# Drug and Alcohol Abuse Prevention Education in Selected Secondary Schools in Zambia

**By**

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# DECLARATION

I, **Isaac Masiye**, do hereby solemnly declare that this thesis represents my own work except where otherwise acknowledged. I further certify that the work has not previously been submitted for a degree to the University of Zambia or any other university.

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**DEDICATION**

This work is dedicated to my late mother Virginia Daka and my children, Henry, Kabwe, Joy, Thelma and Chikondi, from whom I derive happiness, inspiration and energy to go on in life no matter what obstacles I face. You are the fountain of my strength. To you my children, I have set a standard for you guys. "On your marks…get ready…g…"

*The Lord is my shepherd; there is nothing I shall lack* (Psalm 23: 1).

## ACKNOWLEDGEMENT

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# ACRONYMS

| | |
|---|---|
| AIDS | Acquired Immune-deficiency Syndrome |
| DEBS | District Education Board Secretary |
| DEC | Drug Enforcement Commission |
| DMIP | Drug Master- Plan Implementation Project |
| HIV | Human Immune-deficiency Virus |
| SPSS | Statistical Package for Social Sciences |
| UNDCP | United Nations Drug and Crime Prevention |
| UNODC | United Nations Office on Drug and Crime |
| WHO | World Health Organization |
| ASDR | Age Standardized Death Rate |
| MoGE | Ministry of General Education |
| MoH | Ministry of Health |
| NGO | Non- Governmental Organization |
| FBO | Faith-Based Organization |
| EBPs | Evidence-Based Practices |
| MSSM | Modified Social Stress Model |
| SET | Social Ecology Theory |
| DALYs | Disability adjusted Life Years |
| NIDA | National Institute on Drug Abuse |
| UN | United Nations |
| EU | European Union |
| ZHDS | Zambia Health Demographic Survey |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |

| | |
|---|---|
| DDRP | Drug Demand Reduction Programme |
| AUC | African Union Commission |
| INCB | International Narcotics Control Board |
| ZNBC | Zambia National Broadcasting Services |
| UNICEF | United Nations Children's Fund |
| SADC | Southern Africa Development Community |
| WADA | World Anti-Doping Agency |
| NADO | National Anti-doping Organization |
| ZECF | Zambia Education Curriculum Framework |
| ECD | Education and Counselling Department |

**ABSTACT**

The study sought to establish current practices and policies in drug and alcohol abuse prevention education in selected secondary schools in Zambia. This need was necessitated by the fact that despite escalating incidences of drug and alcohol abuse among school-going children, little was known concerning prevention practices and policies used in Zambia's secondary schools. The study aimed at answering the following research questions: (1) What were the practices in drug and alcohol abuse prevention in secondary schools? (2) What were the drug and alcohol abuse prevention policy guidelines used in secondary schools? (3) How were the drug and alcohol abuse prevention activities conducted in secondary schools? And (4) How were the drug and alcohol abuse prevention policy guidelines implemented in secondary schools? The study adopted a descriptive survey research design to collect, analyze and interpret both quantitative and qualitative data from 514 respondents. Using questionnaires, quantitative data was collected from learners and teachers and analyzed using the statistical package for social sciences (SPSS) to generate tables, graphs and percentages. Semi-structured interview and focus group discussion guides were used to collect qualitative data from Head Teachers, DEBS, DEC officers and learners, In addition, document analysis checklist was also used to gather data relating to policy guidelines. Qualitative data was analyzed using thematic analysis. Thus, major themes were drawn for easy descriptions. The study found that learners were taught more of factual information than skill-based and normative education, schools used external prevention education providers, peer educators and involved parents in prevention service provision. Regarding prevention policy guideline, the study found that there were no specific documents on drug and alcohol prevention policy in all the secondary schools. The elements of drug prevention policy guidelines used were in the general school rules and were punitive in nature as opposed to educational. Further, the study found that although a variety of prevention activities were used, the most frequently conducted were lectures and discussions. In addition, prevention education activities were irregularly conducted. It was also established that distribution of school rules to learners as they reported to school and head teachers communicating the rules to learners during school assemblies were the most used ways of implementing policy guidelines. On the basis of the study findings it is recommended that providers of preventive education should teach content that has the potential to reduce abuse by learners in the school such as drug refusal skills in combination with social life skills training. Policies should focus more on educational and remedial measures rather than punitive measures. Furthermore, prevention education should be provided on a regular basis by means of multiple sessions and booster sessions.

# CHAPTER ONE

## INTRODUCTION

### 1.0    Overview

This chapter presents background to the study on drug and alcohol abuse prevention education in secondary schools in Zambia. The chapter further presents the statement of the problem under investigation, the purpose of the study, research objectives and research questions. It also presents significance of the study, research sites, operational definitions, theoretical framework, organisation of the study and ends with a summary.

### 1.1    Background to the study

Drug and alcohol abuse is a pervasive problem world over. It affects all sectors of society in all countries. In particular, It affects the freedom and development of young people, the world's most valuable asset (UNODC, 2002). It has the potential to negatively affect the social fabric of communities, hinder economic development and place additional burden on national public health care systems (Wyler, 2012).

In a speech to mark the opening of a Regional Conference on 'Drug Prevention Best Practices' in September 2010 in Hanoi, the Secretary General of The Colombo Plan, a regional inter-governmental organisation, emphasised the fact that drug abuse posed a great threat to humanity world-wide. Drug and alcohol abuse claimed a lot of lives, undermined the growth of nations, threatened the security of civilians, and destroyed the creativity of the youth and adolescents (Regional Conference on Drug Prevention Best Practices, 2010).  This is confirmed by the 2013 World Drug Report which indicated that in 2011, the number of drug-related deaths was estimated at 211,000, and most of those

deaths were among the younger population of users (UNODC, 2013). In addition, an estimated 2.3 million people died of alcohol related causes globally in 2002, and in 2004 alcohol accounted for 3.7% mortality and 4.4% of disability adjusted life years (DALYs) (WHO, 2009).

In Zambia, Age Standardized Death Rate (ASDR) due to liver cirrhosis caused by harmful use of alcohol was at 45.8% for males and 29.4% for females while prevalence of alcohol use disorders was at 7.9% for males and 1.0% for females in 2012 (WHO, 2014). The Zambia Road Accident Data 2010 Report indicates that more than 1,200 people died in road traffic accidents in Zambia and that 50% of those road traffic deaths involved alcohol and drunken driving (http://www.times.co.zm/wp-content/uploads/2014/01/RTSA.jpg). According to NIDA (2003), drug and alcohol abuse has serious consequences in homes, schools and communities. It imposes substantial costs on users and their families, taxpayers, on the national economy and the community as a whole (Ministerial Council on Drug Strategy, 2005). At an individual level, young people who persistently abuse drugs and alcohol often experience a number of challenges ranging from health-related problems, poor social and personal relationship to contraction of HIV and AIDS.

In school, drug and alcohol abuse has negative consequences that impact on the learners' educational experiences and management of schools. Learners who abuse drugs tend to care less about their academic work. They also easily get agitated and become violent against school authorities and fellow pupils. For example, Ngesu, Ndiku

and Masese (2008) who quote Fatunwa (1971) indicated that the acts of indiscipline that occurred among students of Kilys College in Lagos and that of Methodist Boys High School in Ooran in Nigeria were blamed on drug abuse. In addition, they are also likely to influence others to take drugs thereby increasing the population of learners taking drugs in school. In fact, a research conducted by Freeman and Parry (2006), among grade 8 and 11 learners in Cape Town, South Africa, found a significant association between past month use of alcohol and the number of days absent from school and repeating a grade. The odds of repeating a grade were 60% higher for learners who consumed alcohol. This consequently adversely affects the quality of graduates at all levels of education. Secondary school learners are particularly at risk given that they are at the pick of their formative years of education, career development, social skills and identity formation (Ekpenyong, 2012).

The overwhelming negative consequences of drug and alcohol abuse on individuals, families, schools and communities highlight the urgency and the need for effective prevention interventions that target young people in all walks of life. International organizations, governments and civil society groups have focused resources and expertise in finding solutions to the problem. This has been done by designing, implementing and evaluating interventional programmes, practices and policies on drug and alcohol abuse prevention. Research indicates that early drug and alcohol abuse prevention was essentially based on opinion rather than theory or science. The dominant approach was information dissemination about alcohol, tobacco, and other drugs, based on the assumption that once people knew the negative consequences of drug use, they

would choose not to use them (UNDCP, 2002). In addition, Botvin (2000) says that early school-based drug prevention programmes tended to be focused on increasing knowledge, increasing affective insight, or promoting alternatives to drug use and that they were non-interactive in nature. These prevention efforts had evidenced very small effects, if any (Botvin, 2000).

However, over the past 30 years drug and alcohol abuse prevention has evolved. There has been an increased move to develop prevention programmes and approaches that are evidence-based (UNDCP, 2002). Researchers, Policy makers and Practitioners have developed new and innovative ways of dealing with the problem. Drug and alcohol abuse prevention programmes are now based on psychosocial theories and are interactive in nature, targeting those factors related to drug and alcohol use (Tobler et al., 1999). They encompass a wide variety of activities aimed at various audiences, with the ultimate goal of preventing, postponing, or reducing abuse and the negative outcomes with which it is associated (NIDA, 2003).

Recently the United Nations Office on Drug and Crime (UNODC) published International Standards for Drug Use Prevention and a School-based Education for Drug Abuse Prevention, which gives guidance to schools when developing and implementing school drug policy and drug education programmes as part of a health promotion curriculum. Although most of these interventions and policies have been designed and developed in America, Europe and Australia (National Crime Prevention Centre, 2009), the resulting evidence-based prevention principles and 'best practices' reach beyond geographical

boundaries and consequently can be applied to many regions of the world with minor cultural modifications (Burnhams, Myers and Parry, 2009). However, studies by Glynn (1983) and Dusenbury and Falco (1995) have shown that while other prevention interventions have been inconsistent in reducing drug abuse behaviour, others have been promising.

To prevent something, in the literal sense, means to avert specific negative outcomes that otherwise would have happened. Therefore, prevention is a term used to describe specific activities to avoid or reduce a certain undesired outcome (Uhl and Ives, 2010). In relation to drug and alcohol abuse, the World Health Organization (WHO) (2002) defines Prevention as any activity designed to prevent or delay the onset of substance use and reduce its health and social consequences. The primary objective of drug prevention therefore, is to help young people, to avoid or delay the initiation of the use of drugs, or, if they have already started, to avoid that they develop disorders such as dependence (UNODC, 2012). Drug and alcohol abuse prevention also aims at reducing those factors that promote the risk of initiating drug-use behaviours and disorders, and to promote protective factors that improve resistance to risk (McGrath et al., 2006). However, in a broader sense, drug abuse prevention is aimed at providing healthy and safe development environment to young people so that they can realize their potential and live meaningful lives.

Traditionally, in terms of service delivery, drug abuse prevention was based on the concept of Public health (The Public Health Model), classified into three levels namely;

primary, secondary and tertiary prevention. Primary prevention is mainly focused on prevention of non-users, that is, to prevent young people in general, from using or abusing drugs and alcohol. Secondary prevention is focused mainly on experimental or habitual users. The aim is to reduce existing risk behaviour and symptoms through early intervention. Tertiary prevention is focused on helping drug and alcohol dependent individuals reduce the impact of the illness or symptoms they suffer as a result of abuse (Choi, 2002).

However, in 1994, the Institute of Medicine proposed a new framework for classifying prevention into three levels namely; universal, selective and indicated prevention, which replaced the previous concepts of primary, secondary, and tertiary prevention. Universal preventions as those targeting the general public or a whole population that has not been identified on the basis of individual risk. Universal prevention strategies aim at deterring or delaying the initiation or onset of drug and alcohol abuse in young people by providing them with information and skills necessary to stay drug free. School-based prevention programmes are a form of universal prevention as schools are accessed by a large number of young people. Selective prevention targets individuals or sub-populations whose risk of developing drug disorder is significantly higher than average.  These interventions are mainly focused on young people such as those who are at risk of leaving school early, dropouts, young offenders, youth from high risk neighbourhoods and children of parents with drug and alcohol abuse problems (Dishion et al., 2000). Indicated prevention targets persons who are already exhibiting risk of drug and alcohol abuse behaviours. The aim is to prevent them from developing into drug

dependent persons or reducing the harm caused by drugs and alcohol. These interventions involve giving direct professional support to young people who are using drugs. They include individual and small group counselling and case management services.

Since drug and alcohol abuse behaviours among young people have multiple determinants, it entails that prevention activities should be conducted in multiple settings such as family, school, community and workplaces. The settings are those identified as potential sources of factors that contribute to or reduce the problem. However, regarding young peoples' drug use problem, Botvin (2000) argues that school-based prevention interventions are ideally placed to access them before significant drug use problems develop. The advantage of school environment is that it has proven to be an effective site for health education in general and drug abuse prevention in particular. This study, therefore, was concerned with school-based drug and alcohol abuse prevention in Zambia. The concern was driven by the escalating statistics of learners abusing drugs and alcohol despite prevention activities conducted in schools.

In Zambia, drug and alcohol abuse prevention activities have been executed mainly by three different kinds of organisations. These are the Government Ministries/Agencies, Non-Governmental Organisations and religious organisations. The Ministry of General Education (MoGE), Ministry of Health (MoH), Drug Enforcement Commission (DEC) and other leading Non-governmental (NGOs) and Faith-Based Organizations (FBOs) have been conducting drug and alcohol abuse prevention education in schools. These

prevention efforts have been intensified since mid-1990s, that is, in terms of aggregate level of prevention activities, the number of organizations involved, and government's will to fight drug abuse in the country. Aspects of drug and alcohol abuse prevention information have been included in the new school curriculum and the MoGE has established Guidance and Counselling departments in schools, which deal with, among other things, drug and alcohol abuse prevention. In addition, through its Institution of Learning programme, the Drug Enforcement Commission, a government institution responsible for drug issues in the country, conducts awareness campaigns and counselling among school learners on the dangers of drug and alcohol abuse. A number of NGOs also visit schools in order to carry out prevention activities.

However, despite considerable effort directed towards prevention activities, it appears nothing much has been achieved in preventing or reducing the problem of drug and alcohol abuse among learners in Zambia's schools. This is evidenced by the ever increasing number of learners reported to be abusing drugs (DEC, 2012). Research conducted by the Zambia Global School Health Survey (2004) among learners in grades 7 to 10 in 47 schools in nine provinces, revealed that 42.6% of the 2, 257 learners who had participated,  had taken alcohol on one or more occasions during the previous 30 days. Media reports have also constantly indicated the issue of rising levels of drug and alcohol abuse among school youths in the country.  For instance, speaking during the launch of the anti-drug abuse song and braille brochures for public awareness in Lusaka, on 22nd September 2014, the DEC Deputy Commissioner Mr. Lottie Mpundu noted with

concern, the seriousness of the  problem of alcohol abuse and youths' addiction to psychotropic substances which required serious attention (Lusakavoice.com., 22/09/14).

The increase in the number of learners abusing drugs and alcohol in schools presents a challenge to its prevention and raises concerns about what is being done and how it is done to prevent it. Can this be attributed to the kind of prevention practices and policies being applied? There is little available information about what is being done in schools with regards to drug and alcohol abuse prevention education to answer this question. It is against this gap in knowledge, that this study was undertaken. The study therefore, sought to establish the practices and policies in drug and alcohol abuse prevention in secondary schools in Zambia with an ultimate view to guide and strengthen its development and implementation.

## 1.2  Statement of the problem

Since mid-1990s, drug and alcohol abuse prevention interventions have been intensified in schools in Zambia. This has been done with the conviction that they can bring about increased knowledge, anti-drug attitudes and behaviour change among learners. However, despite these efforts, the number of learners reported to have been abusing drugs and alcohol has steadily been increasing. For example, in 2013 the Drug Enforcement Commission counselled 159 learners out of 288 persons attended to for drug abuse related problems. In 2014, 176 learners out of 302 persons were counselled while in 2015, 271 learners were counselled out of 415 (DEC, 2015). This represented a substantial increase in the number of learners involved in drug and alcohol abuse during

this period. Further, Afya-mzuri (2012) who quotes DEC statistics, reports that Lusaka Province had the highest number of learners abusing drugs such as alcohol and cannabis. Out of 221 learners who were counselled for drug abuse related problems in 2012, 180 of them came from Lusaka. This is a source of concern to the citizens, prevention practitioners and government. However, what was not known was what was being done, how it was done and nature of school policies guiding the drug and alcohol abuse prevention education. Therefore, it was necessary to conduct a study of this nature to establish current practices and policies in drug and alcohol abuse prevention education in secondary schools with the view to guide and strengthen its development and implementation.

## 1.3  Purpose of the study

The purpose of the study was to establish practices and policies in drug and alcohol abuse prevention education in secondary schools in Zambia.

## 1.4 Objectives of the study

The study was guided by the following objectives:

1. To investigate practices in drug and alcohol abuse prevention education in secondary schools.

2. To establish drug and alcohol abuse prevention policy guidelines used in secondary schools.

3. To explore how the drug and alcohol abuse prevention education activities were conducted in secondary schools.

4. To explore how the drug and alcohol abuse prevention policy guidelines were implemented in secondary schools.

## 1.5 Research questions

The study aimed at answering the following research questions:

1. What were the practices in drug and alcohol abuse prevention education in secondary schools?

2. What were the drug and alcohol abuse prevention policy guidelines used in secondary schools?

3. How were the drug and alcohol abuse prevention education activities conducted in secondary schools?

4. How were the drug and alcohol abuse prevention policy guidelines implemented in secondary schools?

## 1.6 Significance of the study

It is hoped that the findings from the study may help the Ministry of General Education, as a Policy maker, School administrators and teachers as prevention practitioners,

parents and civil society organizations working in the field of drug abuse prevention to better understand practices and policies used in the drug and alcohol abuse prevention education in secondary schools in Zambia. It may also help schools to deal with drug abuse incidences in the learning environment by applying evidence-based procedures in order to enhance safety and health of learners. In addition, the knowledge gained from this study may help school administrators in promoting a drug-free school environment and in turn, improve academic performance in secondary schools. In the absence of specific policies on drug and alcohol abuse prevention in most, if not all schools, this study provides guidelines on some aspects to be considered when establishing a school drug policy. Furthermore, much of the research that has been conducted in Zambia concerning drug and alcohol abuse is skewed to examining prevalence, determinants and consequences, therefore the current study would be a useful contribution to the body of knowledge on school-based drug and alcohol abuse prevention education in Zambia.

## 1.7   Research sites

The study was carried out in twenty secondary schools in five provinces as shown in table1 below.

**Table 1: Research sites**

| Province | Town | Sites |
|---|---|---|
| Lusaka | Lusaka | - Chinika sec. school<br>- Chelstone sec. school |
| | Chongwe | - Mukamambo sec. school<br>- Chongwe sec. school |
| Copper belt | Ndola | - Chifubu sec. school<br>- Masala sec. school |
| | Luanshya | - Roan Antelope sec. school<br>- Luashya Central sec. school |
| Southern | Choma | - Choma sec. school<br>- Choma Day sec. school |
| | Mazabuka | - St Edmunds sec. school<br>- Kaonga sec. school |
| Eastern | Chipata | - Gondar day sec. school<br>- Anoya Zulu Boys sec. school |
| | Katete | - Katete Girls sec. school<br>- Katete Day sec. school |
| Luapula | Mansa | - St Clement sec. school<br>- Kabunda Girls sec school |
| | Samfya | - Samfya sec school<br>- Chibolya sec school |

The provinces were chosen based on the prevalence rate of drug trafficking and abuse country-wide. According to Kusanthan (2014) prevalence of drug trafficking and abuse in Zambia is higher in Lusaka (87%), followed by Copper belt (58%), Eastern (44%), Southern (34%), Muchinga (33%), Central (26%) and North-western (20%). In addition,

the five provinces represented the urban and rural settings. Lusaka and Copper belt were considered to be urban, while Eastern, Southern and Luapula were considered to be rural provinces. In this study, considering urban and rural sites helped the researcher to have a broader understanding of how drug and alcohol abuse prevention practices and policies were implemented in secondary schools in Zambia.

## 1.8  Operational definitions of terms

For the purpose of this study, key terms are used as follows:

**Drug:** A chemical substance, legal or illegal, natural or synthetic which when taken has physical and psychological effects on the body of the person who is taking it. In this study the term "drug" refers to all psychoactive substances other than alcohol. These include tobacco, cannabis, inhalants, khat, cocaine, heroin, methamphetamines, and the New Psychotropic Substances (NPS).

**Alcohol:** This is a processed or fermented clear or opaque liquid substance which is derived from fruits or cereals and usually taken as a social drink. It contains a chemical substance called ethanol. Ethanol is a drug; hence alcohol is usually defined as a legal and social drug. Examples of alcohol include beers, spirits and wines. In this study alcohol has been considered separately because of its social acceptability and it is the most liberally used drug worldwide. However, when the term 'substance' is used, it combines both alcohol and other drugs. Even though alcohol is a legal and social drug, it causes just as many injurious effects, if not more, as most illegal drugs (Escandon and Galvez, 2011).

**Drug abuse:** Deliberate or non-medical use of drugs, in order to induce physical and psychological effects for the purpose other than therapeutic ones, resulting into functional impairment and adverse social consequences. Social consequences may be reflected in an individual's enhanced tendency to engage in conflicts with friends, teachers, and other school authorities. Cognitive consequences can be seen in the individual's lack of concentration on academic work and memory loss (Eysenck, 2002).

**Substance abuse:** In this study, the term is used interchangeably with 'drug abuse'. However, it includes alcohol, tobacco and other intoxicating chemicals such as glue, petrol, and cleaning fluids, commonly known as inhalants or solvents which are legal. These substances are popular with street children. Alcohol abuse is any alcohol use pattern which is significantly problematic (Desai et al., 2003).  It occurs when an individual engages in drinking that is unsafe and harmful to him or her and to others. In other words the individual's pattern of drinking is so excessive that it results in adverse health and social consequences to him, the family and often to those around. Binge drinking, that is, drinking large quantities of alcohol at a single time, is a form of alcohol abuse (Afya-mzuri, 2012).

**Drug abuse prevention:** Is generally seen as an attempt to help young people to abstain, delay onset, and reduce problems resulting from use and abuse of drugs and alcohol. According to UNODC (2012:6) "drug prevention endeavours are referred to as either interventions or policies''. An intervention refers to a group of activities. This could be a programme that is delivered in a specific setting in addition to the normal activities delivered in that setting (e.g. drug prevention education sessions in schools). However,

the same activities could also be delivered as part of the normal functioning of the school (e.g. drug prevention education sessions as part of the normal health promotion curriculum).

**Policy:** refers to a system of laws, regulatory measures, courses of action concerning psychoactive substances use and promulgated by a governmental entity or its representatives (Kilpatrick, 2000). For the purpose of this study and for the sake of simplicity, drug policy guidelines are brief statements outlining a stand or position on standards and procedures for preventing drug abuse in an institution or work place. At a school level drug and alcohol prevention policy may refer to specified rules and regulations regarding use or abuse of substances by learners as well as teachers and visitors in the school (UNODC, 2004). It may also spell out how prevention education could be conducted.

**Evidence-based Practices (EBPs):** are interventions, programmes or activities for which there is a large body of research evidence in support of their effectiveness (Myers et al., 2008). In this study practices include issues of content, methods, activities, providers, targets populations, policies and procedures, duration, timing and frequency or intensity. For example one of the EBP is encouraging and equipping individuals with life skills, including drug resistance skills ((Burnhams, Myers and Parry, 2009).

## 1.9  Theoretical framework

Two theoretical frameworks guided the study. The first was the Modified Social Stress Model (MSSM) followed by the Social Ecology Theory (SET). The Modified Social Stress Model was developed by Rodes and Jason (1988) and modified by World Health

Organization/Programme on Substance Abuse (WHO/PSA). The model postulates that when many risk factors are present in a person's life, that person is more likely to begin, intensify and continue the use of drugs. On the other hand the more protective factors are present, the less likely a person is to be involved in drug use (Ekpenyong, 2012). The model further reveals that these two factors must be considered at the same time in order to effectively understand and prevent drug and alcohol abuse among young people.

The Modified Social Stress Model further identifies six major factors, namely; stress, normalization of behaviour and situations, effect of behaviour and situations, skills, attachments, and resources. Stressful situations such as emotional abuse, normalization of substance abuse behaviour such as easy access to and acceptance of alcohol in the community, and effect of behaviour and situations like sleep inducing or energy increasing effect, are viewed as factors that may increase vulnerability (risk factors), whereas skills such as decision making and assertiveness, resources (family, information and capacity to work) and attachments to significant others, are seen as factors that may reduce vulnerability to drug and alcohol abuse problem (protective factors). It therefore follows that once the risk factors are identified, action can begin on reducing the risks and strengthening the protective factors. The model does not only provide an understanding into drug and alcohol problem, it is also useful for planning and developing effective preventive interventions.

The second theory the study used was the Social Ecological Theory (SET) developed by Berkowitz and Perkins (1986) and further expanded by McLeroy et al., (1988). The

theory was used because it encompasses both individual and wider societal influences of drug abusing behaviours. SET explains the causes of drug and alcohol abuse to be within the social environment. It identifies five levels of influence on drug and alcohol abusing behaviour in young people, namely; intrapersonal factors, interpersonal processes, institutional or organizational factors, community factors, and public policy. Drug and alcohol abuse is seen as a function of the social group within which individuals interact. The theory aims at establishing the relationship of naturally existing social structures in the community to the problem of drug and alcohol use among young people. The central tenet of SET is that individual behaviours are mainly the result of socialization; and therefore to change the behaviour, the social institutions that shape it must change (Hansen, 1997). This entails that drug and alcohol abuse prevention efforts using this theory focus on changing the person's environment rather than the person.

The Modified Social Stress Model was chosen to guide this study because it helped the researcher to establish linkages between factors that contribute to drug and alcohol abuse among young people in schools in Zambia and the prevention practices and policies that are currently being applied. According to this model, the identified risk and protective factors should guide the planning for action to prevent drug and alcohol abuse problem (Spooner, 1999). Therefore, this consequently means that in planning and implementing school-based prevention activities and policies, we should aim at reducing the risk factors and build up the protective factors. These factors could be at an individual, family, school and community levels.

The social-ecology theory on the other hand, was used because it considers the complex interplay between individual, relationship, community, and societal factors. In addition, it includes variables that are rare in literature, like culture, traditions, rituals, inter-personal relationships (including power relationships), group value systems, and social norms (Hansen, 1997). In other words, it deals with all social environmental structures and institutions in the society where schools are situated. Therefore, the theory was used because it allows for broader approach to understanding the drug and alcohol use problem involving learners in school and may help in planning for and implementing effective school-based prevention practices and policies.

## 1.10   Organisation of the thesis

The thesis is organised into seven chapters. Chapter one presents the background to the study, statement of the problem, purpose of the study, objectives and research questions. The chapter also includes significance of the study, research sites, definitions of terms, theoretical framework, organisation of the study and summary.

Chapter two presents the overview of the historical development of drug and alcohol abuse prevention in Zambia. Chapter three presents literature review based on the studies done by different researchers regarding drug and alcohol abuse prevention. It ends with a summary. Chapter four presents the methodology used in the study. It includes research paradigm, research design, study population, study sample, sampling procedure, research instruments, data collection procedure, data analysis, limitations ethical consideration, validity and reliability of study instruments  and a summary.

Chapter five presents the findings of the study. Chapter six discusses findings of the study, while chapter seven presents the summary, conclusion and recommendations of the study.

## 1.11   Summary

This chapter has discussed the introduction to the study. It started by briefly discussing the negative consequences of drug and alcohol abuse at global, local, individual and school levels, highlighting the need and urgency for effective prevention in schools and communities. Further, it has given a synopsis of the evolvement of prevention interventions spanning over 30 years, ranging from information dissemination to social influence approaches and use of international standards as promulgated by NIDA and UNODC. The chapter also defines the term prevention and describes the objectives of prevention education effort in general. It has further described the levels of prevention according to public health model as well as the modern framework of universal, selective and indicative as propounded by the Institute of Medicine. In addition, the chapter covered the research problem under investigation, the purpose and objectives of the study. It also covered research questions, significance of the study, and research sites. The chapter further discussed operational definitions and the theoretical framework on which the study was based.

**CHAPTER TWO**


**HISTORICAL DEVELOPMENT OF DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION IN ZAMBIA**


**2.0    Introduction**

This chapter presents a historical development of drug and alcohol abuse prevention in Zambia. It further highlights prevention from the legal and education perspectives. In addition, it describes the contribution of government institutions such as the Drug Enforcement Commission, Ministry of General Education, Ministry of Health and Ministry of Youth and Sport on one hand and Non-Governmental Organizations and Faith-Based Organizations on the other, towards prevention education efforts. Lastly, it gives the present scenario in drug and alcohol abuse prevention education in Zambia and a summary.


**2.1    Drug and alcohol abuse prevention**

Drug and alcohol abuse is one of the major public health concerns in Zambia. It poses a huge burden on health care systems and impedes educational achievements of young people. Therefore, its prevention is critical to the sustainability of not only good public health system but also social and economic development of the country. Historically, the prevention of illicit drug or substance abuse worldwide involves both motivating and deterrent strategies (UN, 1979). The motivating strategy seeks to improve the individual's capacity to deal with risk factors that may push him or her into drug abuse behaviour problem and also to enhance factors that may help in abstaining from drug

abuse behaviour. The deterrent strategy is basically a prohibitory measure aimed at punishing those individuals who perpetuate drug abuse behaviours.

In addressing the adverse effects of drug and alcohol abuse, efforts have been made to prevent and control through legal and educational strategies. It is not clear what strengths or benefits each of these strategies has yielded and weaknesses of each of them in the Zambian context. Therefore, this chapter presents both legal and education efforts in general, for the prevention of drug and alcohol abuse in Zambia with a bias to prevention education.

## 2.2   Legal prevention and control of drug and alcohol abuse

Drug and alcohol use has been in existence time immemorial, but formal attempts to prevent and control drug and alcohol abuse in Zambia dates back to colonial period. The colonial government had noted with concern that there was an apparent problem arising from illicit drug and alcohol abuse reflected by late reporting at work places, reporting for duty in a drunken state and frequent absenteeism by the workforce (Mbolela, 2009). Based on this, the government enacted The Dangerous Drugs Ordinance in 1926 in the then Northern Rhodesia (Haworth, 1983).  However, this does not mean that there were no forms of control and regulations on the use and misuse of intoxicating substances before colonial era. In fact there were serious social sanctions such as denial of marriage, respect and inheritance rights for drug abusing young people (Mukuka, 1995). At that time, the problem of drug and alcohol abuse was not very serious but the situation showed clear signs of changing. This is reflected by Nyambe (1979) who gave an account of the changing situation with respect to cannabis use before independence and

in subsequent years after independence. He indicated that persistent cannabis smoking by young people in Zambia was to be much more attributed to the rise of African nationalism than to the industrial revolution or urbanization. According to Haworth (1982), Nyambe maintained that a remarkable increase in cannabis smoking by the young occurred in 1959 when the Zambia National Congress party (ZANC), which later came to be known as United National Independence Party (UNIP), was launched to fight against the Federation of Rhodesia and Nyasaland and to seek African independence. However, he points out that Nyambe did not state his sources of information.

So the earliest form of drug and alcohol abuse prevention in Zambia was through legal response other than educational efforts, that is, the enactment of laws. In 1938, the Dangerous Drugs Ordinance of 1926 was strengthened with the inclusion of other habit-forming drugs such as morphine and cocaine (Haworth 1983). At independence in 1964, although the drug and alcohol abuse problem among the youth was still at its infancy stage in comparison to modern times, it was growing rapidly. With the spirit of political independence and freedom more and more young people got involved in alcohol intake as well.

In order to be in tandem with international regulatory legal framework, the Zambian government in 1967, replaced the previous legal provisions on drug control based on the Dangerous Drug Ordinance by the new Dangerous Drugs Act No 42 which had been prepared in accordance with the 1961 Single Convention on Narcotic Drugs (Haworth, 1983). This Act included not only the provision for the control of the importation,

exportation, production, possession, sale, and distribution of dangerous drugs, but also the use of such drugs and matters incidental thereto (CAP 95). In 1971, new Dangerous Drugs Regulations were enacted in the form of a Statutory Instrument (No. 128 of 1971) to provide for the control of raw opium, coca leaves, poppy-straw, cannabis, cannabis resin and all preparations of which cannabis resin formed the base (Haworth, 1983).

Drug and alcohol use surveys conducted in the late 1970s and early 1980s revealed that there was a fairly widespread use of various drugs, and that alcohol, cannabis and tobacco were the most common used substances by young people (Nyambe, 1979; Haworth, 1982, 1983; Haworth, Mwanalushi and Todd, 1981). Although there was also a steady increase in the abuse of amphetamines, tranquilizers, sedatives and inhalants (Fredrick, 1984), there were no reports of the use of hard drugs such as morphine, heroin or cocaine (Haworth, 1982).

In the late 1980s the economic situation in the country had hit its lowest ebb. The collapse of the economy which had started a decade earlier witnessed the emergence of unprecedented levels of drug trafficking and abuse involving some Zambian citizens. While the country was considered as a mere transit point for narcotic drugs, it became apparent that it was also becoming a consumer of drugs such as cannabis and methaqualone (mandrax) largely coming from Central Asia. This situation posed a critical challenge in terms of enforcement of the law and regulations as a way of preventing drug abuse in the country. Therefore, it called for the strengthening of prevention and control measures and establishment of special institutional framework to deal with the problem.

Hence in 1985, the Dangerous Drugs (Amendment) Act No. 19 made possession of drugs such as methaqualone an offence.

Further, in 1989 the government, under President Dr. Kenneth Kaunda, recognized the social and economic menace that drug trafficking and abuse was creating in the country and enacted the Dangerous Drugs (Forfeiture of property) Act No. 7, which did not only seek to criminalize possession of property derived from drug trafficking, but also became instrumental in the creation of the Drug Enforcement Commission (DEC), through Statutory Instrument No. 87 of 1989. DEC was formed as a department under the Ministry of Home Affairs with the dual mandate of enforcing the drug law and educating the public on the dangers of drug and alcohol abuse and started its operations in 1990 (EU / DEC, 1999). Before 1990, the responsibility to deal with drug issues in the country was given to a small police squad within Zambia Police Force (Mukuka, 1995).

With DEC in place, the fight against drug trafficking and abuse was intensified (Zambia, 1992). The intensification was obviously due to the increasing levels of drug trafficking and abuse which was closely linked to economic downturns in the region during this period. For instance, methaqualone trafficking and cultivation of cannabis was on the increase, and Methaqualone had become a medium of exchange for imported manufactured goods such as motor vehicles, machinery, and groceries (Zambia, 1992). As a result of the need to intensify prevention and control efforts and to embrace international cooperation spelt out in the 1988 UN convention, government enacted the Narcotic Drugs and Psychotropic Substances Act No.37 of 1993. The Act provided for

the continuation of the Drug Enforcement Commission as a special organization to fight

drug trafficking and abuse; the revision and consolidation of the law relating to narcotic

drugs and psychotropic substances and incorporation into Zambian law certain

international Conventions governing illicit drugs. This law has remained in use to date,

yet the use of illicit drugs by young people has continued to rise.

Regarding the use of alcohol, the Traditional Beers Ordinance Cap 168 was enacted in

April 1930 to regulate the sale, manufacture and possession of traditional beer. This was

followed by the Liquor Licensing Ordinance Cap 167 in 1959. This Act provided for the

regulation of the sale and supply of intoxicating liquors; and to provide for matters

incidental thereto and connected therewith. Part seven of this Act indicated prohibitory

clauses such as restricting the sale of liquor to children, and young people less than 18

years of age not to be employed in bars. The amendment of the Act in 1969 included the

prohibition of "Kachasu" a local distilled alcohol. All these legislative measures were put

in place to limit the use or abuse of alcohol. However, despite the existence of this law,

young people's involvement in alcohol consumption continued to rise.

In the 1990s, the Zambian government under President Fredrick Chiluba introduced

economic liberalization and several parastatal organizations including Zambia Breweries

were privatized. According to Kwapa (2012), within a short period of time the number of

breweries increased rapidly as a result of this liberalization. This led to increased

availability and easy access to alcohol by many citizens including young learners, and

consequently widespread consumption. According to Zambia Demographic Health

Survey (ZDHS) of 2002, 76% of men consumed alcohol at that time while 23% of women did the same. However, by April 2014, data compiled by the World Health Organization indicated that 41.2% of women were hard binge consumers of alcohol, while men stood at 48.1% (Times of Zambia April 28, 2014, Online). In addressing the concern of increased abuse of alcohol, in 2011 a new Liquor Licensing Act number 20 was enacted. Part four of this Act stipulates that no grant of sale of liquor licence to business owners with buildings within 300 metres of school and health facility; no grant of licence to child; no sale of liquor without licence; and no consumption of liquor in public places.

In April 2012, the Minister of Local Government and Housing Professor Nkandu Luo, through Statutory Instrument number 23 of 2012, banned the sale of sachets of alcohol popularly known as 'tujili-jili'. The small plastic sachets, containing typically 30 mls of strong liquor, had become a serious health concern in Zambia. They were sold at low prices, often in makeshift stores and unlicensed bars to young people. Local politicians, school authorities, community leaders and religious organizations had on many occasions expressed their concern over young people, including school children, drinking these strong alcohol products. Other existing pieces of legislation that related to prevention and control of harmful use of alcohol include the Penal Code Cap 87 and the Local Government Act Cap 281. However, despite all these legislative controls, consumption of alcohol by young people continued to rise in Zambia.

This development makes the author ask further questions such as why the increase in drug and alcohol abuse among youths. Is there an alternative strategy to the legal strategy in preventing drug and alcohol abuse in Zambia? These questions provide a

platform for discussion in this chapter. Answers to these questions may not be exhaustive but may stimulate further research and discussion on the subject.

## 2.3  Prevention Education of drug and alcohol abuse

Prevention Education is the alternative to drug and alcohol prevention strategy. Haworth (1983) writes that historically, as far as early 1980s there were no specific programmes dealing with prevention of drug use among young people in Zambia. He further observed that drug and alcohol abuse prevention education in schools was, however, dealt with to a limited extent within the subject of environmental science for grades six and seven learners. At the secondary school level, drug use and beer drinking was only referred to by the teacher during human biology classes and emphasis was on the effects of drugs upon fertility and offspring (Haworth, 1983).

The Ministry of Health through the Health Education Unit took care of out-of-school youths by providing health education which included information on consequences of smoking and beer drinking. It also networked with the Ministry of Education in the development of various health education curricula, and the media houses in providing suitable material for public awareness through broadcasting and information publication (Haworth, 1983). Other government agencies that contributed to Prevention Education included the Department of Community Development through its literacy lessons to the rural communities and the Ministry of Youth and Sports.

 According to Haworth (1983) two church organizations, the Christian Council of Zambia and the Pioneer Total Abstinence of the Sacred Heart, a catholic-based organization,

were also concerned with problems related to tobacco, alcohol and drug abuse. In addition, individual churches occasionally promoted campaigns to help people give up smoking or to promote total abstinence from alcohol. The Pioneer Movement, as it was known in short, carried out prevention activities such as distribution of literature and the translation of informational material into local languages. However, although these prevention education activities were carried out, it is not clear what impact they had on young people in the country.

In the light of increasing drug and alcohol abuse situation among young people in Zambia in the early 1980s, it appeared that drug awareness through merely informing young people about drug abuse would be of little value. Hence, the United Nations Education, Scientific and Cultural Organization (UNESCO) took initiative to develop drug prevention education strategies and materials based on research, in a number of African countries including Zambia. The UNESCO programmes saw a number of research projects carried out (Haworth and Nyambe, 1980; Haworth, Mwanalushi and Todd, 1981; Sinyangwe and Kasonde-Ng'andu, 1981; Haworth, 1982) which to some extent defined the drug and alcohol abuse problem in Zambia. However, most of these research works were done on students in urban areas, hence did not reflect the national picture.

Through UNESCO support, the Ministry of Education was able to infuse into the curriculum some topics concerning health and safety issues. However, when drugs and alcohol abuse were discussed, the concentration was on information on the bad effects of identified drugs. Despite these research efforts, still by the late 1980s the national

picture concerning the nature, extent and patterns and trends of drug and alcohol abuse was not well documented. There was lack of a national-wide comprehensive prevention programme to cater for the large population of youths in the country. As a result, prevention education activities were not well targeted; the public was generally unaware of the dangers related to drug and alcohol abuse. Resources allocated to prevention efforts were inadequate; long term vision and strategic planning and management of drug and alcohol prevention interventions were lacking; and methods and prevention activities were inappropriate to reach high-risk target groups (EU/DEC, 1999).

## 2.4    Contribution of Government Institutions and NGOs towards Prevention Education in Zambia

This section discusses the contribution of the Drug Enforcement Commission, the Ministry of general Education and Non-governmental organizations.

## 2.4.1  The Drug Enforcement Commission (DEC)

The creation of Drug Enforcement Commission in 1989 came as a renewed national response to the drug abuse and trafficking problem which was rapidly increasing during this period. This move saw improvements in drug prevention and control approaches. The Commission had adopted, in line with the United Nations' Policy Guidelines on Drug Prevention and Control, a balanced approach which addressed both supply and demand reduction.

By 1994, the National Education Campaign Division (NECD) as a department within DEC took responsibility of Education Campaign activities. NECD had sprung from the endeavours of the International Labour Organization (ILO) implemented project aimed at the development of Resource Centres for drug and alcohol abuse and at the prevention of workplace related problems (UNDCP 1993a). It formulated broad-based programmes targeting learners, community members and workers in the name of Institutions of Learning, Community, and Workplace programmes respectively. Other programmes involved counseling and rehabilitation and Information, Education and Communication (IEC) materials production. This was undoubtedly an improvement from isolated prevention activities practiced in the past to specific audience tailored and well-coordinated programmes. These programmes are still running to date.

With technical support from the European Union, the government of Zambia had developed a Drug Master Plan endorsed by the then President Dr. Frederick Chiluba on 24th April 1997. This was another milestone in drug abuse prevention in Zambia. Its overall objective was to contribute to the health and socio-economic well-being of

Zambia. The Drug Master Plan Implementation Project (DMIP), formulated in the framework of the Drug Master Plan, focused primarily on drug demand reduction through awareness programmes targeted mostly at youths; capacity building of DEC for information collection and dissemination and partnership with other organizations. The project which ran from 1998 to 2001 scaled up prevention activities in the country.

Under this project, the extent and causal factors of drug abuse in Zambia had been investigated through a Rapid Assessment Survey, providing a sound basis for and better targeting of prevention programmes. Awareness and education materials had been developed, produced and distributed, targeting mainly, but not exclusively, in-and out-of-school youth: supplementary school books on drugs, printed T-shirts and caps, posters, brochures in local and English languages, and DMIP spotlight magazine. Effective partnership in drug abuse prevention had been established and strengthened mainly with Non-Governmental Organizations, Community-Based Organizations, Churches and Traditional Leaders and to a lesser extent with some government ministries. However, these interventions were only concentrated mostly in five provinces of Zambia namely; Southern, Lusaka, Central, Copper belt and Eastern provinces. The impact of these intervention activities was still not much because concentration was mostly along the line of rail.

In addition, another programme known as Drug Demand Reduction Programme (DDRP) started in October 2001 soon after the end of DMIP. This programme was a continuation of the DMIP. However, its main focus was reduction of demand for drugs through aggressive prevention education approach aimed at changing the knowledge, attitude

and practices towards drug use and epidemiological approach which aimed at studying the nature, patterns and distribution of the drug use problem in Zambia, in order to inform prevention strategies and policies (Chita, 2002). Through this programme multi-sectorial collaboration, networking and consultation was used to reduce abuse of drugs in the country. The DDRP carried out one major project with Zambia Prison Services called Prison Drug Sensitization and Education Project 2002-2004. The project was sponsored by Swedish International Development Agency. The aim of the project was to reduce drug abuse in prisons (Chita, 2002). However, this project ended up at a pilot level with very few prisons participating countrywide.

### 2.4.2   The Ministry of General Education

The Ministry of General Education introduced a new educational policy in 1996 dubbed 'Educating our Future' which was a response to the developmental needs of the nation as well as those of the individual learners (MOE, 1996). This policy spelt out issues of health education in schools. Although it did not make direct mention of drug (substances) and alcohol abuse issues, it spelt out that the curriculum for basic and high school education should address among other issues, health education and personal well-being, social and moral education by integrating some aspects of these issues in major subject areas. Extra-curricular activities and Guidance and Counseling services were some of the strategies proposed in which psychosocial issues could be addressed (MOE, 1996). This influenced the inclusion of more topics and facts about drug and alcohol abuse in the school curriculum and introduced Guidance and Counseling services to deal with among other things drug and alcohol abuse issues.

### 2.4.3 Faith Based Organizations and NGOs

In the reality of rampant drug and alcohol abuse among young people in Zambia, Faith-Based Organizations have not remained behind in contributing to prevention efforts. The United Methodist Church has a special youth programme on Substance Abuse and Related Violence. The church uses youth groups to educate fellow youths. For instance, a youth group from Luanshya district, known as *Kafakumba* Youth against Drugs Abuse has embraced the peer education approach. They use peer education strategy to fight against substance abuse through annual youth camps (Kalichi, 2014). The Seventh Day Adventist church use Pathfinder camporees to disseminate anti-drug abuse information to young people in the church.

In recent years a number of international organizations and local NGOs have come on board in the provision of drug and alcohol abuse prevention services. Partnership among stakeholders is one strategy which is being used to effectively deal with issues of drug and alcohol abuse prevention education. Zambia has close links with international organizations that are involved in drug prevention and control such as United Nations office on Drug and Crime (UNODC), African Union Commission (AUC), World Health Organization (WHO) and International Narcotics Control Board (INCB). This is done through material support and information exchange in form of submission of Annual Reports Questionnaires. For example, in addressing alcohol and other psychoactive substances, the WHO country office in 2012, supported the development of a School Teacher's Guide on tobacco control to increase awareness on risks, harmful effects and consequences of tobacco use among the youth and to delay and or prevent the age of onset of tobacco use (WHO-Zambia, 2012). In 2011, WHO and the United Nations

Children Emergency Fund (UNICEF) were instrumental in setting into motion the creation of the Zambian alcohol policy draft (Afya-mzuri, 2012).

There are also local NGOs that have taken up drug and alcohol prevention education either alone or in combination with other public health education issues. Notable among them are Serenity Harm Reduction Programme Zambia (SHARPZ), Afya-Mzuri, Dream Youth Team, Teen Challenge, Campaign Against Alcohol Drug Abuse Through Arts (CAADATA), Njobvu-Zambia, Zambia Alcohol and Drug Programme (ZADP), Umodzi Arts, Bwalo Trust, Shade-Zambia, Youth Alive Zambia, Society for Family Health (SFH), Young Men Christian Association (YMCA) and Mental Health Association of Zambia. They work in collaboration with strategic government departments such as the Drug Enforcement Commission and Local authorities to supplement government efforts in sensitising the dangers of excessive drug and alcohol abuse. Most of these NGOs operate as projects with donor fund support and specific time line and may lack continuity when donors stop supporting them.  Moreover, they operate mainly in urban and peri-urban areas to the disadvantage of rural communities. However, it is not well known how they carry out these drug and alcohol abuse prevention education activities.

## 2.5   Present scenario in drug and alcohol abuse prevention

Three main agencies have continued to provide drug and alcohol abuse prevention education in the country, that is Government institutions, Faith-Based Organizations and Non-Governmental Organizations. The Ministry of Youth and Sport has been carrying out "Out of Competition" anti-doping sensitization talks among young people in sport

such as athletes and footballers in line with the requirements of the World Anti-doping Agency (WADA) and the National Anti-doping Organization (NADO), both in and out of school arrangement. However, these interventions are limited to urban areas and their impact is not known.

In 2013, The Ministry of General Education, in order to provide further guidance on the preferred type of Education for the nation, developed the Zambian Education Curriculum Framework (ZECF) based on the Educating Our Future policy of 1996. This has seen the incorporation of more drug and alcohol abuse prevention topics across all levels of education and in a number of related subject areas. For example, at senior secondary school level, issues of substance abuse appear in grade ten Civic Education syllabus (MoGE, 2013). The existence of Guidance and Counselling departments in schools is among other things, meant to improve the delivery of drug and alcohol abuse education to high risk group learners.

The Drug Enforcement Commission is one of the government institutions which have been mandated to carry out drug abuse prevention education. Currently it operates as the overarching agency for prevention and control of psychoactive substance use in Zambia. In order to effectively carry out the above mandate, the Commission through the Education and Counselling Department (ECD) has continued to initiate and implement programmes that aim at ultimately reducing the demand for illicit drugs by members of the public, particularly among young people. These programmes are being implemented in learning institutions, work places and the communities at large. The

Commission also recognizes that the drug scourge leaves behind casualties in form of addicts. To alleviate their suffering and endeavour to fit them back into society, the Commission provides counselling services to the affected young people.

However, despite all these efforts, literature and the media still inform us that the drug and alcohol abuse phenomenon, among young people in Zambia has continued to rise. This negatively affects education achievements of young people. It would be good to establish what is really going on in the drug and alcohol prevention field, particularly in schools, if we are to tackle this problem among youths.  Schools are one of the main arenas from which young people can receive drug and alcohol abuse education in a more coordinated and effective manner.

## 2.6  Summary

This chapter focused on the historical perspective of drug and alcohol abuse prevention in Zambia. It has endeavoured to show that prevention efforts in Zambia have basically been conducted through two main broad strategies, which are, legal and education. The legal strategy is mainly expressed in form of laws. The chapter has highlighted major milestones in the development of these laws, starting with the Dangerous Drugs Ordinance of 1926 and the Traditional Beers Act of 1930 to the Narcotics Drugs and Psychotropic Substances Act of 1993 and the Liquor Licensing Act number 20 of 2011. This measure is largely punitive in nature and involves either a prison sentence or a fine. The other prevention strategy is education which seeks to improve an individual's capacity to resist drug and alcohol abuse and enhancing environmental factors that help him or her in living a drug and alcohol free life. It highlights the major players in prevention

education and their role, such as government institutions and non-governmental organizations. The chapter has also shown a picture of current major prevention education efforts made by both international and local organizations that labour to fight against drug and alcohol abuse in Zambia. Despite all these efforts the problem of drug and alcohol abuse among young people has continued to rise. As a result there is need to seek empirical answers to the following questions: (i) what are the practices in drug and alcohol abuse prevention education in secondary schools? (ii) what are the drug and alcohol abuse prevention policy guidelines used in secondary schools? (iii) how are the drug and alcohol abuse prevention education activities conducted in secondary schools? and (iv) how are the drug and alcohol abuse prevention policy guidelines implemented in secondary schools?

**CHAPTER THREE**

**LITERATURE REVIEW**

**3.0    Overview**

This chapter presents a review of relevant literature on practice and policy in drug and alcohol abuse prevention education. Literature is presented under the following subheadings: Introduction; practices in drug and alcohol abuse prevention; policy issues in drug and alcohol abuse prevention; prevention education activities and prevention policy implementation. It ends with summary and knowledge gaps identified.

**3.1   Introduction**

In recent years there has been an increased move to develop drug and alcohol abuse prevention practices and policies that are evidence-based. Evidence-based practices (EBPs) are those practices, interventions or programmes for which there is a large body of research evidence in support of their effectiveness (Myers et al., 2008).

Most recent meta-analyses and review literature on drug and alcohol abuse prevention indicate that certain school-based interventions can achieve at least modest reduction in drug use by learners, while others are not effective (Dusenbury and Falco, 1995; Glynn, 1983). Schools provide a good natural setting for implementation of drug abuse prevention programmes and activities (Botvin, 2006). Dunne and Somerset (2004) adds that schools are in a prime position to increase awareness and challenge attitudes around drugs and to prevent substance misuse and related harm. This is because Schools can reach large numbers of school-aged children, and programmes are easy to

implement compared to family or community-based programmes. Although schools have many educational demands placed on them, their role in preventing and reducing drug use is essential to the educational achievement of the learners. Therefore, with this in mind it remains essential to look at what other researchers have said about drug and alcohol abuse prevention education viz-aviz prevention practices and policies.

## 3.2    Practices in drug and alcohol abuse prevention education

In this section prevention practices relating to content, providers, use of peer educators, involvement of parents and guardians (family), monitoring and evaluation, target groups, timing of intervention were reviewed. These components were identified through literature and selected for use in this review because they constitute best practices and have potential to contribute to effective drug and alcohol prevention education (McBride, 2002).

### 3.2.1  Content in drug and alcohol abuse prevention education

Content refers to what is taught or imparted in learners in order for them to make decisions that can help them to live drug and alcohol free lives or to reduce harm caused by use of psychoactive substances.

Regarding content of drug and alcohol abuse prevention education, Tobler and Stratton (1997) conducted seminal meta-analytic studies of school-based drug use prevention programmes and concluded that programmes with content focused on social influences' knowledge, drug refusal skills, and generic competency skills (life skills) were more effective than programmes focused on knowledge and attitudes.

Furthermore, in another meta-analytic study involving 207 school-based programmes Tobler (2000) found that programmes with content that covers both short- and long-term consequences of substance use, address misconceptions regarding the normative nature of adolescent substance use, and provide opportunities to learn and practice decision making/problem solving, assertiveness and resistance skills had larger effect sizes. In addition, Botvin and Griffin (2003) writes that a comprehensive review of resistance skills studies published from 1980 to 1990 showed that the majority (63%) had positive effects on drug use behavior, with fewer studies (26%) having neutral or negative effects on behavior. Furthermore, several follow-up studies of resistance skills interventions have reported positive behavioral effects lasting for up to three years, although longer term follow-up studies have shown that these effects gradually decay over time, suggesting the need for on-going intervention or booster sessions. Other review studies on prevention programmes involving resistance skills training indicated similar findings (Sloboda, 2008).

The National Crime Prevention Centre (2009) reports that prevention programmes whose teaching content is based on information dissemination i.e. primarily teaching about drugs and their effects; fear arousal or scare tactic by emphasizing risks associated with drug use; moral appeal i.e. teaching about the evils of use and affective education which focuses on building self-esteem, responsible decision-making, and interpersonal growth are largely ineffective for reducing drug and alcohol abuse. This is because such interventions that focus solely on healthy attitudes and providing factual information in a classroom setting, fail to take into account environmental factors that are

likely to push an individual into drug abusing behaviour. On the contrary, programmes which include drug resistance-skills training and specific skills for resisting peer pressures alone or in combination with broader-based life-skills training have the potential to reduce drug and alcohol abuse among young people.

Drug abuse prevention education should aim at improving knowledge, developing skills, promoting change, and preventing or reducing drug use. This is echoed by Faggiano et al., (2005) who suggested that school-based intervention programmes can be designed to provide knowledge about the effects of drugs on the body and psychological effects, as a way of building negative attitudes toward drugs; to build individual self-esteem and self-awareness, working on psychological factors that may place people at risk of use; to teach refusal and social life skills; and to encourage alternative activities to drug use, which instill control abilities. However, they concluded that skills based programmes, that is, those programmes that teach life skills and drug abuse resistance skills, are more effective in deterring early-stage drug use (Uhl and Ives, 2010). This is supported by Givaudan and Pick (1997) who wrote that successful prevention programmes have identified psychosocial skills as fundamental to preventing substance abuse. They cite a drug abuse prevention programme implemented in Mexico with support of Mentor Foundation, which provides self-knowledge, communication, negotiation and problem solving skills, to enable children, teachers and parents to make decisions rejecting drug use.

In a meta-analysis study involving 94 anti-smoking interventions in Ireland, results showed that the effects on smoking behaviour were greater with programmes which had a social skills orientation and lowest for interventions with a knowledge orientation. Interestingly, all kinds of programmes were equally effective in enhancing knowledge about cigarettes (Morgan, 2001).

Furthermore, Lee and Talic (2012) say that the focus for drug abuse prevention in recent years has been on building the protective factors that make drug abuse or other unhealthy or negative behaviours more unlikely and addressing the risk factors that can lead to those behaviours. They add that prevention programmes also focus on building the resilience of young people to cope with the pressures and challenges they will face and developing the personal and social competence of young people. In addition, they say that prevention programmes should focus on exploring attitudes and values; promoting opportunities and alternative positive behaviours, and of course building the knowledge and information that is relevant.

However, despite such evidence in literature, regarding the use of social influence components (That is basic information, life-skills training, resistance skills and normative education), in relation to drug and alcohol abuse prevention education, it remains unclear whether they are being taught and how they are taught in Zambia's schools. This study was set to answer this question.

### 3.2.2 Providers of drug and alcohol abuse prevention education

As shown by a number of studies, Drug abuse prevention providers play a big role in prevention effort. The training status of providers is one of the crucial components in the success of prevention programmes (Tobler et al., 1999; William et al., 1999; McBride et al., 2003). Lack of it may negatively affect effective provision of drug abuse prevention education

James (2011) says that in the UK, drug education in schools is largely delivered by teachers although external speakers are also used. Botvin and Griffins (2003) indicate that there are several reasons why teachers may be the most logical choice as providers for school-based programmes such as the Life Skills Training (LST). They argue that teachers are readily available and generally have experience and better classroom management skills than other providers. In the same vein, Midford et al., (2000) report that teachers, health professionals, counselors and other prevention practitioners can contribute significantly to the success of a school-based prevention interventions. Their impact is great especially when they are well trained in drug and alcohol abuse prevention. However, the challenge is that teachers may lack special training and interest in drug and alcohol prevention issues. For example a study by Burrow-Sanchez, Lopez and Slagle (2008) in Sikes et al. (n.d.) found that 40.6% of the teachers who participated in the study indicated that they had no prior training in the area of substance abuse prevention particularly in counselling intervention and assessment. This situation is likely to affect prevention efforts.

In addition, Cuijpers (2002) emphasize that personnel delivering the programme have an influence on its effectiveness. Concerning differential impact of various program providers, a number of review studies indicated mixed results. For instance, while some review studies have indicated that prevention programs led by peers educators can be as effective as those led by adults (Cuijpers, 2002; Gottfredson & Wilson, 2003), others indicate that those led by the mental health professionals were the most effective followed by those led peer educators. In addition, Tobler, et al., (2000) found that professional program providers outperformed both peers educators and teachers, and that peer educators outperformed teachers. However, regardless of this evidence, what is important is that providers have the necessary training background for effective delivery of drug and alcohol abuse prevention education.

In Zambia, other than teachers, by virtue of their positions, it is not well known who else provides drug and alcohol abuse prevention education to young people in secondary schools. What is even more important is that it is not known whether those providing this education, including teachers, have sufficient training or competencies to teach this kind of education. This was one of the major concerns of this study.

### 3.2.3 Use of peer educators in drug abuse prevention education

McBride (2002) identified many review studies that have indicated the potential role of peer educators in drug prevention education (Tobler, 1992, 1997; Tobler and Stratton, 1997; White and Pitts, 1998; Tobler et al., 1999). Midford et al., (2000) say that the use of peer educators in providing prevention education to learners is another strategy that has received increasing attention in the drug education literature. Peer educators serve as potential role models by creating a norm that drug abuse is deviant and by providing alternatives to drug and alcohol abuse. They successfully explore controversial issues with other peers more than adult educators. The argument for the use of peer educators is that young people are likely to take ideas from their peers more seriously than adults as they look down on them as old fashioned.

The effectiveness of peer educators was demonstrated by Tobler (1992) in a meta-analysis study conducted to compare peer programmes (peer-led) and non-peer programmes (none peer-led). In this meta-analysis it was found that peer programmes were more effective than non- peer programmes. However, this finding, as Tobler (1999) observed, only stands in so far as there is an opportunity for peer interaction in form of exchange of ideas, correction of misconceptions and practice of skills. Additionally, Coggans and Watson (1995) argue that use of carefully selected, well supported and trained peer educators have a great impact in the reduction or delay of drug and alcohol abuse behaviours.

### 3.2.4    Involvement of family and wider community

Research findings indicate that parents and guardians' communication with their adolescent children is an important factor in reducing their drug and alcohol use. According to Morojele et al., (2009), parents can implement various measures in a home that may reduce the likelihood that their children will use alcohol or other drugs. These include communicating their expectations to their children and supervising and monitoring their behaviour.   In a review of key elements in effective drug education programmes in the United States, Dusenbury and Falco (1995) found that involvement of family members, as a strategy enhanced school-based prevention programmes. Learners are still under the influence of their parents or guardians despite their desire for independence. This strategy involves giving homework exercise to learners to be completed with parents. This promotes parent-child communication and positive family norms. Parents were sensitized on how to relate to their children. Learners conducted anti-drug abuse activities in the community such as designing posters or bill boards to increase awareness of the dangers of drugs.

Gaustad (1993:2) pointed out that "the support of parents, staff, the community and learners themselves is critical to the success of prevention policies." Without their participation enforcement is bound to be a failed effort. Surprisingly, a study by Beyers et al (2005) reported that in the development of school drug policies, parents were involved in less than one half of schools.

Other studies have indicated the role of the community in prevention programmes. For instance, a snap-shot survey conducted by the Department of Social Development (2012) in South Africa outlined the role of the community members as follows: to report on drug dealers in a way that will not jeopardize their life; to organize community awareness and mobilization campaigns on a regular basis; and to actively involve community Police Forums and Ward Councilors in preventing drug and alcohol abuse. There should be close cooperation between police and communities. Furthermore, community members should ensure that there is no sale of alcohol to children in the community and should also play a role in closing down unregistered alcohol selling points. Currently, little is known about how parents and the community are involved in the prevention of drug and alcohol abuse in secondary schools in Zambia.

### 3.2.5  Monitoring and Evaluation

The practice of monitoring and evaluation in drug and alcohol abuse prevention education programmes cannot be overemphasized.  It is one of the essential strategies used in achieving prevention programme goals. UNODC/WHO (2006) defines monitoring as keeping track of what is being done while it is being done, so that corrective action can be taken if necessary, and evaluation as finding out if the intended effect has been achieved on the target population upon completion of implementation of the activities.

According to UNODC/WHO (2006), monitoring and evaluation provides feedback on the prevention programme activities. It enables programme providers to take a critical look at implementation of prevention work, whether it is producing intended outcomes and

how it can be improved. Monitoring can be done through checking on records and observations of the implementation processes, while evaluation can be done through questionnaires, interviews and review meetings. According to Midford, Lenton and Hancock (2000) monitoring should be undertaken to ensure programmes are delivered in the intended manner, as failure may occur because of inadequate implementation rather than as a result of any deficiency in the design of the programme

### 3.2.6  Target groups in drug and alcohol abuse prevention education

Wald and Abrams (2012) argue that different strategies must be taken for young people of different cultural background and level of drug abuse sophistication. For example strategies targeting adolescents who are experimenting with marijuana in the suburb areas must be different from those aimed at reducing heroin use among adolescents in the ghetto. They add on to say that the information must be structured in such a way that it relates closely to the young people's sophistication of drug use and willingness to identify with the subject matter.

Regarding target grade levels, in a study audit of school-based substance prevention in Cape Town, South Africa, Morojele et al. (2008), found that organizations that provided prevention education targeted various grade levels in schools with standard 4 as the lowest standard at which they conducted prevention activities. Most organizations targeted standard 6 and 7, and a few targeting standard 8, 9, and 10.

Prevention interventions must target not only individuals but also families, work groups, the worksite, neighborhoods, entire communities, other organizational contexts, and society at large. They should be tailored to address risks specific to population or audience characteristics (NIDA, 1997).

### 3.2.7  Timing of drug and alcohol abuse prevention interventions

According to Midford, Lenton and Hancock (2000) timing of drug and alcohol abuse prevention intervention is essential to the success of prevention education programme. Timing is about appropriate time in the life of young people in which drug and alcohol abuse prevention education interventions could best be introduced (McBride, 2002). This is also related to the age, grade level and the nature of drug abuse and the level of understanding of what the intervention is meant for (Masiye, 2011).

Prevention education intervention must be of immediate relevancy, developmentally appropriate and have sequence, progression and continuity (Dusenbury and Falcon, 1995). This will stimulate young peoples' interest to learn.  In addition, Kelder et al. (1994), argue that the timing strategy in primary prevention is most effective if instituted before young people develop pro-drug behaviour patterns. This is the period when most of them are experiencing initial exposure to substances from their friends. This calls for early intervention because, according to South Africa Department of Health, as cited by Baloyi (2006), children begin to use and abuse drugs and alcohol at a much young age. He cited a national survey conducted in South Africa which indicated that 34% of grade 6 learners experienced peer pressure to use dagga (marijuana) while 51% were pressured to use alcohol.

Most drug prevention literature has revealed that the optimal time for initiating school-based youth drug interventions is during the late primary or early high school years, as this is when experimentation among learners begins. However, timing of programmes should be optimized for a particular population and for particular drugs according to appropriate prevalence data (Midford, Lenton and Hancock, 2000). Additionally, findings from a research conducted by Otieno (2009) in Kisumu town, Kenya, indicated that there was need for early intervention that targets pre-secondary and secondary school learners because these learners were a high-risk group. Therefore, early intervention can reduce or avoid the on-set of substance abuse among young people. In Zambian, it is not clear when issues of drug abuse prevention are introduced to learners in secondary schools. This study was set to find out on this.

The preceding section has endeavoured to highlight a number of best-practices regarding drug and alcohol abuse prevention education. However, a study conducted to explore the extent to which these best practices are used in youth-focused prevention programmes in Cape Town, South, Africa found that most programmes were not guided by EBPs (Burnham, Myers and Parry, 2009). In Zambia, little is known concerning the kind of prevention practices applied in secondary schools in order to stop or reduce drug and alcohol abuse among learners. This study was aimed at filling this knowledge gap. In the light of increasing substance abuse by leaners in schools, it was found necessary to investigate prevention practices used and whether they reflect evidence–based practices as revealed by literature on drug prevention education.

### 3.3    Policy issues in drug and alcohol abuse prevention education

This section reviews literature on policy issues relating to drug and alcohol abuse prevention such as; the need for drug and alcohol policy in schools, policy measures used to address the problem, and major elements of policy guidelines used.

### 3.3.1    Need for drug and alcohol abuse prevention policy in schools

To begin with, it is imperative to highlight the benefits of a drug and alcohol abuse prevention policy to schools. According to Catholic Education Office (2010), a drug and alcohol prevention policy plays a host of functions in a school, among them to provide a framework or guidance within which the problem of drug and alcohol abuse should be tackled. It documents procedures for dealing with drug and alcohol abuse related incidents in school. In addition, policy is essential to the implementation process so as to avoid provision of fragmented and inefficient prevention services. Duncan (2011:8) writes that "policies can reduce the risk associated with alcohol and drug use among learners … and can provide schools with legal protection in respect to their actions following a drug related incident." Gaustad (1993) adds that it ensures prevention programme continuity in an event where the originators have departed.

A review study conducted by Evans-Whipp et al. (2004), showed that most schools in the developed countries had substance use policies. In this review, Evans-Whipp and colleagues cited some countries where tobacco, alcohol and other drugs school policies existed. For example, they indicated that studies had shown that in USA, 97% of schools had a written policy on tobacco use, while Australia, England and Wales, and New Zealand had 97%, 88%, and 97% of schools with tobacco prohibition policies

respectively. In addition, Glisic (2010) writes that almost all schools in North America have a policy that prohibits alcohol and drug use.

As regard to other regions, nothing much is known about the existence of school drug policies because there is not much research based Literature on the subject. This situation provides an opportunity for this study to find out whether schools in Zambia have drug and alcohol abuse prevention policies and in what form they are presented.

### 3.3.2 Policy measures used to address drug and alcohol abuse problem

Studies have shown that prevention policies that are documented (written) are more likely to succeed in reducing the problem of drug and alcohol abuse in institutions than undocumented ones (Evans-Whipp et al., 2013). For example, a study by Desousa et al. (2008), found that secondary learners in Wales attending a school with a written alcohol policy had a lower likelihood of frequent binge drinking compared to those attending school without a written policy.

However, having a written policy in place alone may not guarantee success in prevention efforts. It is the proper and consistent enforcement which counts (Glisic, 2010). In a study by Evans-Whipp et al. (2013), to find out whether learners' perceptions of strictly enforced school alcohol policy and harsh punishment deter learners from drinking on the school grounds, it was found that policy enforcement had an effect on learners' drinking on the school ground. This means that laxity of enforcement predicted an increase in

learners' involvement in drinking while firmly and strictly enforcement of policies predicted reduced use of alcohol in the school grounds.

Similarly a study of seventh graders in three Californian school district in USA showed that schools with comprehensive tobacco policies had lower prevalence rate of learners' reported smoking (Evans-Whipp et al., 2004; Griesbach et al., 2002). On the contrary, a study conducted by Glisic (2010), to evaluate the effectiveness of school policies to reduce adolescent alcohol and marijuana use among grade 10 and 12 learners found that there was no impact on either alcohol or marijuana use at any level of its consumption. However, Glisic interpreted this in relation to the nature of policy measures enforced, which were severe (punitive) and not remedial. This could have influenced the findings. Nevertheless, Glisic findings point to the fact that certain policy measures may not yield significant results in drug and alcohol abuse prevention. Therefore caution must be taken when considering policy measures for prevention.

 In another study conducted by Beyers et al. (2005), in USA and Australia, to compare aspects of the school drug policy in the two countries, it was found that school drug policies in the USA schools were generally more oriented towards total abstinence, while in Australia school policies were more oriented to harm reductions. This means that policy enforcement measures in USA were more of a punitive nature with suspension and expulsion as some of the measures for policy violation, while in Australia it was more of remedial nature aimed at reducing harmful use.

In an electronic survey conducted by The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment (2012), in New Hampshire schools, USA, to assess school policies across the state, it was found that 58.5% of high schools always assigned out-of-school suspension in response to an alcohol or drug policy violation. Further, that 39% of high schools did not provide "re-institution plans" allowing students to earn back suspended time and 37.6% of all schools never hosted an orientation or parent meeting that includes review of the school's alcohol and drug policy. The results demonstrate the gap between having a policy and implementation fidelity of the policy. These findings are consistent with those of Beyers et al. (2005), suggesting that it may be right to conclude that in most USA schools, they use punishment approach more than educational and counselling or remedial approach. However, as Evans-Whipp et al. (2004), put it, there is little evidence of the effectiveness of each one of the two approaches. Evans- Whipp et al. (2007), add that there is not much literature on drug and alcohol abuse policies and their impact in schools. Much of what is known concerning the impact of prevention policy comes from tobacco smoking policy studies. Although this is the case, a few studies on drug and alcohol prevention policy impact suggest that more comprehensive and better enforced school policies are associated with less use of drugs and alcohol mong secondary school learners.

In the same vein, studies have also shown that school policies that encourage positive school culture are likely to lead to effective prevention of drug and alcohol abuse behaviour by learners in schools (West et al., 2004; Aveyard et al., 2005; Sellstrom and Bremberg, 2006; Bisset et al., 2007). Maslowski (2001:8) defines school culture as "the

basic assumptions, norms and values, and cultural artifacts that are shared by school members which influence their functioning at school." In other words school culture refers to the values, attitude and behaviour characteristics shared by teachers, administrators and other members of staff in a school, such as respect, learner support, collaboration, positive expectancies, trust and confidence, open communication and procedures. For instance, In a study by Bisset et al (2007), to determine whether Value-added school culture (that is, learner support, collaboration among teachers, and respect for others) was associated with lower risk of substance use among adolescents in West Midlands English school districts, UK, it was found that value added school culture was associated with reduced risk of early alcohol initiation, heavy alcohol consumption and illicit drug use. Further, it was concluded that "the prevalence of substance use in schools was influenced by the school culture and that understanding the mechanism through which the school can add value to the educational experience of pupils may lead to effective prevention programmes" (Bisset et al., 2007).

In addition, A longitudinal study by Tobler et al (2011) in USA found that schools with value-added school environment were associated with reduced rates of alcohol drinking, cigarette smoking and marijuana use among learners in the past 30 days, while schools with diminished school environmental values did not have significantly different rates on any of the outcomes (Bornell et al., 2012).

Another study conducted by Sacks et al. (2014), found that policies that support positive school climate and promote learners' attachment to school may have stronger influence on youth use of drugs and alcohol than harsh deterrence policies. This finding is

supported by many researchers (Evans Whipp et al., 2004, Beyers et al., 2005, Duncan, 2011). Therefore, it is worthy to conclude that any policy measures designed to address drug and alcohol abuse problem in schools should be directed to improving school culture (Maslowski, 2001).

In Zambia, research based information regarding the kind of policy measures applied in schools to reduce drug and alcohol abuse among learners is scanty if not non-existent. This study is an attempt to fill this gap. Who knows much of the apparent failure to halt the ever increasing numbers of learners' abuse of drugs and alcohol could be attributed to the kind of policies applied or lack of policy. The present researcher is of the view that more research is still needed in this area particularly in the developing world.

### 3.3.3   Major elements of drug and alcohol abuse prevention policy

Regarding the common elements of effective drug and alcohol policy approaches Sloboda (2008) reported that they include: reducing or eliminating access to and availability of tobacco, alcohol or other drugs; addressing infractions of policies by providing counselling or treatment and special services to young people rather than punishing them through suspension or expulsion; selecting policies that do not disrupt normal school functioning and those that address the full range of drug-using behaviours, from initiation to progression to abuse and dependence and relapse; specification of the substances that are targeted; and reflect other community prevention efforts.

The Catholic Education Office (2010), say that prevention policy should outline the sequential drug education program based on the principles of harm minimisation; develop structures and processes which support learners and ensure appropriate care; advise students, parents and staff of school rules, consequences and procedures for

responding to unsanctioned drug use or drug-related incidents; identify specific support services and networks available to learners, parents and staff; ensure the on-going professional development of all staff; and show links to other related school policies.

In addition, Maine Office of Substance Abuse (2008), indicates that effective key policy guidelines should have the following: a philosophical statement that expresses the rationale and goals it aims to achieve; a description of how the school will implement prevention programmes and activities; and an outline of the process for communicating the policy to learners, teachers, parents and community. Furthermore, it should state prohibition of drug abuse and consequent behaviours, that is, clearly stated rules and consequences of violations. UNODC (2004) adds that a drug policy should indicate written procedures describing the steps to be taken when dealing with drug abuse incidents, and also a provision for periodic review of the policy.


Generally speaking, Zambia's anti-drug policies are manifested in laws. For instance the Narcotic Drugs and Psychotropic Substances Act of 1993 provides for treatment of drug offences in Zambia. However, it is not clear how these policies impact on prevention education in schools and the kind of prevention policies being applied in schools to reduce drug use among learners, because of lack of literature on the subject. In view of this situation and in the context of escalating levels of drug and alcohol abuse by learners in Zambia's secondary schools, it was the objective of this study to identify drug and alcohol policy guidelines used in these schools. As already mentioned elsewhere in this section, the existence of such policy guidelines ensures sustainability of measures taken to stop or reduce drug and alcohol use among learners.

## 3.5 Drug and alcohol abuse prevention education activities

Prevention education activities refer to all that is done to prevent the use or abuse of drugs and alcohol among young people. This section reviews literature on implementation of activities that are associated with drug and alcohol abuse prevention.

### 3.5.1 Prevention education activities

In a review of literature on alcohol and drug prevention approaches in colleges and universities in UK, Mentor UK (2007), cited Education and Awareness Campaign, extracurricular activities, social marketing and brief motivational interviewing as some of the prevention activities that were promising. Studies have suggested that using extracurricular activities as a strategy may have prevention potential in higher education. For example Eccles et al. (2003), found that young people who participate in extracurricular activities such as sports and performing arts had a better academic performance, lower risk of dropping out of school and reduced involvement in risk behaviours such as abuse of alcohol and other drugs. However, other studies have also shown that different activities may produce mixed results in young people drug abuse behaviours. For example some types of sports and athletic involvement may not protect young people from drug and alcohol abuse (Moore and Werch, 2005; Hoffmann, 2006; Eccles et al. 2003). Therefore, there is need to provide young people with appropriate forms of extracurricular activities whose objectives encourage drug free-life.

Mentor UK (2007), further indicates that education and awareness campaigns in UK's higher institutions of learning are generally organized and delivered in a wide health promotion framework. There are specific programmes such as 'Study Safety' and

'FRANK' with strategies such as non-judgmental harm-minimization, drug educational tutorials, peer education and youth work. However, although higher institutions of learning are committed to promote health and provide information about alcohol and drugs, the Advisory Council on the Misuse of Drugs (2006), and Escolme et al. (2002) observed that their work is understated and lacking in a theoretical base.

A study conducted by Habulembe (2013) to assess the participatory communication activities used by Serenity Harm Reduction Programme Zambia (SHARPZ) to educate the youth on the potential harmful effects of alcohol and drugs in Chibolya township in Lusaka, Zambia, revealed that SHARPZ used participatory communication activities such as drama, flash mob theatre, role-play and mass media through the print, television, and radio.

### 3.4.2 Methods in drug and alcohol abuse prevention education

Methods are ways of carrying out planned prevention education programmes based on the strategies adopted. In other words they are techniques, activities or modes of delivering drug and alcohol abuse knowledge, attitude and skills to learners.

Studies have revealed that some methods or activities for drug and alcohol abuse prevention are less effective and counterproductive while others have shown to produce desired outcomes (Tobler and Stratton, 1997; Cuijpers, 2002; Botvin and Griffin, 2003). Effective methods are those that are said to be highly interactive, while non-interactive methods are those with limited communication between the provider and the audience or recipients. In other words, they limit participation on the part of the learners.

Many studies on prevention methods have concluded that using interactive methods is an effective way of delivering drug and alcohol abuse prevention education (Tobler and Stratton, 1997; Cuijpers, 2002; Botvin and Griffin, 2003; McBride, 2003; Stead and Angus, 2004). Tobler et al., (1999) defines interactive programmes as those with higher degree of active participation by all learners. These methods or activities include: small group discussions, role-play, educational games, cooperative learning, demonstrations, brainstorming, modeling, homework assignments, drama, motivational interviewing, behaviour rehearsal, debate and peer education. Less interactive methods include Lectures, use of ex-addicts, use of scare tactics, large group discussions, use of brochures posters and campaign T-shirts, video shows depicting negative consequences of drug use and display of drugs that are commonly used.

For example Bangert-Drowns (1988) who conducted a meta-analysis of 33 school-based programmes found that programmes that used lectures as their only intervention had less influence on attitude change than those which used small group discussion. Similarly, a study conducted by Yamada et al. (2014) to evaluate the effectiveness of small group discussions in drug abuse prevention in Japan, found that more learners acquired skills to prevent drug abuse by participating in small group discussions than in a lecture.

The strength of interactive methods is that they encourage the development of interpersonal competence skills such as negotiating and drug refusal skills and identification of negative influence or peer pressure. MOE (2003) adds that interactive methods are used to stimulate active participation by the audience. They also allow practice of interpersonal competencies and desired behaviour.


### 3.4.3    Intensity and Duration of drug prevention education activities

The aspect of intensity and duration is linked to the implementation of prevention activities. Intensity refers to the frequency of activity and use of booster sessions in the provision of drug and alcohol abuse prevention education (Masiye, 2011). The more intensive the delivery system is, the greater the success of the prevention programmes (Botvin and Griffin, 2003). Additionally, NIDA (2003) has argued that to increase the chance of achieving desired outcomes in prevention education efforts, there is need for increased intensity and duration of interventions. This is also supported by UNODC (2004) who stated that providers should ensure that there is sufficient contact time with the target group.

Research evidence indicates that prevention strategies that allow for frequent and multiple sessions or booster sessions are generally associated with success in drug abuse prevention (White and Pitts, 1998; Tobler, 1999). This is as opposed to a one-off session which may not have an impact on individuals who are currently using drugs or alcohol (Myers et al., 2008). Since skill based interventions have potential to reduce drug and alcohol use among young people, use of booster sessions provides an opportunity to build on the initial dose of intervention (Whites and Pitts, 1998). However, various studies have recommended varying numbers of sessions and duration for prevention programme activities ranging from four to fifteen (White and Pitts, 1998; Williams et al. 1999; McBride et al. 2003). Although on the contrary, Soole et al. (2006), in the comparative analysis on licit and illicit drug prevention, suggested that the inclusion of booster sessions have little impact on preventing illicit drug use among school-aged children, the rationale for the use of booster sessions still remains, and that is to reinforce cognitive and affective domains in the learners. Pertaining to drug and alcohol abuse prevention activities, it is generally unclear regarding how they were conducted in schools. This study was therefore, set to find out how prevention activities in secondary schools in Zambia were conducted.

## 3.5  Implementation of drug and alcohol abuse prevention policy.

For drug abuse prevention policies to be effective, the people concerned need to know about them. Policy dissemination is a vital component of drug and alcohol abuse prevention implementation in every institution. It ensures that the people it is intended for follow the guidelines as indicated in it. A well disseminated policy may help to protect

Institutions against legal challenges that may arise as a result of taking a particular action against offenders (Gaustad 1993).

In its 'Student Code of Conduct Policy Guidelines' the Virginia Board of Education stipulates that "local school boards must provide written copies of the standards of students conduct to students, parents and school personnel" (Atkinson, 2015:11). The Board further suggests that dissemination procedures may include special students orientation activities and class teachers reviewing the standards with their students in the classroom. Additionally, Gaustad (1993) asserts that ongoing communication of policy is more effective than one-shot policy message. Gaustad further suggests that a policy should be distributed in writing and discussed verbally with stakeholders. This is to ensure understanding of the provisions of the policy for effective implementation. In the same vein, Evans-Whipp et al. (2013) reported on a study conducted on Flemish secondary school learners where it was found that schools with clearly formulated and communicated rules had fewer regular drinkers than schools with less clarity surrounding alcohol regulations. These studies generally demonstrate that well implemented prevention policies are crucial to prevention of drug and alcohol abuse in schools. However, it was not clear how drug and alcohol prevention policy guidelines were implemented in Zambia's secondary schools.

## 3.6 Summary and Knowledge gaps identified

This chapter has presented a review of literature that was considered relevant to the present study. It reflects the practices in drug and alcohol abuse prevention education, policy issues, prevention education activities and implementation of prevention policies.

Most meta-analyses and literature reviews on drug and alcohol abuse prevention indicate that certain school-based prevention practices and policies have proven to be effective in stopping, reducing and delaying the onset of drug abuse behaviour among learners, while others have been consistently found to be ineffective.

In this review, a number of gaps were identified for this study. As regard to prevention practices, little was known concerning the kind of practices applied in secondary schools in Zambia. Prevention policy guidelines used were not clear too, while it also remained unclear how prevention activities were conducted. Furthermore, it was not clear how prevention policy guidelines were implemented in secondary schools. The present study was therefore, intended to fill up this knowledge gap.

The next chapter presents the methodology used in the study.

**CHAPTER FOUR**

**METHODOLOGY**

**4.0     Overview**

This chapter describes the methodology that was used in the study. The study adopted a qualitative approach to establish current practices and policy in drug and alcohol abuse prevention education in secondary schools in Zambia. It begins with a description of the research paradigm, research design, study population, study sample, and sampling procedure. It proceeds to describe research instruments, data collection procedure, challenges encountered during data collection process, data analysis, limitations, ethical considerations and validity and reliability of research instruments. It ends with a summary.

**4.1     Research paradigm**

As stated in the introduction, this study was predominantly a qualitative approach, in which the researcher "explores and understands the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2009:6). Therefore, this section elaborates on the philosophical assumption that influenced the choice of this approach, in the study of practices and policies in drug and alcohol abuse prevention education in secondary schools in Zambia. Creswell and Clark (2011) describe philosophical assumptions as worldviews or paradigms. According to Bogdan and Biklen (1998), a paradigm is broadly defined as a collection of related concepts or propositions that influence the way knowledge is studied and interpreted. It is a particular belief or

explanation regarding the nature of knowledge (ontology), how we gain knowledge (epistemology) and procedures for gaining knowledge (methodology).

The knowledge of paradigms to a researcher is very important because it does not only guide the conduct of the research project but also determines the different degrees of generalizability of the findings and conclusion. In addition, Mackenzie and Knipe (2006) emphasise that determining the research paradigm is priority in designing a research project because it provides the basis for subsequent choices regarding methodology, research design and methods.

Research methodologists have identified four main research paradigms and have used different labels to describe them. However, for this study, the researcher found the description by Creswell and Clark (2011), to be ideal for understand the language of paradigms. This is because it clearly explains the broad paradigms groups, which is consistent with a wide range of research literature that this researcher came across during the initial review of literature. The paradigms referred to are as follows: the Post-positivist view, the Constructivist view, the Advocacy/participatory view and the Pragmatist view.

The postpositivist view is deterministic in nature. Researchers who use this paradigm are concerned with determining the cause and effect of phenomenon. Creswell (2003) observed that problems studied by these researchers reflect the need to examine causes

that influence outcomes. Knowledge is gained based on observations and measurement of phenomenon being studied. This reflects the quantitative approach in research. The constructivist view, also known as interpretivist/constructivist view holds that knowledge is gained through understanding or the meaning of individual experiences. Furthermore, knowledge is gained though interaction among individuals in social and cultural context (Creswell, 2003). This view, provides the basis for qualitative approach to research. The third paradigm is the advocacy/participatory view. Users of this paradigm believe that research work needs to be intertwined with political agenda and action in order to improve participants' lives, their institutions as well as the researchers' life (Creswell, 2003). This entails that the Individual seeking knowledge works in collaboration with participants to plan for an inquiry and uses their opinions, observations and experiences to advance agenda for change. Finally the pragmatist view believes that knowledge is gained through actions, situations and consequences that people experience. In pragmatism, the focus is in finding solutions to the problem rather than the methods of solving the problem (Creswell, 2003). Pragmatists believe in using multiple methods to gain knowledge of the problem. Both quantitative and qualitative methods are used, hence it is associated with mixed methods approach (Tashakkori and Teddlie, 2003c). Table 2 below shows a summary of the elements of the four major paradigms discussed above.

**Table 2: Summary of the main elements of four major paradigms**

| Postpositivism | Constructivism |
|---|---|
| - Determination | - Understanding |
| - Reductionism | - Multiple participant meaning |
| -Empirical observation and measurement | - Social and historical construction |
| - Theory verification | - Theory generation |
| **Advocacy/Participatory** | **Pragmatism** |
| - Political | - Consequences of action |
| - Empowerment issue-oriented | - Problem-centred |
| - Collaborative | - Pluralistic |
| - Change-oriented | - Real-world practice-oriented |

Source: Adapted from Creswell (2003:6)

Following the above discussion, the philosophical assumptions underlying this study was based on the interpretive paradigm which was phenomenological in nature. The decision to use this paradigm was influenced by the purpose of the study which was to establish the practices and policies in drug and alcohol abuse prevention education in secondary schools by defining and interpreting the views of the learners, teachers, head teachers, DEBS and DEC officers on the topic. As stated earlier in this section, the interpretivist assumes that knowledge is socially constructed through social interactions among people (Cohen and Manion, 1994). The interpretive researcher is concerned with understanding the meaning of the social world through experiences of individuals or groups of participants. He or she uses these subjective experiences to interpret his or her understanding of phenomena or the situation being studied (Yen and Inman, 2007). In this study, the researcher used interpretive-phenomenological approach to interpret

data collected from these groups of people who had experienced drug and alcohol abuse prevention education in secondary schools either as providers or recipients.

## 4.2    Research design

In this study, the research design used was a descriptive survey. According to  Dube (2007), descriptive study is concerned with conditions or relations that exist; practices that prevail; beliefs, points of view, or attitudes that are held; processes that are going on; effects that are being felt; or trends that are developing. Similarly, Merriam and Simpson (1995) point out that descriptive survey design allows a researcher to systematically define and interpret the facts and characteristics of a given phenomenon, population, or area of interest. Surveys are used when collecting information from a large sample.  Ngesu, Ndiku and Masese, (2008) add that descriptive survey designs are therefore, used in preliminary and exploratory studies to allow researchers gather or collect information, summarize, present and interpret data for the purpose of clarification. In this study the descriptive survey design was chosen because it allowed the researcher to define and interpret the view of the participants on the current drug and alcohol abuse prevention practices and policies in secondary schools in Zambia, in order to understand the problem under study.

The study used both qualitative and quantitative methods for data collection. According to Carlson et al. (1995), qualitative method implies an emphasis on process and an in-depth understanding of perceived meanings, interpretations, and behaviors explaining the phenomenon. Additionally, qualitative methods are used to better understand any phenomenon which very little is known about it. This related very well with the statement

of the problem under study, in that little was known about practices and policies for drug and alcohol abuse prevention in secondary schools in Zambia despite it having been conducted for some time. In qualitative methods, interview guides, focus group discussion guides and observations are the main research instruments used. For instance, people are interviewed through various techniques and what they say is recorded or they are observed in the course of their daily routines, and behaviours are recorded (Carlson et al. 1995).

Quantitative methods involve measurement of the quantity, frequency, or even intensity of some externally defined variables. These methods are used to collect numerical data which is analyzed statistically to enable the researchers appreciate the phenomenon objectively. It involves the use of questionnaires. In this study, the use of quantitative methods was necessitated by the need to provide a wide range of coverage in order to increase the breadth of the study for the purpose of obtaining a comprehensive picture of the situation and provide objectivity in results. By using both qualitative and quantitative approaches, the researcher was able to objectively define and interpret practices, policies in drug and alcohol abuse prevention in Zambia's secondary schools.

## 4.3    Study population

According to Castillo et.al. (2009), a study population is a generally large collection of individuals or objects for the study. In other words it refers to the entire group of individuals or objects to which the researcher is interested in generalizing the findings. Similarly, McMillan & Schumacher (1997) define study population as a group of elements

or causes, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalize the results of the research. In this study the population consisted of all learners in public secondary schools, teachers and head teachers in five provinces of Zambia namely; Lusaka, Copper belt, Southern, Eastern and Luapula. Others were all District Education Board Secretaries, and all Drug Enforcement Commission officers.

## 4.4    Study Sample

A study sample is a subset of the total number of elements that can be studied (Kombo and Tromp, 2006). In other words it is part of a population that is selected to represent the entire study population. In this study, the sample consisted of a total number of five hundred and thirty-five (535) respondents. The break-down of respondents were as follows: four hundred (400) grades nine (9), eleven (11) and twelve (12) learners selected from twenty (20) secondary schools in ten districts of the five provinces in Zambia. This number of learners was chosen because, first, it represented the study population, second, it represented the recipients of drug and alcohol abuse prevention education. In addition, one hundred (100) teachers; twenty (20) head teachers were selected from the same secondary schools; and five (5) officers from the Drug Enforcement Commission. The selected numbers represented providers or implementers of prevention programmes and activities in schools. They had vast information on the subject and practical experience in conducting drug prevention activities. Ten (10) District Education Board Secretaries from ten districts namely; Lusaka, Chongwe, Ndola, Luanshya, Choma, Mazabuka, Chipata, Katete, Mansa and Samfya were also included. This

number sufficiently represents influencers of school policy in respective districts. Details of the total sample are shown in table 3 below.

**Table 3: Distribution of respondents by province and district**

| Respondents | Province | | | | | | | | | | Grand |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lusaka | | Copper belt | | Southern | | Eastern | | Luapula | | **Total** |
| | LSK | CHO | NDO | MUF | CHM | MAZ | CHI | KAT | MAN | SFY | |
| Learners | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 400 |
| Teachers | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 100 |
| H. Teachers | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 20 |
| DEBS | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 10 |
| DEC officers | 1 | | 1 | | 1 | | 1 | | 1 | | 5 |
| **Grand Total** | | | | | | | | | | | **535** |

**Key:** LSK= Lusaka, CHO=Chongwe, NDO Ndola, LYA=Luanshya, CHM=Choma, MAZ=Mazabuka, CHI= Chipata, KAT= Katete, MAN= Mansa, SFY= Samfya

## 4.5    Sampling Procedure

Multi-stage sampling technique was used in combination with other sampling techniques in order to arrive at the sample. Multi-stage sampling involves the use of steps or stages in selecting the sample for the study (Korb, 2012).

In the first stage, the desired sample was clustered into provinces based on the urban and rural province sampling frame. In addition high prevalence of drug trafficking and abuse. Cluster sampling involves dividing the population into groups and is used when

the researcher is unable to compile a comprehensive list of all the elements in the population of interest (http://www.fairfaxcounty.gov/government/about/data). Two urban provinces (Lusaka and copper belt) were selected purposively because they were the only ones in the urban cluster (category) and had the highest prevalence rate of drug trafficking and abuse in Zambia (Kusanthan 2014). Three rural provinces (Eastern, Southern, and Luapula) were randomly selected through hat and draw method. The DEC Education and Counselling officers were purposively selected. These officers were the only ones situated in provincial towns at the time of conducting the study. They were sampled because they represented external implementers of prevention education in schools in the provinces.

In the second stage two districts per selected province were purposively sampled based on the sampling frame of being either a provincial headquarter or a rural district. The reason behind was to balance information collection process between urban and rural respondents. At this stage District Education Board secretaries (DEBSs) were also included in the sample. The DEBSs were purposively selected because they are policy makers in the education system at district level of education, therefore, had information relevant to the study.

In the third stage, two schools were purposively selected from each selected district based on the sampling frame of being either a 'day' or 'boarding' secondary school. The reason for using this sampling frame was to explore views of respondents in both set ups since they were likely to have different experiences in drug and alcohol prevention.

At this stage purposive sampling was also used to select teachers, as well as head teachers in the selected schools. These were selected because they are the internal implementers of drug and alcohol abuse prevention education in schools.

In the fourth stage, three grade levels namely grade 9, 11 and 12 learners were purposively selected, from the selected schools, because they had been in school long enough to be more familiar with the drug and alcohol abuse prevention education activities going on in their schools. Grade 8 and 10 learners were left out on account of being relatively new in the schools. In addition one class from each chosen grade level was selected using simple randomly sampling in schools where they were more than three classes.

In the final stage, individual learners were selected using systematic sampling technique. Systematic sampling was used in order to avail every sample of the population an equal probability of being included in the study sample (Cohen, Manion and Morrison, 2000). The researcher was availed class lists for each selected class, from which six grade 9, seven grade 11 and seven grade 12 learners were selected systematically after picking the first respondent on the list. This was done at each school with gender balance in mind, until the desired number of 20 respondents was obtained for the administration of both questionnaires and focus group discussion guide. The learners were chosen because they are the recipients of drug and alcohol prevention education.

## 4.6    Research Instruments

Research instruments or tools are devices used to facilitate the collection of data. Four research instruments were used. These included questionnaires, interview guides, focus group discussion guide and documents. The use of these instruments was meant to achieve triangulation in data collection. It was considered necessary to triangulate using these four methods of data collection in order to strengthen validity and trustworthiness of the findings. Furthermore, the justification for the use of triangulation in data collection methods was due to the sensitive nature of the study in which no single source of information can be trusted to provide a comprehensive perspective on a study (Wamunyima, 2013). These two factors influenced the researcher in combining qualitative and quantitative instruments which are described in the section below.


### 4.6.1    Questionnaires

A questionnaire is a measurement procedure that usually contains questions aimed at getting specific information on a variety of topics (Gay, 1996). The advantage of questionnaires is that they permit the collection of reliable and reasonably valid data relatively simple, cheap (cost-efficient) and in short space of time (time-efficient) (Cohen, Manion and Morrison, 2000; Zohrabi, 2013). It can be used to collect data from a large sample size.

In this study, two semi-structured questionnaires were used to collect data from learners and teachers on current drug and alcohol abuse prevention practices and policies used in selected secondary schools in Zambia. The questionnaire was chosen because it

provided objectivity when comparing results of the study. See a detailed example of the questionnaire used in appendix 1.

## 4.6.2 Interview guide

An interview is a conversation between two or more people where questions are asked by the interviewer to elicit responses from the interviewee (http://en.wikipedia.org/wiki/interview#mw-navigation). Zohrabi (2013) says that the purpose of interview is to reveal existing knowledge held by the respondent in such a way that it can be expressed as answers to the interviewer's questions and can be interpreted. A semi-structured interview guide was used to collect qualitative data from the head teachers, District Education Board Secretaries, and DEC officers, regarding their views and opinions concerning drug and alcohol abuse prevention practices and policies in secondary schools. Lindlof and Taylor (2002) indicate that the advantage of a semi-structured interview guide is that it allows for new questions to be brought up during the interview as a result of what the respondent says. Using this guide, the researcher was able to clarify questions and probe the answers of the respondents, thereby obtaining in-depth information on the subject. See example of the interview guide used in appendix 3

## 4.6.3 Focus group discussion guide

A focus group discussion is an interactive event guided by an interviewer to stimulate participants, guide discussion and probe in order to obtain highly detailed and specific group data that meet the research objectives (Shedlin and Schreiber 1994). Although

the use of focus group discussion guide has some disadvantages such as difficult in doing data analysis and organizational huddles, it allows for the richness and flexibility in the collection of data and it also allows for the extensive exploration of the research problem (Freitas et al., 1998; Creswell, 2009), which the researcher must capitalize on while resolving the difficulties it presents. In this study a focus group discussion guide was designed and used to collect qualitative data from learners. The tool was chosen because it allowed the researcher to explore further and obtain deeper insights into responses provided by learners earlier in questionnaires on the drug and alcohol abuse prevention practices and policies currently applied in secondary schools. See example of the Focus Group Discussion Guide used in appendix 5.

### 4.6.4  Document Analysis

Leslie et al. (2009), describe a document as written material which serve as valuable source of data. Therefore document analysis is a form of qualitative research method in which documents are interpreted by the researcher to give voice and meaning around an assessment topic (https://www.studentvoice.com/app/wiki/). The advantage of documents is that they help the researcher to corroborate and strengthen data which is collected through other instruments (Weiss, 1998). This method was chosen for this reason. Additionally, it was chosen in order to increase the breath of analysis of data regarding drug and alcohol prevention policy guidelines in secondary schools. In this study, documents reviewed were school policy documents containing school rules and regulations. See examples of the documents reviewed in appendix 6.

## 4.7      Data Collection Procedure

This section explains how both qualitative data and quantitative data was collected in order to answer research questions on practices and policies in drug and alcohol abuse prevention in secondary schools.

### 4.7.1   Access to research sites

The researcher began data collection by obtaining letter of ethical clearance approval from the Humanities and Social Sciences Research Ethics Committee of the University of Zambia. This was a requirement by the University for every Study involving human participants. Permission to conduct the study was also sought from relevant authorities, that is, the Ministry of General Education, through DEBS office in the selected districts. The authorization letter obtained from DEBS office was presented to all head teachers in twenty (20) selected secondary schools. This was to allow the researcher collect data from learners, teachers and head teachers themselves. Additionally, authority to interview Drug Enforcement Commission officers in the Education and Counselling Department was sought from the Commissioner and presented to Regional Commanders in the selected sites. The two letters of authority are presented in the appendix section.

However, before commencement of data collection on a large scale, pre-test (pilot) of the three instruments namely, questionnaire, interview guide and focus group discussion guide was conducted on a sample selected from two secondary schools in Lusaka urban district. According to Mhlongo (2005), pre-test is a method of determining the feasibility

of a given instrument before using it for data collection in a study. It helps the researcher in detecting the flows in the organization and administration of the instrument. It also allows the researcher to remove ambiguity of questions, improve its content validity and make appropriate adjustment to it. It must be noted that the results of the pilot were not included in the analysis.

### 4.7.2   Data collection

As indicted in section 4.5 above, data was collected both quantitatively and qualitatively. During the main data collection process, two sets of questionnaires were administered to four hundred (400) learners and one hundred (100) teachers respectively in 20 selected secondary schools. See table 3 above for the detailed distribution of sample. The questionnaires included open ended and closed ended questions to allow respondents express their views or experiences on current prevention practices and policies, in drug abuse prevention in secondary schools in Zambia.

In each school, questionnaires were administered to groups of selected learners gathered in one classroom. Questionnaires were distributed to them, after the researcher explained the purpose of the research and taking care of ethical issues. Respondents were expected to make choices among pre-coded answers to the questions. They were also expected to write responses to open ended questions. Respondents were given 45 minutes in which to respond to the questions. They were allowed to seek clarifications. Questionnaires were collected upon completion and respondents were individually thanked. This ensured 100% return rate of questionnaires. The purposefully selected

teacher-respondents were given the questionnaires to answer and submitted them either to the head teacher or the deputy head teacher.  In some cases, the researcher went back to the school a couple of times to collect them either the same day or the following day. Some teachers did not return the questionnaires. This affected the return rate, hence out of one hundred (100) questionnaires distributed, only ninety-one (91) were returned. This represented 91% return rate.  Hence the final sample for quantitative data analyzed was four hundred and ninety-one (491), that is, 400 learners and 91 teachers.

Person-to-person interviews were conducted to twelve (12) head teachers, six (6) District Education board Secretaries and five (5) DEC officers in selected provincial stations. This was out of a desired number of twenty (20) head teachers, ten (10) DEBS and five (5) DEC officers. The numbers reduced because some head teachers and DEBS were either reported to be very busy at the last moment before interviews or they were out of the station (research site). Before the interviews were conducted, head teachers and DEC officers were contacted in order to make appointment for the interview and explain the purpose of the interview. The interviews were conducted in the respondents' offices. During the interviews, the researcher explained the purpose of the study to the respondents before the start of the interview. An interview guide was used. Respondents were allowed to exhaust their views before moving on to the next question. Data collected was recorded by writing down responses in the note book, it was later reorganized for analysis. Responses from interviewees were double checked by reading them out to the respondents for purpose of validation. This was done in order to provide validity to the narratives in the results.

Three (3) focus group discussion panels involving eight (8) randomly selected learners on each panel were conducted in three schools, with the view to collect in-depth information on the study. The number of focus groups were reduced from the planned five (5) to three (3) due to the homogeneity of participants' responses which was detected during the discussions with the second Focus Group. Participants were randomly selected form within the sample that participated in answering the questionnaires. The discussions took place in class rooms and school library providing a conducive atmosphere for the activity. Prior to the discussion, respondents were informed about the research topic and the purpose of the focus group discussion. They were also free to choose to participate in the discussions or not. Participants were encouraged to freely express their opinions on the subject matter. A focus group discussion guide was used to direct the discussions and data was collected by writing down main points in responses. Participants discussed the topical questions until their ideas were exhausted before another question could be paused to them. The session ended as soon as all the questions were exhausted and a summary of main points discussed was read out to respondents for the purpose of validation.

Regarding document analysis, the researcher requested for a copy of school drug policy from each research site. The aim was to check on contents and the format, viz aviz the policy guidelines, the procedures for handling drug and alcohol abuse incidences and beneficiaries of the policy among other things. Only fourteen out of twenty sites produced hard copies of school rules and regulations which were the only document that

represented what was requested for. These were the documents which were subjected to analysis.

## 4.8    Challenges encountered during data collection process

The major challenge came from teachers and head teachers. Teachers were given some time in which they could complete questionnaire before the researcher could collect them through the head teacher. However, in some schools it was difficult to collect all filled in questionnaire from them. Either they did not complete them or they were misplaced. The researcher had to make more than one visit to the sites before he could collect them. Most Head teachers in urban areas appeared not to be interested in being interviewed. This led to the desired number of head teachers to reduce from twenty to twelve. Some head teachers complained of participating in too many research interviews but received no feedback on the findings. In some schools there were challenges of rooms from which focus group discussions could be conducted. This forced the researcher to conduct discussions during lunch hour when class rooms were not occupied. For this reason, incentives in form of refreshments, were provided to participants.

## 4.9    Data Analysis

Data analysis is a process for obtaining raw data and converting it into information useful for decision-making by users (http://en.wikipedia.org/wiki/data_analysis#mw-navigation). Data collected was analyzed in order to answer research questions pertaining to current practices and policies in drug and alcohol abuse prevention in secondary schools in Zambia.

Quantitative data were analysed by using the Statistical Package for Social Sciences (SPSS) version 20 in order to obtain frequencies and percentages, which helped the researcher to describe practices and policy issues in drug and alcohol prevention education in secondary schools. In order to achieve this, data was first coded by assigning numerical values to responses for those items which were not pre-coded in the questionnaires (the open-ended items). This was done to obtain raw data which could be processed statistically. The database was later inspected in order to clear data entry errors. As observed by Odera-kwach (2011:90) "descriptive statistics is a medium for describing data in manageable forms," it was therefore necessary that it be converted and displayed in tables and graphs in order to show clearly trends and comparisons in summary form.

Qualitative data was analysed by categorizing thematic areas for easy descriptions of practices and policies in drug abuse prevention in secondary schools. Puljevic and Learmonth (2014) indicate that thematic analysis identifies common themes within the data, and allows for these themes to be grouped in a clear and organized manner. They further argue that categorizing thematic data helps the researcher to interpret the research topic and give detailed descriptions of data.

In this study major themes were drawn from interviews with head teachers, DEBS and DEC officers as well as from focus group discussion with learners. This was done manually done. In the preparatory stage, handwritten field notes from interviews were organized and transcribed for analysis. Each set of raw data was explored by reading through while identifying and noting common themes in accordance with the items on

the interview guide. This action is supported by Creswell (2003) who asserted that this stage entails that the researcher reads all data to obtain a general sense of the information and reflect on its overall meaning. Using the constant comparative method, which is a form of analysis where data are reviewed line by line in detail (Leslie et al., 2009), thorough categorization was done by coding and creating labels for common themes on each item. Major themes were drawn and described in line with study questions in order to help understand practices and policies for drug and alcohol abuse prevention education in schools. Attention was given to the frequency of the theme because it indicates the trends. The researcher used information gathered during literature review to refine the themes. This made it easy for the findings to be presented in themes and quotations.

Regarding data obtained from focus group discussions, initial analysis was done during the discussions. This was done by creating simple categories of emerging themes according to research questions. During the main analysis, the researcher considered the words and their meaning, the frequency, the specificity of the responses, the extent and the context of the comments in the textual data. This is as Kruger (1994) emphasized. Thorough categorization of the themes was later done using thematic analysis in order to capture the experiences of the learners regarding practices and policies for drug and alcohol abuse prevention in schools.

The researcher undertook document analysis to deepen the understanding of trends in drug prevention policy issues in schools. Six out of the fourteen school rules and

regulation documents were selected randomly and put up for analysis. The decision to reduce the number for analysis was arrived at after realizing the homogeneity of the documents during the initial reading stage. The analysis was done based on themes which emerged from literature review regarding school drug policy content and its implementation. Using constant comparison method, the researcher tried to identify words and statements which were in line with themes indicated earlier in this paragraph. Text relevant to each theme was identified and written down for the purpose of describing policy guidelines used in drug and alcohol abuse prevention in secondary schools.

## 4.10  Limitations

Due to the sensitive nature of the study, it was difficult to collect information from some target groups. Some target groups did not want to present data which was considered 'damaging' to their school reputation, as a result, caution must be exercised when generalizing the results of the study. However, the researcher relied on triangulation to validate data.

## 4.11  Ethical Considerations

Ethical concerns were considered to be of paramount importance in this study because of the sensitive nature of the topic and the vulnerability of young people involved as respondents.

First, the researcher sought for the ethical clearance approval from the University of Zambia Research Ethics Committee. Second, recognizing the fact that young people are sensitive to drug and alcohol abuse issues, informed consent was sought directly from the respondents above 18 years of age, who were the majority, while for a very small number of minors (15 -16 years) who participated, permission was sought from the parents through teachers. See appendix 11 and 12. This was done before commencing the process of data collection. Additionally, the researcher explained to them the nature and purpose of the study, duration and type of participation expected, so as to give them an opportunity to decide whether to participate in the study or not. At all times the privacy and autonomy of the respondents was respected. Privacy was ensured by informing them that data collected in form of personal views, opinions and attitudes would only be shared with those involved in the study or withheld from others. Autonomy of the respondents was also ensured by allowing them to withdraw from participation at any point in the process and to choose not to respond to any question when they felt uncomfortable with it.

The researcher ensured that no physical or psychological harm was caused to respondents in the process of data collection. This was done by being alert to any discomfort they might experience while responding to the questions and by providing

refreshment to participants in Focus Group Discussions which were conducted over lunch time. This also served as an incentive to them.  In order to ensure confidentiality, all respondents remained anonymous during and after data collection process. Names of respondents were not indicated on questionnaires. They were also verbally informed not to write their names on the questionnaires. The researcher also assured the respondents during interviews that data collected was to be treated as confidential. This was done by making sure that particular information given was not identified with particular respondents.

## 4.12   Validity and Reliability of study instruments

Validity refers to the degree to which a measuring instrument measures what it intends to measure (Heffer, 2014). In this study, instruments were checked for content validity. According to Shuttleworth (2009) content validity is the estimate of how much a measure (instrument) represents every single element of a construct or area of interest. Content validity can be determined by expert judgment in the field of study. To ensure content validity the researcher submitted the all the four research instruments, that is, questionnaires interview guide, focus group discussion guide and document analysis checklist to at least three experts in drug prevention field including supervisors who gave expert analysis and opinions of the questions in line with research objectives.  Some items in the instruments were modified in order to directly link them to the purpose and objectives of the study, which was to establish drug and alcohol abuse prevention practices and policies in schools. In addition, the instruments were piloted in order to further improve on their validity.

Further, Validity of data and findings concerning current practices and policies in drug and alcohol abuse prevention in secondary schools was also ensured by triangulating data collection and analysis methods. Triangulation refers to the use of two or more methods of data collection of some aspects of human behaviour (Creswell, 2007). This was done by cross-checking and comparing responses obtained through all four instruments used.

Reliability as defined by Joppe (2000) cited in Golafshani (2003) is the extent to which results are consistent over time and accurate representation of the total population under study. In this study, reliability of research instruments were improved by carrying out a pilot study to improve procedures of data collection and by ensuring that items on the questionnaires, interview guide, and focus group discussion guide produces similar outcomes when applied during main stage of data collection and analysis concerning drug and alcohol prevention practices and policies in schools.

## 4.13   Summary

This chapter has described the research methodology applied to the study. The study used a descriptive survey design in which both qualitative and quantitative method were used for data collection and analysis. The study used questionnaires, interview guides and focus group discussion guide and document analysis to obtain data from respondents concerning practices and policies in drug and alcohol abuse prevention in secondary schools in Zambia.

Multi-stage sampling technique was used select 535 respondents who formed the desired sample. However, the final sample from which both qualitative and quantitative data was obtained for analysis was 514.

Quantitative data was analysed using Statistical Package for Social Sciences (SPSS), while qualitative data was analysed by categorizing it thematically.

The next chapter presents findings of the study.

# CHAPTER FIVE

## PRESENTATION OF RESEARCH FINDINGS

### 5.0    Overview

This chapter presents the findings of the study on drug and alcohol abuse prevention education in selected secondary schools in Zambia. The purpose of the study was to establish the practices and policies in drug and alcohol abuse prevention in secondary schools in Zambia. The findings are presented in four sections which correspond with the study questions stated in chapter one paragraph 1.5 as follows:

1   What were the practices in drug and alcohol abuse prevention education in secondary schools?

2   What were the drug and alcohol abuse prevention policy guidelines used in secondary schools?

3    How were the drug and alcohol abuse prevention education activities conducted in secondary schools?

4   How were the drug and alcohol abuse prevention policy guidelines implemented in secondary schools?

This was predominantly a qualitative study in which both qualitative and quantitative data was collected and analysed from five categories of sample groups namely; Learners, Teachers, Head teachers, District Education Board Secretaries (DEBS) and Drug Enforcement Commission officers (DEC). Findings from head teachers and DEBS are presented together because they both represent policy level Educational Managers. The DEC respondents represented all government agencies and non-governmental organizations who work in schools to prevent drug and alcohol abuse among learners.

The findings from learners are presented first, followed by those from teachers, head teachers and DEBS, and last but not least DEC officers. In addition grade level, sex and numbers have been used to identify participants for the sake of giving life to narratives provided.

## 5.1 Practices in drug and alcohol abuse prevention education

In this section, the researcher sought to establish current practices in drug and alcohol abuse prevention education in selected secondary schools by answering the following research question; *"what are the practices in drug and alcohol abuse prevention education in secondary schools?"* To answer this question, the following components were used: content of drug and alcohol abuse prevention education offered to learners, providers of prevention education, use of peer educators, involvement of parents and guardians (family), monitoring and evaluation, target group, and timing of interventions. These components as earlier stated, were identified through the review of literature. As indicated in the introduction of this chapter, findings from learners are presented first on each category, except where the question did not apply to them.

### 5.1.1 Content of drug and alcohol abuse prevention education offered to learners

The question posed here was intended to find out what learners learnt concerning drug and alcohol abuse prevention in the school. Only learners, teachers and DEC officers were asked this question because they were the ones involved in the actual day to day prevention activities in schools.

**5.1.1.1    Views of learners**

Learners indicated a number of areas which they learnt concerning drug and alcohol abuse prevention education. These included: factual information regarding all types of drugs, drug resistance or refusal skills, normative education i.e. information on standards and rules of behaviour regarding drug and alcohol use by young people and generic life skills training.

Among the areas mentioned, findings further showed that majority 355 (43.5%) of 816 respondents indicated factual information regarding types of drugs, causes and their dangerous effects, while 200 (24.5%) of 816 learners learnt resistance skills relating drug and alcohol offers. Table 4 below shows details of their responses.

**Table 4: Learners' responses on the content of drug and alcohol abuse prevention education received**

|  | Responses | |
| --- | --- | --- |
| **Content** | **Frequency(N=400)** | **Percent** |
| Factual information about causes and effects of drugs | 355 | 43.5 |
| Normative education | 134 | 16.4 |
| Resistance skills training | 200 | 24.5 |
| Life skills training | 127 | 15.6 |
| **Total** | **816** | **100.0** |

In the same vein, the learners were asked to mention the types of drugs they learnt in order to ascertain further on the content material covered. Findings showed that they

learnt a combination of drugs that included marijuana, heroin, cocaine, tobacco and alcohol.

Furthermore, participants in focus group discussions revealed several aspects that they learnt about drugs and alcohol which were not very different from those mentioned in response to questionnaires, such as: the information on consequences of abusing drugs, reasons why people abuse drugs, the types of drugs, signs and symptoms of drug abuse and how to avoid smoking and drinking. These learners' responses suggest that they learnt more of factual information about drug abuse prevention. To this effect, one male participant said:

> *"When I was in grade ten, our teacher taught us what can happen to you when your use drugs and how we can know someone who is doing drugs and also bad things that can happen to someone abusing drugs. For example, when you smoke marijuana you can even use bad language to your parents or you can even get mad."*

(Grade 11 boy)

Other participants at a day secondary school said:

> *"They teach us things like what is drug abuse…what causes people to abuse drugs, and sometimes they show us videos of bad things which happen to those who abuse drugs and alcohol."*

(Grade 11 girl)

> *"We learn that drug are bad, and if you do drugs or drink beer it can destroy your life and your future."*

(Grade 9 boy)

## 5.1.1.2    Views of teachers

Similar questions were asked to teachers. The results showed similar pattern of responses to those of learners. For instance, out of one hundred and sixty-one respondents, 89(55.3%) said that they taught factual information about drug and alcohol abuse, while the rest 44.2% indicated resistance skills, normative education and life skills training. Regarding the types of drug they taught, most teachers said that they taught a combination of all types of drugs which included cannabis, hard drugs, alcohol and tobacco.

## 5.1.1.3    Views of DEC Officers

Regarding what they taught learners in schools concerning drug and alcohol abuse prevention education, findings from DEC officers revealed similar responses with those of learners and teachers. They indicated that they taught information relating to illicit drugs, their dangers and how to identify a drug abuser. It was also revealed that the focus regarding types of drugs taught was on common drugs of abuse in a particular area such as cannabis heroine and alcohol. In a face-to-face interview with DEC officers, one officer said:

> *"We do teach them a lot of things such as information on types of drugs, causes of drug abuse, physical and socio-economic effects of drug abuse. We also teach them how to refuse drug offers or pressures to smoke and drink, and how they can identify a drug abuser and ask for help when they have a drug abuse problem."*

(DEC officer 1)

On the types of drugs they focus on, another officer said:

> *"We teach them all types of drugs ranging from cannabis, heroin, cocaine, inhalants to legal intoxicating substances such as alcohol and*

*tobacco. But we focus mainly on the common drugs of abuse found in the area. In many areas in Zambia the common drug of abuse is cannabis and alcohol. So this is the drug we focus on."*

(DEC Office 5)

The findings above suggest that learners in the selected secondary schools were taught more of factual information concerning drug and alcohol abuse prevention than resistance skills, and normative education.

### 5.1.2  Other providers of drug and alcohol abuse prevention education in secondary schools

Concerning other providers of drug and alcohol abuse prevention education in schools, the researcher asked respondents to identify them. This was meant to investigate the use of other providers rather than teachers in the prevention efforts. In addition the teachers were asked whether they were trained in drug and alcohol abuse prevention. These questions were also directed to head teachers and DEBS. This was because the researcher believed they could also shade light on the issue.

### 5.1.2.1  Views of learners

Regarding other providers of prevention education in the school, learners indicated that they were taught by head teachers, Drug Enforcement Commission officers, NGOs involved in drug education and health workers. Other providers indicated were friends, school counsellors and church pastors. During focus group discussions, one female learner mentioned that Drug enforcement Commission officer and nurses from the local

clinic sometimes visited their school to talk to learners about drug abuse. To this effect, she said:

> "Sometimes the DEC people come to our school and they tell us that drugs are bad, they will destroy your life. Last year two nurses came from our clinic to teach us about bad things that can happen to us girls when we involve ourselves in alcohol abuse or drug."

(Grade 11 girl)

Other responses included:

> "Sir, also some organizations and church people that talk about drugs do come to our school to teach us."

(Grade 12 girl

> "The head teacher and matron and school counsellor teach grade 12 in the school hall during examination period that they cannot pass exams by smoking marijuana and that it is dangerous to the brain."

(Grade 11 boy)

The responses from learners showed that external prevention providers were used in prevention education in the schools.

## 5.1.2.2    Views of teachers

Findings from teachers revealed that DEC officers, Non-Governmental Organizations and school counsellors were some of the people who provided drug abuse prevention education to learners in the selected schools. In addition head teachers and school chaplains were also identified by teachers as individuals who taught learners in the schools.

In the same vein, the researcher also wanted to ascertain the competence and/or credibility of providers by checking on the training status of teachers in drug and alcohol

abuse prevention education. Results showed that out of 91 respondents, 31(34.1%) indicated that they were trained, while the majority, 60(65.9%) said they were not trained. Clearly this showed that a large number of respondents had not received training in drug and alcohol abuse prevention. Figure 1 below shows the distribution of respondents.

**Figure 1: Whether the teacher has been trained in drug and alcohol abuse prevention**
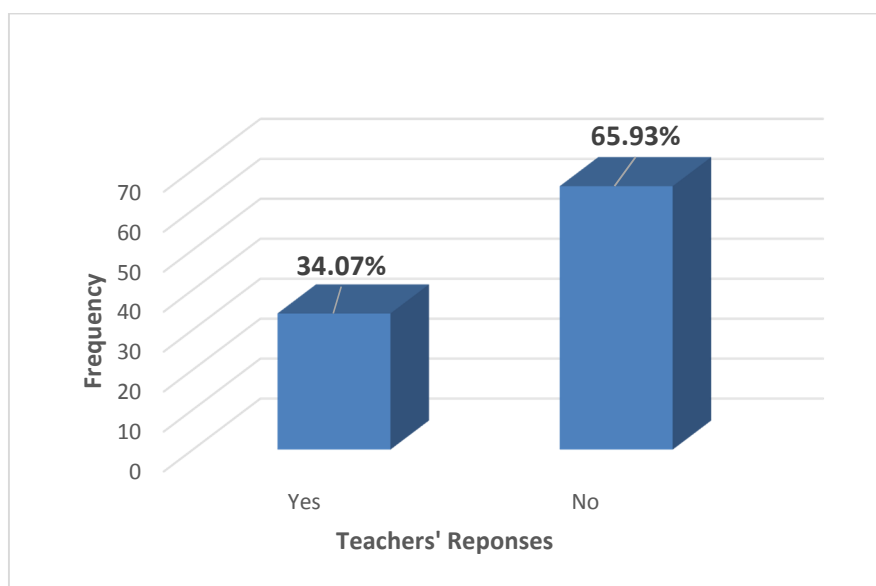


### 5.1.2.3    Views of Head teachers and DEBS

Similar questions regarding providers were posed to Head teachers and DEBS. Most Head teachers interviewed revealed that they involved other professionals to sensitize learners on drug abuse issues. In a face to face interview, one Head teacher said:

> *"We do engage other people, although they come once in a while. For instance from time to time we invite Drug Enforcement Commission officers who come to talk to the children. Just two weeks ago the CAMFED came to talk to girls on many issues including drug and alcohol abuse. So in short, yes we do involve other people."*

(Head teacher 1, Boarding School)

Another Head teacher said:

> *"Yes we do involve other people. For example every year when we receive new learners in grade eight and ten we do invite the Drug Enforcement Commission to come and give a talk to the new learners. They have been very helpful to our school. In fact last year they came three times."*

<div align="right">(Head teacher 4, Day School)</div>

The involvement of other providers was also confirmed by some DEBS who said that there were some Non-Governmental Organizations whom they contacted to conduct peer education and life skills training and training club patrons and matrons in schools. They cited Young Women Christian Association (YWCA), CHANGES 2, DEC, Child Fund and CAMFED as some of them.

Regarding training, Head teachers revealed that most teachers lacked training in drug and alcohol abuse prevention issues. In addition, all DEBS expressed this point. For instance one head teacher lamented:

> *"I think most teachers in this school lack detailed knowledge on issues of drug abuse. They are not trained in most of these cross cutting issues. This is the reason why some of them find difficulties to handle or teach about drugs. Only guidance counsellors can handle such lessons successfully in this school. Unfortunately I only have one trained guidance counsellor"*

<div align="right">(Head teacher 7, Boarding school)</div>

Another Head teacher said:

> *"Many teachers lack skills in handling learners with drug and alcohol problem. They want to report everything to the Head even when they can solve the problem. The ministry could do well to train a lot of teachers in this area."*

<div align="right">(Head teacher 11, Day school)</div>

From the findings above, it is evident that other providers other than teachers were used in the service provision for drug and alcohol abuse prevention in the selected schools. However, the main providers who were teachers lacked special training in the field of drug prevention.

### 5.1.3    Use of peer educators in drug and alcohol abuse prevention in the school

Concerning peer educators, the researcher sought to find out whether schools used peer educators in carrying out prevention education activities in the schools. Only learners, teachers and head teachers responded to this question.

### 5.1.3.1    Views of learners

As regards the use of peer educators, most learners in focus group discussions revealed that there were learners who were assigned to talk to other learners about a number of social issues including drug and alcohol abuse prevention in the school. To strengthen this view, they cited members of the Anti-drug Club, Anti-aids Cub or Safe Club, School Prefects and members of the Learners Council. On the contrary, some leaners said that they did not know whether they had peer educators. For instance one girl participant said:

> *"I do not know whether we have peer educators in this school. At least I have not seen one and I don't know what they do."*

> (Grade 9 Girl)

When asked whether the peer educators were trained or not, almost all participants in the focus groups said that they were not trained. To this effect participants said:

> "Sir these people are just selected by us to represent us in the Learners Council, then they advise us on how to behave well in the school. They are not trained."
>
> (Grade 12 boy)
>
> "They are just appointed by the school administration but are not trained to do the work."
>
> (Grade 11 boy)
>
> I do not think there are trained to. They are just selected by teachers because they can speak to people and they are popular in the school
>
> (Grade 11 girl)

These views from learners suggests that learners who are peer educators lack special training to function as such.


## 5.1.3.2    Views of teachers

Concerning training status of peer educators, results from teachers showed that more respondents 49(53.8%) said they did not have trained peer educators, while 38(41.8%) said they had trained peer educators and 4(4.4%) were not sure. It was clear from the findings from teachers that most schools did not have trained peer educators.

## 5.1.3.3    Views of head teachers and DEBS

Although all head teachers and DEBS revealed that they had used peer leaders to educate their fellow learners in issues such as substance abuse, HIV/AIDS and teen age pregnancies, Most head teachers reported that they did not have specially trained peer

educators for drug and alcohol abuse prevention in the school. A few head teachers indicated that some NGOs had trained a few learners as peer educators. Despite this situation, in some schools head teachers revealed that peer educators were guided by teachers on how to disseminate prevention education to other learners. In a face to face interview, one head teacher pointed out that:

> *"All learners who are in leadership in this school are considered as peer educators because they are expected to guide and counsel their fellow learners, I mean the prefects, Learners Council members, and Safe Club members. But the problem we have is that most of them are not trained. We are very thankful to CAMFED who trained about 30 girls two years ago but some of them have since left the school."*

<div align="right">(Head teacher 1, Boarding school)</div>

Generally the findings above showed evidence of use of peer educators in drug and alcohol abuse prevention effort in the selected secondary schools. However, it was also revealed that the majority of those regarded as peer educators were not specially trained to perform the task.

### 5.1.4  Involvement of family (parents and guardians) in drug and alcohol abuse prevention

The question relating to involvement of family members in prevention education in school was asked from teachers, head teachers and DEBS. This question is important because the role of family members is very critical in prevention efforts in the school, since learners are still under the influence of their parents or guardians.

### 5.1.4.1    Views of teachers

Findings from teachers showed that out of 91 respondents, the majority, 61 (67%) indicated that parents and guardians of the learners were sometimes involved as partners in prevention of alcohol and drug abuse among learners in the schools. However, there were other teachers who indicated that they always involved parents, while much fewer teachers indicated that they never involved them.

### 5.1.4.2    Views of head teachers and DEBS

Head teachers reported that they involved parents in dealing with drug and alcohol use problems among learners. However, when asked further on how often they invited parents to school on such issues, most of them said that it depended on the gravity of the cases they were handling. This means that it was not always that they involved parents. Some head teachers further explained that parents or guardians were called to be part of the decision to be taken over an erring learner. Some of them said:

> *"Yes we do invite parents, the idea is to come and discuss with them the behaviour of the child so that as we take action they fully understand the reasons for taking such disciplinary action against the child. One thing you should know is that it is not always that we call parents. It is only in those cases where a child has been caught smoking or drinking, fighting and stealing more than one time."*

> (Head teacher 9 Boarding school)

> *"We only call parents when a learner has persistently committed offences of serious nature such as fighting, disrespecting teachers, beer drinking or smoking and absenteeism."*

In addition to the views of head teachers, all the DEBS who were interviewed agreed that they encouraged school administrators in some cases, particularly cases of serious nature, to involve parents and other notable members of the community in dealing with learners' disciplinary issues such as drug and alcohol abuse issues in schools.

> *"Yes, parents play a role in the welfare of their children while they are at school. We do encourage our head teachers to work with parents through Parents Teachers Associations (PTAs)."*

(DEBS 3)

> *"Head teachers do involve parents especially when it comes to taking a decision on an erring child."*

(DEBS 5)

> *"It is not possible to involve individual parents all the time. Right. Most of them are in distant places far away from the school. So PTA members represent them."*

(DEBS 6)

From the findings above, it can be seen that parents and guardians were involved by schools authorities in dealing with not only drug and alcohol abuse prevention among leaners in the selected secondary schools, but also other disciplinary issues. However, their involvement was only when their children repeatedly committed offences of serious nature.

**5.1.5  Monitoring and evaluation of drug and alcohol abuse prevention activities in the school**

Regarding monitoring and evaluation, the researcher sought to find out how the evaluation of immediate impact of the drug and alcohol abuse prevention lessons or activities on learners was done. Only teachers and DEC officers were required to respond because they were directly involved in prevention work in schools. Knowledge of the method of evaluation was considered important because it determines the accuracy of achievement of intervention goals.

**5.1.5.1  Views of teachers**

Regarding the evaluation of immediate impact of prevention lessons, the study found that 33(36.3%) of the 91 respondents indicated that they did this through allowing learners to do role playing, while 31(34.1%) indicated that they gave learners a class exercise to do. Table 5 below presents details of responses.

**Table 5: How evaluation of immediate impact of drug and alcohol abuse lesson/activity on learners is done**

| Methods of assessing an activity | Frequency | Percent |
|---|---|---|
| Learners are given an exercise to do | 31 | 34.1 |
| Learners are given homework | 4 | 4.4 |
| Learners do role playing | 33 | 36.3 |
| Learners do demonstrations | 22 | 24.2 |
| Non response | 1 | 1.1 |
| **Total** | **91** | **100.0** |

This Finding showed that evaluation of prevention education activities were was mainly conducted through role play, class exercises and demonstrations.

### 5.1.5.2  Views of DEC Officers

From interviews with DEC officers, it was found that evaluation of lessons or activities was done mainly through question and answer, where learners asked the presenter and in turn the presenter asked learners on what was discussed or observed. The findings also revealed that this was done at the end of the session each time they delivered prevention activities to the learners. To this effect one DEC officer said:

> *"Usually because of limited time I just ask them some questions on what I have said and if they answer them correctly, then I know that learning has taken place."*
>
> (DEC Officer 4)

Another DEC officer said:

> *"In my case sometimes I just ask them to explain to the rest of the group members what they have learnt after I have taught. Sometimes I ask them to demonstrate the effects or consequences of drug use especially when I have a small group of learners."*
>
> (DEC Officer 2)

From the views of both teachers and DEC officers expressed above, it was clear that the evaluation of immediate impact of the drug and alcohol abuse prevention lessons or activities on learners was conducted through role plays, class exercises demonstrations and question and answer sessions.

## 5.1.6 Target groups in drug and alcohol abuse prevention education

Concerning targeting of prevention education, respondents answered two related questions. First, the question regarding the target population of prevention education in the school was asked from teachers, head teachers and DEC officers because the practice of targeting messages in drug prevention ensures successful use of such messages by the appropriate target group. The second question was aimed at finding out the most targeted grades.

### 5.1.6.1 Views of teachers

Findings from teachers showed that out of ninety-one respondents (n=91), almost all of them 89(97.90%) said that the prevention education activities were targeting all learners in the school. Regarding the most targeted grades, most 35(38.46%) of the respondents

indicated that all grade levels were equally targeted, that is, from grade eight to grade twelve. There was an equal number of respondents who indicated that they mostly targeted grade tens, elevens and twelves at 24(26.37%). Details are given in Figure 2 below.

**Figure 2: Grade(s) which are most targeted in drug and alcohol abuse prevention activities**
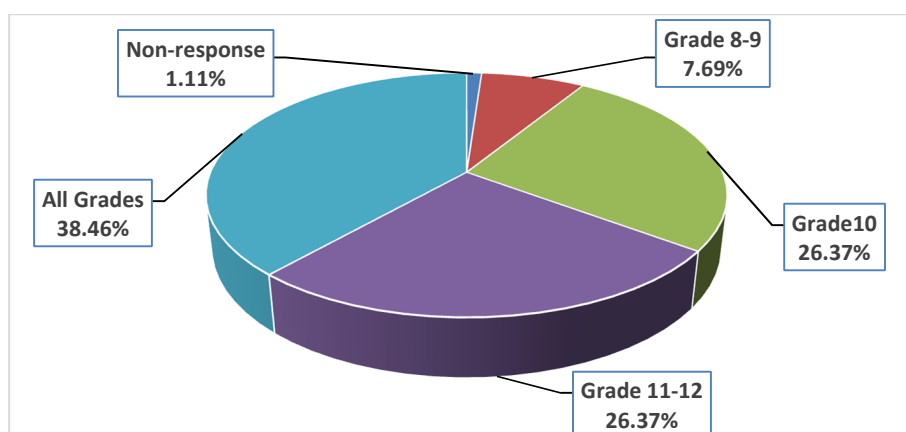


## 5.1.6.2   Views of head teachers

From interviews with head teachers findings revealed that the target of prevention education activities and policies in the schools were learners. This finding was in agreement with the results from teachers. However, when asked on the most targeted grade, Head teachers further indicated that the priority targeted grades in prevention efforts were grades eight and ten classes. This response sharply contradicted what the teachers had indicated, that is, that all grades were equally targeted. In trying to justify his response, one head teacher at a boarding secondary school said:

> *"Our grade eights need more guidance because all of them are new to the school environment. We need to teach them, for example how to identify bad influence and so on and so forth. Equally half of the grade*

*tens may be new to the school as well. So really, prevention education is very necessary to them at this point"*

(Head teacher 12 Boarding school)

### 5.1.6.3  Views of DEC officers

Findings from DEC officers were in agreement with those of teachers who indicated that prevention education was targeted at all learners in the school. However, they added that they also targeted teachers and other workers in the schools.

The findings above showed that teachers, head teachers and DEC officers were in agreement regarding the target of prevention education in the school. They all mentioned that prevention education was targeting all learners in the school. However, DEC officers added teachers and other workers in the school were also targets of prevention education. These findings also showed that despite targeting all learners, priority was given to grades 8 and 10.

### 5.1.7  Timing of interventions for drug and alcohol prevention

In relation to timing, the researcher wanted to find out the grade level at which learners first received drug information in secondary school. It was necessary to consider this aspect because it determined when interventions in the drug problem among the learners were introduced in secondary schools. Timing of intervention is essential to the

success of prevention education programme. Only data obtained from learners and head teachers was used for analysis here.

### 5.1.7.1    Views of learners

Survey results from learners showed that majority 246(61.5%) of the 400 respondents indicated that they first learnt about drug and alcohol abuse prevention education in secondary school in grade eight, while 97(24.2%) said they first learnt about it in grade ten. Figure 3 below shows the details of their responses.

**Figure 3: Grade in which learner first learnt about drug and alcohol abuse prevention education in secondary school.**
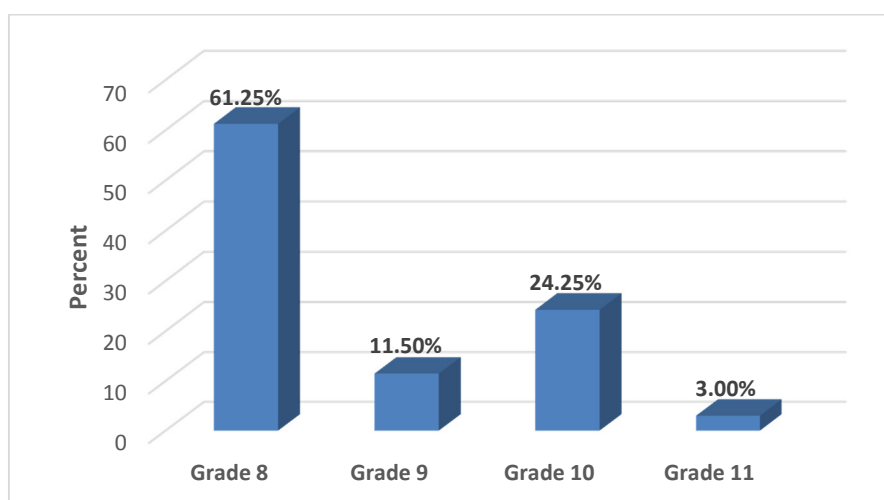


Learners who participated in focus group discussions mentioned different grade levels as a point at which they first learnt about drug abuse in secondary school. Most of them said they first learnt about drug and alcohol abuse prevention in grade eight during the orientation sessions which were conducted annually for new learners in the school. Other learners mentioned grade ten, yet a few others said they first learnt about it in grades 9. During focus group discussion, participants said:

*"Here at school, I first heard about drug abuse in grade eight. Some people from drug enforcement commission came to teach us, all of us grade eights in the school assembly hall. They told us that drugs have bad effects. You should not follow what others are doing, like drinking or smoking because you will be expelled from school."*

(Grade 11 Girl)

*"When I came to this school in grade ten, that was in term one, the school guidance counsellors and the head teacher talked to all grade ten about drug abuse in the school hall."*

(Grade 12 Boy)

*"Before I came to this School, I knew about drugs. We learnt about drugs abuse in primary school. But here, it was in grade eight. The head teacher talked to all grade eights that we should not do drug in the school."*

(Grade 9 boy)

### 5.1.7.2    Views of head teachers

Almost all Head teachers stated that they taught their learners as soon as they entered grade eight. They further explained that priority for drug and alcohol abuse prevention especially when it is delivered by outsiders was given to new learners in the school. In addition some Head teachers said that they also consider leaners who are exiting the school system such as grade twelves though some of them did not want to attend such sessions. A common view from the head teachers was that,

*"We give our new learners talks about drug and alcohol abuse quiet early, when they report in grade eight. We do this before they are contaminated by their seniors. As you may be aware there is strong peer*

*influence among young people. The earlier we provide guidance the better for discipline management in the school."*

(Head teacher 7 Boarding school)

Findings from both learners and head teachers are in agreement regarding timing of prevention education interventions. These findings showed that interventions (prevention activities) in the selected secondary schools were introduced to learners in grade eight.

## 5.2    Policy issues in drug and alcohol abuse prevention education

This section of the study sought to establish drug and alcohol abuse prevention policy guidelines used in secondary schools. The knowledge of policy issues is important because it informs practice in prevention of drug and alcohol use among young people. The section endeavours to address the following main research question; *"what are the drug and alcohol abuse prevention policy guidelines used in secondary schools?"* In answering this question, firstly, the researcher sought to find out whether secondary school had school drug prevention policies in place and in what form they were presented. Second, to establish the nature of policy guidelines applied. Data obtained through document analysis conducted to check on policy guidelines, viz aviz measures for dealing with drug and alcohol abuse infractions by learners were considered. Findings from learners, teachers, head teachers and DEBS, and documents analysed are presented in the next three subsections below.

### 5.2.1 Existence of school drug and alcohol policy

Respondents were asked whether they had a school drug and alcohol abuse policy and whether it was written or unwritten. It was important to ask these questions because school drug and alcohol policy forms part of the broader drug and alcohol abuse prevention education strategy. Lack of such a policy affects prevention efforts. All categories of respondents were helped by the researcher to understand the concept of Drug and alcohol policy by reducing it to rules and regulations about drug and alcohol use in the school.

### 5.2.1.1 Views of learners

Survey results from learners are reflected in table 6. As can be seen from table 6, a large number of respondents, 377 (94.3%) indicated yes, meaning that they had such rules and regulations in place. Details of the distribution of respondents are shown in table 6 below.

**Table 6: Whether there are rules or regulations on drug and alcohol abuse in the school**

| Responses | Frequency | Percent |
|-----------|-----------|---------|
| Yes | 377 | 94.3 |
| No | 8 | 2.0 |
| Not sure | 12 | 3.0 |
| No response | 3 | .8 |
| **Total** | **400** | **100.0** |

A follow-up question on whether the rules and regulations where written or unwritten was posed to learners who had indicated yes. Results showed that out of 377 respondents who indicated that they had rule and regulations in place, 321(85%) said they were written and 56(15%) said they were unwritten.

Both survey results and focus group discussions findings confirmed the existence of written school rules and regulations in the selected secondary schools. For example during focus group discussions, learners acknowledged the existence of school rules and regulation concerning drug and alcohol abuse prevention. They said:

> *"Yes we have school rule which stops us from drinking beer and smoking. Our class teacher read them out to us in class last term, when one of the learners was found drinking in town."*

(Grade 9 Girl)

> *"Sir, the rules are there, except that some pupils don't want to follow them. They just go in town during the night to drink beer."*

(Grade 9 Boy)

> *"Every beginning of the term the Head reads to us the school rules about going out of Bounds, drinking and smoking."*

(Grade 12 Boy)

From the responses above it was clear that school rules and regulations regarding drug and alcohol use by learners were in existence in the selected schools.

### 5.2.1.2    Views of teachers

Responses from teachers showed similar trends with those of learners, where the majority, 89(97.8%) of 91 respondents indicated that their school had rules and regulations regarding drug and alcohol abuse. Two respondents did not answer this

question. In addition, all teachers confirmed having written rules regarding drug and alcohol use by learners in schools.

### 5.2.1.3    Views of head teachers and DEBS

On the same issue, all head teachers and DEBS interviewed said that they had school rules which regulated among other issues in school, the use of drugs and alcohol by learners. They were in agreement with what most learners and teachers had indicated. Findings further revealed that there was no separate and specific school policy on drug and alcohol abuse prevention per se. All provisions for drug and alcohol regulations were enshrined in the school rules. In trying to elaborate the point, one Head teacher said:

> *"My school does not have what you may consider as a school drug and alcohol policy per se.  And I think generally there is no school which has a policy specifically for drug issues. However, our school rules are meant to instill discipline among learners in a variety of areas. Yes there are some clauses which talk about the offences and punishment about drug and alcohol abuse. This is the document we use to deal with learners who are found in this situation."*

<div align="right">(Head teacher 3 Day School)</div>

From the findings above it is clear that there was no specific drug and alcohol policy document in the selected secondary schools. However, the drug prevention policy guidelines used in schools were the general school rules.

### 5.2.2 Measures taken against learners found or reported to be abusing drugs and alcohol

The researcher asked respondents to indicate how the school authority treated learners who abrogated drug and alcohol rules and regulations. This aspect was important because it helped to define and interpret the nature of policy guidelines used.

### 5.2.2.1 Views of learners

Learners pointed out several measures which they viewed as being applied to learners found or reported to be abusing drug in the school premises. These included: calling parents (popularly known as C P among the learners), suspension, expulsion, forced transfers, heavy physical punishment, reporting to the police or DEC and counselling.

Survey results showed similar responses to from group discussions and these were that most, 301(24.1%) of the 1, 251 respondents indicated summoning parents to school, followed by suspension at 298(23.8%) and expulsion at 218(17.4%). Other measures were heavy physical punishment at 13.11%, counseling at (9.75%), forced transfers at (7.19%) and reporting to police or DEC at 58 (4.64%), (presented in order of their frequency of use).

During focus group discussions, participants said:

> *"They give you a CP and when your parents come they say you take your child, he is suspended or if its third term and you are grade nine or twelve, they say just come and write exams."*
>
> (Grade 11 Boy)

*"If you are a big problem, they tell your parents to take you to another school or give you a forced transfer."*

(Grade 9 girl)

*They tell you to dig a pit to the size of your height and if lack is not on your side they will suspend you for a term from boarding to become a day scholar*

(Grade 12 Boy)

*Sir, last year they expelled two of my friends two of my friends because they were selling cigarettes in the dormitories.*

(Grade 11 Boy)

Findings from learners showed that although CP topped the list on measures used in the selected secondary schools, it winded up with suspension, expulsion, heavy physical punishment or forced transfer as the most frequently applied measures. Other measures included Counselling and reporting to police and DEC. This means that most of the measures were meant discipline the erring learners and to deter others from engaging in the same behaviour

## 5.2.2.2    Views of teachers

The question relating to measures taken against learners who abuse drugs and alcohol in school was also responded to by teachers. Findings showed that 54(29.5%) of the 183 teacher respondents indicated counselling. fifty-three (29%) of them indicated calling parents and twenty-one (11.5%) cited heavy punishment. Other respondents, 20(10.9%) mentioned suspension, 19(10.4%) cited written warning, and nine of them indicated forced transfer. The least mentioned measures by teachers were expulsion at 6(3.3%), followed by referral to DEC or Police at 1(0.5%). As can be seen from the distribution of responses, it is clear that the variation between most variables was minimal.

### 5.2.2.3   Views of head teachers and DEBS

From interviews with head teachers and DEBS, it was found that all measures indicated, apart from referring to DEC or the Police, were applied by school authorities to deal with drug and alcohol abusers. However, contrary to survey results obtained from learners, head teachers and DEBS revealed that the common measures were counselling and manual work (physical punishment), followed by calling of parents to school, and suspension from school, and forced transfer in that order. Most head teachers avoided mentioning expulsion, as one Head teacher said:

> *"The process of expelling a child from school is very long. In very*
> *rare circumstances do we resort to this measure."*
>
> (DEBS 1)

Some DEBS interviewed revealed that they encouraged head teachers to counsel learners who abuse drugs and alcohol in the school and call their parents to discuss appropriate measures. Most DEBS revealed that although some of the measures such as forced transfer, heavy punishment, and expulsion were used in some schools, they did not encourage such measures because they disadvantaged the learners.

### 5.2.3  Major drug and alcohol policy guidelines or provision used in schools

This variable was concerned with establishing the main elements that constituted the guidelines for their drug and alcohol abuse prevention policy in their school. The question mainly targeted teachers, head teachers and DEBS because they were the ones with knowledge of elements that constituted their school policy guidelines. This section also includes findings from document analysis conducted on the same question.

### 5.2.3.1   Views of teachers

Results from teachers revealed that the majority 69(75.8%) out of 91 respondents indicated that their school rules on drug and alcohol use by learners constituted mainly of offences to be committed and the kind of punishment to be meted, while 12(13.2%) of them indicated rationale for drug and alcohol abuse education in the school. The rest 10(11%) indicated ways of reporting policy violations and jurisdiction


### 5.2.3.2   Views of head teachers and DEBS

From interviews with head teachers, findings indicated that aspects of offences and penalties were the main elements in the drug and alcohol abuse prevention rules and regulations in the schools. In addition some head teachers interviewed said that other important aspect include addressing general conduct of learners in the classroom and procedure for dealing with offenders. One head teacher said:

> *"It is all about what offence the learner has committed and the punishment we should administer. There are many offences school children can commit such as being found out of bounds, not being*

*punctual for classes, using bad language, and smoking and drinking in school. And punishments include; doing manual work, suspension from school and being sent home to call parents."*

(Head teacher 7 Boarding School)

From interviews with DEBS, it was noted that drug and alcohol abuse policy guidelines were stipulated within the wider ream of school rules and that they mainly constituted a set of predetermined offences and measures to address them.

The findings showed that there was an agreement among respondents that school drug and alcohol prevention policy guidelines mainly constituted offences and punishments.

### 5.2.3.3 Document analysis

Findings from analysis of school rules and regulation documents revealed that there was only one common statement that could be referred to as guideline specific for drug and alcohol abuse prevention in all the documents. The statement was on smocking and beer drinking. It stipulated the prohibition of Drug use (offences) and measures against abrogation (punishment). For example, in one document it read:

Smoking and drinking: No pupil should be involved in smoking, drinking liquor or any intoxicating drink and drug abuse. Penalties; severe punishment…. (See appendix 8)

Another one read:

Drinking beer or any intoxicating substances, abuse of drug and smoking of any kind is strictly forbidden. Places associated with selling or consumption of

intoxicants is out of bounds at all times. Penalty- suspension …. (See appendix 7)

These findings collaborated teachers, head teachers and DEBs responses which indicated commission of the offence and consequent punishment as the main and only elements constituting guidelines for drug and alcohol abuse prevention in the selected secondary schools.

## 5.3    How drug and alcohol abuse prevention education activities were conducted in secondary schools

This section presents findings on how the drug and alcohol abuse prevention education activities are conducted in secondary schools. The question was: *How were the drug and alcohol abuse prevention education activities conducted in secondary schools?* It was important to explore how prevention activities were conducted because how something is taught or learnt has a bearing on the retention rate and overall behaviour in young people.

### 5.3.1  Prevention education activities

On the question, the researcher was interested in finding out the activities used to prevent drug and alcohol abuse in schools.

### 5.3.1.1  Views of learners

Findings revealed that learners learnt through classroom lectures (lessons), Talks / discussions with visiting professionals and role play and drama. In addition, they learnt through video shows, anti-drug club meetings, games, sports activities and special life skills training programmes. Table 7 below shows details of the results.

**Table 7: Learners' responses on the learning activities/methods they were exposed to**

|  | Responses | |
|---|---|---|
| **Methods** | **Frequency (N=400)** | **Percent** |
| Class room lessons (lectures) | 321 | 29.5 |
| Talks / discussions with visiting professionals | 201 | 18.5 |
| Role plays and drama | 174 | 16.0 |
| Video shows | 91 | 8.4 |
| Anti-drug club meetings | 160 | 14.7 |
| Games and sports | 49 | 4.5 |
| Special life skills training programmes | 91 | 8.4 |
| **Total** | **1087** | **100.0** |

Interestingly, findings from learners who participated in focus group discussions revealed that they mostly learnt through drama performances by the school drama groups. They also indicated talks with people from DEC and other organizations, classroom lessons with the teachers and debates organized by debate club.  To this effect one participant said:

*"Sometimes the head teacher also talks to us about the bad things of smoking and drinking at school during assembly periods."*

(Grade 12 Girl)

Another participant said:

*"They just teach us in class and tell us to write notes about effects of drug abuse."*

(Grade 11 Girl)

### 5.3.1.2   Views of teachers

With regard to prevention education activities teachers indicated that they were done though the following ways: lecturing, conducting talks, conducting group discussions, counselling, showing videos, role playing, using anti- drug forums such as debate time, conducting life skills training and playing various games. Other modes of providing prevention education included individual counselling. However, most teachers, 28(26.9%) out of 104 indicated classroom lectures and group discussion as the most frequently methods used to conduct prevention activities.

### 5.3.1.3   Views of DEC Officers

With regard to views of DEC officers on the question of the methods they used to conduct prevention activities, findings indicated that lecture and group discussion methods were the most frequently used in teaching learners about drug and alcohol abuse prevention education in schools. However, they also mentioned that they sometimes combined different methods in one activity depending on the situation and the audience they were

attending to. Such methods included some of those indicated by teachers in table 7above.

**5.3.1.4      Views of head teachers**

Findings from head teachers revealed that drug and alcohol abuse prevention education was mainly conducted through classroom lessons by teachers, drama performances by pupils and outside theater groups, talks by DEC officers and head teachers. Some head teachers further stated that they also talked to learners during school assemblies. They explained that:

> *"I also have an obligation to guide and talk to both learners and teachers about drug and alcohol abuse in the school. For example, I talk to teachers during staff meetings and I also talk to learners during school assemblies. All teachers are encouraged to do the same from time to time in their classrooms."*
>
> (Head teacher 6 Day School)
>
> *"Yes we talk to learners as well as teachers from time to time. In my case I have a few classes that I handle in my subject, so I talk to my learners whenever there is an opportunity."*
>
> (Head teacher 2 Day School)

The above findings showed that a number of activities were carried out in the provision of drug and alcohol abuse prevention education in the selected secondary schools. These included: classroom lectures, talks or discussions, role plays, drama, debate video shows, games and sports, anti-drug club meetings and special skills training programmes However, findings further showed that lectures (talks), and discussions

were the most frequently used methods or activities  in conducting prevention educations.

### 5.3.2   Intensity of conducting drug and alcohol abuse prevention activities in the school

Intensity is about the frequency of conducting drug and alcohol abuse prevention activities. Respondents were asked how often they learnt about drug and alcohol abuse prevention education. They were expected to indicate 'very often', 'often' and 'occasionally' to answer this question. The Question of how often an activity is done, reflects the rate at which it is being implemented.

### 5.3.2.1   Views of learners

Findings from participants in focus group discussions revealed that they occasionally learnt about drug and alcohol abuse. In expressing how often this was done, all participants agreed that it took some time for them to hear issues of drug abuse in the classroom. Some participants said they only learnt about it when they were in grade ten, yet others said they heard about it when some learners were caught abusing drugs and teachers talked about it. For instance one of them lamented:

> *"As for me sir, I learnt about drugs in class, when I was in grade ten. That was last year. It takes a long time before you learn about drug in the classroom. But sometimes the head teachers talks about drug abuse during school assembly when they catch some learners who drink beer in town."*
>
> (Grade 11 Boy)

Another participant said:

> *"I remember people from Drug Enforcement Commission came to talk to us when I was in grade eleven last year. They should always come here to teach us, because some learners want to be told all the time before they can stop smoking."*
>
> (Grade 12 Girl)

These finding from learners indicate that prevention education is not a regular aspect of their learning activities. Phenomenon. This is in line with survey results which showed that 250 (62.5%) of 400 respondents indicated that they occasionally learnt about prevention education.

### 5.3.2.2 Views of teachers

This question was also posed to teachers and DEC officers. Findings from teachers showed that 62(68.1%) of the 91 respondents indicated that they occasionally conducted drug and alcohol abuse prevention activities, while 26(28.63%) of them said they did this often. Very few respondents 3(3.3%) out of 91 said it was done very often. Only three of them said it was done very often. This clearly showed that many teachers seldom conducted drug and alcohol abuse prevention activities in the school.

### 5.3.2.3 Views of DEC Officers

DEC officers interviewed informed the researcher that due to the large number of schools in their locality, it took a while for them to visit one particular school for the purpose of conducting prevention education activities. In support of this response, some DEC officer said:

*"Well, to tell you the truth, there are so many schools to visit. For instance at this office, I am alone catering for the whole province, so you find that one cannot manage to carry out sensitization activities in all the schools in the province."*

(DEC Officer 3)

*"Sometimes we go to these schools when they write us indicating that they want our services. Some schools are only visited once in a year."*

(DEC Officer 1)

*"Aamm, it not easy to reach out to schools frequently, we have other programmes to take care of, such as community and work place programmes."*

(DEC Officer 5)

The responses from DEC officers suggest that individual schools were not frequently visited to carry out prevention education activities. Generally, the findings above showed that prevention activities were occasionally conducted in the selected secondary schools.

### 5.3.3   Duration of drug and alcohol abuse prevention lesson or activity

This variable was concerned with establishing how long learners were exposed to drug and alcohol abuse prevention lessons or activities at a particular time. Learners, teachers and DEC officers responded to the question on the average length of learning sessions. Finding out on duration was important because it determines how much of the content and the methods can be applied in a lesson.

### 5.3.3.1    Views of learners

As regards the duration of prevention education activities, almost all learners said that such activities were undertaken within fourty minutes. There were some learners who said that activities such as drama, debate and sports covered a longer period extending over an hour. During focus group discussions, one boy argued that:

> *"It's like when it is class time and they are teaching you about drugs, they follow the time table period which is fourty minutes so that another teacher should come in with another subject."*
>
> (Grade 12 Boy)

Another participant said:

> *"Sometimes when they show us drama to talk about drugs, it takes long. May be one hour or even one and half hours. They show you a play first then they ask you questions, so it takes long."*
>
> (Grade 9 girl)

### 5.3.3.2    Views of teachers

Findings from teachers showed similar response pattern with that of learners. Most 54(59.3%) of the 91respondents indicated that the average duration of their prevention education activity was fourty minutes followed by 26(28.6%) who said that it was one hour. Eight (8.8%) indicated one hour or more, while only three indicated fifty minutes.

### 5.3.3.3    Views of head teachers

Head teachers interviewed were in agreement with teachers and learners on the duration of drug and alcohol abuse prevention lessons, and further indicated that fourty minutes was a reasonable duration for learners in the adolescent stage. All head teachers

confirmed that fourty minutes was the official time for a classroom based activity. During interviews, one head teachers said:

> *"So when teachers are teaching on any subject or topic, they must do so within the stipulated time or else they are eating into another teachers' time."*
>
> (Head teacher 2, Day School)

However other head teachers indicated that special arranged prevention activities could go longer than fourty minutes provided they were arranged outside class time.

### 5.3.3.4    Views of DEC officers

On the contrary, DEC officers indicated that they took an average of one hour to conduct their sensitization activities to learners in a primary and secondary school set up. They further indicated that such a length of time took into consideration, organization and maintenance of discipline as the lesson was in progress especially in primary school. One DEC officer remarked:

> *"You need a lot of time especially when you involve role play, small group discussions, debate and life skills training. These methods require at least one hour."*
>
> (DEC Officer 2)

Generally, the above findings showed that learners, teachers and head teachers, indicated that the average time within which prevention education was conducted in the selected secondary schools was fourty minutes. However DEC officers indicated that their average period within which to delivers prevention activities was one hour.

**5.4    How drug and alcohol abuse prevention policy guidelines were implemented in secondary schools**

In this section, findings on how the drug and alcohol abuse prevention policy guidelines were implemented in secondary schools are presented. Effective policy implementation is critical for adherence to the guidelines for drug and alcohol abuse prevention by stakeholders in an institution. Hence in this study, learners were asked to indicate ways in which they became aware of the rule and regulations concerning drug and alcohol use in the school, while teachers and head teachers indicated how policies were disseminated. Hence the focus was on exploring the issue of policy dissemination in secondary schools.

**5.4.1    Views of learners**

Learners indicated several ways in which they became aware of the rule and regulations concerning drug and alcohol use in the school. These included: school rules were distributed to them upon first entry in to school, they were communicated to them by the head teacher during school assemblies and they were posted on the school or classroom notice board. Other ways indicated were that school rules were read out to learners by the class teachers in the classroom and though counselling sessions. However, some learners argued that there were mainly two ways through which they got to know about school drug rules and regulations. That is through being communicated to them by head teacher during school assemblies and by distributing copies of school rules to them upon first entry to the school. In a focus group discussion, participants said:

*"When you come to school for the first time, a copy of school rule is given to you to read and your parent and you will sign, showing that you have accepted the rules. So they give us the acceptance letters and school rule to read."*

(Grade 11 Boy)

*"The head teacher talk to us to remind us about school rule which talk about drug abuse during school assemblies especially at the beginning of the term and when a learner is caught smoking marijuana."*

(Grade 9 Girl)

*"The guidance and counselling teacher talked to us about school rules during counselling time. For example when he was counselling us in our class he told us about school rules which stops learners to abuse drugs"*

(Grade 11 Girl)

### 5.4.2    Views of teachers

Results showed that half 46(50.3%) of the 91 respondents indicated that the policy guidelines documents were distributed to them upon first entry to the school. Thirty-eight (41.8%) of them said they were communicated to by the head teacher during meetings and school assembly. Some teachers indicated that school rule were read out to them by the class teacher and that learners were always reminded as they were being counselled. Findings from teachers generally showed that there were two main ways school rules were disseminated to learners, that is, through distributing to them as they reported to school and head teachers communicating to them during meetings and school assembly as the main ways of policy dissemination to learners.

### 5.4.3    Views of head teachers

Head teachers interviewed revealed that they conduct special sessions on drug and alcohol abuse education with learners particularly during major school functions such as sports days and during school assemblies. They also indicated that they attached copies of school rule to admission letters of new learners. To this effect one head teacher said:

> *"One of the functions of a head teacher in a school is to guide bot learners and teachers to achieve school goals as well as individual goal in a warm social and academic environment. So I do take time to talk to learners during assemblies to explain school rule relating to drug and alcohol use as well."*
>
> (Head teacher 1 Boarding school)

The above findings showed how prevention policy guidelines were disseminated to all learners in the schools. Generally, the policies were mainly disseminated through the head teacher talking to learners during school assemblies and distributing copies of school rules to learners as they reported to school.

### 5.5    New knowledge contributed

This section presents a summary of the findings in line with study questions. The study questions were: (i) what were the practices in drug and alcohol abuse prevention education in secondary schools? (ii) what were the drug and alcohol abuse prevention policy guidelines used in secondary schools? (iii) how were the drug and alcohol abuse prevention education activities conducted in secondary schools? And (iv) how were the drug and alcohol abuse prevention policy guidelines implemented in secondary schools?

As regard to practices in drug and alcohol abuse prevention education in secondary schools, it was found that learners were taught more of factual information than skill-based and normative education, schools used external prevention education providers, peer educators and involved parents and guardians in prevention service provision. Other practices included evaluation of prevention education activities through role plays, class exercise and question and answer sessions, and prevention education was targeted at all leaners in the school with priority given to grades eight and ten learners.

The second question was on the drug and alcohol abuse prevention policy guidelines used in secondary schools. It was found that there were no specific drug and alcohol policies except for the general school rules. The school rules mainly constituted statements on offences and punishment measures such as suspension, expulsion, heavy physical punishment and forced transfers.

The third study question was on how drug and alcohol abuse prevention education activities were conducted in secondary schools. The study found that it was mainly through classroom lectures and discussions. Other ways included drama, role plays, debate, anti-drug club meetings, video shows, sports and special life skills programmes. In addition, it was found that these activities were occasionally conducted.

The fourth study question concerned how policy guidelines were implemented in secondary schools, the study revealed that it was done through: distribution of copies of

school rules to learners upon first entry to the school, the head teacher explaining school rules during school assemblies, posting copies of school rules on the school and classroom notice board and through counselling sessions.

## CHAPTER SIX

## DISCUSSION OF RESEARCH FINDINGS

### 6.0     Overview

This chapter interprets and discusses the findings of the study. The purpose of the study was to establish practices and policies in drug and alcohol abuse prevention education in selected secondary schools in Zambia. The findings are discussed in line with the study objectives which were: to investigate practices in drug and alcohol abuse prevention education in secondary schools, to establish drug and alcohol abuse prevention policy guidelines used in secondary schools, to explore how the drug and alcohol abuse prevention education activities were conducted in secondary schools and to explore how the drug and alcohol abuse prevention policy guidelines were implemented in secondary schools.

### 6.1     Practices in drug and alcohol abuse prevention education in secondary schools.

The study established a number of practices that secondary schools performed in drug and alcohol abuse prevention education. These included; teaching of information-based prevention education, the use of external prevention education providers, peer educators and involved parents and guardians in prevention service provision. Other practices included evaluation of prevention education activities through role plays, class exercise and question and answer sessions, prevention education was targeted at all leaners in the school with priority given to grades eight and ten learners, and an average period of fourty

minutes to cover prevention activities. The stated prevention practices are discussed below.

**Drug and alcohol abuse prevention education offered to learners**

With regard to content, majority (43.5%) of learners indicated that they learnt factual information regarding types of drugs, causes and their dangerous effects. They further revealed specific topics they learnt such as consequences of abuse, reasons why people use drugs, signs and symptoms of drug abuse and how to avoid drug and alcohol use. Similarly, most (55.3%) of the teachers and all Drug Enforcement Commission officers interviewed were in agreement with the learners on the content of drug education. They indicated that they taught more of information based material, although they did not rule out the teaching of rudiments of drug refusal skills and normative education as well.


It is clear from these findings that the drug and alcohol abuse prevention education offered to learners in the selected secondary schools was largely based on knowledge acquisition. This means that learners mainly acquire information about drug and alcohol abuse prevention, although other aspects, such as refusal skills, life skill and normative education were learnt. However, these findings contradicts research literature which has revealed that in drug abuse prevention education, focusing on knowledge only is ineffective in preventing drug abuse behaviour among young people (Sower, 1991; Tobler, 1992; Botvin, 1995; The National Crime Prevention Centre, 2009). On the contrary, prevention education programmes with content that focus on social influences' knowledge, drug refusal skills, and life skills have a larger effect size than those which

focus on knowledge (Tobler and Stratton, 1997). The researcher is also of the view that teaching of life skills promotes anti-drug and alcohol attitudes and eventually behaviour change. Based on the findings, it is important that teachers and other providers consider to teach content that has the potential to reduce drug and alcohol problem among learners in secondary schools.

**Other providers of drug and alcohol abuse prevention education in schools**

Concerning providers, most learners indicated that apart from their teachers, they also learn about drug abuse prevention from their parents and external providers such as DEC officers. Additionally, Learners in focus group discussions included church pastors, NGOs, head teachers, school matrons and counsellors to the list. Teachers indicated similar responses. All head teachers and DEBS interviewed revealed that they involved other professionals to sensitize learners on drug abuse issues. They cited health workers, YWCA, CHANGES 2, DEC and CAMFED as some of them. These findings just confirm that other professionals were involved in drug and alcohol abuse prevention education in the selected secondary schools. Indeed the use of professionals is crucial to the success of prevention activities in schools. As noted by Midford et al., (2000) teachers, health professionals, counselors and other prevention practitioners can contribute significantly to the success of a school-based prevention interventions.

However, what is even more crucial is the training orientation of the provider. Whether it gives him or her the competence and confidence to teach about drug prevention

education. In this regard, the study revealed that less than half (34.4%) of the 91 teachers confirmed having been trained, while the majority (65.9%) were not. In a face to face interview with head teachers and DEBS it was found that most teachers lacked special training in drug abuse prevention. As one head teacher said

> *"I think most teachers in this school lack detailed knowledge on issues of drug abuse. They are not trained in most of these cross cutting issues. This is the reason why some of them find difficulties to handle or teach about drugs. Only guidance counsellors can handle such lessons successfully in this school. Unfortunately I only have one trained guidance counsellor"*

The findings indicated above generally reveal a glaring gap in the provision of drug abuse prevention education in the selected secondary schools. There is a serious lack of specialized trained providers in this field, as can be seen that most teachers were not trained. This situation has the potential to affect prevention education delivery negatively. It is important that schools must use personnel who are well trained in order to effectively deliver drug and alcohol abuse prevention education in secondary schools.

**Use of peer educators in prevention education in schools**

One of the practices that has gained ground in drug abuse prevention education in recent years is the use of peer educators. This is because, as Midford et al. (2000) pointed out, peer educators serve as potential role models by creating a norm that drug abuse is deviant and by providing alternatives to drug and alcohol abuse. To this effect, the

researcher was intrigued to find out whether secondary schools used peer educators in prevention education.

Findings from learners and teachers revealed that they had learners in the school who spoke to other learners about drug and alcohol abuse prevention. In a face to face interview with head teachers, some further indicated that all learners who were in leadership in the school were considered as peer educators because they had a responsibility to guide other learners. However, they added that most of them were not trained in drug abuse prevention. From these findings one can deduce that although peer educators were used, most secondary school lacked training in drug and alcohol abuse prevention education and facilitation skills. This situation affected prevention education negatively, in that peer educators lacked knowledge and facilitation skills to carry out their function

Use of trained peer educators in drug abuse prevention in the school can greatly enhance prevention programmes. As rightly argued by Coggans and Watson (1995) carefully selected, well supported and trained peer educators have a great impact in the reduction or delay of drug and alcohol abuse behaviours. When well directed and mentored their influence can produce amazing results in drug abuse prevention in schools. Secondary school administrators are therefore, encouraged to make use of peer educators who can work together with teachers to prevent drug and alcohol abuse in schools.

**Involvement of family (parents and guardians) in drug and alcohol abuse prevention**

On the question of involvement of family members as partners in prevention efforts, it was found that the majority (67%) of the teachers indicated that they sometimes involved parents. Similarly, head teachers and DEBS confirmed having involved parents. Surprisingly, they further explained that parents were only involved depending on the gravity of the cases they were handling. It can be deduced from this response that it was not always that they involved parents or guardians. In their explanation, head teachers and DEBs said that the involvement of parents was done by calling them to discuss their children's behaviour in relation to abuse of drugs or alcohol. This was only done in special circumstances. The findings regarding involvement of parents are encouraging, and are consistent with those of Dusenbury and Falco (1995) who found that involvement of family members, as a strategy enhanced school-based prevention efforts. The role of parents and guardian in this matter cannot be overemphasized. They can help in the enforcement of school policies as well as sensitizing their children on the dangers of drug and alcohol abuse. Learners are still under the influence of their parents, hence partnership between the school and parents can be very vital in bringing about desirable behaviour change among learners. Secondary schools in Zambia ought to seize the opportunity to utilize parents in prevention education if there are to arrest the escalating levels of drug and alcohol abuse among learners.

**Monitoring and evaluation of drug and alcohol abuse prevention activities in the school**

With regard to evaluation of the immediate impact of drug and alcohol abuse prevention lessons or activities on learners, it was found that teachers used role play, class exercise, demonstrations and homework. Interestingly, all the DEC officers interviewed mentioned only one method used to evaluate the immediate impact of their drug lesson or activity, and that was through a question and answer segment (mainly oral questions) conducted at the end of the lesson or activity. This means that when questions are correctly answered, it is a clear sign to them that learning has taken place.

An analysis of these findings showed that most teachers use role play and class exercise (written questions on drug topics) to evaluate the immediate impact of their drug prevention lesson and activity while DEC officers largely use question and answer method. In substantiating their statements some DEC officers explained that it was difficult to do any other form of evaluation due to limited time they are given to interact with learners in schools.

This study has also revealed that there are very limited ways of monitoring and evaluation of prevention education activities by both internal and external providers in the selected secondary schools. This obviously affects quality delivery and also the outcome among learners. However, effective evaluation of outcome is very important. The practice of evaluating drug and alcohol abuse prevention education activities is also advocated by UNODC/WHO (2006), who argue that, it enables providers to take a critical

look at whether prevention activities are producing intended outcomes or not and how they can be improved.

**Target groups in drug and alcohol abuse prevention education**

In the implementation of policy guidelines (school rule on drug and alcohol prevention) and prevention education activities, almost all (97.8%) teachers said they targeted all leaners in the school. Head teachers and DEBS were in agreement with teachers views. However, in relation to the grade levels most targeted or priority grades so to speak, head teachers emphasized that special consideration was given to grades eight and ten learners while most teachers maintained that all grades were equally targeted. Head teachers argued that being new in the school the learners in the mentioned grades needed special protection from undesirable peer pressure from older learners. Similar findings were reported by Morojele et al (2008) who found that organizations that provided school-based substance abuse prevention education in Cape Town South Africa, targeted various grades ranging from standard 4 to standard 10. Findings from DEC officers indicated that they did not only target learners, but also teachers and other workers in the school.

Findings from teachers, head teachers and DEBS seem to suggest that learners are the only target of prevention education in the schools. This finding is contrary to NIDA (1997) who stated that Prevention interventions must target not only individuals (learners) but also families, work groups, the worksite, neighborhoods and the entire communities. It is important that school drug policies and prevention education must target not only

learners but also teachers, workers, parents and all visitors who come to the school. This in turn creates a supportive school environment that drug and alcohol use by learners.

With regards to grades targeted, findings revealed contradictory views between teachers and head teachers as indicate in the paragraph above. This could have been influence by different perspectives in the implementation strategies held by school administrators and the teachers. Hence one would not be wrong to conclude that all grades are targeted but with different levels of intensity. However, what is important is, as NIDA (1997) pointed out, prevention education should be tailored to address risks specific to population or audience characteristics.

**Timing of interventions for drug and alcohol prevention**

The concept of timing as used by Masiye (2011) relates to age, grade level and level of understanding intervention, at which learners can be exposed to drug and alcohol abuse prevention education. Regarding timing findings showed that majority (61.5%) of learners first learnt about drug abuse prevention, in secondary school, in grade eight. In a face to face interview with head teachers, it was revealed that prevention education was introduced early in grade eight. To emphasize this point, one head teacher said:

> *"It is part of the school orientation programme for grade eight learners in this school. We conduct this in the first term every year."*

The findings from head teachers corroborate those of learners. An analysis of these findings clearly indicate that learners are exposed to prevention education early enough in their secondary school life. This is consistent with the recommendation made by

Otieno (2009) who conducted a study in Kisumu town, Kenya, that there was need for early intervention that targets pre-secondary and early secondary school learners because these learners were a high-risk group. As rightly stated by Tobler et al (2000) interventions that were implemented when children were in high school were more likely to be effective. This is because this is when they are developing skills of life. The researcher encourages secondary school authorities to conduct early intervention programmes in their school.

## 6.2    Drug and alcohol abuse prevention policy guidelines used in secondary schools

Concerning prevention policy guidelines used, firstly the researcher sought to establish whether secondary schools had drug and alcohol abuse prevention policies and in what form they were. This is because the existence of such a policy, particularly when it is a written one, has a critical role in informing effective prevention practices. Majority (94.3%) of learners confirmed having had rules and regulations which were in written form. Teachers, head teachers and DEBS agreed with learners on the existence of written rules and regulations. However, head teachers clarified that they did not have a separate and specific policy on drug and alcohol use. The rules and regulations on drug and alcohol use by schools were enshrined in the school rules document. (See appendix 7 and 8).

This clarification by head teachers, clearly shows that there is lack of specific and single document on drug prevention policy in the selected secondary schools. This finding is

contrary to what is generally obtained in most parts of the developed world, as a study review conducted by Evans-Whipp et al (2004) show that most schools in the developed countries have written drug and alcohol abuse prevention policies.

Secondly, the researchers sought to establish major elements of drug and alcohol abuse prevention policy guidelines used in the selected secondary schools. Findings showed that out of ninety-one teachers who participated in the study, 75.8% of them indicated statements on offences and measures for abrogation as the main elements that constituted policy guidelines. Head teachers and DEBS also felt that policy guidelines were mainly concerned with offences and measures applied to deter the occurrence of the drug use behaviour. However, head teachers added that statements that addressed the general conduct of learners in school and in class were included. For example one head teacher said:

> "For example our school rules indicate that any learner found smoking and drinking alcohol shall either be made to call their parents, suspended, punished heavily or expelled from school. There are other rules which generally talk about bullying and other forms of violence in the schools."

Further, an analysis of school rules documents revealed only one common statement which stood as a specific drug prevention related guideline in all documents. This was the statement which stipulated prohibition of smoking and beer drinking by learners and consequences for abrogating the rule (See examples of statements in chapter 5, paragraph 5.2.3.3 or appendix 7 and 8). This finding corroborated those of teachers, head teachers and DEBS. Hence, it is conclusive to say that the only major element that

constitutes drug abuse prevention policy in the selected secondary schools were statements on offences and measures for abrogating school rules regarding drug and alcohol use or by learners. Indeed these findings only highlight one element of drug prevention policy guidelines. However, this is contrary to the recommendation by UNODC, 2004; Maine Office of Substance Abuse, 2008; Sloboda, 2008; and Catholic Education Office Melbourn, 2010, who indicated a host of key elements that included the following: A philosophical statement, rationale and goals to be achieved; prevention education programmes to be implemented; processes for communicating policy to learners, parents and the community and written procedures for dealing with drug abuse incidences in the school. Other elements are specification of substances targeted for prevention; identified specific support services and networks available to learners and lastly statements on prohibition and drug and alcohol abuse and consequences for violation.

In addition, prevention policies should include elements that encourage positive school culture, as it is likely to lead to effective prevention of drug use in schools (Aveyard et al., 2005; Sellstrom and Bremberg, 2006). As confirmed by Bisset et al. (2007), positive school culture has the potential to reduce the risk of early alcohol initiation, heavy alcohol consumption and illicit drug use by learners in schools. Therefore, policy measures designed to address drug and alcohol abuse issues in school should strive to improve school culture as well.

Concerning measures applied by the school on learners who violet drug and alcohol rules, both quantitative and qualitative data from learners revealed the following: summoning parents, suspension, expulsion, physical punishment, counselling, forced

transfer and being reported to the police or the Drug Enforcement Commission, with summoning parents on top of the list. Teachers indicated similar responses to those of learners with counselling as apriority measure. Similarly, findings from head teachers and DEBS emphasized on counselling manual work (Physical punishment) and summoning parents as a common measures. The researcher observed that most head teachers and DEBS avoided mentioning expulsion, while learners emphasized suspension, expulsion and forced transfer, as one head teacher lamented:

>*"The process of expelling a child is very long and not easy. In very rare circumstances do we resort to this measure."*

The responses by head teachers may have been influenced by not wanting to be perceived as high handed administrators because suspension and expulsion measures are widely seen as negative and disadvantageous to learners.

An analysis of these findings show that the common measures used are mainly measures such as suspension, forced transfers physical punishment with counselling at the bottom of the list, while expulsion was used under extreme circumstances. It was not very clear what the role of parents was once they are summoned by the school administrators. From the findings, it is clear that these measures were punitive in nature aimed at not only punishing the offender but also to deter others from committing the same offence. Similar findings were reported by Beyers et al. (2005). They found that school drug policy measures in USA schools were generally more punitive in nature with suspension and expulsion as some of the common measures applied. The application

these measures entails taking away learning time from the learners and this consequently leads to resentment and further involvement in drug and alcohol abuse. As pointed out by Glisic (2010) such measures may not yield significant results in prevention efforts. Inherently the perceived lack of success in addressing the problem of drug and alcohol abuse among learners in secondary schools may be attributed to this situation.

The researcher is of the view that these findings, clearly demonstrate a big gap in policy direction that can address the problem in a secondary school set up. Firstly, the absence of a clearly stated and comprehensive policy document on drug and alcohol abuse may be the contributor to the current increase in drug and alcohol abuse among learners in schools. As rightly pointed out by Gaustad (1993:1) "learners whose schools lack clear alcohol and drug policies are more likely to use or experiment with chemical substances." Lack of specific and comprehensive drug and alcohol abuse prevention policy can seriously affect prevention efforts in secondary schools. Secondly, the kind of measures used to deal with drug and alcohol abuse infractions are punitive in nature than remedial or educational. Such measures may increase resentment by learners to adhere to policy guidelines and consequently affect policy implementation in the school. There is need for schools to have an appropriate policy for dealing with drug and alcohol abuse prevention.

## 6.3 How drug and alcohol abuse prevention education activities were conducted in secondary schools

Concerning how the drug and alcohol abuse prevention activities were conducted in the selected secondary schools, the study found that they were conducted through a number of activities which included class room lectures, discussions, debate, video shows, role plays and drama. Other ways were through anti-drug club meetings, games and sports, and special skill training programmes. The majority of the learners who participated in the study indicated that they learnt through lessons or lectures in classrooms and talks or discussions with visiting professionals such as DEC officers and some NGOs programme officers. In the same vein, 26.9% out of 91 teachers agreed with the learners views and added counselling to the list of the most frequently used methods or activity for conducting prevention activities. Similar findings were indicated by DEC officers. They confirmed lecture and large group discussions as their most frequently used methods for drug sensitization lessons conducted in schools. Additionally, they said they sometimes combined different methods in one activity depending on the situation and the audience they were attending to. For example one officers explained that they normally used lecture method and large group discussions because it was convenient for them when dealing with large numbers of learners, with limited time of interaction.

These above findings suggest that although a variety of methods are used, the most frequently used methods by both internal (teachers) and external providers (e.g. DEC officers) are lecture and talks or discussion methods. The over reliance on these methods or activities by providers may be the contributing factor to the limited success scored in reducing drug and alcohol abuse among learners in schools as observed in

the introductory chapter. This is because studies have shown that the use of methods such as lecture, talks, large group discussions in drug and alcohol abuse prevention education is less effective and counterproductive (Tobler and Stratton, 1997; Cuijpers, 2002; Botvin and Griffin, 2003). These methods are largely one way communication, that is, from source to audience. In addition, they do not provide for high level of active participation by all learners. This is supported by Banget-drawn (1988) who found that programmes that used lecture method as their only intervention had less influence on attitude change regarding drug use. In this regard, the researcher suggests that prevention education providers should engage more in activities which promote interactivity such as life skills training, small group discussions, role play/drama, debate, educational games and sports. As rightly pointed out by Ministry of Education (2003) interactive teaching strategies should be encouraged because they stimulate active participation among learners in the classroom or group activity, therefore, they allow for the development of interpersonal competencies. Additionally, as rightly argued by Tobler et al. (1999), the more communication exists among teachers, learners and peers, the more learners will be prevented from abusing drugs and alcohol.

Another aspect which is crucial to the success of prevention activities is the intensity with which they are conducted. With regard to this aspect, the majority (62.5%) of learners indicated that they occasionally learnt about drugs and alcohol abuse prevention. Occasionally in this regard means once in six months or the entire school year. Some grade twelve learners in FGDs further stated that they only learnt about it in grade ten. This response may have been due to learners considering what was learnt in the formal

grade ten Civic Education syllabi. As regard to duration, most (46.5%) of the learners said fourty minutes was the average time under which prevention activities were conducted. Findings from teacher showed that (68.1%) said they occasionally taught about drug abuse prevention while on duration they indicated similar views with those of learners. Head teachers interviewed agreed with teachers' and learners' views on duration. DEC officers justified their infrequent visit to schools to conduct prevention education indicating that the large number of schools in their catchment area made it difficult cover them frequently.

The above findings show that drug and alcohol abuse prevention activities were occasionally conducted in schools, and that the average duration in which they were conducted was fourty minutes. This is contrary to the expectation of the researchers considering that both internal and external providers conducted prevention activities in the selected schools. As earlier mentioned, the explanation for this phenomenon may lay in the learners' considering formal classroom lessons which are time-tabled. It is important to note that the intensity or frequency of prevention activities has a positive impact on learners. As Botvin and Griffins (2003) pointed out, the more intensive the delivery system is, the greater the impact on the learners' delay of the onset of drug abuse, reduction or complete abstinence from drugs and alcohol abuse. When learners are given more opportunities to hear and practice skills they are likely to internalize them. Prevention education providers in secondary schools should consider conducting multiple sessions or booster sessions.

## 6.4 How drug and alcohol abuse prevention policy guidelines were implemented in secondary schools

As regards to how prevention policy guidelines were implemented in the selected secondary schools, respondents indicated several ways in which this was done. These included: Distribution of school rules to learners upon first entry in to school, school rules were communicated to learners by the head teacher during school assemblies and they were posted on the school or classroom notice board. Other ways indicated were that school rules were read out to learners by the class teachers in the classroom and though counselling sessions. For example (48.3%) of the learners said copies of school rules and regulation were given to them upon entry into school. However, some learners who participated in focus group discussions argued that there were mainly two ways through which they got to know about school drug rules and regulations. That is through being communicated to them by head teacher during school assemblies and by distributing copies of school rules to them upon first entry to the school. They explain that the documents were attached to acceptance letters for new learners. Teachers and head teachers mentioned similar modes of dissemination.

An analysis of these findings show that the common mode of dissemination is the distribution of the school rules and regulation document to learners upon first entry into school and head teachers communicating to learners during school assemblies. The findings are in line with the Students Code of Conduct Policy Guidelines by Virginia Board of Education as indicated by Atkinson (2015) which stipulates that school boards must provide written copies of policy guidelines to learners, parents and school

personnel. Although the researcher finds this acceptable, these findings have revealed the limited ways in which prevention policy guidelines (school rules) were disseminated in the selected schools. As young learners grow and explore life, they become vulnerable to all sorts of behaviours including using drugs and alcohol. Hence there is need to constantly remind them of the rule and regulations through multiple avenues.

It is important that secondary school avail written policies to all stakeholders in the school, because as evidenced by Evans-Whipp et al., (2004) findings, schools with clearly formulated and communicated rules has fewer regular drinkers than schools with less clarity surrounding alcohol regulations.

## 6.5 Summary

This section presents a summary of the discussion on practices, policy guidelines prevention activities and implementation of drug and alcohol abuse prevention policies in the selected secondary schools. In this discussion, major findings have been highlighted, interpreted and put into context of reviewed literature in line with the study objectives which were to: (i) investigate practices in drug and alcohol abuse prevention education in secondary schools, (ii) establish drug and alcohol abuse prevention policy guidelines used in secondary schools, (iii) explore how the drug and alcohol abuse prevention education activities were conducted in secondary schools and (iv) explore how the drug and alcohol abuse prevention policy guidelines were implemented in secondary schools.

As regard to the first objective, the study revealed a number of practices which included: teaching information-based prevention education, use of talks/ discussions by experts, peer educators, involvement of family members, role plays, class exercises and question and answer session. The second objective was to establish policy guidelines used in schools, it was established that there were no specific documents on drug prevention policy guidelines in the selected secondary schools. The drug prevention policy guidelines used were the general school rules and that the school rules were punitive in nature as opposed to educational. The third objective was to explore how prevention activities were conducted in secondary schools. The study found a number of ways in which activities were conducted in drug and alcohol abuse prevention education in schools. These included: classroom lectures, discussions drama, and role plays. Other activities included debate, video shows, sports and special life skills programmes. In addition, it was found that these activities were occasionally conducted. Concerning the fourth objective, which was to explore how policy guidelines were implemented, findings showed that School rules were: distributed to learners as they reported to school, posted on the school or classroom notice board, read out to learners by the class teacher in the classroom, and head teachers talked to learners about the school rules at the beginning of the school term and during school assemblies.

# CHAPTER SEVEN

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 7.0    Overview

The background of this study emanates from the fact that despite the escalating incidences of drug and alcohol abuse among school children, little was known concerning drug and alcohol abuse prevention practices and policies used in Zambia's secondary schools. The purpose of this study was therefore, to establish practices and policies in drug and alcohol abuse prevention education in secondary schools in Zambia. This chapter presents the summary of the study findings, conclusions and recommendations drawn from the findings. It also presents suggested areas for future research.

### 7.1    Summary of the study findings

The section reflects key findings guided by study objective which were to:

1   Investigate practices in drug and alcohol abuse prevention education in secondary schools.
2 Establish drug and alcohol abuse prevention policy guidelines used in secondary schools.
3 Explore how the drug and alcohol abuse prevention education activities were conducted in secondary schools.
4   Explore how the drug and alcohol abuse prevention policy guidelines were implemented in secondary schools.

With regard to the first objective, the study has found that the drug and alcohol abuse prevention education practices included: teaching information-based prevention education, use of talks/ discussions by experts, peer educators, involvement of family members, role plays, class exercises, question and answer session. Other practices were targeting of all learners with priority given to grades eight and tens and conducting prevention activities within average time of fourty minutes. However, the study has further shown that the prevention education offered to learners in the selected secondary schools was largely based on knowledge acquisition. For instance 55% out of 91 teachers who participated in the study indicated that they taught information-based prevention education, while 43% out of 400 learners who participated in the study indicated that they were offered information-based prevention education. In terms of provision of prevention education, all schools involved external providers such as healthy workers, DEC officers, Church pastors and NGO programme officers. Sadly, most internal providers (teachers) lacked special training in prevention education. Although all schools used peer educators in prevention education activities, most of them were not trained. They lacked basic knowledge and facilitation skills for carrying out their functions. Concerning involvement of parents, although schools involved parents or guardians in one way or another, they only did so in special circumstances involving disciplinary measures. Details of how this was done are not known. As regard to the evaluation of the immediate impact of prevention activities which is a major aspect to the success of prevention education, the study revealed that this was mainly done through role plays, class exercises and question and answer sessions after a presentation. The few methods of evaluation mentioned by the respondents only shows the limited ways

in which this was done. The study found that prevention education and policy guidelines were only targeted at learners in the school. Head teachers further indicated that their priority as schools were given to grades eights and tens because they were transit grades. They argued that being new in the school some learners in the mentioned grades needed special protection from undesirable peer pressure from older learners. In terms of timing of interventions learners were exposed to prevention activities early enough (grade eight) in their secondary school life

Concerning policy guidelines used, it has been established that there were no specific documents on drug prevention policy guidelines in the selected secondary schools. The drug prevention policy guidelines used were the general school rules. The major element that constitutes school rule concerning drug and alcohol use were statements on offences and measures for abrogating the rules by learners. For example suspension expulsion and heavy physical punishment were the commonly stipulated measures. These measures were punitive in nature as opposed to remedial or educational.

As regard to how drug and alcohol abuse prevention education activities were conducted, the study found that it was through classroom lectures, talks or discussions drama, and role plays. Other activities included debate, video shows, anti-drug club meeting, sports and special life skills programmes. However, the study has further established that although a variety of methods were used, the most frequently were lecture and discussions. Some head teachers and DEBs added that counselling was

also used. In addition it was established that prevention education activities were conducted irregularly.

In line with the fourth objective which sought to explore how drug and alcohol abuse prevention policies were implemented in secondary schools, The study found that School rules were: distributed to learners as they reported to school, posted on the school or classroom notice board, read out to learners by the class teacher in the classroom, and head teachers talked to learners about the school rules at the beginning of the school term and during school assemblies. However, distribution of school rules document to learners as they first report to school and the head teachers communicating the rule to them during school assemblies were the most commonly used ways of policy dissemination. In emphasising this, some learners said that school rules were attached to acceptance letters for new learners.

As earlier stated in chapter one, the current study was guided by two theoretical frameworks, that is, the Modified Social Stress Model and the Social Ecological Theory. The MSSM propounds that to deal with drug and alcohol abuse among young people we should consider minimizing risks and promote protective factors affecting an individual at the same time (Ekpenyong, 2012).The SET locates determinants of drug and alcohol use in the social environment (Hansen, 1997, William et al., 2006). This entails that drug and alcohol abuse prevention efforts using this theory focuses on changing the social environment rather than the person. The two theories helped the researcher to identify risk and school environmental factors that can potentially impede implementation of drug

and alcohol abuse prevention education in secondary schools in Zambia. Some of the factors identified included: Prevention education curriculum skewed to knowledge acquisition, lack of training in drug prevention by teachers, lack of basic knowledge and facilitation skills by peer educators, limited involvement of parents and guardians and use of limited methods of evaluating prevention activities. Other factors were none targeting of other stakeholders in the school such as teachers, security guards, cooks, administrative staff, general workers and visitors, lack of school drug prevention policy document, and over reliance on punitive measures to deal with drug problems in the schools. Furthermore, over reliance on less interactive activities such as lectures and large group discussions and Limited ways in which drug and alcohol abuse policies (school rules) are disseminated. The identified factors affect the successful implementation of prevention efforts. Any effort or plan to deal with the problem of drug and alcohol abuse among learners in secondary schools must address these factors as well.

The theories also helped the researcher to make appropriate recommendations for planning and implementation of drug and alcohol abuse prevention education in secondary schools. See recommendation in section 7.3 below.

## 7.2   Conclusions

The preceding section provided a summary of the key findings of the study in line with the study objectives. This section provides the conclusions drawn from the research findings.

In line with the study objectives on the practices in drug and alcohol abuse prevention education in the selected secondary schools, the researcher concludes that the practice of drug and alcohol abuse prevention educations offered to learners in the selected secondary schools was largely based on knowledge acquisition.  This means that learners mainly acquire information about drug and alcohol abuse prevention. Provision of knowledge needs to be combined with refusal and life skills development. With life skills such as communication and stress management, learners would be able to deal with stressful situations and avoid pressure to take drugs.

The study has also shown that external provider, peer educators and parents or guardians were involved in the provision of drug and alcohol abuse prevention education in the selected schools. However, most peer educators and teachers lacked training in drug and alcohol abuse prevention education and facilitation skills. In addition, parents were only used when it came to sorting out disciplinary issues resulting from abrogation of school rules by their children. This scenario may have contributing to the escalating levels of drug and alcohol use among learners.

The study concludes  that there are very limited methods of evaluating the impact of prevention activities being practiced by most providers, with teachers using only role play and written exercise, while DEC officers relying entirely on question and answer method after a lecture presentation.

As regard targeting of prevention education and policy in schools, the study concludes that the main target population were learners at all grade levels. However, transitional grades, that is, grade 8 and grade 10, were given priority. In terms of timing of intervention, learners were exposed to prevention education early enough (grade 8) in their secondary school life. The practice of providing early intervention must be encouraged. This is because there is evidence that the younger the adolescent starts using drugs the more he or she is likely to develop drug use related problems (UNODC, 2016).

As regard to policy guidelines, the study concludes that there was lack of specific and documents on drug and alcohol prevention policy guidelines in all the secondary schools, instead, the elements of drug prevention policy guidelines used were in the school rules and were punitive in nature as opposed to educational.

Although a variety of methods are used, to conduct prevention activities, the most frequently used methods by both teachers and DEC officers are lecture and discussion methods. These methods are largely one way communication that is from the provider to the learners with very limited interaction. In addition prevention education activities,

irregularly conducted while policy guidelines were distributed learners as they reported to school and also head teacher communicating the rules to learners during school assemblies.

## 7.3    Recommendations

Based on the study findings, the following recommendations are made:

- Providers of drug and alcohol abuse preventive education such as teachers and DEC officers, should teach content that has the potential to reduce abuse by learners in the school. For instance, teaching more of drug refusal skills in combination with social life skills training rather than factual information on drugs and their dangers only, is more likely to lead to behaviour change.

- Teachers and other providers of drug and alcohol abuse prevention education should use methods which are more interactive such as small group discussions, role-play, educational games, cooperative learning, demonstrations, brainstorming, modeling, homework assignments, drama, motivational interviewing, behaviour rehearsal, debate and life skills training. This is because they stimulate active participation of all learners and provides a platform for practicing attitudes and skills for behaviour change as opposed to less interactive methods.

- Teachers should receive special training in drug and alcohol abuse preventive education to ensure effective delivery of drug and alcohol abuse related issues. Institutions responsible for training of teachers should

create modular courses in drug and alcohol abuse prevention education for both pre-service and in-service teachers.

• Secondary school administrators should use trained peer educators who can work together with teachers and other providers to educate learners and implement prevention policies in the school.  Use of carefully selected, well supported and trained peer educators has a great impact in the reduction or delay of drug and alcohol abuse behaviours (Coggans and Watson, 1995). Peer educators can also act as role models for behaviour change.

• School based drug and alcohol abuse prevention should involve parents (family) and community leaders both in prevention education and policy and implementation. Since parents still have influence over their children, they can implement various measures in a home that may reduce the likelihood that their children will use alcohol or other drugs in school or at home (Morojele *et al*., (2009). These include communicating their expectations to their children and supervising and monitoring their behaviour. Teachers and head teachers should ensure that parents of learners are involved in prevention effort in one way or another. Indeed as UNODC (2004:12) stated, "effective inclusion of parents and guardians will increase the success of achieving the desired effect in the primary target group"

- Prevention activities should be monitored and evaluated using a variety of evaluation methods. Both impact and outcome evaluation should be conducted in order to gauge progress in prevention efforts. Evaluation of prevention activities enables providers to take a critical look at whether intended outcomes are achieved or not and how they can be improved. Any provider conducting prevention activities should ensure that the immediate impact of such an activity should be evaluated.

- Considering the continued increase of drug and alcohol abuse among school children, there is need for secondary schools to have an appropriate and specific drug and alcohol abuse prevention policy. The learner population in secondary schools is at an adolescent stage where guidance is inevitable. Lack of specific prevention policy in secondary schools to provide guidelines for learners' behaviour can seriously hamper prevention efforts to reduce abuse of drug and alcohol. The Ministry of General Education and District Education Boards in conjunction with school administrators could spearhead the introduction of school drug and alcohol policy in secondary schools.

- For effective enforcement of school drug and alcohol policy guidelines (school rules and regulations about drug and alcohol use), school administrators should involve all stakeholders in the development and review process of prevention policy guidelines. Therefore, parents and

guardians with children in the school, the Parents Teachers Association committees, Community and local religious leaders, the Drug Enforcement Commission, NGOs dealing with the drug abuse problem, teachers and learners should contribute to formulation of the prevention policy document. This will also improve on compliance to guidelines by the stakeholders and avoid litigations when action is taken against erring learners.

- School policy document on drug and alcohol abuse prevention should not only reflect statements on prohibition of drug and alcohol use and punishment for abrogation of rules but also a philosophical statement that expresses the rationale and goals it aims to achieve; a description of how the school will implement prevention programmes and activities; and an outline of the process for communicating the policy to learners, teachers, parents and community. Furthermore, it should indicate written procedures describing the steps to be taken when dealing with drug abuse incidents, and also a provision for periodic review of the policy (UNODC, 2004; Maine Office of Substance Abuse, 2008; Catholic Education Office Melbourne, 2010). Additionally, the review of policy should be conducted regularly

- Drug and alcohol abuse preventive education should be provided on a regular basis by means of multiple and booster sessions. This is to ensure that information and skills are retained for a period long enough to delay or

abstain from drug and alcohol use by learners. In addition, DEC and other external providers should conduct regular visits to schools to conduct prevention activities. This is because as pointed out by Botvin and Griffins (2003), the more intensive the delivery system is, the greater the impact on the learners' delay of the onset of drug abuse, reduction or complete abstinence from use.

- School policies aimed at preventing drug and alcohol abuse should focus more on educational and remedial measures rather than punitive measures such as heavy physical punishment, suspension, expulsions and forced transfers because the latter only aggravates the learners' situation in most circumstances. For instance, forced transfers is only a sure way of shifting problems to other schools as learners may become more rebellious and continue abusing drugs.

- In order to effectively deal with some of the identified challenges, school administrators should ensure that programmes and activities conducted in school should deal with risk factors and school environmental factors that predispose learners to drug abuse behaviour and promote protective factors that strengthen the learners to refrain from drug and alcohol abuse. This is in line with UNODC international guidelines for drug abuse prevention.

## 7.4 Suggestions for future research

The study has established a number of prevention education practices and policies in drug and alcohol abuse prevention in secondary schools in Zambia. It has contributed to knowledge on what is going on in secondary schools regarding prevention education. Further, it has added to literature on the subject. However, the researcher feels that there is need for more research in order to further develop literature and knowledge based on the Zambian experience. To this effect future studies of this nature should address the following:

- Research should be conducted to expand the scope of investigation by increasing the number of variables to be investigated, especially on how prevention activities are implemented. This would help with a more comprehensive picture of prevention activities in secondary schools in Zambia.

- This study was concerned with drug and alcohol abuse prevention in secondary schools. It is therefore, suggested that future research could be extended to primary schools since adolescence starts in late primary school. This may also capture issues of early interventions as promulgated by UNODC and NIDA.

- An evaluation study could be conducted to assess the impact of drug and alcohol prevention policy (school rules and regulations on drug use) on learners' drug and alcohol abuse behaviour in secondary schools.

- A few studies that have been conducted in Zambia tend to concentrate on finding out determinants and consequences of drug use by the young people. It would be interesting to conduct a study on drug and alcohol use prevention linking home, school and community, taking into account the social ecological approach. This would help contextualize interventions.

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# Appendix 1

## Questionnaire for teachers

**Introduction**

The problem of drug and alcohol abuse among learners in schools has steadily been increasing despite effort to prevent it. What we do not know is whether this can be attributed to the kind of prevention practices and policies being applied in our schools. Hence the purpose of this study is to establish current practices and policies in drug and alcohol abuse prevention in Secondary Schools in Zambia, with a view to strengthen its development and implementation.

Therefore you are kindly requested to provide accurate information. The information provided will be treated with utmost confidentiality.

**Instructions**

- **Do not write your name on this questionnaire**

- **Please tick or write in the space provided**

**A      Respondents' identification.**

1   Indicate your sex

| | | |
|---|---|---|
| Male | 1 | [    ] |
| Female | 2 | [    ] |

2   Indicate your age cohort

| | | |
|---|---|---|
| 21 - 25 years | 1 | [    ] |
| 26 – 30 years | 2 | [    ] |
| 31 – 35 years | 3 | [    ] |
| 36 – 40 years | 4 | [    ] |
| 41years and above | 5 | [    ] |

3   Name of school ……………………………………

4   Indicate the type of school where you are teaching

| | | |
|---|---|---|
| Day secondary school | 1 | [    ] |
| Boarding secondary school | 2 | [    ] |

5   For how long have you been teaching

| | | |
|---|---|---|
| 0 – 5 years | 1 | [    ] |
| 6 – 10 years | 2 | [    ] |
| 11 – 15 years | 3 | [    ] |
| 16 – 20 years | 4 | [    ] |
| 21 years and above | 5 | [    ] |

6 Do you consider your school as a:

        Rural school                       1 [   ]

        Urban school                      2 [   ]

**B**        **Questions related to current practices and policy in drug and alcohol abuse prevention in secondary schools.**

7 Have you ever taught about drug and alcohol abuse prevention in your school?

       Yes         1 [   ]         No     2 [   ]

8 If yes, what do you teach about concerning drug and alcohol abuse prevention education in the school? (*Tick as applied*)

    **Information dissemination** – about facts on types of drugs and the dangerous effects of drug and alcohol abuse        1 [   ]

    **Resistance skills training** – e.g. how to handle and avoid pressure to drink or use drugs        2 [   ]

    **Life skills training** – (General knowledge and skills for coping with life) e.g. problem solving, self-control, self-esteem, assertiveness and communication skills    3 [   ]

    **Normative education –** i.e. information on standard and rules of behaviour regarding drug and alcohol use by young people        4 [   ]

9 Mention the type of drugs you **focus** on when teaching about drug alcohol abuse prevention in your school

…………………………………………………………………………………………

…………………………………………………………………………………………

10     How **often** do you use these methods to teach about drug and alcohol abuse prevention (*please tick as applied)*

| Method | | Very often [1] | Often [2] | Occasionally [3] | Not at all [4] |
|---|---|---|---|---|---|
| Lecture method | a | | | | |
| Group discussions | b | | | | |
| Case study | c | | | | |
| Life skills training | d | | | | |
| Debate | e | | | | |
| Video shows | f | | | | |
| Individual counselling | g | | | | |
| drama | h | | | | |
| Role play | i | | | | |
| Educational games | j | | | | |

11 Other than yourself, (including other teachers) who else conducts drug and alcohol abuse education in the school? *(Tick as applied)*

           Head teacher during school assemblies          1 [  ]

           School counsellor(s)                       2 [  ]

           Public Health workers                  3 [  ]

           Visiting Drug Enforcement Commission officers   4 [  ]

           Non-governmental organizations (NGOs)      5 [  ]

12 What kind of prevention educational activities do organizations or other groups of people you have selected in question12 do? (*Please write them*)

………………………………………………………………………………………………

………………………………………………………………………………………………

13 As a teacher, have you been trained in drug and alcohol abuse prevention issues?

    Yes                1 [  ]

    No               2 [  ]

14 If yes to question 15, your training was **mainly** through:

    Seminar /workshop              1 [   ]

    College/ university curriculum        2 [   ]

    Private On-line study           3 [   ]

15 Was the training received adequate to help you teach about drug and alcohol abuse prevention?

      Yes            1 [   ]

      No            2 [   ]

16 Does your school have a drug and alcohol abuse policy? (**i.e. rules and regulations about drug and alcohol use in the school**)

      Yes            1 [  ]

      No            2 [  ]

17    If yes to question 18, is it written or unwritten

        Written               1  [    ]

        Unwritten           2  [    ]


18    Which people are involved in the creation of drug and alcohol abuse prevention policy guidelines in the school? (*Tick as applied*).

Learners                  1  [    ]

Parents                   2  [    ]

Teachers                  3  [    ]

School administrators     4  [    ]


19    To whom are policy guidelines (written or unwritten) **mainly applied** in your school.

        To all pupils in the school                       1  [    ]

        To parents and community leaders who visit the school   2  [    ]

        Only to pupils with drug and alcohol problems        3  [    ]

        To teachers and other members of staff in the school    4  [    ]


20    Which one of these elements do you think **mainly** constitutes the guideline of your school drug and alcohol abuse policy (*tick one only*)

      Rationale for the drug and alcohol abuse education in the school     1  [    ]

      To whom and where the policy can be applied (jurisdiction)      2  [    ]

      Offences to be committed and kind of punishment to be meted     3  [    ]

      Ways or procedures of reporting and dealing with policy violations   4  [    ]

21    Which **one** of these is **mainly** used to make Learners know about the school drug and
      alcohol policy in the school? (***Tick one only***)

      They find out on their own.           1  [    ]

      It is communicated to them by the head teacher during meetings and school assembly.
                                                                                      2  [    ]

      It is distribution to them upon first entry to the school.            3   [    ]

      It is posted on the school notice board or classrooms            4   [    ]

      It is read out or reciting to them by the class teachers            5  [    ]


22      Does your school review and update policy guidelines concerning drug and alcohol abuse
        prevention?

                    Yes                        1  [    ]

                    No                         2  [    ]

23       If yes to question 24, how often is this done?

                    Very often                 1  [    ]

                    Often                      2  [    ]

                    Occasionally               3  [    ]

                    Do not remember            4  [    ]


C        **Questions related to implementation of drug and alcohol abuse prevention
         activities and policy guidelines in secondary schools.**

24       How often do you conduct drug and alcohol abuse prevention education?

                    Very often                         1  [    ]

                    Often                              2  [    ]

                    Occasionally                       3  [    ]

25    On average, how long are your drug and alcohol abuse lessons/sessions?

        40 minutes                                         1  [    ]

        50 minutes                                         2  [    ]

        1 hour                                           3  [    ]

        More than 1hour                              4  [    ]

26    Which grades do you target most when teaching about drug and alcohol abuse 1   `
prevention?

        Grades 8-9                           1  [    ]

        Grade 10                             2  [    ]

        Grades 11-12                     3  [    ]

        All grades                          4  [    ]

27    Does your school involve parents or guardians as partners in educating pupils about drug
and alcohol abuse?

        Always                     1  [    ]

        Sometimes               2  [    ]

        Never                      3  [    ]

28  Do you have trained peer educators among pupils who help to teach about drug and alcohol
abuse prevention in the school?

    Yes                 1  [    ]

    No                  2  [    ]

     Not sure           3  [    ]

29  If yes to question 29, please indicate **one main way** in which teachers support their effort to
in carrying out drug and alcohol abuse prevention education in the school

    Giving them pocket money                             1  [    ]

    Giving them encouragement                        2  [    ]

    Occasionally training them in leadership and facilitation skills     3  [    ]

30      How do you assess the **immediate impact** of your drug and alcohol abuse lessons/activities on learners?

Give learners an exercises              1  [    ]

Give learners homework                  2  [    ]

Letting them do role playing            3  [    ]

Letting them do demonstrations          4  [    ]

31      How frequently are the measures listed below taken to prevent drug and alcohol abuse related problems in your school? (***Indicate by ticking in the column of your choice***).

| Measures | | Very often(1) | Often(2) | Occasionally(3) | Not at all(4) |
|---|---|---|---|---|---|
| Heavy punishment | a | | | | |
| Suspension from school | b | | | | |
| Expulsion from school | c | | | | |
| Forced  transfer | d | | | | |
| Counselling by teachers or head teacher | e | | | | |
| Call parents to come to school | f | | | | |
| Refer to Drug Enforcement Comm./ police | g | | | | |
| Written warning | h | | | | |

32      If yes to question 37, what are the challenges? (***Write as much as you can***)

…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
………

…………………………………………………………………………………………………
…

**END**

**(THAK YOU FOR YOUR COOPERATION AND PROMPT RESPONSE)**

# Appendix 2

## Questionnaire for learners

**Introduction**

The problem of drug and alcohol abuse among learners in schools has steadily been increasing despite effort to prevent it. What we do not know is whether this can be attributed to the kind of prevention practices and policies being applied in our schools. Hence the purpose of this study is to establish current practices and policies in drug and alcohol abuse prevention in Secondary Schools in Zambia, with a view to strengthen its development and implementation.

Therefore you are kindly requested to provide accurate information. The information provided will be treated with utmost confidentiality.

**Instructions**

- **Do not write your name on this questionnaire**

- **Please tick or write in the space provided**

**A      Respondents' identification.**

1      Indicate your sex

     Male                         1   [     ]

     Female                      2   [     ]

2      Age……………………………………………

3      School………………………………………..

4      Grade

     Grade 9                   1   [     ]

     Grade 11                2   [     ]

     Grade 12                3   [     ]

5      Type of school

     Day secondary school             1   [     ]

     Boarding secondary school       2   [     ]

6      Do you consider your school as?

     Rural school                    1   [     ]

     Urban school                   2   [     ]

**B**      **Questions related to current practices and policy in drug and alcohol abuse prevention in secondary school.**

7      Have you ever learnt about drug and alcohol abuse prevention in the school?

         Yes                    1  [     ]
         No                     2  [     ]

8      What kind of things do you learn about drug and alcohol abuse prevention education? (***Please tick as applied)***

         Facts about types of drugs/alcohol, drug abuse, causes and dangerous effects or consequences of drug abuse                              1  [     ]

         Normative education, i.e. information on standards and rules of behaviour regarding drugs and alcohol use by young people.                    2  [     ]

         Resistance or refusal skills training- e.g. how to recognize, handle and avoid pressure to drink or use drugs.                              3  [     ]

         Life skills training (general knowledge and skills for coping with life), e.g. problem solving, self-control, decision making, self-esteem and assertiveness.    4  [     ]


9      Mention type of drugs that you learn about…………………………………………………….
       ….…………………………………………………………………………………………………….

10     How do you learn about drugs and alcohol abuse in school (***please tick as applied***)

         Classroom lessons with our teachers                    1  [     ]

         Talks/discussions with professionals e.g. DEC officers, health workers and NGOs                visiting our school
              2  [     ]

         Role plays or drama performances by pupils and other theater groups   3  [     ]

         Video shows                                            4  [     ]

         Anti-drug club meetings                                5  [     ]

         Games and sports                                       6  [     ]

         Special Life skills training programmes arranged by the school   7  [     ]

11    Apart from your teachers, who else teaches you about drugs and alcohol prevention? (*Tick as applied*)

NGO officers involved in drug education           1  [   ]

Drug Enforcement Commission officers              2  [   ]

Health workers                                    3  [   ]

Parents                                           4  [   ]

Friends                                           5  [   ]


12    Do you have trained Peer Educators among pupils who help to teach about drug and alcohol abuse prevention to other pupils in school?

Yes              1  [   ]

No               2  [   ]

Not sure         3  [   ]


13    If yes to question 12, what activities do they do in fighting against drug and alcohol abuse in the school?
      ……………………………………………………………………………………………………
      ……………………………………………………………………………………………………

14    Does your school have rules and regulations specifically for preventing drug and alcohol use?

Yes              1  [   ]

No               2  [   ]

Not sure         3  [   ]


15    If yes to question 14, are they …       Written        1  [   ]

                                              Unwritten      2  [   ]

16   If your answer is yes to question 14, indicate **one main way** in which you become aware of the rules and regulations about drug and alcohol abuse in the school?

We find out on our own                                          1  [    ]

They are communicated to us by the Head teacher during meetings and school

 assembly.                                                       2  [    ]

They are distributed to us upon first entry to the school       3   [    ]

They are posted on the school notice board or classrooms        4   [    ]


17   How does the school authority treat pupils who are found or reported to be abusing drugs and alcohol? (*tick as applied*).

They are suspended from school              1  [    ]

They are punished heavily                   2  [    ]

They are expelled from school               3  [    ]

They are reported to DEC or Police          4  [    ]

They are made to call their parents to school   5  [    ]

They are counselled                         6  [    ]

They are given forced transfers             7  [    ]


**C      Questions related to implementation of drug and alcohol abuse prevention activities and policy guidelines in secondary schools.**


18      How often do you learn about drug and alcohol abuse prevention education in school?

Very often                        1  [    ]

Often                             2  [    ]

Occasionally                      3  [    ]

19     How many times have you received drug and alcohol abuse education in school in the past six months?

     One time                                     1  [    ]

     Two times                                  2  [    ]

     More than three times                 3  [    ]

     Never                                        4  [    ]

20     On average, how long do your classroom lessons or activities on drug and alcohol abuse prevention take?

     40 minutes                               1  [    ]

     50 minutes                               2  [    ]

     1 hour                                     3  [    ]

     1hour and more                        4  [    ]

21     In which grade did you **first** learn about drug and alcohol abuse prevention in secondary school?

     Grade 8                                 1  [    ]

     Grade 9                                 2  [    ]

     Grade10                               3  [    ]

     Grade11                               4  [    ]

22     As Learners, are you involved in the making of school rules and regulations about drug and alcohol abuse in the school?

     Yes                 1  [    ]

     No                  2  [    ]

23     In your opinion, what are the problems the school find in fighting against drug and alcohol abuse in school?................................................................................................................

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**END**
**(THANK YOU FOR YOUR COOPERATION AND PROMPT RESPONSE)**

# Appendix 3

## Interview guide for Head teachers / DEBS

1      How are drugs and alcohol abuse prevention education activities organized or carried out in the school?

2      Do you think that teachers in this school are credible enough to teach about drug and alcohol abuse prevention (I.e. do they have special training and sufficient knowledge)?

3      Do you have trained peer educators among pupils in your school? If yes, how do you support them?

4      Which grades do you target most when teaching about drug and alcohol abuse prevention?

5      How do you involve parents, media and the community in your prevention efforts?

6      Do you have a school drug abuse policy in place? If yes, what are the main elements of the drug and alcohol abuse prevention policy guidelines?

7      Who is involved in the creation of policy guidelines on drug and alcohol abuse prevention in the school?

8      How do you disseminate guidelines contained in the policy to learners and parents?

9      What measures do you take on learners who violet drug and alcohol prevention policy?

10    How much time is allocated to drug prevention activities, i.e. both in the classroom curriculum and extra-curricular activities

11    What is the procedure for handling drug abuse incidences in school?

12    How often do you review or update policy guidelines and how do you do this?

13    What challenges do you face as a school / DEBS office in the prevention of drug and alcohol abuse in schools?

**THANK YOU FOR ANSWERING MY QUESTIONS**

# Appendix 4

## Interview guide for DEC officers

1. What do you teach about drugs and alcohol abuse prevention education in schools?

2. How do you conduct drug and alcohol education activities in school?

3. Are you professionally trained in drug abuse prevention education? If so, at what level of training (short courses, certificate, diploma, degree).

4. How do you monitor and evaluate your efforts in drug abuse prevention? And how often is this done?

5. To whom do you target the prevention efforts in the school? Explain why you target them

6. How often do you visit each school in the locality you operate for drug educational activities?

7. What is the average duration of your lessons/ activities?

8. What challenges do you face as DEC in the provision of drug and alcohol abuse prevention services in schools?

**THANK YOU FOR ANSWERING MY QUESTIONS**

# Appendix 5

## Focus group discussion guide for learners

1    Do you learn about drugs and alcohol abuse prevention in the school?

2    What do you learn about drug and alcohol abuse prevention education?

3    How do you learn about drugs and alcohol abuse in school?

4    Apart from your teachers, who else teaches you about drugs and alcohol abuse prevention? And what kind of activities do they do?

4    Do you have trained peer educators among pupils who help to teach about drug and alcohol abuse prevention to other pupils in school? And what activities do they do?

5    How do you become aware of the rules and regulations about drug and alcohol abuse prevention in your school?

7    As Learners, are you involved in making school rules and regulations about drug and alcohol abuse prevention in the school?

8    How does the school authority deal with pupils who are found or reported to abusing drugs and alcohol?

9    In your opinion, what are the challenges in fighting against drug and alcohol abuse in the school?


**END**

**(THANK YOU FOR YOUR COOPERATION AND PROMPT RESPONSE)**

# Appendix 6

## Document analysis checklist

Analysis of school policy documents on drug and alcohol abuse prevention with reference to the research question: What prevention policy guidelines exist in secondary schools?

**Data Collection Stage**

**Step 1**: Request for policy documents on drug and alcohol abuse prevention from school administrators and secure them.

**Step 2**: Prepare documents for analysis by sorting them according to collection sites, that is, boarding and day secondary schools, and girls' versus boys' secondary schools.

**Data Analysis Stage**

**Step 4**: Read through the collected documents to have a general view of their content and format.

**Step 5**: Select the type and desired number of documents for in-depth analysis.

**Step 6**: Analyze data using constant comparison method

- Check for specific sentences or wording that is attributable to prevention of drug and alcohol abuse in line with the following themes:
  - i)    procedure for dealing with drug policy violations
  - ii)   Jurisdiction (i.e. to whom policy is applied)
  - iii)  Offences (or prohibitions)
  - iv)   Measures (corrective and /or punitive measures )
  - v)    Policy communication
  - vi)   Prevention education programmes
  - vii)  Policy review of update

**Step 7**: Compile a list of identified themes (policy guidelines) for the purpose of reporting on the prevention policy guidelines existing in secondary schools

## End of activity

SF/DEC/413

## REPUBLIC OF ZAMBIA
# DRUG ENFORCEMENT COMMISSION

PLOT N
G

17th March, 2016

Mr. Isaac Masiye
Drug Enforcement Commission
**LUSAKA**

*U.F.S:* *The Chief Training Officer*   17.03.16.

Dear Mr. Masiye,

### RE: REQUEST TO CONDUCT A RESEARCH STUDY INVOLVING DEC/ECD OFFICERS.

Reference is made to the above subject matter.

This serves to inform you that permission has been granted by Command that you may proceed with your assignment.

I wish you good luck in your endeavour.

A. Munene
Assistant Commissioner – ECD
**For/COMMISSIONER**

In Reply please quote

DEB/LSK/101/1/29



REPUBLIC OF ZAMBIA

MINISTRY OF EDUCATION, SCIENCE, VOCATIONAL TRAINING AND EARLY EDUCATION

DISTRICT EDUCATION BOARD SECRETARY
P.O. BOX 50297
LUSAKA

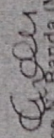1st September, 2014

Mr. Isaac Masiye
P/Bag 476x
LUSAKA

Dear Mr. Masiye,

**RE: APPLICATION FOR PERMISSION TO CONDUCT A STUDY INVOLVING LEARNERS, TEACHERS AND HEADTEACHERS IN SELECTED SECONDARY SCHOOLS IN LUSAKA URBAN DISTRICT**

Reference is made to your letter dated 1st September, 2014 where you were requesting for authority to conduct the above stated research in selected secondary schools under Lusaka District under the title "Drug and Alcohol Abuse Prevention in Secondary Schools in Zambia".

I am pleased to inform you that you have been authorised to conduct the above stated research in Lusaka District secondary schools.

Through this minute, Headteachers are informed.

Grace N. Banda (Ms.)
DISTRICT EDUCATION BOARD SECRETARY
LUSAKA DISTRICT

c.c. The Provincial Education Officer
Lusaka Province
LUSAKA

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# ROAN ANTELOPE SECONDARY SCHOOL
## SCHOOL RULES

1.(i)   Bear Drinking. (ii) Fighting/Beating. (iii) Stealing.
 (iv)   Patronizing drinking places in school uniform. (v) Immoral act.
 (vi)   Possession of unauthorized materials e.g. pornographic materials etc.
 (vii)  Truancy (includes dodging, missing lessons or prep).
 (viii) Mockery.  (ix) Smoking.  (x) Forgery and examination malpractices.
        PUNISHMENT
        (a)   First Offence    -    Parent summoned.
                                    Pupil suspended from school.
        (b)   Second Offence   -    Pupil expelled completely.

2.      Missing Preventive Maintenance
        PUNISHMENT
        (a)   First Offence    -Manual work for two days and parents informed.
        (c)   Second Offence   -Manual work for 5 days.
        (d)   Third Offence    -Suspension from school.

3. (i) Poor academic Performance. (ii) Dropping any subject without permission.
   (iii) Not writing all the tests or examinations. (iv) Missing end of term Tests.

        PUNISHMENT
First Offence -Pupil warned severely, parents called and informed of the situation.
Second Offence    -Manual work for 5 days.

4. (i) Graffiting school property (ii) Losing school property (iii) Damage to school property

        PUNISMENT
(a)   For vandalism, Graffiti writing and tampering with electrical fitting, a debit note is given
to parents to buy required paint or replace/repair the vandalized item (s) .
Pupil not allowed to attend lessons until items are repaired/replaced or the paint bought and the
painting paid for by the pupil.
(b) For loss of school property a specified period shall be given to replace the lost property
without attending classes.

5. School Discipline
(i) Shouting, loud singing or other excessive noise in the school area.
(ii) Noise in the classroom.
        PUNISHMENT
First Offence     -The Offender shall be warned
Second Offence    -The Offender shall be punished but suspended if involved in mocking.
Third Offence     -The Offender shall be suspended for a specified period of time.

5.1 Orders from prefects must be obeyed and their authority accepted without argument.
    Complaints to Grade Teachers about unfair treatment will be considered only if the above
        ·instructions are compiled with.

# KABUNDA GIRLS' SECONDARY SCHOOL
## SCHOOL RULES AND PENALTIES

1. **OBEDIENCE**: ALL PUPILS ARE EXPECTED TO BE OBEDIENT AT ALL TIMES, BOTH IN AND OUT OF SCHOOL AREAS. ALL MEMBERS OF STAFF AND ANY ONE WHOM AUTHORITY IS / HAS BEEN DELEGATED (PREFECTS) MUST BE ACCORDED THE DUE RESPECT . REFUSAL TO DO SOME MANUAL WORK IS AN OFFENCE.

2. **PUNCTUALITY**: PUPILS MUST BE PUNCTUAL FOR ALL SCHOOL ACTIVITIES; IN CLASS, PREP, ASSEMBLY, INSPECTION, ROLL CALL, PRODUCTION UNIT, MEALS, ETC. NECESSARY EQUIPMENT MUST BE CARRIED BEFORE THE BEGINNING OF THE LESSON TO AVOID HAVING TO GO BACK TO THE HOSTELS FOR THEIR FORGOTTEN REQUIREMENTS.

3. **ATTENDANCE, LATE REPORTING AND ABSENTEEISM**: ATTENDANCE OF CLASSES, PREP, ASSEMBLY, INSPECTION, ROLL CALL OR ANY OTHER FUNCTION IS COMPULSORY, REPORTING LATE AND ABSENTEEISM FOR TWO WEEKS AFTER OFFICIAL OPENINGS AN OFFENCE.

4. **MEALS**: MEALS ARE COMPULSORY AND HAVE TO BE TAKEN IN THE DINNING HALL; NO ONE IS ALLOWED TO TAKE FOOD OUTSIDE THE DINNING HALL.

5. **DRESS CODE**: GIRLS SHOULD BE DECENTLY DRESSED; PAIRS OF TROUSERS, HIPSTERS, SHABADULS, AND BARE BACKS, TIGHT SKIRTS / SKIRTS WITH LONG SLITS ARE FORBIDDEN.

6. **EXTRA CURRICULAR ACTIVITIES**
   A. **SPORTS**: ALL PUPILS MUST TAKE PART IN GAMES AND SPORTS UNLESS THEY ARE CERTIFIED MEDICALLY UNFIT.
   B. **PRODUCTION UNIT**. ALL PUPILS MUST TAKE PART IN PRODUCTION UNIT.
   C. **PREVENTIVE MAINTENANCE**: ALL PUPILS MUST TAKE PART IN PREVENTIVE MAINTENANCE; REFUSAL TO PARTICIPATE IN PREVENTIVE MAINTENANCE IS AN OFFENCE.

7. **NOISE**: NO DISTURBING NOISE OF ANY KIND SHOULD BE MADE AT ANY TIME, WHETHER AS A MEANS OF SHOWING DISAPPROVAL, JOY, SADNESS, ETC.

8. **OUT OF BOUNDS**: NO PUPIL IS ALLOWED TO GO OUT OF SCHOOL PREMISES WITHOUT WRITTEN AUTHORITY OF EITHER THE HEAD TEACHER ALL THE DEPUTY HEAD. TEACHERS COMPOUNDS ARE OUT OF BOUNDS AND ANY PLACE AS DETERMINED BY THE HEAD TEACHER IS OUT OF BOUNDS DURING CLASS TIME EXCEPT THE SICK BAY FOR THE PATIENTS ONLY.

9. **DRINKING AND SMOCKING**: DRINKING BEER OR ANY INTOXICATING SUBSTANCES, ABUSE OF DRUG AND SMOCKING OF ANY KIND IS STRICTLY FORBIDDEN. PLACES ASSOCIATED WITH SELLING OR CONSUMPTION OF INTOXICANTS IS OUT OF BOUNDS AT ALL TIMES.
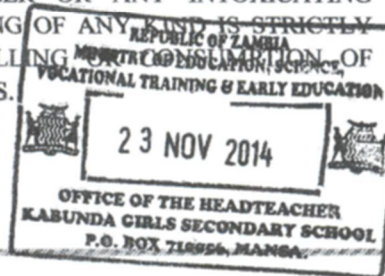
THE UNIVERSITY OF ZAMBIA
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P O BOX 32379
LUSAKA, ZAMBIA

16th June 2014

Mr. Isaac Masiye
Private Bag 476 x
LUSAKA

Dear Mr. Masiye

Re:     EXEMPTION FROM FULL ETHICAL CLEARANCE

With reference to your research proposal entitled:

"Drug and Alcohol abuse prevention in Secondary Schools in Zambia"

As your research project does not contain any ethical concerns, you are hereby given an exemption from full clearance to proceed with your research.

ACTION:          APPROVED
DECISION DATE:   16th June 2014
EXPIRATION DATE: 15th June 2015

Please note that you are expected to submit to the Secretariat a Progress Report and a copy of the full report on completion of the project.

Finally, and more importantly, take note that notwithstanding ethical clearance given by the HSSREC, you must also obtain authority from the Permanent Secretary Ministry of Health, before conducting your research. The address is: Permanent Secretary, Ministry of Health, Ndeke House, P O Box 30205, Lusaka.  Tel:260-211-253040/5; Fax +260-211-253344.

Dr. Augustus Kapungwe
CHAIRPERSON, HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMMITTEE

Cc      Director, Directorate of Research and Graduate Studies
        Assistant Director, Directorate of Research and Graduate Studies
        Assistant Registrar (Research), Directorate of Research and Graduate Studies

**Appendix 11**

**ASSENT FORM**

My name is …………………………………………… and I am a student at the University of Zambia in the School of Education, studying for a PhD degree in Education Psychology.

I am carrying out a study on Drug and Alcohol Abuse Prevention Education in Selected Secondary Schools in Zambia. The purpose of this study is to establish practices and policies used to prevent drug and alcohol abused in schools.

I am asking you to take part in this study by answering the questions about drug and alcohol abuse prevention in the school. You will be expected to tick or write your answers on the questionnaire, and also discuss questions asked directly by me. The information you will provide will be held in confidence.

Participation in this study is voluntary. You may withdraw your participation in the research at any time if you feel like doing so without any consequences.

You are free to ask questions about this study.

If you have made up your mind to participate, you can now sign the form.

**PARTICIPANTS**

Name…………………………………Signature…………………………………..

**RESEARCHER'S SIGNATURE**………………………………………………….

Date……………………………………………………………

**Appendix 12**

**PARENTAL PERMISSION FORM**

My name is ……………………………………. I am a post graduate student at the University of Zambia pursuing a PhD in Educational Psychology. I am conducting a study on "***Drug and Alcohol Abuse Prevention Education in Selected Secondary Schools in Zambia***". The purpose of this study is to establish practices and policies in drug and alcohol abuse prevention education in secondary schools.

Your child has been selected to participate in the study. His or her participation is voluntary and has the liberty to discontinue participation at any time. I also wish to assure you that the child's participation in the study has no risks.

If you agree to allow your child to participate, he or she will be expected to answer questions in the questionnaire and participate in Focus Group Discussions on practices and policies used to prevent drug and alcohol abuse in the school.

This activity will be done once for about 45 minutes. The information provided will be regarded as confidential and will only be used to write a study report.

If you have any questions or concerns regarding the study, you may contact:

Isaac Masiye
Cell: O977896555
Email: imasiye@yahoo.com

If you agree that your child participate in the study, you can now sign the form

**Name of Parent or Guardian…………………………………………**

**Signature……………………………………….**

**Date………………………**

**Name of Researcher…………………………………………………**

**Signature……………………………………….**

**Date………………………**