

**A social work analysis of the
substance abuse problem in
secondary schools in Mpumalanga**

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A social work analysis of the substance abuse problem in secondary schools in Mpumalanga

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“Wine is a mocker and beer a brawler; whoever is led astray by them is not wise.” Proverbs 20:1

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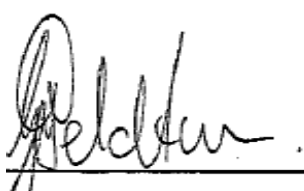
PREFACE

This manuscript is presented in an article format in accordance with Rules A.11.5.3 and A.11.5.4 as set out in the calendar of the North West University: Potchefstroom Campus. The context and technical requirements of the accredited professional journals *Social Work / Maatskaplike Werk* and *Maatskaplike Werk Navorser Praktisyn* were used as basis to formulate the articles.

I, Gezina Wilhelmina Feldtmann, declare that this dissertation is my own original work. Where secondary material was used, it was carefully acknowledged and referenced in accordance with University requirements.

I understand what plagiarism is and am aware of University policy in this regard.

SIGNATURE

A handwritten signature in black ink, appearing to read 'Gezina Feldtmann', is written over a horizontal line.

DATE: 1 DECEMBER 2010

OPSOMMING

TITEL

‘n Maatskaplikewerkontleding van die substansmisbruikprobleem in sekondêre skole in Mpumalanga.

OPSOMMING

Rehabilitasiesentrums in Mpumalanga het die afgelope 5 jaar ‘n skerp toename in die opname van jonger pasiënte vir die behandeling van alkohol- en dwelmafhanklikheid beleef. Hierdie verskynsel gee aanleiding tot die vraag na die voorkoms en bewustheid van middelmisbruik en die bewustheid van substansmisbruik in sekondêre skole in Mpumalanga. Deur die bewustheid van leerlinge ten opsigte van dwelms, die rol wat ouers in hul opvoeding speel, asook die voorkoms van voorkomingsprogramme te ondersoek, kan aanbevelings ten opsigte van voorkoming en voorkomingsprogramme gemaak word.

SLEUTELWOORDE

- Substansmisbruik
- Sekondêre skool
- Leerlinge
- Voorkoming
- Voorkomingsprogramme

ABSTRACT

TITLE

A social work analysis of the substance abuse problem in secondary schools in Mpumalanga

ABSTRACT

Rehabilitation centres in Mpumalanga recently experienced a sharp increase in the admission of younger patients for the treatment of alcohol and drug dependence. This phenomenon gives rise to the question of the prevalence and awareness of substance abuse, as well as the awareness of substance abuse prevention programmes in secondary schools in Mpumalanga. By investigating learners' awareness of drugs, the role their parents play in educating them, as well as the availability of prevention programmes, recommendations could be made regarding prevention and prevention programmes.

KEYWORDS

- Substance Abuse
- Secondary School
- Learners
- Prevention
- Prevention Programmes

SECTION A
ORIENTATION TO THE RESEARCH

1. CONTEXTUALISATION AND PROBLEM STATEMENT

The youngest *spiking* (injecting intravenously) heroin patient admitted at SANCA Lowveld was a 13-year-old girl. SANCA Lowveld regularly receives referrals from schools and parents. These referrals are generally children and young people between the ages of 12 and 21 with addiction problems manifesting in behavioural problems and low school performance. SANCA's experience is confirmed by Green, Luitjies, Strydom and Williams, (2004:107). Dr ZST Skweyiya, former Minister of Social Development for South Africa, said: "Substance abuse has become a global problem with far-reaching effects on all dimensions of life. In fact, every country in the world has been affected by it." (South Africa, 2007a:1.) Substance abuse is mentioned as one of the issues that is "...increasingly eroding young people's opportunities to live a quality life" (Malaka, 2003:381).

Statistics from the United States of America indicates that 48.2% of all grade 12 learners involved in a 2006 study had used some kind of illicit drug in his/her lifetime (NIDA, 2006). The Health Canada Survey (Van Wormer & Davis, 2008:178-179) supports the afore-mentioned statistics, emphasizing that it is the abuse of alcohol that raises the biggest concern. This study found that 43% of 15-year-olds had been really drunk in their lifetimes. In the same study it was found that 30% of children grades four to six had drunk beer, 31% had tried marijuana, and 34% had tried cigarettes.

Accurate statistics of the South African situation were unavailable at the time of the study and the need for research in this regard is emphasized by the Department of Social Development in its National Drug Master Plan (NDMP) (South Africa, 2007a: 6). According to the South African Community Epidemiology Network on Drug Use (SACENDU), the average age of individuals in South Africa being admitted for drug-related rehabilitation is between 28-33 years (SACENDU, 2007a:3). In Mpumalanga the age distribution for patients admitted to rehabilitation centres have dropped dramatically since 2002. Previously, the mean age of admission was between 40-44 years and towards the end of 2006 it had fallen to between 20-24 years (SACENDU, 2007b:25).

It is evident that substance abuse has become a more common problem among secondary school learners, a phenomenon that demands further exploration. The researcher is of opinion that if a person is already addicted to such an extent that he is

seeking treatment by the age of 20, he most probably started using while still at school. In South Africa, younger and younger children are experimenting with the use of a substance for the first time. The NDMP indicates that the age of first experimentation with drugs have dropped to ten years (South Africa, 2007a:5).

With this background in mind, the NDMP has identified national priority areas in the field of substance abuse intervention. Priority areas of relevance for this study are: the youth, research and information dissemination (South Africa, 2007a:14). This study was essential in determining the extent of the substance abuse problem in secondary schools. Once more accurate statistics had been obtained, guidelines could be developed to support existing prevention programmes and assistance could be given in the development of a substance abuse prevention model.

One of the objectives for the youth priority area is “...to ensure that schools offer effective drug education programmes, giving learners the facts, warning them of the risks and helping them to develop an anti-drug attitude” (South Africa, 2007a:15). This cannot take place if the extent of the problem is not clear (Green *et al.* 2004:108). “Extensive research is needed to fill the gaps in information on the prevalence of drug use among different groups in different parts of the country” (South Africa, 2007a:17). The NDMP emphasizes the importance of creating and intimately understanding the profile of problems experienced by users of particular substances. This knowledge is essential for policy-making; whether it be on international, national or community level (South Africa, 2007a:17). Just as people, culture and circumstances differ; the profile of each community, region, or school will differ as well. The NDMP further mentions the importance of acknowledging the impact of indigenous substances and the effect thereof: “Research on indigenous substances and their users has now become imperative.” (South Africa, 2007a:17.)

Social work service delivery is mainly planned and structured according to policies and strategies prescribed by the South African Council for Social Service Professions (SACSSP) and the Department of Social Development (South Africa, 2007c). Existing policies and legislation include the NDMP and The Prevention and Treatment of Drug Dependency Act 20 of 1992 (South Africa, 1992) as well as Act 70 of 2008 (South Africa, 2008). These policies emphasize the importance of prevention strategies and community development programmes. The importance of prevention is emphasized by all national and international role players (NIDA,

2007:11; U.S. Department of Health and Human Services, 1991:ix; U.S. Department of Health and Human Services, 1997:2).

In South Africa, the most prominent youth drug prevention programme is the *Ke Moja* (No thanks, I'm fine without drugs) Project initiated and funded by the United Nations (South Africa, 2007b). The biggest concern is that, in spite of widespread prevention programmes and community development programmes, the prevalence of substance abuse among children and youth are increasing. The U.S. Department of Health and Human Services (1991:1) points out that prevention programmes have a high risk of failing if they are planned without thorough background information on the target groups, cultural and ethnical issues, and the extent of the problem. It is also important to acknowledge the unique dynamics, composition, strengths, and weaknesses of every community. In closure, it is important to shift from a service-delivery model to a community-empowerment model. "This will provide the means for communities to develop community prevention systems that are owned by and responsive to the needs of the community." (U.S. Department of Health and Human Services, 1991:2.)

With this background in mind, the following research questions were formulated:

- What is the nature and extent of substance abuse in secondary schools in Mpumalanga?
- What are the perceptions of the youth towards substance abuse and existing prevention programmes?
- What guidelines can be generated through research to improve substance abuse prevention programmes for the youth?

2. OVERARCHING AIMS

The overarching aim of this study was to describe the extent of substance abuse among secondary school learners in Mpumalanga by exploring their perceptions of the problem and existing prevention programmes in order to formulate guidelines for the improvement of prevention programmes.

This aim resulted in the following more specific objectives:

- To do a survey among secondary school learners in Mpumalanga to describe the nature and extent of substance abuse.
- To explore the perceptions of these learners with regard to substance abuse and existing prevention programmes.
- To formulate guidelines for the improvement of substance abuse prevention programmes aimed at the youth.

3. CENTRAL THEORETICAL ARGUMENT

Accurate research on the extent of substance abuse among secondary school learners is necessary to plan and implement applicable prevention programmes.

4. METHOD OF INVESTIGATION

4.1 Analysis of the literature

Literature on the substance abuse problem in schools in South Africa was very limited. Literature was available on the treatment incidents of youth at treatment centres in South Africa, but not on the perceptions, incidents of abuse and the attitude of secondary school learners. Literature that was utilized in this study included journal articles, research publications, books and academic theses. Available databases like EBSCO Host, Web Feet, PsychLit, and Academic Search Premier were utilized in the identification of applicable national and international literature. The literature mostly confirmed the researcher's thoughts on the prevalence of substance abuse among secondary school learners internationally and locally, and also confirmed the notions the researcher had on the role of the parent as part of substance abuse prevention. It was also clear from the literature that, despite years of research, prevention programmes still seem to have huge shortcomings. More research is required in order to find the best model for substance abuse prevention.

4.2 Empirical investigation

4.2.1 Research Design

This study was conducted from both the descriptive and exploratory research designs (Alston and Bowles, 2003:32-35; De Vaus, 2001:1-2; Fouché and De Vos, 2005:134) in an attempt to better define and understand the substance abuse problem in secondary schools in Mpumalanga. The exploratory research design has been chosen because it implicates a low level of knowledge as was the case with this research (Grinnell & Williams, 1990:149). A combined quantitative-qualitative research approach was followed to reach the objectives of the study (Creswell, 2009:214; Grinnell, 2001:113-114).

4.2.2 Research participants

A non-probability sampling method by means of target sampling was followed, as explained by Strydom (2005a:201-203). Eight schools from Mpumalanga were included in the sample, four from the Ehlanzeni region, two from the Gert Sibande region, and two from the Nkangala region. The grade 8 and 11 learners of each school were included in the study voluntarily, with the permission of their parents and school governing bodies. An overall of 1078 learners participated. The grade 8 and 11 learners have specifically been chosen as participating groups in the study to determine the difference between the perceptions of learners just entering their secondary school career and learners to the end of their secondary school career. The grade 12 learners has not been chosen due to the pressure of final year examination and preparation.

Three focus group sessions (one in each region of Mpumalanga) were conducted: these included community members, teachers, social workers, community developers, and parents (Greeff, 2005:299-313). An invitation to attend the focus group session on a set date was distributed by each SANCA office. In Gert Sibande region there were 8 participants, in Nkangala and Ehlanzeni regions each 9 participants.

4.2.3 Measuring instruments

A self-administered questionnaire was used as the primary method of Data collection (Delport, 2005:168). This measuring instrument was compiled by the researcher after an in-depth literature study. Valuable experience was gained while working at

SANCA Lowveld, which further empowered the researcher to design the questionnaire. The questionnaire was pilot-tested among a group of secondary school learners, after which it was adapted and pilot-tested among another group of secondary school learners. After the pilot tests the questionnaire was evaluated to determine its validity and reliability, and once again adapted to the format used in the study.

Greeff (2005:299-313) and Monette, Sullivan and DeJong (2005:186) describe the focus-group interviewing method employed by the researcher as second method of Data collection and to facilitate the triangulation of measures (De Vos, 2005:362). The focus groups consisted of teachers, social workers, community developers and parents.

4.2.4 Research Procedures

The following procedures were followed during the research process:

- All the potential role players were informed of the planned study.
- Permission and ethical approval for this study were obtained from the following bodies:
 - The Ethical Committee of the North-West University: Potchefstroom Campus
 - The Mpumalanga Department of Education
 - SANCA National Research Portfolio Committee
 - Principals and governing bodies of the schools involved
 - Parents of learners who completed the questionnaire
 - Learners who completed the questionnaire
- An extensive literature study was conducted.
- Substance abuse prevention programmes are conducted by the three SANCA centres in Mpumalanga, as well as the Department of Social Services. Personnel conducting these prevention programmes acted as field workers in this study and distributed questionnaires for completion by secondary school learners. Staff members were trained for their role as field workers.

- The SANCA branches in the different regions were visited and potential respondents were identified for participation in the focus-group discussions in the different regions. Three focus-group interviews were conducted, one in each region. The groups included social workers, teachers, community developers, and parents. The researcher facilitated the focus-group discussions based on a set of topics and questions resulting from the survey. See Annexure 5 for the list of questions that directed the focus-group sessions.
- Data was analysed with the assistance of the Statistical Consultation Services of the North-West University: Potchefstroom Campus.
- The information gathered was recorded in the form of this dissertation.

4.2.5 Ethical aspects

Due to the fact that the study was conducted on minors, permission and approval to conduct the study was obtained from the Department of Education in Mpumalanga. After approval had been granted by the Department of Education, permission for the study was obtained from the targeted schools' governing bodies and parents.

The following ethical issues, as described by Neuman (2006:13) and Strydom (2005b:58-67), were adhered to during the research process: avoidance of harm, informed consent, deception of subjects and/or respondents, violation of privacy/anonymity, confidentiality, actions and competence of researchers, cooperation with contributors, release or publication of the findings, and debriefing of respondents. The professional code of ethics and ethical decision-making was followed (Strydom, 2005b: 67-68).

- Ethical permission was obtained from the Ethics Committee of the North-West University (Potchefstroom Campus). The study was approved and the ethical number, NWU-0043-08-S1 (A.G. HERBST), was allocated to the study (see Annexure 1).
- Written consent was obtained from the Department of Education in Mpumalanga to conduct the research (see Annexure 2)
- Verbal consent was obtained from the participating schools' governing bodies, and parents gave written consent. The parents' consent forms were too many to attach, and therefore the template is included as an example (see Annexure 3).

- Permission was requested from SANCA National Research Portfolio Committee and this was granted and minuted during a portfolio meeting. Ethical aspects of SANCA National were respected during the process.
- During a provincial meeting of SANCA Mpumalanga, permission was also granted to conduct the study within the boundaries of the three SANCA branches in Mpumalanga. Permission for staff to be trained and used to assist as fieldworkers was also consented to.
- Verbal consent was obtained from the focus group participants, confidentiality explained and animosity assured.

4.2.6 Data analysis

Quantitative Data was analysed by the North-West University's Statistical Consultation Services using SAS Institute Inc (2003) and SPSS Inc (2007) for validity and reliability. Qualitative Data obtained during the focus-group sessions was analysed according to Tesch's approach as described by Poggenpoel (1998:343-344). A number of central themes emerged from this analysis.

5. RESEARCH LIMITATIONS

The following research limitations were identified:

- As the study was restricted to Mpumalanga learners only, the results cannot be generalized to include other parts of South Africa, although all three regions of Mpumalanga were included.
- The study used self-reported Data by self-administrated questionnaires and relied on the respondents' self-knowledge and subjective experience of situations. This may impact on the accuracy and validity of the results.
- Language might have been a problem as the questionnaire was available in English only. Although all secondary schools use English as medium of instruction at least some of the time, a very high percentage of learners included in the study have English as second language only, with another language as their mother tongue.

- During focus-group discussions participants had the opportunity to respond uninterruptedly and spontaneously to all or any of the questions. However, participants might have been influenced by others in the group. As respondents relied on their own knowledge and subjective experience of situations, this might have impacted on the accuracy and validity of the results.
- Focus-groups sessions were limited by time and not all questions were addressed during the sessions.
- Due to the researcher's emigration, it was not possible for her to give feedback on the outcome of the study in person. However, feedback will be given to schools and governing bodies by e-mail and written report.

6. REPORT LAYOUT

The research report will be published in article format under the following titles:

- Article 1: The nature and extent of substance abuse in secondary schools in Mpumalanga.
- Article 2: The viewpoints of learners in Mpumalanga towards substance abuse and associated prevention programmes.
- Article 3: Guidelines for substance abuse prevention programmes.

Possible journals for publication:

- Maatskaplike Werk/Social Work.
- The Social Work Practitioner/Researcher
- Perspectives in Education

Although the researcher is of the intention to submit manuscripts to different journals for possible publication (see Annexure 6, 7 and 8), all articles are structured according to the guidelines of *Maatskaplike Werk / Social Work* for the purposes of this dissertation (see Annexure 6 for journal guidelines to authors). The rationale for this decision was the uniformity of structure, citation of references, and general technical care.

7. TERMINOLOGY

- **Abstinence:** Voluntarily avoiding a substance such as alcohol or an act such as sexual intercourse (Harris, Nagy & Vardaxis, 2006:9).
- **Abuse:** Improper use of equipment, a substance or a service, such as a drug or programme, either intentionally or unintentionally (Harris *et al.*, 2006:10).
- **Addiction:** Compulsive, uncontrollable dependence on a chemical substance (Harris *et al.*, 2006:37).
- **Adolescent:** Pertaining to characteristic of adolescence which is usually the period that begins between 11-13 years and terminates at between 18-20 years (Harris *et al.*, 2006:45).
- **Bio-psychosocial:** Pertaining to the complex of biological, psychological and social aspects of life (Harris *et al.*, 2006:208).
- **Drug:** A substance with narcotic or stimulant effects (Pearsall, 1999:439).
- **Drug education:** Drug education is the planned provision of information and skills relevant to living in a world where drugs are commonly misused (Wikipedia, 2010).
- **Gatekeeper drug:** defined by Harris *et al.* (2006:734) as gateway drugs – minor substances of abuse, such as inhalants, used in general by children or young people before they experiment with marijuana or hard drugs.
- **Illicit drug:** Forbidden by law, rule or custom (Pearsall, 1999:707).
- **Learners:** A person who is learning: student, pupil, apprentice, or trainee (Dictionary.com, 2010).
- **Overdose:** An excessive dose of a drug or other substance (Harris *et al.*, 2006:1260).
- **Prevention:** Any action directed at preventing illness and promoting health to eliminate the need for secondary or tertiary health care (Harris *et al.*, 2006:1405).
- **Rehabilitation programmes:** A programme for restoring someone to good health (Farflex, 2010).

- **Resilient:** A person able to withstand or recover quickly from difficult conditions (Pearsall, 1999:1218).
- **Strengths:** The ability to resist force or hold heavy weights without breaking or being damaged; the quality of being brave and determined in a difficult situation; the power and influence that somebody/something has; how strong or deeply felt an opinion or a feeling is; a quality or an ability of a person or thing that gives them an advantage (Oxford Advanced Learner's Dictionary, 2010).
- **Substance abuse:** The overindulgence in and dependence on a stimulant, depressant or other chemical substance, leading to effects that are detrimental to the individual's physical or mental health, or the welfare of others (Harris *et al.*, 2006:1646).
- **Youth:** The National Youth Policy (South Africa, 1997) defines youth as young males and females between ages 14-35.

8. ACRONYMS

- ALAC: Alcohol Advisory Council of New Zealand
- CASA: The National Center on Addiction and Substance Abuse at Columbia University
- CLFC: Creating Lasting Family Connections
- NDMP: National Drug Master Plan
- NGO: Non-Government Organisation
- NIDA: National Institute on Drug Abuse
- NR: Northern Region
- SACENDU: South African Community Epidemiology Network on Drug Use
- SACSSP: South African Council for Social Service Professions
- SAMHSA: Substance Abuse and Mental Health Services Administration
- SANCA: The South African National Council on Alcoholism and Drug Dependence
- TADA: Teenagers Against Drug Abuse

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SECTION B

PROFESSIONAL JOURNAL ARTICLES

Journal Article 1

**THE NATURE AND EXTENT OF SUBSTANCE ABUSE IN
SECONDARY SCHOOLS IN MPUMALANGA**

(See Annexure 6 for the author guidelines of the intended journal)

G.W. Feldtmann

&

A.G. Herbst

ABSTRACT

Substance abuse among young people, especially secondary school learners, poses enormous challenges globally to policy makers, teachers, social workers, parents and other relevant role players. This article focuses on an in-depth literature study on the prevalence of substance abuse among the youth and reveals that learners are exposed to the use of substances, mostly alcohol, from a very young age. For some learners, experimentation already starts before the age of 10 years. About 33% learners indicated that they had first used alcohol at the age of 15. Considering the early onset of substance abuse and the increasingly younger first-time admissions to rehabilitation facilities, it became imperative to look more vigorously at preventative measures and prevention programmes.

KEYWORDS

Addiction

Adolescents

Bio-psychosocial

Gatekeeper drug

Overdose

Substance abuse

1. INTRODUCTION

Substance abuse has been part of society since the beginning of time. Over the years alcohol has been the drug most commonly abused. Illegal substances have been introduced to society resulting in a growing need for prevention and rehabilitation programmes. Irrespective of the dangers and detrimental effects of substance abuse, the prevalence thereof has never disappeared. The phenomenon of adults being the dominant group admitted to rehabilitation centres has changed dramatically over the past few years. The researcher observed more and more school-going children being referred to the Lowveld branch of the South African National Council for Alcoholism and Drug Dependence (SANCA) during the researcher's term of service. It seems

that the admission age of the substance abuser is dropping, resulting in school-going youngsters making their debuts in rehabilitation centres. It is evident even in New Zealand, where the researcher currently works, that school children are not immune to substance abuse. It is therefore important to monitor and remain well informed about substance abuse trends among the youth. Gonet (1994:5) mentions that drug trends and patterns are not constant. This is confirmed by Hoberg (2002:221), the National Drug Master Plan (NDMP) (South Africa, 2007:5), and Peterson (2010:53), who also notes that first-time experimentation seems to be happening at a younger age.

New substances are constantly being introduced to the market. Therefore it is even more important to monitor and research the impact and prevalence of substances and substance abuse in schools to be able to introduce appropriate preventative steps and prevention programmes.

2. PURPOSE OF THE STUDY

The aim of this study was to determine the nature and extent of substance abuse among secondary school learners in Mpumalanga by exploring their stance towards the problem and existing prevention programmes in order to identify the focus areas to be included in prevention programmes.

This aim resulted in the following more specific objectives:

- To do a survey among secondary school learners in Mpumalanga to determine the nature and extent of substance abuse.
- To investigate the stance of these learners towards substance abuse and existing prevention programmes.

In reaching the aforementioned objectives, an in-depth literature study was conducted and is the main objective for this article.

3. INTERNATIONAL SUBSTANCE ABUSE TRENDS IN SECONDARY SCHOOLS

The use of alcohol is socially acceptable and legal. As result of this, alcohol has become an integral part of entertaining guests. Young people grow up with the use and misuse of alcohol. Because the use of alcohol is socially acceptable, the abuse

thereof is very common among adults and adolescents (Gonet, 1994:14; Hoberg, 2002:221). The researcher is of opinion that this is most probably true of most countries in the world; studies conducted in different countries should therefore paint a global picture. The World Drug Report of the United Nations Office on Drugs and Crime (2009:15) provide figures on illicit drug use on a global scale, and these numbers were important for this study:

- Number of people aged 15-64 years who inject drugs: 11-21 million
- Number of "problem drug users" aged 15-64 years: 18-38 million
- Number of people aged 15-64 who have used drugs at least once in the past year: 172-250 million

In the USA marijuana is the third most often used substance of abuse among the youth, and usually follows the abuse of alcohol and tobacco (Segal, 1989:57; Strader, Collins & Noe, 2000:2). Hopson and Holleran-Steiker (2010:81) refer to a 2006 study done in the USA, whereby 72,7% adolescent respondents reported using alcohol in their lifetime and 60,2% admitted to using alcohol during the past year. Naser, Ovens, Vistor-Zietsman, Ladikos and Olivier (2001:5) refer to a study done by CASA in the United States, where four times more 15 to 17-year olds (16%) than 12-14 year olds (4%) indicated that they had had more than just a few sips of alcohol during the last 30 days.

A Zimbabwean study done by Eide and Acuda (1995:1517-20) reveals the same pattern as in the USA: alcohol as the most abused substance, followed by tobacco, inhalants, cannabis and mandrax (Methaqualone). They further mention that this was not always the case for the traditional society in Zimbabwe; this correlation only recently emerged as drinking patterns and beverage types gradually changed to European-influenced styles. In Israel, a study done by Brook, Feigin, Shered and Geva (2001:199) confirms that substance use and abuse among adolescents is a widespread global problem, although the prevalence of drug consumption by adolescents in Israel is still relatively low in comparison with western countries, especially the USA. Roy, Wibberley, and Lamb (2005:306) did a study among 15 to 16-year-old learners in the UK and found that figures for alcohol use, cigarette smoke and the use of illicit drugs rise rapidly in the early teenage years. This is confirmed by Cole (2000:55). They also found that by the age of 15 most young people in the

UK have tried an illicit drug, although alcohol remains the drug of choice. Where learners begin using alcohol early on, there is a strong possibility of alcohol becoming the gatekeeper-drug to the use of illicit drugs later in life. The findings of Roy *et al.* (2005:308) in their UK study indicated a higher percentage of adolescent use in the UK than in findings by Hopson and Holleran-Steiker (2010:82) in the USA. The UK percentages were also higher than findings by Olsson, Coffey, Toumbourou, Bond, Thomas and Patton (2003:143) in Australia, and that of the Alcohol Advisory Council of New Zealand (2009:20) in their study of adolescents in New Zealand.

No country in the world seems to be safe from the challenges of managing and preventing substance abuse. Substance abuse is an international problem. Although different countries show some differences in the method of use and intensity, the general problem remains the same. Knowledge, experience, and lessons learned by other countries will therefore be valuable to use in our search for the best-practice model for prevention of substance abuse. It is also valuable to compare international trends with national and local/regional trends.

4. SUBSTANCE ABUSE TRENDS IN SOUTH AFRICAN SECONDARY SCHOOLS

Studies done in South Africa relates very closely to studies done in the rest of the world. A study done with grade 10 learners in rural KwaZulu-Natal found that 52,9% of male learners reported using alcohol; 16,9% reported using cannabis; and 13,1% smoked more than one cigarette daily (Taylor, Jinabhai, Naidoo, Kleinschmidt, Dlamini, 2003:136). In a study done in 2000, Naser *et al.* (2001:9-10) found that 62% of learners in schools in Pretoria remarked that they had consumed alcohol on a few to several occasions during the previous month. Despite this, 63% of learners chose not to attend a party where drugs were available; they preferred going to a party without the presence of any drugs. These findings will serve as comparison to the results of this study.

Pretorius, Van der Berg, and Louw (2003:1) indicate that substance abuse and dependence are some of the biggest problems currently facing South Africa. Pretorius *et al.* (2003:1) state that in certain areas in South Africa up to 80% of high school pupils have experimented with psychoactive chemicals at least once in their high

school careers. This number compares very closely with the findings of 92% in the USA (Gonet, 1994:15). Pretorius *et al.* (2003:1) are of the opinion that 10-15% of these pupils will develop dependency and therefore it is quite possible that 10 out of 100 high school pupils will become dependent. If this is taken into account, the problem of substance abuse and its effects is a reality that South Africa cannot ignore. This is confirmed by Pillay (2000:72) who states that the alcohol and drug abuse problem in South Africa is very real and substantial, affecting many of our children, families, and communities. This result in an ever-increasing burden being placed on law enforcement, legal, medical and social resources and structures. Pillay (2000:76) further mentions that “three-quarters of high school pupils in the Western Cape have been exposed to drugs by the time they reach matric – and that half of all matriculants have experimented with drugs”.

In a study done by Visser and Routledge (2007:604) they reported that 26% of the respondents in schools in the Tshwane region reported current alcohol use and 7.5% reported the use of illicit drugs such as cannabis. As the research for this dissertation was done in Mpumalanga, it is relevant to look at available information on trends in Mpumalanga.

5. SUBSTANCE ABUSE TRENDS IN MPUMALANGA

The most recent research on treatment by specialist treatment centres confirms observations the researcher made while working at such a centre in Mpumalanga. Plüddemann, Dada, Parry, Bhana, Pereira, Carelsen, Kitleli, Gerber, Rosslee and Fourie (2009:2) emphasize that alcohol is no more the main substance of abuse in the Northern Region (NR), that includes Limpopo and Mpumalanga. Cannabis is the main substance of abuse with a percentage of 45% of all patients treated in treatment centres in the NR for cannabis for the period July – December 2008. Cannabis is also the main substance of abuse for people younger than 20 years (Plüddemann *et al.*, 2009:4). Their findings reveal that alcohol follows cannabis as the second main substance of abuse with 34% of patients treated for alcohol abuse.

The mean age for patients in treatment centres for different substances varies, as indicated by Plüddemann *et al.* (2009:3). Their study indicated the lowest mean age of 14 years for inhalants in the NR, and heroin users were also very young with a mean age of 24 years. The figures for heroin treatment are quite alarming for this

region. Where the percentage of patients treated for heroin use in the first half of 1999 was less than 1%, it increased to 8.6% for the period July – December 2008 (Plüddemann *et al.*, 2009:8). This shows an increase of more than 800% within 10 years.

Substance abuse is a reality within our community and within our schools. We will never be able to eliminate substance abuse from society completely, but the researcher believes that the alarming young age of onset can be remedied with effective prevention programmes. The researcher also believes that if the community, parents and young people know the detrimental effects of substance abuse, they will think twice before engaging in such behaviour. Knowledge of the detrimental biopsychosocial and spiritual effects of substance abuse is therefore essential.

6. THE DETRIMENTAL BIO-PSYCHOSOCIAL AND SPIRITUAL EFFECTS OF SUBSTANCE ABUSE

Just listening to the radio, reading the newspapers, watching TV or sitting in the emergency unit of a hospital for a couple of hours, will convince any person of the reality of the detrimental effects of substance abuse. These effects range from horrific deaths due to drunk driving, physical pain, emotional pain and includes all aspects of social behaviour, mental health, physical health and impact on the economy. Gonet (1994:16) confirms this view in the following words: “...the leading killer of teenagers is accidents, so often automobile accidents caused by drinking and driving”. Although this is the situation in the USA, Van Wyk, Kleintjes, Ramlagan and Peltzer (2007:341) confirm this opinion, but also include alcohol-related violence and suicide. In the description of the biopsychosocial-spiritual model, Van Wormer and Davis (2008:11) mention biological, psychological and social components when social workers and counsellors look at causation and consequences of addiction. The effects of substance abuse touches every aspect of social functioning namely physical, social, psychological and spiritual and are described in detail by several authors (Brook *et al.*, 2001:199; Calitz, Veitch, Verkhovsky, Nieuwoudt, Myburg and Joubert, 2007:133; Carlson, Johnson and Jacobs, 2010:242; Christo & Franey, 1995:51-56; De Wet, 2003:90, 93 & 96; Gerber, 2002:1; Gonet, 1994:15; Hoberg, 2002:221; Neser *et al.*, 2001:1-2; Pretorius *et al.*, 2003:1; Segal, 1989:69; Slade, Stuart, Salkever, Karakus, Green & Ialongo; 2008:2; Strader *et al.*, 2000:2; Townsend, Flisher,

Chikobvu, Lombard & King, 2008:21-22; Van Wormer & Davis, 2008:11,13 & 245-6; Van Wyk *et al.*, 2007: 341-2; Visser & Routledge, 2007:595).

Taking the detrimental effects of substance abuse in account, the immediate questions that arise are: *Do learners know the dangers and effects associated with substance abuse? Do current prevention programmes succeed in conveying this life-saving and important information?* It is necessary to see how the situation in schools in Mpumalanga relates to the information as stipulated in the abovementioned literature.

7. RESEARCH METHODOLOGY

7.1 Research design

An exploratory research design, as described by Fouché and De Vos (2005:134), was applied. A combined quantitative-qualitative research approach (Grinnell, 2001:113-114) was followed to achieve the objectives of this study.

7.2 Respondents

A non-probability sampling method by means of target sampling was followed, as explained by Strydom (2005a:201-203). Eight schools in Mpumalanga were included in the sample, representing all three regions in Mpumalanga: Ehlanzeni, Gert Sibande and Nkangala. All the grade 8 and 11 learners of each of the eight schools were included in the study although not all learners participated. An overall sample of 1078 learners was involved. The estimated population of Mpumalanga is 3.5 million people (Mpumalanga Provincial Government, 2009; South African info, 2010) with a third of the youth population in Mpumalanga under the age of 15 years (Mhaule, 2009).

7.3 Method of Data Collection

The study utilised a survey method, consisting of a self-administered questionnaire, as primary method of Data collection for this part of the study (Delpont, 2005:168). Social workers and community developers involved in the field of substance abuse were utilized as fieldworkers to administer the questionnaires.

Focus groups were conducted with the focus-group interviewing method (Greeff, 2005:299-313; Monette, Sullivan & De Jong, 2005:186) as a second measuring

instrument to facilitate triangulation of measures (De Vos, 2005:362). Three focus group sessions (one in each region of Mpumalanga) were conducted: these included community members, teachers, social workers, community developers, and parents. An invitation to attend the focus group session on a set date was distributed by each SANCA office. In Gert Sibande region there were 8 participants, in Nkangala and Ehlanzeni regions each 9 participants.

7.4 Ethical Aspects

Permission to conduct the research in schools in Mpumalanga was granted by the Mpumalanga Department of Education. Permission was also obtained from the governing bodies and parents of the relevant schools. Learners were voluntarily included in this study with written permission from their parents. They would remain anonymous throughout the study. Permission for this study was also granted by SANCA National Research Portfolio Committee and the Ethics Committee of the North-West University (Potchefstroom Campus). The following ethical approval number was allocated for this study: NWU-0043-08-S1 (A.G. HERBST). Verbal consent for the study was gained from the focus group participants, confidentiality explained and animosity assured.

7.5 Data Analysis

All quantitative Data was analysed by the Statistical Consultation Services of the North-West University using SAS Institute Inc (2003) and SPSS Inc (2007). They also assisted with the compilation of the report. Qualitative Data obtained during focus-group sessions were analysed according to themes from Tesch's approach as described by Poggenpoel (1998:343-344).

8. RESULTS

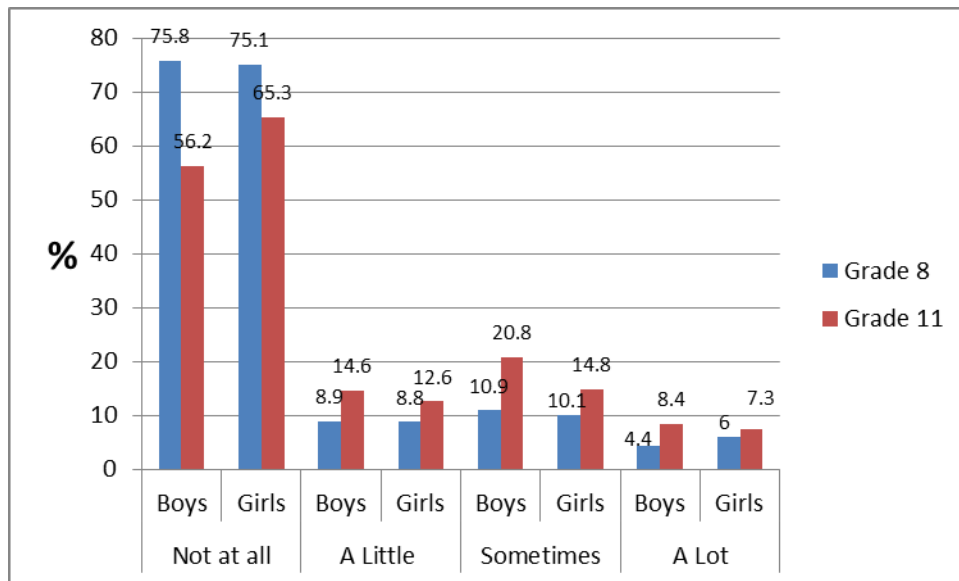
A survey was conducted in 8 schools in the Mpumalanga province, including all three regions of Mpumalanga, namely Gert Sibande, Nkangala and Ehlanzeni. A total of 1078 questionnaires were completed by grade 8 and 11 learners: 51.8% grade 8 and 47.5% grade 11 learners participated in the study, with a non-response of 0.7%. Of the 1078 learners who participated in the study 46.8% were male and 52.5% were female; 0.6% learners did not respond to the gender question. The largest group

(27.3%) of participants was learners in the 14-year age bracket. The next largest age group was 17-year-olds (17.6%), then 18-year-olds (13.5%), followed by 15-year-olds (12.2%).

Three focus-group discussions were conducted, one in each region of Mpumalanga. The focus groups included community members, teachers, social workers, community developers and parents. All three focus groups mentioned the extent of the substance abuse problem among secondary school learners in Mpumalanga as a substantial problem. Group 2 was of the opinion that 60% or more learners in secondary schools misuse substances.

Two of the questions asked in the questionnaire were “I think boys who drink/use drugs are...” and “I think girls who drink/use drugs are...”. These questions offered 8 possible options as answer, and each option was answered on a four point Likert scale. The aim of these questions was to get a picture of how learners felt and thought about boys/girls participating in the use and/or abuse of alcohol and drugs. The answers also indicated whether there was a difference between the perceptions of boys and girls who drink or use drugs. The Data also showed quite a difference of opinion between grade 8 and grade 11 learners. Two-way frequency tables were used to examine these associations. Due to the use of an availability study, p-values were not interpreted. However, the phi-coefficient was used as a measure of the strength of the association: values of 0.3 were considered as a medium (visible) effect; those of 0.5 were classified as large effects of practical importance (Strydom, 2009). The following results derived from questions 2.1-2.4, 2.8, 2.10-2.11, 3.1-3.5 and 4.5-4.7 in the questionnaire are attached as Annexure 4. Where possible, findings were supported by literature. It must, however, be mentioned that not all findings could be supported or opposed by literature, as the available literature did not always focus on specific questions as used in this study.

Figure 1: Perception of respondents on boys/girls who drink/use drugs and feel it is “cool”



From Figure 1 it seems as if grade 11 learners were more likely to think it “cool” to use alcohol and drugs than grade 8 learners. This tendency, however, is not of practical value as the phi-coefficient for boys was 0.207 and for girls 0.109. Boys are more likely to be seen to be “sometimes” “cool” when drinking or using drugs than girls. The relevance of these findings to our study is that it would appear that the older the learners, the more they tend to think it “cool” to use alcohol or drugs. This phenomenon once again confirms the importance of initiating substance abuse prevention programmes from an early age. It furthermore indicates the importance of peer education and the provision of relevant information, as the peer group plays a more significant role in the life of older learners. A study done in the USA by The National Center on Addiction and Substance Abuse (CASA) (2010:4) concluded that learners who associate with regular substance users are more likely to also engage in substance abuse.

Figure 2: Perception of learners on boys/girls who drink/use drugs and think it irresponsible

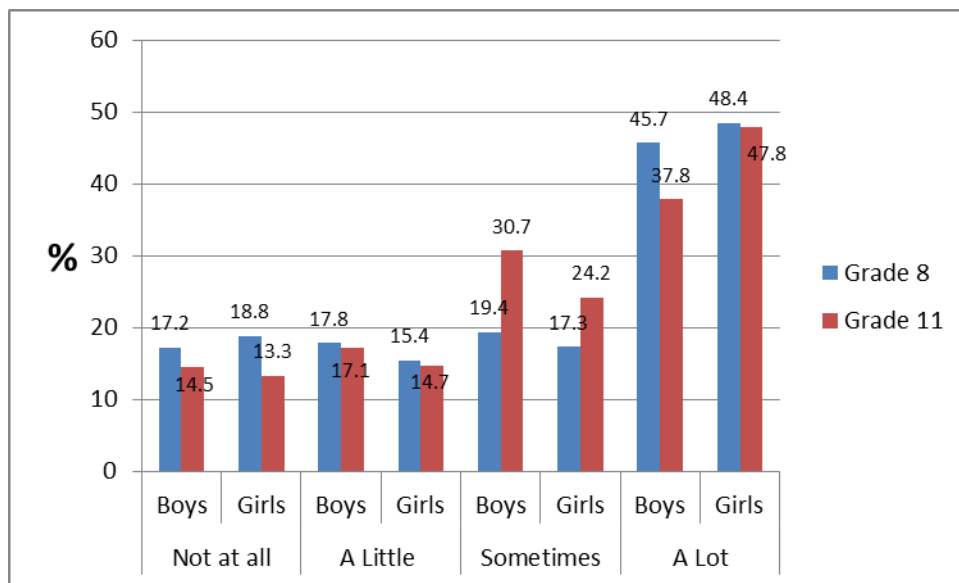
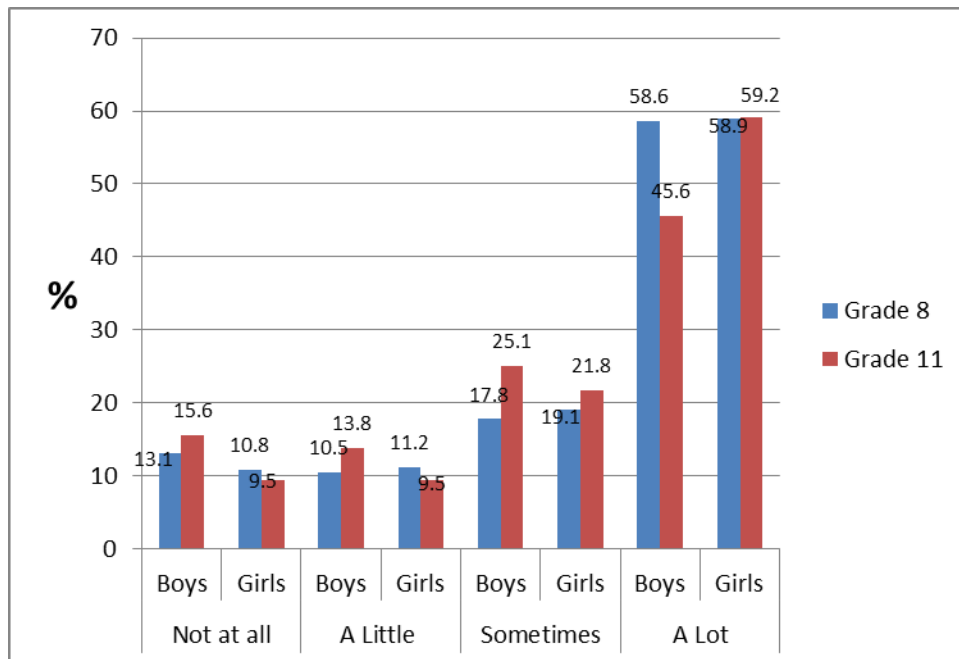


Figure 2 seems to indicate that grade 8 learners were more likely to think it irresponsible to use alcohol and drugs than grade 11 learners. More of the younger learners indicated “a lot” when asked how irresponsible the use of alcohol or drugs was, while more grade 11 learners indicated it “not at all” irresponsible to drink or use drugs. This difference is not of practical value, as the phi-coefficient for boys was 0.133 and for girls 0.102. Grade 11 learners differ in their opinions towards boys and girls: more learners thought it only “sometimes” irresponsible for boys to drink/use drugs than for girls. However, grade 11 learners more likely will think girls are “a lot” irresponsible when drinking or using drugs than boys. There was no substantial difference for boys and girls as seen by grade 8 learners. These findings are relevant to our study because less than 50% of all learners thought it irresponsible for learners to drink or use drugs. This might indicate that alcohol use and the use of other drugs is quite an expectable phenomenon between learners. From a prevention point of view, this might indicate that substance abuse prevention efforts have failed or have yet to reach the intended target group. These findings suggest a re-evaluation of prevention programmes in terms of effectiveness, intensity, the message they convey, as well as their ability to reach the target group.

Figure 3: Perception of learners on boys/girls who drink/use drugs and think they are stupid



The difference between grade 8 and 11 learners in Figure 3 is not of practical value as the phi-coefficient for boys was 0.133 and for girls 0.044.

Figure 4: Perception of learners on boys/girls who drink/use drugs and think they are destroying their lives

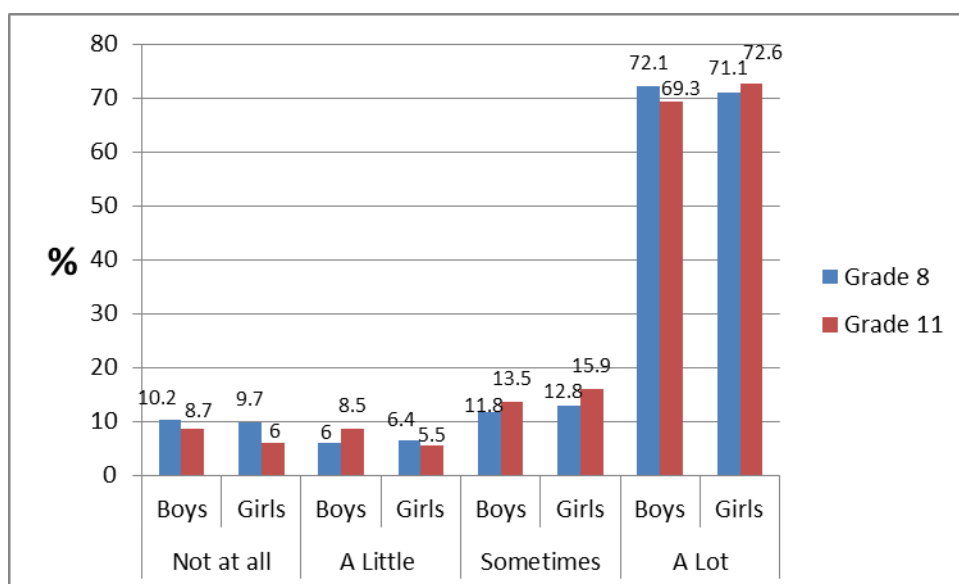
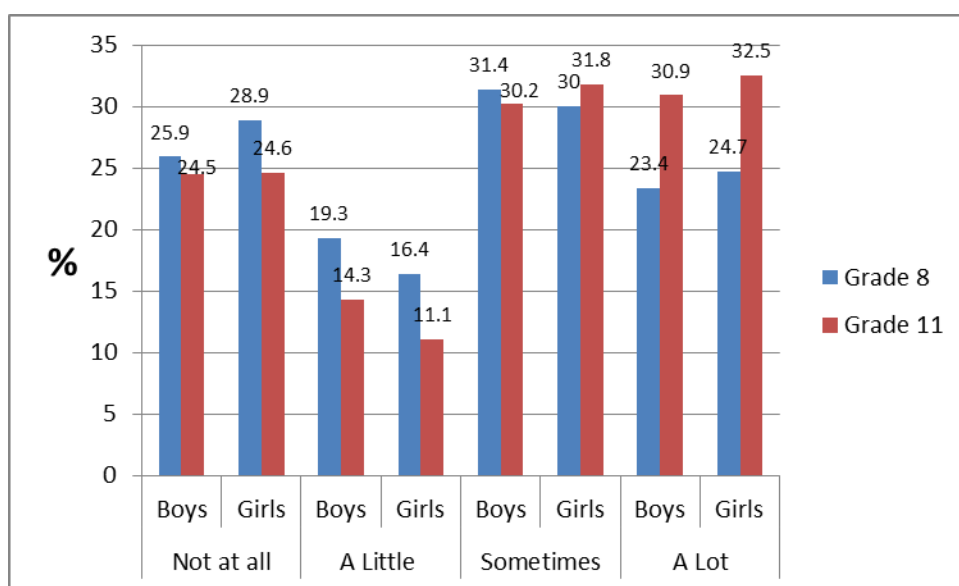


Figure 4 indicates a similarity in the opinions of grade 8 and 11 learners on whether boys/girls who drink/use drugs are destroying their lives. This tendency, however, is not of practical value either, as the phi-coefficient for boys was 0.060 and for girls 0.080. The perceptions for the boys and girls were also remarkably similar. The deduction can be made that grade 8 and 11 learners generally felt that boys and girls who drink/use drugs are destroying their lives.

Figure 5: Perception of learners on boys/girls who drink/use drugs and think that it doesn't matter because it's their choice



From Figure 5 it seems that grade 11 learners were more likely to think that it did not matter if learners drink or use drugs, since it's their choice. This tendency, however, is not of practical value as the phi-coefficient for boys was 0.095 and for girls 0.111. Although the question had the potential to be a bit confusing, it can be reasonably concluded that learners do care for each other. Grade 11 learners appeared to be more caring of their peers than grade 8 learners. As mentioned before, this might be because of the importance of peers at that age. Although grade 8 learners are also starting to become more peer orientated, grade 11 learners rely a lot on peers for acceptance and confirmation. It is important for any substance abuse prevention programme to consider the opinions of learners on drinking and substance abuse, as well as paying close attention to the ages of said learners. They are, after all, the intended target group, and their ages will determine the approach that presenters would have to follow when addressing these issues.

Figure 6: Perception of learners on boys/girls who drink/use drugs and think they will become an alcoholic/”druggie”

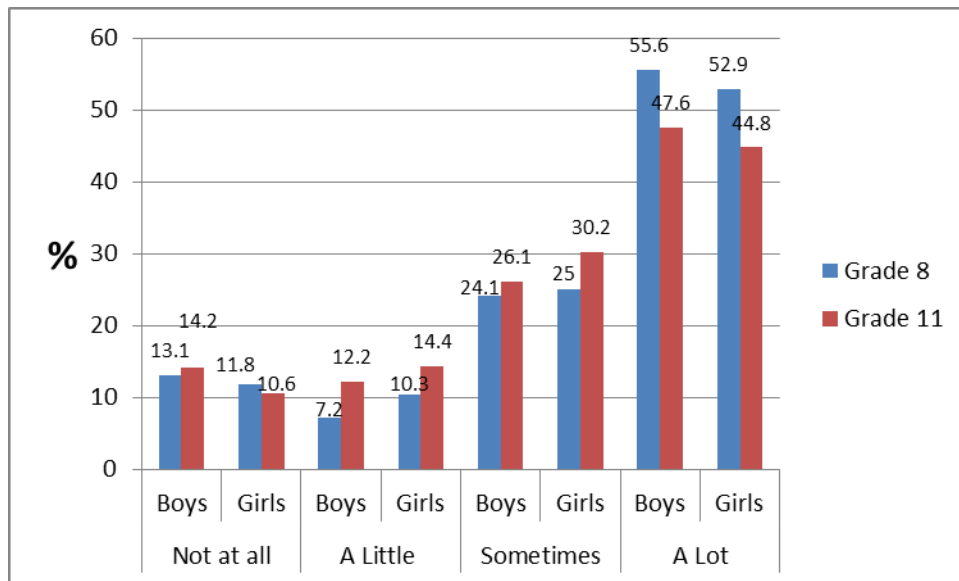
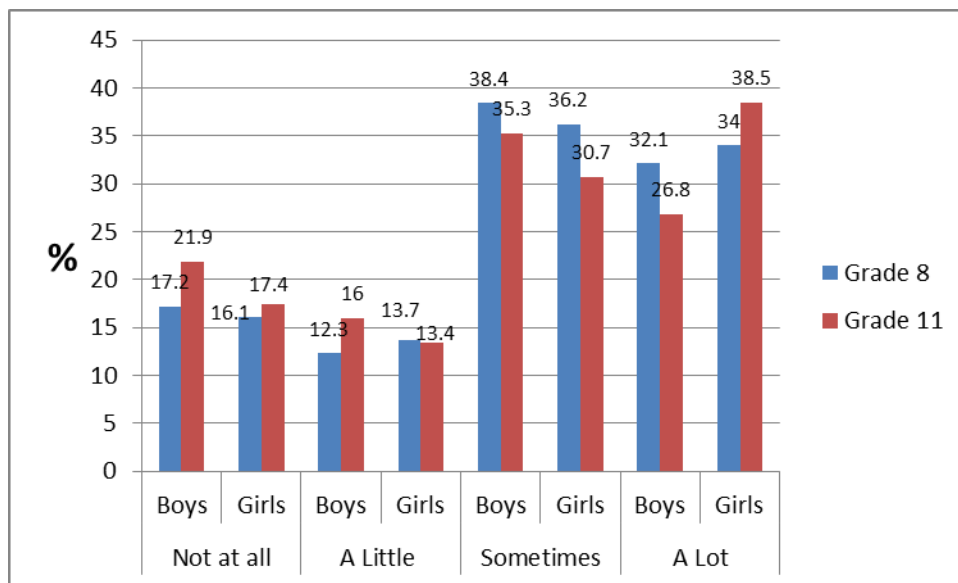


Figure 6 indicates that grade 8 learners were more likely than grade 11 learners to think that boys/girls who drink/use drugs would become alcoholics/”druggie[s]”. Once again this tendency is of no practical value, as the phi-coefficient for boys was 0.097 and for girls 0.101. The reason for the difference in perception might be that the use of drugs and/or alcohol is already so much a part of the older learner’s reality, that they don’t feel as threatened by the possibility.

Figure 7: The perception of learners on boys/girls who drink/use drugs and engage in sexual activity



Grade 8 learners were more likely to think that boys/girls who drink/use drugs would engage in sexual activities. However, grade 11 learners indicated a higher possibility for girls to engage in sexual activities when using alcohol or drugs than grade 8 learners. This tendency is not of practical value as the phi-coefficient for boys was 0.092 and for girls 0.063. The differences between grade 8 learners' opinions about boys and girls were also smaller than that of grade 11 learners, who thought that boys/girls who drink/use drugs are into sex. This leads to the conclusion that the use of alcohol/drugs is associated with being involved in sex, which has a direct implication on norms and values. A study done by CASA (2010:4) found that three out of four learners were of the opinion that teens using alcohol or illegal drugs will engage in sexual activities. This confirms the findings of this study and is also supported by a study done by Gazis, Jason and Ho (2010:346) who indicated that the early onset of alcohol use leads to problems with authority figures, the use of other drugs, and early sexual activities. It is therefore important to take notice of the link between the use of alcohol and substance abuse, with sexual activities. Thus it would be ideal for substance abuse prevention programmes to also focus on sex education. The reality of the prevalence of HIV and Aids in the African context cannot be ignored.

Did learners think you could become an alcoholic if you got drunk only a few times a year? 36.1% grade 8 learners said “yes”, versus the 28.3% grade 11 learners who also conceded. 46.9% grade 8 learners said “no” to the question, versus 55.1% grade 11 learners. A higher percentage (50.6%) of grade 11 learners thought that you could die if you became drunk or used drugs only once, while a slightly lower percentage of 44.8% grade 8 learners. 28.2% grade 11 learners did not think that you could die if you become drunk or used drugs only once, versus 23.9% grade 8 learners. This emphasizes the importance of consistent and accurate information, to be discussed in Article 2 of this dissertation.

Figure 8: Respondents’ awareness of children in their school using alcohol or drugs

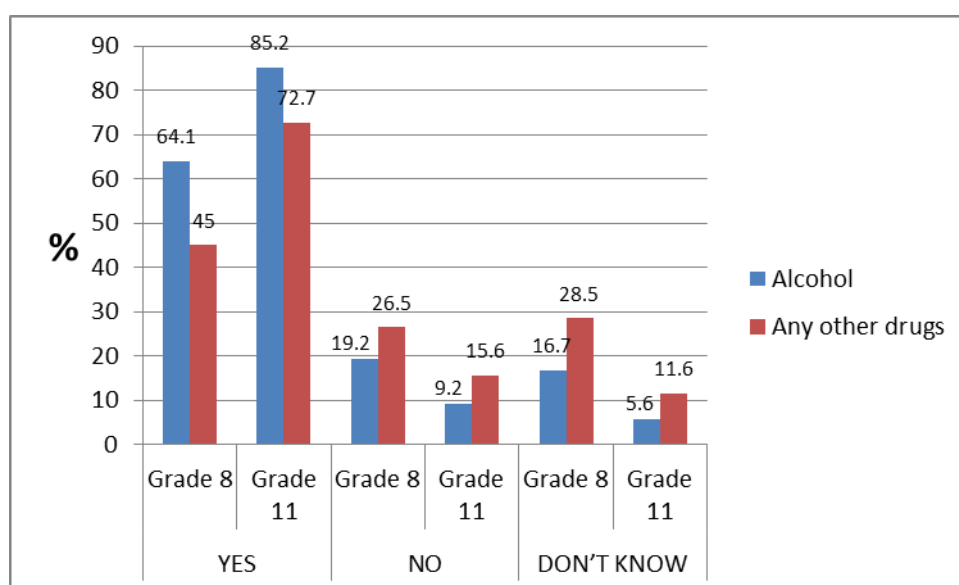


Figure 8 shows that grade 11 learners were more aware of alcohol or other drugs being used in their school than grade 8 learners. The reason for this difference could be that the older children had been attending school for a longer time and were more aware of what was going on. For the same reason, grade 11 learners also know more people than learners in grade 8, who have only been attending high school since the beginning of the year. Most of the children indicated that they had started using substances between the ages of 14-15. This could mean that the grade 8 learners had not yet started experimenting with substances, while grade 11 learners probably had and therefore knew what was available. All focus groups indicated that they were

aware of learners using substances on the school premises that included alcohol, dagga and other drugs. In a study done by Peterson (2010:60) in the USA, learners indicated that they observed peers using alcohol, tobacco and other drugs at school. CASA (2010:12) reports that in their findings one in three learners admitted to knowing someone who was using illegal drugs. This echoes the findings of this study as learners and focus groups indicated the same tendency.

These results are relevant to our study in reinforcing the fact that the extent of substance abuse in schools in Mpumalanga is real and unavoidable. No school can guarantee an absence of alcohol or substance abuse among their learners. With more than 40% of grade 8 and 70% of grade 11 learners reporting that they are aware of their peers using alcohol and other drugs, it is essential that more effective substance abuse prevention programmes are brought to the table.

Figure 9: Respondents' awareness of children in their school that sell illegal drugs

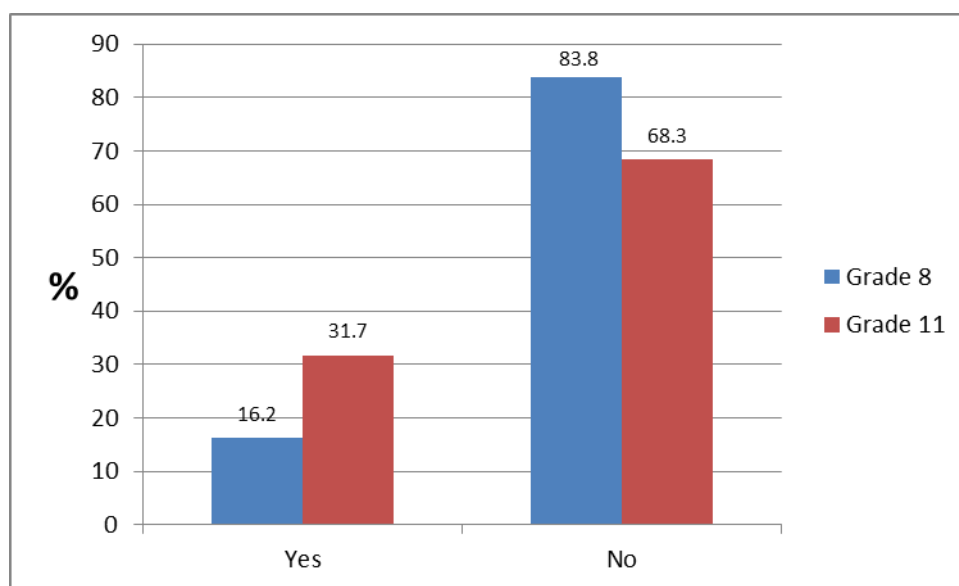


Figure 9 suggests that grade 11 learners are more aware of the sale of illegal drugs in their school than grade 8 learners. Nevertheless the phi-coefficient is -0.182, which means that the significance of the difference in opinion between the groups is of no practical value. It might be that grade 11 learners have become desensitised to the use of drugs, or because they have been in high school for longer and are more aware of what is going on in and around the school. The same tendency occurred with the

question of whether learners had ever seen illegal drugs being sold on the school grounds. These findings highlight the possibility that illegal drugs are being sold in schools, which necessitates the involvement of school governing bodies, principals and government departments as partners in substance abuse prevention programmes.

The focus groups confirmed the sale of illegal substances on school premises. Focus groups 1 and 2 reported that they were aware of learners selling substances on school premises, while focus group 3 implicated the selling of substances on school premises by saying that learners attend school but do not attend classes; instead, they prefer to use substances during school classes.

Figure 10: Alcohol use among respondents

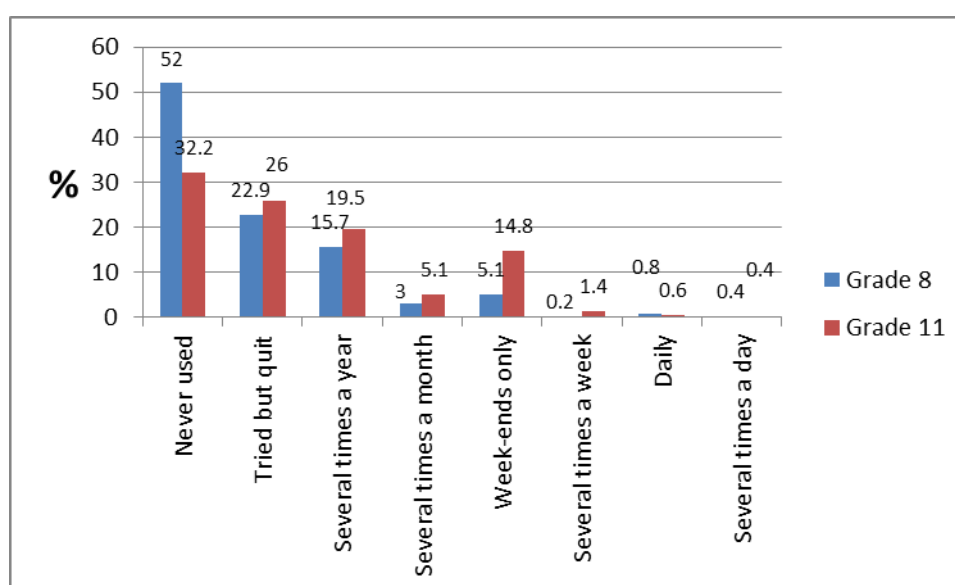


Figure 10 indicates that grade 11 learners are more likely to be using alcohol than grade 8 learners. This tendency is not of practical value as the phi-coefficient is 0.240. The results also indicated that more grade 8 than grade 11 learners had never used alcohol. The age difference between grade 8 and 11 learners might play a role in whether or not they had ever used alcohol, as the older learners were more likely to have already experimented. As mentioned before, Visser and Routledge (2007:604) reported that 26% of the respondents in their study on schools in the Tshwane region, had reported current alcohol use. This correlates well with the results of this study. The CASA study (2010:vi) suggested that a person who had reached the age of 21 years without ever having drunk, used illegal drugs or smoked, was virtually

guaranteed never to do so in the future. If this is the case it is very alarming to notice that only 30% of grade 11 learners indicated that they have never used alcohol. The prevalence of alcohol use is very high among learners and sketches a reality that begs the question: “Where are we failing?”

Table 1: Drug use among respondents

		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Marijuana	Gr 8	90.7%	4.4%	1.3%	0.8%	1.5%	0.2%	0.4%	0.8%
	Gr 11	78.7%	13.5%	2.5%	1.7%	0.8%	0.2%	2.1%	0.4%
Ecstasy	Gr 8	93.9%	1.7%	1.5%	1.1%	1.1%	0.4%	0.2%	
	Gr 11	95%	2.6%	0.6%	0.9%	0.4%	0.2%	0.2%	
Cocaine	Gr 8	94.3%	1.7%	0.6%	1%	1.5%	0.4%	0.2%	0.4%
	Gr 11	95.5%	2.4%	0.4%	0.4%	0.9%	0.4%	0%	0%
Heroin	Gr 8	93.8%	1.8%	1%	0.6%	1%	1%	0.4%	0.6%
	Gr 11	95.6%	0.9%	0.7%	0.2%	0.9%	0.7%	0.4%	0.7%
Indigenous	Gr 8	89.3%	5.8%	2.4%	0.2%	0.4%	0.9%	0.9%	0.2%
	Gr 11	93.2%	1.6%	1.6%	0.8%	0.5%	0%	1.1%	1.1%

According to the numbers in Table 1, grade 8 learners were more likely never to have used marijuana. Unfortunately, the tendency is not of particular value as the phi-coefficient was 0.199. Surprisingly, a higher percentage of grade 8 learners indicated the use of ecstasy, cocaine, heroin and indigenous substances than grade 11 learners. This tendency is also not of particular value as the phi-coefficient for the respective substances was 0.068; 0.072; 0.054 and 0.144. Although the reason is unclear, it might be that grade 11 learners had already gone through the experimental phase and quit while grade 8 learners were only just beginning. That would also explain the higher percentage of grade 11 learners who had already dabbled, but quit. More grade 8 than grade 11 learners quit indigenous substances.

All three focus groups mentioned dagga as one of the main substances of abuse among secondary school learners. Focus groups 1 and 2 also mentioned alcohol,

while focus group 2 mentioned the sniffing of glue. Focus group 3 mentioned the combination of dagga and heroin (called pinch) as the main substances of abuse in their areas. The difference in opinion of the three groups might have been due to the uniqueness of each area as mentioned earlier in the study. This shows the importance of knowing the area and substance of abuse when conducting prevention programmes. Of their study on schools in the Tshwane region, Visser and Routledge (2007:604) reported that 7.5% acknowledged the use of illicit drugs such as cannabis or other.

According to a study done in the USA in 2006, it was found that 6% of grade 12 learners had used ecstasy in their lifetime, and 4% had used it during the previous year (Martins, Storr, Alexandre & Chilcoat, 2008:920). They also reported that 1.6% of learners between the ages 12-17 years had used ecstasy in their lifetime. No other literature could be find that identified the use of specific drugs in secondary school. These findings are relevant to our study in identifying the extent of substance abuse in secondary schools in Mpumalanga. It is clear that alcohol is the drug of choice and the use of other drugs such as marijuana, ecstasy, heroin and cocaine are also prevalent.

Figure 11: Age of first use

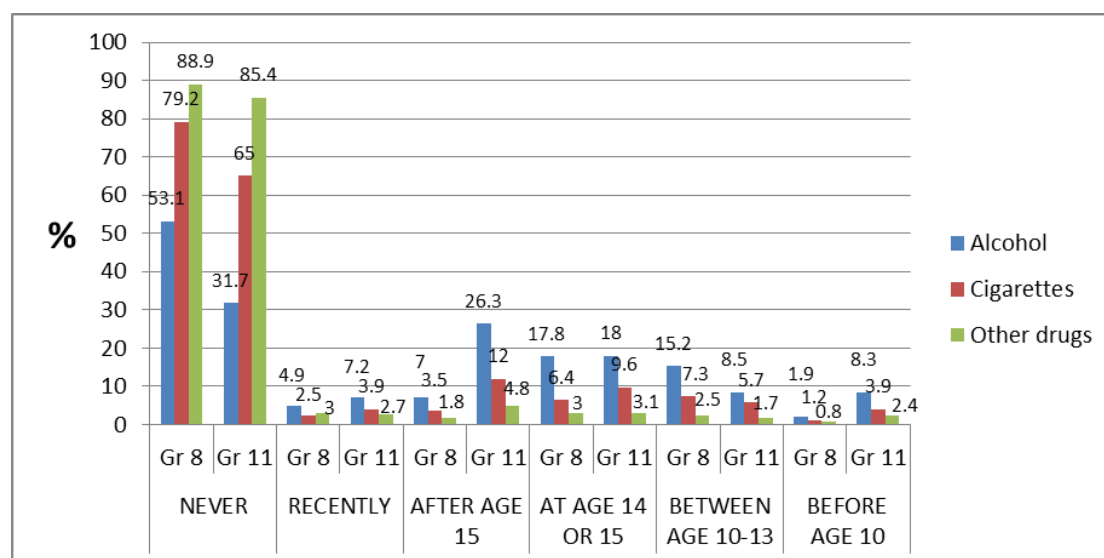


Figure 11 illustrates that grade 11 learners were more likely to have already used substances than grade 8 learners. Here we need to take into consideration the age difference between grade 11 and grade 8 learners. This tendency might be of some value regarding alcohol, as the phi-coefficient for alcohol was 0.341. It is, however,

of no particular value for cigarettes (phi-coefficient of 0.211) or other drugs with a phi-coefficient of 0.114. More grade 11 learners indicated that they had started using alcohol before the age of 10 years, while most grade 8 learners indicated initiating the use of alcohol between the ages 10-13 years. More grade 11 learners indicated only starting to use alcohol after age 15, but most grade 8 learners only reached that age group while in grade 8. From figure 11 it seems that the use of alcohol is more likely among learners than cigarettes and other drugs. That correlates with findings in the aforementioned literature.

Focus group 1 was of the opinion that some learners started using substances as young as 9 years while the other focus groups did not give an indication of age but mentioned that learners started experimenting at a very young age, and that the age was dropping.

Figure 12: Place of drug use

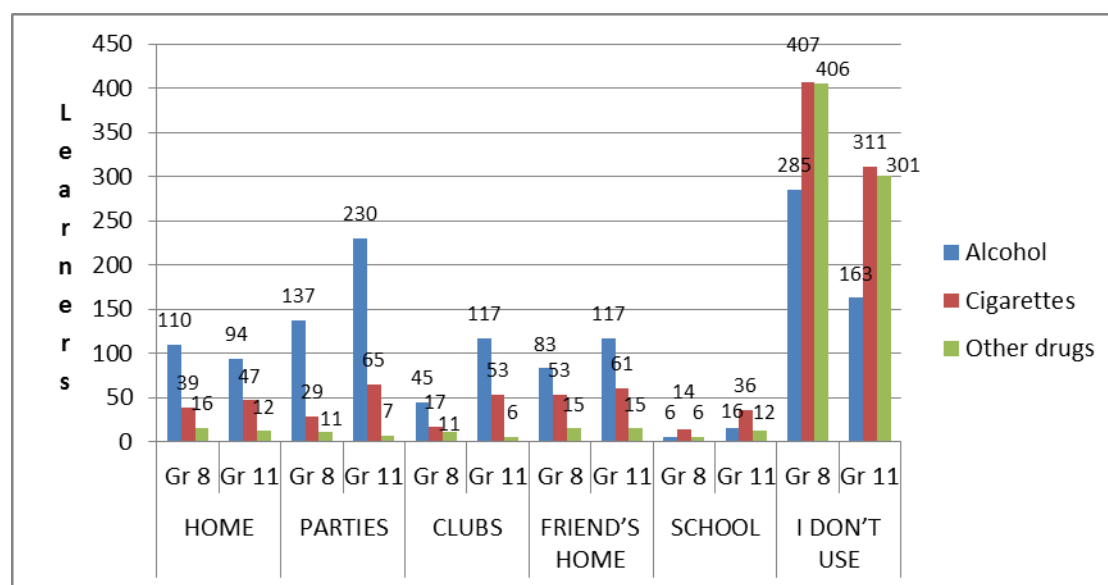
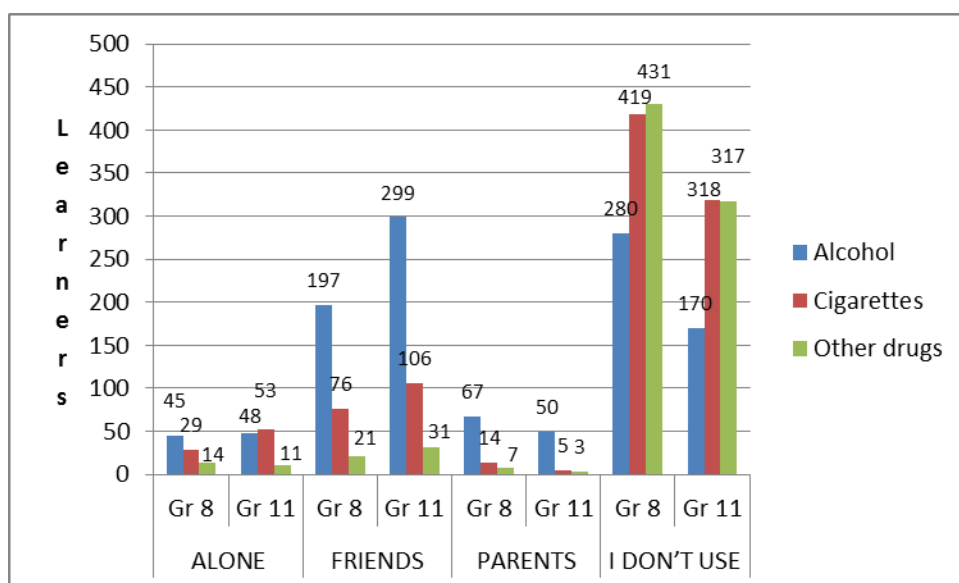


Figure 12 shows that most learners, grade 8 and 11, use alcohol at parties although grade 11 learners are the more likely users. Once again alcohol seems to be the more common substance of abuse rather than cigarettes and other drugs. After parties, grade 11 learners prefer to use alcohol at a friend's home or at clubs while grade 8 learners use alcohol at home, then at a friend's house, and lastly at clubs. Grade 11 learners are probably more likely to be allowed to visit clubs and friends' homes than grade 8 learners. The substance most commonly used at schools is cigarettes;

however, the indication for the use of cigarettes at school is still much lower than any other place. This possibly biased information might be due to caution on the part of the learners because they completed the questionnaires at school. According to a study done by Peterson (2010:60) most learners reported the primary places for alcohol, tobacco or the use of other drugs were their homes, the home of a friend, and the school grounds. In a study done in the USA, Kypri, Paschall, Langley, Baxter and Bourdeau (2010:41) found that the most prominent locations for the use of substances were flats/houses and secondly pubs/bars/clubs. This also has bearing on our study, since the places where substances are used determines the role players, like parents, who should be included as partners in substance abuse prevention programmes. CASA (2010:vi) states that there is no one better to influence the decision of a learner in his choice to use a substance or not than his parent.

Figure 13: Others present during drug use



From Figure 13 it seems as if learners will more likely use any kind of substance in the presence of their friends. This was particularly true of grade 11 learners, although both groups preferred using substances with their friends present. Although grade 8 and 11 learners were almost even in indicating their use of alcohol in the presence of their parents, grade 8 learners were slightly more inclined to do so than their older counterparts. It is alarming that nearly 100 respondents indicated that they use alcohol and cigarettes alone. In terms of alcohol that might already be an indication

of problem drinking. The difference between grade 8 and grade 11 learners was very little.

In the study done by CASA (2010:4) it was concluded that learners who are friends with regular substance users are more likely to use substances or drink alcohol - thirteen times more likely to try marijuana and eight times more likely to smoke.

Table 2: Experiences after alcohol or drug use

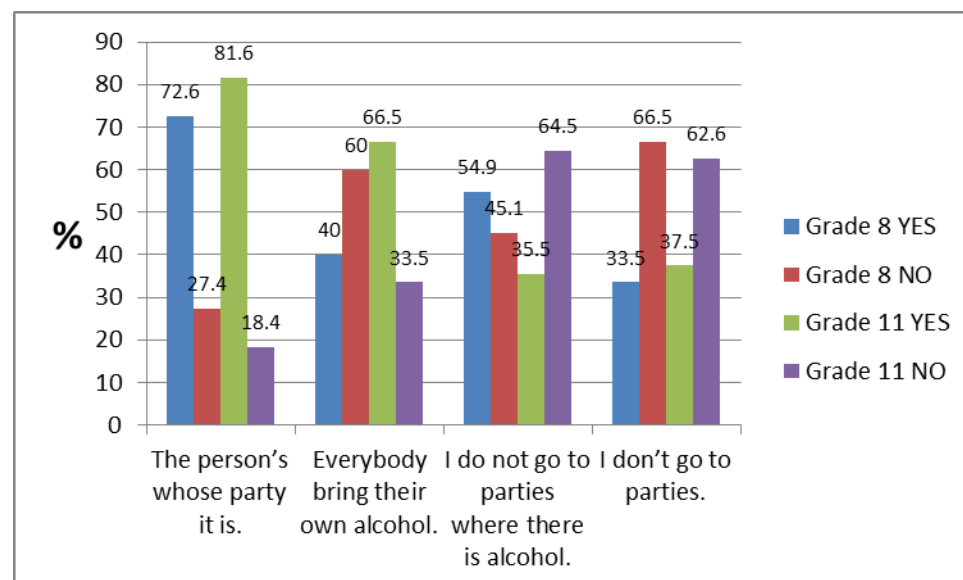
EFFECT	ALCOHOL				OTHER DRUGS			
	Grade 8		Grade 11		Grade 8		Grade 11	
	YES	NO	YES	NO	YES	NO	YES	NO
No effect					17.5%	82.5%	25%	75%
Feel drunk or tipsy	43.2%	56.8%	73.6%	26.4%	14%	86%	29.4%	70.6%
Feel High	25.6%	74.4%	37.1%	62.9%	13.1%	86.9%	37%	63%
Become ill	24.6%	75.4%	40.8%	59.2%	15.1%	84.9%	24.5%	75.5%
Passed out	17.3%	82.7%	27.1%	72.9%	10.7%	89.3%	18.3%	81.7%
Overdose	14.9%	85.1%	19%	81%	9%	91%	15.8%	84.2%
Memory loss	18.7%	81.3%	29.7%	70.3%	10.5%	89.5%	20.3%	79.7%
Confrontation with the principle/ school	11%	89%	11.9%	88.1%	7.3%	92.7%	13.4%	86.6%
Confrontation with the police	13.1%	86.9%	14.6%	85.4%	7.8%	82.2%	10.3%	89.7%
Used a lot and next day didn't remember	18.6%	81.4%	26.3%	73.7%	10.2%	89.8%	15.4%	84.6%
I don't use	51.3%	48.7%	45.8%	54.2%	51.5%	48.5%	56.1%	43.9%

According to the Chi-Square Tests, the p-value is 0.000, thus smaller than 0.05. The phi-coefficient is 0.308, thus the differences between the grade 8 and 11 learners' indication of feeling drunk or tipsy when they drink alcohol is of significant value.

The difference between the numbers of grade 8 and 11 learners feeling high when they use other drugs is also important, as the phi-coefficient is 0.278.

For all the effects of other drugs the phi-coefficient was less than 0.185, which made the differences of insignificant value. The interpretation would indicate that grade 11 learners are more affected by alcohol and other drugs than grade 8 learners. It might be that grade 11 learners consume more substances or more learners are already involved in substance abuse. It certainly seems like alcohol is the substance that affects learners the most. Judging from the figures interpreted thus far, the reason is simply that learners consume more alcohol than other substances.

Figure 14: Providers of alcohol at parties



According to Figure 14, grade 8 learners were more likely to go to a party when there is no alcohol available. With a phi-coefficient of 0.099, the difference between the two groups proves to be of insignificant value. The Data suggests that most learners are provided with alcohol by the person whose party it is. More grade 11 learners provide their own alcohol than grade 8 learners. This tendency is of no particular value, though, as the phi-coefficient was 0.266. In 2000 Naser *et al.* (2001:9-10) found that 63% of learners from schools in Pretoria choose not to attend a party where drugs are available; they prefer going to a party without the presence of any drugs.

Figure 15: Supervision at parties

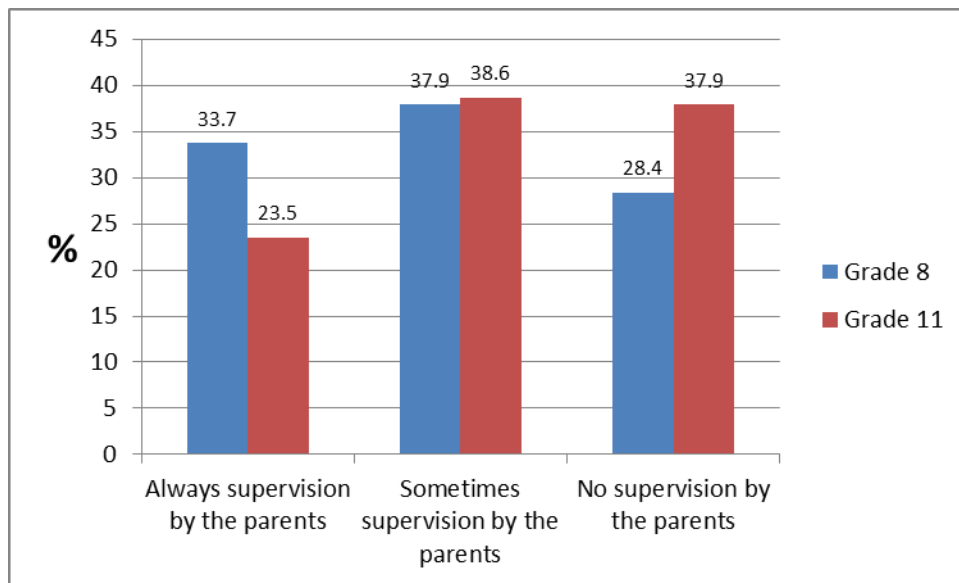
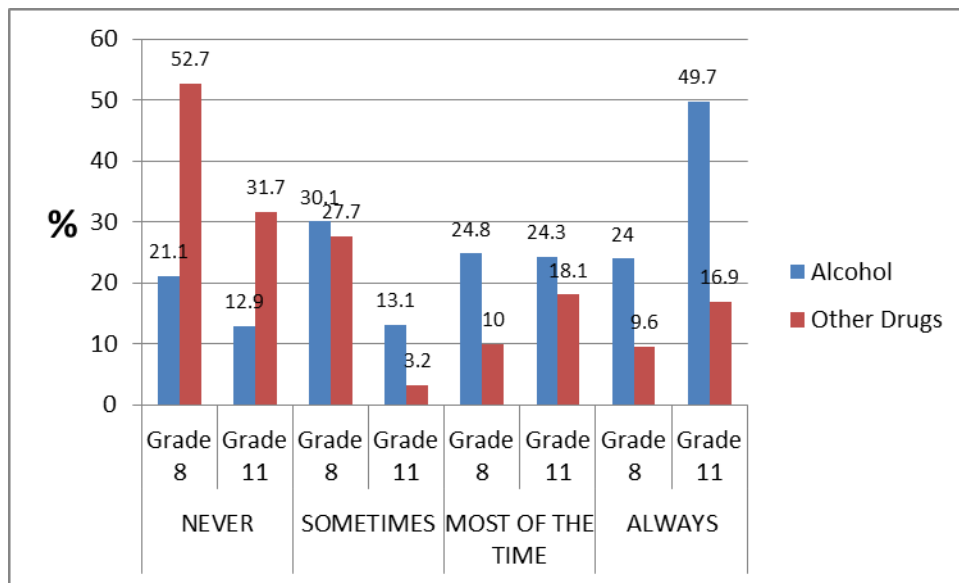


Figure 15 illustrates that more supervision is provided at parties where grade 8 learners are present than where grade 11 learners are present. It seems as if the age difference between grade 8 and 11 learners is a definite influence on parental supervision at parties. The older the learners, the less supervision seem to be warranted. Nevertheless, the difference does not seem particularly, as the phi-coefficient was only 0.126. CASA (2010:iii) mentioned the concern of parents due to other parents allowing children other than their own to use alcohol in their homes. The concerned parents therefore called for a social host law that would make it a crime for parents to serve alcohol in their home to children other than their own. It is important to take notice of the tendency that there is no or little supervision at parties. Parents therefore need to be advised to know their children's friends and their parents. For the development of an area-specific substance abuse prevention programme, it is important to get the buy-in of parents as role players and advocate for solid parent involvement and support.

Figure 16: Availability of alcohol at parties



The indications for Figure 16 seem to be that the age difference and the presence of parent supervision have a direct influence on the presence of alcohol/drugs at a party. Grade 8 learners mentioned the presence of parent supervision at parties. Thus grade 11 learners are more likely to have alcohol available at their parties than grade 8 learners. This is of noticeable value as the phi-coefficient for the availability of alcohol at parties was 0.297. The other noticeable indication in the graph is that alcohol will more likely be available at parties than other drugs. The question arises if parents allow the presence of drugs at parties? Are other parents aware of that, do they give their permission, or is it a matter of the deterioration of values and norms of society? Only focus group 1 mentioned that alcohol is always available at parties attended by secondary school learners.

It is clear that alcohol and other drugs are in use among learners in our community, schools and homes. It also seems that learners are quite open and tolerant towards alcohol and substance abuse. It has been mentioned that findings such as these do not remain stagnant and therefore continued research is required to determine a shift in prevalence of certain substances and changes in the stance of learners. It is necessary to look at what has been learned from the study and make some recommendations.

9. CONCLUSIONS AND RECOMMENDATIONS

In conclusion, it is necessary to report the limitations of the study. Being restricted to Mpumalanga learners only, the results cannot be generalized to other parts of South Africa. The study used self-reported Data by a self-administrated questionnaire and relied on the respondents' self-knowledge and subjective experience of situations. This may have impacted on the accuracy and validity of the results. Language might have been a problem as well as the questionnaire was in English. Although all secondary schools teaches in English or partially in English, it needs to be mentioned that a very high percentage of the learners included in the study use English as their second language and have another language as mother tongue. During focus group discussions participants had the opportunity to respond uninterruptedly and spontaneously to all or any of the questions. Participants might, however, have been influenced by others in the group. As respondents relied on their own knowledge and subjective experience of situations, it might have impacted on the accuracy and validity of the results. As limited time was provided for focus group discussions, all questions could not be covered during the sessions. Due to the emigration of the researcher, feedback on the outcome of the study was not possible in time and in person. Feedback will be given to schools and governing bodies via e-mail and written report.

The researcher came to the following conclusions:

- Substance abuse among learners in Mpumalanga is a reality to take notice of. Alcohol seems to be the main substance of abuse. The tolerant stance of learners towards substance abuse is concerning.
- It seems that learners, parents and schools are also not entirely aware of possible prevention programmes and if they are aware, the effects thereof are questionable. It might be that prevention programmes are mostly a one-time effort.
- The older the learners, the more “cool” it is to use alcohol and other substances.
- It seems that the use of alcohol and other drugs is quite an acceptable phenomenon among learners. From a prevention perspective this might indicate that substance abuse prevention efforts have failed or have not yet reached the target group.
- It seems as if it is more acceptable for boys to drink than for girls.

- The peer group plays an important role in the stance of learners towards alcohol and substance abuse.
- Substance abuse is associated with involvement in sexual activities.
- Learners are aware of other learners using substances at school as well as the sale of illegal drugs on the school premises. The involvement of school principals and school governing bodies are paramount.
- The main substance of abuse remains alcohol but the prevalence of other drugs used in schools, however low the indicators, cannot be ignored.
- Alcohol is mostly provided by the person whose party it is. Parents therefore need to be more cautious of letting their children go to a party if they are unfamiliar with the host family.

It is recommended that:

- The prevalence and extent of substance abuse in a school/community be determined before the implementation of any prevention programme or measure.
- Learners be made aware of and be invited to be a part of prevention programmes or measures.
- The inclusion of parents in any prevention programme is imperative. This includes the parent in planning, training, executing and monitoring of the programme.

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Journal Article 2

**THE VIEWPOINT OF LEARNERS IN MPUMALANGA
TOWARDS SUBSTANCE ABUSE AND ASSOCIATED
PREVENTION PROGRAMMES**

(See Annexure 6 for the author guidelines of the intended journal)

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&

A.G. Herbst

ABSTRACT

From the literature and research study it seems that learners will most likely use substances if their parents are. Furthermore, alcohol is not perceived as a drug but a normal, social way of experiencing life. The research and literature also revealed that learners most likely drink with their friends. The other important tendency that was discovered during the research and also confirmed by literature, was that learners want their parents to be involved in their lives and set clear rules and boundaries. Learners see their parents as role models. Poor parenting contributes to substance abuse. Parental support is therefore vital in eliminating the use of drugs as well as educating learners and parents.

KEYWORDS

Abstinence

Drug education

Prevention

Substance abuse

1. INTRODUCTION

Schools have great potential for being a locus of substance abuse prevention as they provide regular access to learners throughout the developmental years. Botvin (2000:887) confirms this statement and also mentions that schools are particularly well suited to implement and test prevention programmes.

Over the years schools have realized the importance of substance abuse prevention. However, drug education is something that most teachers have no initial training for (Cole, 2000:55). In a study done by Peterson (2010:61) learners indicated their preference for a credible, experienced source rather than the classroom teacher. Some schools developed their own “preventative” initiatives such as getting the police, social workers, health professionals, and other substance abuse experts to give information to children. Other schools made use of government initiatives and official substance abuse prevention programmes such as KeMoja – meaning “No Thanks” – a programme rolled out by the Department of Social Development in South

Africa, developed by the United Nations Office on Drug and Crime, the National Department of Social Development, and Miles and Associates International – Success by Choice (South Africa, 2005:1). Other schools decided not to address the problem directly but put this responsibility on the parents. Nevertheless, all learners in schools have in some way been exposed to preventative programmes or measures.

2. PURPOSE OF THE STUDY

The overarching aim of this part of the study was to describe the stance of learners in Mpumalanga towards substance abuse and existing prevention programmes. This aim resulted in the following more specific objectives:

- To explore the viewpoint of learners and their parents with regards to alcohol and drug use, and
- To explore the stance of learners in Mpumalanga towards substance abuse prevention programmes.

3. BACKGROUND TO THE PROBLEM

When studying literature on adolescent substance abuse prevention programmes, it becomes clear that this is an extremely difficult phenomenon to discuss as it has extreme perceptions and totally opposing opinions. Furthermore each community has its own identity and culture that has to be acknowledged and taken into consideration within a prevention programme (Peterson, 2010:55). Gonet (1994:4) supplies an example of the position on substance abuse prevention by talking about a parent meeting at a school in the USA where the problem of teenage drug use was discussed. One parent was of the opinion that total abstinence was the only solution to the problem. Another parent reminded everyone that adolescence was a very difficult time and that the use of a drug assisted the adolescent in handling the stress of this traumatic developmental stage. This is the kind of mixed messages that teenagers are continuously bombarded with. Peterson (2010:58) and Van Wyk, Kleintjes, Ramlagan and Peltzer (2007:343) confirm this and emphasize the importance of information that is scientifically accurate, objective and non-biased as well as non-judgemental, to ensure that the message is accepted and credible. Fisher (1987:42)

elaborates on this issue by mentioning that a clear message should be communicated by using words of truth.

Another viewpoint on substance abuse prevention is that knowledge on the extent of the problem is essential before developing a prevention programme. “To develop effective school drug prevention and counseling programs, school staff need to be aware of trends emerging in their communities: new drugs, routes of administration, drugs of choice, drug combinations, percentage of students involved, age at first use, and student’s behaviours and attitudes toward commonly abused drugs” (Gonet, 1994:11). It is therefore important to know the problem before the best approach can be determined. To do this one must look at the view of the adolescent as well as the parent regarding this phenomenon.

4. ADOLESCENTS’ VIEWPOINTS ON THE USE OF ALCOHOL AND OTHER DRUGS

In a study done by Cole (2000:57) in the United Kingdom it was found that primary and secondary school learners were given information on tobacco by their teachers. They knew it was bad for them, but some learners knew of teachers and parents who smoked. Children and learners were thus receiving mixed messages. They might have been asking themselves: why can’t I smoke? Cole (2000:57) also indicates that learners between the ages of 11-12 years mostly have a negative attitude towards smoking; as their age increases, their negativity towards smoking decreases. The study also found that children are much more likely to become smokers if their parents and especially their siblings smoke. This confirms the researcher’s thoughts that learners do not necessarily do what their parents and teachers tell them to do, but what they see their parents and teachers doing. In a news release by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2009:1) it was said that children are at a high risk of also becoming alcohol and drug abusers if they grow up in a home where the parents are alcohol-dependent or abusing alcohol. This is confirmed by Markel (2005:1) and Peterson (2010:55). Markel says that “Kids don’t read their parents’ lips, they watch their parent’s actions.”

Cole (2000:58) is of the opinion that learners regard alcohol as a normal part of their parent's social life or that of an adult. Some learners also talked about their parents allowing them to have small amounts of alcohol with them at special occasions. Nevertheless, Cole also found that where learners were getting drunk, they drank with their friends and not with their parents.

Peterson (2010:53-64) found the following about the views of adolescents in a comparative study on the views of parents and adolescents regarding substance use:

- Adolescents want their parents to be parents and be positive role models giving consistent guidance on substance abuse.
- The normalization of substance abuse contributes to the early onset of adolescent use.
- Poor parenting and permissive parent/family attitudes contribute to adolescent substance use.
- Parents should not allow adolescents to use substances at home as it portrays a permissive attitude and has negative consequences for them and their friends.
- Substances are easily accessible from people they know: parents and older peers can be the suppliers even without their knowledge.
- The major preventative factor that withholds adolescents from using substances is: the fear of getting in trouble with their parents and losing their respect, getting trouble with the law, the school as well as the fear of an overdose, dying in a car crash, and the negative influence it could have on a future career.
- Adolescents also feel that open communication between them and their parents is very important. Parents should set clear boundaries and model their expectations and responsible behaviour.

5. PARENTS' VIEWPOINTS AND ATTITUDES TOWARDS THE USE OF ALCOHOL AND OTHER DRUGS

Martino, Ellickson and McCaffrey (2009:693) mention that the attitudes of parents towards alcohol abuse strongly predict adolescent alcohol use. They add that the attitudes of parents towards alcohol abuse are even more important than their use of

alcohol. The internalization of parents' attitudes towards substance abuse may contribute to resistance to peer influence and better self-regulation regarding substance abuse of the adolescent.

Markel (2005:1) states that 13% of children in the USA under the age of 18 years is living in a household where an adult uses illicit drugs; 24% lives in a household where alcohol is abused or heavily drunk; and 37% live in a household where the parents smoke tobacco. The fact that the abuse of alcohol or other drugs and the use of tobacco also contributes to other risk factors such as cancer, child abuse, and young adolescents getting involved in substance abuse, makes the problem that much more concerning. Although these statistics are representative of the situation in the USA, the researcher is of the opinion that it is relevant to the global picture as well.

Markel (2005:1) says that a large number of parents set examples that increase the risk for their children to start smoking and using alcohol or other drugs; thus the children lack boundaries. He adds that, where parents act responsibly, thus avoiding smoking, alcohol abuse or the use of drugs, children receive a positive influence away from the path of substance abuse.

Peterson (2010:53-64) found the following about the views of parents in a comparative study on the views of parents and adolescents regarding substance use:

- The view and attitude of the community on substance use is very difficult to change.
- Parents are less concerned about the long-term risks of adolescent substance use; they are more concerned about the immediate dangers.
- Parents feel adolescents are strongly influenced by their peers and less concerned about their influence on the onset of substance use in their adolescent. Parents are also strongly against other parents allowing adolescents to use substances in their homes.
- Parents require schools to provide more training that includes information to better their understanding of the problem of substance abuse, parenting skills and training that focuses on setting and maintaining boundaries for the adolescent children and to develop a communication network for parents.

Another study by McDermott (1984:93) indicates that the use of substances by parents is clearly related to whether or not adolescents use drugs. The study further reveals that where parents have a nonpermissive attitude towards the use of drugs, fewer of those adolescents use drugs. Where parents have a permissive attitude, the adolescents of those parents are more likely to use drugs (McDermott, 1984:95).

The researcher is of the opinion that children feel safe when they know what is right and what is wrong. They feel safe when they grow up in an environment of boundaries. It is normal for adolescents to start testing these boundaries. If clear boundaries are set, the researcher is of the opinion that they will also feel safe testing boundaries because they will know how far they can go, and they will know where to go for assistance and safety if things go wrong. If boundaries are unclear or non-existent, these adolescents will also test boundaries but without knowing the limits. They might not feel safe enough to go back home for security and advice.

6. THE POSSIBLE INFLUENCE OF HOUSEHOLD RULES AND ENVIRONMENT ON THE ONSET OF ALCOHOL OR DRUG ABUSE

Good family relations and communication can be seen as the foundation of the development of an emotionally, physically, psychologically and spiritually healthy young person. The Adolescent Health Research Group (2008:14) points out that the health and well-being of a young person is based on a close and caring relationship of that young person with his parents. Martino *et al.* (2009:694) found that, compared to parents who are more lenient, parents who have strict rules regarding limited alcohol use are less prone to have adolescents who engage in heavy drinking. This is confirmed in an Australian study by Olsson, Coffey, Toumbourou, Bond, Thomas and Patton (2003:144) where “young people who do not live with both parents are more at risk of substance use than those from intact families”. The same authors also concluded that young people who have a low level of attachment to their parents are more likely to use drugs. Their study indicated that young people are more likely to use drugs if their parents model permissive attitudes towards drugs and do not set definite limits/boundaries around drug use. In a study done in South Africa by Calitz, Veitch, Verkhovsky, Nieuwoudt, Myburg and Joubert (2007:135), 35% of the participants indicated that one or both parents, usually the father, abused some form

of substance. They further added that substance abuse by the parents was a contributing factor to dysfunctional family relations and the development of depression.

Research New Zealand (2009:30) discovered that it is more likely for youth drinkers to have a parent or guardian drinking alcohol (85%) than non-drinking youth (76%) and also more likely that both parents are drinking (67%) than in the case of non-drinking youth (56%). According to a report by the Ministry of Health of New Zealand (2007:47), 37.9% of youth drinkers have their parents purchasing alcohol for them and 34.8% get it from their friends. This relates very closely to a study Olsson *et al.* (2003:147) did on learners in Australia: the risk for year 9 learners to use cannabis increased ninefold if the attachment with the parents deteriorated. Their study indicated that where the attitude of parents towards drugs and delinquency was permissive, there was an eightfold increase in the odds that young people would use any cannabis in the last 30 days. Their study further indicated a strong association between poor parent attitudes to drugs and delinquency, and the use of cannabis among year 11 learners in Australia. Olsson *et al.* (2003:150) explained that “psychosocial processes that compromise the parent-child relationship place a child at increased risk of cannabis experimentation and regular use in the mid-teen years”. They went on to say that very poor attachments were highly associated with cannabis use among year 9 and year 11 learners. Their opinion is that intervention be directed at building a positive parent-child interaction.

Davidson, Bell and Gore (1979:315) found that 65.3% of school dropouts could not communicate with their parents: “The relationship between drug use and the students’ perceived inability to communicate with parents may be a further indication of an untenable home situation.” In their 2000 study in Pretoria schools, Naser, Ovens, Vistor-Zietsman, Ladikos and Olivier (2001:10) discovered that 85% of learners felt that parental support is vital in eliminating the use of drugs from schools in combination with education of learners on the dangers of drugs. Peterson (2010:55) confirmed these findings by summarising the argument very clearly: “Positive family dynamics, parental monitoring, and achievement-focused values serve as protective factors that reduce adolescent substance use. Having family and/or peers who model healthy behaviours may serve as a protective factor for adolescent substance use.”

7. RESEARCH METHODOLOGY

7.1 Research design

An exploratory research design, as described by Fouché and De Vos (2005:134), was used. A combined quantitative-qualitative research design was followed to reach the objectives of the study (Grinnell, 2001:113-114). A non-probability sampling method by means of target sampling was followed, as explained by Strydom (2005a:201-203). Eight schools in Mpumalanga were included in the sample, and they represented all three regions in Mpumalanga: Ehlanzeni, Gert Sibande and Nkangala.

7.2 Respondents

All the grade 8 and 11 learners of each of the eight schools were included in the study, although not all learners participated. An overall sample of 1078 learners was involved. The estimated population of Mpumalanga is 3.5 million people (Mpumalanga Provincial Government, 2009; South African.info, 2010) with a third of the Mpumalanga youth population under the age of 15 years (Mhaule, 2009).

7.3 Data Collection

A self-administered questionnaire was utilized as the method of Data collection (Delport, 2005:168). Social workers and community developers involved in the substance abuse field were utilized as fieldworkers to administer the questionnaires.

Focus groups were conducted with parents, teachers, social workers and community developers in all three regions of Mpumalanga. In Gert Sibande region there were 8 participants, in Nkangala and Ehlanzeni regions each 9 participants.. Greeff (2005:299-313) and Monette, Sullivan and DeJong (2005:186) describe focus groups as a method of qualitative Data collection, and the researcher employed it as an additional method to collect Data. This would serve to facilitate the triangulation of measures (De Vos, 2005:362).

7.4 Ethical Aspects

Permission was granted by the Mpumalanga Department of Education to conduct the research in schools in the province. Permission was also obtained from the schools' governing bodies and parents. Learners were included in this study voluntarily,

anonymously and with written parental consent. Permission for this study was also granted by SANCA National Research Portfolio Committee and the Ethics Committee of the North-West University (Potchefstroom Campus). The following ethical approval number was allocated for this study: NWU-0043-08-S1 (A.G. HERBST). Verbal consent for the study was gained from the focus group participants, confidentiality explained and animosity assured.

7.5 Data Analysis

The Data that was collected in this study was analysed by the Statistical Consultation Services of the North-West University using SAS Institute Inc (2003) and SPSS Inc (2007). They also assisted with compiling the report. Qualitative Data obtained during focus group sessions was thematically analysed following Tesch's approach as described by Poggenpoel (1998:343-344).

8. RESULTS

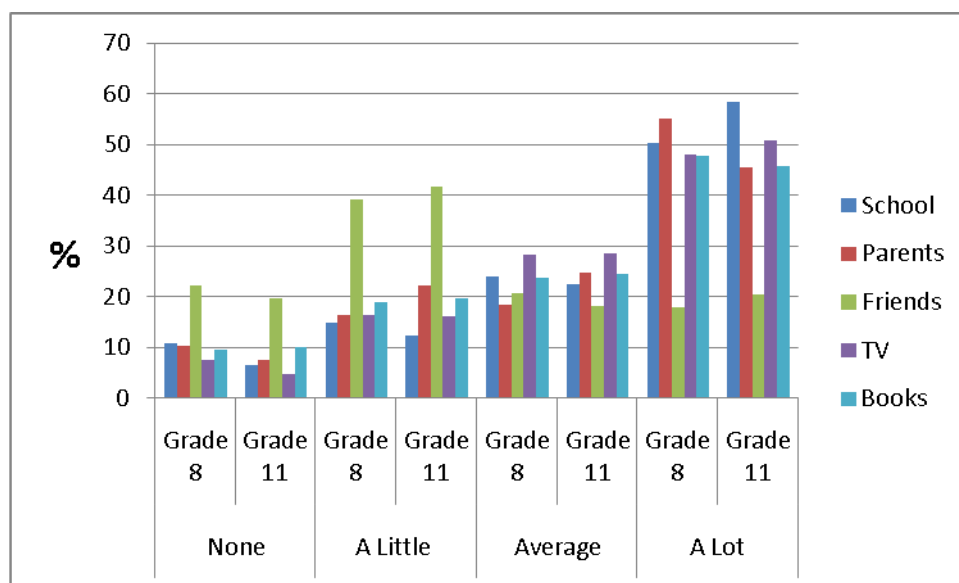
Results from the quantitative Data are presented in graphical format by means of figures and tables. These results are supported by the qualitative Data which was derived from the focus group discussions.

Taken into account the aim and objectives of this study, it was important that the questions in the questionnaire and in the focus group discussions were focused on knowledge and viewpoints regarding substances, substance abuse and prevention programmes. The following results derived from questions 2.5-2.7, 4.1-4.3 and 4.8 in the questionnaire as attached in Annexure 4. One of the questions asked was to determine the awareness of learners about prevention programmes in their schools with the following results:

- 67.9% of grade 8 learners were aware of lectures presented at the school on substance or alcohol abuse
- 76.2% of grade 11 learners were aware of lectures presented at their school on substance or alcohol abuse
- 17.6% of grade 8 learners said that they didn't know about such lectures, versus
- 8.7% of grade 11 learners who said that they didn't know about substance or alcohol abuse lectures presented at their school.

If 67.9% of grade 8 and 76.2% of grade 11 learners were exposed to substance abuse education, it could be said that learners should have had a much better understanding and better knowledge of substances, and displayed a higher percentage of resistance towards the use of alcohol and drugs.

Figure 1: Availability of information on the dangers of alcohol and drug abuse/use



From Figure 1 it seems as if grade 8 and 11 learners were more likely to think that information on the dangers of alcohol and drug abuse was more available from the school, parents, TV and books. It seems as if friends are not seen as a source of information on the dangers of alcohol and drug abuse. This tendency, however, is not of practical value as the phi-coefficient for all sources of information was less than 0.125. The biggest difference reflected by the graph is that grade 11 learners indicated that they received more information on the dangers of alcohol and drug abuse from the school, while grade 8 learners identified their source of information as their parents. The reason for this might be because grade 11 learners have already been exposed to prevention programmes, not only in their first year of high school, but also in follow-up prevention programmes. These adolescents are in a stage of exploration and do not rely exclusively on their parents' direction anymore. The researcher is of opinion that the availability of appropriate information from a

consistent source may lead to the reinforcement of information and a more effective transfer of knowledge.

In a study done by Peterson (2010:61) learners believed the school to be important in providing prevention information on alcohol, tobacco and other drugs throughout the school years. The opinion on substance abuse prevention programmes was that they had largely failed in their aim – to reduce substance use and abuse. Gonet (1994:83) describes a study done in the USA during 1986. A survey was done to determine students' experience of the value of prevention programmes: 19.1% reported little or no value; 49.9% reported some value; 23% reported considerable value; and 8% reported great value. After the survey, a comprehensive curriculum was implemented and thereafter "...80% of students found drug education of value, and 41% thought drug education made them less likely to use drugs" (Gonet, 1994:83). Unfortunately, the comprehensive curriculum was not described. The findings of Peterson (2010:53) and Strader, Collins and Noe (2000:57) indicate that substance abuse prevention programmes among the youth are largely unsuccessful, misguided, and do not inform the youth correctly.

In the survey conducted by this researcher, learners were also asked whether they thought that they knew enough about the dangers of alcohol and drugs: 68.6% of grade 11 learners said that they knew enough, versus 57% of grade 8 learners. It might be that grade 11 learners had more exposure to information on substance abuse.

Figure 2: Parents' viewpoints on learners' drug use

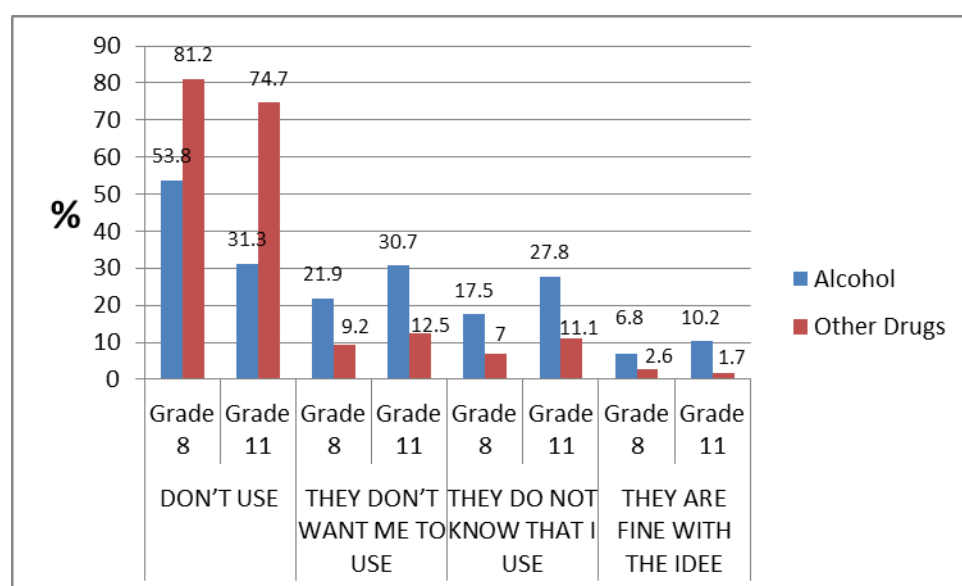
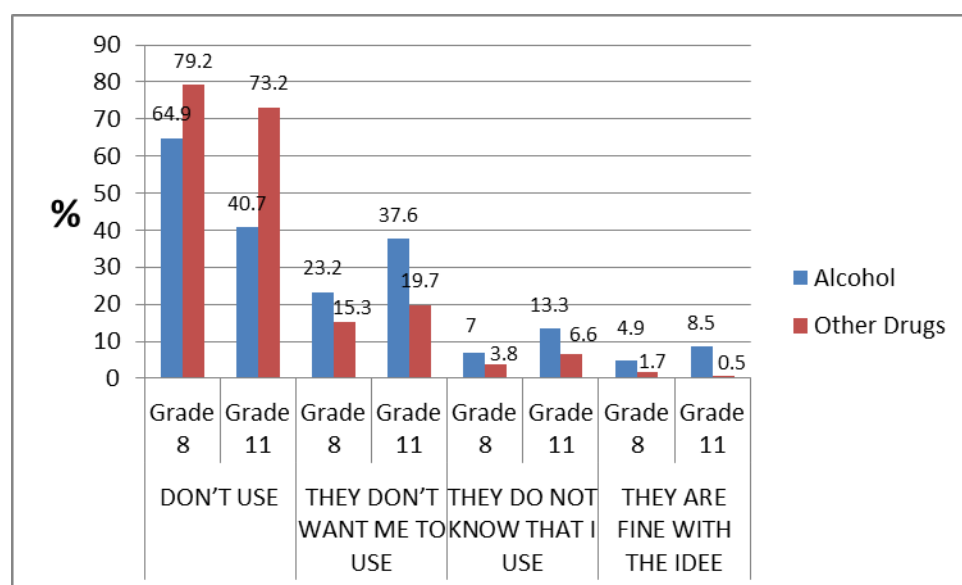


Figure 2 indicates that the parents of grade 11 learners are more likely not to know that their children are using alcohol or other drugs. The indication is also that the parents of grade 11 learners are also more likely not to want their children to use alcohol or other substances. This tendency is not of practical value, as the phi-coefficient for alcohol was 0.228 and for other drugs was 0.098. Quite interesting, though, was that the parents of older learners were more unaware of their children using alcohol and other substances than the parents of younger learners. That might be due to younger learners still enjoying more supervision than the older children, who are more independent. That was also the case when the learners were asked if there were any rules in their house concerning the use of alcohol or drugs. The responses for both grade 8 and grade 11 learners were very close. Grade 11 learners responded with a higher percentage of 78% confirming rules in the household regarding the use of alcohol or drugs, versus 71.4% of grade 8 learners. For other drugs grade 11 learners responded with 75.1% saying that there were rules in the house concerning the use of other drugs, versus 66.9% of grade 8 learners. Findings by CASA (2010:3) showed that learners with weak family ties were four times likelier to use tobacco, alcohol or marijuana than those with strong family ties. The relevance of this information cannot be underestimated. The importance of the role of the parent throughout the developmental years of an adolescent therefore needs to be emphasized and communicated during prevention programmes.

Figure 3: Presence of household rules regarding alcohol and drug use



The Data presented in Figures 2 and 3 is very similar. In terms of alcohol, a higher percentage of both grade 8 and 11 learners indicated that they didn't use. However, the figures for grade 11 learners were higher for parents not wanting them to use as well as parents not knowing that they were using. The significance of the difference between grade 11 and 8 learners was of less importance, though, as the phi-coefficient for alcohol was 0.244 and for other drugs it was 0.104.

According to all three the focus groups, learners have been exposed to substance abuse in their houses due to the misuse of alcohol by their parents. Focus groups were of the opinion that parents were not setting an example. Focus groups 1 and 2 mentioned that some parents were growing dagga in their back yards and that parents might not have the correct information on substances and the effects of substance abuse. As a result they did not know how to inform, support and protect their children. Other themes regarding household rules evolving from the focus group discussions, included a lack of communication between learners and their parents and the physical or emotional absence of parents in the lives of their children.

Table 1: Drug use by parents

		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Alcohol	Gr 8	53.1%	13.1%	12.5%	6%	7.1%	3.3%	3.5%	1.5%
	Gr 11	51.5%	15.8%	10.7%	4.7%	7.4%	4.9%	4.3%	0.6%
Cigarettes/ nicotine	Gr 8	75%	12.1%	1.7%	1.3%	1%	1.7%	3.5%	3.7%
	Gr 11	69.7%	12.4%	1.9%	0.6%	0.2%	0.4%	10.7%	4.1%
Dagga/ Marijuana	Gr 8	94.6%	2.7%	0.8%	0.8%	0.4%	0.2%	0.6%	
	Gr 11	94%	3.9%	0.2%	0.9%	0%	0.2%	0.9%	
Ecstasy	Gr 8	95%	1.7%	0.6%	1.4%	0.8%	0.2%	0.4%	
	Gr 11	96.7%	1.5%	0.2%	0.7%	0.4%	0%	0.4%	
Cocaine	Gr 8	96%	1%	1.2%	0.6%	0.6%	0.6%	0.2%	
	Gr 11	97.2%	1.3%	0.2%	0.7%	0.7%	0%	0%	
Heroin	Gr 8	95.7%	1%	0.6%	1%	1%	0.2%	0.4%	0.2%
	Gr 11	96.5%	1.1%	0.7%	0.4%	0.4%	0.4%	0.2%	0.2%
Indigenous	Gr 8	92.2%	3.5%	1.4%	0.8%	0.2%	0.8%	0.8%	0.2%
	Gr 11	96%	1%	0.8%	0%	1%	0.3%	0.5%	0.5%

From Table 1 it seems as if the patterns of alcohol use by parents are more or less the same for the parents of grade 8 and grade 11 learners. There was a bigger difference in the use of cigarettes by parents of the different grades, but the differences of other drugs were also very close for the parents of the different grades. It will be more meaningful to discuss the comparison of the learners' versus the parents' use of the different drugs, and that will be done later in the article.

It is important to have the aforementioned table reflecting the opinions of the different grades on the use of substances by their parents. If we take into consideration parents that quit using alcohol, it would seem that 33.8% of grade 8 learners and 32.7% of grade 11 learners' parents are using alcohol regularly. Parents use other substances less than alcohol, with nicotine the highest, followed by marijuana. This correlates with Data generally available on substance abuse tendencies as discussed in the aforementioned literature. It appears that a higher percentage of grade 11 learners' parents had never tried ecstasy, heroin or cocaine, and more grade 8 learners' parents

were using these three substances. The reason for this was unclear. Substance-specific information on the use of parents in comparison with the use of their children is very limited, and only general information is available. The exception is ecstasy, which will be discussed later. In general it seems as if the drinking habits and substance abuse of parents will more likely lead to the increase in possibility of use by their children (CASA, 2010:vi, Martins, Storr, Alexandre, Howard & Chilcoat, 2008:919; Wu, Liu & Fan, 2010:13).

None of the focus groups indicated the substances abused by parents except for alcohol and dagga. Focus groups 1 and 2 said that the substance abuse of parents contributed to the substance abuse of their children. All three focus groups said that role models, which include the parents, were not morally sound and therefore had a negative influence on the substance abuse of their children. The relevance of these findings to this study is that the viewpoint of parents on alcohol and drug use has a direct influence on the viewpoint of their children. The importance of including parents as role players and partners in substance abuse prevention is paramount. Specific focus should be placed on training parents for their roles as role models: the importance of forming a positive influence sphere and informing their children must form part of substance abuse prevention initiatives.

Table 2: Comparison of alcohol use between parents and learners (respondents)

		Learner Substance Use							
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Parent Substance Use	Never used	62.30%	17.70%	9.60%	2.20%	6.70%	0.60%	0.40%	0.60%
	Tried but quit	23.10%	47.60%	14.70%	2.80%	11.90%	0%	0%	0%
	Several times a year	14.40%	30.50%	42.40%	5.90%	5.90%	0.80%	0%	0%
	Several times a month	22.00%	16.00%	28.00%	14.00%	18.00%	0%	2.00%	0%
	Week-ends only	20.80%	34.70%	18.10%	2.80%	19.40%	2.80%	1.40%	0%
	Several times a week	15.40%	25.60%	23.10%	17.90%	17.90%	0%	0%	0%
	Daily	22.50%	10.00%	30.00%	7.50%	25.00%	2.50%	2.50%	0%
	Several times a day	36.40%	9.10%	27.30%	0%	0%	9.10%	18.20%	0%

Table 2: 62.3% of the children of the parents who claimed never to use alcohol, also did not use alcohol, while 17.7% children tried but quit. The Data also seems to indicate that the more parents drink alcohol, the more often children drink alcohol. This tendency holds true up to where parents use several times a week. Interestingly enough, it seems that parents who drink several times a day have children who tend to drink less, here 36.4% children that never drink versus 15.4% of children whose parents drink several times a week. These tendencies are of practically value, as the phi-coefficient was 0.611. The abovementioned tendencies correlate with the aforementioned Data.

Table 3: Comparison of cigarette (nicotine) use between parents and learners (respondents)

		Learner Substance Use							
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Parent Substance Use	Never used	79.8%	13.6%	1.00%	0.9%	1.6%	0.9%	1.4%	0.9%
	Tried but quit	50.0%	30.3%	4.1%	2.5%	4.1%	0.8%	4.9%	3.3%
	Several times a year	50.0%	11.1%	16.7%	11.1%	0%	5.6%	0%	5.6%
	Several times a month	50.05%	30.0%	10.0%	10.0%	0%	0%	0%	0%
	Week-ends only	50.05%	16.7%	16.7%	0%	0%	16.7%	0%	0%
	Several times a week	60.0%	30.0%	10.0%	0%	0%	0%	0%	0%
	Daily	44.6%	27.7%	4.6%	1.5%	3.1%	0%	15.4%	3.1%
	Several times a day	47.4%	23.7%	5.3%	5.3%	5.3%	2.6%	7.9%	2.6%

The phi-coefficient was indicated as 0.441 and therefore the comparison between parents and learners on the use of nicotine (cigarettes) is of noticeable importance for this study. The indication given in Table 2 was that 79.8% of the children of parents who never used cigarettes, also did not use cigarettes, while 13.6% had tried but quit. It seems from the Data that more parents than learners use cigarettes. It does not seem as if learners whose parents use cigarettes also have a tendency to use cigarettes; only 2.6% of learners whose parents use cigarettes daily also use cigarettes daily. Of the parents, 47.4% use cigarettes several times a day and of those parents 79.8% of learners have never used cigarettes. However, it seems that where parents uses cigarettes daily, a higher percentage of learners also use cigarettes daily (15.4%).

Table 4: Comparison of dagga/marijuana use between parents and learners (respondents)

		Learner Substance Use							
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Parent Substance Use	Never used	88.5%	7.7%	1.3%	0.8%	0.7%	0.1%	0.7%	0.3%
	Tried but quit	34.4%	34.4%	9.4%	6.3%	6.3%	0%	6.3%	3.1%
	Several times a year	20.0%	20.0%	40.0%	0%	20.0%	0%	0%	0%
	Several times a month	37.5%	12.5%	12.5%	25.0%	12.5%	0%	0%	0%
	Week-ends only	0%	50.0%	0%	0%	0%	50.0%	0%	0%
	Several times a week	0%	0%	0%	100.0%	0%	0%	0%	0%
	Daily	57.1%	14.3%	0%	0%	0%	0%	28.6%	0%
	Several times a day	85.4%	8.8%	1.9%	1.2%	1.0%	0.2%	1.0%	0.4%

The phi-coefficient was indicated as 0.769, which makes the comparison between parents and learners on the use of dagga (marijuana) important for this study. Table 4 indicates that 88.5% of the children of parents who never use dagga/marijuana, also did not use dagga/marijuana, while 7.7% tried but quit. A high percentage of learners who never use have parents who do use dagga/marijuana. A higher percentage of parents are using dagga/marijuana than cigarettes. Where parents are using dagga on a daily basis, 28.6% of learners are also using dagga daily. The other interesting indication was that where parents were using dagga on week-ends only, 50% of learners used dagga several times a week.

Table 5: Comparison of ecstasy use between parents and learners (respondents)

		Learner Substance Use						
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily
Parent Substance Use	Never used	97.6%	1.2%	0.4%	0.3%	0.2%	0.2%	0%
	Tried but quit	46.7%	33.3%	0%	13.3%	6.7%	0%	0%
	Several times a year	25.0%	25.0%	25.0%	0%	25.0%	0%	0%
	Several times a month	22.2%	11.1%	11.1%	22.2%	22.2%	0%	11.1%
	Week-ends only	16.7%	0%	16.7%	33.3%	0%	16.7%	16.7%
	Several times a week	0%	0%	0%	0%	100.0%	0%	0%
	Daily	33.3%	33.3%	33.3%	0%	0%	0%	0%
	Several times a day	94.9%	2.0%	0.8%	1.0%	0.7%	0.3%	0.2%

Table 5: the comparison between parents and learners who use ecstasy is significant for this study, as the phi-coefficient was given as 0.901. Where parents indicated never having used ecstasy, 97.6% of the children did not use ecstasy, while 1.2% had tried but quit. It seems as if 22.2% of parents who use ecstasy several times a month concur with children who also use ecstasy several times a month. Where parents indicated using ecstasy on a daily basis, 16.7% of learners also indicated using ecstasy on a daily basis. The tendency seems to be that where learners indicated that they never used ecstasy, a very small percentage of parents did use ecstasy. A study done in the USA indicated that the use of ecstasy among adolescents were more likely to be associated with sensation-seekers and use by a close friend than in the cases of

alcohol and marijuana (Marins, Storr, Aleandre, Howard & Chilcoat, 2008:919). Martins *et al.* (2008:919) put an emphasis on the strong association of ecstasy with peer drug use. They also mentioned that low parental monitoring was associated more with marijuana, alcohol and tobacco use, but had since also become the trend for ecstasy use. Wu, Liu and Fan (2010:193) found that parental drug use was significantly predictive of child ecstasy use. They also discovered that a learner living with both parents, with close parental monitoring was negatively associated with ecstasy use; that, in fact, parental monitoring could even be seen as a protective factor.

Table 6: Comparison of cocaine use between parents and learners (respondents)

		Learner Substance Use							
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Parent Substance Use	Never used	97.5%	1.3%	0.3%	0.1%	0.5%	0.1%	0%	0.1%
	Tried but quit	60.0%	30.0%	0%	0%	10.0%	0%	0%	0%
	Several times a year	20.0%	40.0%	20.0%	0%	0%	20.0%	0%	0%
	Several times a month	33.3%	16.7%	0%	16.7%	0%	16.7%	16.7%	0%
	Week-ends only	0%	16.7%	0%	33.3%	33.3%	16.7%	0%	0%
	Several times a week	0%	0%	0%	33.3%	33.3%	0%	0%	33.3%
	Daily	0%	0%	0%	0%	100.0%	0%	0%	0%
	Several times a day	95.3%	2.0%	0.4%	0.5%	1.1%	0.4%	0.1%	0.2%

The phi-coefficient was indicated as 1.026 and therefore the comparison between parents and learners on the use of cocaine is of very high importance for this study, as indicated in Table 6. Of the parents who indicated never using cocaine, 97.5% of the children also did not use cocaine, while 1.3% tried but quit. Parents have a tendency to use cocaine over weekends and several times during the week. Where parents indicated the daily use of cocaine, 100% learners indicated the use of cocaine over week-ends. Where parents indicated using cocaine several times a week, 33.3% of learners indicated using cocaine several times a day.

Table 7: Comparison of heroin use between parents and learners (respondents)

		Learner Substance Use							
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Parent Substance Use	Never used	97.8%	0.9%	0.3%	0.1%	0.1%	0.4%	0.1%	0.2%
	Tried but quit	44.4%	22.2%	0%	0%	11.1%	0%	0%	22.2%
	Several times a year	20.0%	60.0%	0%	0%	0%	20.0%	0%	0%
	Several times a month	28.6%	0%	28.6%	0%	14.3%	0%	14.3%	14.3%
	Week-ends only	0%	0%	20.0%	0%	60.0%	0%	20.0%	0%
	Several times a week	0%	0%	0%	33.3%	0%	66.7%	0%	0%
	Daily	0%	0%	0%	33.3%	33.3%	0%	33.3%	0%
	Several times a day	0%	0%	50.0%	0%	0%	50.0%	0%	0%

The phi-coefficient was indicated as 1.201, which made the comparison of heroin use between parents and learners significant for this study. Table 7 shows that parents

who never used heroin were matched by 97.8% of children who also did not use heroin, while 0.9% tried but quit. It appears that learners of parents who use heroin will very likely also use heroin. 60% of learners indicated that they, like their parents, use heroin mainly over weekends.

Table 8: Comparison of indigenous substance use between parents and learners (respondents)

		Learner Substance Use							
		Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Parent Substance Use	Never used	96.1%	1.9%	1.1%	0.3%	0%	0%	0.5%	0.1%
	Tried but quit	40.0%	45.0%	5.0%	0%	10.0%	0%	0%	0%
	Several times a year	37.5%	37.5%	25.0%	0%	0%	0%	0%	0%
	Several times a month	33.3%	33.3%	0%	0%	0%	0%	0%	33.3%
	Week-ends only	0%	0%	0%	50.0%	0%	0%	25.0%	25.0%
	Several times a week	20.0%	0%	40.0%	0%	20.0%	20.0%	0%	0%
	Daily	40.0%	20.0%	0%	0%	0%	0%	40.0%	0%
	Several times a day	33.3%	33.3%	0%	0%	0%	0%	0%	33.3%

The phi-coefficient was indicated as 1.115 and therefore the comparison between parents' and learners' use of indigenous substances is of noticeable importance for this study. From Table 8 it seems that 96.1% of the children of parents who indicated never using indigenous drugs, also did not use indigenous drugs, while 1.9% had tried but quit. Where parents indicated using more indigenous substances, learners also indicated the use of more indigenous substances. Where 33.3% of parents indicated

using indigenous substances several times a day, 33.3% learners also indicated using indigenous substances several times a day.

The focus groups indicated that parents tell their children not to use substances while they are using it, and even send their children to assist in buying and growing these substances for them. Focus group members were of the opinion that parents and teachers were not setting an example for learners. Abar, Abar and Turrissi (2009:542); Hoffmann and Gerbone (2002:255) and McGillicuddy, Rychtarik, Morsheimer and Burke-Storer (2007:60) also confirm that “adolescent substance abuse is positively associated with parental substance abuse”. CASA (2010:16) indicates that the stronger family ties, the less likely learners will be to use tobacco, alcohol and marijuana. Even though substance-specific literature is limited to alcohol, tobacco, marijuana and ecstasy, the general indication confirms the findings of this study: the substance use of parents has a direct influence on the substance use of learners. This study indicated that this is most likely in the cases of alcohol, tobacco, marijuana, ecstasy, cocaine, heroin and indigenous substances. It is therefore also important to look at some solutions and recommendations that can address this phenomenon.

9. CONCLUSIONS AND RECOMMENDATIONS

The researcher came to the following conclusions:

- Learners feel safe, confident and respected in an environment where parents enforce rules and boundaries. This should take place within a caring relationship where there is open communication between the parent and learner. It is also imperative that parents need to be aware that, consciously and unconsciously, they are role models for their children 24 hours a day. Children do not only do what their parents tell them to do, but also act the way their parents act. The same applied to this study, as it seemed that learners were much more likely to engage in substance abuse when their parents were users. With this in mind it is essential to continue and develop more training programmes for parents not only that focus on parental skills but also include and focus on substance abuse prevention.
- Although this study did not test the knowledge of learners on substance abuse and the dangers thereof, the indication seemed to be that learners were not fully informed about the dangers of substance abuse.

- Nearly 70% of learners indicated that they were aware of prevention programmes in schools but the outcomes of the focus groups were that parents were unaware of prevention programmes.

The following recommendations can be made:

- It is recommended that all substance abuse prevention programmes and initiatives include the parents as well. This is not only to inform parents of the dangers of substance abuse but also to involve them in taking part in and taking responsibility for preventative measures. Their actions can go far in advocating a healthy and sober lifestyle for their children.
- Training for parents should include positive role modeling and the dangers and effects of substance abuse.
- Substance abuse prevention programmes should be implemented more vigorously with the involvement of learners and peer educators. Once-off sessions should be avoided.

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Journal Article 3

**GUIDELINES FOR SUBSTANCE ABUSE PREVENTION
PROGRAMMES**

(See Annexure 6 for the author guidelines of the intended journal)

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&

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ABSTRACT

While the age of first users of substances is steadily growing younger, researchers and authorities are seeking for effective substance abuse prevention methods. Secondary school learners are exposed to different spheres of influences in their lives making it important to identify strengths, risk factors as well as looking at previous prevention efforts in an attempt to rethink and improve prevention initiatives. In such a process of evaluation it is important to look at what worked well and also what methods proved to be ineffective. The aim of this article is to suggest some best practices and strengths as a concept model towards substance abuse prevention initiatives for the youth.

KEYWORDS

Substance Abuse

Youth

Resilience

Prevention

Strengths

1. INTRODUCTION

In spite of numerous new initiatives, professionals in the field of substance abuse are still seeking better methods of preventing substance abuse among the youth. Even though substance abuse is an existing problem as old as man, no absolutely effective model exists to prevent this phenomenon. Even in the Word of God (Bible, 1984) we are warned about the dangers of the excessive use of alcohol. Proverbs 20:1 says: “Wine is a mocker, strong drink is raging: and whosoever is deceived thereby is not wise.” The National Drug Master Plan (2007:15) adds to the aforementioned by pointing out that children are not born drug abusers; there are major gaps in existing intervention programmes and the effectiveness of coordinating structures for the youth must be improved. Substance abuse among the youth remains a challenge for social workers, health workers and other professions.

Botvin (2000:887) emphasizes the huge gap between what research claims to be effective in terms of prevention and the practice in schools. Cole (2000:55) and Peterson (2010:53) confirm this statement by saying that health educators are still trying to find a more effective method of prevention and drug education in schools, especially due to the increasing consumption of these drugs by the youth and the declining age of first use. This article attempts to supply some direction towards the planning and implementation of substance abuse prevention initiatives.

2. PURPOSE OF THE STUDY

The overarching aim of this study was to examine existing prevention programmes, the view of learners on these programmes and literature in order to formulate guidelines to improve prevention programmes.

This aim resulted in the following, more specific objective:

- To formulate guidelines to improve prevention programmes aimed at the youth.

3. RESEARCH METHODOLOGY

Research design

An exploratory research design like the one described by Fouché and De Vos (2005:134) was used. A combined quantitative-qualitative research design was followed to reach the objectives of the study (Grinnell, 2001:113-114). A non-probability sampling method was followed and executed by means of target sampling, as explained by Strydom (2005a:201-203). Eight schools in Mpumalanga were included in the sample, representing all three regions in Mpumalanga: Ehlanzeni, Gert Sibande and Nkangala.

3.1 Respondents

All the grade 8 and 11 learners of each of the eight schools were included in the study, although not all learners participated. An overall sample of 1078 learners was involved. The estimated population of Mpumalanga is 3.5 million people (Mpumalanga Provincial Government, 2009; South African.info, 2010) with a third of the Mpumalanga youth population under the age of 15 years (Mhaule, 2009).

3.2 Data Collection

A self-administered questionnaire (Delpont, 2005:169) was utilized as Data collection method. Social workers and community developers involved in the substance abuse field were utilized as fieldworkers to administrate the questionnaires.

Three focus group sessions (one in each region of Mpumalanga) were conducted with 8 participants in Gert Sibande and 9 participants each in Nkangala and Ehlanzeni regions. Focus groups were conducted with the focus-group interviewing method (Greeff, 2005:299-313; Monette, Sullivan & De Jong, 2005:186) as a second measuring instrument to facilitate the triangulation of measures (De Vos, 2005:362). The focus groups included teachers, social workers, community developers and parents.

3.3 Ethical Aspects

Permission was granted by the Mpumalanga Department of Education to conduct the research in schools in Mpumalanga. Permission was also obtained from the schools' governing bodies and parents. Learners were included in this study voluntarily, anonymously and with written parental consent. Permission for this study was also granted by SANCA National Research Portfolio Committee and the Ethics Committee of the North-West University (Potchefstroom Campus). The following ethical approval number was allocated for this study: NWU-0043-08-S1 (A.G. HERBST). Verbal consent for the study was gained from the focus group participants, confidentiality explained and animosity assured.

3.4 Data Analysis

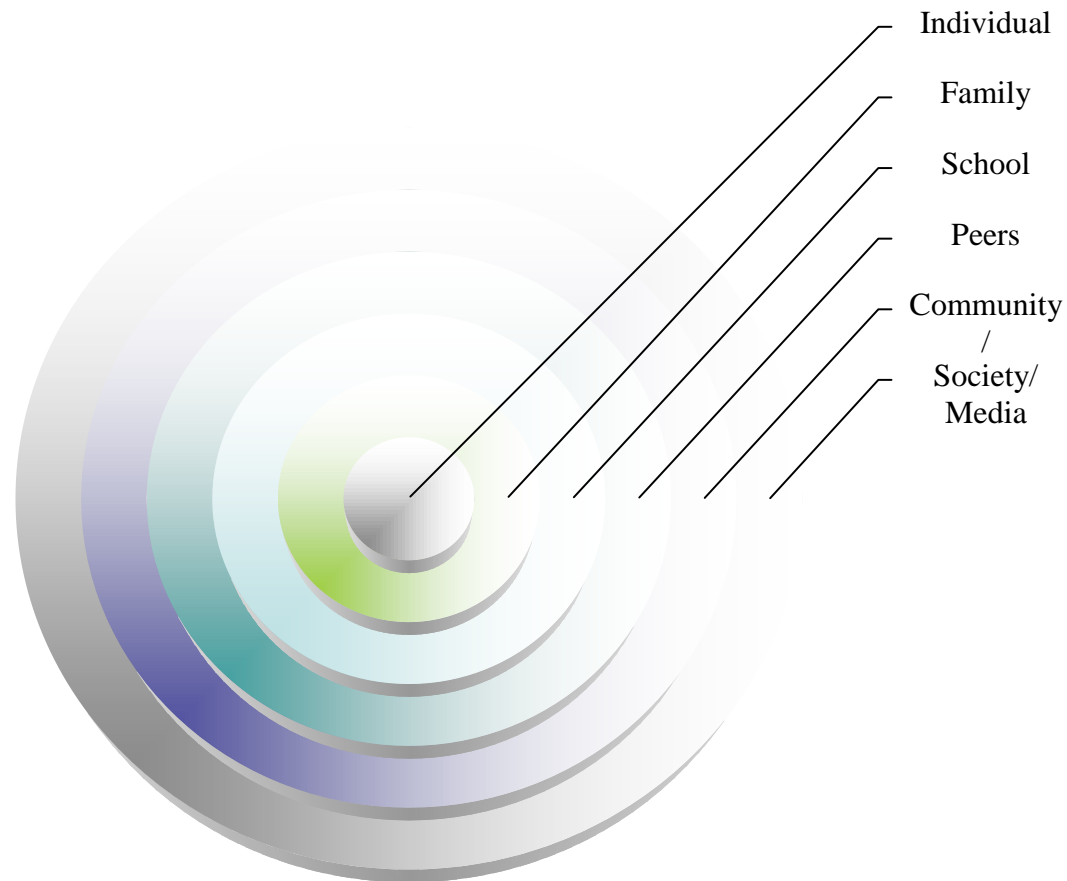
All quantitative Data was analysed by the Statistical Consultation Services of the North-West University using SAS Institute Inc (2003) and SPSS Inc (2007). They also assisted with the compilation of the report. Qualitative Data was analysed according to themes by following Tesch's approach (Poggenpoel, 1998:343-344).

4. SUBSTANCE ABUSE PREVENTION THEORIES, APPROACHES, STRATEGIES AND MODELS

4.1 Resiliency Theory

The Resiliency Theory (Strader *et al.*, 2000:11-13) groups the risk factors as perceived to be contributing to youth engagement in alcohol and drug use, into six life areas: the individual, family, school, peer group, neighbourhood/community and society/media. Each area represents an “important sphere of influence in the lives of children and youth”. This theory suggests that the youth experience risk in multiple areas and are under threat of becoming involved in alcohol and drug abuse. A prevention programme that focuses on reducing the risk in several of these areas is more likely to be successful than a programme only focusing on one sphere. In each area the protective or resilience factor must be identified or learned to reduce the risk of the onset of substance abuse.

Figure 1. Domains and their relationships to the individual youth (Resiliency Theory)



(Strader *et al.*, 2000:12)

4.2 Hoberg's prevention approaches

Hoberg (2002:225) said that a school's prevention programme should be based on several approaches, such as:

- Cognitive/information dissemination
- Affective education
- Social resistance skills training
- Personal and social skills training

These approaches will not be discussed, as the purposes of this study requires their consideration only.

4.3 The prevention approaches of Brook, Feigin, Shere and Geva

Brook, Feigin, Sherer and Geva (2001:202) are of the opinion that the following should be included in a prevention programme:

- School physicians, social workers, psychologists and education advisors who give information during regular class periods in an attempt to install a negative attitude towards illicit drug use.
- There should be additional community prevention projects and mass media promotions.
- The authors add that adolescent drug addiction is most likely a response to internal stress, psychopathology and unhappiness, and these pupils should be helped with counselling and emotional support and not just be punished.

4.4 Pillay's prevention approach

Pillay (2000:77-78) is of the opinion that the following should be included in a successful alcohol and drug prevention programme:

- Lifestyle or Life Skills Education Programme. Pillay maintains that this should be taught as part of the regular curriculum from primary through to high school.
- Trained peer counsellors (TADA – Teenagers Against Drug Abuse)
- Well-trained teachers who are able to disseminate information as part of the school curriculum and within school hours.
- Parent awareness and education.
- Professional resources.

4.5 Alcohol Advisory Council of New Zealand's seven-step strategy to prevention

The Alcohol Advisory Council of New Zealand (2008:7) developed a seven key-steps strategy as part of their preventative initiatives.

- Building Partnerships: identifying role-players within the community that will assist in the roll-out of the programme.
- Data gathering and analysis: the identification of risk factors and statistical Data to assist with the setting of goals and priorities.
- Setting targets and priorities
- Developing a strategic framework
- Drafting the strategy
- Implementation and communication
- Monitoring, evaluation and review

4.6 The Creating Lasting Family Connections (CLFC) Programme Model

Strader *et al.* (2000:19-24) describe the CLFC Programme Model with its four components, which include community mobilization, school mobilization, parent and youth trainings, and early intervention and follow-up activities. Each component consists of several steps that will be discussed briefly.

- **Community mobilization**

Stage 1: Selection and recruitment of sponsoring organizations.

Stage 2: Recruitment and development (training) of the community advocate team.

Stage 3: Advocate team's actual recruitment of families from the community to participate in the CLFC training modules, evaluation, and follow-up.

Stage 4: Involves advocate team participation in retention activities designed to maintain ongoing participation of families from the community

Stage 5: Community capacity enhancement. The community demonstrates increased responsibility, capacity and long-term commitment for ongoing prevention programming

- **School Mobilization**

To empower schools and improve a positive school climate as well as get schools to participate in project activities.

- **Parent and Youth Trainings**

Training parents on:

- Knowledge and beliefs regarding alcohol, tobacco and other drugs
- Family management skills (i.e., expectations and consequences for both positive and negative youth behaviours)
- Communication skills
- Family role modeling of alcohol use
- Involvement in community activities with their youth
- Use of community services, including alcohol and other drug treatment services if needed

Training the youth on:

- Communication and refusal skills
- Bonding with their family
- Self-reported involvement with their parents in community activities
- Use of community services when personal or family problems arise, especially problems related to a family member's alcohol and/or other drug use

- **Early Intervention and Case Management Services**

This involves the ongoing support for families that engage in the programme. It also involves early intervention, which includes problem assessment and development of treatment/referral plan. Follow-up and case management services are essential.

The abovementioned theories, models and strategies can be seen as the backbone of a concept model for substance abuse prevention initiatives. Strader *et al.* (2000:22) summarize it in the following words: "...the conceptual model helps keep

programme staff, evaluators, and interested community members focused on the targeted behavioural results”.

5. EXISTING SUBSTANCE ABUSE PREVENTION STRATEGIES

Different strategies on substance abuse prevention exist. These strategies include law enforcement, creating fear, education, awareness campaigns, community involvement, reinforcement strategies, harm reduction and the development of resistance skills. These strategies will be briefly described.

5.1 Law Enforcement

One of the efforts taken by governments is the illegalizing of drugs (Peterson, 2010:60; Strader, Collins & Noe, 2000:1). This includes the illegalizing of underage drinking as well. For this approach to be effective strong and effective policing needs to take place. This strategy is confirmed by Van Wormer and Davis (2008:246). The Alcohol Advisory Council of New Zealand (ALAC) (2009:4) mentions a New Zealand law reducing the availability and accessibility of alcohol.

5.2 Fear Factor

Very often people will react out of fear, anger, ignorance or confusion (Peterson, 2010:60; Strader *et al.*, 2001:8) due to a substance abuse problem and approach preventative measures including stories of deaths, detrimental effects and making use of recovering addicts to transfer a message of fear. Although the aim of this approach might be very pure, it is not always effective on its own.

5.3 Education

Giving information is another approach in preventative methods. Segal (1989:67) is of the opinion that giving information should be focused on reducing the risk of initiating the use of substances rather than decreasing the use of drugs. Education is essential for people to make informed decisions on substance use (Gerber, 2002:2). It is important that information is scientifically correct, objective and credible. Education may focus on pre-scholars, primary and high school learners, parents, the community, the workplace and any other person that requires information on

substances and substance abuse. Botvin (2000:887) and Peterson (2010: 58) mention the dispensing of factual information and the promotion of effective education that might resort under this heading.

5.4 Mass Media and Awareness Campaigns

The radio, advertisements, newspapers and magazines are all used to cover the message of substance abuse prevention either by information dissemination or showing the negative side of substance abuse (Peterson, 2010:58; Van Wormer & Davis, 2008:251).

5.5 Combined effort by community, family and youth

If a person hears the same message from different sources it is more likely that he will believe it. The same counts for substance abuse prevention. The same message must go out from the community, family, school, churches and role models. The youth will then be more likely to believe such message. Gerber (2002:2) and Peterson (2010:54) confirm this by saying that the problem of substance abuse should be addressed by the youth, family and the community at large.

5.6 Reinforcement

Children learn by repetition. By reinforcing the message of substance abuse starting very early at pre-school level will provide a solid foundation of knowledge whereby the youth can make an informed decision. Malaka (2003:381 & 383) mentions reinforcement and support when implementing prevention programmes. She also emphasizes the importance of starting prevention programmes at primary school level to be effective. Martino, Ellickson and McCaffrey (2009:693) also mention reinforcement of attitudes towards alcohol use. Botvin (2000:892) confirms reinforcement or booster interventions as a method of effective prevention.

5.7 Harm reduction

Harm reduction is a very wide term. It can include the distribution of clean needles up to organizing alcohol-free parties for the youth all of which reduce the harm of substance abuse. Any form or effort that has as its aim the reduction of the harm and negative impact of substance abuse can be seen as harm reduction. Van Wormer and Davis (2008:36) specifically refer to the distribution of clean needles in San Francisco

as a harm reduction effort. Another aspect of harm reduction mentioned by Van Wormer and Davis (2008:247) is a message of moderation rather than a message of “don’t drink.” Botvin (2000:887) suggests the provision of healthy alternatives instead of using drugs as an effective method of prevention.

5.8 Resistance skills

Botvin (2000:889) mentions the development of resistance skills and norm setting as part of social skill development as a preventative approach. This can be seen as part of information dissemination but goes a bit further. With the information received learners are able to learn skills to resist the use of alcohol and other substances.

Although many approaches can be added to the list, it is important not to see each approach in isolation. A combination of all or some of these approaches will have a bigger impact than a single approach. As mentioned previously it is important to look at the stance of adolescents towards substance abuse and their needs before starting a prevention programme. It is important to know what you are dealing with before implementing a prevention programme and missing the aim.

6. INEFFECTIVE PREVENTION: WHAT DOES NOT WORK?

Irrespective of several prevention programmes and initiatives over the years and even decades, some programmes prove to be more effective than others, and some had the opposite effect of the initial objective of the programme. At times, preventative initiatives also work for a short while until the required result has been achieved. At that time it is decided that no further action is required and the programme is not followed through. Gonet (1994:77) mentions that early drug education is often ineffective and at times even has contradictory results. There are a number of reasons for the ineffectiveness of prevention programmes. Some of these reasons require further discussion.

- Inaccurate statements of misinformation by presenters such as “all young people use drugs”. The non-user feels different and for adolescents who want to be part of a peer group, this might serve as encouragement to start using drugs just to be part of the “all” (Gonet, 1994:78; Peterson, 2010).

- Presenters display a variety of drugs commonly abused with the methods by which they are used. This tends to make drugs attractive and provide users with information on other drugs and how they can be used (Gonet, 1994:78). This might tempt learners into using drugs they wouldn't even have known about.
- Fact-based prevention alone is not good prevention (Gonet, 1994:78). Facts at times need explanation and the support of life-skills programmes.
- Making false statements or presenting distorted information (Gonet, 1994:79). At times untrained programme presenters are used to run a prevention programme. Information is interpreted as they see it and therefore facts can become distorted, overemphasized or neglected. Information can also easily be taken out of context and portrayed differently and thereby lead to distorted messages.
- Hysteria, scare tactics or threats are ineffective (Cole, 2000:62; Gonet, 1994:79; Strader *et al.*, 2000:6). Learners already know of other learners using substances with little effect or great enjoyment. Hysteria, scare tactics or threats will not be effective to educate such learners; the facts should rather be put in perspective.
- Once-off or “one-shot” programmes are very ineffective (Gonet, 1994:79; Strader *et al.*, 2000:7; Peterson, 2010:58). Learners/children learn through repetition. Once-off prevention programmes will have no or very little effect. Reinforcement is therefore imperative for any substance abuse prevention programme.
- The lack of understanding the building blocks of all programmes: first, changes in knowledge; then, in attitudes; and ultimately, in behaviour (Strader *et al.*, 2000:7).
- Ineffective use of a successfully recovering addict. This method can easily be misinterpreted to mean that you have to use drugs to become successful (Gonet, 1994:80). Recovering addicts that act as “role models” of success can cause more harm than good. The message of “I’m extremely lucky/blessed to still be alive” and portray a warning not to walk the difficult path of recovery rather than portraying a message of a hero.
- Values clarification (Gonet, 1994:80). People using substances might be classified as “cool” or weak. It is essential not to judge the person but the act of substance abuse.

- The punishment approach (Strader *et al.*, 2000:8). For example: every time a child smoke he/she is not allowed to go to his/her friends.
- The wrong focus of the programme: for instance, the focus of the presentation is targeted at urban areas and support systems, but is presented in a rural area (Malaka, 2003:384; Peterson, 2010:55). Knowing the community and extent of the problem is imperative before implementing a substance abuse programme.
- Failure to reach high risk groups (Malaka, 2003:384).
- Late introduction of programmes when young people have already started experimenting or using (Malaka, 2003:384). Substance abuse prevention programmes should already be started as early as pre-school.
- Irrelevance of programmes to real-life situations (Malaka, 2003:384; Peterson, 2010:58).
- Only rendering information on the consequences of alcohol and drug abuse is not adequate (Hoberg, 2002:226).
- The parents, who are the key stakeholders in their child's education, play a less than satisfactory role in prevention (Pillay, 2000:72).
- Educators serve as poor role models for learners (De Wet, 2003:92). This includes parents that are not good role models. Educators and parents are seen intoxicated and therefore fail to live up to the expectations learners have of them as role models.

7. EFFECTIVE PREVENTION: WHAT WORKS?

It is the researcher's opinion that no single effort is enough to be effective. It is rather a combination of efforts and initiatives that has the best results and meets the set objectives in substance abuse prevention. It is therefore important to use the winning combinations. The following are described by various authors as effective preventative methods or approaches:

- Primary prevention: Prevention, including life-skills training that starts as young as kindergarten and continues throughout high school (Gonet, 1994:77).

- Secondary prevention: This is the identification of learners that have already begun using or experimenting with substances/drugs or have been identified as being in a high-risk group (Gonet, 1994:89).
- Educators or counsellors need to have a clear understanding of the addiction process, but also have in-depth information on the effects of different substances, methods of use and treatment (Gonet, 1994:14; Peterson, 2010:61).
- A solid and accurate information basis is paramount for educators (Gonet, 1994:79). This includes the effective and clear communication of this information to learners. Fisher (1987:57) states that children and young people have not yet developed the ability to look and understand hidden meanings or read between the lines. Therefore truthfulness and clarity are extremely important (Hopson & Holleran-Steiker, 2010:83)
- Random blood or urine testing. This will assist the user in keeping motivated to stay clean and sober.
- Use of recovering addicts (Gonet, 1994:80). Young people recovering from a substance abuse addiction can have an extremely powerful influence, but need to be screened very carefully. Teenagers can easily see such a person as a hero rather than someone who is lucky to be alive; recovering addicts must therefore be very strong in their own recovery.
- Resistance training. Young people have to learn how to say “no”. This can be done via effective life-skills training programmes. Gonet (1994:80) says that learners need to be made aware of the influence of the media, their peers and adults, and be provided with the strategies and social skills to resist those temptations (Pillay, 2000:76).
- Repetition or booster sessions. Children learn by repetition. Once-off sessions as a method of substance abuse prevention is the most ineffective and costly method. Ideally, prevention programmes should take place from as early as kindergarten right through high school, several times a year throughout the year. (Gonet, 1994:82; Hopson & Holleran-Steiker, 2010:83)
- Inclusion of parents (Gonet, 1994:82; Peterson, 2010:61). Parents have to form an integral part of a substance abuse prevention programme. Parents are not only the

role models of learners but also the most influential people in the lives of the learners.

- Prevention programmes should be culturally sensitive or, as Hopson and Holleran-Steiker (2010:81) put it, “...relevant for the target population and setting”.
- Programmes should be planned in cooperation with the school personnel, parents, community representatives and the youth (Gonet, 1994:82; Peterson, 2010:53).
- A consistent message from the school, parents, community, media, etcetera, is imperative (Peterson, 2010:58). The researcher’s opinion is that participants in a substance abuse prevention programme should have one voice and one message.
- Programmes should be on a level suited to the age group and sensitive toward the needs of children (Hopson & Holleran-Steiker, 2010:81)

8. A STRENGTHS-BASED SUBSTANCE ABUSE PREVENTION MODEL

Andrew Turnell and Steve Edwards developed *The Signs of Safety Approach to Child Protection in Australia* (Turnell & Edwards, 1999:1-216). Based on this model and the abovementioned literature, as well as the findings from this research, the researcher has developed the following model for substance abuse prevention. It must be mentioned that the researcher has not tested this model as a substance abuse prevention model, and should therefore be considered purely a model in the developmental phase.

Turnell (1998:1) says that “no single voice is able to assert reality, or truth in any professional domain”. For this model to be successful, it is essential to work as partners in the prevention approach. Schools, learners, parents, police, teachers, communities, businesses, mental health workers, medical personnel, social workers, churches, the media, and any other profession and person that have an interest in preventing substance abuse among learners must be included in this model. In the researcher’s opinion the support of government structures are also paramount. It is also important to acknowledge that all professions will have a different approach and role to play towards preventing substance abuse. Each view must be taken into consideration to determine the same goal/s.

The researcher named this model *A strengths-based substance abuse prevention model*. Strengths-based practice as described by Delgado (1997:102) said this perspective “identifies, mobilizes, reinforces, and builds on existing indigenous resources in the development of community solutions to community concerns”. Cheon (2008:770) went further to say that the strengths perspective supports other value perspectives and is associated with the principle of positive youth development. For this specific reason the researcher has chosen the aforementioned name for this model. The researcher included the strengths within the community, school, household, business and any other bodies involved. This means that part of this prevention model is to identify the strengths such as existing preventative measures, recreational activities, and positive parenting skills/courses already present within a community. As children and youth are the focus of prevention, they and their views should form an integral part of this model. Strengths identified by children and youth within the focus area need to be taken in consideration. Furthermore this model can be used as a tool in conjunction with other prevention programmes or as a model on its own. For example, a social worker can make use of this model as a tool in planning and implementing an existing prevention programme. Chafouleas and Whitcomb (2004:203) said in this regard that a collaborative approach may alleviate some of the burden and multiple partners therefore are collectively accountable and therefore not one party are to blame if no progress are made.

The researcher has identified the following components for this model:

8.1 Community Strengths

Firstly, it is important to identify all possible strengths within a community. This includes existing prevention programmes and efforts, life-skills programmes in schools, and recreational activities and facilities as these can be positively utilized to redirect the energies of learners to healthier methods of using their time, rather than engaging in experimentation with different substances. Some examples of strengths might include the following:

(Bear in mind that this list is not set in stone and can be extended as to reflect the true identity of each community.)

- KeMoja: has it been rolled out, where has it been launched, and which schools are involved?

- School prevention programmes and efforts
- Police substance abuse prevention initiatives
- Law enforcement that works and is effective
- Community substance abuse prevention initiatives
- Which existing programmes worked well and what will have to be changed?
- Recreational activities and facilities
- Sports clubs and facilities
- Parental skills programmes

8.2 Substance abuse situation/risk

All possible Data related to alcohol and substance abuse within the community must be gathered to determine the risk in that specific community, school or town. Such Data might include the following:

(Once again it must be noted that this list is not complete and can be added to as per the situation in a specific community.)

- Police records on youth drunk driving, alcohol- or drug-related crimes
- SACENDU statistics or any other statistics available on the extent of substance abuse trends and rehabilitation
- Incidents reported at local schools
- Information about local liquor and tavern outlets (number, types, density) and incidents of underage liquor sales
- Incidents impacting on health services (hospital admissions related to alcohol and drugs) that involves minors
- Lack of recreational activities and facilities focused on the youth
- Lack of treatment facilities
- Lack of trained programme presenters

8.3 Identification of Stakeholders and Resources

At this point it is important to identify all possible stakeholders and ensure their commitment. If the group of stakeholders is too big, initial general meetings can include all stakeholders. Smaller working groups or interest groups can operate together. The most important is that stakeholders identify one common goal (see the next component of the model) supported by all with different objectives agreed to by all. To identify stakeholders, it is important to look at all influence spheres. Strader's (2000:12) resilience theory can be very helpful in identifying stakeholders. Once again it must be emphasised that this list of possible stakeholders can be adjusted according to each unique community.

- Local departments such as Social Services and the Department of Education
- Existing resources such as SANCA branches or other treatment centres
- Other organizations involved in substance abuse treatment or prevention
- Local authorities such as the mayor or council
- Police area commander or police representative
- Liquor board representative
- Public health service
- South African National Council for Alcohol and Drug Abuse (SANCA)
- Transport agency
- Hospital representative
- Ambulance services
- General practitioners
- Hospitality Association
- Schools and school governing boards
- Media (newspapers, radio stations)
- Youth groups
- Parent representatives

- Churches

During the census done in 2001, 79.8% of the population indicated that they were affiliated with the Christian religion (Erasmus & Mans, 2005:141). The church is therefore a very important platform to reach a huge amount of the population and has to be included as a partner in this model, especially within the South African context.

There are several ways to include all stakeholders. Meetings can be held to make groups aware of such an initiative. The media can be used to invite stakeholders to take part. It is important not only to include those with a loud persistent voice but also those groups that require specific attention such as high-risk groups.

8.4 Goal and objectives

As mentioned before, it is essential that stakeholders have a common goal and objectives that all agreed on. One of the main reasons why prevention methods and programmes do not work is due to mixed messages on substance abuse being communicated (Peterson, 2010:58 and Van Wyk, Kleintjes, Ramlagan and Peltzer, 2007:343). In identifying the overarching goal and objectives it is necessary and very important to include the needs and view of the youth as well. It is also important to consider that too many goals and objectives might be confusing and derail the whole purpose of the programme. One overarching goal with no more than five objectives seems to be ideal. The goal and objectives must be reachable, credible and elicit trust from the community, stakeholders and the youth.

8.5 Programme Planning

There is a lot of literature and resources on programme planning and project management, which is why this component will not be discussed in detail. As substance abuse prevention is of an ongoing nature, it is important to notice that several projects might be constructed within this prevention programme. Steyn (2003:7) makes it clear when he defines a programme as “a portfolio of related (and sometimes interactive) projects”. He further adds that a project aims to produce a specific deliverable and dissolve as soon as the deliverable has been produced, while a programme has no end date. The aim of this model, therefore, is to have different projects within the prevention programme and for the programme to continue and be reinforced.

For the purpose of this component it is also important to identify the programme content. All stakeholders have to agree on the content. Experts within the substance abuse field might be of huge value as may the use of existing programme content. A variety of evidence-based prevention programmes such as KeMoja or SANCA-developed programmes are already in operation.

8.6 Monitoring and Evaluation

Monitoring and evaluating the outcome of each project is essential. This is the time to make changes so as to ensure that the same mistakes are not made and the best practices can be noted and implemented in the future. Evaluation measures are also important to establish/measure success and progress to be able to give feedback to funders or government. Report writing forms part of this component as well.

9. RESULTS

The quantitative Data has been analysed by the Statistical Consultation Services of the North-West University using SAS Institute Inc (2003) and SPSSInc (2007). The quantitative Data was presented and discussed in articles 1 and 2 and the results were interpreted to assist the researcher in compiling the suggested Strengths-based Substance abuse Prevention Model. For the sake of clarity, a short summary of the main findings is included in this article but the results presented in this article were mostly drawn from the literature study and the focus-group discussions.

Summary of results from the survey

A survey was conducted in 8 schools in the Mpumalanga province including all three regions of Mpumalanga, namely Gert Sibande, Nkangala and Ehlanzeni. A total of 1078 questionnaires were completed by grade 8 (51.8%) and grade 11 (47.5%) learners with a 0.7% non-response. Of the 1078 respondents in the study, 46.8% were male, 52.5% were female and 0.6% learners did not respond on the gender question. The largest proportion of the respondents (27.3%) was learners in the 14-year age group, followed by the 17-year-olds (17.6%), the 18-year-olds (13.5%) and the 15-year-olds (12.2%).

Three focus-group sessions (Greeff, 2005: 299-313) were conducted, one in each region of Mpumalanga. The focus groups consisted of community members,

teachers, social workers, community developers and parents. All three focus groups mentioned that substance abuse among secondary learners in Mpumalanga was a substantial problem. The focus groups were of the opinion that existing substance abuse prevention programmes were not enough and insufficient. Substance abuse prevention programmes were often isolated sessions at schools with no enforcement or follow-up sessions. The lack of knowledge of parents and teachers was also seen as a problem by the focus groups. All focus groups were of the opinion that a holistic approach, involving parents, the school and community was of the essence when conducting a substance abuse prevention programme.

Focus group 3 was of the opinion that discipline in schools was lacking and therefore it also had a negative role on the effect of current substance abuse prevention programmes. They mentioned that teachers were not necessarily role models for children anymore. Some teachers were intoxicated at school and therefore set a negative example for learners. Some teachers also portrayed low morals, setting a poor example for learners to follow. Members in focus group 2 confirmed the abovementioned.

Table 1 presents a summary of the results from the focus-group discussions. Responses from the focus group have been grouped together in themes. Themes have been listed below with a √ mark for each focus group that responded positively to that specific theme.

Table 1: Results from focus group discussions

Themes from focus group discussions	Focus Group 1	Focus Group 2	Focus Group 3
Lack of openness from schools for substance abuse prevention programmes	√ <i>“Headmasters of schools deny there is a substance abuse problem in their schools”</i>	√	√

When selling dagga outside school gates, principals feel it is not their problem but the focus group feel they need their support and buy in to fight the problem	√		
The lack of correct information (teachers and parents)	√	√ <i>“Parents and the breather community does not know all the consequences of the dangers of substances”</i>	√
Teachers are not equipped to give proper information	√	√	√
Teachers and parents need to share responsibility	√	√	√
Schools must involve the parents in fighting the problem	√	√	√
Drug education should be part of the curriculum		√	
Requires a holistic approach – school, parents, SANCA, churches, media and other	√	√	√
Unawareness of prevention programmes	√		√
Code of conduct of schools does not include drug policy	√		
Receives education at school but home situation contributes to substance abuse	√ <i>“Get example from parents in terms of alcohol abuse”</i>	√	

Awareness also important	√		
Lack of moral values	√		√
Role models are not morally sound	√	√	√
Lack of sport activities/facilities	√	√	
Importance of recreational facilities and activities		√	
Policing should be good and strong	√		
Fear approach is not working	√	√	
Capacity problem	√	√	√ <i>“Capacity is not there and the involvement of all stakeholders is also not there”</i>
Does not need education on physical aspects only but also moral and emotional damage of substance abuse	√		√
Taverns must not be allowed to operate close to schools	√		
Enforce goal setting for learners; The absence of goals makes it easier to start using substances	√		√
Reinforcement of information and programmes is essential		√ <i>“Prevention programmes are not successful because you only talk about it once off”</i>	√

Prevention should start as early as possible		√	√
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Some of the themes correlated very well with what was found in the literature study. The focus groups identified and confirmed elements of substance abuse prevention programmes that were not working well. They also identified gaps within prevention programmes that must be addressed. The involvement of parents as well as the school cannot be overemphasized. Focus groups also indicated the importance of having a holistic approach. Therefore the strengths-based prevention model needs further development and testing as it includes most of the identified shortcomings.

10. CONCLUSIONS AND RECOMMENDATIONS

In conclusion the researcher identified the following challenges in substance abuse prevention programmes:

- Capacity: Government departments and NGO's are overloaded and short on staff, which is why they have the tendency to have a hit-and-run approach instead of reinforcing and following up.
- Poorly-trained trainer/social worker/community developer/programme presenter. "Only through effective training can staff learn what works and what does not." (Gonet, 1994:199.)
- Lack of involvement by parents/teachers/community
- Insufficient time to implement a complete programme in schools, only once-off sessions allowed
- Training of teachers are not taking place
- There is a general lack of mobilisation of all organizations/professions and community institutions. Making a combined and credible impact is seen as too much hard work
- There is a general lack of resources
- Lack of consistency and follow-up initiatives

- Substance abuse prevention is not seen as a priority although it is the cause of other problems such as family violence, HIV and other.

The following recommendations can be made:

- Further research and development on the strength-based substance abuse prevention model is essential.
- The involvement of school principals, governing bodies, parents and learners as a joint force and partners in substance abuse prevention is imperative. This can be established by getting school principals and governing bodies motivated in advocating a sober lifestyle that will positively affect all aspects of school performance. Secondly parents must be motivated to play an active part in the well-being of their children. Meetings can be held at school where parents are invited to attend and drug action committees can be established to work with the social worker or drug educators on a substance abuse prevention programme.
- The importance of recreational facilities and activities were highlighted by focus groups and therefore it is the role of the school, church, community and parents to motivate learners to take part and make use of such facilities. This can be a counteract against the involvement or the onset of substance abuse.
- It is important to reinforce prevention initiatives. Therefore it is paramount to ensure the buy-in of principals and school governing bodies to reinforce such programmes at least once a year. More intensive training sessions can be presented for peer educators within the school to assist with consistency, such as the Teenagers Against Drug Abuse (TADA) training sessions.
- It is also imperative to the researcher not to focus on the negatives but build on the positive and existing strengths within a community. It is important not to report 5% heroin users in the school but rather 95% clean students – let's work towards 100%. Other strengths in the community, such as good media coverage, can be used to roll out a successful substance abuse prevention programme.

Substance abuse will always be a challenge and there is no one right answer. Therefore the continued research, finding and testing of new ideas and methods of prevention is important.

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SECTION C

**SUMMARY, EVALUATION, CONCLUSIONS, AND
RECOMMENDATIONS**

1. INTRODUCTION

The main focus of this section will be to look at the findings, conclusions and recommendations in terms of the study. The central theoretical argument as outlined in **Section A (3)** will be proven.

2. SUMMARY, EVALUATION AND CONCLUSIONS OF THE RESEARCH

The most important summaries, evaluations and conclusions pertaining to this study have been described by focusing on the methodology, as well as **Section B** which consists of articles 1, 2 and 3.

3. RESEARCH METHODOLOGY

The overarching aim of this study was to describe the extent of substance abuse among secondary school learners in Mpumalanga by exploring their perceptions of the problem and existing prevention programmes in order to formulate guidelines to improve prevention programmes.

This aim resulted in the following more specific objectives:

- To do a survey among secondary school learners in Mpumalanga to describe the nature and extent of substance abuse.
- To explore the perceptions of these learners with regard to substance abuse and existing prevention programmes.
- To formulate guidelines for the improvement of substance abuse prevention programmes aimed at the youth.

3.1 Literature Study

The available literature on the extent of substance abuse among secondary school learners in South Africa is limited. Therefore this study will contribute by making literature on this subject available. There is valuable and a broad database of literature available on prevention programmes for substance abuse. Unfortunately, this phenomenon still exists and the positive roll-out aimed at preventing substance

abuse among secondary school learners is still failing. Sources that were consulted were books, journals, articles, and programmes by government departments and NGOs. Many of the sources were obtained from the Ferdinand Postma Library using Ebsco Host, Web Feat and Psychlit databases.

3.2 Empirical Investigation

This study was a combined quantitative-qualitative study in which an exploratory research design was utilized. Data was collected by means of a self-administrated questionnaire completed by grade 8 and grade 11 learners of 8 schools in Mpumalanga. A non-probability sampling method by means of target sampling was followed to identify the participating schools. Data was also collected by means of focus-group discussions for verification purposes. There were three focus groups, one in each region of Mpumalanga, made up of teachers, social workers, community developers and parents.

The Data that was collected provided a good overview of the substance abuse problem and challenges in secondary schools in Mpumalanga. It also provided a basis for the researcher from which to develop a strength-based substance abuse prevention model that still needs further research and testing.

4. MAIN CONCLUSIONS FROM THE LITERATURE STUDY AND EMPIRICAL INVESTIGATION

The researcher came to the following main conclusions through the research and literature studies:

4.1 Article 1

- Substance abuse among learners in Mpumalanga is a reality to take notice of. Alcohol seemed to be the main substance of abuse. The tolerant stance of learners towards substance abuse was concerning.
- Learners, parents and schools were not completely aware of possible prevention programmes; if they were aware, the effects of these efforts were questionable. It might be that prevention programmes thusfar had mostly been isolated efforts.
- The older the learners the more “cool” it was to use alcohol and other substances.

- It appeared that the use of alcohol and other drugs was quite an expected phenomenon among learners. From a prevention perspective, this could indicate that substance abuse prevention efforts have failed or have yet to reach their target group.
- It seemed to be more acceptable for boys to drink than for girls.
- The peer group played an important role in the stance of learners towards alcohol and substance abuse.
- Substance abuse was associated with involvement in sexual activities.
- Learners were aware of other learners using substances at school as well as the sale of illegal drugs on the school premises. The involvement of school principals and school governing bodies are paramount.
- The main substance of abuse remains alcohol but the prevalence of other drugs used in schools, despite low indicators, cannot be ignored.
- Alcohol was mostly provided by the person whose party it was. Parents therefore must take notice of where their children are going and be more cautious of letting their children go to a party if they are unfamiliar with the host family.

4.2 Article 2

- Learners feel safe, confident and respected in an environment where parents portray rules and boundaries. This should take place within a caring relationship where there is open communication between the parent and learner. It is also imperative that parents be aware that they are role models for their children in whatever they do. Children do not only do what their parents tell them to do but also act the way their parents act. This also seemed true for this study. It also appeared that learners were much more likely to engage in substance abuse if their parents were users. With this in mind it is essential that more training programmes for parents be developed; these efforts should not be limited to parental skills but also include and focus on substance abuse prevention.
- Although this study did not test the knowledge of learners on substance abuse and the dangers it poses, results did suggest that learners were not fully informed about the dangers of substance abuse.

- Nearly 70% of learners indicated that they were aware of prevention programmes in schools, but the outcomes of the focus-group discussions suggested that the parents were unaware.

4.3 Article 3

The researcher identified the following challenges in substance abuse prevention programmes:

- Capacity: Government Departments and NGOs are overloaded, which explains the tendency to apply the hit-and-run approach with no reinforcement and no follow-ups. These resources are facing serious staff shortages.
- Poor training of the presenters responsible for substance abuse prevention programmes.
- Lack of involvement by parents, teachers and the community.
- Insufficient time for the implementation of complete programmes in schools: very limited times are allocated, allowing once-off sessions only.
- Teachers are not being trained.
- Programmes do not succeed in mobilizing a community and involving all stakeholders in the prevention of substance abuse.
- There is a general lack of resources.
- There is no consistency in information and follow-up initiatives.
- Substance abuse prevention is not seen as a priority despite it being the cause of other problems such as family violence, HIV and others.

5. JOINT CONCLUSIONS

- Substance abuse has a low priority in the education system, media and community, although it is a current and very relevant problem.
- It is imperative that parents and learners form part of a prevention programme and that all community role players take part. Prevention is a community responsibility and should be a joint effort.

6. TESTING OF THE CENTRAL THEORETICAL ARGUMENT

Accurate research on the extent of substance abuse among secondary school learners is essential for planning and implementing applicable prevention programmes. It is also evident that one programme does not fit all: a substance abuse prevention programme must be developed and designed to suit the special needs of the community. The commitment and support of the community and all role players is extremely important for the success of a prevention programme. It is essential that substance abuse prevention programmes be reinforced.

7. RECOMMENDATIONS FOR LOCAL, PROVINCIAL AND NATIONAL EFFORTS

The following recommendations are made for efforts on local, provincial and national levels:

7.1 Local Level

- It is imperative to determine the prevalence and extent of substance abuse in a school or community before implementing any prevention programme or measures.
- Learners, parents, schools, churches, media, health representatives and all other role players and stakeholders in the community must be included in identifying the objectives of and implementing a substance abuse prevention programme.
- Substance abuse prevention programmes should be reinforced in every community and information must be given consistently.
- The involvement of parents in the lives of their children is extremely important, especially in the adolescent years. Parents must be taught to be positive role models and also be informed of the dangers and effects of substance abuse.

7.2 Local and Provincial Level

- To ensure consistence, prevention programmes should be coordinated and standardised on local, provincial and national levels. This can be done by utilizing existing local, provincial and national forums.

7.3 Local, Provincial and National Level

- The presenters of substance abuse prevention programmes should be trained properly to enable them to give reliable and truthful information. They should be completely aware of the detrimental effects of substance abuse and avoid myths about the different substances.
- Substance abuse prevention programmes should be initiated as early as pre-primary school as part of life-skills training.

8. FINAL CONCLUSION

The devastating effects of substance abuse cannot be underestimated. The deaths on our roads due to drunk driving, unwanted pregnancies due to unsafe sex during intoxication, and the spiderweb of addiction children get caught up in can be fought if communities stand together. Substance abuse prevention can only be effective if the whole community takes responsibility, if parents are committed and involved, and if the reinforcement of consistent information takes place.

Substance abuse can be prevented if, instead of focusing on the negative, those involved build on the strengths of communities, families, schools, and every individual on the road to recovery.

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SECTION E
ANNEXURES

ANNEXURE 1

Ethical permission: North-West University



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Privaatsak X6001, Potchefstroom
Suid-Afrika, 2520

Tel: (018) 299-1111/2222
Web: <http://www.nwu.ac.za>

FA 9.1: AUTHeR

Tel: (018) 299 4037
Faks: (018) 299 2464
E-pos: Este.Vorster@nwu.ac.za

Me. Hannekie Botha

14 Julie 2008

Geagte Hannekie

ETIEKAANSOEK: NWU-0043-08-S1 (A.G. HERBST)

Hierdie projek is deur drie evalueerders geëvalueer, met 'n voorwaarde van een dat beide die ouers en die Onderwysdepartement ingelig word dat skoliere enige tyd uit die projek mag onttrek.

Goedkeuring word aanbeveel en die navorser moet oor die voorwaarde ingelig word.

Vriendelike groete

Prof. H.H. Vorster

ANNEXURE 2a

Permission/Consent from the Department of Education of Mpumalanga

MPUMALANGA PROVINCIAL GOVERNMENT

Building 5
Government Boulevard
Riverside Park
NELSPRUIT
1200
Republic of South Africa



Private Bag X11341
NELSPRUIT
1200
South Africa
Tel. No.: (013) 766 5567
Tel. No.: (013) 766 5487
Fax No.: (013) 766 7230
f.banda@education.mpu.gov.za
d.mashego@education.mpu.gov.za

DEPARTMENT OF EDUCATION

Litiko leTefundvo Umyango weFundo Departement van Onderwys Umyango wezeMfundo

Ms DD Mashego

Tel. 013 766 5487

09 MAY 2008

GW Feldtman (Elmien)
Lowveld Alcohol and Drug Help Centre

**RE: REQUEST TO CONDUCT RESEARCH IN EHLANZENI, GERT SIBANDE AND
NKANGALA SECONDARY SCHOOLS**

1. Your request in respect of the subject supra bears reference.
2. Please be aware that your request is been forwarded to the Regional Directors, that is, Ms NM Mthethwa (Gert Sibande), Mr. JJ Mabena (Nkangala) and Mr. MJ Lushaba (Ehlanzeni) for approval at those level
3. When inter-acting with the Regional Directors, feel free to produce this letter. We will also forward a copy to them.
4. Wishing you well in your academic endeavor.

Kind regards


Ms DD Mashego
Chief Director: Systems and Planning

Date: 2008.05.09.

ANNEXURE 2b

Permission/Consent from the Department of Education of Mpumalanga

MPUMALANGA PROVINCIAL GOVERNMENT

Building 5
Government Boulevard
Riverside Park
NELSPRUIT
1200
Republic of South Africa



Private Bag X11 341
NELSPRUIT
1200
South Africa
Tel. No.: (013) 766 5567
Tel. No.: (013) 766 5487
Fax No.: (013) 766 7230
f.banda@education.mpu.gov.za
d.mashego@education.mpu.gov.za

DEPARTMENT OF EDUCATION

Litiko leTemfundvo Umnyango weFundo Departement van Onderwys Umnyango wezeMfundo

INTERNAL MEMORANDUM

Ms DD Mashego
Tel. 013 766 5487

TO : Regional Director : Mr. MJ Lushaba : Ehlanzeni
Mr. JJ Mabena : Nkangala
Ms NV Mthethwa : Gert Sibande

FROM : Ms DD Mashego
Chief Director: Systems and Planning

DATE : 09 May 2008

SUBJECT : REQUEST TO CONDUCT RESEARCH IN EHLANZENI, GERT
SIBANDE AND NKANGALA SECONDARY SCHOOLS

The matter supra bears reference

This office has received a request (as above mentioned) from Elmien, a researcher attached to Lowveld Alcohol and Drug Help Centre. I have inter-acted with her in a bid to understand the modalities of the research and how the outcome will benefit the system. It did come out that the results may assist the school governing bodies (SGB's) and school management.

Attached are documents that will help ensure that ethical standards are maintained during the investigation.

Hoping you find the above in order.

Kind regards

Ms DD Mashego

Chief Director: Systems and Planning

Date: 2008.05.09

ANNEXURE 2c

Permission/Consent from the Department of Education of Mpumalanga

MPUMALANGA DEPARTMENT OF EDUCATION

Government Building
Kanyamazane
NELSPRUIT RSA



Private Bag X 1014
KANYAMAZANE 1214

Tel: (013) 794 5280
Fax: (013) 794 1772

EHLANZENI REGIONAL OFFICE

OFFICE OF THE REGIONAL DIRECTOR

Litiko Letemfundvo

Umnnyango Wefundo

Departement van Onderwys

Umnnyango Wezemfundo

Enquiries: P. N. Mdoka
Tel: 013 794 9268

TO: G. W. FELDTMANN

FROM: THE REGIONAL DIRECTOR
M. J. LUSHABA

DATE: 13 MAY 2008

SUBJECT: PERMISSION TO CONDUCT RESEARCH

1. This letter refers to the subject as stated above.
2. Permission is hereby granted for the study of Substance Abuse and its impact in secondary schools of Ehlanzeni Region.
3. I wish you all the best as you conduct the research, my office will, where possible, provide you with all the support you will need in your project.
4. I hope that the above is in order with your expectations.

Kind regards


REGIONAL DIRECTOR
M. J. LUSHABA


DATE

Renewing our pledge: A partnership to provide quality education towards a better life for all

ANNEXURE 2d

Permission/Consent from the Department of Education of Mpumalanga

MPUMALANGA PROVINCIAL GOVERNMENT

Building No 5
Government Complex
KWAMHLANGA
1022
Republic of South Africa



Private Bag X 4021
KWAMHLANGA
1022
South Africa
Tel (013) 9471500
Fax (013) 947 2096

DEPARTMENT OF EDUCATION NKANGALA REGIONAL OFFICE

Litiko leTefundvo umNyango weFundo Departement van Onderwys Department of Education

REF: 17/7/3
ENC: J.J MABENA
013 947 1701

G.W Feldtman (Elmien)
P.O Box 1073
NELSPRUIT
1200

Dear Feldtman (Elmien)

Sir / Madam / Dr / Prof / Ms

RE: RESEARCH IN SCHOOLS

1. I refer to the above subject and the directive from the Chief Director: Systems and Planning.
2. Kindly contact the Deputy Director: HRS to brief you on the subject in the Region before proceeding to schools. (013 – 947 2011).
3. Permission has already been granted for you to visit schools in the Region. Our Co – Ordinator Mrs K.C Masango may assist if you need to contact schools (013 – 947 2855).
4. I wish you well in your expedition and hope that the results will assist the system.

Yours faithfully


REGIONAL DIRECTOR

2008. 05. 12.
DATE

All Hands on Deck: Pioneering Quality Education and Training for All

ANNEXURE 3

Cover letter and consent form completed by parents



TEL: (013) 752 4376
(013) 755 2710
FAX: (013) 752 5099
CELL: 082 451 3226
E-MAIL: admin@sancalowveld.co.za

8 HOPESTREET

P O BOX 1073

MEMBER OF

NELSPRUIT 1200

SANCA

LOWVELD ALCOHOL & DRUG HELP CENTRE

FR: 04400041 003

PR. NO.: 047 0010107344

NPO ACT REG. NO.: 001-938

CONSENT TO COMPLETE QUESTIONNAIRE

I _____ agree that my child can complete the questionnaire on substance abuse and his/her perception on substance abuse and the prevention thereof.

Signature: _____ Parent/Guardian: _____

Date: _____

Researcher: Elmien Feldtmann

0824513226



TEL: (013) 752 4376
(013) 755 2710
FAX: (013) 752 5099
CELL: 082 451 3226
E-MAIL: admin@sancalowveld.co.za

8 HOPESTREET

P O BOX 1073

MEMBER OF

NELSPRUIT 1200

SANCA

LOWVELD ALCOHOL & DRUG HELP CENTRE

FR: 04400041 003

PR. NO.: 047 0010107344

NPO ACT REG. NO.: 001-938

CONSENT TO COMPLETE QUESTIONNAIRE

I am currently busy with my post-graduate studies in Social Work at the University of the North West, Potchefstroom Campus. The aim of my planned research is to explore the extent of the substance abuse problem in secondary schools in Mpumalanga. The research will look at the nature and extent of substance abuse in secondary schools in Mpumalanga, the perception of learners with regard to substance abuse and existing prevention programmes. The target group will be grade 8 and 11 learners in Mpumalanga. I will also conduct focus group meetings with teachers, social workers, community developers and parents. Normal ethical principles will be followed, including voluntary participation, informed consent, confidentiality

and the release of research results to the Department of Education and research participants.

I hereby request permission to conduct the abovementioned research by including your child to complete a questionnaire on substance abuse and share his/her perception on substance abuse and prevention in schools in Mpumalanga. The identity of each learner will be protected and no personal information will be asked during the study. Each learner will participate anonymously. The involvement of the learners will be restricted to the completion of a questionnaire.

The participation of your child is very important as it will give as a profile of where the substance abuse challenges lies and where to focus prevention in the future.

Please sign the attached form and return to the school.

G.W. FELDTMANN (ELMIEN)

Researcher

Tel: 013 7524376

Cell: 0824513226

e-mail: admin@sancalowveld.co.za

ANNEXURE 4

CONFIDENTIAL QUESTIONNAIRE ON SUBSTANCE ABUSE

STRICTLY CONFIDENTIAL

CONFIDENTIAL QUESTIONNAIRE ON SUBSTANCE ABUSE

As part of a Masters Degree studies, permission was granted by the Department of Education of Mpumalanga to conduct the following research:

The prevalence of substance abuse in secondary schools in Mpumalanga.

The research will be conducted by: Mrs G.W. Feldtmann (Elmien) as part of a Masters Degree in Social Work at the University of the North West.

Details of the researcher: Mrs G.W. Feldtmann
P.O. Box 1073
Nelspruit
1200
Tel: 0824513226 or 0137524376 (W)

This questionnaire has been compiled to look at the prevalence of substance abuse in schools and the perception of learners on prevention programmes within schools. The aim of the research will also look at guidelines to improve prevention programmes aimed at the youth. The outcome of the research will benefit the prevention programmes within schools as well as programmes conducted by welfare organizations as it will give guidance on effective prevention. It will also give guidance to schools in Mpumalanga in terms of the prevalence of substance abuse in this region. Therefore schools can plan their prevention better and more focused prevention programmes can be conducted.

The questionnaire is completely anonymous and each participant will stay totally anonymous and confidentiality will be kept at all times.

The effectiveness of the study is totally dependent on the honesty and the cooperation of the learner completing this questionnaire. The researcher therefore asks for your full cooperation and honesty in completion of this questionnaire.

It will take the participant approximately 15 min to complete the questionnaire.

Could you please return the questionnaire to the fieldworker involved by the end of July 2008.

Your involvement and cooperation is highly appreciated, THANK YOU!



Elmien Feldtmann
0824513226

STRICTLY CONFIDENTIAL

CONFIDENTIAL QUESTIONNAIRE ON SUBSTANCE ABUSE

Choose your answer by marking the block of your choice with an X. Please complete all the questions!!

TELL ME A LITTLE ABOUT YOURSELF

Gender :

Male	
Female	

1.1 Age :

12	
13	
14	
15	
16	
17	
18	
18+	

1.2 Grade :

8	
11	

2. TELL ME WHAT YOU THINK

2.1 I think boys who drink/use drugs are:

<u>Statement</u>	<u>Not at all</u>	<u>A Little</u>	<u>Sometimes</u>	<u>A Lot</u>
	1	2	3	4
a. "cool"				
b. Irresponsible				
c. Stupid				
d. Destroying their lives				
e. Doesn't matter it's their choice				

f. Will become an alcoholic/"druggie"				
g. Are into sex				
h. Other, please mention				

2.2 I think girls who drink/use drugs are:

<u>Statement</u>	<u>Not at all</u>	<u>A Little</u>	<u>Sometimes</u>	<u>A Lot</u>
	1	2	3	4
a. "cool"				
b. Irresponsible				
c. Stupid				
d. Destroying their lives				
e. Doesn't matter it's their choice				
f. Will become an alcoholic/"druggie"				
g. Are into sex				
h. Other, please mention				

2.3 Do you think you can become an alcoholic if you get drunk only a few times a year? (Tick one)

YES		NO		Don't Know	
-----	--	----	--	------------	--

2.4 Did you know that you could die if you became drunk only once or used drugs only once?

YES		NO		Didn't Know	
-----	--	----	--	-------------	--

2.5 Does your school present any lectures about substance or alcohol abuse?

YES		NO		Don't Know	
-----	--	----	--	------------	--

2.6 To what extent do you get information on the dangers of alcohol and drug abuse/use?

<u>Source</u>	<u>None</u>	<u>A Little</u>	<u>Average</u>	<u>A Lot</u>
	1	2	3	4
a. School				
b. Parents				
c. Friends				
d. TV				
e. Books				
f. Other, please mention				

2.7 Do you think you know enough about the dangers of alcohol and drugs? (Tick one)

YES		NO		Don't Know	
-----	--	----	--	------------	--

2.8 Are you aware of any children in your school using: (Tick one)

SUBSTANCE	YES	NO	DON'T KNOW
a. Alcohol			
b. Any other drugs			

2.9 If you answered YES in 2.8, name the drug: _____

2.10 Do you know any learner at your school who sells illegal drugs? (Tick one)

YES		NO	
-----	--	----	--

2.11 Have you ever seen illegal drugs sold in your school or on school grounds? (Tick one)

YES		NO	
-----	--	----	--

3 WHAT ABOUT YOU?

3.1 For each drug listed below, mark the one category which best fits you.

Drug	Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
	1	2	3	4	5	6	7	8
a. Alcohol								
b. Cigarettes (nicotine)								
c. Dagga/ marijuana								
d. Ecstasy								
e. Cocaine								
f. Heroin								
g. Indigenous What?								
h. Other List?								

3.2 When did you first use?

SUBSTANCE	NEVER	RECENTLY	AFTER AGE 15	AT AGE 14 OR 15	BETWEEN AGE 10-13	BEFORE AGE 10
	1	2	3	4	5	6
a. Alcohol						
b. Cigarettes						
c. Other drugs. Please mention						

3.3 Where do you use? (You can tick more than one)

SUBSTANCE	HOME	PARTIES	CLUBS	FRIEND'S HOME	SCHOOL	I DON'T USE
	A	B	C	D	E	F
a. Alcohol						
b. Cigarettes						
c. Other drugs						

3.4 In whose company do you use? (You can tick more than one)

SUBSTANCE	ALONE	FRIENDS	PARENTS	I DON'T USE
	A	B	C	D
a. Alcohol				
b. Cigarettes				
c. Other drugs				

3.5 Have you ever experienced any of the following after using alcohol or drugs?

EFFECT	ALCOHOL		OTHER DRUGS	
	1		2	
	YES	NO	YES	NO
a. No effect				
b. Feel drunk or tipsy				
c. Feel high				
d. Become ill				
e. Passed out				
f. Overdose				
g. Memory loss				
h. Confrontation with the principle/ school				
i. Confrontation with the police				
j. Used a lot and next day didn't remember				

k. I don't use				
----------------	--	--	--	--

4 TELL ME ABOUT PEOPLE AROUND YOU

4.1 How do your parents feel about the fact that you are using?

SUBSTANCE	DON'T USE	THEY DON'T WANT ME TO USE	THEY DO NOT KNOW THAT I USE	THEY ARE FINE WITH THE IDEA
	1	2	3	4
a. Alcohol				
b. Other Drugs				

4.2 Are there any rules in your house concerning the use of alcohol or drugs?

SUBSTANCE	YES	NO
a. Alcohol		
b. Other Drugs		

4.3 If there are rules in your house concerning the use of alcohol, what are they?

SUBSTANCE	DON'T USE	THEY DON'T WANT ME TO USE	THEY DO NOT KNOW THAT I USE	THEY ARE FINE WITH THE IDEA
	1	2	3	4
a. Alcohol				
b. Other Drugs				

4.4 Would you go to a party if there is NO alcohol? (Tick one)

YES		NO	
-----	--	----	--

4.5 If there is alcohol at the party, who provides the alcohol?

	YES	NO
a. The person whose party it is.		
b. Everybody brings their own alcohol.		
c. I do not go to parties where there is alcohol.		

d. I don't go to parties.		
---------------------------	--	--

4.6 At parties there is: (Tick one)

<i>Always</i> supervision by the parents		<i>Sometimes</i> supervision by the parents		<i>No</i> supervision by the parents	
---	--	--	--	---	--

4.7 How often is alcohol and drugs available at parties?

	NEVER	SOMETIMES	MOST OF THE TIME	ALWAYS
	1	2	3	4
a. Alcohol				
b. Other Drugs				

4.8 How often do your parents use substances? For each drug listed below, mark the one category which best fits your parents.

Drug	Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
	1	2	3	4	5	6	7	8
a. Alcohol								
b. Cigarettes (nicotine)								
c. Dagga/ marijuana								
d. Ecstasy								
e. Cocaine								
f. Heroin								
g. Indigenous What?								
h. Other List?								

ANNEXURE 5

Focus group schedule/questions

Aim of the Focus Group

To verify the validity of the Data that was obtained from the questionnaires the learners completed, the aforementioned Data will be presented in the form of the three journal articles.

- The nature and extent of substance abuse in secondary schools in Mpumalanga
- The viewpoint of learners in Mpumalanga towards substance abuse and associated programmes
- Guidelines for substance abuse prevention programmes

Focus Group Questions

- What is the extent of substance abuse in secondary schools?
- What substances are mainly abused?
- What is your perception on the role of the parents providing information on the dangers of substance abuse?
- What is your perception on the role of the parents instigating the onset of substance abuse experimentation among children?
- Where do children get their information on the dangers of substance abuse from?
- What is your perception on existing prevention programmes?
- Do parents receive enough information to assist/inform their children on the dangers of substance abuse?

ANNEXURE 6

EDITORIAL POLICY/REDAKSIONELE BELEID – SOCIAL WORK/ MAATSKAPLIKE WERK

<p>The Journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of fewer than 2,000 words or more than 10,000 words are normally not considered for publication. Two copies of the manuscript as well as a diskette with the text, preferably in MS Windows should be submitted. Manuscripts should be typed in 12 pt Times Roman double-spaced on one side of A4 paper only. If possible the</p> <p>manuscript should be sent electronically to hsu@sun.ac.za. Use the Harvard system for references. Short references in</p>	<p>Die Tydskrif publiseer artikels, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk. Bydraes mag in Afrikaans of Engels geskryf word. Alle artikels moet vergesel wees van 'n Engelse opsomming van nie meer as 100 woorde nie. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypende hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Artikels van minder as 2,000 woorde of meer as 10,000 woorde sal normaalweg nie oorweeg word vir publikasie. 'n Disket met die teks, verkieslik in MS Windows, moet twee kopieë van die manuskrip vergesel. Manuskripte moet in 12 pt "Times Roman"</p> <p>dubbelspasiëring slegs op een kant van 'n A4</p> <p>bladsy getik word. Indien enigsins moontlik</p> <p>moet die manuskrip ook per e-pos</p>
--	---

<p>the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.</p>	<p>versend word aan hsu@sun.ac.za. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelike sitate, feite of argumente uit ander bronne gesitêr word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "... (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde.</p>
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TWO AUTHORS/TWEE OUTEURS: SHEAFOR, B.W. & JENKINS, L.E. 1982.

Quality field instruction in social work. Program Development and Maintenance. New York: Longman.

COLLECTION/BUNDEL ARTIKELS: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985.

Competent supervision, making imaginative judgements. New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION/ARTIKEL IN BUNDEL: DURKHEIM, E. 1977. On education and society. In: KARARABEL, J. & HALSEY, A.H. (eds) Power and ideology in education. New York: Oxford University Press.

JOURNAL ARTICLE/ARTIKEL IN TYDSKRIF: BERNSTEIN, A. 1991. Social work and a new South Africa: Can social workers meet the challenge? Social Work/Maatskaplike Werk, 27(3/4):222-231.

THESIS/TESIS: EHLERS, D.M.M. 1987. Die gebruik van statistiese tegnieke vir die ontleding van gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis)

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. Government Gazette, Vol. 368, No. 16943 (2 February). Pretoria:

Government Printer.

NEWSPAPER REPORT/KOERANTBERIG: MBEKI, T. 1998. Fiddling while the AIDS crisis gets out of control. Sunday Times, 8 March, 18.

INTERNET REFERENCES/VERWYSINGS: McKIERNAN, G. 1998. Beyond bookmarks:

schemes for organising the Web. Available: <http://www.public.iastate.edu/CYBER-STACKS/CTW.htm>. [Accessed: 18/06/1998].

ANNEXURE 7

NOTES FOR CONTRIBUTORS

Editorial scope

The *Social Work Practitioner-Researcher* is a refereed interdisciplinary journal for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in Africa and in a changing global world. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, groups, organisations and communities to promote development and human well-being in society. The journal is committed to the creation of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: (1) conceptual analyses and theoretical presentations, (2) literature reviews that provide new insights or new research questions, (3) manuscripts that report empirical work. Topics that will be considered include, but are not limited to, the following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, welfare systems, development management, social security, social policy, human rights, community-based development, social development, comparative health, mental health, education, urban and rural development, civic service, voluntarism, civil society, social movements and social change.

As it is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

The reviewing process

Each manuscript is reviewed by the Editor and Assistant Editor. If it is judged suitable for this journal, it is sent to two reviewers for blind peer-review. Based on their recommendations, the editorial committee decides whether the manuscript should be accepted as is, revised or rejected. If a manuscript is published, the author or their institution will be invoiced for page fees at the rate of R75,00 per page.

Presentation

1. Manuscripts should be submitted as electronic attachments to the journal administrator swjournal@uj.ac.za in Word format. All authors should be shown but the authors should not be identified anywhere in the article.
2. A *minimum length* of 3 500 words and a *maximum length* of 5 000 words (excluding references). No footnotes, endnotes and annexures are allowed.
3. On a separate page, a *title* of not more than ten words should be provided. The author's full

name and title, position, institutional affiliation and e-mail address should be supplied.

4. An *abstract* of 150 words plus up to six *keywords*, which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context. Please note that abstracts are not summaries of research studies. No sub-headings should be used in the abstract.
5. *Headings* must be short, clear and not numbered. Headings should be formatted in capitals and bold, and subheadings in bold only (not underlined or italics). Refer to a copy of the journal.
6. *Figures and tables*:
 - All *figures* (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with arabic numerals. Supply succinct and clear captions for all figures.
 - In the text of the paper the preferred position of all figures should be indicated by typing on a separate line the words “Place figure (No)”.
 - *Tables* must be numbered consecutively with arabic numerals and a brief title should be provided. In the text, typing on a separate line the words “Place Table (No)” should show the position of the table.
 - The maximum width for diagrams, line drawings and tables, should not exceed 104mm for portrait and 164mm for landscape (with a maximum depth of 104mm).
7. *References*:
 - References to other publications must be in modified Harvard style (see below) and checked for completeness, accuracy and consistency. Include all authors’ names and initials and give any journal title in full.
 - You should cite publications in the text: (Adams, 1997) or (Mbatha et al. 2005). At the end of the paper a reference list in alphabetical order should be supplied using the following style. Do not use indentation when formatting your references.
 - If a direct quote is used in-text references should include name of author, date and page number. All other references should not include page numbers.
 - Ensure that only references cited in the text are included in the final reference list at the end of the article. Please cross check that only references cited in the text are included in the final reference list and that references follow the format set out below.
 - *Books*: Last name, Initials. (year). *Title of Book* Place of publication: Publisher.

Swanepoel, H. & De Beer, F. (1996). *Community Capacity Building* Johannesburg: Thomson Publishing.

- *For book chapters:* Last name, Initials. (year). "Chapter Title" in Editor's last name, Initials. (Ed.) *Title of Book* Place of publication: Publisher, Edition, pages

Boult, B.E. (1998). "Adoption" in Bezuidenhout, F.J. (Ed.). *A Reader in Selected Social Issues* Pretoria: van Schaik Publishers, Second Edition, 41-52.

- *For journals:* Last name, Initials. (year). "Title of Article" *Journal name* Volume(number):pages

Mda, C. J. (2004). "Population ageing and survival challenges in rural Ghana" *Journal of Social Development in Africa* 19(2):90-112.

- *For electronic sources:* If available online the full URL should be supplied at the end of the reference.

Louisiana State Board of Social Work Examiners. (1998). "Guidelines for Child Custody Evaluations", <http://www.labswe.org/child.htm>
(Accessed on 23/08/2006).

8. *Content:*

- Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.
- The journal will consider articles based on research studies but we will not publish articles which are merely a summary of a research report. The article should have a clear focus that contributes to knowledge building or informs policy and/or practice.

ANNEXURE 8

Information for Contributors

Editorial Policy

Perspectives in Education is a professional, peer-reviewed journal that encourages the submission of previously unpublished articles on contemporary educational issues. As a journal that represents a variety of cross-disciplinary interests, both theoretical and practical, it seeks to stimulate debate on a wide range of topics. PiE invites manuscripts employing innovative qualitative and quantitative methods and approaches including (but not limited to) ethnographic observation and interviewing, grounded theory, life history, case study, curriculum analysis and critique, policy studies, ethnomethodology, social and educational critique, phenomenology, deconstruction, and genealogy.

Debates on epistemology, methodology or ethics, from a range of perspectives including postpositivism, interpretivism, constructivism, critical theory, feminism and post-modernism are also invited. PiE seeks to stimulate important dialogue and intellectual exchange on education and democratic transition with respect to schools, colleges, non-governmental organisations, universities and universities of technology in South Africa and beyond.

The journal is committed to the process of capacity building in the area of scholarly writing and publication among new writers. It aims to accelerate the development of capacity among black and women educationists in South Africa.

As the journal aims to make itself accessible to a wider reading community, it encourages authors to make their content accessible to a broad readership, including those who may not be familiar with the subject matter addressed. PiE challenges contributors to use innovative, provocative and creative ways of presenting and reporting their research.

Contributions in English, or any of the official South African languages, are welcome. In the case of an article in one of the official South African languages other than English, an English abstract of not more than 600 words must be provided.

As a rule not more than one article per year by any author/co-author is published.

Submission of articles

PiE invites submissions in the following categories:

Research articles. Contributors are encouraged to submit typewritten manuscripts of no more than 12–16 double spaced pages (5 000 words) including references, notes, and tables. The following are considered when evaluating the suitability of a manuscript for publication in this section of PiE:

- The manuscript offers new, original insights or interpretation and not merely a restatement of existing ideas and views.
- The manuscript makes a significant contribution to the field and extends the borders of educational debate.
- The manuscript is likely to arouse readers' interest and stimulate debate.
- The manuscript reflects sound scholarship and research design with appropriate, correctly interpreted references to other authors and works.
- The content of the manuscript is accessible to the broad readership of the education community, and not only specialists in the area addressed.

The latter part of the journal, which is generally not subject to the peer review process, allows for the submission of, inter alia, the following:

Reviews and review articles. PiE invites succinct, critical, evaluative reviews of professional books, texts, and other instructional resources including computer-software and video/audio-taped material. Reviews should provide a descriptive and evaluative summary and a brief discussion of the significance of the work in the context of current theory and practice. In addition to the conventional book review format, reviewers are encouraged to use alternative methods of representation, such as critically engaging the author in a dialogue on a published book. These manuscripts should comprise no more than 1 000 words.

Conversations about research practice. This will be a regular column in which new and experienced researchers engage in dialogue on critical issues in the research process, for example, power dynamics, ethics, authority and authenticity in field

research. In this column we encourage developing writers to interrogate accomplished writers and theorists about their work. This section can also be used to document conversations and dialogues between researchers and the researched. **Brief reports and summaries.** PiE invites short reports on any aspect of theory and practice in academia. We encourage manuscripts that either showcase preliminary findings of research in progress or focus on larger studies. Reports and summaries (of no more than 1 000 words) should be presented in a manner that will make the research accessible to our diverse readership.

Articles are considered for publication provided that:

- The work is original.
- The copyright is transferred to PiE and the author has secured all permissions for the reproduction of original or derived material from the copyright source.
- The work has not been published previously and is not under consideration for publication elsewhere (in selected cases, this condition may be waived).
- The author has secured the permission of all named co-authors, who have agreed on the order of the names for publication.
- **The author subscribes to PiE (a subscription form is attached for your convenience).**

The editor reserves the right to make editorial changes in any manuscript accepted for publication to enhance clarity or conformity with journal style. The review process takes between 3 to 5 months to complete. Authors will be informed of the editor's decision on receipt of all of the reviewers' reports.

Impact factor issues

Authors must cite as many of the relevant articles in PiE (at least three) that are germane to placing an article in PiE.

Language

Manuscripts should be written in English. Authors must ensure that the final version of their manuscript is edited by an accredited language practitioner. Furthermore, manuscripts accepted for publication should be accompanied by a signed declaration

to that effect, including the name, address, and email address of the language practitioner. Failure to do so may result in the manuscript being withdrawn from the publication process.

Ethics

Authors should take great care to spell out the steps taken to facilitate ethical clearance, i.e. how they went about complying with all the ethical issues alluded to in their study/studies, either directly or indirectly, including informed consent and permission to report the findings. If, for example, permission was not obtained from **all** respondents or participants, the authors should carefully explain why this was not done.

General submission guidelines

Submit the manuscript on A4 white bond with 2.5 cm margins all round, as well as on **CD/DVD** or **e-mail** the file. The following should appear on a separate page: Name(s) of the author(s), title(s), and affiliation(s) (these should not be disclosed in the text); complete mailing address(es); e-mail address(es); telephone/fax numbers. An English abstract of not more than 200 words should be typed on a separate sheet, followed by up to 10 keywords that characterise the article.

Division of the text must be clear and logical into **unnumbered** sections with the different level headings clearly indicated. Tables and figures must be placed at the end of the article with their approximate positions in the text indicated. All photographs/figures must be clearly printed originals — no fill or grey shading may be used. Tables and figures should be numbered consecutively and be accompanied by a brief heading for tables or caption for figures. Each table/figure must be referred to in the text. Do not use footnotes. Use endnotes only (not more than five endnotes per article).

Submissions should be sent to: Perspectives in Education, Faculty of Education,
University of Pretoria (Groenkloof Campus), Pretoria, 0002, South Africa,
or e-mailed to perspect@postino.up.ac.za.

Procedure for manuscripts accepted for publication

Page fees of R224 per page submitted will be charged. Authors will be invoiced on acceptance of the article.

References

References are cited in the text by the author(s) name(s) and the year of publication in brackets (Harvard method), separated by a comma: e.g. (Brown, 2001). Page references in the text should follow a colon after the date: e.g. (Brown, 2001:69). If several articles by the same author and from the same year are cited, the letters a, b, c, etc. should be added after the year of publication: e.g. (Brown, 2001a). In works by three or more authors the surnames of all authors should be given in the first reference to such a work. In subsequent references to this work only the name of the first author is given, followed by the abbreviation et al.: e.g. (Ziv et al., 2005). For personal communications (oral or written) identify the person and indicate in brackets that it was a personal communication: e.g. (M Smith, pers. comm.).

List of References

Only sources cited in the text are listed, in alphabetical order. These should be presented as indicated in the following examples. Special attention should be paid to the required punctuation.

Journal articles:

Johnson DW & Johnson RT 2002. Gifted students illustrate co-operative learning. *Educational Leadership*, 50:60-61.

Books:

Van Zyl R & Thomas PP 2004. *Recent advances in classroom research*. New York: McGraw-Hill.

Chapters in books:

Dukzec S 2008. Gender issues. In D Hicks & J Brown (eds). *Education for peace*. London: Routledge.

Unpublished theses or dissertations:

Squelch J 2001. Teacher training for multicultural education in a multicultural society. MEd dissertation. Pretoria: University of South Africa.

Electronic references: Published under author's name:

Burbach H 2000. *Violence and the public schools*. Retrieved from <http://www.people.Virginia.EDU/~rkb3b/Hal/SchoolViolence.html> on 4 March 2001.

Website references: No author:

These references are not archival and therefore subject to change in any way and at any time. If it is essential to present them, they should be included in a numbered endnote and not in the reference list.