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The perceptions of adolescent boys regarding the implications of dagga use

By

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A mini-dissertation in partial fulfilment of the requirements for the degree

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ABSTRACT

The perceptions of adolescent boys regarding the implications of dagga use.

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The use of drugs is as old as human history and for centuries people have been engaged in fruitless attempts to combat drug abuse. Efforts aimed at attaining a drug-free world is a continuous battle that seems to be destined for failure. Dagga is the drug most commonly used globally and locally. The problem with dagga specifically, is that many young people perceive it as a socially acceptable drug and knowledge of accompanying risks is limited. Moreover, intervention strategies do not take these perceptions and myths into account.

No recent local research providing an account of adolescents' perceptions of dagga was found to exist, yet many intervention strategies and campaigns are launched and large amounts of money are spent on anti-drug campaigns. In order to plan intervention strategies relating to changing policies and adapting intervention strategies, it is necessary to understand the perceptions of adolescents regarding the implications of dagga use.

Young people are the future policy makers and by including them in the process, prospective victory in the war against drugs could be attained by adopting a different frame of reference. The person-centred approach was thus chosen as the appropriate theory because it postulates that in order to bring about change, the perceptions and frame of reference of people must be taken into account.

The aim of this qualitative study was to explore the perceptions of adolescent boys regarding the implications of dagga use. Purposive sampling was employed to select ten participants between the ages of 16 and 18, who attend a high school in Pretoria. An interview schedule was used to guide the process of data collection through one-on-one semi-structured interviews.

The findings of the study suggested that adolescent boys base their knowledge of dagga on experiential learning and modelling by peers rather than information obtained from parents, teachers and other professionals. Dagga use was seen by adolescents as a safe and socially acceptable means to relax and to socialise. Participants viewed dagga use as an isolated occurrence that did not have a significant effect on their micro-, meso-, or exosystems. The participants acknowledged that dagga use had negative effects on the family. However, they believed that the effects are exaggerated because adults have limited knowledge about dagga.

The significance of the findings lay in the fact that current interventions and educational campaigns regarding dagga have had little to no effect on adolescents' perceptions so far. In order to plan effective intervention strategies, adolescents' perceptions must be considered. Young people must also be included in the planning and evaluation of such interventions.

LIST OF KEY CONCEPTS

- ADOLESCENTS
- DAGGA
- DRUG USE
- PERCEPTIONS
- IMPLICATIONS OF DAGGA USE

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CHAPTER 1: GENERAL ORIENTATION

1.1 Introduction

The concept 'dagga', for the dried Cannabis plant is unique to South Africa (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010:3). Similarly, dagga poses distinctive challenges and implications within the South African context. The 2015 World Drug Report indicates that dagga use is increasing in many developing countries, including South Africa (United Nations Office on Drugs and Crime [UNODC], 2015:2).

Dagga is furthermore cited as the world's most widely used substance. It is estimated that there are between 119 and 224 million dagga users worldwide, and according to the Anti-Drug Alliance South Africa (2012:23), roughly a third of all drug users report using this drug regularly in South Africa. Morojele, Parry and Brook (2009:1) claim that dagga use is particularly high and continues to increase among adolescents.

This increase in dagga use is likely to have a negative impact on adolescents. According to Morojele et al. (2009:1), adolescents who use substances such as alcohol, tobacco and dagga are disproportionately more involved in criminal activities, are at a higher risk of being injured in road accidents or fights, and are more likely to be sexually active and engage in unprotected sex.

UNODC (2012a:69) points out that the indirect impact of dagga use include increased prevalence of infectious diseases among drug users, as well as cardiovascular dysfunction, lung disease, kidney function impairment and endocrine dysfunction. The World Drug Report 2015 further confirms that the key impact of illicit drug use on society is the harmful health consequences, which also has an impact on the economy and the wider society (UNODC, 2015:4-6).

In support, Berk (2013:616) warns that drug experimentation should not be taken lightly since most drugs impair perception and thought processes and a single heavy dose can lead to permanent damage and injury. The author further claims that a worrisome minority of adolescents move from substance use to abuse, which can impair their ability to meet school, work and other responsibilities, and rob them of the opportunity to develop the necessary social and other skills.

However, Berk (2013:616) also argues that the majority of adolescents who experiment with alcohol, tobacco and dagga are not heading for a life of dependence and addiction; instead these adolescents should be seen as psychologically healthy, sociable and curious young people. John, Robins and Pervin, (2008:89) agree with this view, indicating that adolescents who have experimented with dagga were the most 'well-adjusted', compared to those who never tried, or who have abused the drug. The authors justify that some youth cultures and social settings actually cogitate experimentation with dagga as relatively healthy behaviour. Considering statistics related to dagga use among adolescents in the South African context, it could be argued that adolescents who experiment with dagga are displaying age- and culturally appropriate behaviour.

Moreover, various debates on the negative effects of this illicit substance question whether or not dagga actually has long-term negative effects and if the negative effects in fact outweigh the benefits of dagga use (Du Plessis, Visser & Smit, 2013:144 – 161; Leihy, 2013:10; Parry & Myers, 2014:400; The Independent Scientific Committee on Drugs, 2014). These debates may have an effect on adolescents, who find themselves in a complex, multi-faceted developmental stage.

Berk (2013:6) further points out that adolescence is the period when children start the transition into adulthood. The author proposes that it is a time marked by the development of independence from the family and defining personal values and goals. Berg, Landreth and Fall (2013:171) elaborate that many adolescents experience a time of conflict, questioning of values, confusing choices, physical changes, and an overwhelming need to be accepted by peers. If the peer group they associate with, use dagga and they are confronted with the above-mentioned debates, these factors might put them at further risk of starting to use it.

In response to adolescents being at high risk to start using dagga, Government launched an awareness programme called Ke Moja, which focused on reaching youth. The Department of Social Development (2010:26) explains that the aim of this programme is to create awareness, increase understanding of drugs and empower youth to deal with challenges relating to substance abuse. Furthermore the Central Drug Authority oversees the National Drug Master Plan 2013-2017 and various smaller operational plans that aim to prevent and address drug use in South Africa (Department of Social Development [Sa]).

The effectiveness of these and other preventative initiatives is, however, drawn into question by the Unisa Bureau of Market Research (2012:2), asserting that there is a fairly low level of awareness among youth in Gauteng regarding initiatives directed towards preventing drug and alcohol abuse. According to the bureau's research findings, learners were mainly aware of organisations such as Alcoholics Anonymous and SANCA, as well as drug awareness programmes on television. The low level of awareness of intervention campaigns raises the question whether enough is done to prevent dagga use, and whether this challenge is tackled effectively.

Objective data on the effects of dagga is needed in order to implement effective intervention strategies. Mehling and Triggle (2009:20) propose that arguments regarding the use of dagga tend to be political rather than factual and because pharmacologists and medical doctors are caught up in these politics, it is difficult to get unbiased information from them. The authors moreover state that dagga-related research sets out to prove preconceived ideas which devalue the findings.

It can thus be deducted that inadequate information exists to support substantial conclusions regarding the implications of dagga use. Van Niekerk (2011:80) points out that focusing on concrete evidence of the possible harmful effects of drugs, instead of on prejudiced assumptions could facilitate a rational debate on the relative risks and harmful effects of drugs. The researcher's view is that this specifically relates to dagga because, as Parry and Myers (2014:400) point out, there is a significant lack of evidence-based research regarding the potential harmful effects and benefits of dagga use.

This account also raises the question whether the real problem and focus should be on using drugs or being addicted to drugs (Anti-Drug Alliance, 2012:29). It is argued that using alcohol or gambling is not problematic in itself, but that being addicted to either one can have devastating consequences. The issue therefore emerges whether drug use in itself is harmful when the user is not addicted to the drug. In support, Hurd, Michaelides, Miller and Jutras-Aswad (2014:416) relate this question specifically to dagga since it is widely believed that dagga is not as addictive as some other drugs.

Van Niekerk (2011:80) concurs with the view of the Anti-Drug Alliance (2012:26) that the country's strategies to address the drug problem require rethinking. This is because the vision of the National Drug Master Plan 2013-2017 is a drug-free society, which considering human history and experiences, does not reflect reality. Current awareness and preventative initiatives regarding drug use will therefore never effectively eliminate the drug problem.

Government is spending increasingly more money and manpower in an attempt to reduce drug abuse in South Africa, but the Anti-Drug Alliance's (2012:26) grim perception is that it is "naïve and pointless" to think that drug use in South Africa can be stopped indefinitely. The author's argument is based on the view that a prohibitionist approach to the drug problem is not realistic. If this statement is true, a drastic reconsideration is needed not only regarding drug prevention and use, but also regarding the policies and laws that govern drug use in the country.

In support, Van Niekerk (2011:80) argues that another humanitarian way should be developed to deal with drug users, which does not criminalise them, even though using drugs may be considered a vice. The Anti-Drug Alliance (2012:26) argues that laws should be revisited and updated to adapt to the changing times, stating that: "South Africa is the epitome of change, and yet, why is it we do not see that the current prohibitionist laws are overloading the justice system?" The researcher is of opinion that the justice system is burdened by laws that prohibit the use of drugs, including dagga, without clear policies and laws governed by well-researched findings on the specific implications of these drugs.

There are clearly various debates regarding the implications of drugs such as dagga and the policies that regulate its use. Within the context of these debates, the researcher specifically attempted not to take a stance in this regard, but to rather focus on adolescents' perceptions and frames of reference regarding the effects of dagga use. The researcher's aim was to refrain from personal prejudice and instead to voice the opinion of adolescent boys regarding the implications of dagga use. It is the researcher's view that the proposed study can offer valuable insight regardless of the position taken towards legalising dagga.

In order to elaborate on the motivation for this study, the rationale and problem statement are discussed below.

1.2 Rationale and problem formulation

The researcher undertook therapeutic group work in a high school in Pretoria during her fourth-level practical training. These groups were composed of adolescent boys who tested positively for the use of dagga through random testing done at the school. As part of the school's disciplinary procedures the learners had to undergo group therapy. Interaction with these learners led the researcher to conclude that adolescents had unique, individualised experiences and perceptions about dagga use. It became evident that these adolescents' viewpoints were influenced by the fact that they never witnessed or experienced any of the negative consequences of dagga use that they had been led to believe. These viewpoints are often not taken into consideration by researchers, policy makers and practitioners.

As a result of the above-mentioned individualised experiences and perceptions, dagga use among high school learners is increasing. Research conducted by the Unisa Bureau of Market Research (2012:4) among secondary school learners in Gauteng, found that approximately seven in ten learners regarded drugs to be easily accessible; nearly half the learners were aware of friends who used drugs; and almost three in ten learners used drugs. The research found that among those who used drugs, dagga was the most popular.

The Unisa Bureau of Market Research (2012:2) further concluded that the majority of secondary school learners in Gauteng agreed that alcohol and dagga consumption among the youth in South Africa was becoming more socially acceptable and tolerated. Jacquette (2010:3) confirms this perception by referring to the choice between alcohol and dagga as recreational intoxicant, as being as simple as the choice between two different soft drinks to quench one's thirst. This statement reflects the common perception among adolescents that using dagga is no more harmful than using alcohol, which makes it appear more acceptable.

This study is prompted by inadequate studies exploring the perceptions of young people regarding dagga use. An exploration of adolescents' perceptions will address the gap identified by the UNODC (2004:11) which argues that effective prevention strategies should focus on placing oneself in the mind-set of an adolescent. The authors claim that a prominent factor found to have reduced the effectiveness of some South African prevention programmes, is that they have been developed

largely from an adult perspective. The researcher therefore proposed that a detailed, in-depth exploration of adolescents' views on the use of dagga and the consequent impact of dagga use would assist various role players to address the problem of dagga use in South Africa.

The value of such a study would be significant despite the debate on whether dagga should be legalised or not. If it is argued that dagga is harmful, taking an in-depth look into the perceptions of adolescents could assist in formulating intervention strategies focused on the target group's views. Alternatively, if the viewpoint is considered that dagga has more benefits than negative implications and that it should be legalised, it could prove equally valuable to gain in-depth knowledge of the perceptions of the youth who are the future policy makers.

Since it is the responsibility of schools to educate young people to make informed decisions, schools can play a significant role in undertaking prevention campaigns aimed at school-going youth (UNODC, 2004:14). Providing schools with insight into adolescents' attitudes towards dagga could assist them to address the problem of dagga use. It may be useful in the development of relevant local preventative programmes, and it may encourage the rethinking of policies and procedures relating to dagga use in South Africa.

Morojele et al. (2009:3) also agree that further research on strategies for preventing substance abuse among South Africa's youth is urgently needed. The Department of Social Development (2013:133) proposes that the results of an investigation into the dynamics of dagga use, related harmful effects, and the relevance of current international/local policies regarding dagga use, should be used to support the development of government policies, legislation, protocols and practices.

The researcher suggested that a significant part of developing intervention strategies to address substance abuse should be preventative in nature, since many people start experimenting with drugs during the early adolescent phase. Routledge (2005:79) found that the percentage of adolescents who use drugs increased from the age of 12 to the age of 19 and that it is better to prevent young people from starting to use drugs than intervening at a later stage by trying to persuade them to give up drugs. UNODC (2012b:13) has shown that the younger the adolescent when starting to use substances, the more likely he or she is to encounter problematic

substance use at a later stage. Empirical evidence to inform early intervention is thus required.

Morojele et al. (2009:3) further argue that in order to successfully address the complex and multi-faceted problem of substance abuse among adolescents in South Africa, a multi-sectoral and holistic approach is needed. One aspect of a multi-sectoral and holistic approach is to involve and engage with young people. This study will address the identified gap within the South African context. Understanding the frame of reference of adolescents and their need to use dagga should prove valuable in formulating effective preventative programmes for South Africa's youth.

In order to explore the problem of dagga use among adolescents, a clear goal and objectives were formulated. These are:

1.3 Goal and objectives of the research study

1.3.1 Goal

The goal of this study was to explore and describe the perceptions of adolescent boys regarding the implications of dagga use.

1.3.2 Objectives

The objectives of this study were:

- To theoretically conceptualise and contextualise dagga use by adolescent boys
- To explore and describe the causes of dagga use among adolescents
- To explore and describe the knowledge of adolescent boys regarding the effects of dagga use
- To explore and determine adolescent boys' perceptions regarding the effectiveness of available substance abuse prevention services
- Based on the findings, to make recommendations regarding adolescent boys' views about dagga use.

1.4 Research question

In qualitative research, enquirers state research questions and not objectives or hypothesis (Creswell, 2014:139). According to Maxwell (2013:75), the research question states what you want to learn from the study. He further states that a

research question should be framed in such a way that it points to the information and understanding that will help to accomplish the practical goals or develop the practical implications of what can be learned. Flick (2009:98) explains that the research question has to be formulated "in concrete terms with the aim of clarifying what the field contacts are supposed to reveal". These insights assisted the researcher to verify what was needed to be researched and what data had to be collected.

The research question for this study was:

"What are the perceptions of adolescent boys regarding the implications of dagga use?"

1.5 Research methodology

This was a qualitative study during which the researcher attempted to understand the meaning of the natural words of participants and to present this as data (Fouché & Delport, 2011:65). Qualitative research involves purposeful investigations, searches or processes that collect and evaluate information in order to gain knowledge and understanding of experiences (Carey, 2012:28). The researcher attempted to explore and to gain knowledge and understanding of the perspectives and experiences of adolescent boys regarding the implications of dagga use. The qualitative approach proved the most suitable method to achieve this, as it was beneficial in obtaining information on adolescents' experiences and perceptions.

The study was applied in nature as the social problem of dagga use was addressed. Bless, Higson-Smith and Kagee (2006:45) define applied research as research with the primary motivation to assist in solving a specific problem facing a specific community. By gaining knowledge about adolescents' perceptions about the implications of dagga use, the researcher planned to make a contribution to addressing the drug abuse problem in practice (Carey, 2012:31).

The researcher aimed to expand her understanding of the perceptions of adolescent boys regarding dagga use. The research design was therefore a case study, and specifically a collective case study (Neuman, 2011:177). Fouché and Schurink (2011:320) explain that qualitative researchers use case studies to "immerse themselves in the activities of a single person or a small number of people in order to obtain familiarity with their social worlds and to look for patterns in the research

participants' lives, words and actions…" The researcher found case studies to be the most relevant design since it allowed for the disclosure of the experiential worlds of adolescents.

The population of the study consisted of adolescent boys between 16 and 18 years old, attending an identified high school in Pretoria. This population of individuals possessed the specific characteristics required for the research (Strydom, 2011a:223).

The sample for this study was chosen through non-probability sampling, specifically purposive sampling. Strydom and Delport (2011:392) assert that purposive sampling entails the selection of participants who possess the characteristics that will benefit the study and who meet specific pre-determined criteria. Ten participants who met the selection criteria were selected to take part in the study.

The researcher conducted ten one-on-one interviews with the selected participants. An interview schedule was used to facilitate the process, allowing for in-depth exploration during the research process (Maxwell, 2013:101). This enabled the researcher to gain an in-depth, detailed understanding of the participants' beliefs about, perceptions and accounts of the implications of dagga use (Greeff, 2011:351).

Qualitative research is flexible and dynamic and the analysis of qualitative data is an active and interactive process (Strydom & Delport, 2011:398). The researcher followed this dynamic, circular process as data was analysed according to the spiral steps for data analysis proposed by Creswell (2014:186). A detailed description of the research methodology used in this study is also provided in Chapter 3.

Strategies utilised to ensure trustworthiness, and ethical aspects which were considered for this study are presented in Chapter 3.

1.6 Limitations of the study

The researcher regards the following as limitations of the study:

1. The small sample size of the study, which was conducted at only one school, implies that the study cannot be generalised to other contexts.

2. The participants were only male, from similar socio-economic backgrounds, and were from only two predominant racial groups; consequently the perceptions of other racial and socio-economic groups are not known.
3. While this study was limited to adolescent boys, the researcher became aware that more adolescent girls are also starting to use dagga. The perceptions of adolescent girls are therefore also not known.

1.7 Definition of key concepts

1.7.1 Adolescent

Adolescence refers to the developmental period between childhood and adulthood (Martin & Fabes, 2009:446). Adolescence usually starts from the age of 11 and continues to between 18 and 21 years of age (Louw & Louw, 2007:279). The concept of adolescence may be defined biologically as the beginning of puberty and the start of sexual reproductive functioning (Laser & Nicotera, 2011:14).

1.7.2 Dagga

Cannabis, or dagga, (also widely known as marijuana or weed) is the general term applied to Cannabis plants when the plants are used for their pleasure-giving effects (Peltzer et al., 2010:3). According to UNODC (2012a:1), the terms cannabis and/or dagga also encompass the use of the flowering tops, fruit, seeds, leaves, stems, and bark of the plant that is used as a drug. Furthermore, the authors explain that in South Africa, dagga is commonly grown in many parts of the country and the dried leaves and flowers of the tobacco-like plant is generally rolled into cigarettes or wrapped into small pieces of newsprint.

1.7.3 Substance use

Morojele, Parry, Brook, and Kekwaletswe (2012:196) define substance use as the use of any psychoactive substance irrespective of the amount and number of times used.

1.7.4 Substance abuse

Morojele et al. (2012:196) describe substance abuse as the use of substances which lead to the user being unable to fulfil important duties and responsibilities at

work, school or home, facing legal problems or social and interpersonal problems because of substance abuse, or when substances are used in dangerous situations. Lewis, Dana and Blevins (2011:4) define substance abuse as that which occurs when alcohol or any other mood-altering substance has undesirable effects on a person's life or the lives of others.

1.8 Contents of the research report

Chapter 1:

In this chapter, a general introduction on dagga is provided and the research is contextualised. The chapter provides an introduction, rationale and problem formulation, as well as the goals and objectives of the study, the research methodology, the limitations of the study and definitions of key concepts.

Chapter 2:

This chapter discusses the literature study. It firstly elaborates on the theoretical framework for the study, followed by a focus on the developmental stages of adolescence, the extent and impact of dagga, risk and protective factors regarding drug use, adolescents' views of dagga use in the South African context, the legislative and practice framework and finally the impact of dagga use in South Africa.

Chapter 3:

The research question is posed in this chapter, followed by a discussion on the research methodology, the trustworthiness of the study, the pilot study and the ethical issues that were addressed. Empirical findings are presented by providing biographical information, followed by the findings according to themes and sub-themes.

Chapter 4:

The last chapter focuses on conclusions and recommendations based on the research findings.

CHAPTER 2: ADOLESCENT BOYS AND DAGGA USE

2.1 Introduction

For the researcher to conduct this research successfully, it was important to establish a concrete, theoretical framework by reviewing existing literature. This chapter starts by elaborating on the theoretical framework that guided the study, followed by a focus on adolescence as developmental phase and a discussion on the risk and protective factors that have an impact on adolescent drug use.

The extent of the problem is then discussed. The perceptions of adolescents regarding dagga use in a South African context follows. The researcher subsequently discusses the current legislative framework and current interventions that are in place in South Africa to address drug abuse and drug trading in the country. The chapter is concluded with a critical discussion of the impact of dagga use at various levels.

2.2 Theoretical framework

The researcher had to use theory, values and professional skills to be able to explore the views and opinions of adolescent boys (Grobler & Schenck, 2009:1). This research was conducted from a person-centred framework with the focus being on adolescents' perceptions and experiences and the meanings they construct.

According to Tudor and Worrall (2006:39), person-centred theory proposes that all that can ever be known about anything is the construction of people, events, phenomena, and 'reality'. The authors point out that people co-construct the meaning of these truths in their encounters with each other and only through dialogue can meaning be created. In-depth conversations and enquiry into their behaviour therefore allows for the understanding of adolescents' views and experiences.

Grobler and Schenck (2009:24) also point out that the reasons behind certain types of behaviour can only be understood if participants are observed and asked about this behaviour. The authors elaborate that the premise of the person-centred theory is that behaviour is goal directed, while the behaviour of organisms, such as adolescents, is motivated by an attempt to satisfy their needs. Only by assuming the

participants' frame of reference and understanding their experiences and perceptions, can a researcher know what the need behind the behaviour is.

The person-centred approach was furthermore suitable considering the view of Grobler and Schenck (2009:42), who propose that the theory assumes that all individuals are self-determined, strive towards positive self-actualisation and are influenced by their perceived interaction with significant others. The reason why many adolescents use dagga, despite being taught about its negative effects, and the fact that dagga use is against the law, is influenced by their interaction with significant others such as families, peers and teachers. Grobler and Schenck (2009:46) suggest that in order to gain understanding of adolescents' perceptions of these interactions, and of the effects of these interactions, the person centred skills of attentiveness, listening, probing and basic empathy should be used to facilitate this process.

Moreover, Grobler and Schenck (2009:38, 44) specify that in order to understand behaviour such as the use of dagga by adolescents, the values that constitute the foundation of the person-centred approach should be adhered to. The person-centred values listed by the authors include respect and the belief that all individuals are worthy of respect; individualisation, which entails assuming the internal frame of reference of individuals; self-determination, which is a belief in a person's self-growth capability; and confidentiality where a person can trust that personal information would not be divulged unless contracted otherwise.

From the person-centred approach, Holloway and Wheeler (2010:25) highlight that individuals should be viewed as whole human beings and not as a collection of separate parts. Their needs, emotions, perceptions, frames of reference and values are crucial in order to understand their behaviour. The person-centred approach was chosen to help the researcher understand adolescents' views of their interaction with significant others and how it influences their behaviour.

In order to consider adolescent dagga use holistically, it is necessary to take the adolescent developmental phase into account, as this has a significant effect on their perceptions and experiences. Different domains of the adolescent phase which influence their views and behaviour will hence be discussed.

2.3 Adolescence as a developmental phase

Developmental psychology has undergone changes to a next level of maturity, being characterised by a greater emphasis being placed on socio-emotional development and not merely on cognitive development. Bjorklund and Blasi (2012:12) further state that an increased focus is being placed on the importance of context in development. When commenting on adolescent boys' perceptions regarding dagga use, it is therefore vital to explore all areas of development within context so that an advanced, in-depth understanding of their behaviour can be presented.

Moshman (2011:xxii) explains that adolescent development is "much less inevitable, predictable and tied to age than child development". The author furthermore proposes that comprehensive research on adolescent development should be done as it has important implications for educational and social policy. When educational and social policies regarding issues such as substance abuse, are developed, an attempt has to be made to understand and predict adolescents' developmental levels within context.

Various domains of development have an influence on adolescents and their behaviour, including physical, cognitive, social, emotional, and moral development. These aspects are subsequently discussed.

2.3.1 Physical development

Puberty is marked as a time of significant physical change in a young person's body. These changes, with the onset of hormonal activity, fall under the influence of the hypothalamus, the pituitary gland (located in the base of the brain) and the gonads which include the ovaries and testes (Slee, Chambell & Spears, 2012:458). The adolescent phase is marked by growth spurts, increased body fat, changes in body proportions, deepening of boys' voices, girls show breast development and adolescents also develop hair on their bodies and genitalia (Martin & Fabes, 2009:452).

An important part of physical development during this phase includes the brain. UNODC (2012b:5) points out that even though the adolescent's brain is developing, it is not yet fully developed until the adolescent reaches his/her early twenties.

Moreover, the authors claim that this makes the adolescent brain more susceptible to the negative effects of dagga and other drugs.

Generally, physical developments that can be observed in adolescents' changing bodies are the most significant indications of the onset of the adolescent phase. Coleman (2011:24), however, emphasises that there are many other significant physical changes that occur, specifically in the adolescent's brain. The author distinguishes two major changes in the brain: the elimination of unnecessary synapses, which results in the improvement of information processing, and secondly changes in the limbic system, which may result in adolescents being more emotional and easily affected by stress factors. This can make adolescents more susceptible to behaviour such as dagga use, as coping with emotional stress is one of the reasons why they start smoking dagga (UNODC, 2012b:13).

Physical growth, which has an extensive impact on how adolescents view themselves and their worlds, is often underestimated in the field of developmental psychology (Bjorklund & Blasi, 2012:137). The authors argue that physical development involves more than just predictable changes in a child's physical appearance; it affects ways in which significant others view children and how they view themselves.

The authors elaborate that children function holistically and therefore physical aspects can have significant effects on school performance, relationships, and all other aspects of their lives, including the values they adopt. Their perceptions of issues such as substance use and other high risk or delinquent behaviour can also be affected.

Martin and Fabes (2009:446) concur that family members, friends and teachers notice physical changes which affect the way they respond to adolescents and in turn adolescents are affected by their changing appearance and the way others now respond to them. Shaffer and Kipp (2013:195) point out that during the time pubertal changes are peaking; many adolescents feel more independent and not as close to their parents. This could mean that they start relying more on their peers and become more susceptible to negative peer influences such as substance use.

Another consequence of physical development highlighted by Shaffer and Kipp (2013:169) is that adolescents appear more mature and their competencies may be overestimated. Adolescent boys might be given more responsibilities and freedom than what they can handle because of their adult-like appearance, which may create a higher risk of them turning to delinquent behaviour such as substance abuse in order to cope with the added responsibilities. It is the researcher's view that, because of this developmental stage, they do not have the emotional intelligence and cognitive maturity to cope with the demands of life.

2.3.2 Cognitive development

Cognitive development refers to the development of the ability to think and to reason (Bass & Finke, [Sa]). Three of the most prominent theories on cognitive development include Piagetian-, Information processing-, and Vygotskian theories. These theories are discussed with the aim of highlighting the important role of cognitive development on adolescent behaviour.

According to Piaget's stage theory, adolescents in the formal operational stage are able to think about changes that come with time; hypothesise about a logical sequence of possible events; anticipate consequences of their actions; test logical consistency or inconsistency of a set of statements; and engage in relativistic thought (Louw & Louw, 2007:301). They can therefore increasingly accept others' viewpoints and values which differ from theirs

Adolescents can thus question social norms, rules, and systems such as different policies and processes in society, including policies that regulate the use of dagga. Their thought processes and abilities to reason could be affected by the current debates surrounding dagga use and by people advocating for dagga use to be legalised. The fact that they are competent to reason according to Piaget's formal operational stage even though they lack life experience, may pose the risk of them justifying the use of dagga. The fact that they are able to estimate possible consequences does however imply that they ought to know that actions such as using illicit substances, can lead to negative outcomes. They should also be able to decide for themselves whether they agree with information they receive versus personal experiences concerning dagga use.

On the other hand, the Information processing theory is a one-dimensional theory which focuses on the information adolescents receive through personal experience and from the environment. Pressley and McCormick (2007:405) state that adolescents are viewed only in terms of their ability to consume, digest and give an account of information. The authors explain that adolescents receive inputs from their experiences, process them internally, and create behavioural outputs.

Adolescents thus receive information about dagga from the environment and through their experiences; they process this information and make sense of it. This behaviour is then stored and can influence future behaviour. Their ability to store information is therefore said to improve as they mature. According to the researcher, this theory is overly simplified because it does not take social context into consideration.

The researcher, however, agrees with Vygotsky's socio-cultural approach which gives a broader account of cognitive development than the information processing theory and Piaget's stage theory. Galotti (2011:92) states that this theory asserts that the adolescent's social activities shape the mind and cognitive structures. Vygotsky believes that the course and the content of cognitive development is not universal, but is affected by beliefs, values and tools of intellectual adaptation inherited by adolescents from their culture (Shaffer & Kipp 2013:272). The way adolescents think about dagga as an illicit substance will thus be influenced by the culture and the society in which they grow up.

Concrete and absolute thinking also tend to become abstract and relativistic during the adolescent phase and adolescents, according to Davis (2011:221), "begin to see greys where before they saw only blacks and whites". They realise that everything is relative to context and to something else and that it cannot be judged as an absolute truth; nothing can be viewed in isolation or solely as right or wrong or black or white. This opens the possibility that adolescents may previously have seen using dagga as being wrong, but as their ability to engage in relativistic and abstract reasoning increase, they can change their views. If for example they see that peers who they respect are smoking dagga, they may rationalise the behaviour and see it as acceptable.

Cognitively, adolescents have the capacity to make informed decisions, are able to reason and be aware of the consequences of their actions. However, the decisions they make are not only based on their ability to reason and understand cause and effect; the social context also plays a significant role. Cognitive development is therefore influenced by the social context within which adolescents find themselves.

2.3.3 Social development

Humans are social beings and the only way to accurately understand adolescent behaviour is by taking their social context into account (Bjorklund & Blasi, 2012:433). The context in which adolescents live plays a key role in all areas of their development and subsequently also has an impact on their perceptions and behaviour regarding the use of illicit substances such as dagga. Louw and Louw (2007:326) state that the social contexts in which adolescents construct their experiences primarily include the dynamic and changing interaction with their parents and their peers.

Moreover, Louw and Louw (2007:326) explain that the adolescent's need for autonomy during this stage can lead to parents' increased need for control, which may result in conflict within the parent-child relationship. Adding to the parent-child conflict is the desire of the adolescent to be independent while lack of experience creates internal insecurity. The authors point out, however, that parent-adolescent conflict is often necessary for the personality development of adolescents and for adolescents to reach a level of maturity in their reasoning and arguing abilities.

Parenting styles also prove to play an important role in the degree to which adolescents' reasoning abilities develop and in how they adjust to the changes associated with the adolescent phase. A strong attachment bond with the parent could aid the adolescent by providing a safe base from which to explore and gain experience (Louw & Louw, 2007:328).

If a secure attachment is formed with the parent and the adolescent internalised the values adopted from the parents, the adolescent should form a strong sense of who he/she is. This decreases chances of the adolescent giving in to negative influences. Moreover, Brook, Pahl, Morojele and Brook (2006:2) state that an affectionate parent-child mutual attachment relationship predicts less drug use among adolescents. Parenting style and the attachment between parent and adolescent

could thus assist the adolescent to engage in healthy behaviour and experimentation.

Though relationships with parents play an important role during adolescents' social development, this phase also includes forming different other significant relationships with peers. Many adolescents' peer relationships will become deeply involved and emotionally intimate (Underwood & Rosen, 2011:3). Although the family still play a vital role, one of the most significant changes that take place during adolescence is the move of focus from the family to the peer group.

Most adolescents find some sense of security in peer group demands to conform, although total conformation is not a prerequisite as the group relies on unique characteristics of its members (Newman & Newman, 2012:376). Louw and Louw (2007:333) warn that excessive conformity may result in adolescents' involvement in high-risk behaviour, such as early sexual activity, experimentation with illicit substances and reckless or antisocial behaviour.

A certain degree of conformity is thus seen as positive and necessary, but if it is in excess, it can have a negative impact and result in delinquent behaviour. Some adolescents may condemn such behaviour even though the peer group they associate with condones it, resulting in a conflict of values.

Adolescents' personal values are altered and shaped by peer group pressure, but if the group's expectations are too distant from the adolescent's values, developing healthy peer group identity will become far more difficult and tension will result (Louw & Louw, 2007:333). Brook et al. (2006:6) suggest that peer influences play a significant role in illegal drug use among adolescents in South Africa because adolescents seek approval by their peers.

The need to belong can influence some adolescents to engage in activities that they normally would not consider and this could contradict their existing values. This is especially prevalent when an adolescent is not accepted by his/her peers. Not all adolescents are accepted by their peer groups and Louw and Louw (2007:331) explain that some adolescents lack social skills, are unpopular because they are aggressive and disruptive, or are shy and withdrawn. In support, Morojele et al. (2012:200) found that this is often associated with adolescents turning to delinquent

behaviour such as substance abuse because it helps them to be accepted by peers who engage in such behaviour, including dagga use.

Newman and Newman (2012:377) state that susceptibility to coercive peer pressure peaks during the early stages of adolescence. The authors moreover argue that during the later stages of adolescence the adolescent should become more capable of resisting peer pressure and of developing an appreciation for the content of their own personal values. Adolescents in the early adolescent phase are therefore more vulnerable to being coerced into engaging in high-risk behaviour despite the fact that they have the cognitive ability to weigh up the negative consequences.

According to Bezuidenhout (2013:36), adolescents consider risks cognitively, socially, and emotionally. This implies that adolescents weigh up the potential risks and rewards of a specific act cognitively and emotionally, but might continue with certain high-risk behaviour because of peer influence. Their social context might thus influence them to view behaviour such as smoking dagga as acceptable because they engage with peers who are involved in such behaviour.

The Gauteng Department of Community Safety (2014:15) found that the influence of peers on the social development of adolescents is one of the strongest predictors of youth behaviour. The adolescents' cognitive, social, emotional, moral and spiritual level of development can therefore be seen as interconnected. The emotional development in adolescents is discussed below.

2.3.4 Emotional development

Emotional development in adolescence is seen by Rathus (2014:522) as forming a realistic sense of identity within the social context of relationships with others, learning to cope with stress and managing emotions. According to the author, identity formation does not begin nor end during adolescence. However, it is the first time when adolescents have the ability to knowingly discover who they are and what makes them unique on a cognitive level. The new cognitive skills of maturing adolescents and their social development thus give them the ability to reflect on who they are and enable them to develop a healthy sense of identity.

Identity comprises two aspects:

- self-concept, which is a set of beliefs about the self, such as values, and self-esteem; and

- identity, which includes how adolescents perceive themselves (Rathus, 2014:522).

The author further points out that adolescents experiment with different behaviours in order to develop unique identities. Experimentation is seen by Rathus (2014:522) as a sign of healthy, appropriate adolescent development unless the behaviour seriously threatens the health or life of the adolescent. If using dagga is socially acceptable among the adolescent's peers, it would imply that engaging in this behaviour could be seen as relatively healthy in terms of the adolescent's need to experiment with new behaviour. As the adolescent experiments with different behaviours and ways of doing things, a positive sense of identity is developed. Cleveland, Harris and Wiebe (2010:23) state that a strong sense of personal identity can help an adolescent to deal effectively with both internal and external pressure to use illicit substances.

Louw and Louw (2007:319) point out that despite developing skills to deal with the pressures faced by adolescents, physical, cognitive and social changes during adolescence can lead to emotional changes that they are not always able to regulate effectively. Moreover, Berk (2013:38) elaborates that adolescent "mood swings" can cause them to act without thinking and to make impulsive decisions. This implies that they do not always consider the consequences of their actions, which could increase their susceptibility to engage in high-risk behaviours.

Wilson and Wilson (2014:195) emphasise that development in the physical, cognitive, social, emotional and moral areas are closely interlinked. When attempting to understand adolescents' development, it is therefore important to consider that all areas of adolescent development feed off each other. Any change in one of these areas has an impact on the other areas and this will influence adolescents' likelihood to engage in, or resist, behaviour such as smoking dagga. The moral development of adolescents is discussed below

2.3.5 Moral development

Davis (2011:51) views adolescents' thoughts, emotions, and behaviour about standards of right and wrong as representative of their moral development. The author agrees with Bandura's social cognitive theory which governs that adolescents integrate what is right and wrong based on what they learn through

observation. Adolescents' interactions with parents and significant others therefore play a key role in their moral reasoning. Adolescents' decisions regarding moral issues, such as the use of illicit substances, will therefore be influenced by interactions with family and peers.

Sigelman and Rider (2009:392-393) state that the stages of moral development described by Lawrence Kohlberg indicate that adolescents initially tend to follow moral rules in order to obtain approval, but as they mature they start to internalise moral rules. As moral rules are internalised, the author proposes that they become more concerned with living up to the moral standards of parents and of society, and their behaviour is subsequently motivated by the personal value system they develop.

Louw and Louw (2007:340) describe developing of a personal value system as one of the most important developmental tasks of adolescents. The authors elaborate that this guides adolescents to engage in morally acceptable behaviour. Adolescents who learn from parents, peers or society that using illicit substances are acceptable, will therefore internalise these values.

In addition to cognition, parental attitudes and actions, and peer interaction, Louw and Louw (2007:346) include religion as a factor that influences moral development. The authors explain that adolescents' attitudes towards religion affect their behaviour, since youths who value their religion tend to demonstrate greater moral responsibility than their counterparts who are not religious. Religion and religious upbringing will therefore play a role in the way adolescents view dagga and will influence the degree of risk involved in them experimenting or using dagga.

It is evident from the discussion above that adolescents developmental phase plays a significant role in their behaviour and that adolescents' physical, cognitive, social, emotional and moral development are interlinked and affect their perceptions and views. Adolescents' views relating to dagga use is not only influenced by individual elements, but by various other factors which could increase or buffer the chances of them using illicit substances.

The next section explores the possible risk and protective factors of dagga use among adolescent boys.

2.4 Risk and protective factors of dagga use in South Africa

Substance abuse among adolescents should not be viewed in isolation. The context of a modern society, specifically in a multifaceted country like South Africa, needs consideration. According to Bezuidenhout (2013:50), youth from all racial, cultural and economic sections in South Africa are experimenting more than ever before with drugs. Adolescents' decisions regarding substance use are influenced by a variety of factors on different levels. These factors can either protect adolescents or make them more vulnerable to engage in high-risk behaviour such as smoking dagga (Morojele, et al., 2012:195).

Bezuidenhout (2013:69) defines a risk factor as a variable that forecasts a high likelihood of a criminal act. In other words it can be seen as any contributor that makes it more probable for an adolescent to engage in delinquent behaviour.

On the other hand, protective factors include any individual characteristic or factor in an adolescent's environment that mediate the impact of risk factors (Bezuidenhout, 2013:70). Jiloha (2009:170) describes protective factors as characteristics that minimise the risk of substance abuse and enhance positive development. The most significant risk and protective factors that may have an impact on adolescents' probability of using illicit substances are discussed below.

2.4.1 Individual-related factors

Various individual factors are considered to be either risk or protective factors. Biological factors such as age, gender and race or ethnicity are viewed by Bezuidenhout (2013:85) as influential in adolescent engagement in illicit substance use. Moodley, Matjila and Moosa, 2012:5) state that in South Africa, substance abuse is more common among male learners than female learners and furthermore, older learners use more than younger learners. These authors also found that the average age of initial substance use is 14.6 years, indicating that this is a high-risk age for adolescents to start experimenting with drugs.

Brook et al. (2006:3) warn that personal attributes are the most significant predictor in adolescent drug use. Such individual risk factors are listed by Morojele et al. (2012:199) as the following: adolescents who tend to engage in rebellious and anti-social behaviour, have low religious involvement, have short-term goals in life, suffer

depressive symptoms and have a poor sense of well-being and self-esteem. Conversely, individual protective factors are listed by the Department of Basic Education (2013:9) as social maturity and competence which include self-confidence, responsibility and having high self-esteem, and getting along with significant others.

These factors could affect adolescents' behaviour relating to dagga use, but cannot be seen in isolation because variables like peer influence also play a significant role.

2.4.2 Peer-related factors

Peer association is one of the major, well-established predictors of adolescent drug use (Brook et al., 2006:27). According to the Gauteng Department of Community Safety (2014:15), most adolescent drug users develop a desire to fit in and to be accepted by peers. Adolescents seem to respect the opinions of the members of their peer groups and they would rather discuss their problems with their peers than with anyone else (Van Zyl, 2013:583). This makes them susceptible to either negative or positive influences by peers.

These adolescents' behaviour could thus be influenced by modelling and social reinforcement of nonconforming behaviour by their peers (Brook et al., 2006:27). The norms and values of the peer group have an impact on the individual adolescent who seeks approval from peers. If the group engages in delinquent or antisocial behaviour, the individual could be coerced to engage in similar behaviour.

Peer pressure has therefore proven to play a significant role in adolescents' behaviour. However, individual predispositions to such pressures are still uncertain, as the Gauteng Department of Community Safety (2014:15) warn that although young people tend to experiment with drugs to gain respect among their peers, their behaviour cannot simply be attributed to external factors, such as peer pressure. The authors questioned whether or not peer pressure could be seen as a dominant reason for adolescents to start using illicit substances, and came to the conclusion that there was no obvious and natural relationship between using drugs and peer pressure, as other external variables and individual factors also play a significant role.

Allen, Porter and McFarland (2006:155) assert that the extent to which adolescents experience pressure has been documented, but it has not been recorded how the individual adolescent deals with this pressure. The authors claim that current research has not managed to address the critical question about the degree to which individual adolescents differ in their susceptibility to peer influence.

However, the national Department of Basic Education (2013:20) have established that peer-led strategies to prevent substance abuse have been extremely valuable in preventing drug use, as adolescents are often more willing to listen and learn from their peers. Jiloha (2009:170) confirms that positive peer groups act as protective factors that reduce the risk of substance abuse.

The researcher agrees with Allen et al. (2006:155) that peer pressure plays a role in adolescent drug use, but that there is uncertainty regarding the degree and scope to which the correlation between peer pressure and adolescent drug use connect. It is therefore proposed that peer pressure in relation to individual and other factors such as the school context should be considered.

2.4.3 School-related factors

Several school variables considered as risk factors for adolescents engaging in behaviour such as smoking dagga include: disorganised conditions in the school, the role of learners, the role of the educators and the role of parents in relation to the school.

Disorganised conditions such as downgraded facilities are identified by Bezuidenhout (2013:80) as risk factors for youth misbehaviour because the contrast between a downgraded and unsafe school facility and an independent school with many luxuries may create a sense of relative deprivation. This can lead to a negative self-esteem among adolescents making them vulnerable to high-risk behaviour such as smoking dagga.

In addition, class sizes and a limitation of available space are also mentioned under disorganised school conditions as children in large classrooms tend to have less of a social relationship and less interaction with the teacher. This results in reduced cooperation and more disruptive behaviour (Bezuidenhout, 2013:80), thus making adolescents prone to antisocial behaviour, such as using illicit substances.

The role of learners is another potential risk factor related to dagga use. O'Connell, Boat and Warner (2009:528) list the following as risk factors contributing to drug use among learners: failure at school, low commitment to school, accessibility or availability of drugs in schools, associating with drug-using peers, and school norms favourable to substance use. These factors can often be linked to gang formation and activities which Morojele et al. (2012: 202) point out can have a significant impact on adolescents' behaviour. The authors also propose that adolescent gangs are associated with drug use, and in fact being a member of such a group often necessitates the use of different drugs.

Additionally, Bezuidenhout (2013:82) describes the role of educators as another risk factor present in schools. The author elaborates that some schools in South Africa are not as functional as they should be and are often vulnerable because of staff incompetence, lack of discipline, political and union interference, and a shortage of teachers.

Moreover, teachers work under difficult circumstances because there is a lack of resources, poor support and large numbers of children per class. This and the fact that they are forbidden to use corporal punishment (but have no efficient alternative), could leave them feeling unmotivated, apathetic, and could affect their confidence (Bezuidenhout, 2013:82).

The researcher is of the opinion that this could lead to teachers not enforcing discipline and punishment, which creates the impression among learners that they can engage in high-risk behaviour without having to face any consequences. Bezuidenhout (2013:82) points out that this could lead to adolescents adopting an irresponsible attitude. This could lead to an increase in the use of illicit substances.

In contrast to this, risk factors that could buffer the above-mentioned risk factors of adolescent dagga use, is listed by the national Department of Basic Education (2013:8) as effective school policy on substance use, an operational Code of Conduct relating to discipline and substance abuse, and high-quality education.

Another risk factor relating to the school context is the dynamics between parents and teachers. Parents believing it is the responsibility of the teacher to discipline their children, while teachers are often too scared to confront adolescents because

of violence in schools, further reinforces negative or high-risk behaviour among learners (Bezuidenhout, 2013:82). The school context is thus also influenced by the role of the family. In addition, various aspects of the school environment and the family are interrelated and may have an effect on each other and ultimately put adolescents at risk. Family-related risk factors will subsequently be discussed.

2.4.4 Family-related factors

The family plays a vital role in socialising young people, teaching them the laws of society and taking action so that they will adhere to these laws (Bezuidenhout, 2013:75). Parenting and parenting styles can have a significant influence on children and adolescent behaviour. According to Brook et al. (2006:31) adolescents who do not have a strong bond with their parents are more prone to be pulled into peer groups who are involved with drug use and other delinquent behaviour. Such parents probably do not provide adequate supervision and monitoring and are not sufficiently involved with their children, which are considered by O'Connell et al. (2009:84) as high-risk factors for drug use.

Moreover, Wu, Swartz, Brady, and Hoyle (2015:80) point out that perceived parental approval of dagga is related to adolescent dagga use. In support, Brook et al. (2006:2) propose that, parents who model drug use or who have favourable attitudes towards drugs can also be risk factors for adolescent drug use. Parental drug use therefore increases predictability of adolescent drug use.

Family violence is also considered as an aggravating factor which contributes to youth misbehaviour (Bezuidenhout, 2013:79-79). The researcher concurs that the adolescents' family structure can undoubtedly be considered a significant factor contributing to the risk of adolescents starting to use drugs.

In contrast to the above-mentioned risk factors, Brook et al. (2006:32) state that protective factors in a family include warm, child-centred parenting behaviour which promote mutually affectionate and conflict-free attachments, as these support the development of conservative and well-adjusted adolescents who do not use drugs. Furthermore the Department of Basic Education (2013:8) includes a good relationship between parents and adolescents, good communication, parental monitoring and positive rule setting under protective factors.

Families play an important role in youth risk behaviour, but the family functions in the context of a larger community which also has an effect on the family and subsequently on the adolescent. Community risk and protective factors are elaborated on below.

2.4.5 Community-related factors

The need to view the aetiology of drug use among youth holistically has recently become a growing concern (Van Zyl, 2013:582). Changes in the political, economic and social structures in South Africa both before and after apartheid, made the country more vulnerable to drug use. This supported by the significant increase in the use of illicit substances. Certain societal factors encourage the likelihood that adolescents will engage in high-risk behaviour.

In support, Van Zyl (2013:584) points out that community tolerance for crime correlates with adolescent involvement in criminal activities. The author further states that many adolescents in South Africa blame community tolerance for the widespread selling of drugs. The Gauteng Department of Community Safety (2014:15) adds that the more a drug is available in large quantities in communities, the more young people will be attracted to using it.

The Department of Basic Education (2013:8) also adds environmental stressors such as low socio-economic status, victimisation and discrimination to community-related risk factors. The author furthermore points out that having too much leisure time, also contributes to adolescent drug use.

On the other hand, community disapproval and having access to constructive leisure activities act as protective factors in a community. The specific community and its norms and values can therefore be considered to be risk or protective factors in adolescent drug abuse.

2.4.6 Societal-related factors

Adolescents, who come from families where parents are not able to provide for their physical needs, that are characterised by poor housing, and are subjected to large families, are more susceptible to becoming involved in criminal behaviour (Bezuidenhout, 2013:76). The author thus proposes that this lack of resources also

has an effect on parent child relationships and may place adolescents at risk to engage in delinquent behaviour.

Hemovich and Crano (2009:2102) assert that adolescents from single parent households tend to be relatively more prone to resource deprivation, and are inclined to receive less monitoring, which makes them more prone to delinquent behaviour such as illicit drug use. Bezuidenhout (2013:79) agrees that a lack of parental supervision or monitoring, often due to parents who have to work to support families, increases the likelihood of adolescent misbehaviour.

Kalichman, Simbayi, Kagee, Toefy, Jooste, Cain, and Cherry (2006:1647) propose that poverty may also be an indicator of substance use because using illicit substances may be a coping strategy to deal with the daily pressure associated with poverty. In support, Van Zyl (2013:585) states that morale loss and social degradation associated with poverty are significant risk factors regarding adolescent drug use. Additionally, homelessness, which often stems from poverty, is another critical factor contributing to adolescent high-risk behaviour (Bezuidenhout, 2013:80).

On the other hand, when considering the protective societal factors of drug use, Hemovich and Crano (2009:2102) argue that there is no guarantee that high socioeconomic status removes the risk of delinquent behaviour. The authors explain that an increase in materialism and the rising living costs that parents have to deal with, implies that they are forced to work longer hours and therefore do not have time to form strong attachments with their children or to enforce rules and boundaries, rendering these adolescents at high risk of delinquent behaviour.

However, societal protective factors that are discussed by the Department of Basic Education (2013:8) include controlling the availability and access to substances and implementing effective preventative policies. However, the political climate in South Africa plays a role in the implementation of such policies. Politically related factors are discussed below.

2.4.7 Politically related factors

Changes in the political environment after the end of apartheid in 1994 led to significant pressure being placed on social capital due to rapid modernisation, a

decline in traditional social relationships, and family structures (Peltzer, et al., 2010:2). These authors pose that globalisation lead to an increase in the availability and accessibility of drugs which, together with the South African context marked by limited enforcement of drug laws, lead to an increase in drug use. Peltzer, et al. (2010:2) elaborate that less policing, combined with better infrastructures for drug transportation and increased tolerance towards new behaviours and ideas all aid drug use and distribution.

The biggest disadvantage of South Africa's social transformation from an authoritarian community to democracy is described by Bezuidenhout (2013:74) as the old system being rejected before new norms, values and laws were implemented. The author describes how this situation of anomie and weakening of social control resulted in a society with a culture of acceptance of crime. Government and law officials should take the lead and enforce policies, but the prevailing lack of infrastructure and high levels of corruption are hampering this process.

Bezuidenhout (2013:75) also highlights government's non-adherence to the law as a risk factor for involvement in criminal activities, since it results in negative connotations of the relevant authorities in the mind of the public. The researcher is of the opinion that the credibility of government and authority figures are at risk if they themselves fail to comply with laws, while they encourage citizens to be law-abiding. By consistently enforcing the law and through exemplary behaviour, they could establish a political climate and a culture that would act as a protective factor against adolescent substance abuse. Culture and religion are both factors that could contribute or buffer adolescent drug use.

2.4.8 Cultural and religious related factors

Culture is defined as shared values, beliefs, norms and traditions. The culture in which an adolescent is raised will therefore have an impact on his/her behaviour and attitudes regarding dagga use and will determine whether the adolescent is at risk to start using dagga or not (Morojele et al., 2012:201)

Both cultural and religious factors play a role in the likelihood of adolescents engaging in using illicit substances such as dagga. Jiloha (2009:167) states that social and cultural factors influencing illicit substance use vary between different

countries and different cultures. The author further proposes that most cultures have used psychoactive drugs for a variety of reasons and that social and cultural practices play an important role in initiating and maintaining such behaviour.

One of the most prominent examples where culture and religion play a role in dagga use is among Rastafarians. Chawane (2014:96) explain that different practices, such as the growing of dreadlocks and smoking dagga are a means of reinforcing their identity.

Furthermore, Peltzer et al. (2010:6) argue that many cultures in South Africa demonstrate a degree of social support for drug use. The authors state that there is significant exposure to drugs in these cultures and disapproval of drug use is minimal, placing adolescents at a higher risk of getting involved in using illicit substances.

On the other hand, UNODC (2012b:15) showed that in cultures where parents are religious, children are often more religious, and adolescents from such homes are less likely to engage in delinquent behaviour. The author explains that the reason for the decline is a result of adolescents' personal beliefs based on religious values and also because these adolescents are often supported by religious institutions. In support, Morojele et al. (2012:201) assert that religiosity can be regarded as a protective factor when adolescents internalise beliefs that certain risk behaviours are immoral.

Culture can therefore be a risk or a protective factor to predicting youth misconduct. Adolescents are however, also influenced by other external factors such as the media, which is discussed below.

2.4.9 The media

During the last decade, the internet has revolutionised the media. UNODC, 2012b:16) proposes that social networking sites, inexpensive mobile technology, and an increase in internet accessibility resulted in adolescents' increased exposure to messaging and advertising.

This powerful influence might have a more significant impact on adolescents than their own cultural beliefs and the practices with which they grew up. O'Keeffe and Clarke-Pearson (2011:801) explain that electronic media is increasingly becoming

more important to adolescents and they spend hours online being virtually connected to their peers. This implies a surge in messages that could directly or indirectly promote the use of illicit substances.

UNODC (2012b:16,17) further claims that content regarding drug use during prime time television is limited and this potential protective factor is underutilised. The author argues that television could be a valuable tool to create awareness of the negative effects of drugs.

The media could however be considered a risk factor if, as (UNODC, 2012b:17) points out, the information received by adolescents is not controlled or monitored to some degree. Messages received via social media, music lyrics, music videos and films could act as a protective or risk factor, depending on the content youth are exposed to. In support, Jiloha (2009:169) suggests that advertising against drug use can be a powerful weapon to prevent substance use.

Another troubling risk to adolescent drug use posed by the media and highlighted by Morojele et al. (2012:201), is an increase in marketing of goods which result in adolescents linking their identity to possession of material goods. The author poses that this materialism may result in negative emotions such as alienation, depression and anger, which can place adolescents at risk of turning to dagga to help them cope with their negative emotions, identity and experiences.

Various influences can therefore be seen as either risk or protective factors that influence adolescent dagga use. In understanding adolescent drug use in South Africa, it is vital to contextualise the extent of the drug problem in the country. The extent of adolescent dagga use in South Africa is discussed below.

2.5 The extent of adolescent dagga use in South Africa

Over and above individual risk or protective factors, the changing context in terms of culture, politics, economy and globalisation have an impact on drug use in South Africa. Globalisation has resulted in an increase in use and abuse of addictive substances (Peltzer et al., 2010:4). In addition, transportation, communication systems and modernised banking systems could be used to traffic illicit substances. Peltzer et al. (2010:4) argue that South Africa's characteristics such as location, permeable borders and increased international trade with Asia, Western Europe,

and North America, contribute to the country being viewed as an attractive drug transit destination.

Dagga cultivation remains common in many areas in South Africa and UNODC (2015:57) claims that it varies from personal cultivation to extensive farm or warehouse operations, which complicates the estimation of global levels of dagga production.

Moreover, Kruger, Du Toit, Vermeulen and Fourie (2014) argue that no national statistics of dagga use in South Africa is currently available. Degenhardt and Hall (2012:56) explain that availability of accurate statistics of dagga use poses a challenge as drug use is often stigmatised, illegal and could lead to imprisonment. The authors furthermore argue that participants in surveys cannot always be assured of anonymity and indemnity.

In support, the Central Drug Authority's 2008 report (national Department of Social Development, 2008:18) cautions that statistics should be seen as underestimates because all drug-related statistics are subjected to stigmatisation. A holistic national study on the entire drug problem has consequently not been conducted; statistics are therefore lacking and inaccurate (national Department of Social Development, 2013:71).

Dagga is, however, considered as the drug used most widely in the global market. This is confirmed by the findings of a study carried out by the United Nations which shows that 125 to 203 million people use dagga (UNODC, 2012b:41).

In South Africa, dagga is described as the foremost problem drug. This is confirmed by different authors (Morojele et al., 2012:196 & Dadda, Burnhams, Parry, Bhana, Timol, Wilford, Fourie, Kitshoff, Nel, Weiman, & Johnson, 2014:20) who state that cannabis is one of the psychotropic substances that are mostly used by youth in South Africa.

In support, the Medical Research Council found that a quarter of learners between Grade 8 and 10, from 240 schools in the Western Cape, have used dagga, and 14% of the learners reported using dagga before the age of 13 years (Kruger et al., 2014). Furthermore, the author found that the average age for dagga users were between 14 and 17 years.

Nationally, Morojele, Myers, Townsend, Lombard, Plüddemann, Carney, Petersen Williams, Padayachee, Nel and Nkosi (2013:96) found that 12,7% of learners had used dagga in their lifetimes with significantly more male than female learners. It is also reported that more learners in higher grades had used dagga compared to lower grades.

Furthermore, the Medical Research Council found that dagga was the substance mostly used by patients seen at substance abuse treatment facilities in South Africa during 2008 (Morojele at al., 2013:96). In addition, Gauteng is the province with the highest dagga use among clients of all ages, who received treatment at the South African National Council on Alcoholism and Drug (SANCA) (Kruger et al., 2014; Dadda et al., 2014:20).

SANCA's National Client Treatment Profile Report for the period 2013/14 indicates that the popularity of dagga has increased to such an extent that both cannabis and alcohol were recorded as the primary substance of abuse among clients in drug treatment centres, and that a startling 40% of clients in treatment declared cannabis as their primary substance of abuse (Kruger et al., 2014).

The extent of dagga use is cause for concern. The high rates reflect what can be termed "cannabis-use disorder" (Morojele et al., 2012:196). It is clear from the above that the extent of adolescent dagga use in South Africa is widespread. In order to gain understanding of the high incidence of dagga use in the country, an exploration of adolescents' views of dagga is necessary.

2.6 Adolescent views of dagga use

Various perceptions exist regarding dagga in South Africa and around the world. According to Isralowitz and Myers (2011:4), the meaning of the word 'substance' tends to vary according to the context in which it is used; from country to country and over time in response to social and economic pressures, as discussed above. People's perceptions of what a drug is, can thus be influenced by the context of the society they live in. Maričić, Sučić and Šakić (2013:581) state that behaviours, such as substance use, are significantly influenced by the context in which people live.

In support, Wu et al. (2015:79) pose that a decrease in perceived risk to smoking dagga is evident today, and that this is coupled with an increase in dagga usage.

Pedersen, Kilmer, Lee, Walker (2013:828) observe that the likelihood of young people starting to use dagga can be linked to their reduced perception of the risk involved in dagga use and to the perception that many of their peers smoke dagga. This implies that adolescents who observe other learners at school or in their communities smoking dagga are at a high risk of starting to smoke as well.

According to Maričić et al. (2013:583), adolescents who abstain from using any illicit drugs perceive this behaviour as high risk and they condemn its use, while adolescents who use illicit substances are more tolerant towards it, view it as relatively harmless and are more supportive towards the legalisation of dagga. Resko (2014:2) asserts that the levels of perceived risk and of perceived disapproval of smoking dagga is still declining. Therefore more adolescents start experimenting and using drugs.

Moreover, recent debates in the media about legalisation of dagga and the fact that it has been legalised in some countries could have a significant impact on adolescents' perceptions of the drug and could lead to an increase in drug use. Wu et al. (2015:80) argue that messages about legalisation of dagga may convey liberal community norms which lead to the perception among adolescents that using dagga is acceptable.

The researcher is therefore of opinion that not only does the context in which adolescents exist, play a role in their view of dagga, but it is also influenced by their own experiences and exposure. The perceptions and attitude towards drugs and specifically towards dagga varies widely, from those who have never used it and who view it as high-risk behaviour, to those who see it as low risk behaviour. There are also those who recognise it for having medical benefits and are prone to the use of dagga for medicinal purposes. The researcher believes that the changing South African context consequently plays a significant role in adolescents' perceptions of dagga and subsequently contributes to the increase in dagga use among youth.

The legislative context and legal practices in South Africa form part of the context in which adolescents live and has a direct and indirect influence on their experiences. To this end, in order to understand adolescents' views and perceptions of dagga

use, the legislature, policies and procedures, as well as intervention strategies that are in place need to be considered.

2.7 Legislative and practice framework

Several policies relating to the trade and use of drugs, such as dagga, have been formulated by role players in efforts to regulate this behaviour. Furthermore, intervention strategies are planned according to these policies. Different Acts are in place to regulate the use of dagga as illegal substance.

Dagga only became illegal in 1928 when South Africa formulated the Medical, Dental and Pharmacy Act, 13. In 1954, this Act was amended to increase penalties and to stipulate that when more than 113 grams of dagga was found in someone's possession, it could be considered as dealing (Perkel, 2005:25).

South Africa is party to the United Nations Single Convention on Narcotic Drugs, 1961(3). Kruger et al. (2014) assert that this convention was a significant milestone in the history of international drug control because most of the world's governments were aligned to one comprehensive drug treaty. Kruger et al., (2014) add that part of the convention stipulates that parties involved shall adopt the necessary measures to prevent the misuse of, and illicit trafficking in, the leaves of the dagga plant.

Additional international legislative and policy mandates that guide substance interventions in South Africa include the Protocol on Combating Illicit Drugs, the United Nations Convention on the Rights of the Child, and the Convention on Psychotropic Substances, 1971 (The Department of Basic Education, 2013:13, 14).

The policies and legislation, which applies to South Africa on a national level, are discussed in more detail:

- **Legislative framework**

  The Drugs and Drug Trafficking Act 140 of 1992 is the controlling legislation on street drugs which criminalises the use of dagga in terms of prohibition of the use, possession, dealing, supplying and manufacturing of the drug. Perkel (2005:25) states that this Act changed the maximum penalty for usage of dagga from up to 10 years imprisonment and up to 15 years for dealing the drug, to up to 15 years imprisonment for using and up to 25 years for dealing. This resulted

in criminalisation of dagga and its use in South Africa. The subsequent implication is that any person found guilty of producing, using or dealing dagga will have a criminal record in South Africa.

- **Criminal Procedures Act (No. 51 of 1977)**

The Drugs and Drug Trafficking Act is supported by the Criminal Procedures Act, which governs criminal procedure in South Africa's legal system. This details the procedure for the entire criminal law system.

- **Child Justice Act (No. 75 of 2008)**

This Act intends preventing youth offenders to enter the formal prison system. Children from 10 to 18 years of age are entered into diversion programmes such as substance abuse treatment programs in an attempt to limit the stigma of crime and to reintegrate them into society.

- **Policy Guidelines for Youth and Adolescent Health (2001)**

The focus of this policy is to promote the healthy development of youth, and it includes substance abuse as one of the priority focus areas. Schools are included to assist in the promotion of good health practices.

- **Regulations for Safety Measures at Public Schools**

These regulations state that no person is allowed to possess illegal drugs on school grounds or are allowed on school premises while under the influence of any illicit substance or alcohol. It further allows for searching of any person who is suspected of being in possession of drugs.

- **Education Laws Amendment Act (No. 31 of 2007)**

This Act mainly provides for random search, seizure, and drug testing at schools.

- **Prevention of and Treatment for Substance Abuse Act (No.70 of 2008)**

This Act is responsible for the formation and registration of programmes and services that include prevention, intervention, treatment and reintegration, and after-care. Alliance between government departments and other stakeholders is

facilitated and the Act is further responsible for establishing the Central Drug Authority that oversees the activities of the National Drug Master Plan.

- **National Drug Master Plan (2013-2017)**

This document outlines government's programmes and policies which address substance use problems in South Africa. The aim is to reduce demand, harmful effects and supply of illicit substances and related crimes through law enforcement, prevention of substance abuse in communities, early intervention, drug treatment and research.

According to the Department of Social Development [Sa], specific departments are responsible for developing operational plans or "mini-drug master plans" in accordance with the Prevention and Treatment of Drug Dependency Act, which is in line with the National Drug Master Plan 2013-2017. The Central Drug Authority approves these plans and uses them to compile a yearly report for the Cabinet on the management of the drug problem in South Africa (Department of Social Development, [Sa]). These departments all work together to facilitate a holistic approach to combating the drug problem in South Africa.

The Central Drug Authority, a body appointed by the Minister of Social Development, submits an annual report to the minister to provide an account of all its functions, as well as a comprehensive description of the national effort to reduce the demand for, and supply of substances of abuse (Prevention of and Treatment for Substance Abuse Act 70 of 2008). The Central Drug Authority is responsible for overseeing the National Drug Master Plan 2013-2017, facilitate strategic projects, regulate the use of resources and conduct other duties relating to the prevention and handling of illicit substance abuse.

The Central Drug Authority is therefore aimed at creating a drug-free society. The researcher is of the opinion that this sounds very positive and if these authorities can accomplish their goals, South Africa's drug problems could be eradicated. Yet it is highly unlikely and unrealistic, since in reality drug abuse statistics continue to increase. The researcher supports the concern raised by Van Niekerk (2011:79), who argues that international evidence demonstrates that drug policy has a limited impact on the overall level of drug use.

Van Niekerk (2011:79) points out that the National Drug Master Plan 2013-2017 makes no suggestions for further research to be conducted on the legalisation of dagga. Van Niekerk's (2011:79) position is that it is "criminal to make people criminals" for using dagga and that current policies in South Africa to combat the drug problem have failed because it has limited impact on the level of drug use.

In support, De Kock (2011:284) aggressively criticises the Central Drug Authority on the grounds that they have not released their Position Paper on Cannabis in 2004; they are not able to provide any evidence of the negative effects of dagga, yet they criminalise the act of using dagga; and they do not mention any of the negative effects on the economy and the justice system due to criminalisation of dagga.

De Kock (2011:284) further criticised the Position Paper as being "fatally flawed" because it is filled with "half-truths" and propaganda and there is no discussion of a possible change in the legal position of dagga in South Africa.

These claims imply that enforcing the current law on dagga as an illegal substance may not be the optimum strategy of dealing with the drug problem in South Africa and that alternatives should be considered. The researcher agrees with the goal of the National Drug Master Plan 2013-2017, but is of the opinion that the Central Drug Authority should revise some of the current policies regarding dagga use. Current legislation that criminalises dagga use seems to have a limited effect. Interventions should therefore be adapted to successfully deal with the current status quo, as the rate of dagga use remains very high in South Africa.

Despite this critique, a significant portion of South Africa's resources and efforts are spent on fighting drug abuse. Various treatment and intervention services are in place in South Africa and there are many role players involved in the war against drugs in the country.

Maričić et al. (2013:594) suggest that prevention and effective treatment interventions have to be "knowledge-based". UNODC reports that prevention programmes in South Africa used to be based on opinion rather than evidence (Kruger et al., 2014).

However, Visser (2007:106,107) argues that current intervention programs have been adjusted and various effective, evidence-based programmes have been developed. These programmes focus on different ecological levels, from the micro-

and meso-systems, which include the adolescent's direct circle of contact, to the exo-system, that include family and friends, to the macro-system which includes culture and social values.

Van Zyl (2013:586) asserts that the microsphere has an intense and direct influence on adolescents and suggests that this area should thus be the core focus of the war against drug abuse, complemented by interventions in the meso-, exo- and macro-systems. Maričić et al. (2013:594) agree that strategies should be implemented directly into the primary environment where young people make their decisions about substance use.

Various authors (Van Niekerk, 2011:80; Van Zyl, 2013:586) furthermore suggest that at the meso-level, schools provide an ideal starting point for combating drug use since a change in peer pressure and parent behaviour could be initiated on this level. In support, the Department of Basic Education (2013:iv) states that provision is made for drug prevention in the school curriculum to assist in the fight against drug use.

Brook et al. (2006:9) agree that peer intervention should be prioritised within the school setting. The author, however, also points out that at the meso- and exospheric level, social policy may also prove to be a valuable means of intervention to combat the drug problem in South Africa through a reduction in discrimination and violence, and by facilitating positive parent-child relationships.

Moving even wider than the mesosphere, Van Zyl (2013:586) highlights that on the exospheric level, the South African Police Service should actively focus on identification and prosecution of drug dealers.

As part of efforts to increase awareness of the dangers of drug abuse, a national campaign called Ke Moja ('no thanks' to drugs), which focuses on South Africa's youth, was launched by the Minister of Social Development on the exospheric level (Masango, 2015). The author points out that this programme attempts to curb the demand for drugs in an effort to support international efforts to reduce the supply of drugs. Other interventions on the exosystemic level include:

- SANCA focuses on raising public awareness and understanding of drug abuse; prevention and reduction of chemical substance dependence, treating

dependents, advocating restriction of availability of drugs, encouraging research, and focusing on empowerment (Kruger et al., 2014).

- Narcotics Anonymous South Africa is a non-profit organisation that assists people recovering from addiction.
- The Department of Social Development's Substance Abuse Line offers support, guidance and help for individuals and their families who are struggling with drug and alcohol addiction. It is run in partnership with the SA Depression and Anxiety Group.
- The Anti-Drug Alliance attempts to give the public a realistic view of drugs and addiction. They focus on educating learners at schools about the dangers of drugs and addiction. (Anti-Drug Alliance of South Africa [Sa])

Considering that dagga is classified as an illegal substance, there is a need to reconsider the way policies, legislation and state departments approach it. These role players aim to achieve an unreachable target, which, according to Van Niekerk (2011:80) raises the question whether perhaps the time has come to change our perception of this target. People have used psychoactive substances for decades and statistics have shown that prohibition has never had a significant impact on curbing this behaviour.

Van Niekerk (2011:80) also argues that the tone of the current debate should be changed to placing the focus on reducing the harm that drugs cause, instead of entangling increasingly more people in the criminal justice system. The need clearly exists to study the impact of drugs such as dagga and people's perceptions of the impact and effects of the drug. An account of the impact of dagga in South Africa follows.

2.8 The impact of dagga use in South Africa

Da Rocha Silva and Malaka (2008:44) highlight the significant impact of the increase in substance abuse on social development worldwide and in South Africa. However, controversy exists around the effects of dagga on various levels. Concrete research and evidence of the positive and negative effects of dagga in South Africa is limited. Parry and Myers (2014:400) refer to a divide between the reported impact and well-executed studies of the benefits and risks of dagga use.

The researcher supports these authors' proposal that there are many gaps in understanding dagga's potential contribution to symptom alleviation and medical conditions, and also of the real risks involved in dagga use. In support, Parry and Myers (2014:399) state that inconsistencies in the main clinical compound of dagga; lack of human clinical trials to determine if benefits outweigh risks; and the negative health effects often associated with using dagga, are reasons why dagga has not been approved for medical use in many countries.

Degenhardt and Hall (2012:60) point out that another challenge regarding dagga research is the complications with connecting a causal relationship between health-related harmful effects and illicit drug use. Despite this, dagga has been associated with various effects on the health and medical system, psychological well-being, and education, as well as on an economic and social level. These are discussed below.

2.8.1 Health and medical impact

Dagga use reportedly has positive, as well as negative effects on health, but Parry and Myers (2014:400) point out that medical research has not conclusively proved its health benefits. The authors do however, acknowledge the positive effect of dagga on AIDS wasting syndrome (weight loss from AIDS) as dagga leads to an increased appetite.

Du Plessis et al. (2013:144 – 161) list the following "well-researched conditions with supporting peer-reviewed studies", which could demonstrate potential health benefits of cannabis: Alzheimer's disease, amyotrophic lateral sclerosis, chronic pain, hereditary motor and sensory neuropathy, multiple sclerosis, diabetes mellitus, dystonia, fibromyalgia, incontinence, and gastrointestinal disorders.

More studies have however been conducted that focus on the negative effects of dagga on health, for example Jiloha (2009:170) and Moodley, et al. (2012:2), who found that irresponsible sexual behaviour is considered to be a consequence of dagga use among adolescents, with its accompanying risk of pregnancy and contracting HIV or other sexually transmitted diseases. The authors further argue that these factors place an extra burden on the healthcare system.

Impaired respiratory function and cardiovascular disease can also be associated with dagga use, especially when dagga is smoked. In support, Jiloha (2009:171)

suggests that smoking dagga can cause an increased risk of lung cancer, head and neck cancer, sterility in men and infertility in woman. In fact, Parry and Myers (2014:400) assert that dagga does not seem to substantially increase mortality.

Degenhardt and Hall (2012:60, 66) supports these findings, proposing that dagga contributes more to morbidity than mortality because dagga cannot lead to a fatal overdose. De Kock (2011:284) confirms that dagga presents almost no toxicity and can therefore not lead to an overdose. The researcher acknowledges that dagga has a negative impact on health to some degree, but found no supporting evidence of any serious negative effects. It therefore seems the major cause for concern relates to the impact on a psychological level, which in turn effects education, society and the economy.

2.8.2 Psychological impact

Parry and Myers (2014:400) state that dagga use has been linked to negative effects on adolescent psychological development and mental health. However, the authors warn that such findings should not be overstated because they do not affect all dagga users and the harmful effects are much fewer than those associated with alcohol and tobacco use.

Several authors (Degenhardt & Hall, 2012:55; Moodley, et al., 2012:2; Parry & Myers, 2014:400) did however find that there is a relationship between dagga use and dependence syndrome in young adults which could contribute to developing mental disorders, including psychosis. UNODC (2012b:11) point out that dagga can be seen as a biologically plausible cause of schizophrenia in predisposed adults and it has also been associated with depression. The author claims that adolescents who start using dagga before the age of 15 are twice as likely to develop a psychotic disorder and four times more likely to experience delusional symptoms.

Jiloha (2009:170) states that adolescents' mental and emotional development could be compromised because it affects the way they approach and experience interactions. Adolescents could become emotionally dependent on dagga to assist them with daily tasks. This has an effect on the adolescent's entire life, including relationships, education and the prospect of a future career.

2.8.3 Educational impact

Degenhardt and Hall (2012:62) claim that dagga use impairs cognitive and behavioural functions. UNODC (2012b:4) elaborates that dagga has negative effects on memory, attention and on learning since reaction time, attention, motor performance and coordination, and information processing are influenced. This has a negative effect on educational outcomes because adolescents who smoke dagga will not be able to perform academically as they should.

Morojele et al., (2009:1) confirm that dagga use can be related to scholastic problems such as declining grades, absenteeism from school, and dropping out of school. Jiloha (2009:170) further claims that academic performance is hindered because of behavioural problems caused by substance abusing adolescents. Dagga's negative effects on school performance is supported by Morojele et al. (2012:197) who found that a significant proportion of learners who repeated a grade reported using dagga within a week prior to the study.

When academic performance is compromised and absenteeism increases, learners often drop out of school, which usually leads to reduced chances of obtaining employment (Flisher, Townsend, Chikobvu, Lombard, & King, 2010:249). High unemployment rates are linked to a negative economic impact.

2.8.4 Economic impact

Dagga use has a significant economic impact on the country due to burgeoning healthcare costs. The National Drug Master Plan 2013-2017 suggests that the social and economic impact of illicit drug and alcohol use accounts for about 6,4% of GDP, which implies more or less R136 380 million per year (Department of Social Development, 2013:44). Furthermore, the authors estimate that people in the families of users that are affected emotionally and financially comprises about one third of the population.

The economic impact described above is a result of the direct negative effects of dagga use. In contrast, Degenhardt and Hall (2012:55) pose the following question: "How much of the harm related to illicit drugs derives from their illegal status?" Economic strain results from policies and legislation which make the use of dagga illegal. In support, different authors (De Kock, 2011:284; Van Niekerk, 2011:79)

argue that there is a significant cost involved in the prohibition of dagga and that 80% of drug investigations by the SAPS relate to dagga. The authors add that the SAPS destroy thousands of hectares of dagga crops and it is proposed that this collectively has large-scale health and monetary consequences.

It can therefore be deducted that dagga use currently has a significant impact on the South African economy and effective intervention strategies are needed. Without effective interventions, the social implications can be devastating with long-lasting ripple effects.

2.8.5 Social impact

Van den Berg, George, Du Plessis, Botha, Basson, De Villiers, and Makola (2013:61) emphasise that the youth of today will form the backbone of our future society and will play a key role in leading communities to transform and adapt. Many of these adolescents turn to drugs to cope. Drug abuse has a detrimental effect on the individual, families and communities. Jiloha (2009:170) confirms that addiction increases conflict and inflicts extensive emotional pain on families. Relationships and trust in families are often compromised because of adolescents' dagga use. Families, in turn, have an effect on the larger community.

Additionally, several authors (Jiloha 2009:170; Morojele et al., 2009:1; Parry & Myers, 2014:399) articulate social health problems, such as violence and crime, as a result of adolescents' drug use. In support, the authors argue that addicts' inhibition and judgement become impaired because of drugs, and they often resort to crime to finance their drugs. Drug use therefore encourages them to commit offences and leads to violence and so-called "group clashes".

Morojele et al. (2009:1) point out that another impact on a social level is the increased risk of dagga-using adolescents being unintentionally injured or hurt in road accidents or fights while their cognitive functioning is impaired. UNODC (2012b:5) confirms that a higher risk of motor vehicle accidents and other forms of trauma can be associated with dagga use.

In the South African context today, with the current status quo, dagga can be seen as having a negative impact on the individual, the family and on society in general. The various short- and long-term health, psychological, educational, economic and

social effects of the drug warrants an empirical investigation to explore the perceptions of adolescents and to assess whether they are aware of the long-term implications. Understanding adolescents' perceptions and knowledge of the effects of dagga can guide practitioners to effectively plan interventions based on their existing knowledge and possible gaps in their knowledge.

2.9 Summary

This chapter provided a description of the theoretical framework within which the study was grounded. This was followed by an account of the adolescent developmental phase, as this is believed to have a profound effect on adolescent behaviour. In addition to the developmental phase, several risk and protective factors that play a role in adolescents' behaviour regarding dagga use were discussed.

To place the above in context, the extent of adolescent dagga use in South Africa was also discussed, followed by an account of how adolescents in the country view dagga and which factors influence their views. Policies and legislation that have an impact on perceptions about dagga were also presented. Furthermore, in conjunction with the legislative and practice framework, subsequent intervention strategies were mentioned. Research has shown that despite the current intervention strategies in South Africa, the rate of dagga use is still high. This chapter therefore concluded with a discussion on the impact of dagga use at various levels.

CHAPTER 3: EMPIRICAL STUDY AND RESEARCH FINDINGS

3.1 Introduction

This chapter elaborates on the research methodology used to conduct this study. The ethical aspects that were addressed, as well as a description of trustworthiness is also provided, followed by the empirical findings and interpretations in the form of themes and sub-themes which are supported with verbatim quotes. A summary concludes the chapter.

The goal of this study was to explore and describe the perceptions of adolescent boys regarding the implications of dagga use.

The objectives for the study were:

- To theoretically conceptualise and contextualise dagga use by adolescent boys
- To explore and describe the causes of dagga use among adolescents
- To explore and describe the knowledge of adolescent boys regarding the effects of dagga use
- To explore and determine adolescent boys' perceptions regarding the effectiveness of available substance abuse prevention services
- To make recommendations based on the findings, regarding adolescent boys' views about dagga use.

The research question is presented, followed by the research methodology used to achieve the goal and objectives and to answer the research question. A discussion of the ethical aspects relevant to the study follows.

3.2 Research question

The research question was:

"What are the perceptions of adolescent boys regarding the implications of dagga use?"

3.3 Research methodology

Research methodology is described by Carey (2012:178) as the set of ideas, theory or philosophy that holds a research project together and that allows people to understand the process of scientific enquiry. Creswell (2014:23) states that methodology refers to a rational group of methods that have the reliability of delivering data and findings that will reflect the research report and suit the purpose of the study. The research methodology for this study included the research approach, type of research, research design, research population, sample and sampling method, data collection and analysis, trustworthiness, pilot testing and ethical aspects.

3.3.1 Research approach

The research was conducted according to a qualitative approach. Denzin and Lincoln (2011:3) describe qualitative research as "a situated activity that locates the observer in the world… Qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meaning people bring to them". A strong focus of this study was on gaining a better understanding of the social life and the meaning adolescents construct regarding the implications of dagga use (Fouché & Delport, 2011:66). The qualitative research approach was found to be beneficial in obtaining rich information that proved useful in understanding the co-constructed realities of adolescents.

3.3.2 Type of research

The research study was applied in nature. Applied research aims to address specific concerns within practice in order to provide practical solutions that can be applied (Neuman, 2011:27). Within the context of this study, the concern is dagga use among adolescents. The study explored adolescents' views and opinions regarding the implications of dagga use. The findings may be useful in assisting various role players to shed some light on the need to reconsider current policies and practices that may be implemented to address this social problem.

Neuman (2011:27) asserts that applied research is used to advance general knowledge or to solve problems such as the increasing rate of dagga use among adolescents. This type of research will also contribute to developing intervention

strategies that are based on adolescents' frame of reference. This study aimed to advance knowledge about the importance of designing interventions that address adolescents' needs accurately; informed by the adolescents themselves.

3.3.3 Research design

In the context of qualitative research, the collective case study design was used. Maree (2007:70) describes a research design as a "plan or strategy…specifying the [how and from where participants will be selected], the data-gathering techniques to be used and [how] the data collection will be done". This design therefore assists the researcher with a structure to be followed during data collecting.

The collective case study design was suitable, as Shekedi (2005:21) explains that in a collective case study, the cases are individual narratives which share common characteristics. The author adds that the product of this collection is a thick, holistic description. The collective case study provided the researcher with the opportunity to listen to each individual and to focus on the collective experiences of participants to gain a rich, in-depth level of understanding, which would not have been possible through conventional experimentation.

Fouché and Schurink (2011:322) indicate that a limitation of the case study method is the inability to make generalisations and to prove external validity because sample sizes are small. While the findings of this study cannot be widely generalised, rich information on participants' personal in-depth experiences were gained.

3.3.4 Research population, sample and sampling method

The population refers to individuals within the universe that hold specific characteristics (Strydom, 2011a:223). Bless et al. (2006:98) describe it as a set of elements on which the researcher focuses and draws generalisations from. The research population for this study consisted of male adolescents aged between 16 and 18 years, who attend a particular high school. The researcher used the specific population because it contained a sufficient number of potential participants that could be included in the study and who would be able to provide information to answer the research question.

Bless et al. (2006:98) define the sample as the subset of the whole population which is actually investigated and whose characteristics will be generalised to the rest of

the population. Non-probability sampling was conducted to select the sample. Babbie (2016:182) defines non-probability sampling as any technique in which samples are selected in some way not suggested by probability theory. Within the range of non-probability sampling, purposive sampling was used in this study. Purposive sampling is based on the belief that members who possess attributes typical to the population can be selected by the researcher (Strydom & Delport 2011:392).

Ten adolescent boys who were selected were found to be representative of the population being studied (Bless et al., 2006). This was a subjective process where the researcher determined who would be suitable candidates to answer the research question for the study. Williamson and Whittaker (2011:62) assert that it can also be called “judgement sampling” since the researcher makes a judgement about the composition of the sample.

The school counsellor assisted the researcher in providing names and contact details of possible participants and their parents. The researcher then selected participants who were anticipated to best meet the requirements of the study. The researcher found this form of non-probability sampling the most useful because it allowed her to seek out participants who typically matched the following criteria:

- High school learners between the ages of 16 and 18 years old
- Male
- From any ethnic group
- Able to communicate in English or Afrikaans, and
- Attending the identified high school.

The researcher decided that for this study, participants who met the criteria would be selected and data would be collected until data saturation was reached (Creswell, 2014:189).

3.3.5 Data collection methods

After ten interviews the researcher believed that no new insights or information were obtained, thus the data was saturated.

The researcher made use of interviewing, specifically semi-structured interviews, to collect data for this study. Greeff (2011:342) describes interviewing as a

predominant mode of data collection in qualitative research. The author states that semi-structured interviews are held in order to gain detailed accounts of beliefs, perceptions, or accounts of a particular topic such as dagga use among adolescents.

An interview guide or schedule (see Addendum A) was used. The interview schedule is described by Greeff (2011:352) as a questionnaire written to guide interviews. The researcher had topics in mind while conducting interviews, but instead of following a strict, pre-determined list of questions, the interview was guided by the participants' responses (Williamson & Whittaker, 2011:63). This form of data collection therefore had the benefit of providing much more flexibility during the process of data collection.

This method of data collecting allowed the researcher to be flexible and to identify with the participants' frame of reference, so that they could speak comfortably and in detail about their perceptions and experiences regarding dagga use (Green & Thorogood, 2009:285). This form of data collection provided the researcher and the participants with the opportunity to mutually explore these perceptions and experiences in-depth.

The researcher recorded data by taking field notes during the interviews, as well as digitally recording the dialogue during interviews. Field notes are notes compiled during interviews to record what the researcher hears, observes, experiences and thinks about (Greeff, 2011:359). The field notes, along with the digital recordings used during interviews, allowed for more comprehensive record taking and assisted the researcher to concentrate on the interviews while they were in progress (Greeff, 2011:359). Following the interviews the researcher completed the field notes and listened to the transcribed interviews to set off the process of data analysis.

3.3.6 Data analysis methods

The researcher used the spiral method of data analysis as described by Schurink, Fouché and De Vos (2011:403). Babbie (2016:381) describes qualitative data analysis as the "non-numerical assessment of observations made through participant observation, content analysis, in-depth interviews, and other qualitative research techniques". Streubert and Carpenter (2011:44) points out that this is never a linear process, but that data analysis takes place in the form of an upward

spiral. In support, Schurink et al. (2011:403) explain that the data entered by the researcher include text or photos, but through the upward spiralling process of data analysis, an account or a narrative results as the end product.

Data analysis therefore included planning for the recording of data; gathering of the data and preliminary analysis; managing and organising the data; reading and writing memos; generating categories and coding the data; testing the emergent understandings, searching for alternative explanations and presenting the data. These steps are described below.

- **Planning for recording of data**

  Planning for the recording of data was carried out systematically in accordance with the participants' circumstances and the setting, and to facilitate the analysis before data collection started. Since the interviews took place in the school counsellor's office, the researcher had to book time slots during which interviews could be conducted. Appointments had to be made with the participants so that they would be available during the allocated time slots. Their academic time tables were considered to ensure that they didn't miss any classes.

  The researcher planned to digitally record the interviews, which required an MP3 player which had to be in good working order. A notepad and a pen were arranged so that the researcher would be able to make field notes. In addition, an interview schedule formed a crucial part of the planning, as it would assist the researcher to focus the interviews on the relevant topic.

- **Data collection and preliminary analysis**

  Data collection and preliminary analysis took place during the field interviews, as the researcher observed interviewees' attitudes, body language and other non-verbal cues. Moreover, the responses and relevance of the participants' responses to the questions and themes were verified. This was recorded in the form of field notes directly after the interviews were conducted so that changes could be made and the researcher could adapt to the dynamic qualitative research process (Schurink et al., 2011:405). In qualitative research, Schurink et al. (2011:405) describe the process of data collection and data analysis as

interlinked. While data was collected, the researcher already started to analyse what was presented during the interviews.

- **Managing and organising the data**

The researcher followed the process of gathering all material that had been collected, and then organised this information systematically (Schurink et al., 2011:408). All the field notes were stored and electronic copies of interviews were saved in clearly marked folders. Back-up copies were made of all recorded interviews. During this stage, the researcher started to transcribe interviews and made back-up copies of all these transcripts.

- **Reading and writing memos**

The researcher read through her notes and transcripts several times to gain an idea of the overall content and context of the data and to assess whether there were any gaps that needed to be filled by further data collection. Schurink et al. (2011:409) assert that the researcher should aim to view the transcripts holistically before it is divided into relevant sections. While reading through transcripts the researcher made side notes of detail she observed and of possible themes and sub-themes she became aware of.

- **Generating categories and coding the data**

Generating categories and coding data took place according to steps described by Creswell (2014:198). The interview which stood out the most was studied again and the researcher made notes of her understanding of the meaning behind the content. This process was continued with all the other interviews. Language, themes and belief systems that continuously cropped up were identified. Any themes or categories which stood out were then grouped together and divided into columns. The researcher then labelled each topic and highlighted it in a different colour. A descriptive theme was given to describe each topic and the abbreviation for each theme was finalised and arranged in alphabetical order. After this, an initial analysis was conducted by using the “cut-and-paste” method to organise all the data under the correct theme. Finally, the existing data was recoded where necessary.

- **Testing the emergent understandings and searching for alternative explanations**

When themes were identified and coding was well underway, data were assessed to determine whether it was useful in terms of highlighting the research questions being asked and to establish how central the themes were to the unfolding of the perceptions of adolescents regarding the implications of dagga use (Schurink et al., 2011:415). Seemingly obvious or clear-cut themes which were identified were critically challenged and quotations by participants were used to confirm all possible themes.

- **Presenting the data**

Schurink et al. (2011:419) emphasise that the final phase of the spiral includes writing up notes which form an integral part of constructing meaning behind the data. The authors point out: "…the written report remains the primary mode for reporting the results of the research". The researcher analytically reported on the research in written and table format. Verbatim quotes and literature substantiated the themes and subthemes that were to be discussed.

Whiting and Sines (2012:22) point out that the researcher has to make sure that the study is reliable the moment the qualitative research design is chosen, right through to the type of research and the research design that is selected, the population, sample and sampling method used, to data collection and analysis. The author refers to this sense of confidence that need to be inspired by the study as trustworthiness. The next section elaborates on the concept of trustworthiness of this study.

3.4 Trustworthiness

Qualitative research attempts to understand the subject being investigated and to provide explanations for people's behaviour (Whiting & Sines, 2012:22). This posed a unique challenge as the researcher had to establish confidence and trust in the theoretical insights that the study proposed to explain. Streubert and Carpenter (2011:455) define trustworthiness as the establishment of validity and reliability of qualitative research. The researcher had to address the topic of trustworthiness so that the reliability of the research could be recognised, by addressing the following

three components: credibility, transferability and dependability (Pitney & Parker, 2009:63):

- *Credibility:* This proposes that the participants recognise the meaning that they themselves attach to their experiences and that the researcher's findings are in line with their perceptions (Holloway & Wheeler, 2010:303). To guarantee that the findings captured authentic information, the researcher reassured the participants that she was an objective researcher who wanted to tell their story and that there were no right or wrong answers. Of particular importance to the researcher as an outsider, was to ensure that participants knew that the researcher did not have biased views regarding the information they provided. This allowed participants to openly share their true experiences and perceptions without fear of being judged or reprimanded. Whenever the researcher was unclear about a response, it was clarified to ensure the data was understood and could be presented in a credible manner.
- *Transferability:* This refers to the ability to apply the findings of a study to similar environments (Pitney & Parker, 2009:63). The researcher provided a rich description of research participants' views and presented the themes which emerged in order to allow readers the opportunity to determine whether the findings could be applicable to other situations. Furthermore the researcher clearly stated and referred back to the theoretical framework and subsequent boundaries that were adhered to (Schurink et al., 2011:42).

- *Dependability*: Dependability is a criterion used to measure trustworthiness in qualitative research (Streubert & Carpenter, 2011:94). The researcher compiled a carefully completed record of the study, the research methods that were used, and of the researcher's thoughts and decisions made during the process. The researcher attempted to keep the research study logical and well documented to ensure that the study could be replicated in the event of findings being inconclusive. This need was not identified for this study.

- *Conformability:* Conformability asks the question whether the researcher can provide evidence that verifies the findings and interpretations that are made in the research (Schurink et al., 2011:421). The research findings were substantiated with relevant literature. The researcher continuously engaged in

self-reflection to assess whether she was remaining objective and she made sure that the perceptions regarding dagga use was founded in participants' constructions of reality and not on the researchers' personal views.

3.5 Pilot study

A pilot study is an opportunity that assists the researcher to ensure the success and effectiveness of the investigation (Strydom, 2011b:241). It is important to conduct a complete and accurate assessment of the situation to be investigated before data is collected, to assist the researcher in preparing and getting an idea of aspects that will have an impact on the actual study. Strydom and Delport (2011:394) therefore highlight the importance of conducting a pilot study prior to a qualitative research study.

The researcher assessed whether the data-collection tool was suitable and also ensured that the venue where interviews would be conducted was suitable, that the participants would feel comfortable enough to discuss the sensitive topic, that adequate time was allocated to complete interviews, and that the recording device was in good working order. The researcher conducted interviews with two participants, who met the sampling criteria, but who did not form part of the main study.

There was a significant delay in the process of finding participants for the pilot study because of the sensitive nature of the topic. The researcher further noted that both participants had smoked dagga before and that they had very similar views regarding dagga use and its implications. The researcher therefore decided to adapt the criteria for inclusion into the study so that adolescents who had never been caught using dagga would be included. This allowed for a more balanced view and made participants more accessible.

3.6 Ethical issues

Codes of ethics are formulated to regulate the relations of researchers with the people and the field they intend to study (Flick, 2009:36). Strydom (2011c:115) describes ethical issues as a set of moral principles suggested by an individual or a group, which is subsequently accepted and which offer rules and behaviour

expectations regarding the most correct conduct towards others involved in the research process. For the purpose of this study, the following ethical issues applied:

3.6.1 Avoidance of harm

Researchers have an ethical obligation to protect participants against any form of harm which may occur within reasonable limits from the research project (Strydom 2011c:115). When conducting research, physical, emotional and or psychological, or even social harm could be inflicted on participants. Participants were made aware of the possible impact that the study could have before interviews were conducted. Social harm was possible because adolescents were interviewed in the school setting and, since the study focused on dagga use, participants could run the risk of being stigmatised.

The school counsellor assisted the researcher with this possible ethical dilemma by making prior appointments with the learners so that they could privately visit her office at a predetermined time without the risk of peers judging them. To avoid harm to participants, the researcher used her social-work skills to follow the process with the participants and made an effort to be aware of their emotional state of mind throughout the interviews, without acting as a therapist.

3.6.2 Informed consent

The principle of informed consent relates to sharing all the information about the goal of the study, as well as the procedures that would be followed and possible advantages and disadvantages to which the participant could be subjected during the course of the research. Strydom (2011c:117) emphasises that information provided must be accurate so that a well-considered, informed and voluntary decision can be made. Participants also needed to be aware that they were free to withdraw from the study at any time. The researcher provided the selected participants with a detailed explanation of what the study entailed and what would be expected from them so that they could make informed decisions.

Grinnell and Unrau (2011:494) highlight that research reports should document how informed consent was obtained. The researcher obtained written permission from the Gauteng Department of Basic Education, the school principal, the parents or

legal guardians of the participants and from all the participants who volunteered to take part in the study. These documents are attached as Addenda C, D, E and F.

Assent and consent forms are aimed at protecting participants' rights in terms of privacy and the right to information (Babbie, 2016:66). For this reason, parents/guardians had to give written permission that their children could participate in the study, while participants had to sign that they willingly agreed to participate in the study.

These letters contain information regarding the purpose and the nature of the study, possible risks or benefits involved, participants' rights, confidentiality, and storage of the data.

3.6.3 Violation of privacy, confidentiality or anonymity

Privacy is defined as keeping information that would normally not be intended for others to oneself (Strydom, 2011c:119). The researcher made sure personal privacy was maintained by conducting interviews in a private room where only the participant and the researcher were present. Each participant's rights to decide when, where, to what extent, and to whom his or her attitudes, beliefs and behaviour would be shared, were respected (Strydom, 2011c:120).

Confidentiality refers to the "handling of information in a confidential manner" (Strydom, 2011c:119). The researcher recorded the interviews in digital format and copies of the interviews will be securely stored for the required amount of time. Confidentiality is further described by McLaughlin (2012:62) as ensuring that the attribution of comments in reports and published works cannot be linked to individual participants. Pseudonyms were used for the participants when recordings were transcribed to protect their privacy. Instead of using identifying particulars, interviewees were labelled 'Participant A, B, C to I. The researcher further respected confidentiality when handling recordings by taking care not to allow anyone but her research supervisor to access the material.

A participant can only be considered to be anonymous when the researcher cannot denote a specific response to a specific individual (Babbie 2016:65). It was not possible for participants to remain anonymous due to the fact that data was collected through interviews. However, by conducting the individual interviews at non-

consecutive timeslots the researcher ensured that participants remain unknown to each other.

3.6.4 Actions and competence of the researcher

The researcher has to be competent and adequately skilled to undertake the planned investigation (Strydom, 2011c:123). The researcher is of the opinion that she was competent and equipped to conduct the study because she completed the theoretical and practical modules for the MSW (Play Therapy) degree, including the research module, before conducting the study. The researcher, being a qualified social worker, has conducted many interviews with adolescents due to the nature of her work, and therefore perceived herself to be competent to embark on this investigation.

Care was taken throughout the study to ensure that findings were presented accurately and that plagiarism was not committed when references were made to literature. The study was carried out under direction of a research supervisor at the University of Pretoria to ensure competence was maintained.

3.6.5 Debriefing

Debriefings are sessions during which participants get the opportunity to work through their experiences after research interviews have been conducted. It allows the researcher to assist participants and to address any possible harmful effects that might have been experienced by participants (Strydom, 2011c:122). The researcher provided an opportunity for debriefing after each interview. The researcher arranged with the school counsellor to assist any participants who needed further counselling after the interviews, but no such need was indicated by any of the participants or identified by the researcher.

3.6.6 Release or publication of the findings

Strydom (2011c:126) proposes that a research study is not viewed as research if it is not be presented to the reading public in written form. The final research report of this study was prepared as accurately as possible and care was taken that all sources were correctly referenced. The thesis will be made available to the University of Pretoria library and a copy will be provided to the school where the

research study was conducted. An article will be submitted for publication in an accredited journal.

The research findings of this study are presented in the next section by introducing the participants and then describing the themes and subsequent subthemes which emerged from the data.

3.7 Presentation of research findings

The following section presents the empirical findings of the research study. Data is presented according to the biographical details, followed by a discussion of the findings according to the themes and sub-themes that emerged from the data.

3.7.1 Biographical information

The sample consisted of 10 participants who met the predetermined sampling criteria. Table 1 displays the biographical information of the participants.

Table 1: Biographical information of the participants

Participants	Age	Grade	Ethical background	Language	Age dagga was first used
Participant A	17	11	Black	English	14
Participant B	17	10	Black	English	13
Participant C	16	9	Black	English	15
Participant D	16	10	Black	English	14
Participant E	17	12	Black	English	14
Participant F	17	11	White	English	15
Participant G	16	10	Black	English	Never used
Participant H	17	11	White	Afrikaans	Never used
Participant I	17	11	White	English	15
Participant J	16	10	Black	English	15

All the participants were male adolescents between the ages of 16 and 17 years. This is consistent with the definition of adolescents by Louw and Louw (2007:279) as the developmental period that start from the age of 11 and lasts until 18 years.

Participants were thus in the middle adolescent phase. The majority were in grade 10 and 11, with the exception of one participant who was in grade 9, and another in grade 12.

Eight of the participants were black and two were white. Only one participant's first language was Afrikaans, the remaining nine spoke English.

All participants have used dagga except two, who reported never to have used it. The participants who used dagga started using it between the ages of 13 and 15. This finding is consistent with studies conducted by Moodley et al. (2012:5) who found the average age at which adolescents started experimenting with drugs to be 14,6 years.

The Unisa Bureau of Market Research (2012:4) found that three in ten learners use drugs. The higher percentage of learners using dagga in this study could be attributed to the finding of Degenhardt and Hall (2012:56) that credible national statistics on dagga use is not available due to the limitations imposed as result of the legal issues around drug use.

In addition, Moodley et al. (2012:5) suggest that more male learners use dagga than female learners. This explains the higher number of participants in this study who have used dagga, as this study included only male participants.

The next section presents the empirical findings as themes and sub-themes.

3.7.2 Themes and sub-themes

Each theme comprises sub-themes which contain narrative accounts from the interviews. Direct quotes were used and literature was applied to support the findings. Table 2 summarises the themes and sub-themes.

Table 2: Themes and sub-themes

Theme one: **Knowledge about dagga**	**Sub-themes:** 1. Conceptualisation of dagga 2. Source of knowledge about dagga 3. Credibility of sources of information

Theme two: **Reasons for using dagga**	**Sub-themes:** 1. To relax, to feel happy and to escape from reality 2. Social identity 3. Experimentation with new behaviour 4. Socially acceptable 5. Better alternative than alcohol
Theme three: **Effects of dagga use**	**Sub-themes:** 1. Effects of dagga on the individual 2. Effects of dagga on the family 3. Effects of dagga on the school 4. Effects of dagga on a community
Theme four: **Risks involved in dagga use**	**Sub-themes:** 1. No risk involved in dagga use 2. Fear of getting caught 3. Not addictive
Theme five: **Benefits of dagga use**	**Sub-themes:** 1. Social benefits 2. Medical benefits 3. Psychedelic experience

Theme 1: Knowledge about dagga

This theme highlights adolescent boys' knowledge of dagga use, for example where they receive information about dagga and how credible they view these sources to be. Evidence indicates that most participants defined dagga in terms of the positive effects they experienced when using dagga. Participants furthermore referred to dagga being a plant of which the leaves were consumed.

The participants revealed that they received information from families and that schools were also regarded as sources of knowledge about dagga. However, participants do not perceive these to be reliable sources regarding the implications of dagga use.

Findings show that the perceptions exist that these sources are not able to justify what they teach them about dagga. They are warned about the negative effects and the risks of using dagga, but their personal experiences and what they see

happening around them with their peers who use dagga, do not validate the warnings. Peers and their own personal experiences are therefore viewed as the most reliable source of information regarding the consequences of using dagga.

The participants' knowledge about dagga is discussed under the following sub-themes: 'conceptualisation of dagga', 'the sources of knowledge about dagga' and 'the credibility of sources of information'.

Sub-theme 1.1: Conceptualisation of dagga

The data revealed that eight of the participants conceptualised dagga as a drug that had positive effects. The focus was mainly placed on the pleasant psychedelic effects of dagga. The following quote reflects most participants' views of what dagga is:

> *"I'd say it's a relaxation drug, to take the stress off, of things that might, if you have a lot of stress in life to help you forget about it for the moment while you are under the influence of weed. So that, you can also be happy and stuff."*

The findings are consistent with other studies. For example, Degenhardt and Hall (2012:56) describe dagga as preparations derived from the Cannabis Sativa plant that produce a sense of euphoria and relaxation, and a heightening of the senses.

Two participants defined dagga as a plant of which the leaves are plucked, dried and then crushed to smoke to provide a mood altering effect.

> "*I know that you, you plant it and after you cut the leaves… Ja, when it grows you cut the leaves off them. You let it dry before you smoke it*."
>
> "*You can plant it anywhere. So it's a plant when like, after seven weeks, the things that you put in, like when it's dry. When the leaves that you planted are dry. Ja you can take it and then you can smoke it."*

The findings are in line with the description provided by UNODC (2012b:1) that dagga is produced from the dried leaves of the Cannabis plant. The participants' views demonstrated a very basic level of knowledge of dagga, how it is produced and for what purpose.

Sub-theme 1.2: Source of knowledge about dagga

More than half of the participants reported learning about dagga during their primary school years. Their initial knowledge came from different sources, namely peers, family and teachers.

The following remarks support the fact that participants received information from their peers:

> *"I learned about it from the school. At first they baked space muffins…"*
>
> *"Like we never really learned of weed from school. We learned about it from friends."*
>
> *"And then, I started hearing about weed from friends and all that."*

Morojele et al. (2012:202) confirm the finding that peers often play a significant role in children's and adolescents' initial contact with drugs. The authors do not differentiate between dagga and other drugs, but they include alcohol, dagga and other illegal drugs.

In addition to knowledge from peers, participants revealed that they received information from their families:

> *"When I was a young boy, growing up in a village, I used to, I used to see my brothers and them, stealing some weed from my grandfather's plot and then running away with it."*
>
> *"And like my parents, from a little age, they told me dagga is bad for you."*

The findings correlate with UNODC's (2012b:15) statements that parents or other family members who use drugs and who model this behaviour could have an impact on children's knowledge and behaviour. Miller (2013:295) moreover states that adolescents spend a lot of time with siblings, which could have a significant negative impact on their behaviour if these siblings use or abuse substances. Interaction with family members can therefore be seen as a source of information for adolescents regarding dagga and other substances.

Schools were also found to be a significant source of information. This is in line with findings by Van Zyl (2013:586) who points out that schools are in a unique position

to provide learners with information. The following statement demonstrates that participants learn about dagga from their schools:

> *"I learned about it from primary school, from teachers."*
>
> *"Well, obviously in primary school, you hear about it a lot. And they all just tell you that it is bad for you and stuff."*

The findings are consistent with claims by the Department of Basic Education (2013:i) that they implement different strategies to educate youth about drugs in schools. These strategies include lessons on alcohol and drug use through the life orientation learning area supported by other activities that are included in the curriculum.

The evidence furthermore indicates that the community in which adolescents function provided them with information regarding dagga. This is supported by the next quote:

> *"I used to see people I know smoke it. They used to live next to us."*

In line with this finding, Morojele et al. (2012:201) agree that illegal drugs are readily available to many young people in South Africa. This indicates that easy access to drugs and witnessing people in the community using drugs serve as a source of knowledge for many adolescents.

Sub-theme 1.3: Credibility of the sources of information

The findings showed that participants did not attach the same value to credibility from different sources of information about dagga use. According to the participants, knowledge gained through personal experience, from parents, peers, schools and various awareness campaigns were not equally reliable. Empirical evidence shows that knowledge obtained through personal experience was found to be the most reliable as compared to the other sources. This view is supported by the following statements:

> "*And then, I started hearing about weed and all that, then I started, then at first I was like, no this is not for me and all that. And then, it got to a place where it was like, OK, let me research what this is. Then I started researching, you know, learning how to roll* [rolling dagga cigarette]*, on the internet and*

everything. And then I've… I went and I bought my first bankie [small plastic bank bag filled with dagga] *I bought it and I went home and I smoked it*."

"*I did some research once about weed and stuff. And I'm a, and cause I wanne know about the things in my surroundings so I can tell other people and myself about what would happen if you do this. And I leant on Google by pulling out about 5 big articles…"*

"But, ja, as you get older you hear more about it and when you take a look at it yourself then you realise it is not going to make you crazy or kill you or something."

The fact that participants significantly valued their own personal and experiential learning and that they did their own research, is supported by Berg et al. (2013:616) and Van Zyl (2013:582) who state that experimentation is a crucial part of adolescent development. One of the developmental learning needs of adolescents identified by Berg et al. (2013:616) includes personal connection. This refers to adolescents' need to connect learning with personal experience.

In contrast, participants further indicated that information provided by parents was not trustworthy, as is evident in the following remark:

"*Ja only what my mom told me about people who go crazy. She once told me about these two old ladies who told her stories about tomato-snakes which attacked her in her garden. But I don't know if that is the truth*."

"Because a family like mine isn't very educated in the drug field."

The evidence shows that adolescents do not view information from parents as reliable because parents are not able to substantiate what they say. In support, Louw and Louw (2007:304) indicate that adolescents expect their parents to explain the reasons behind what they tell them about dagga. As previously discussed, the cognitive development of adolescents has an impact on the value they attach to information. Cognitively, adolescents have a questioning attitude, and if parents are unable to provide explanations for their opinions, adolescents are likely to doubt or disregard these opinions.

It was evident that information and knowledge received from peers proved to be valued as highly reliable as compared to that received from the school and parents. The participants said:

> "*The first time I came across it was at parties and stuff. Like I would see how people would react to it and stuff, under the influence. And they seemed alright…"*
>
> *"I actually know a lot because I know a lot of guys inside the school, and outside school who smoke."*
>
> *"…my friends are definitely not dumb because of weed. My one friend, he's been using it for two and a half years and he still has the same high marks, like he's a, he gets 86% and stuff. And he uses weed like every weekend."*

Evidence showed that adolescents place more value on information obtained from peers than from parents. Substantiating this is the argument by Louw and Louw (2007:330) that interaction with peer groups provides interpersonal contact beyond family relationships. Van Zyl (2013:583) confirms that peers were considered the primary providers of support and that they were also seen as the primary factor causing drug use.

Participants further indicated that they perceived information they received from schools as either biased, incorrect or incomplete. They asserted that schools provided skewed information, focusing only on the negative effects of dagga use. They perceived this as a hidden agenda to try and instil fear. Furthermore, participants alleged that teachers were not able to support their warnings about dagga use with factual information.

> *"OK, they [the school] talk about it. It is bad for you. But they don't explain… Like how dagga can be bad for you."*
>
> *"They never told us about it at school or something. They just told us 'don't do it'."*
>
> *"Cause there's nothing to educate us about. What are you gonna say? Don't do it; why? Cause it gets you high. And then what? Then they tell you the negative things. You see that is just that, they can't do this it's just, uh, insulting. They can't do that. It doesn't make sense. Cause at school they're*

supposed to teach you both the positive and the negative. So they can't do that cause just, don't smoke weed because it's bad."

"At this school they instil the awareness through fear. They say; if you smoke, you're gonna be suspended and expelled. You will fail. That's what they say. So they just use the disadvantages. They don't actually educate us about marijuana."

"Ja from primary school I already knew about dagga. But then it was like, 'Oh it's a drug it will kill you if you even touch it'."

"Only in my primary school. But that's because they were snobby. They're just like that's bad, that's bad. What's good for me is good for you."

It is evident that learners do not trust the information provided by schools as credible. Moshman (2011:11) points out that adolescents who are in the formal operational phase, can think logically and systematically and are able to identify possible misleading information by considering multiple viewpoints.

One participant observed that some teachers say one thing but do not practice what they preach. For example they caution learners not to use dagga, but they use it themselves. According to the participant, this discredits the warnings made by teachers. He said:

"Teachers… They teach us not to smoke it but they smoke it. They tell us that it's dangerous. But they smoke."

Such behaviour renders the information provided by educators unreliable, thus causing more harm in that a teacher is a significant other in an adolescent's life, and has an impact on adolescent perceptions. Van Zyl (2013:583) supports this finding by stating that inadequate modelling by significant others is seen as one of the risk factors relating to drug use.

Evidence also indicates that awareness campaigns were not seen as reliable or credible sources of information either. Findings illustrate that participants viewed these initiatives as unreliable. The participants remarked as follows:

"'*Cause I think that when a person hasn't experienced then they can't actually talk to you because, you know, they don't really know what they are talking about."*

"*There is this… these days at churches and stuff. And they've got these fundraisers and campaigns, it's like; "Hey don't smoke weed"… I think it's just dumb. They not gonna change my mind just cause you simply telling me not to smoke weed?"*

"They come here and they just tell us. But they don't tell us why we are not supposed to use it. Things like that."

In line with the findings, adolescents no longer rely blindly on what they are told without questioning the validity. The Anti-Drug Alliance Report (2012:27) also indicates that adolescents are questioning the current status quo regarding drugs. They seek credible knowledge about the facts to base their information on.

Theme 2: Reasons for using dagga

The reasons given for starting to use dagga relate to relaxation and enjoyment and to escape reality. Participants also identified social recognition, the need to establish a sense of personal identity, and a group identity to be accepted by peers as contributing factors. Experimentation and the fact that dagga use has become socially acceptable were also some of the reasons why they started using dagga. These aspects are presented under the following sub-themes:

Sub-theme 2.1: To relax, feel happy and escape from reality

The findings indicate that all participants reported they used dagga as a means to relax, to make them feel happy and to temporarily escape their reality. The participants were aware of the fact that it was a short-term state of being, but they didn't see anything wrong with using it as a means to momentarily feel happy or to escape. The participants further reported that they especially enjoyed smoking at parties as it put them in a party mood where they felt relaxed and wanted to interact with people.

"I think people that use it are… there are two types of people who use it. It is the people who want to forget and be happy for a while, and then there are people who want to be happier. Because like at a party of something and if

they smoke weed and stuff and they are just really relaxed. And less tense and everything."

"I personally use it sometimes, maybe once or twice a month. Just for relaxation. Say after a long week or so."

"It's just better to smoke. And just like, laugh about it. Look at the funny side of things. I don't take things too seriously. You must never take everything seriously. I think that is also what weed does. It makes you relaxed."

The findings are in line with the study by UNODC (2012b:12) that dagga users typically report feeling relaxed. Though emphasis was placed on dagga use as a means to relax, another component that featured was dagga use for enjoyment and to help them to have fun and socialise.

"With friends, like on a weekend when we go to a party… Like OK, let's have a joint. Before the party. Like it gives you like, it gives you that party feeling. Like "'We are ready to party tonight'".

UNODC (2012b:12) confirms that a sense of euphoria is reported after using dagga. In support, a Swiss study found that adolescents used dagga for physical pleasure (Menghrajani, Klaue, Dubois-Arber, & Michaud, 2005:479). Similarly, in this current study, dagga was found to be a catalyst to make the participants feel happy and relaxed. They reported that they used dagga to forget about unpleasant realities and stress in their lives.

"*If you have a lot of stress in life to help you forget about it for the moment while you are under the influence of weed."*

"Let's say like they went through something in their life and they are like it's natural or whatever… but people tell me that uh, yea, that they then forget about it."

"But then as soon as you're not high you're the opposite. They all come back crashing back down. So that's why I want to get high constantly. To avoid those low negative introspects of life."

The Unisa Bureau of Market Research (2012:7) confirms the findings that dagga is used to relieve stress, stating that escaping worries was one of the main reasons

for dagga use. In support, Mohasoa and Fourie (2012:35) propose that depression and a sense of feeling overwhelmed with one's situation are among the most prominent reasons for substance abuse among adolescents. However, Brook et al. (2006:2,3) found the link between depression and substance use to be vague.

Sub-theme 2.2: Social identity

The findings showed that other reasons why adolescents use dagga are related to the need to establish their own identity and a sense of group identity. Six participants indicated that they used dagga to establish their sense of identity. The participants explained as follows:

> "*It felt like I have found who I was. I saw who I was. Around the people. I was seen. And I saw what my role and my contribution was."*
>
> *"Cause I was down there, people disrespected me. So it was always gonna be, look guys, OK, I'm in, I'm in..."*
>
> *"I'm not a soccer player, I'm not in the top ten, so I thought, hum, let me like start my own thing… And then in Grade eight I started smoking weed. Then I formed this own group where we just chill together, because we understand each other. And other people are just like outsiders. They don't get it."*
>
> *"The weed just takes out the 'you'. The image. That you see, not what other people see. The original."*
>
> *"It makes you normal. I don't know how to define normal. I think there is no definition for normal but that brings out 'this is me'."*
>
> *"'J'* [dagga] *is like, it's like something that you smoke that can either…, it emphasises whatever you are. The person, yes. So it emphasises everything. It really takes out your personality. You feel strongly about your views."*

It became apparent in the findings that participants perceived dagga as playing a role in establishing their own identities. This is in line with adolescents' developmental phase as confirmed by different authors (Berg et al., 2013:178; Rathus, 2014:255) who point out that this phase is marked by identity formation, when the adolescent's unique identity needs to be established.

However, Rathus (2014:522) asserts that the cognitive skills and social maturity should provide adolescents with the ability to reflect on who they are and to develop a healthy sense of identity rather than rely on dagga and other drugs. The fact that adolescents need dagga to help them to establish a healthy sense of identity is not in line with the findings of this study.

Contrary to others' views, one participant reported that he didn't need to use dagga to develop a sense of identity. He said:

> "*I won't use it. Because I'm a soccer player."*

Adolescents, who already have an established sense of who they are, and of what they have accomplished, are more likely to refrain from using drugs. This participant has formed a sense of identity relating to other peers who participate in the same sport and has similar values. Moshman (2011:120) propose that identity is a direct answer to the question "Who am I?" This participant clearly sees himself as an athlete, and his view of an athlete does not correlate with someone who uses dagga.

All participants acknowledged that peer pressure played a role in dagga use. Four participants reported that it was one of the main reasons why they started smoking dagga, as is evident in the following remarks:

> *"I'm in, I'm in. I just want to make you guys happy."*
>
> *"They'd say 'Just for once, why, are you scared?'."*
>
> *"First it was an experiment. Yea, most of us would blame peer pressure. OK it kind of was."*
>
> *"So the peer pressure is very high. There is some pressure to smoke yes. You are with friends who smoke and you want to be accepted."*

The fact that participants reported peer pressure as the reason why they started using dagga is in line with findings by Jiloha (2009:167) that peer influence is directly associated with dagga use among school-going children. Various authors (Mohasoa & Fourie, 2012:36, Brook et al., 2006:2, Moodley et al., 2012:8 & UNODC, 2012b:15) agree that peers were the most prominent factor causing drug use amongst youths.

Notably, three participants also reported experiencing peer pressure but, according to them, this did not play a role in their decision to start smoking dagga:

> *"It was just like at this party and stuff. Then I decided to try it to see how it can work for me and what it was about. To see what it does for me. So just to have fun."*

> *"The wrong reason would be peer pressure. If you are doing something and it's not, it's not you."*

> *"For me now it's just do it or don't do it. It's up to me now. I feel like the peer pressure is for the people who are still juniors."*

These findings indicate that some participants do not smoke dagga due to peer pressure, but regard it as a personal decision they made. This is confirmed by the findings of the Gauteng Department of Community Safety (2014:15) which indicate that, despite peer pressure being one of the strongest predictors of adolescent drug use, one cannot simply confine the dagga use to external factors. In addition to peer pressure, personal and individual choices need to be considered as well.

One participant asserted that according to his values a good learner shouldn't smoke dagga and this kept him from giving in to peer pressure:

> *"Ja. People have asked me before do you want to smoke? And I did actually think about it. Just maybe to do it once so that the guy would just stop. But I have never. I tell them no, I'm still in school."*

This finding indicates that some adolescents do not allow peer pressure to influence their behaviour to start experimenting with dagga. Newman and Newman (2012:376) support this finding, pointing out that adolescents who experience peer pressure will not necessarily succumb to such pressure if the gap between their own values and those of their peer group is too big. Furthermore, Cleveland et al. (2010:23) argue that adolescents can deal effectively with internal or external pressure if they possess a strong sense of personal identity.

Similarly, the Gauteng Department of Community Safety (2014:15) explains that no direct relationship between dagga use and peer pressure has been proven because there are other external variables and individual factors that have to be taken into account. Moreover, Allen et al. (2006:155) confirm that the factors which determine

how adolescents handle peer pressure and their individual susceptibility to adhere to peer pressure, have not been proven. The participant thus had an established sense of identity and the need to fit in with peers and to succumb to peer pressure was not sufficient motivation to start experimenting with dagga.

Another exception to the findings relating to peer pressure was one participant who has never experienced any pressure to use dagga although he frequently uses the drug.

> *"Not at all, no. I've never experienced peer pressure at all."*

The evidence indicates that the participant's reason for using dagga is not the result of peer pressure. This is supported by the view of Menghrajani et al. (2005:479) that enjoyment related to dagga use proved to be much higher than peer pressure as a reason to start using and maintaining dagga use. The key motivator to start using dagga was thus viewed as personal enjoyment and not peer pressure.

Sub-theme 2.3: Experimentation with new behaviour

Another contributing factor to adolescent dagga use is the need to experiment with new behaviours. The following quotes highlight participants' accounts that they started smoking dagga because they were experimenting with the behaviour. They wanted to discover through personal experience what the impact of the drug was.

> *"I started because I wanted to see what it was. And then, I wanted to see what it could do for me. I, whenever I hear of something, I don't wanna just hear about it, I want to experience it where I can tell myself a story. So people were telling me about what it does for them, then I wasn't, or I couldn't understand. Then I was like, OK the only way for me to know it is if I do it. If I did it."*
>
> *"Experimentation. Curiosity. Well, I was curious about like, experimenting a bit."*

The findings indicate that participants' need to experience new behaviours for themselves, was a factor that motivated them to start using dagga. Different authors (Martin & Forbes, 2009:517; Slee et al., 2012:505; Van Zyl, 2013:582) point out that adolescents are in a phase of development where they acquire a greater capacity for rational and abstract thoughts associated with risk taking, testing limits and experimentation. This literature is in line with the finding that experimentation is one

of the reasons why adolescents start using dagga. Underwood and Rosen (2011:140) furthermore confirm that part of adolescents' development process include experimentation with new behaviours.

Sub-theme 2.4: Socially acceptable

Research findings indicate that a major factor which contributes to dagga use is the fact that it is socially acceptable in many communities. Participants noted that it was becoming increasingly popular to use dagga, to such an extent that it formed part of users' daily lives. Adolescents witness the behaviour modelled by peers and celebrities. This strengthens their perceptions that dagga use is acceptable and influences their attitudes and behaviour. This is evident in the quotes below.

> "*Again it is the generation change. A lot of celebrities nowadays smoke dagga. And music, the generation of now, today, listen to their modern music. They are more influenced by those who smoke dagga. So it's sort of not this forbidden thing anymore. It's like something that is there now."*

> *"But I think that time in Pretoria it was a booming time. I had friends and the school back then had a lot of people who used to smoke dagga. So it was just a thing going on, you know? It was a vibe at that time."*

> *"But it is getting more and more available these days. You hear more and more about people who use it."*

UNODC (2012b:15) supports these findings, arguing that normative beliefs about drug use being generally tolerated, leads to an increase in drug use. Stadtherr (2011:23) confirms that for adolescents 'normal' behaviour is based on observing their friends, comparing themselves with their peers and what they hear and actually witness.

Even the two participants, who chose not to use dagga, consider dagga use to be socially acceptable, as demonstrated by these remarks:

> *"… I will not use it now. But if somebody wants to do it, it is their choice."*

> *"If so many people smoke it, it cannot really be so bad."*

Findings that dagga use is viewed as acceptable are supported by Morojele et al. (2012:200) who confirm that young people in the developing world are adopting

more values such as tolerance of individual differences and self-determination, which leads to increased acceptance of substance abuse. In support, Brook et al. (2006:3) claim that convincing evidence exist that "unconventional attitudes and behaviours", for example tolerance of deviance, are related to drug use among adolescents.

The findings of this study however, revealed that the social and cultural norms, interactions with peers and the media normalised the behaviour of smoking dagga to such an extent that it is no longer seen as an "unconventional attitude" to smoke dagga, but rather that it has become socially acceptable. The findings are furthermore in line with the conclusion by UNODC (2012:17) that attitudes on dagga use are softening, and social disapproval to use certain drugs is also diminishing. This confirms adolescents' tolerance of dagga use.

Sub-theme 2.5: Better alternative than alcohol

The fact that dagga use is tolerated may lead to the perception that it is a better alternative than alcohol. The findings further reveal that dagga may have fewer negative effects and risk than alcohol or other drugs. It is viewed as a safe substitute drug as reflected below:

> "*And uh-hum, if your friends don't have a problem with it and the girls don't have a problem with it. I mean what's stopping you? Cause then nobody has a problem with it. And if you can control yourself you will not be embarrassed at all even if you talk to their parents for like five seconds or whatever. And then the society of teenagers having parties and stuff they don't have a problem with it. They are more encouraged to use it because it is much cheaper and better than alcohol*."
>
> "*Uh, I think children who smoke have a lot more control over what they do, than children who drink. Ja, look I don't really know. I know it is not as bad or has that many negative effects as alcohol. Because alcohol has a very bad effect on your body*."
>
> "*I think quite frankly alcohol is a bit more dangerous than dagga. The use, what it does to a person. Because I've seen over the years, the effects of alcohol have a much bigger impact than that of weed*."

"You don't get that high. You can still see things. Now, with alcohol you get drunk and you can't see. It's limiting you, alcohol, somehow. You know. You start like, stumbling, falling…"

"And some feel that it is better than cocaine and alcohol."

"Yea, and it's generally just a very nicer feeling than alcohol."

Based on the findings, it is evident that the participants believe that when they use dagga, they are still in control of their actions, unlike when alcohol is consumed. Supporting these views, De Kock (2011:284) points out that despite the fact that alcohol is legal, it falls in the top half of the ranking scale of human harm.

Parry and Myers (2014:400) confirm that harmful effects linked to dagga use are far fewer than those associated with alcohol use. Furthermore, Hurd et al. (2014:416) found that adolescents' view dagga as relatively harmless compared to alcohol, because alcohol is associated with drunkenness and motor vehicle accidents. Hence the perception that dagga is a better alternative.

Theme 3: Effects of dagga use

The research findings indicate that the participants are aware that dagga has effects on different levels, including individual, family, school and community. Moodley et al. (2012:2) confirm that adolescent substance abuse has various effects on both the individual and society. These are discussed according to the following sub-themes:

Sub-theme 3.1: Effects of dagga on the Individual

The participants demonstrated awareness of physical, cognitive and behavioural effects of dagga on the individual. These findings are presented below:

- **Physical effects of dagga use**

  The data indicated that adolescents are only aware of minor physical effects from dagga use. Three participants perceived weight loss as the most significant physical effect experienced by people who use dagga:

  "That is the first bad thing if you don't exercise, you lose weight, and you are always hungry."

  "Now, what weed does is it makes you really hungry. And you get thin."

"You lose muscles."

The findings of Ruiz, Strain and Langrod (2007:61) contradict the perception of adolescents regarding weight loss. The authors postulate that dagga is in fact beneficial to act as appetite stimulant to assist patients with AIDS and cancer to gain weight.

In addition to weight loss, participants identified fatigue as another physical effect of dagga use:

"*You also get very tired. Not sure if you know that? Then when you smoke weed and you wake up the next morning… it's not like a hangover, but you just, your body is just like 'No come on I need sleep'."*

"Sometimes you'll be sleepy, you won't concentrate…"

The findings contradict those of Ruiz et al., (2007:60) who propose that during the 19th century, dagga was prescribed to treat ailments such as fatigue. The findings are however supported by UNODC (2012b:4), who point out that dagga users reported feeling sleepy when the initial effect of smoking dagga had subsided.

Furthermore, participants identified several other physical effects as indicated in the comments below:

"You know most of the time when people smoke it their eyes become red."

"And you're eyes get messed up, the next morning."

"Your eyes becomes red and low, and it goes inside. Yea. And you lose your complexion. Ja, you go brown. You become darker. You appear older in the sense of physical features. Like if I smoke dagga and I was like 13, I would look 16."

The findings correspond with the study carried out by UNODC (2012b:4), which showed that dagga use affects the eyes: the blood vessels expand thus rendering the eyes red. Contrary to the general perception, two participants had different views. One participant believed that dagga had no negative physical effect if used in moderation:

"*But they say if you use it as a normal average person then you… Ja just about 5 grams, then it won't do actually anything on you. That is fine."*

This finding indicates that the physical effects of dagga are related to the amount used. However, Parry and Myers (2014:300) argue that it cannot be conclusively proved that dagga has negative effects owing to the many inconsistencies in the main chemical compound of dagga, especially when it is smoked, thus making it very difficult to predict what the effects of the drug are.

The last participant, however, had a contrary view saying that dagga had beneficial effects on the body and on physical health in general.

"Uh, and then there is the good things, which weed is also good for you muscles. It helps them develop strong muscles. Muscles, yes, your physical body. And health in general."

The participant's view is contradicted by various authors (De Kock, 2011:284; Degenhardt & Hall, 2012:66; Parry & Myers, 2014:399) who assert that various negative effects of dagga have been published, but the evidence is inconclusive regarding positive physical effects.

- **Effects of dagga on cognitive functioning**

The findings of this study revealed that the participants believe that dagga affects people's cognitive functioning in different ways. However, the participants were not entirely certain as indicated by the following statements: "I don't know but…" and "I also don't know if that is the truth." Berg et al. (2013:171) confirm that inner conflict, questioning of values and confusing choices are among the issues adolescents are faced with, hence the participants do not simply believe what they are told. This leads them to doubt their own perceptions about the effects of dagga use on the cognitive functioning of users.

A lack in concentration and impairment in brain development, especially among young children, was also indicated as negative effects of dagga use. Some of the participants said:

"*There is a thing about it reducing your brain cells."*

"And like I said I read this article about younger children. It stops the development of the brain. But I also don't know if that is the truth."

"Ja, every day I was just concentrating on the weed."

"You, you catch things later."

"I would say, because I've seen it first-hand then they would, they would forget things. Extremely easy."

The findings are in line with growing evidence that suggests that dagga exposure affects the human brain, depending on the user's age of exposure (Hurd et al., 2014:416). Although there is currently no conclusive evidence to support these concerns, different authors (Hurd et al., 2014: 421; UNODC, 2012b:5) confirm the findings that the adolescent brain is more susceptible to the negative effects of dagga because it is still developing.

Contrary to the findings above, one participant was of opinion that dagga use had no effect on cognitive functioning:

"But obviously maybe it has different effects on people but on this one guy who is in the top 10, I don't see a difference… Normal, everyday people who use it, it does almost nothing to them."

This finding is not consistent with studies by UNODC (2012b:4,10) and Jiloha (2009:171), who propose that dagga negatively affects memory, attention and learning. The authors also found a decline in reaction time, motor performance and coordination, as well as information processing. Parry and Myers (2014:399) refer to an unpublished study that found cognitive deficits associated with cannabis use, yet these authors point out that there is a major shortage in well-executed studies relating to the benefits and risks of dagga use.

- **Effects of dagga use on behaviour**

From the responses, it became evident that only three participants were aware of high-risk behaviour associated with dagga use. The participants reported that people engaged in irresponsible behaviour when they were under the influence of dagga because it impairs their perceptions and affects their reasoning abilities.

"First of all, when you are under the influence of marijuana, you tend to see things, more lightly. You don't see anything seriously. That's when people start making stupid mistakes, or doing something that would harm the next person."

"You should only use it in a controlled environment. So not when you're driving or in public and so on."

"I've seen a few cases where people do silly things. Like jumping into the pool from the roof and so on."

The findings are consistent with various authors (Degenhardt & Hall, 2012:62; Parry & Myers, 2014:399; Peltzer & Ramlagan; 2007:128; UNODC, 2012b:5) who argue that dagga use often precedes injuries in trauma units and that dagga is the second most cited drug after alcohol in motor accidents.

Furthermore, participants acknowledged that dagga use could result in negative behaviour due to peer pressure and the need to belong. Their perceptions were that behaviour could not be attributed to dagga use itself, but rather to the negative values and behaviour of the peer group when some individuals ended up engaging in risky and undesirable behaviour:

"*And I think the thing is the crowd you have. That you associate yourself with. More people that smoke weed they come up with different ideas. Like let's go drink today, let's go bunk school and we all come up with the plan, like ok we're doing this. Then you all wanne do the same thing at the same time."*

Evidence showed that the participants attribute the negative effect of dagga use on peer pressure and not on dagga itself, which is in line with the findings of Brook et al. (2006:2) who indicate that peer drug use influences adolescent anti-social behaviour.

Contrary to the above findings, only one participant explicitly expressed the viewpoint that dagga has no negative effect on behaviour. The participant said:

"I have never heard of a person who was high and that had a car accident. I, no, never. Not even on cocaine. You don't get that high. You still can't use, you can still see things.

The finding is not in line with claims by Parry and Myers (2014:399) that high-risk behaviours are considered to be possible consequences of dagga use. Jiloha (2009:170) and Moodley et al. (2012:2) also state that dagga use among adolescents can lead to irresponsible sexual behaviour, which further poses a

high risk of pregnancy and contracting HIV or other sexually transmitted diseases.

Sub-theme 3.2: Effects of dagga on the family

Findings indicate that not only did the participants identify negative effects on the individual user, but participants were of opinion that dagga use also affects families. According to participants, the negative effects of dagga use on families relate to the emotional effects and tension that dagga use causes in the family.

> *"That actually did, because it tore my father to pieces. I had to, at night watch my father cry."*

> *"A family might be kind of torn apart."*

> *"It, let's say if it is a very conservative family and the children are taught that it is completely wrong, and the parents find out the child, let's say smokes dagga, then it will have a very big effect on the family. The parents will not be very happy. Ja it will be kind of a big scene."*

> *"So, all the things that your parents will expect you to do at five, six; you would do it at eight, nine. So already that becomes tension in the house… All of that. And then when there's tension that child won't be at the house at five, six anymore. Or at eight, nine. They will leave at five, six cause they say: "No, I want to go smoke". Or they might not even say they wanne go smoke. They want to just leave the house. And then they end up smoking. At that time. And then, when it's eight, nine…Then we procrastinated and said, "I will do it". You get home, they wait, telling you about not being home at five, six: then we leave again."*

> *"You leave the house; "Where you going?", "Were you going to smoke". Just that, already gives you tension with the parents. So you will never, no one wants to go back home after I was just told I was going to smoke. But if you had just let me go out, and smoke, I will actually come back home. I will, come back home because I know, OK, I had the chance to smoke. Now let me go home and do my work."*

> *"And in many ways they use it as a blame for some things. Like when you do something wrong, they blame the dagga. You didn't do the dishes, you were out with your friends you were smoking dagga. So you didn't do the dishes."*

The evidence indicates that dagga use has an emotional impact on a family's functioning, specifically on parents. The findings are consistent with Hoeck and Van Hal (2012:11) who state that substance use among adolescents has an impact on all family members, but in particular on parents. Dagga use was further found to lead to tension and conflict between parents and adolescents. This is in line with Hoeck and Van Hal's (2012:11) views that drug use increases stress levels within the family context.

Findings furthermore indicate that distrust and disappointment result from adolescents' dagga use. This is evident in the following remarks provided by three participants:

> *"First of all they lose your trust. And for some parents, they feel like dagga is, you'll kill yourself with dagga. And it's done with you because they think it's addictive. And uh, it affects them badly. They lose your trust."*

> *"First of all, people who would tell you, who would raise you will tell you, look, this is wrong. Knowing the fact that, OK, I'm going to smoke today, with my friends, then we're going get caught. And wasted, taken to a police station and whose parents are going to come and fetch us? How, if your parents do even fetch you, they'll be disappointed. You'll be disappointing them; you'll be letting them down."*

Additionally, three participants indicated that parents whose children were caught using dagga were found to be concerned about their reputations.

> *"Like reputation wise it's going to ruin you and your family's reputation. Oh, like "He's your child" and all that. Like anyone in my family doesn't really care."*

> *"He cares a lot. He is a pastor, so I don't even care what he thinks. I'm not really a reputation kind of person, when it comes to my family. At school yes.*

Cause it's me. At home it's like, the whole family. You can't really protect the whole family."

"But if you take a normal family like say like mine, they would probably be, it would make them feel ashamed. They would feel ashamed or out casted. They would try to keep it inside the family so that nobody finds out. Ja, they would be ashamed."

Hoeck and Van Hal (2012:11) confirm the findings that parents would feel ashamed and would therefore try to hide the fact that their children used dagga. The authors identify isolation, lack of support and guilt as the negative effects resulting from adolescents' substance abuse. In their attempt to hide their children's dagga use, some parents may experience a sense of isolation and thus would not enjoy the support of their extended family and friends.

Contrary to the negative effects of dagga use on parents as mentioned above, two participants were of opinion that dagga use would not have any effect on their parents or families.

"I think they won't, they won't be affected because it's not a hard drug like cocaine where you need to smoke it every time. Like some drugs you need to smoke it every time. Then you gonna need actually money to provide it."

*"It has no effect. As long as you know how to control it, what you [*are*] doing."*

The findings are inconsistent with Jiloha (2009:170) who state that drug use increases conflict and inflicts far-reaching emotional pain on families.

Evidence further indicates that adolescents perceived the effects of dagga on the family to be an exaggeration because they viewed parents as having limited knowledge and understanding of dagga.

"And they, because they turn the situation into such an exaggeration, like as if this person is ending their life because they don't accommodate a person. A family will not accommodate a smoker. If it was free, like to smoke and if they gave you freedom to smoke, there would be fewer issues attached to it."

"But if I was, it might, especially if your parents smoke, maybe it will be easier for you to find them to accept that you smoke. So, both of my parents don't

smoke so, they don't understand where it comes from. So they think in their generation, as a family, OK that this is how we are. This is how we do things, the tradition. And then, they don't accommodate change. And then, they don't understand that change is something that is going to happen."

"I think the family would try to immediately send the person to rehab. Because a family like mine isn't very educated in the drug field. Except for me I think. But they don't really know about it. So a family that doesn't really know about the risks and stuff and are not ready open to it, they would probably immediately send the child to rehab or something."

"And the way they look at you when you high, it's like if you are a danger to society. As if you might just explode. No."

Participants indicated that the main negative impact of dagga use on the family was based on the fact that parents did not have enough knowledge about dagga and therefore they did not accommodate their behaviour. The findings are not in line with the findings of Stadtherr (2011:17) who found that parents of adolescents who use drugs had more knowledge about substance use and a better understanding of drugs in society.

One participant, whose parents are educated and informed, had a different view. He reported that his parents accommodated his drug use; they did not openly condone this behaviour nor did they directly confront him. He believed that they didn't really judge his behaviour and are liberal in their approach.

"My parents, I think they know that we do it, but they never confronted us directly. It is more like, implied rules and so on… I think they have a more liberal view, being more academic…Actually looking at the research. They understand a bit more."

This finding is in line with claims by Stadtherr (2011:18) that adolescents who abuse substances perceive their parents to be more tolerant toward substance abuse.

Sub-theme 3.3: Effects of dagga on schools

The evidence showed that seven of the participants were of the opinion that dagga use affected children's behaviour at school. Participants commented that children

who used dagga missed classes or caused disruption in class. These findings are evident in the following statements:

> *"…bunking will occur which will result in losing learning time and being caught could lead to expulsion."*
>
> *"Bunking. Disrespecting teachers. You try to be against the teacher."*
>
> *"It affects the children because children miss classes."*
>
> *"Because smoking weed they either expel you or you're losing a lot of learning time. And you'd bunk classes of course."*
>
> *"And I also think that what people are not realising is that it's gonna cause disruption. Yes Ma'am, because in class, like some people when they smoke they can't focus so just imagine if you see the lights, and the teacher is high, just imagine they cannot be able to teach the class, and then everybody is busy laughing in the class."*

The findings are in line with the findings of various authors (Jiloha, 2009, 170; UNODC, 2012b:11) who agree that dagga use contributes to behavioural problems displayed by learners in schools.

Two participants furthermore commented on the reputation of a school. The participants are of the view that the school will become known as a school with a high incidence of dagga use. The participants remarked as follows:

> "*It all goes back to reputation, again."*
>
> *"Well I think if it comes into a school then there will be lots of problems because more and more children in a certain school will start to smoke it and children who are not in this school will think, OK, in this school children smoke a lot of dagga there… Ja, reputation of the school*."

These findings are in line with Bezuidenhout (2013:80) who emphasises the importance of having a school that is well managed and has a good reputation to discourage criminal elements and illicit behaviour such as dagga use. Furthermore, Van Zyl (2013:584) is of the opinion that the perception of learners that there is a high incidence of drug use among peers will lead to an increase in drug use.

Contrary to this finding, two participants mentioned that as far as they were aware, dagga use had no negative effects on the school.

> "…*and like they can control themselves and whatever. So that's why it's not a problem."*
>
> *"It's not a problem. It's popular, so like everyone does it. It's not a problem."*

The perception of these participants is contradicted by the argument of Flisher et al. (2010:249) who state that dagga use affects academic performance, which in turn affects the school drop-out rate.

Sub-theme 3.4: Effects of dagga on a community

The findings indicated that dagga use will have an effect on communities where people experience a sense of community. Two participants mentioned that people who use dagga will attract criminal elements into a community and that theft might become a problem because drug users need money to sustain their behaviour.

> *"I don't know; I think the more children smoke, the more it will move into the community. And the more people who smoke it the more people who sell it will move into the community. They will sell. And I think if there are like drug dealers who move into the community or into the neighbourhood there will be trouble… And then if children want to buy, because kids don't have an income, but they also need money, then they might start stealing from their friends and their families and sell the stuff to get money."*
>
> *"And then the money that they will need… theft maybe in a community."*

The findings are in line with Morojele et al. (2009:195,196) who state that dagga use is a burden on the health, social welfare and criminal justice systems. Moreover the Gauteng Department of Community Safety (2014:17, 20) confirms that the more a drug is available in large quantities in a community the more youth get attracted to using it, which leads to an increase in theft.

In contrast to this view, some participants indicated that dagga use would have no effect on a community, since they viewed their communities as having no 'sense of community', that the people only cared about their own problems and lived in isolation from each other. The following comment supports their perceptions:

"Communities, it really doesn't have any effect 'cause everybody's, they just give a damn about their own things. They have their own problems. That dude smoking on the street, that is not their problem."

"It's nobody even gets out in their communities anymore. So people are just calm, you know, they don't care."

Peltzer and Ramlagen (2007:127) confirm the evidence presented above, asserting that many adolescents and young people do not perceive dagga as a drug that gives rise to problems. It is seen by participants as a relatively safe drug that has an impact on the individual, but does not significantly affect the community. Various authors (Jiloha, 2009:170; Moodley et al., 2012:2; Parry & Myers, 2014:399,400; Peltzer & Ramlagen, 2007:127; UNODC, 2012b:11), however, maintain that adolescent substance use has a number of adverse consequences on society.

Although different opinions exist on the levels of effects, the drug has an effect on individuals, families, schools and communities. Findings show that dagga use is accompanied by several risks.

Theme 4: Risks involved in dagga use

The findings indicate that participants did not perceive dagga use as posing any real risks. The participants were of the opinion that there was nothing wrong with using dagga. The only risks identified were getting caught, and facing the consequences from authorities, the school and parents. Participants furthermore indicated that dagga was not addictive and that a user could choose when to stop using the drug.

Sub-theme 4.1: No risk involved in using dagga

Despite the participants' awareness of negative effects of dagga, they did not perceive anything wrong with using the drug or with other people using it. The following statements express these views:

"I believe that weed is not that wrong."

"'Cause I personally don't have a problem with people who use weed."

"I really don't think it is a bad thing. If I think about it carefully… It is, I really do not think it is a bad thing."

This indicates that the participants view dagga use as low-risk behaviour that is socially acceptable. UNODC (2012b:17) confirms this, pointing out that attitudes towards dagga use are softening. Moreover, Wu et al. (2015:79) confirm that there is a distinct decline in the perceived risks relating to dagga use, as the youth find it more and more acceptable.

In addition, one participant believes information on the negative effects of dagga use is the result of a hidden agenda by government who wants to instil fear in young people. He remarked:

> *"And they make that legal, and then, this [referring to dagga] is illegal. Then they [government], just come up with things for marijuana, all those risks on the internet, just for parents and drug abuse sites and all that they can scare you."*

The Anti-Drug Alliance (2012:27) supports this view, stating that "propaganda" creates the idea that drugs are bad, but then the reality of what adolescents witness and read on the internet contradicts this. They see peers use dagga and they experiment with dagga yet they do not get addicted or experience any of the negative effects of which they are told. This leads adolescents to question and challenge what they are told about dagga, what they experience and their opinion about dagga use.

Sub-theme 4.2: Fear of getting caught

Research findings indicate that the most significant risk relating to dagga use involves getting caught by parents, the school or by the police. Participants are of opinion that, if dagga use was not illegal in South Africa, there would not be any other risks involved in using the drug. The fact that it is illegal does however pose a threat because getting caught by the authorities may have negative consequences for participants' future, such as being arrested and having a criminal record. This finding is based on the following statements:

> *"OK, the risks that shouldn't be there…Is, getting arrested for it."*

> *"Like maybe when you smoke it, you see, there are the police they are standing there so you panic, so you can feel scared or something... When you smoking it can get you into a lot of trouble and there can be court cases."*

"You will end up in jail because it is still illegal in this country."

"You'll get caught. And then you will not be anywhere in life. You'll learn so much of the hard life that you will not even try to find a job for yourself."

Parry and Myers (2014:399) confirm the evidence stating that although dagga is widely available to purchase, it is not without risk of arrest because it is currently illegal to possess cannabis or trade in it in South Africa.

In contrast to fear of the law that was evident in the findings, one participant indicated that he was not afraid of the law because a policeman can visibly be identified and therefore be avoided. He said:

"No, I uh, don't think children are fearful of being caught by the law… Because the law, I mean it's a guy in a blue uniform. So don't do it here, do it there."

Additionally, three participants did not exclude fear of the law, but they explicitly referred to fear of being caught by their parents.

"Ja I think it is more fear of my parents and for the law and…"

"And when you get home, you get scared because it smells on your hands. Maybe your parents will smell it."

"They would be more fearful of being caught by their parents."

Morojele et al. (2012:202) support these perceptions. They believe that increased child monitoring by parents could lead to adolescents being more cautious to use drugs because they fear the consequences. Moreover, the risk of being caught by the school system became evident in the findings. Participants commented that they were at risk of being caught at school and fear that they would have to face negative consequences such as suspension or expulsion.

"They do drug tests. They will know that you were smoking. So people leave smoking and one stops smoking for quite some time if maybe there's a drug test at the school… That is very hot, inside the school. And everyone just stops smoking. Scared of getting caught."

"And if you get caught there is a possibility that you will be suspended from this school."

"Yes they will expel you if you smoke at the school."

It is evident that the school attended by participants enforce an anti-drug stance because learners are aware of testing that occurs and they perceive getting caught by the school as a real risk. Bezuidenhout (2013:80-83) explains that a well organised school environment where order is maintained and teachers enforce discipline, can be seen as a protective factor regarding youth misbehaviour.

Sub-theme 4.3: Not addictive

The view among participants is that dagga is not addictive. The general perception is that dagga users can apply their minds at any given time when they want to stop using the drug. The quotes below motivate the view of eight participants who indicated that dagga was not addictive:

"I'd have to agree that I don't think it's addictive because these people would go for months without it. And that… So I don't think it's addictive by seeing how hum, ah, some of my friends use it. They not like, hum, I have to use it now, or whatever."

"I don't think it is addictive because I've used it like once or twice but I don't feel like I have to use it now. And other people as well. I can see it constantly."

"Uh, ja, but he said it is not addictive and uh I know of two guys who stopped using it when they wanted to. They didn't struggle with it. They just said they want to stop so they stopped."

"And it doesn't have any withdrawal symptoms. You can just leave it at any time."

"*But if you just forget about it and just concentrate on other things you are fine."*

"*But it's not like crack or anything. With crack you get addicted. I argue with that. I argue with all forms of addiction, so that you, you cannot get addicted to something. It's all in you, you can be 'my body wants this' but it's all in you, 'No; you want that' No, no it's not addictive."*

The key finding is that adolescents do not see dagga as being addictive because participants reported that people could make a decision to stop using it. The research by UNODC (2012b:6) does not correspond with the findings of this study. They estimate that one in nine dagga users will become dependent, and that those who start using dagga during adolescence have an increased chance of one in six to become dependent on dagga. Hurd et al. (2014:416) support the fact that dagga is seen to be less addictive than other substances.

Three participants qualified their viewpoints on the addictive nature of dagga. They said they believed that dagga was not addictive except under specific conditions, namely: when you cannot apply your mind, if you cannot justify why you use dagga, and if dagga use has negative consequences. The remarks below support these findings:

> "*It is addictive in a sense of when you put your mind to it. You just wake up and you feel OK, now I have to smoke. So that way it is addictive."*
>
> "*So, it becomes an addiction when you can't explain why you smoking weed…I can go like five weeks, or a year. And stuff."*
>
> *"It, it becomes, for me addiction if it is… if the implications in your life are quite bad, especially for yourself. If that becomes the addiction, if you cannot support it financially. Then it becomes that addiction, because now you will do anything to get money to have it. And then, if it makes you, if it changes you as a person, but in a wrong way where people will like…They just, where you notice it for yourself. Like, "OK, what I'm doing right now is not what I used to do".*

The above comments qualify why the participants deem dagga to be addictive in some instances. Menghrajani et al. (2005:478) found that adolescents considered dagga addiction in terms of the way in which the individual uses it and the extent to which it disturbs the user's mental functioning.

A different view held by two participants is that dagga is addictive on a psychological level. They stated the following:

> *"It is something that you can get addicted to."*

> *"You know it's gonna end up ruining their futures because they don't think about anything but marijuana, but that substance. Do you understand? It's a psychological thing."*

The finding that the participants perceive dagga use to be addictive in some cases, is in line with various authors (Degenhardt & Hall, 2012:66; Wu et al., 2015:80) who agree that dagga is addictive, at least to some degree.

Despite the negative effects and the risks accompanying dagga use, several benefits were identified.

Theme 5: Perception of benefits

The participants indicated that dagga use had some benefits. The most significant benefit reported related to social interaction. Participants were of the opinion that dagga helped them to connect with peers and to socialise and have a good time. They also perceived dagga as having benefits relating to health issues such as the treatment of diseases like cancer and AIDS. The psychedelic effects of using dagga were also discussed. Participants indicated that they enjoyed the experience of being under the influence of dagga in the following contexts:

Sub-theme 5.1: Social benefits

The participants indicated that they found people to be "*a lot nicer*" when they were under the influence of dagga, they socialise easily, and they talk without feeling inhibited. Participants furthermore accounted that they related easier with people who also smoked dagga. The statements below elaborate on the participants' accounts of the social benefits of using dagga:

> *"But it's just the thinking that it's just better when you're with friends. You know. You get to talk and to … I like talking. And you get to talk a lot. Get to say stuff, whatever you are thinking. Make jokes."*

> *"Yes it can, it makes you, it introduces you to new people…But you smoke at parties, you smoke with someone from somewhere else. And then, you guys might end up doing something together."*

> *"Trying to make a friend, to laugh and have fun by smoking."*

> *"The first people that I will go to, I will go to the people who, what I can see smoke what I smoke. Because they will immediately have a relationship, because we'll be thinking on one, level. Cause we're thinking… OK, this is how one who smokes marijuana thinks. And then we can have that relationship immediately. We can click."*

> *"Like, for a person who doesn't smoke weed. And you tell them a certain thing in your own perspective; they won't see your perspective… Once you start smoking weed with them you will have a clear vision of what they are thinking about."*

In line with these findings, Rocha-Silva (in Van Zyl, 2013:581) states that adolescents have been found to use dagga to gain confidence in dealing with people. Additionally, many dagga users claim that dagga makes them more talkative and outgoing in social situations (Degenhardt & Hall, 2012:56; Fox, Armentano, & Tvert, 2013:21).

The findings are furthermore in line with the following statement by The Independent Scientific Committee on Drugs (2014): "Dagga can change consciousness that leads to unusual abstract thoughts, ideas or memories and it can make people feel that they reach new levels of understanding and connection beyond what they normally would". This evidence supports accounts provided by participants who feel that they can connect better with others when they are under the influence of dagga.

Sub-theme 5.2: Medical benefits

The participants identified possible medical benefits of dagga such as treating some diseases. The quotations below express these findings:

> *"But medical doctors have said medical marijuana can cure some diseases."*

> *"Hum, I'm not quite sure about the benefits… I know that they use it for quite a few medical reasons. Reducing anxiety, they're now looking to cure ADHD with dagga, but other than that I don't know."*

> *"You know it was actually at that time when he [my grandfather] was ill. Then apparently, they gave him a cup of soup and then they had the marijuana in there that he drank it and then, he was OK."*

"Uh, and then there are also the good things, which weed is also good for your muscles… And health in general."

"I know it helps against cancer."

As is evident from above, participants are aware of some of the medical benefits of dagga such as curing cancer, anxiety and ADHD. The findings are in line with Boyd, Veliz and McCabe (2015:241) and Du Plessis et al. (2013:144-161) who found that dagga can be used in the treatment of a number of medical conditions including nausea, vomiting, epilepsy, generalised pain, glaucoma, multiple sclerosis and AIDS. Though many studies have been carried out to explore the positive health benefits of dagga, Parry and Myers (2014:399) warn that conclusive evidence is still lacking.

Sub-theme 5.3: Psychedelic experience

All participants who smoked dagga commented that they found the experience enjoyable. They described basic emotions such as happiness, joy and relaxation. The findings are demonstrated by the following statements:

"It was nice. I enjoyed the feeling; all the time."

"And then you want to be happy, because it puts you in a happy mood."

"So, the benefits also I would say, that you'd laugh at anything. It's fun to laugh."

"But I have done it once, and it wasn't that bad, it was actually a great experience."

"And it was very 'lekker'.

"Some people say, like, when you like on top? It's like you smoked a whole, bankie [small plastic bank bag filled with dagga]. *They say it's like being electrocuted."*

UNODC (2015:4) confirms that dagga users typically report the feeling of euphoria and relaxation because of elevated serotonin levels. In addition, Leihy (2013:10) states that the major effects of psychedelic drugs are relaxation and ecstasy.

3.8 Summary

This chapter presented the research methodology, ethical aspects that were adhered to and the empirical findings and interpretation. Included in the research

methodology was the research approach, the type of research, the research design, research population, sample and sampling methods, the data-collection method, pilot testing, data analysis, trustworthiness and ethical aspects. The empirical findings consisted of a presentation of the biographical details followed by data interpretation which was described in terms of themes and sub-themes.

The first theme related to adolescents' knowledge of dagga, specifically how they conceptualised dagga as a drug in terms of its effects, the sources of information about dagga and the integrity of the various sources.

The next theme revealed reasons why adolescents use dagga. These include feeling relaxed and happy, escaping the realities of life, experimenting with new behaviours and dagga being considered as socially acceptable behaviour. Dagga was further found to be seen as a better alternative to alcohol.

Effects of dagga use were further established as a main theme with participants identifying various, mostly negative, effects of dagga at individual, family, school and community levels. Though participants indicated an awareness of the negative effects, they still did not view dagga use as high-risk behaviour, which is a sub-theme of the next theme. Regarding participants' opinions of the risks involved in using dagga, they reported that the only risk they were aware of was getting caught. Moreover, dagga was not seen to be addictive.

Benefits of dagga use comprised three sub-themes, namely social benefits, medical benefits and the psychedelic effects of dagga.

The next chapter focuses on conclusions and recommendations based on the research findings.

CHAPTER 4: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

In this study, the researcher explored the views of adolescents regarding the impact of dagga use. This chapter concludes the research report by indicating how the goal and objectives of the study were achieved. The key findings of the research are also summarised and conclusions and recommendations based on the research findings are presented.

4.2 Goal and objectives of the study

The goal of this study was to explore the perceptions of adolescent boys regarding the impact of dagga use.

The relevant objectives that were pursued in order to achieve this goal included the following:

- To theoretically conceptualise and contextualise dagga use by adolescent boys
- To explore and describe the causes of dagga use among adolescents
- To explore and describe the knowledge of adolescent boys regarding the effects of dagga use
- To explore and determine adolescent boys' perceptions regarding the effectiveness of available substance abuse prevention services
- Based on the findings, to make recommendations regarding adolescent boys' views about dagga use.

The achievement of each objective is discussed in detail below.

Objective 1: To theoretically conceptualise and contextualise dagga use by adolescent boys

This objective was achieved through an in-depth literature review, as presented in Chapter 2. The person-centred theory was discussed as the framework in which the study was grounded. The focus was on adolescence as a developmental phase where physical, cognitive, social, emotional and moral development was described

in terms of the effect it has on adolescents' behaviour. All these areas of development are interlinked and have an impact on adolescent dagga use.

In addition to adolescents' development phase, other factors were found to have an effect on dagga use among adolescents. These factors could either act as risk factors or as protective factors which buffer the risk factors. In considering possible risk and protective factors, it was deemed necessary to present the actual extent of dagga use among adolescents in South Africa and how adolescents viewed dagga in relation to the context they live in.

Legislation, policies and procedures that are in place in South Africa have an impact on the extent of dagga use and on how adolescents perceive dagga use. These include Acts that make dagga use and trade illegal in South Africa, Acts that guide criminal procedures in the legal system, Acts responsible for the formulation of prevention programmes, and Acts that direct schools on how to deal with dagga use.

The Minister of Social Development appointed the Central Drug Authority to oversee a National Drug Master Plan (2013-2017) with the goal of preventing drug use. The plan was therefore presented along with current intervention strategies that are guided by the legislative and practice framework in the country. Despite a variety of initiatives aimed at preventing dagga use, this behaviour was still found to have a significant impact at micro-, exo-, meso-, and macro levels.

Objective 2: To explore and describe the causes of dagga use among adolescents

This objective was achieved using the literature study presented in Chapter 2. As mentioned above, certain factors can lead to increased risk of using dagga. Factors relating to the individual, peers, school, family, the community, society, the political environment, culture and the media can either contribute to adolescent drug use, or it can serve a protective role, thus increasing resilience to abstain from using dagga. Moreover the views of adolescents about dagga play a significant role and it was found that a decreased perception of risk relating to dagga use leads to an increase in its use.

In addition, adolescent boys' views about the reasons for dagga use among youth were explored during the empirical study. The findings of this enquiry are presented

in Chapter 3, specifically under section 3.6.2, theme 2: sub-themes 1, 2, 3, 4 and 5. Participants indicated their reasons for using dagga as being a way to relax and escape reality and as a part of forming a social identity. The also wanted to experiment with new behaviours, since using dagga is seen as socially acceptable behaviour, and because they see it as a better alternative to alcohol.

Objective 3: To explore and describe the knowledge of adolescent boys regarding the effects of dagga use

The effects of dagga were discovered through the literature review and the empirical study. The literature review indicated that dagga use has health, psychological, educational, economic and social consequences. Research pertaining to the health benefits and risks relating to dagga use is open to discussion with many possible benefits, but also possible harmful effects being reported. Health benefits include dagga's contribution towards curing or alleviating symptoms of certain diseases, but it is also associated with diseases such as cardiovascular conditions and cancer.

Psychologically, dagga has been reported to cause certain dependence disorders that could result in mental disorders. It furthermore leads to cognitive and behavioural impairments that have a negative effect on school work. In addition, adolescents need money to sustain their drug use, which could lead to theft and other criminal activities. It is also indicated that dagga use could lead to conflict in families and a break down in relationships.

Moreover, the empirical study explored adolescents' views of the impact of dagga use. Findings indicated that participants' perceptions included negative effects on individual, family, school and community levels. Individual effects comprised negative physical, cognitive and behavioural consequences. The viewpoint was that relationships in a family suffered and emotional harm was inflicted because of dagga use.

Furthermore academic work suffered and the reputation of the school was negatively affected as a result of dagga. Lastly, the community was seen to be negatively affected mainly when members of the community experienced a sense of unity and neighbourliness. These findings are presented in Chapter 3 under section 3.6.2, theme 3: sub-themes 1, 2, 3 and 4.

Risks and benefits described in the empirical findings further highlights adolescents' views of possible effects of dagga use. The viewpoint that dagga does not pose any risk except for being caught, and that dagga is not addictive were recorded and presented in section 3.6.2, theme 4: sub-themes 1, 2 and 3; and also theme 5: sub-themes 1, 2 and 3.

Objective 4: To explore and determine adolescent boys' perceptions regarding the effectiveness of available substance abuse prevention services

This objective was successfully achieved by exploring adolescents' knowledge of dagga, the sources of their knowledge and their opinions about the credibility of these sources. Findings indicated that adolescents saw dagga as a beneficial drug due to its pleasurable effects. They base their knowledge on information from peers, families, schools and their communities. Adolescents do not regard parents, teachers, schools or awareness campaigns as reliable sources of information about dagga use, as they believe these sources have hidden agendas and do not provide them with the real facts. These findings are presented in section 3.6.2, theme 1: sub-themes 1, 2 and 3.

Objective 5: To draw conclusions and make recommendations based on the findings regarding dagga use among adolescent boys'

In this chapter, conclusions are drawn and recommendations are made based on the findings to individuals, families, schools and the Gauteng Department of Education to adjust intervention strategies which address the problem of dagga use. The recommendations are made based on adolescent boys' awareness and knowledge about the effects and impact of dagga. Moreover, suggestions are made for further drug-related research. These are presented in Chapter 4 section 4.5.

The key findings and subsequent conclusions of the study are discussed in the next section.

4.3 Key findings and conclusions of the study

The key findings, which emerged from the research and which are supported by the literature study, are discussed below. The focus of the findings is on adolescents' knowledge of dagga, the sources of knowledge, the reasons for dagga use, and the

effects of dagga on individuals, family, the school and the community. The anticipated risks involved in dagga use and the possible benefits of using dagga are also included. Conclusions drawn from the key findings are also presented.

Table 3: Key findings and conclusions

4.3.1 Knowledge about dagga and credibility of sources of information	
Key findings	**Conclusions**
• Participants demonstrated an awareness that dagga is a drug derived from the dried leaves of a plant. • Dagga is defined in terms of its positive psychedelic effects. • Participants received information about dagga from their peers, families, schools and the communities where they live. • Personal experience and research from resources such as the internet are considered as the most dependable sources of information about dagga. • Peers also proved to be a reliable source of information about dagga use. • In contrast, parents are not considered to be reliable sources of information about dagga. • Information from teachers and schools are perceived to be biased and inaccurate and therefore not trustworthy. • Information from sources such as teachers, schools and parents are perceived to instil fear rather than to provide accurate, objective facts.	• Adolescents conceptualise dagga as a drug that has positive effects. • Adolescents realise that there are some negative effects, but are sceptical about the credibility of the information they receive about dagga from their parents and from the school or other authority figures; this information seems to contradict what they learn through experience and modelled behaviour from peers.

• Awareness campaigns are discredited, disregarded and questioned.	

4.3.2 The reasons for using dagga

Key findings	Conclusions
Several reasons for using dagga were given namely: • It makes you feel happy and relaxed. • Participants take pleasure in smoking dagga at parties as it contributes to a sociable state of mind. • Dagga is used as a means to escape reality and to cope with stress. • Social identity formation is one of the main reasons for using dagga. • Peer pressure is furthermore reported as a reason to start using dagga. • Adolescents' desire to experiment with new behaviours is also a motivating factor. • Dagga is viewed as socially acceptable. • Dagga is perceived as a safer alternative to alcohol; this also contributes to it being a drug of choice for adolescents.	• Through personal experience, participants concluded that dagga use had the following positive consequences: feelings of euphoria and relaxation, helps them to cope with challenges faced as part of the adolescent phase. • Typical of this development phase, adolescents want to experiment with substances such as dagga so that they can learn through testing new behaviours. • The context in which adolescents live contributes to their decisions about dagga; they learn from their environment that dagga use is socially acceptable.

4.3.3 The effects of dagga on the individual

Key findings	Conclusions
• The physical effects of dagga on individuals are reported as weight loss, fatigue, red eyes and premature ageing.	• Dagga use has some negative physical, cognitive and behavioural effects on the individual in general,

• Effects of dagga on cognitive functioning include a lack of concentration and impaired brain development. • Effects of dagga use on behaviour include irresponsible behaviour as a result of peer associations being formed with dagga-using peers, which may negatively influence adolescents' behaviour.	but no personalised accounts of negative effects on participants were acknowledged.

4.3.4 The effects of dagga on the family level

Key findings	Conclusions
• Dagga use was found to cause emotional distress and tension in parents. • Parents are disappointed when they discover that their children use dagga and consequently mistrust their children. • The reputation of parents and family is negatively affected. • Participants believe that parents exaggerate the effects of dagga use on families due to parents' lack of knowledge about dagga.	• The negative impact of dagga use on the family relates mainly to parents who are fearful that it may harm their children or who witness undesirable changes in their children's behaviour and school work. • The negative impact of dagga on the family is regarded as unjustified because parents are perceived as being ignorant or misinformed about dagga.

4.3.5 The effects of dagga on the school level

Key findings	Conclusions
• Learners miss classes, their ability to concentrate is impaired, they feel tired and they lose interest in school work as a result of dagga use.	• Although negative effects of dagga at in schools were reported, these did not deter the learners from using dagga.

• Dagga use causes disruptions in class. • The reputation of a school is negatively affected because of dagga use. • Participants indicated that delinquent behaviour would increase because of the bad reputation of the school.	

4.3.6 The effects of dagga on the community level

Key findings	Conclusions
• It was indicated that dagga use in a community would lead to an increase in other criminal elements, which could, in turn, result in elevated crime levels. • However, it was found that a community would only be affected by dagga use if there was a sense of unity in the community, while it would not have a negative effect if community members lived isolated from the community.	• Despite an awareness of possible negative effects such as an increase in criminal activities, participants were not aware of any negative effects on their communities resulting from their dagga use; this was due to the fact that they did not experience a sense of unity in their communities.

4.3.7 No risks involved in dagga use

Key findings	Conclusions
• Findings indicated that participants did not perceive dagga use as being wrong. • Participants viewed dagga as being low-risk and socially acceptable behaviour. • Participants perceived government programmes and campaigns as efforts to instil fear in young people, viewing them as having their own hidden agendas.	• Despite an awareness of the negative effects of dagga use, participants did not perceived it as high-risk behaviour. Their personal experience and modelled behaviour led them to believe that there was nothing wrong with using dagga and that it was in fact socially acceptable. Sources indicating that dagga use poses a high risk are

	perceived as not credible or accurate.

4.3.8 Fear of getting caught

Key findings	Conclusions
• Participants perceived one of the main risks involved in using dagga as the risk of being caught and prosecuted by law enforcement authorities. • Participants also reported the fear of consequences when their parents discover that they used dagga. • In addition, participants feared being caught out at school and facing consequences such as expulsion.	• Being caught for using dagga is the most significant risk linked to dagga use since it may have concrete and, viable negative consequences on adolescents' lives.

4.3.9 Dagga is not addictive

Key findings	Conclusions
• Dagga is not considered an addictive drug; participants reported that they could make a cognitive decision to stop using it whenever they wanted to. • Three conditions under which dagga could be described as addictive were reported, namely when the users cannot think clearly, cannot justify their dagga-using behaviour, or if their dagga use had negative effects on their lives.	• Participants did not recognise dagga addiction as being negative or a risk factor in their own lives; they only considered dagga as being addictive under certain conditions which they believed did not apply to them.

4.3.10 Perception of benefits	
Key findings	**Conclusions**
• One of the social benefits of dagga use is increased confidence during social interaction with people. • Medical benefits of dagga include curing diseases like cancer and treating anxiety and ADHD. • Participants also reported a positive psychedelic experience as a benefit of dagga use, describing it as feeling happy and relaxed, and having fun directly after consuming dagga.	• Although awareness of the medical benefits of dagga was mentioned, participants were mainly aware of the benefits they personally experienced, such as an enhanced ability to socialise and the direct physical and psychological benefits of being under the influence of dagga.

4.4 Recommendations

4.4.1 Individuals

- Adolescents should educate themselves on the positive, as well as the negative effects of dagga to enable them to make informed decisions. Many adolescents have access to the internet where they can find reliable sources.
- Adolescents can also obtain reliable information from clinics, school counsellors or school psychologists.

4.4.2 Families

- In dealing with dagga use, families should take adolescents' perceptions into account and avoid being confrontational, as this may lead to resistance and hostility towards the family.
- Parents must use reliable and unbiased sources to educate themselves about the effects of dagga and should be aware of arguments that support dagga use, as well as those that do not; in gaining such knowledge, they will be better equipped to engage in conversations about dagga and they will be regarded as credible sources of knowledge.

- Parents should promote positive, caring relationships and open communication with their adolescent children by listening to them, asking questions, valuing their opinions, offering support and praise, and by being involved in their lives. This will facilitate open conversations about issues such as dagga.
- Stronger parent-child attachments act as a protective factor against adolescent delinquent behaviour. Parents should thus focus on bonding with their children by engaging in age appropriate activities and spending quality time with them whenever possible.
- Research shows that adolescents whose parents use effective monitoring practices are less likely to make poor decisions, such as taking drugs. Parents should know where their children go and who their friends are. They should set and enforce rules for their children's behaviour, clearly explaining the rules and consequences and follow through when the rules are broken.
- Parents should encourage their children to participate in positive recreational activities and sports which could facilitate social skills development and provide opportunities for healthy relaxation.

4.4.3 Schools

- Schools should be aware that dagga use continues to increase and is viewed as acceptable behaviour by adolescents.
- An innovative, fact-based and well-researched approach to drug education should be implemented from primary school onwards.
- This approach should be combined with life-orientation classes that equip learners with social skills and relaxation techniques to help them manage and reduce stress levels. They should also be encouraged to participate in sport and recreational activities such as music, art, drama or dancing.
- Based on the fact that adolescents do not view teachers as reliable sources of information about dagga, teachers should educate themselves about the positive, as well as negative effects of dagga and take adolescents'

developmental stage into account to facilitate informed, age appropriate discussions about dagga.

- When educating adolescent learners about dagga, they should be encouraged to participate in discussions and to share their perceptions instead of confronting them with all the negative factors. Further education could then be built on existing knowledge and mutual trust.
- Based on the fact that getting caught at school was perceived as a risk, schools should continually enforce regular drug tests along with other preventative measures such as fact-based information.
- Peer-led intervention strategies could prove to be valuable as peer influence was found to play a significant role in learners' decisions whether or not to use dagga. Older peers could mentor younger peers or support groups could be formed.
- Scare tactics should be avoided as these have proved to be ineffective. Instead, positive values should be instilled in learners and efforts should be made to boost their self-esteem to equip them with the necessary wisdom and discernment to resist negative influences.
- School policies and procedures regarding learners who test positively for dagga use should be applied with a holistic approach in mind. Teachers, school counsellors or psychologist, parents and learners should all work together to ensure the best possible intervention and/or remedial strategies.
- A concerted effort should be made to communicate and explain the policies and procedures to all parents and learners.

4.4.4 Gauteng Department of Education

- Dagga use, which is becoming increasingly prevalent among adolescents, has a detrimental effect on school performance and drop-out rates. The department should therefore implement evidence-based, awareness programmes that are well researched, grounded in theory and focused on adolescents' dagga use, in all schools.

- In accordance with the person-centred approach, the department should take adolescents' frame of reference into account, such as peer pressure, home environment and socio-economic background when planning intervention strategies.
- Intervention programmes to improve social skills, build self-esteem and instil positive values may be useful in assisting adolescents to deal more effectively with peer pressure and stressful circumstances, which in turn will equip them with the emotional strength to say no to drugs such as dagga.

4.4.5 Social workers and other professionals outside the school context who are involved in drug rehabilitation

- All professionals who work with youth should adopt a collaborative approach to effectively address the challenges of dagga use among adolescents.
- Partnerships should be established with schools, parents and other relevant professionals to address the challenges of dagga use cooperatively.
- Adolescents' perceptions should be considered in the planning of anti-drug awareness campaigns and drug prevention strategies, especially since the findings of this study revealed that adolescents view dagga as socially acceptable and low-risk behaviour despite their awareness of the negative implications of dagga use.

4.4.6 Further research

- There is a need for further research among a wider population and on a larger scale to obtain accurate data on adolescents' perceptions about dagga use and its challenges; this will assist government and other relevant organisations in amending and improving existing policies, campaigns and intervention strategies.
- Further studies could also focus on younger children who have not used dagga and who have not yet experienced pressure to use it. Their perceptions should be explored to facilitate the development of early intervention strategies.

- More current research could be conducted on the effects and implications of dagga use in South Africa so that accurate, unbiased, and up to date information from reliable sources could be provided to youth in such a way that they will be motivated to make responsible choices.

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Addendum A – Semi-structured interview schedule

SEMI-STRUCTURED INTERVIEW SCHEDULE

Biographical details

How old are you?

In which grade are you?

Who are you currently living with?

Do any members of your family members use drugs?

Theme 1: Knowledge and myths about smoking dagga

What do you know about dagga?

Do you know of any myths around dagga use?

Theme 2: The reasons for starting to smoke dagga

What are the main reasons you/other children start to smoke dagga?

What role do you think peer pressure plays?

Theme 3: The risks and benefits perceived regarding the smoking of dagga

What risks are you aware of regarding dagga use?

What benefits of dagga do you know of?

Theme 4: The effects smoking dagga has

What effect does dagga have on someone who smokes it?

How can a family be affected by this behaviour?

How will a school be affected if children use dagga?

What will be the effect on the larger community if children smoke dagga?

Addendum B – Assent form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Mrs Magdalena Van Niekerk
Tel: 072 5164398
E-mail: magdaleen@gmail.com

60 Tom Jenkins Drive
Rietondale
Pretoria
0084

ASSENT FORM

Title of study: The perceptions of adolescent boys regarding the implications of dagga use.

Purpose of the study: To explore the perceptions of adolescent boys regarding the implications of dagga use.

Procedures: I understand that I will be required to participate in a semi-structured interview that will require approximately 60 minutes of my time.

Risks and discomfort: I understand that there are no known risks and discomfort that I may be exposed to in participating in this study. If I experience any psychological distress at any time during the research study, I will inform the researcher. I expect the researcher to then arrange counselling for me with a suitably qualified counsellor.

Benefits: I understand that there is no direct financial benefit to me for participating in this study. However, my participation in this study will help the researcher to communicate the perceptions of youth regarding dagga use to schools so that they might be able to develop effective preventative programmes for youth in South Africa.

Participant's rights: My participation in this study is voluntary and I may withdraw my participation at any time without any negative consequences.

Confidentiality and anonymity: In order to record accurately what I will say during the semi-structured interview, a digital recorder will be used. The recordings will only be listened to by the researcher and authorized members of the research team. The information received from me will be treated confidentially and my identity will not be revealed. Should I withdraw from the study, my data will be destroyed. The results of this study may be published in the researcher's thesis, professional journals or presented at professional conferences, but my identifying details will not be revealed unless required by law.

Data storage: The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If anyone wishes to use the data, it will only be allowed with my informed consent and the permission of those who participated in the study.

Person to contact: If I have any queries or concerns, I understand that I can contact Mrs Magdaleen Van Niekerk on 072 5164398 at any time. I understand my rights as a research participant and I voluntarily give my consent to participate in this study. I understand what the study is about and how and why it is being done. I have received a copy of this consent form.

Declaration

I, ……., hereby voluntarily give my consent to participate in this study. I understand what the study is about and how and why it is being conducted.

----------	----------	----------
Date	Place	Participant's signature
----------	----------	----------
Date	Place	Researcher's signature

Addendum C – Consent form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Mrs Magdalena Van Niekerk
Tel: 072 5164398
E-mail: magdaleen@gmail.com

60 Tom Jenkins Drive
Rietondale
Pretoria
0084

Name of institution: University of Pretoria

INFORMED CONSENT FORM

Title of study: The perceptions of adolescent boys regarding the implications of dagga use

Purpose of the study: To explore the perceptions of adolescent boys regarding the implications of dagga use.

Procedures: I understand that my son will be required to participate in a semi-structures interview that will require approximately 60 minutes of his time.

Risks and discomfort: I understand that there are no known risks and discomfort that he may be exposed to in participating in this study. If he experiences any psychological distress at any time during the research study, he can inform the researcher. I expect the researcher to then arrange counselling for him with a suitably qualified counsellor.

Benefits: I understand that there is no direct financial benefit to me or my son for participating in this study. However, his participation in this study will help the researcher to communicate the perceptions of youth regarding dagga use to schools so that they might be able to develop effective preventative programmes for youth in South Africa.

Participant's rights: My son's participation in this study is voluntary and he may withdraw his participation at any time without any negative consequences.

Confidentiality and anonymity: In order to record accurately what my son will say during the semi-structured interview, a digital recorder will be used. The recordings will only be listened to by the researcher and authorized members of the research team. The information received from him will be treated confidentially and his identity will not be revealed. Should he withdraw from the study, the data will be destroyed. The results of this study may be published in the researcher's thesis, professional journals or presented at

professional conferences, but his identifying details will not be revealed unless required by law.

Person to contact: If I have any queries or concerns, I understand that I can contact Ms Magdaleen Van Niekerk on 072 5164398 at any time. I understand my child's rights as a research participant and I voluntarily give my consent for him to participate in this study. I understand what the study is about and how and why it is being done. I have received a copy of this consent form.

Data storage: The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If anyone wishes to use the data, it will only be allowed with my informed consent and the permission of those who participated in the study.

Declaration

I, ……., understand my son's rights as a research participant, and I voluntarily consent to him participating in this study. I understand what the study is about and how and why it is being conducted.

_____	_____	_____
Date	Place	Parent/guardian's signature
_____	_____	_____
Date	Place	Researcher's signature

Addendum D – Ethical clearance from the University of Pretoria

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Fakulteit Geesteswetenskappe

Ons verwysing: 99116512

19 November 2014

Mev M van Niekerk
60 Tom Jenkinsrylaan
RIETONDALE
0084

Geagte mev van Niekerk

TITELREGISTRASIE: STUDIERIGTING – MMW SPELTERAPIE

Dit is vir my aangenaam om u mee te deel dat die volgende goedgekeur is:

ONDERWERP: **The perceptions of adolescent boys regarding the implications of dagga use**

STUDIELEIER: **Mrs KP Mashego**

U aandag word in besonder op die volgende gevestig:

1. **TERMYN VAN REGISTRASIE**
   (a) U moet vir minstens een akademiese jaar as student vir die magistergraad geregistreer wees voordat die graad toegeken kan word.

   (b) U registrasie moet jaarliks voor April hernu word totdat u aan al die vereistes vir die magistergraad voldoen het. Geen herregistrasie sal na 31 Maart aanvaar word nie. U sal slegs geregtig wees op die leiding van u leier indien u jaarliks bewys van registrasie aan hom voorlê.

2. **GOEDKEURING VIR INDIENING**
   Vir eksamendoeleindes moet u voldoende eksemplare van u mini-verhandeling/verhandeling vir elke eksaminator by Studenteadministrasie indien, tesame met 'n skriftelike verklaring deur u geteken sowel as u leier dat hy/sy die indiening van die verhandeling goedkeur.

3. **KENNISGEWING VOOR INDIENING**
   U moet my asseblief ten minste drie maande voordat u beplan om u verhandeling/skripsie in te dien vir eksaminering, van u voorneme in kennis stel.

4. **VOORSKRIFTE IN VERBAND MET DIE VOORBEREIDING VAN DIE VERHANDELING/SKRIPSIE ASOOK DIE SAMEVATTING IS OP DIE KEERSY VAN HIERDIE BRIEF UITEENGESIT.**

Die uwe

nms **DEKAAN: FAKULTEIT GEESTESWETENSKAPPE**

Inligtingstegnologiegebou 2-9
Geesteswetenskappe Studente-administrasie
Universiteit van Pretoria
Privaatsak X20, Hatfield 0028
Republiek van Suid-Afrika

Tel: +27 (0)12 4202959
Faks: +27 (0)12 4202698

epos: jana.bezuidenhout@up.ac.za
Webtuiste: www.up.ac.za

Addendum E – Gauteng Department of Education research approval

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

For administrative use:
Reference no: D2015 / 096

GDE RESEARCH APPROVAL LETTER

Date:	28 May 2014
Validity of Research Approval:	28 May 2014 to 3 October 2014
Name of Researcher:	Van Niekerk M.
Address of Researcher:	60 Tom Jenkins Drive
	Rietondale
	Pretoria
	0084
Telephone Number:	072 516 4398
Email address:	magdaleen@gmail.com
Research Topic:	The perceptions of adolescent boys regarding the implications of dagga use
Number and type of schools:	ONE Secondary School
District/s/HO	Tshwane North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Recorded
2014/05/29

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. *The District/Head Office Senior Manager/s concerned must be presented with a copy of this*

Office of the Director: Knowledge Management and Research
9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0503
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.

2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*
4. *A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
5. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
6. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the site/s that they manage.*
7. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
8. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
9. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
10. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
11. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
12. *On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.*
13. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
14. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

.....

Dr David Makhado

Director: Education Research and Knowledge Management

DATE: 2014/05/29

Making education a societal priority

Office of the Director: Knowledge Management and Research
9th Floor, 111 Commissioner Street, Johannesburg, 2001
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Website: www.education.gpg.gov.za

Addendum F – School principal approval to conduct research

Clapham High School
est. 1948

P O Box 11160
Queenswood
0121

Soutpansberg Road
Queenswood
Pretoria
0186

3 December 2015

Best professor Duncan

ME. M VAN NIEKERK – MASTERS-STUDIES

Herewith permission is given to Me Van Niekerk to recruit participants from Clapham High school in order to conduct her research study for her Master's degree in Play therapy at the University of Pretoria. The title of the study is: *The perceptions of adolescent boys regarding the implications of dagga use.*

Mr HH Pieters
Principal

25/02/2014
Date

Me D. Visser
School Psychologist

25/02/2014
Date

#7327 P.002/002

27/02 2014 10:14