avoid public disclosure of personal information and any harm associated with stigma. The

questions were translated into the local language of Chinyanja and Chibemba by the study team members, and the focus groups were conducted in English and Chinyanja or Chibemba. Focus group sessions were conducted in the community setting in Chongwe, a peri-urban residential area located approximately 40 kilometres away from the capital city of Lusaka, Kamanga, a suburb of Lusaka, and in a rural setting of the Kasama District, located in the northern part of Zambia.

All participants were required to be adults aged 18 to 45 years and residents of Zambia. Current drinkers, defined as reporting drinking alcohol in the last 30 days, were recruited from individuals identified at drinking places (Shabin) or known as drinkers in the community. The Community Health Workers (assigned to an active local health centre recognised by the Ministry of Health and active for at least one year) were recruited from local clinics or known by the research assistants as lay community health workers or psychosocial counsellors. Pastors (those leading a local congregation of at least 30 regular attendees and in the pastoral ministry for at least one year) from different denominations were recruited from local Christian churches. The snowball method was used to identify approximately 12 members per focus group.

Ethics approval was received from the University of Zambia and the National Health Research Authority of Zambia. The primary interviewer in the peri-urban setting was a PhD trained researcher (male) from the University of Zambia. The research assistant was an MPH candidate (male) from the University of Zambia. The primary interviewer in Kasama was a licensed clinical officer and counsellor. The focus group participants were given

information about the study prior to the discussion.

Participants voluntarily participated in the study, and the consent form was read to the participants in the local language to ensure comprehension. Verbal consent was obtained given the nature of the qualitative focus groups and questions, and participants were informed they could leave the discussion at any time. Mobile phone cards (talk time) equivalent to approximately \$5 were given to the participants as appreciation for their time after the session. Sessions were conducted between October 2020 and April 2021 and either audio recorded when focus groups had a single facilitator or had a dedicated notetaker to transcribe individual comments during the group discussion. Following the focus group sessions, transcripts or notes were translated into English.

Qualitative data were analysed using a six-step method of thematic analysis (Braun & Clarke, 2021). To accomplish Step 1, the team read through the transcripts/notes in their entirety to become familiar with the data. Using a cloud-based spreadsheet (Google Sheets) platform, individual quotes with transcript and line numbers were individually coded by one member of the team (Step 2), and then reviewed and revised with a second member of the team using an iterative process. Meeting virtually, these two team members identified common themes (Step 3), which were then reviewed in person with the team members in Zambia to review and revise the codes and themes with their input (Step 4). Following the team meeting, themes were defined, and exemplar quotes were identified for key codes (Step 5). Of note, the final step in the thematic analysis is to write up the results for dissemination.

RESULTS

As summarised in Table 1, 12 focus groups were conducted with a total of 123 participants. Five focus groups were in a sub/peri-urban setting and seven were in a rural setting. Six of the focus groups comprised of current drinkers, five groups consisted of Community Health Workers, and one group consisted of Christian pastors in the peri-urban setting. Only one pastor focus group was conducted due to a change in study personnel in Kasama and the time constraints of the study.

Six themes identified with key codes and identified exemplar codes, which are provided in Table 2. Of the themes, a major theme was the Role of Alcohol in the community. This included codes that addressed ‘Beer for Food,’ ‘Gender Differences,’ and ‘Too Much Drinking,’ although there was little consensus about overall rates of drinking. One current drinker stated, *“The percentages are very high, [it’s] not easy to estimate.”* Responses also varied across groups and even within focus groups to whether alcohol was appropriate for use in community events like weddings and funerals and whether the locally brewed, traditional beer was less dangerous than commercially sold alcohol. Similarly, there was no consensus about whether alcohol use was more common among men, women, or the

youth. One current drinker stated, *“Men drink more than women”*, but another participant in the same group disagreed, saying, *“Personally, I think women drink a lot more than men,”* which was a view mentioned slightly more often among current drinkers. Although not a common sentiment among all participants, another current drinker said, *“Bars are full of under 18 years [the legal drinking age in Zambia]... people, we see these things.”*

There was, however, a clear consensus on the Reasons for Drinking, which was another major theme. Both current drinkers, community workers, and pastors all agreed that their primary reason for drinking was a lack of employment. As one community health worker stated, *“We have more people that drink because of lack of jobs, especially the young ones”*. Peer pressure was also identified as a reason for drinking, as described by one current drinker: *“According to what I see, young ones change on their own due to group influences.”* Family influence was also identified, as described by a pastor *“as a father drinks from Monday to Sunday and children learn all these from some parents and children take it as normal life.”*

The Benefits of Drinking and Problems with Drinking were two additional themes. Interestingly, few of the community health workers and none of the pastors identified

Table 1. Focus Group Characteristics

Groups	Peri-Urban Setting (Chongwe; Kamanga Suburb)		Rural Setting (Kasama District)	
	Groups	Participants	Groups	Participants
Current Drinkers	2	24	4	37
Community Health Workers	2	24	3	26
Pastors	1	12	0	0
Total	5	60	7	63

Table 2. Themes and codes identified from qualitative analysis

Theme	Key Codes	Exemplar Quotes	Focus Group
Role of Alcohol	Beer for food	<i>Chibuku, Katata are taken as both food and beer at the same time</i>	Current drinker, Kasama Group 1
	Gender Issues	<i>Women are drinking more than men and it is causing quarrels in homes between spouses and to prostitution among women.</i>	Current drinker, Kasama Group 3
	Youth Issues	<i>Bars are full of under 18 years people we see these things.</i>	Current drinker, Kamanga Group 2
Reasons Drinking Starts	Lack of Employment	<i>We drink ... because there are no proper jobs</i>	Current drinker, Kamanga Group 1
	Group (peer) Influence	<i>According to what I see young one change on their own due to group influences.</i>	Current drinker, Kamanga Group 2
	Family Influence	<i>...as a father drinks from Monday to Sunday and children learn all these from some parents and children take it as normal life. All in all, our parents have no time to teach their children.</i>	Pastor, Chongwe Group
Benefits of Drinking	No Benefit	<i>Alcohol has no benefits at all, it makes people waste their money on it rather than on profitable things.</i>	Community Health Worker, Kasama Group 2
	To Socialize	<i>Beer is good because it brings us together</i>	Current drinker, Kasama Group 2
	Profit	<i>Distillers/brewers are making money through selling beers, it is helping us to take our children to school.</i>	Current drinker, Kasama Group 1
	Culture	<i>Beer is good in our culture because it is used during traditional marriage counselling and during traditional ceremony.</i>	Current drinker, Kasama Group 2
	Beer Gives Energy	<i>...we drink chibuku when we are about to do some hard jobs/work and the beer gives us power/energy.</i>	Current drinker, Kamanga Group 1
	Find Employment	<i>...we drink because it is at the bar where we meet friends who give us job</i>	Current drinker, Kamanga Group 1
Problems with Drinking	Financial Impact	<i>...others don't want to waste their money on food, they would rather use the money to buy beer.</i>	Current drinker, Kasama Group 4
	Family Impact	<i>...when you get home, you end up beating up the children and these children end up running away from home and become street kids</i>	Current drinker, Kamanga Group 2
	Health Problems	<i>...beer gives us pleasure but when you take a lot of it you develop headache, fast heart beats and you lose appetite.</i>	Current drinker, Kasama Group 1
	Community Impact	<i>When people abuse alcohol they insult their neighbours, make noise with and play loud music embarrassing their neighbours</i>	Community Health Worker, Kasama Group 2
Proposed Solutions	One Can Stop	<i>...we drink just bit by bit and one can stop then one can stop.</i>	Current drinker, Kamanga Group 2
	Activities	<i>Introduce activities within the community which can employ the youth</i>	Community Health Worker, Kasama Group 5
	Counseling	<i>Counselling them at their drinking places and in their home using the right counselling approach.</i>	Community Health Worker, Kasama Group 2
	Church Support	<i>Churches help a lot: by going to church itself and by participating in some church activities and being involved in some church groups like youth, men and women clubs.</i>	Community Health Worker, Kasama Group 1
Impact of Quitting	Making Plans	<i>I would start thinking clearly and planning for my future if I could stop drinking</i>	Current drinker, Kasama Group 3
	Community is Happy	<i>Community is happy, there is peace at home in the neighbourhood.</i>	Community Health Worker, Kasama Group 2

a benefit of drinking, although current drinkers identified several reasons they felt drinking was beneficial. One current drinker stated, *"Beer is good in our culture because it is used during traditional marriage counselling and during traditional ceremony."* Another stated, *"we drink Chibuku [a local commercial sorghum-based beer] when we are about to do some hard jobs/work and the beer gives us power/energy."* One other current drinker said, *"we drink because it is at the bar where we meet friends who give us job."* However, most participants agreed there was no benefit to drinking. As one community health worker stated, *"Alcohol has no benefits at all, it makes people waste their money on it rather than on profitable things."* Even current drinkers agreed with one saying, *"There are no benefits but what makes us drink is to forget about problems but there is no profit."* Other current drinkers mentioned the negative impact of drinking on their health and their family, with one stating, *"when you get home, you end up beating up the children and these children end up running away from home and become street kids."* Community health workers and pastors, however, more often brought up the negative impact of alcohol use on the community as a whole, with one sharing, *"When people abuse alcohol they insult their neighbors, make noise with and play loud music embarrassing their neighbors."*

When discussing potential ways to stop drinking, two additional themes addressed Possible Interventions and the Impact of Quitting. A majority of current drinkers responded that if they wanted to quit, they would just decide to stop. One current drinker stated, *"we drink just bit by bit and one can stop then one can stop."* However, community health workers and

pastors identified the need for larger community-based programs, including youth activities, counseling services, and even church support. As one community health worker mentioned, *"Churches help a lot by going to church itself and by participating in some church activities and being involved in some church groups like youth, men and women clubs."* When thinking about the potential impact of not drinking, current drinkers highlighted the health benefits and their ability to make plans, with one participant stating, *"I would start thinking clearly and planning for my future if I could stop drinking."* Community health workers and pastors were again more often focused on the impact on the community, with one community health worker in the peri-urban setting saying, *"Community is happy, there is peace at home in the neighborhood and the person regains back his or her normal health."*

DISCUSSION

The primary themes identified from this qualitative study included The Role of Alcohol, Reasons for Drinking, Benefits of Drinking, Problems with Drinking, Possible Interventions, and the Impact of Quitting, with a clear consensus that a lack of employment was the primary cause of alcohol use, especially among youth. Similarly, there was a consensus that there were problems with drinking that had an impact at either the personal or community level. These high-level findings provide evidence there is widespread support for programs and interventions that could address the prevention and treatment of alcohol use in Zambia.

The lack of consensus on the role of alcohol in the community, for both the

peri-urban and rural settings, suggests a community wrestling with the role of alcohol in society more broadly. This lack of consensus influences the enforcement of the existing alcohol policies in Zambia, as identified by Mungandi et al. (2022). In Zambia, there are commercial and home-based alcohol options with differing alcohol content and limited community-level education about appropriate alcohol use. Few education programs exist, such as SHARPZ (Serenity Harm Reduction Program of Zambia) and the Grow Free / Grow Strong curriculum, but there is a need for more evidence regarding the effectiveness of such programs in non-urban areas (Habulembe, 2013). Given such approaches and growing alcohol use among youth (Siwale & Siziya, 2019), future research should look to develop and scale rural and peri-urban alcohol intervention strategies addressing the economic, employment, social, and spiritual context (Mwape et al., 2012).

Although not surprising, the different perspectives on the community-level impact of alcohol between current drinkers and community health workers (as well as pastors) is an important aspect to acknowledge. Some community health workers and pastors are trained in how to evaluate mental health on the community level (Chibanda, 2017), so they may need to be prepared to share that perspective with current drinkers during any brief intervention programs. As noted earlier, provider knowledge and social motivation are two indicators for successful screening and brief intervention strategies (Asombang et al., 2022). However, community health workers and pastors were unable to articulate specific benefits to drinking alcohol that may both attract and keep current drinkers using alcohol.

This may be a helpful topic to include in any training for community members who are interested in becoming part of an alcohol brief intervention program to relate to those they are looking to serve. Future research could study mixed focus group discussions to evaluate this sharing of perspectives between community groups such as drinkers and community health workers or pastors.

Proposed interventions also differed significantly between current drinkers and the community health workers and pastors. Self-efficacy is associated with lower rates of alcohol use in the community setting (Gómez Plata et al., 2022), which would be helpful to integrate into plans for any interventions. Although some community health workers and pastors mentioned drinkers being able to decide to stop drinking alcohol, it was not a widely endorsed perspective by non-drinker participants, so this also may need to be an educational topic for community leaders who may be developing future intervention programs.

A strength of this study is the ability to compare community groups and identify similarities and differences in perspectives on alcohol use. Specifically, understanding the benefits of the drinker perspective is helpful in identifying potential hooks that keep an individual participating in alcohol consumption even with a desire to reduce and quit drinking. Another strength of the study is the comparison of two different regions in Zambia and the recognition of common themes between the two areas. Future research should test themes around harmful alcohol consumption as a starting point for a brief screen and leverage different perspectives between groups as brief intervention or education topics.

There were several challenges and limitations to this study, particularly the timing of data collection occurring during a critical time of COVID-19 in late 2020 and early 2021. This impacted participants' willingness to join a focus group and identify larger meeting spaces to accommodate distancing during the discussions. Additionally, the lack of audio recordings or malfunctioning of phones as audio recorders for some focus group sessions limited the level of detail for specific participant comments. However, using a dedicated transcriber helped to capture the key components and provided valuable data for analysis. Only one focus group of pastors limited the input from the religious perspective, particularly in the rural setting. However, the transcript from the pastor's focus group was rich and provided a helpful perspective on the impact of alcohol in their community. Another potential limitation of the study is that the focus groups were not heterogeneous, which limited the opportunity to explore key beliefs about alcohol use in more depth among the differing perspectives. However, we believe allowing current drinkers to share their personal experiences without implicit (or explicit) concern of being chastened by community leaders allowed for a more open and honest conversation about the impact of alcohol on their personal lives. Lastly, the research assistant was a member of a local church in one of the focus group areas, which could have resulted in participants providing biased responses.

CONCLUSION

The results of this qualitative study suggest a misalignment between the

knowledge and perceptions of community leaders and the beliefs of drinkers. Screening instruments need to integrate motivations that align with a drinker's sense of problems associated with alcohol use, benefits of use, and motivation to seek services. This study confirms the need to consider provider knowledge, time, social motivations, and finances in future screening and brief intervention models in Zambia. Zambian communities are struggling with how alcohol should fit within society, and yet eager to pursue avenues to address the harmful impact alcohol use has on the personal and community levels.

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NORMALISATION OF A CHALLENGE: SCHOOL MANAGEMENT TEAM PERSPECTIVES ON DRUG USE IN SECONDARY SCHOOLS

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ABSTRACT

This study explored the perspectives of the school management team on drug use among learners and its impact on their behaviour. The study was grounded on the theory of planned behaviour and adopted an interpretive paradigm, a qualitative approach, and a multi-case study design. A semi-structured interview was conducted. The data was analysed using an inductive content analysis. The findings revealed that the school management teams perceive learners' drug use as extremely difficult to tackle, which compels schools to adjust to this circumstance, resulting in it becoming a norm that promotes disruptive behaviour. The study concludes that schools deploy little mitigating strategies. The study suggests the implementation of proactive measures, including stringent policy enforcement and educational programmes, alongside a multidisciplinary approach to enhance the engagement of parents and community leaders in addressing and mitigating drug use among students. The study further proposes a Circuit Drug Initiative Leadership Forum presentation, wherein schools within the closer geographical locations (Within a circuit) share their methodological initiatives, fostering various perspectives and mutual support in addressing the issue.

Keywords: Drug abuse, Secondary school, School Management Team, Disruptive Behaviour; Quintile Three Schools, Substance abuse.

INTRODUCTION

The economic inequalities perpetuated by apartheid have had a profound impact on the classification of schools in South Africa. Schools are categorised based on their geographical location and the

communities they serve (Ogbonnaya & Awuah, 2019; van Dyk & White, 2019). Some schools are in township areas, while others are in urban areas. Township area is often associated with poverty, high crime rates, violence, and compromised safety (Mampane & Bouwer, 2011),

which starkly contrasts suburban regions. Schools in townships typically face significant challenges, including insufficient resources and overcrowded classrooms (Bush & Heystek, 2003; Grossen et al., 2017). Township schools serve economically disadvantaged communities and, because of that, are classified as Quintile 1-3, while those in urban areas serving wealthier communities are Quintile 4-5 (van Dyk & White, 2019).

The high unemployment rates in township areas contribute to widespread substance abuse and criminal behaviour, issues that are often reflected in the behaviour of learners, who imitate and engage in similar activities within the school environment (Lunga, 2020). Obadire and Sinthumule (2021) noted that learners hailing from these areas depended on state assistance and the national school feeding scheme. Thus, the primary emphasis for these learners is on meeting their fundamental needs rather than on educational endeavours, resulting in a high incidence of thievery within these schools (Obadire & Sinthumule, 2021).

Numerous researchers have noted that schools often mirror the broader dynamics of society, reflecting community events and concerns (Schlebusch et al., 2022; Nzama & Njani, 2021). While community-based challenges may impact schools, it remains the primary responsibility of school leadership to address these issues effectively. In South Africa, school leadership is entrusted to the School Management Team (SMT), which includes the principal, deputy principal, and departmental heads. The SMT is legally responsible for directing the school's vision and operations, ensuring a conducive learning environment (Khanyile & Mpuangnan, 2023). A key aspect of this responsibility

is addressing problems such as substance abuse within the school. However, despite the responsibility of SMT regarding learners' drug usage, studies by Mohale and Mokwena (2020), Mokwena and Setshego (2021), and Osuafor (2021) have emphasised the widespread occurrence of drug use in South African schools, especially in Quintile 1-3 schools. Such a widespread has prompted an investigation focusing on the SMT perspective as a driving force in schools regarding learners' usage of drugs.

The learners' drug use in this study refers to the excessive, maladaptive, or addicted use of drugs for nonmedical purposes, regardless of the social, psychological, and bodily issues that may result from this usage. This includes the consumption of illegal substances such as nicotine, alcohol, concoctions, dagga (cannabis), indigenous plants, solvents, and inhalants during school hours (7 am-3 pm). Drug usage in secondary schools is a pervasive global concern that has affected schools in numerous countries worldwide (Canton, 2021).

Despite the legal prohibition in the United States of America (USA) of those under the age of 21 using alcohol, research indicates that individuals aged 12-20 account for over 10% of the total alcohol consumption (Centres for Disease Control and Prevention, 2018). According to the American Addiction Centers, the most common way that teens use alcohol is through binge drinking, which accounts for about 90% of the alcohol consumed by high school students (Kaliszewski, 2022). Another prevalent substance in the USA is marijuana. According to the National Institute on Drug Abuse, in 2018, about half of high school pupils admitted to using marijuana at least once. Nevertheless,

a growing trend among adolescents in recent years is the tremendous surge in the popularity of vaping in the USA. The 2018 Monitoring the Future survey on drug use and attitudes revealed that 32% of 10th-grade pupils and 37% of 12th-graders acknowledged engaging in vaping within the previous year (National Institute on Drug Abuse, 2018). Vaping is the act of inhaling and exhaling the vapours produced by heating nicotine liquid in a portable vaporizer or e-cigarette powered by a battery (Kaliszewski, 2022).

According to Jiloha (2017), India has a significant population that is vulnerable to drug misuse and addiction. Goswami (2015) posits that children and teenagers exhibit a proclivity for participating in drug experimentation as a kind of enjoyment and amusement, frequently in the company of their peers, particularly in urban environments. Jiloha's (2017) drug prevalence survey revealed that 13.1% of individuals involved in substance addiction in India are below the age of 20. Furthermore, the research reveals that a survey carried out within a clinical environment revealed that 63.6% of individuals who sought treatment for substance use had encountered substances during their formative years, notably when they were 15 years of age or younger.

In Africa, the national survey on the status of drugs and substance use in Kenya revealed that among young individuals, particularly those in secondary school between the ages of 15 to 24, the most prevalent drugs are alcohol, tobacco, khat, and cannabis. The survey reported that alcohol usage stands at 5.2%, khat at 3.6%, tobacco at 3.2%, and cannabis at 2.7% (NACADA, 2022). While Lesotho lacks definitive data on substance misuse in schools, Latela (2021) observed that the

Ministry of Education and Training (MoET) acknowledges the widespread and urgent need to address this issue. Based on Latela's (2021) report, the principal of one secondary school in Berea district has documented a distressing occurrence of drug usage among pupils from grade 8, in which boys and girls bunk classes to smoke dagga, sniff glue throughout the period spanning from 2015 to 2019.

Learners' Drug Usage in South African Schools

South Africa is not exempt from the prevalence of drug misuse among learners at schools. A decade ago, the National Council on Alcoholism and Drug Dependency (SANCA) expressed worry about the high occurrence of substance addiction among pupils in South African schools, especially among adolescents (SANCA, 2015). The recent research undertaken in South Africa supports the argument made by SANCA.

Mokwena and Setshego (2021) conducted a quantitative investigation to ascertain the frequency of substance usage and examine the connection between substance abuse and several demographic factors. A total of 629 students in grades 10 and 11 took part in the survey. The study was conducted in high schools in the Setsoto local municipality, namely in the Thabo Mofutsanyane District of the Eastern Free State. This area is predominantly rural. The results indicated that there is a high prevalence of substance misuse among this population, with a rate of 47%. The study revealed that among substance users, the majority (87%) consume alcohol, followed by cigarette users (45%) and users of another substance (24%). In a different geographical context, Mohale and Mokwena (2020) carried out

a quantitative cross-sectional study utilising a self-administered questionnaire. The survey was conducted among 308 learners in grades 8-12, attending four high schools in Gauteng Province. The study findings indicate a significant occurrence of substance abuse among high school students in this particular sample, which consisted of both male and female students from all high school classes. The findings substantiated a significant prevalence of substance abuse among both males and females, with alcohol, cigarettes, and marijuana being the most frequently consumed substances. Although the overall prevalence of substance use in the sample was below 50%, the proportion of males using dagga and cigarettes was high, exceeding 50% of substance users. In contrast, 51% of females reported alcohol usage.

Consistent with prior researchers, the South African Depression and Anxiety Group (SADAG) asserts that the average age of drug addiction in South Africa is 12, and half of all adolescents partake in alcohol consumption (SADAG, 2022). SADAG validates this data by stating that there was a substantial increase in youth participation after the implementation of its WhatsApp platform in collaboration with the National Department of Social Development. Between April 2021 and March 2022, SADAG received 89,992 contacts from young individuals, representing a 107% increase compared to the previous year. Researchers in other provinces have corroborated these findings. Mamabolo (2020) reports that around 33% of pupils between the ages of 13 and 18 engage in drug use while on school premises. The prevalence of drug use in schools is a multifaceted problem that originates from the community. Members of the community

engage in the sale of food items, including muffins that contain marijuana, known as space muffins, to students (Nzama & Njani, 2021).

Factors Contributing to Learners' Drug Usage

Multiple researchers attribute diverse elements to the discussion surrounding the use of drugs among learners in school settings. The factors include the environment in which these schools are located (Schlebusch et al., 2022; Nzama & Njani, 2021). These studies have shown that schools serve as an extension of society, whereby the events and dynamics occurring within the community are mirrored within schools. According to Hilliard (2019), social media is one of the contributing elements. Hilliard (2019) argues that the utilisation of social media among teenagers is almost ubiquitous in contemporary times. The study found that nearly 92% of adolescent users use social networking sites multiple times daily. For susceptible individuals, observing their peers and relatives engaging in enjoyable social activities through Facebook postings or Instagram images may entice them to engage in perilous behaviours in order to conform. For some individuals, this experience can lead to such profound sadness that they resort to using drugs or alcohol as a means of seeking comfort. The other factors contributing to learners' drug usage is peer pressure (Henneberger et al., 2021), domestic abuse (Saladino et al., 2021), and inadequate parental supervision (Park & Lee, 2020). According to Park and Lee (2020), the stability and makeup of a family have a crucial impact since learners from non-intact households, such as those with single parents or families that have undergone restructuring,

are more prone to engaging in drug use compared to those from households with two parents. Saladino et al. (2021) found that being exposed to domestic abuse at a young age disrupts the normal development of the brain's stress-response system, notably the hypothalamic-pituitary-adrenal axis. This can heighten the probability of individuals turning to drug usage as a means of self-medication to reduce their discomfort.

Drug Use and Learner behaviour.

According to Nzama and Njani (2021), students' depressive attitudes and defiance may be linked to substance misuse. Makgoke and Mofokeng (2020) noted that teachers in the Kwazulu-Natal province face challenges when dealing with learners who are dependent on drugs in their classrooms. Such teachers often experience various types of mistreatment, such as humiliation, threats, verbal abuse, bodily harm, as well as emotional and psychological distress. Nemati and Matlabi (2017) assert that disobedience and poor behaviour, such as loss of concentration, disrespect for school officials, vandalism, physical aggression, rejection, theft, graffiti spraying, and verbal abuse both in and out of class, are common among students who use drugs or alcohol. Maserumule et al., (2019) and Hlomani-Nyawasha et al., (2020) have made similar claims that drug-using students in secondary school engage in criminal behaviour and exhibit poor habits. In a similar vein, Hunter and Morrell (2021) discovered that learners in South Africa exhibit various disruptive behaviours while under the influence of drugs. These behaviours encompass making threatening statements with weapons, stealing from teachers and peers, and destroying and damaging school assets.

Problem Statement

The issue of drug consumption among learners has been researched in various provinces of South Africa, including Gauteng (Mohale & Mokwena, 2020), Limpopo (Mamabolo, 2020), Kwazulu Natal (Nzama & Njani, 2021), Western Cape (Hlomani-Nyawasha et al., 2020), and Free State (Mokwena & Setshego, 2021). According to the South African Depression and Anxiety Group (2022), in collaboration with the National Department of Social Development, the prevalence of drug use among school-age youth is on the rise. While previous studies have predominantly focused on learners' experiences (Mohale & Mokwena, 2020; Mokwena & Setshego, 2021; Nzama & Njani, 2021), there remains a significant gap in understanding the perspectives of school leadership, particularly the SMT. Despite the vital role that SMTs play in shaping learners' behaviour and influencing the overall school climate, there is limited research on how they perceive drug consumption among learners, especially in township schools. This study seeks to contribute to this gap by exploring the views of SMTs on the issue of drug use among learners and examining how such consumption may influence learners' behaviour.

The following questions guide the study.

- What are the perspectives of SMT on learner drug usage?
- What influence does drug usage have on learners' behaviour?

Theoretical Framework: Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB), proposed by Ajzen in 1991, underpinned the study. TPB has been effectively

employed to elucidate and forecast behaviour across various domains, including substance abuse (Jeihooni, 2023; Rezaeyan et al., 2023), environmental actions (Yuriev et al., 2020), consumer preferences (McDermott et al., 2015), nutrition-related behaviours in youth (Riebl, 2015), and the application and adoption of technology (Teo et al., 2016; Lin et al., 2006).

TPB states that intentions influence individuals' behaviours (Brookes, 2023). The theory posits that learners' behaviour is based on three factors: their attitudes, subjective norms, and perceived behavioural control (Sansom, 2021; Bosnjak et al., 2020; Ajzen, 2020). These elements may not be actively or consciously considered during decision-making, but they provide the context for decision-making (Bosnjak et al., 2020). The objective of using this theory was to attempt to reveal the concealed values and concepts that impact the process of learners' decision-making regarding drug usage in school.

According to TPB learners, attitudes in this study represent their personal beliefs toward using drugs (Bosnjak et al., 2020). The behaviour encompasses all their knowledge, attitudes, and prejudices, both positive and bad, that a learner considers. The TPB employs an expectancy-value framework to comprehend the formation of attitudes towards a behaviour. (Ajzen, 2020). Attitudes towards behaviour are assumed to be impacted by readily available notions about its potential consequences, known as behavioural beliefs. A behavioural belief is a person's subjective anticipation that participating in a desired behaviour will result in a certain outcome or experience (Ajzen, 2020). For example, if drugs make them look cool and fit in or make them happy. According to the TPB, this is the factor

that motivates them to get involved in a specific behaviour.

The theory further states that subjective norms are crucial for behaviour (Brookes, 2023). This refers to learners' perceptions of others' perspectives on using drugs (Ajzen, 2020; Bosnjak et al., 2020). This includes peers and teachers at schools regarding their attitude towards drugs. This means if others smoke or use drugs, it means the norm will be that it is good to use it. According to Ajzen (2020), these beliefs might increase the perceived social pressure to conform to a behaviour or standard.

The last aspect is the perceived control mechanisms. Attitudes are presumed to derive from accessible behavioural beliefs, whereas subjective norms are based on available normative beliefs; similarly, perceived behavioural control stems from accessible control beliefs (Ajzen, 2020). A control belief is an individual's subjective likelihood of a certain facilitating or inhibiting element in a relevant behaviour (Ajzen, 2020). This is the extent of the perceived ability of learners to control their actions (Brookes, 2023). Such ability is contingent upon learners' perception of intrinsic elements, such as their aptitude, and extrinsic factors, such as the resources and assistance accessible to them. In this case, TPB posits that learners' perception of behavioural control has two effects. In schools, it means whether the perceived school environment, teachers, and other learners can provide behavioural control mechanisms. Such a perceived control is the one that either reduces or promotes behaviour.

Considering the perspective of TPB, which asserts that three intertwined factors influence human behaviour, it was crucial to examine this in the context of

a school environment where learners assemble daily, focusing on the perspectives of SMT. The SMT perspective facilitated the research in identifying a potential determinant of learners' attitudes, subjective norms and perceived behaviour control towards using drugs in schools.

METHOD

This study employed an interpretive qualitative technique, employing multiple case study designs of two research sites selected purposely. The two research sites in this study are the quintile three secondary schools. These schools cater to underprivileged communities, do not impose fees, and provide learners with stationery and meals. Data were generated through semi-structured interviews with six members of the SMT who were also purposely selected. Upon the researchers' arrival at the schools, they presented a study leaflet to the school management and emphasised that they needed only three consenting participants. As participation was voluntary, the initial three individuals who expressed interest were the ones with whom the researcher arranged interviews. The semi-structured interviews involved a mix of open-ended and closed questions to obtain detailed and varied responses (Kallio et al., 2016). This approach provided useful insights from the standpoint of the SMT regarding drug usage in schools. An inductive content analysis approach was used to analyse the transcribed data. This method facilitated the emergence of the data as the guiding force, as the themes are derived from the data rather than predetermined by the author (Vears & Gillam, 2022). The researcher engaged with the data to get a

preliminary understanding before implementing open coding to break down the data into smaller, significant parts. The codes were subsequently organised into overarching themes or groups according to their resemblance and significance, independent of predetermined classifications. The researcher meticulously honed these themes by ongoing comparison with the data, guaranteeing their precise representation of the content. The researcher analysed the themes through this repeated approach to reveal patterns and insights. The last stage was the presentation of findings, highlighting major themes and what they mean to the TPB principles substantiated by original quotes. To ensure the credibility of this study, direct quotations were supplied to furnish tangible examples from participants and to substantiate the researchers' interpretations and claims. This ensured that the results were based on the facts rather than the researchers' beliefs or prejudices.

The study received ethical approval from the Free State Department of Education and the University of Free State Ethics Committee. The approval was authorised with the ethical clearance number UFS-HSD2022/1662/22.

Tables 1.1 and 1.2 below represent the demographic details of the research sites and the participants.

RESULTS

The data revealed two major findings: firstly, that drug usage is a new norm among learners in quartile three secondary schools; secondly, that drug usage leads to deviant behaviour among learners.

Table. 1.1. Details of the sampled secondary schools

Name of school	Number of principals	Number of deputy principal	Number of departmental heads	Number of teachers	Number of learners	Quintile ranking
School A	1	1	4	28	940	3
School B	1	2	9	53	1672	3

Table 1.2. Participants’ biographic details.

Name	School	position	Gender	Teaching experience	Highest qualification
M1	A	DH	M	25	Master’s degree
M2	A	DH	M	22	Master’s degree
M3	A	DP	M	10	BSc Hons (PGCE)
M4	B	DH	M	10	B.Ed. Honours
M5	B	DH	F	27	B.Ed. Honours
M6	B	DH	F	30	B.Ed

Keys: B.Ed.-Bachelor of Education, ACE-Advanced Certificate in Education, PGCE-Postgraduate Certificate in Education, BSc-Bachelor of Science

Theme 1: The perspectives of SMT on learner drug usage

Under this theme, three subthemes arose. The data demonstrated that drug use among students had become the norm in schools as a result of teachers’ passive stance, students’ embrace of the use, SMT adopting a passive approach and the community’s supply even during school hours

1.1 Learner drug usage is a norm.

The participants indicated that drug usage among learners is deeply embedded in the school culture, as evidenced by the majority of students of both genders. M3 (School A) shared:

In this school, we have 940 learners, and I think 60% of learners are smoking 60%. Not just cigarettes but drugs. Both boys and girls. We have cases of drugs every week. More than once in a week.

M4 (School B) Further shared:

Hee drugs! I forgot about it. You know, it is not like I forgot about it. It is normal for us here at school. I sometimes forget to raise it when people ask me about problems in my school because I have gotten used to it, and it has become a culture.

1.2 SMT Passive Approach

The participants also revealed that the SMT had employed a passive strategy regarding students’ drug use, thus entrenching this behaviour inside schools. M5 (School B) elaborated:

You will not have peace of mind if you try something because you will fight from morning to school. I do ignore it even when I feel dagga-smelling. I continue with my business. You cannot solve this.

M2 (School A) expressed his perspective, noting that certain mitigation measures may have repercussions that render them less effective, favouring a passive approach. He shared:

It is a problem that we have learned to cope with. If we were to use the learners' code of conduct, which prohibits this drug usage, more than half the school would be suspended. You know what that means? Extra work is needed from teachers and us regarding additional support for those learners. It also means the likelihood of failure, which affects us. The department is on our neck about performance. During accountability sessions, those people do not listen to anything; they just demand performance without excuses. So you choose, they get suspended or stay? Even if they stay, their attention due to drugs is still an issue. That is why I am saying the whole thing is a disaster.

1.3 Community facilitation

The research also indicated that the community plays a significant role in supplying learners with drugs during school hours further strengthening the normality of the usage in schools. M1 (School A) stressed:

They smoke during break and are supplied by the community members who sell at the gate and on the fence.

M2 (School A) added:

Some young children from the community are sent to stand around the schoolyard to sell drugs to learners who are in the school.

M1 (School A) highlighted:

They smoke during break and are supplied by the community members who sell at the gate and on the fence.

M3 (School A) also attributed the problem of drugs to the community. He shared:

Outside the school, the parents are not taking their part because the community allows these learners to use drugs. As teachers, we are not always around these learners, especially during school out and at weekends

M5 (School B) also added:

Drugs are a source of income for people in communities like this. You just have to get used to it and move on.

While some participants have assimilated into the culture, others have expressed their daily frustrations of working under such circumstances. M6 (School B) shared as follows:

This bothers me; I wish for a miracle transfer whenever I come to school. Remember, we, the SMT, look like failures in teachers' eyes because they expect us to lead the way in this kind of situation. It is rooted in the community and affects school life. The behaviour of learners here due to drugs is something else.

The preceding subthemes indicate that learners' attitudes towards drugs are favourable, originating from acceptance by peers, which subsequently influences most varying genders and ultimately

establishes a cultural norm. These excerpts also indicate that the passive stance assumed by SMT may drive the norm of drug use. It also indicated that the SMT may choose a passive position owing to being undermined by insufficient support from the community, which actively facilitates the sale of drugs to learners even during school hours.

Theme 2: Influence of drugs on learners' behaviour

One theme arose concerning the perspectives on the impact of drugs on learners' behaviour. The participants revealed that such usage diverges learners from school authorities and disturbs learning.

2.1 Learners' drug usage causes deviant behaviour.

The findings revealed that drug use among learners leads to disturbance and influences them to exhibit deviant behaviour within a school environment. M6 (School B) shared as follows:

Our learners are using dagga (cannabis). It is one of the factors that disrupts the class. Remember, dagga makes one change the mood. They get to be in that mood or happy and laugh all the time, and others who do not smoke also laugh at them, and then it becomes chaotic.

M2 (School A) also stressed:

Dagga (cannabis) is the problem here. Some learners sang in class during the teaching time because of its influence. This is the case I was referring to that happened today here. Others are stealing here at schools just to be able to buy. We have cases

of theft. You can see they aim to sell such and buy drugs. The whole issue causes disruptive behaviour.

The extract indicates that schools with significant drug use among learners also encounter an undesirable learning environment due to disturbances created by the behaviour of drug-affected learners.

DISCUSSION

The findings indicated that drug use by learners is widespread in schools and has been normalised due to learners' beliefs, the SMT passive approach and the continuous supply from the community, occurring even during school hours. A correlation exists between the typical drug consumption among learners of varying genders, the community's drug supply, and the passive approach of SMT. While the passive technique perpetuates widespread acceptance and normalises the behaviour for many learners, community supply may also contribute to that normalisation, reflecting the root source of the learners' habit. This supply may be perceived as fostering SMT's passive stance due to being overwhelmed that instead of assisting the schools to tackle the drug issue, the community is perpetuating the practice. However, this passive attitude may indicate a deficiency in proactive initiatives and policy implementations. Mokwena et al. (2020) discovered that the School Management Teams are unaware of and, therefore, are not implementing the National Policy of Drug Abuse Management in Schools, which was established to support schools. The authors further discovered that schools lack specific protocols to manage drug

abuse inside the classroom environment. Based on the principle of the theory of planned behaviour, which served as the foundation for this study, learners persist in drug use even while at school due to their recognition of the limited control measures in place within schools. According to the theory, lack of control measures in schools encourages their inclination towards drug use.

The findings indicate that learners are nurtured in an environment where drug use is prevalent and serves as a survival mechanism. Mamabolo (2020) noted that children's curiosity may lead to an experimental inclination towards substance usage, particularly with substances easily accessible in their families or communities. Such experimenting ultimately fosters a profound connection to drugs. Research revealed that stress and depression levels are significant in regions with elevated unemployment rates, leading individuals to frequently depend on drugs for temporary relief (Mamabolo, 2020). Consequently, children raised in such communities, in which the sampled schools in this study are located, cultivate a favourable disposition towards drug use by observing their primary teachers and societal role models engaging in drug consumption.

The environmental influence, which ultimately enhances learners' self-beliefs about drugs found in this study, aligns with the findings of other researchers, such as Schlebusch et al. (2022), Nzama and Ajani (2021) and Muna (2020). Schlebusch et al. (2022) argue that school environments reflect the dynamics of the surrounding community since learners bring their community's lifestyle into the school grounds. The authors emphasise the inescapable connection between the

school and the community. However, despite their inseparability, Bennette (2017) argues that learners should be educated on the distinct behavioural expectations in the two locations, emphasising adherence to rules and policies. This suggests that behaviour is learnt. Consequently, any knowledge acquired by learners in the community regarding drugs may be modified in schools provided the school leadership implements strategies that prevent the reinforcement of bad behaviour from the community. From a behaviourist perspective, even if children acquire decent manners at home, external influences may lead them to adopt undesirable behaviours. This suggests that one's current environment transforms into a learning arena capable of modifying one's behaviour, irrespective of previous education. The implication is that the school's methods to prevent drug use should be improved to counteract learners' personal beliefs about drugs from their communities. Such improvement will help them understand that the subjective norms (teachers' attitudes towards drugs) are that such usage is bad for learners, especially in an environment of teaching and learning like school.

The study's findings also indicated that learners who consume drugs exhibit inappropriate behaviour. Nemati and Matlabi (2017) found that learners who engage in substance abuse often display disobedience and misconduct, such as decreased focus, disrespect towards school authorities, vandalism, physical aggression, social exclusion, theft, graffiti, and verbal harassment both within and outside of classrooms. Nzama and Njani (2021) argue that there is a potential correlation between substance abuse and both defiant behaviour and depressive

attitudes among learners. Maserumule et al., (2019) and Hlomani-Nyawasha, et al., (2020) have made similar assertions, stating that secondary school students who use drugs engage in criminal behaviour and exhibit negative behaviours. The study conducted by Hunter and Morrell (2021) revealed that learners in South Africa display a range of disruptive behaviours when under the influence of drugs. These behaviours include menacing their classmates and teachers with hazardous weapons, as well as engaging in criminal activities such as vandalism and theft. Numerous studies have shown that drug use leads to bad behaviour in South African schools. Based on these studies, one could say that the results of this study show that Quintile three schools in South Africa are becoming more and more dangerous because of the link between drugs and bad behaviour.

CONCLUSION

This study explored the school management team's perspective on learners' drug usage. The study revealed that learners' beliefs are positive about drugs, possibly stemming from the environment in which they live, where they see their role models excessively use drugs. The study further revealed that such beliefs about drugs are promoted by a lack of control or preventative measures in schools since SMT has adopted passive approval towards the issue. The study concludes that SMT's passive approach to learners' drug usage has made such usage ingrained as a cultural norm in schools. The implication is that measures to combat learners using drugs in Quintile three schools are limited. The study advocates

for the implementation of robust, proactive measures, including stringent policy enforcement and educational initiatives, alongside a multidisciplinary approach to enhance the engagement of parents and community leaders in addressing and mitigating drug use among students, thus averting the transformation of schools into perilous environments as drugs usage is linked to disruptive behaviour in schools. The study further proposes a Circuit Drug Initiative Leadership Forum presentation, wherein schools within the closer geographical locations (Within a circuit) share their methodological initiatives, fostering various perspectives and mutual support in addressing the issue.

The study presents a novel finding in this field, revealing that drug use is widespread in schools due to the passive approach taken by those responsible for establishing and implementing policies. Nevertheless, it is important to note that the results of this study cannot be extrapolated due to its limited scope. The study was conducted in only two secondary schools, with a mere six participants, and focused solely on the context of quintile three secondary schools. Certain schools may have mitigation strategies that could be further investigated. In the context of this study, further research might look at mitigation techniques that can be adopted in schools to reduce drug use. A collaboration framework between parents, community leaders, and schools might be investigated and evaluated for efficacy as a further step towards contributing more information in this area. Further study could also be conducted on how schools within one circuit (geographical location) could collaborate to share ideas and initiatives to combat learners' drug usage.

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WHY DO PATIENTS SUFFERING FROM SUBSTANCE USE DISORDERS RELAPSE? INSIGHTS FROM CLIENTS AT A HARM REDUCTION CENTRE IN DURBAN, SOUTH AFRICA

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ABSTRACT

Relapse to substance abuse is a health risk and a global public health concern. It is a subjective concept, and the reasons for its occurrence may vary. These reasons are particularly different in the context of harm reduction, as they depend directly on specific harm reduction goals and principles. As a concept, relapse needs to be better understood by both professionals and clients in the field of substance use to better mitigate its occurrence. The aim of this study was to identify and explore the causes of relapse examined through the real-life experiences of clients at a harm reduction centre in Durban, South Africa. This is an in-depth qualitative study that used convenient non-random sampling to recruit thirty-seven participants. Storytelling was used to collect primary data from participants who were homeless and suffered from opioid use disorders. All participants were registered in the Opioid Substitution Therapy programme at Bellhaven Harm Reduction Centre. Data was collected by the researcher assisted by three peer supporters. The collected data was manually analysed using thematic analysis. The most reported causes for relapse included easy access to substances, boredom, unemployment, negative emotions, peer pressure and broken relationships. The study revealed the need to help clients to be able to identify their triggers, develop coping skills and access support networks to reduce the potential harm associated with relapse. It concluded that relapse is less understood, stigmatised, and complex in nature. It is crucial to establish the causes and triggers of relapse to successfully mitigate its occurrence. To minimise the stigma associated with relapse, it is important for clients, professionals, and communities to be knowledge empowered to a point where they accept relapse as part of one's recovery journey.

Keywords: Relapse, harm reduction, substance use, substance use disorders

INTRODUCTION

Substance use disorders are a prevalent complex global health challenge that

contributes immensely to the increasing global disease burden. At the global level, there are over 31 million individuals who suffer from substance use disorders and

about 35 million people who suffer from opioid use disorders (WHO, 2019). In 2020, South Africa alone reported more than four million people who used illicit substances (Mutai, Stone, Scheibe, Fraser, Johnson & Vickerman, 2024). The prevalence of substance use continues to rise in the country, leading to reliance on substances. In trying to recover from addiction, substance users go through a rollercoaster of relapse episodes. Relapse to substance abuse has become a pressing health risk and a major global public health concern (Appiah, Boakye, Ndaa & Aziato, 2018; Kappl, 2023). It refers to the recurrence of substance abuse following a period of abstinence (Steckler, Witkiewitz & Marlatt, 2013; Moon & Lee, 2020; Rastogi & Pant, 2023). This definition oversimplifies this complex phenomenon triggered by multiple external and internal influences. External triggers for relapse may include one's environment, lifestyle, unemployment and broken relationships; while internal influences may include stress, emotional turmoil, social pressure, mental health issues, feelings of guilt and failure (Smith, 2009; Roshani, Jalali, Bidhendi, Ezzati & Mahboubi, 2014; Carvalho, Brusamarello, Guimaraes, Paes & Maftum, 2021). Despite its increasing prevalence, the definition for relapse remains problematic, with negative connotations and lack of clarity especially around its conceptualisation. The varying definitions and descriptions of relapse precipitate confusion, inconsistency, and stigma. Individuals who relapse often associate it with failure, overlooking the fact that behaviour change is a complex process. Relapse takes individuals back to familiar behaviours thus promoting a sense of comfort. The physical consequences of relapse include organ failure and damage,

chronic illnesses, and sometimes death (Moon and Lee, 2020).

Key attributes to relapse cases include interruption of abstinence, vulnerability to uncontrollable substance-related behaviour and a transition to potential progression or regression (Moon & Lee, 2020). It is important for health professionals in the field of addictions, their clients, and the clients' next of kins to be aware of these attributes in their efforts to reduce the chances of relapse. Unfortunately, most problem behaviours, including addiction, are characterised by high rates of post-remittance relapse (Brandon, Vidrine & Litvin, 2007 & Moon & Lee, 2020). Previous studies confirm that susceptibility to substance addiction can be created by childhood adversity Maté (2012). This means that childhood traumas of any kind can result in stress responses later in life. When this happens, substance abuse often appears as a coping mechanism. Prioritizing healthy connection and nurturing between infants and caretakers can help to mitigate this challenge (Maté, 2012) as this has the potential to promote lifelong physical, emotional and mental well-being of individuals. The experience of relapse itself can provide valuable insights about triggers for undesired behaviours, revealing strategies and coping mechanisms that may strengthen clients' resolve and help avoid future occurrences. Moreover, the view of relapse as normal provides individuals with the opportunity for growth and learning from the experience (Moon & Lee, 2020).

The complex relapse phenomenon occurs among clients from both rehabilitation and harm reduction settings (Kabisa, Biracyaza, Habagusenga & Umubyeyi, 2021) and is characterised by multiple

challenges. It affects all genders, and pose challenges for health service providers, patients themselves, and their families (Roshani et al., 2014; Swane-poel, Geyer & Crafford, 2015; Kabisa et al., 2021; Zeng, Lu & Chen, 2021). Different approaches are used to help people who suffer from substance use disorders to function better and to lead healthier lives. In South Africa, rehabilitation institutions – and not harm reductions centres – are the most popular facilities used to address substance use dependence. Harm reduction centres were birthed by a realization that *‘a one-size-fits-all’* approach does not work for all individuals who need interventions (Marlatt, Blume & Parks, 2001; Scheibe, Shelly, Versfeld, Howell & Marks, 2017). Research evaluating the effectiveness of harm reduction interventions in substance use disorders is growing in South Africa and it provides insights on the impact of this approach. In harm reduction settings, relapse is accepted as a common experience and as a natural expected part of the *‘recovery’* progression (Moon & Lee, 2020). This is because harm reduction as an approach recognizes that immediate and complete abstinence may not be realistic for everyone (Marlatt, 1996; Hawk, Coulter, Egan, Fisk, Friedman, Tula & Kinsky, 2017). This approach does not condone substance abuse. When relapse does occur, harm reduction approaches can be used to minimize the negative consequences by supporting relapsed individuals to re-engage with treatment and adjust their *‘recovery’* plan (Hawk et al., 2017). For harm reduction interventions, the goal is to promote health, safety, and the well-being of individuals struggling with substance use disorders. The process of re-engagement may involve providing access to overdose

prevention tools, offering therapy, connecting individuals with peer support groups, and addressing any underlying issues contributing to relapse (Hawk et al., 2017).

Relapse is equated to breaking rules and backsliding to undesirable behaviour. This suggests that there is a level of choice and a degree of failure to relapsing. Contrary to this perspective, relapse is not always an individual’s choice, but sometimes an expression of a disorder triggered by cues in the brain resulting from increased levels of substance use (Moon & Lee, 2020). The intensity of relapse and subsequent actions post-relapse vary from one individual to the other. Some individuals reach out for help after a single incident of relapse, while others might return to regular misuse of substances (Bhandari, Dahal & Neupane, 2015). In addition to reversing the progress made during *‘recovery’*, relapse exposes individuals to immediate physical dangers, increased risk of overdose, mental health challenges, and various social and economic repercussions. While relapse during one’s *‘recovery’* journey is common, it is not necessarily inevitable. It is however difficult to determine the point at which relapse occurs. When it occurs, it is costly and it results in re-addiction and repeated treatment for those affected (McAuliffe, Feldman, Friedman, Launer, Magnuson, Mahoney, Santangelo, Ward & Weiss, 1986). Through comprehensive treatment approaches which address the physical, psychological, and social aspects of addiction, individuals can learn to manage their substance usage, cravings, and triggers, and build fulfilling lives.

South Africa lacks specific literature focused solely on relapse particularly within the context of harm reduction. In addition

to the existing literature gap and multiple health and social challenges linked to relapse, the phenomenon is often stigmatised with individuals who experience it associating it with failure, shame, and hopelessness. This study bridges the existing literature gap, identified and explored common reasons for relapse through the lens of clients at a harm reduction centre in Durban, KwaZulu-Natal. Among other benefits, the study contributes to the body of research on relapse and harm reduction, contributes to the reduction of stigma and promotes empathy.

METHOD

Positionality

The researcher joined Bellhaven Harm Reduction Centre (BHRC) in Durban as a postdoctoral research fellow from the Durban University of Technology. This was his first experience in a harm reduction setting, and his first exposure to interact daily and closely with people who openly use drugs. Prior to this experience, he assumed that rehabilitation centres were the only places where people suffering from substance use disorders could successfully be '*rehabilitated*'. In addition, before joining BHRC, the researcher perceived relapse as a failure to meet set recovery goals and believed in the possibility of recovery from relapse. His views on drug use and relapse shifted drastically because of the time he spent at BHRC. Beginning solely as a researcher at BHRC, he ultimately became one of the centre's peer supporters. He now advocates for harm reduction approaches to mitigate public health challenges including substance abuse. He understands that complete abstinence from substance use may

not be realistic for everyone, and that relapse is part of the journey to '*recovery*'. He believes that open communication and information-sharing by all stakeholders including people who use substances and struggle with addiction, health professionals, and researchers in the field will lead to a better understanding of substance use and the contributing factors to relapse.

Study design

An in-depth qualitative non-random study was conducted to identify and explore reasons for relapse among clients registered in the Opioid Substitution Therapy (OST) programme at BHRC in Durban, South Africa. Primary data was collected from personal stories narrated by participants over the period from September to December 2023. The storytelling was followed-up by some probing for more details. Through storytelling, experiences are expressed deeply, and ideas are illustrated more powerfully than through standard reporting (Dawson & Sykes, 2019).

Study setting

The study was conducted at BHRC in Durban, South Africa. The centre is typically aimed at practical, person-centred strategies used to reduce potential harms associated with drug abuse (Moodley & Marks, 2023). BHRC was established during the 2020 COVID-19 lockdown as a harm reduction programme, offering primary healthcare services to low-income individuals and providing OST to about two hundred mostly homeless individuals who used drugs. The OST provided at BHRC is an intervention approach targeting opiate-dependent people to substitute illicit drug use. This is done by

prescribing orally administered opiates such as methadone to clients (Hawk et al., 2017). In addition to providing clinical and psychosocial support services to its clients, at its core BHRC resembles a 'home' for most of its clients (Moodley & Marks, 2023). Through its interventions, BHRC provides a platform for healthy living, life normalisation and quality of life improvements.

Study population and Sample size

The approximate number of clients on the OST programme at the BHRC was approximately 200 at the time. The study, applying a convenient non-random sampling approach, ensued until data saturation was reached. This occurred after interacting with 37 participants.

Study participants

The participants in the study were aged between 25 to 57 years. Seven of the participants were female and the rest were male. This was a true reflection of the demographic profile of BHRC clients at the time as there were more male than female clients at the centre at the time. The participants originally came from various districts around KwaZulu-Natal. At the time of the study, almost all participants were identified as homeless, and many of them were staying in a temporary accommodation (tents) provided by eThekweni Municipality for homeless people following the 2020 COVID-19 lockdown. All participants suffered from opioid use disorders and were all registered in the OST programme at BHRC. None of the participants reported that they were married, but many of them mentioned that they had children. Almost all the study participants had completed their high school education.

Research instrument

Storytelling was used to collect data from the study participants. Storytelling as a data collection tool helps one interpret the past and understand possible future trends. This qualitative method explored the in-depth understanding of the contributing factors to relapse disorder among people who used substances.

Data collection

Assisted by three peer supporters, the researcher approached the study participants through an invitation for coffee at BHRC in order for study participants to share their life stories. During their storytelling sessions, almost all the clients narrated how they were introduced to BHRC, the challenges they faced in their individual substance use journeys and their experiences at the centre. Two approaches were used to collect data, the individual and group storytelling sessions. All the individual sessions were hosted by the researcher, while three group sessions were facilitated by the peer supporters. The group sessions in many ways authenticated and complemented the information collected from the individual participants. Only the clients who had not participated in individual storytelling sessions were eligible for group sessions.

Both the individual and group storytelling sessions were conducted in isiZulu or English. Participants decided on the language they were most comfortable using to narrate their stories. The individual storytelling sessions lasted approximately 40-60 minutes, and the group sessions lasted for about one to one and a half hours each, excluding the time for refreshments. The approach used for data collection was advantageous, because it created a free environment that allowed

the researcher and peer supporters to probe for more details. The stories were audio-recorded, and the hosts took notes. Participants were not compensated for their participation, however refreshments in the form of coffee, soft drinks, and scones or muffins were served during each session. The data collection process was concluded when participants provided no more new information, indicating that saturation had been reached.

Data analysis

Thematic analysis was used to analyse data collected from the stories from participants. Qualitative data analysis continued during the data collection process as researchers started creating themes based on data collected. The results presented in this study were derived from the data collected from the individual and group storytelling sessions. Relevant themes which emerged from the data were identified and coded manually. Data was systematised using thematic analysis described in King (2004). This approach involved six stages: the first stage involved the familiarization with data collected through reading notes taken during storytelling sessions. This process allowed researchers to use the participants' remarks and views in the data. The second stage generated initial codes from data. During the third stage, researchers looked for themes emerging from data. The fourth stage involved revision of themes created. During the fifth stage, researchers defined and named themes. The last stage produced a report from the data collected.

Ethical considerations

The study is part of a larger project at BHRC, for which ethical clearance was

sought and obtained from the Durban University of Technology Ethics Review Committee in Durban, South Africa (IREC 049/15). Permission to conduct the study was further sought from BHRC management. The study participants were asked for their consent to participate in the study. Participation was voluntary, and each participant was given a pseudonym in the reporting, to ensure anonymity.

RESULTS

The participants in the study were individuals who were experiencing homelessness and were OST beneficiaries at BHRC. They were aged between 25 -57 years old. There were more male (30), than female (7) participants whose majority were unemployed. Many of the participants had high school education. The results from the current study revealed the following as the causes of relapse:

Easy access to substances

Easy access to substances was cited by almost all participants as a factor that caused substance use relapse. In these instances, illegal drug dealers and people who used drugs excessively were always present where these participants spent most of their time. One participant said:

A huge challenge for most of us is easy access to drugs everywhere we are. We are willing and trying to take methadone as the substitute for the drugs we were using. What triggers your mind is what you see; we just must stand on our decision, but it's hard whenever you see what you used to do in front of you.

Jacob, a male participant aged 31.

As a follow-up, another participant shared how easy it was to access substances:

There are people who sell the things that we are trying to run away from everywhere. It's easy for us to get these things and relapse. Some of us are winning only because we know why we are here, otherwise it is very difficult to ignore these things. For me it was tough, especially in the beginning when I had just started with the methadone programme.

Lebo, a female participant aged 26.

Drug dealers are evil, my friend. They make the life that we are trying to practise difficult. Sometimes they will send us to the shops and when we come back, they thank us with drugs. It's tough.

Dan, a male participant aged 33.

Some participants wished BHRC was isolated and located away from the environments where it was easy for clients to be triggered back to substance abuse. However, some participants were against the idea of isolating the harm reduction centre. They argued that it would no longer represent the reality of life. Participants likened easy access to drugs to what they saw in their respective communities. They reported that in the townships where they originally came from, people sold drugs, and they had friends who used drugs excessively. One of them alluded:

My brother, I understand that people are saying it is difficult not to relapse because these things are easily accessible where we are. Let me tell you, the township where I come from, drugs

are still easy to get but I have decided to stick to my decision not to smoke whoonga. We need to be strong.

Andile, a male participant aged 33.

Excerpts from participants on access to substances alluded to the importance of self-discipline, self-determination, and the need for self-control for individuals to overcome relapse to substance use regardless of their surroundings. Participants were aware that they had no control on their social environment but could be better equipped to be able to survive the challenges faced in their environment.

Boredom

According to the study participants, a significant contributor to relapse was boredom. Boredom further intersected with the challenges of maintaining harm reduction efforts in several ways, for example, lack of distraction, which led to individuals reminiscing about past substances or feeling cravings for substances they used to use. To successfully reduce substance use, and eventually avoid relapsing, participants argued that being kept busy was critical. The majority mentioned a need to engage in healthy mental and physical activities as one participant reported:

We get bored. We have too much free time on our hands. We do not have enough activities here now. We need to be always busy to avoid relapsing. So far, we have one pool table, and we are more than two hundred. How many people play? Do the math. Not doing anything stresses us and we end up thinking a lot about drugs we used to use.

Anele, a male participant aged 25.

Participants further cited that before they signed up for the OST programme at BHRC, they were active on streets, 'hustling' for a means to obtain and use the substances of their choice. After their registration in a harm reduction programme, they discovered that they had more time in their hands and this fact had revealed a need to substitute their previous life practices with positive and fulfilling activities:

Many of us are talented. We just need support in the form of resources to be busy. Some of us are good soccer players, but now we do not have a soccer ball. Some are good poets here. If we could have resources to use to nurture our talents, then we would not have too much free time in our hands.

Happy, a male participant aged 36.

Based on extracts from participants' stories, they were aware that sedentary lifestyle could be a gateway to relapse-back to substance abuse. They expressed their desire to be kept busy by the centre to avoid temptations to relapse. They had ideas that they thought the centre should implement to help them to avoid boredom.

Unemployment

Unemployment was reported as another factor that caused relapse among participants. Participants mentioned that unemployment attracted internal influences for relapse, for instance, stress and frustration. Almost all the participants were unemployed. Those who were in casual employment faced the challenge of regularly arriving late to work, as they had to report at BHRC for their daily dose of

methadone. This led to some occasionally missing some days for methadone dose. Johnny reported:

Look, I am an adult. I have a responsibility to take care of myself. I also have children that I need to provide for. How would I do all that without a job? Thinking about all these things stresses me out and when I am stressed, it is easy to go back to smoking whoonga.

Johnny, a male participant aged 33.

Individuals recognised that employment and money were critical to meeting their daily needs. However, according to many of these study participants, money was a powerful trigger. As some said:

When I have money, I easily buy drugs.

Joel, a male participant aged 28.

Every time I have money, I want to buy drugs. That is why most of us would rather spend our day here to avoid hustling for money because it will lead us to wanting to buy drugs.

Amose, a male participant aged 28.

After two weeks in the methadone programme, I relapsed because I had money. I had about R400, and I did not know what to do with it. I even gave away my take-home methadone to my then-girlfriend that weekend, and just went back to smoking whoonga.

Thabang, a male participant aged 25.

The findings on unemployment allude to the complex relationship with having some money by the people with substance use disorders. However, not all

participants reported challenges related to having money even though all admitted that money was a major trigger to relapse. Those who had never relapsed owing to having some money described their personal determination and constant self-reminders of why they were at a harm reduction as key to helping them find ways to manage their money wisely. Some participants described having money as particularly challenging for those who were new in the OST programme. This implies that there is need for interventions to support balancing employment creation with the management of money.

Negative emotions

Participants reported negative emotions as another cause for relapse. This is because negative emotions play a significant role in triggering relapse for individuals suffering from substance use disorders. Participants in the study reported anger, frustration, stress, and depression as causal factors behind their instances of relapse, and the majority described circumstances beyond their control as the reasons for these negative emotions. One of the participants described stressful events as triggers to relapse:

I know I cannot solve a problem with another problem. Doing that results in many more other problems. But it is tough. When I am stressed, it is easy to think that I can relax my mind by indulging just a little bit and it is usually not just a little bit, you end up taking more and regretting it later.

Lefa, a male participant aged 28.

I am always lonely because there are not many things to do here... The other problem is that I am scared that

my family does not want me anymore. The last time I was home I left angry because they do not trust me. You can see it, they always make sure that someone is watching you even when you try to show them that you have changed.

John, a male participant aged 37.

The above quotes indicate overthinking and short-sightedness as the sources of negative emotions narrated by participants. Overthinking usually leads to feeling worried, stressed and ultimately leave one feeling less prepared, not motivated, and not confident to face any challenge in life. Moreover, overthinking may contribute to mental health issues including anxiety and depression which were also mentioned by participants in this study.

Peer pressure

The study found peer pressure as one of the causes of relapse among study participants. Drug use disorder patients often face the challenge of returning to environments or social circles where drug use is common. In such situations, peer pressure can be intense, with friends encouraging the individual to return to old habits. Study participants offered various views on peer influence related to relapse. Some participants strongly believed that regardless of peer pressure, it is ultimately individual choices that lead to relapse:

At the end of the day, no one forces anyone to use drugs. We all choose to smoke. We just love drugs my man, or maybe I should say we are addicted to drugs. That's why we sometimes relapse.

Hloniphani, a male participant aged 25.

Other participants acknowledged that peer pressure had the potential to cause relapse, especially from peers who were not part of the OST programme:

We still interact with other guys who are not registered in this methadone programme that we are registered in. Sometimes they may offer me a joint to smoke. That will be tempting and at some point, it is possible to give in and find myself smoking drugs again.

Vusani, a male participant aged 35.

Negative peer pressure, which caused participants to experience substance use relapse has been described from the quotes above. However, not all participants reported susceptibility to negative peer pressure. Those who were able to stand peer pressure were determined that yielding to peer pressure was in the end a personal choice.

Broken relationships

Broken relationships were also found as the contributing factor to relapse for many participants. Healthy relationships with loved ones can help individuals suffering from drug use disorders to avoid relapse. All the participants were aware of their contribution to their failed relationships and the broken trust experienced with their loved ones. However, they wished that their family members could appreciate the effort they were putting into becoming better people. As two participants explained:

Bad relationships cause relapse. These can be bad relationships with family, or even with the romantic relationships. For me it's my family,

especially with my father. He still sees me as the bad drug user I was, even though I am trying so hard to show him that I have improved a lot. Sometimes his judgement gets to me, especially because I am still staying at home.

Thabiso, a male participant aged 28.

My family does not trust me at all. Even my younger siblings. You know those secret comments you hear about you in the house, everyone hiding things from you yet acting like they are not. That hurts, but I know it's my fault that they do not trust me anymore. That's why I do not even stay at home, because when I am there people are not free. They always think I am going to steal from them. That can lead one to relapsing.

Tom, a male participant aged 33.

Citations from participants allude to the fact that broken relationships take undefined time to mend. Participants seemed ignorant on the fact that rebuilding broken relationships requires patience, effort, and consistency. From their quotes, participants desired the healing process to be instantaneous.

DISCUSSION

Our study sheds light on the common reasons for relapse, through the lens of clients at BHRC in Durban, KwaZulu-Natal. The findings revealed that many factors influencing relapse fall within the micro-system level of the ecological perspective. These factors include easy access to substances, boredom, unemployment, negative emotions, peer pressure and broken

relationships which were identified as major contributors to relapse by study participants:

Easy access to substances

This study found that easy access to substances was a common cause of relapse among the study participants. Overall, easy access to drugs fuelled a sense of victimhood among participants, providing them with external factors to blame for their behaviour, undermining their sense of personal agency and accountability. This finding is in conjunction with previous research which confirms that easy access to substances of choice increases the risk of relapse among people who suffer from drug use disorders (Mousali, Bashirian, Barati, Mohammadi, Moeini, Moradveisi & Sharma, 2021; Kata & Sajit, 2023). Health education and prevention interventions should be strengthened to empower and to assist drug users on how to navigate the easy accessibility to substances.

Boredom

The study revealed boredom as one of the contributing factors to relapse. The experience of boredom is negative (Bench & Lench, 2013). Corresponding to these study findings, a study on relapse in East Coast Malaysia also reported boredom as one of the underlying factors leading to drug use relapse (Levy, 2008; Amat, Ahmad, Jailani, Jaafar & Zaremohzzabieh, 2020). Boredom leads to increased risk-taking behaviours, mental health issues, decline in productivity and performance, substance abuse and lack of personal development (Bench, Bera & Cox, 2021). Although study participants were aware of boredom as a trigger for relapse, their attitude and lifestyle did not match this

understanding. Clients deflected their responsibility for keeping themselves busy and instead blamed other factors. Participants mentioned lack of resources as the biggest challenge contributing to boredom and inaction overlooking many other beneficial activities that can be accessed easily. We recommend the following activities to address boredom; educational workshops, reading and writing groups, gardening, fitness activities which can promote holistic wellbeing, “*recovery*” and empower individuals to make positive changes in their lives. An introduction of these meaningful programs could fill participants’ days with meaningful ways to spend their time (McDonald, 2006; Marshall, Davidson, Li, Gewurtz, Roy, Barbic, Kirsh & Lysaght, 2017; Marshall, Lysaght, & Krupa, 2017; Roy, Valle’e, Kirsh, Marshall, Marval & Low, 2017).

Unemployment

Unemployment was reported as the other cause of relapse among study participants. The relationship between substance use and unemployment is complicated. Substance use may negatively impact labour market outcomes, including the return to work or maintaining a job; while on the other hand employment may impact substance use behaviour, either positively or negatively (Richardson & Epp, 2016). Research from other settings established that unemployment increases the risk of relapse (Lu, Oursler, Herrick, Beninato, Gao, Brown, & Durante, 2021; Ezati, Baghcheghi, Araban, Karimy, Koohestani, Zabeti & Hosseinzadeh, 2023). It is critical for governments and all stakeholders to ensure that economic empowerment programmes and efforts to reduce unemployment for people with substance use disorders are

implemented. Similar to the research of (Tomori, Go, Tuan, Huong, Binh, Zelaya, Celentan, Dat & Quan, 2014) unemployment and underemployment undermined our study participants' economic position and led them to question their self-worth and value to their families. Lack of life chances experienced by the homeless population needs to be addressed using multifaceted approaches to address barriers to employment. These interventions may include policies aimed at reducing recidivism, providing rehabilitation and re-entry programmes for individuals with criminal records. In addition to unemployment, the findings further revealed the need for interventions that address the management of money. While capacitating clients with job skills, harm reduction centres should incorporate basic money management skills programs to empower their clients on how to spend money wisely. Basic money management skills are essential in influencing individuals' behaviours (Hamid & Loke, 2021).

Negative emotions

The study revealed negative emotions as one of the major causes of relapse among participants. Negative emotions can have detrimental effects on mental and physical well-being if left unaddressed (Kiefer & Barclay, 2012). As much as participants were aware of precaution measures for improved mental health such as self-care and healthy lifestyle habits, reports on the actual practice of those measures were not clear. This finding is consistent with research from elsewhere which report negative emotions such as anxiety, frustration, stress, and depression among popular relapse triggers for those struggling with drug use

disorders (Sinha, 2001; Sun, 2007; Javed, Chughtai & Kiani, 2020; Devi & Singh, 2023). This is because people commonly turn to their drugs of choice as a coping mechanism when faced with stressful events and situations. We recommend integrating harm reduction services within the existing healthcare systems to improve access to care for individuals with substance use disorders ensuring that individuals receive comprehensive professional support addressing their mental health needs. It is critical for therapy professionals to provide effective services to prevent relapse. For example, a wellness-based approach focusing on building self-regulation skills (Clarke, Lewis, Myers, Henson & Hill, 2020). This would increase the likelihood of positive outcomes for individuals dealing with negative emotions. Harm reduction centres should also create opportunities for their clients to interact with social support systems including family, friends, and peers in healthy environment. The centres can schedule family and open days on their annual calendars where the clients' social support systems would be invited. Social support systems provide emotional support, a sense of belonging and being valued among other benefits for one's mental health (Drageset, 2021).

Peer pressure

Our findings identified peer pressure as another factor that can lead many individuals suffering from drug use disorders to relapse. One's social environment has the potential to facilitate or obstruct their efforts to alter their behaviour (Kata & Sajit, 2023). Negative peer pressure is destructive and can lead to some individuals engaging in unhealthy behaviours (Kata & Sajit, 2023) including relapse to

substance abuse. Previous research corroborated these findings, showing that peer pressure is one of the main causes of relapse (Bhandari et al., 2015). The majority of this study's participants were aware of the negative effects of peer pressure on people who use substances. However, many stated a clear belief that it is the individual's choice to end up relapsing, especially when one is enrolled in a harm reduction programme. Peer influence is a complex problem to tackle (Kata & Sajit, 2023). We propose programs that teach individuals good refusal skills, self-confidence, and self-esteem building, workshops and trainings for people suffering from substance use disorders to overcome peer pressure. Refusal skills, in particular, empower individuals to refuse negative peer pressure (Nichols, Birnel, Graber, Brooks-Gunn & Botvin, 2010).

Broken relationships

Our study further found broken relationships as a cause of relapse for participants. Participants acknowledged that to some extent they were responsible for the broken relationships with their families and communities. Moon & Lee (2020) argue broken relationships are some of the social consequences that lead individuals to relapse to substance use. Moreover, a study in Nepal cited family problems among the main causes of relapse for people who suffer from drug use disorders (Bhandari et al., 2015). Toxic relationships, especially with family members, frustrate the fragile resilience patients suffering from drug use disorders have against relapse, because drugs appear to them as relief from their situation (Hashizume et al., 2012; Kata & Sajit, 2023). Many studies have reported family members' support as critical in

relapse prevention (Kabisa et al., 2021). We recommend that harm reduction centres adopt Cognitive Behavioural Therapy (CBT) in their programs to assist clients to mend their broken relationships. CBT can help mend broken relationships as it facilitates understanding and identifying how thoughts and undesirable behaviours impact relationships with others (Turner & Swearer, 2010; Gozan & Menaldi, 2020).

Strengths and limitations

Story telling has recently come to the fore as a novel approach to data collecting whilst also providing the opportunity for participants to share their experience and self-reflect. This is one of the unconventional qualitative research approaches that we identify as a strength. Furthermore, there is little information documented in this area of research, particularly in the context of South Africa.

Study limitations are many and may include the fact that the study findings cannot be generalized nationally as data was collected only from Durban, KwaZulu-Natal. Moreover, the study was dependent on self-reported information through storytelling – it is possible that some participants provided inaccurate information, due to recall bias, or not feeling comfortable sharing all their views/experiences. Therefore, further studies investigating the effectiveness of current relapse prevention programmes nationally are recommended.

Recommendations from findings

- To reduce easy access to substances, we recommend strengthening health education and prevention interventions, focusing on skills-building workshops to enhance resilience and coping mechanisms. This will empower

individuals to make informed decisions about substance use.

- To address boredom and promote holistic wellbeing, we recommend a comprehensive program incorporating physical activity in the form of sports programs as well as fitness classes such as yoga and aerobics. This will not only reduce boredom, but it will also promote physical health, mental wellbeing and holistic wellness.
- To reduce unemployment and promote financial stability among homeless individuals, harm reduction centres should implement a comprehensive program that combines vocational training and financial literacy to enhance employability, job retention and improve financial management and stability.
- To navigate negative emotions and promote holistic 'recovery', we recommend integrated harm reduction and mental health services to ensure comprehensive professional support that will address mental health needs. We also recommend social support networks where harm reduction centres will create opportunities for healthy interactions with family and friends for clients' improved mental health outcomes.
- To empower individuals experiencing homelessness to navigate peer pressure against substance use relapse, we propose harm reduction centres to incorporate evidence-based refusal skills training in their interventions in order to enhance resilience against peer pressure.
- To support homeless individuals in navigating broken relationships and preventing substance use relapse, we recommend harm reduction centres integrate cognitive Behavioural Therapy for clients' emotional regulation and

coping skills. This will help reduce the substance use relapse rates.

Conclusion and recommendation for future research

Relapse is connected to many risk factors, making its occurrence complex. Our study highlighted easy access to substances, boredom, unemployment, negative emotions, peer pressure and broken relationships as some of the major risk factors to relapse. Helping individuals identify triggers, develop coping skills, access support networks, and reduce the potential harm associated with substance use is critical. This study calls for more involvement and investment by governments, organisations, and the existing systems to resolve the socio-economic drivers of problematic drug use. Creating awareness on relapse is encouraged towards supporting a deeper understanding of relapse and further creating mechanisms and programmes in managing relapse. For future research, we recommend intervention-based research to evaluate the effectiveness of coping skills development programs, exploring the impact of support network interventions and the development of more harm reduction strategies. By pursuing intervention-based research, future studies can inform the development of effective interventions, policy changes, and harm reduction strategies, ultimately reducing relapse rates and improving outcomes for individuals struggling with substance use disorders.

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AUTHORS' CONTRIBUTIONS

Nkeka P. Tseole (NPT) conceptualised, designed, and conducted the study. NPT & Prof. Julian David Pillay (JDP) contributed to reviewing the findings and producing the manuscript. Both authors read and approved the final manuscript.

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DATA AVAILABILITY STATEMENT

Data from the study is available upon request from the first author.

DECLARATIONS

The participants consented to participating in the study and were not remunerated. Prior to recording participants' life stories, the researcher and peer leaders obtained verbal consent for participation in the study from each of the participants.

COMPETING INTERESTS

The authors declare that they have no conflict of interest.

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KNOWLEDGE, ATTITUDES, AND PRACTICES REGARDING ALCOHOL USE AMONG EARLY ADOLESCENTS AT PRIMARY SCHOOLS IN JOHANNESBURG

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ABSTRACT

Alcohol use among early adolescents is a growing problem in South Africa (SA). To determine the knowledge, attitudes and practices regarding alcohol use among early adolescents at primary schools in Johannesburg, a cross-sectional study from September 2023 to November 2023 was conducted. A sum of 215 early adolescents (54.9% female, 44.7% male) aged between 9 and 15 completed self-administered, anonymised, paper questionnaires. The results revealed that 100% of the respondents knew that children should not consume alcohol, above 80% held a negative attitude towards underage drinking but 13.5% had already consumed alcohol. Notwithstanding, many of the adolescents noted inclusive school-based alcohol prevention interventions as an effective approach to curb underage drinking. Such a study is relevant for health promotion specialists and policy makers aiming to implement early interventions to address early alcohol consumption.

Keywords: Knowledge, attitudes, practices, alcohol, early adolescents

INTRODUCTION

The United Nations (UN) Sustainable Development Goals (SDG) 2015–2030 include target 3.5, which emphasises the need to increase efforts to prevent substance abuse, including excessive alcohol consumption (Room, Cook & Laslett, 2022). Adolescents are highly susceptible to alcohol abuse worldwide, but recent research indicates that adolescents who are enrolled in school in some Western and non-Western nations are consuming less alcohol (Smith, Lopez Sanchez, Pizzol,

Oh, Barnett, Schuch, Butler, McDermott, Ball, Chandola-Saklani, Shin & Koyanagi, 2024; Wen, 2024). However, early adolescent alcohol use in South Africa has become a problem, with 67% of adolescents between the ages of 11 and 18 reporting that they have drunk alcohol at least once in their lifetime (Bhana & Groenewald, 2019; Ntsako, 2019). Early or young adolescents are those who are between the ages of 10 and 14 according to the World Health Organization (WHO, 2023). Early adolescent alcohol use has been linked to a number of factors, including peer

pressure, easy access to alcohol, aspirational alcohol advertisements, and permissive parenting (Pedroni, Dujew, Leb-
acq, Desnoux, Holmberg & Castetbon, 2021; Sekhejane, Tirivanhu, Motala, Dabata, Chambale, Mcata, Mokhele, Weir-Smith, Ubisi, Tshitangano, Zama, Mkhongi & Ngandu, 2020; Sebopa, 2021; Staff & Maggs, 2020; Kaner, Islam & Lipperman-Kreda, 2022). Teenage pregnancy, delinquency, long-term alcohol dependence, drug abuse, stunted mental and physical development, sexually transmitted infections including death are just a few of the many negative effects of early alcohol (Bhana & Groenewald, 2019; Isaksson, Sjöblom, Stone, Stickley & Ruchkin, 2020).

Although there is a lack of study about the causes of early adolescent alcohol use (Skylstad, Babirye, Kiguli, Skar, Kühl, Nalugya, & Engebretsen, 2022a; Skylstad, Nalugya, Skar, Opesen, Ndeezi, Okello, Moland, Engebretsen & Tumwine, 2022b; Aware.org, 2019). Various studies have examined the causes of adolescent alcohol consumption among middle to late adolescents, noting that these young people's decision to consume alcohol is influenced by a variety of factors, including socialisation in different contexts, peer pressure, parental attitudes and behaviours toward alcohol, the family's socioeconomic status, ease of access to alcohol, constant alcohol advertising, and the school environment (Mmereki et al. 2022; Chauke et al., 2015; Maserumule, Skaal & Sithole, 2019; Berglund, Boson, Wennberg & Gerdner, 2022; Sekhejane et al., 2020). According to reports, adults in South Africa drink heavily (Ebrahim, 2022), and Chauke et al. (2015) found that adolescents who witnessed their parents drinking on a regular basis acknowledged that they also did so. Maliba (2019) revealed that parents do

not believe they are breaching South African law when they allow their minor children to drink alcohol in front of or with them. In addition, a lot of parents allow their adolescents to attend parties where alcohol is served, and binge drinking occurs (Duba, 2023). Parents see this behaviour as a kind of harm reduction because it allows them to keep an eye on their adolescents' alcohol consumption patterns and provide guidance.

Ramsoomar, Morojele, and Norris (2013), further elaborate that adolescents' decisions to drink alcohol are also influenced by their mothers' educational and socioeconomic status. Highly educated and socioeconomically accomplished mothers were less likely to have alcohol-consuming adolescents (Ramsoomar, Morojele & Norris, 2013). However, despite research showing that mothers in South Africa have higher levels of education than fathers (Manyathela, 2018), underage drinking is still a problem in many areas. This could be explained by the fact that many families in black and coloured communities are experiencing a decline in their socioeconomic status because of the nation's economic woes (Gumbi & Parakosov, 2024). The triple challenge, which is defined as an overlap of unemployment, inequality, and poverty, affects the nation (Gumede, 2022). About 13.2 million people in South Africa live in extreme poverty, with the poverty threshold being 2.15 US dollars per day, according to Cowling (2025). The poorest racial groups in South Africa are black and coloured people; Nqola (2021) reports that roughly 64% of black and 40% of coloured people in the country live in extreme poverty. It is in low-income black and coloured communities that the triple challenge/threat is a major contributing

factor to social ills like substance abuse and criminality (Gumede, 2022).

Early alcohol use is also encouraged by peer pressure (Chauke et al., 2015), which is the pressure to adopt attitudes and behaviours that are considered acceptable and popular among peers. Peer pressure among adolescents and the individual drinking habits of those young people are frequently related (Ivaniushina & Titkova, 2021). The fear-of-missing-out (FOMO) frequently results in social influence and social selection among adolescents whereby adolescents adjust their behaviour to fit the social norms of their friends, and they frequently choose to associate with peers who exhibit popular behaviour (Montgomery, Donnelly, Bhatnagar, Carlin, Kee & Hunter, 2020). According to Chauke et al. (2015), alcohol and other substances are accepted in South African society to such an extent that adolescents encourage one another to take drugs, make jokes about drinking, and wear T-shirts with alcohol slogans. This tolerance is attributed, in part, to the substances' easy accessibility. In addition, alcohol and other substances are frequently served at gatherings where adolescents celebrate finishing school, at so-called *pens-down* parties which leads to binge drinking (Duba, 2023; Oosthuizen, 2022).

A study conducted by Euromonitor on behalf of the South African alcohol industry revealed that the country's black market for alcohol is estimated to be worth more than R20 billion (Mashego, 2021). The black market thrives in many illegal establishments in black and coloured communities, such as taverns and shebeens, which are located in neighbourhoods, and close to schools, and permitting easy access to alcohol for minors (Sefularo, 2022). The Enyobeni tragedy that

happened in the Eastern Cape Province of South Africa whereby 21 adolescents were killed as result of alcohol poisoning, the youngest aged 13, took place in a low-income, predominately black community (Jubase & Ellis, 2022). Such a tragedy occurred despite the National Liquor Act 59 of 2003, outlining the regulatory measures for the safe sale and distribution of alcohol in the nation and stating the penalties for non-compliance, such as paying a fine of R100, 000 or a five-year prison sentence for selling alcohol to minors (Government Gazette, 2004; Semosa, 2022).

The Liquor Amendment Bill (Ntshidi, 2021; Head, 2020) was heavily pushed for after this tragedy by lobby groups like the Southern African Alcohol Policy Alliance (SAAPA). This bill aims to do the following: raise the legal drinking age in South Africa from 18 to 21 years old; increase the price of alcohol; increase taxes on alcoholic beverages; decrease the amount of alcohol sold by establishments without a liquor license; and decrease alcohol advertisements, especially on social media, where adolescents are heavily present (Nkanjeni, 2021). But the bill has not been put into effect yet, and there is more aggressive alcohol marketing going on, which encourages underage drinking.

Alcohol glamourisation in the media has also been found to be a contributing factor to adolescent alcohol consumption (Sebopa, 2021; Morojele, Lombard, Harker-Burnhams, Petersen-Williams, Nel & Parry, 2018). Mass media and social media has become so ingrained with alcohol advertisements that it is impossible to ignore their impact on the youth. These advertisements showcase the glamorous lives of young people who, after drinking, experience success, love, acceptance

from others, and wealth. According to a study by Morojele et al. (2018) for the International Alcohol Control in South Africa, adolescents who are exposed to alcohol advertisements through seven different media channels are more likely to drink than those who are exposed to fewer or no alcohol advertisements. According to a study conducted by the Soul City Institute of Social Justice, these characteristics entice adolescents to consume alcohol (Mokati, 2017). Moreover, improved alcoholic beverages contain sweeteners and favourable flavours (Spinelli, Cunningham, Prescott, Monteleone, Dinnella, Proserpio & White, 2024) which appeal to the youth. The South African government drafted the Control of Marketing of Alcoholic Beverages Bill in 2012 with the intention of restricting alcohol advertising, marketing, promotion, and sponsorship to points of sale to the public, especially minors. This bill was written prior to the proposal in the Liquor Amendment Bill, but it has not yet been put into effect (Bertscher, London & Orgill, 2018).

Although education regarding underage drinking can either increase or decrease adolescent alcohol consumption, schools are a great place to teach adolescents about the risks associated with underage drinking (Chauke et al. 2015; Mohale & Mokwena, 2020; Mokwena & Sindane, 2020). School-based alcohol prevention interventions have been implemented by non-governmental organisations (NGOs) and the government, in alignment with the National Drug Master Plan (NDMP) to raise awareness about the risks associated with adolescent alcohol consumption (Government of SA, 2020). The government school programs consist of co-curricular activities carried out through peer education programs and interventions

incorporated into the curriculum through the Life Orientation/Life Skills subject area (DBE, 2021). The South African National Council of Alcoholism and Drug Dependence (SANCA) conducts a range of discussions, displays, and educational initiatives to educate and prevent substance use (SANCA, 2023). Although there are school-based alcohol prevention programs in place to raise awareness of the risks associated with underage drinking, it appears that these programs are not very successful in stopping underage drinking.

The interventions that are in place do not seem to recognise the knowledge, attitudes and behaviours that adolescents have regarding alcohol consumption, and they miss the chance to collaborate with young people. More especially early adolescents, who have become susceptible to underage drinking. The Global North's adolescent healthcare system has successfully implemented the concepts of inclusion and collaboration (Meinhardt, Cushbert, Gibson, Fortune & Hetrick, 2022; Harris, Shaw, Lawson & Sherman, 2016; Stigler, Neusel & Perry, 2011). These same ideas form the foundation of the Ubuntu philosophy in South Africa, and academics have recognised the benefits of incorporating these ideas into basic education (Vandeyar & Mohale, 2022). But it does not seem like this application exists for this harmful issue of underage drinking. Additionally, adolescents in the twenty-first century are requesting more and more to be included in interventions that are aimed at them (Watt, 2018; Manganga, 2020), which offers a chance to understand and incorporate their expertise and experiences. Since adolescents will become parents, leaders, and members of the workforce in the future, it is imperative to listen to them and protect both their and society's

wellbeing. It is upon this premise that this study aims to determine the knowledge, attitudes and practices regarding alcohol use among early adolescents at primary schools in Johannesburg.

METHOD

Design and participants

A descriptive, cross-sectional study was conducted. The study population was early adolescents attending predominantly black and coloured primary schools in Johannesburg. Two-hundred and fifteen early adolescents were selected for this study using a random sampling technique. Random sampling involves randomly selecting a portion of participants from the population with the advantage of each member of the population having an equal opportunity of being selected (Pilcher & Cortazzi, 2023). The sampling criteria included black and coloured early adolescents, attending primary schools in Johannesburg. The mean age of the early adolescents was 11 to 12 years old in an age range of 9 to 15 years, and the sample was divided between 54.9% females and 44.7% males.

Data collection and procedures

Research conducted on minors, requires special permissions, to protect minors from any harm. For this study, ethical clearance was obtained for the study from the University of Johannesburg Faculty of Humanities research ethics committee (REC-01-241-2020). Permission was also obtained from the Gauteng Department of Education to conduct research at the three identified primary schools in Johannesburg. Following which, permission was requested from principals at the three primary schools who had permission from

the early adolescent learners' parents to conduct the study. They were made clear about the study objectives and the voluntary participation of the early adolescent learners. Prior to the questionnaires being conducted with the early adolescents, verbal assent was obtained, and the confidentiality of their responses was assured. The respondents were informed that their responses were anonymised and thus their personal identifiable information would be excluded. To ensure the validity of the questionnaire, a pilot test was conducted with the respondents to ensure that they understood the survey questions which were phrased in English. This was important because as black and coloured learners English is often their second or third language. The self-report questionnaires were administered by the researcher and a research assistant, who perused each questionnaire for completion. Following the completion of the questionnaires, the respondents were thanked for their cooperation.

Measurement tool

Self-administered anonymised, paper questionnaires consisting of questions about the knowledge, attitudes and practices of early adolescents about under-age drinking were conducted. A screening question in the beginning of the questionnaire was included to find out whether the early adolescents knew what alcohol is. The screening question excluded learners who did not know what alcohol is from completing the rest of the questionnaire. To ensure the reliability of the questionnaire, Cronbach's alpha was used, which measured a high internal consistency of 0.8 for the knowledge, attitude and practices questions regarding early adolescent alcohol use.

Data analysis

Data were analysed using IBM SPSS 29, a software that provided the researcher with reliable and visual representations of the data. The numerical data were analysed using central tendency and dispersion. Frequency tables and two-by-two contingency tables were used to analyse the categorical variables.

RESULTS

Demographic data

A sum of 218 early adolescents responded to the questionnaire. In the analysis, 215 (98.6%) completed the questionnaire and were included in the study but 3 (1.4%) were excluded because they did not know what alcohol is. Among the 215 adolescents, 118 (54.9%) were female while 96 (44.7%) were male (Table 1). A total of 181 (84.2%) were black African, 26 (12.1%) were coloured and the other adolescents were other races. The majority of the respondents, 118 (54.9%), were aged between 9 to 11 years old while 97 (45.1%) were aged 12 to 15 years old. The median age was 11 to 12 years, and this age group was in Grade 6. A sum of 78 (28.7%) early adolescents resides with both parents, with one parent being a non-biological.

Knowledge

The main conclusions regarding the causes and risks of underage drinking, along with the knowledge sources regarding these topics, are shown below in table two (a) and (b). The inquiries made included closed-ended inquiries that only accept ‘yes’ or ‘no’ responses and Likert-scale inquiries that range from ‘not at all’ to ‘very much’. These results attempted

Table 1. Demographic characteristics

	Total (n = 215)	
	n	%
Gender		
Male	96	44.7
Female	118	54.9
Race		
Black African	181	84.2
Coloured	26	12.1
Indian	6	2.8
White South African	1	0.5
Age		
9	15	7.0
10	47	21.9
11	56	26.0
12	56	26.0
13	30	14.0
14	7	3.3
Older than 14	4	1.9
School Grade		
Grade 4	46	21.4
Grade 5	62	28.8
Grade 6	66	30.7
Grade 7	41	19.1
Family structure		
Father	6	1.3
Mother	55	11.5
Both parents	131	27.3
Siblings	141	29.4
Grandfather	33	6.9
Grandmother	15	3.1
Uncle	24	5.0
Aunt	33	6.9
Cousin/s	27	5.6
Friend/s	11	2.3

to address the initial study objective regarding the understanding of alcohol use among early adolescents. The kinds of inquiries among the questions were: a) understanding of whether kids should consume alcohol; b) the legal aspects c)

the effects of underage drinking, d) risks associated with underage drinking, and e) informational sources on the subject.

The information showed that adolescents possess high knowledge about the causes of underage drinking. Importantly, 100% of the adolescents agreed that children should not consume alcohol despite 57.7% lacking knowledge about the South African government’s legal consequences of children consuming alcohol. Above 65% of the adolescents agreed that lack of knowledge about the dangers of alcohol increases their risk of consuming it. Above 60% of the adolescents noted cool

advertisements and the curiosity about the taste of alcoholic beverages as causes of underage drinking. Although over half of the adolescents disagreed that adolescents who are having issues at home could drink alcohol, 53.3% contrarily revealed that seeing parents consuming alcohol may encourage them to start consuming it. This may likely be because a mere 33% of adolescents learned about the causes and dangers of underage drinking from parents. Interestingly, above 50% of the adolescents disagreed that challenges experienced at school and peer-pressure caused underage drinking. Similarly, above 50% of

Table 2a. Responses for knowledge items

	% Yes	% No
Causes of underage drinking		
Know dangers of alcohol	67.9	32.1
See cool adverts	63.7	36.3
Curious about taste of alcohol	65.6	34.4
Problems are home	42.3	57.7
Problems at school	35.8	64.2
Pressure from friends	47.9	52.1
Parents/guardians drinking alcohol	53.3	46.7
Friends drinking alcohol	50.7	49.3
Stay close to a shebeen or tavern	39.1	60.9
Dangers of underage drinking		
Damaged brains	87.0	13.0
Damaged bodies	87.9	12.1
Problems at school	82.8	17.2
Problems at home	86.5	13.5
Use drugs	77.7	22.3
Become sexually active	78.6	21.4

Table 2b. Responses for knowledge items

	% Not at all	% A little bit	% Much	% Very much
Information sources				
Parents/guardians	44.7	15.8	6.5	33.0
Friends	57.2	15.8	10.7	16.3
School	42.3	11.2	10.7	35.8
SANCA	57.2	3.3	1.9	37.7

participants observed that observing their friends consuming alcohol could prompt them to do the same, and they do not learn anything about alcohol from friends. Like the lacking education of adolescents about alcohol by parents or guardians, a low 30% reported that they learn about these risks from school or visiting NGOs. The adolescents also acknowledged the effects of the external environment on under-age drinking; 60.9% noted that residing near a shebeen or tavern may encourage adolescents to consume alcohol.

Concerning the dangers of under-age drinking, the adolescents also possessed high knowledge. Above 75% of the adolescents, revealed that early alcohol consumptions can cause brain damage, bodily damage, promote drug usage and early sexual activity.

Attitudes

The main conclusions regarding the attitudes of early adolescents toward alcohol consumption are shown in table three (a) and (b) below. Closed-ended questions with ‘yes’ or ‘no’ responses were mixed in with Likert-scale inquiries concerning a) perceptions of underage drinking; b) appropriate ways to stop underage drinking; and c) opinions of school-based interventions for alcohol prevention.

According to the data, the adolescents held negative attitudes about under-age drinking with above 80% of the respondents noting that they did not think drinking alcohol was ‘cool’, and they did not think their friends would like them if they consumed alcohol. This aligned with the knowledge data above, whereby half of the adolescents refuted that

Table 3a. Responses of attitude items

	% Yes	% No
Perceptions of underage drinking		
Drinking alcohol is cool	12.1	87.9
Likeability by friends when drinking alcohol	15.8	84.2
Alcohol conversations uncomfortable	65.1	34.9
Parents should not send children to buy alcohol	86.5	13.5
Shebeens and liquor stores proximity to schools	92.1	7.9

Table 3b. Responses of attitude items

	% Not at all	% A little bit	% Much	% Very much
Acceptable ways to stop underage drinking				
Educational programmes	20.5	9.3	12.6	57.7
Family programmes	20.9	11.2	10.7	57.2
School programmes	21.9	10.2	7.9	60.0
NGO programmes	19.5	13.0	12.1	55.3
Opinions of school-based alcohol prevention programmes				
Work with parents	20.9	13.0	10.2	55.8
Work with NGO	21.4	14.9	8.8	54.9
Use fun learning activities	26.5	13.0	9.3	51.2
Understandable language	21.4	13.0	11.6	54.0
Build confidence	25.1	8.8	7.4	58.6

friends and peer pressure are influencers of underage drinking. Perhaps as a result of the low education about the dangers and causes of underage drinking by parents and schools, 65.1% of adolescents considered it awkward to discuss alcohol. Yet, 86.5% believe that parents should not let their kids buy alcohol; and a high 92.1% think that shebeens and liquor stores should not be located near schools. More than half of the respondents agreed that educational TV shows (57.7%), family programmes (57.2%), NGO programmes (55.3%) and school programmes can prevent underage drinking. Importantly, the majority of respondents concurred that

school programs that engage parents (55.8%), work with a substance abuse focused NGO (54.9%), use enjoyable learning activities (51.2%), use language that is easy to understand (54.0%), and help students build confidence (58.6%) would probably reduce underage drinking.

Practices

The main conclusions about underage drinking behaviours among early adolescents are shown in table four (a), (b) and (c). The questions included Likert-scale inquiries as well as closed-ended inquiries with 'yes' and 'no' responses. with responses varying from 'unlikely' to 'very

Table 4a. Responses of practice items

	%Very unlikely	% Unlikely	% Likely	% Very Likely
Likelihood of alcohol practices before 18 years old				
Secretly drink alcohol	63.7	18.1	4.7	13.5
Accept a drink	77.2	12.1	1.9	8.8
Buy alcohol	85.1	6.0	3.3	5.6

Table 4b. Responses of practice items

	% Yes	% No
Practices about alcohol		
Bought alcohol for parents	17.7	82.3
Bought alcohol for friends	14.9	85.1
Been in a shebeen or tavern	28.4	71.6
Been in a liquor store	38.1	61.9
Attended a party where there was alcohol available	100	0

Table 4c. Responses of practice items

	% Not at all	% A little bit	% Much	% Very much
Methods to stop underage drinking				
Report underage drinking	20.0	11.6	8.8	59.5
Discuss underage drinking with parents	20.0	13.5	12.6	54.0
Discuss underage drinking with friends	26.5	16.3	13.0	44.2
Discuss underage drinking with teachers	26.0	12.1	14.4	47.4
Ask questions about	23.3	18.1	8.4	50.2
Share ideas	17.8	11.7	10.3	60.3

likely'. The information gathered relates to the respondents' a) propensity to consume alcohol prior to turning eighteen, b) underage drinking habits, and c) their methods to stop underage alcohol consumption.

The information shows that adolescents do practice underage drinking despite their high knowledge and negative attitude towards it. Thus while 13.5% of respondents said they would drink in secret, most respondents said they were extremely unlikely to buy alcohol for themselves (85.1%), accept a drink from someone (77.2%), or drink in secret (63.7%). While some respondents (17.7%) said they had purchased alcohol for their parents, most respondents (82.3%) said they had not. 85.1% of respondents said they had never purchased alcohol for friends, and 71.6% said they had never visited a shebeen or tavern. However, 61.9% had visited a liquor store, and 100% had gone to a party where adults could purchase alcohol. Despite their concerning results about alcohol consumption practices, the adolescents demonstrated their knowledge about the risks of underage drinking by revealing that they would report underage alcohol consumption by children to a trusted adult (59.5%), discuss underage drinking with parents (54.0%), ask questions about things they do not understand (50.2%), and discuss what should be done about underage drinking (60.3%). However, the adolescents seemed reluctant to discuss underage drinking with teachers (47.4%) and friends (44.2%).

DISCUSSION

Skylstad et al. (2022a) point out that research on or with early adolescents has

tended to be overlooked, which is problematic for addressing the growing problem of underage drinking in countries such as South Africa. Most studies look at alcohol use through the eyes of middle and older adolescents, young adults, or other stakeholders involved with adolescents (Skylstad et al., 2022a; Skylstad et al., 2022b; Aware.org, 2019). Although these studies have revealed that various intrapersonal, interpersonal, small-group, and mass media factors influence an adolescent's choice to consume alcohol (Mmereki et al., 2022; Chauke et al., 2015; Maserumule, Skaal, & Sithole, 2019; Berglund, Boson, Wennberg & Gerdner, 2022; Sekhejane et al., 2020), they do not assess the perspectives of early adolescents. This study revealed that there is a growing problem of underage drinking among black and coloured young people. These adolescents, regardless of age or gender, were well-versed in the causes and dangers of underage drinking despite the lacking education about this social ill in the home by parents or guardians and at school by teachers or NGOs. However, despite the high knowledge about the risks and causes of early alcohol use, 13.5% of the adolescents had consumed alcohol, indicating that there is a need for improved and relevant education about the risks of underage drinking to eradicate early consumption.

Many adolescents disagreed that there is a connection between alcohol consumption at home and underage drinking. Yet, studies by Mmereki et al. (2022); Chauke et al. (2015); Maserumule, Skaal, and Sithole (2019); Berglund, Boson, Wennberg and Gerdner (2022); Sekhejane et al. (2020); Ramsoomar et al. (2013), proved that parents' attitudes and behaviours about alcohol influence their

adolescents. Because younger minors rely more heavily on the guidance of parents or guardians than older adolescents, they are less susceptible to peer pressure and it is the perceived conduct of their role models, parents and guardians, that influences their thinking and behaviour (Weintraub, 2018; Weymouth & Buehler, 2018). Moreover, the drinking culture in South Africa, where all social events must include alcohol, and 'Phuza Thursdays', which has become widely accepted as a drinking weekday (Vivier, 2018; Sekhejane et al., 2020), has created less stigma about alcohol use in homes. Moreover, 65.6% of adolescents in the results revealed that curiosity about the taste of alcohol can encourage underage drinking, likely because of the constant display of alcohol advertisements on television, which glamorise alcohol and contribute to its normalization in the mind and at home. There is a scarcity of research on this topic, particularly given the prevalence of sweet-tasting, fruity alcoholic beverages on the market aimed at young people (Spinelli, 2024).

Furthermore, contrary to the literature, the findings show that more than half of the adolescents do not see domestic problems as a cause of underage drinking. This contrasts with research findings that South Africa is plagued by a culture of violence and crime rooted in substance abuse (Gumede, 2022). This is in addition to the triple challenge of poverty, unemployment, and inequality, all of which have a significant impact on the lives of South African citizens and youth, particularly those in low-income black and coloured communities (Gumede, 2022). These issues have a direct impact on the opportunities and consequences that young people face as they transition

from childhood to adulthood, particularly in terms of substance abuse - alcohol is frequently the first drug of choice for adolescents seeking to cope with negative emotions.

Likewise, more than 80% of adolescents held negative attitudes towards alcohol consumption, with more than half of the adolescents stating that seeing friends drink alcohol did not encourage them to drink. Agreeably, studies show that it is middle to late adolescents who are more likely to begin drinking alcohol due to peer pressure (Chauke et al., 2015; Ivaniushina & Titkova, 2021; Oosthuizen, 2022; Baron, 2018). Puberty peaks during middle adolescence, increasing feelings of rebellion and desire for new experiences (El Kazdoun, El-Ammari, Bouftini, El Fakir, & El Achhab, 2018). Adolescents begin practicing social selection at this stage of development to overcome the fear-of-missing-out (FOMO) and be socially accepted within peer circles. To fit in with these social circles, they are willing to participate in a variety of activities, including alcohol consumption. Chauke et al. (2015), Maserumule et al. (2019), and Mmereki et al. (2022) discovered that adolescents who consume alcohol are more likely to have friends who do the same.

Although adolescents are aware of the dangers of underage drinking and 86.5% agree that parents should not send their children to buy alcohol and alcohol outlets should not be near schools, most adolescents have been in social settings where alcohol was present for adults' consumption, and some had consumed alcohol. Most adolescents have not purchased alcohol for personal use. This could be because adolescents ask adults to buy alcohol for them. According to the literature, because they are minors,

adolescents frequently acquire alcohol by asking adults to buy it for them (Friese, Grube & Moore, 2013). This is especially true in South Africa, where illicit alcohol trading thrives, making it easy for adults and adolescents to buy and sell alcohol. The Enyobeni tragedy, in which 21 adolescents, the youngest of whom was 13, died from alcohol poisoning after purchasing alcoholic beverages from an illegal outlet, exemplifies the ease with which alcohol is available to early adolescents. The tragedy highlights parents' or guardians' permissive attitude toward underage drinking; adolescents frequently attend social events where there is binge drinking with their parents' knowledge (Duba, 2023).

According to the findings, schools and SANCA are sources of information on the causes and dangers of underage drinking through curriculum or extra-curricular activities. However, the fact that such education is ineffective in reducing underage drinking in South Africa raises concerns about the way school-based alcohol prevention interventions educate adolescents, and the current NDMP. The communication approach currently used in these interventions is top-down, excluding adolescents' ideas, suggestions, and experiences. The findings show that many adolescents prefer interventions that listen to their voices. Evidence-based research by Stiegler et al. (2011) and SAM-HSA (2015) demonstrates that non-linear and inclusive communication approaches to school-based alcohol prevention interventions can reduce underage drinking. To effectively prevent underage drinking, 60% of adolescents preferred school-based alcohol prevention interventions, that collaborate with parents, NGOs such as SANCA, and the adolescents them-

selves. Although it is important to listen to the voices of the early adolescents as a vulnerable age-group, protecting their overall well-being is important, thus the inclusion and guidance of trusted adults is essential in such interventions. Agreeably, 59.5% of the adolescents in the data stated that they would report underage drinking to a trusted adult.

In practice, it is essential to cater to the nature of early adolescents as minors, thus the interventions should incorporate enjoyable learning activities and use language that is easy to understand. Building the confidence of adolescents by permitting them to share their knowledge, attitudes and practices may empower them to make better health decisions, as supported by 58.6% of adolescents in the results. This is important as more young people through movements developed and sustained by them, want their voices to be heard (Watt, 2018). Such interventions would improve the poor education about the causes and dangers of underage drinking in the home and school context, further reinforcing the importance of avoiding underage drinking. Moreover, commencing the intervention during early adolescence, can address the problems associated with peer-pressure during middle to late adolescence. The intervention can also increase knowledge about the legal consequences of underage drinking, including the Liquor Amendment Bill, this provides an effective opportunity to eradicate or reduce underage drinking.

Limitations

KAP surveys are not without limitations. Self-reported information from respondents can lead to bias, such as social desirability bias, where respondents provide answers, they believe are more socially

acceptable than accurate (Vandamme, 2009; Hartmann et al., 2023). Recall bias is the tendency of respondents to either choose not to disclose prior experiences or behaviours or to recall them incorrectly. In this study, some adolescents may have underreported their exposure to alcohol to appear favourable. To address this limitation, the researcher emphasised the importance of respondents being as honest as possible both before and during the survey.

Furthermore, a single cross-sectional survey is insufficient for assessing changes in knowledge, attitudes, and practices over time. Many KAP surveys are cross-sectional, meaning they collect data at one point in time (Vandamme, 2009; Hartmann et al., 2023). Accurate representation of the population may be difficult to obtain. Due to time and budget constraints, it was not possible to conduct KAP surveys in a larger number of black and coloured communities in Johannesburg in order to provide a more complete picture of the adolescents' knowledge, attitudes, and practices. However, the research prioritised researching in predominantly black and coloured, low-income communities.

KAP surveys typically use closed-ended, structured questionnaires, which can limit the depth of understanding possible because respondents can only choose from pre-determined answers. Unreliable data can result from poorly formulated, unclear, or misleading questions (Vandamme, 2009; Hartmann et al., 2023). Language barriers and cultural differences in how survey questions are understood and answered can reduce the effectiveness of KAP surveys in multicultural settings (Vandamme, 2009; Hartmann et al., 2023). Similarly, the sequence of

questions or the failure to pilot test the questionnaire with the intended audience may distort the results. In this study, a pilot test was conducted to mitigate these limitations, although it proved difficult to create a survey in age-appropriate language for early adolescents who speak English as a second or third language, the assistance of a research assistant and the researcher's ability to speak the African languages spoken in these communities, simplified the process.

CONCLUSION

The study illustrates that despite adolescents' high knowledge about the dangers and causes of alcohol use, they hold negative attitudes towards alcohol, a few have consumed it in early adolescent years. It is imperative to address this problem during the early adolescent years within contexts wherein the most influential and lasting socialisation occurs in the life of a child, within the home and in the school. Thus, a collaborative approach among key stakeholders within these contexts, including adolescents themselves, may be effective to address the problem of underage drinking by providing comprehensive and accurate education about the knowledge, attitudes and practices of underage drinking. More so, when such an approach embraces open and non-linear communication among the key stakeholders. Such a grassroots intervention can cooperate with the future NDMP and the Liquor Amendment Bill to curb underage drinking because it would provide the foundational education required to ensure the success of the law. Future studies can explore how this inclusive school-based alcohol prevention

intervention would work practically, especially since 55% of the adolescents in the study agreed that school programs that are inclusive may likely reduce underage drinking.

Declaration: Only respondents who consented were included in the study.

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