

CHAPTER ONE

INTRODUCTION

This chapter presents background to the study on the impact of drug and alcohol abuse school-based preventive strategies on pupils. 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, limitations, research sites, operational definitions, theoretical framework, organization of the study and ends with summary.

1.1 Background to the study

Drugs and alcohol abuse is a worldwide problem. It affects all sectors of society in all countries. In particular it affects the freedom and development of youth who are the world's most valuable asset (UNODC, 2002). The gravity and characteristics of this problem vary from region to region and country to country. In the 'recent past', drug and alcohol abuse among young people has risen to unprecedented levels. According to the World Drug Report, a total of 180 million people abuse drugs worldwide and the majority of these are youth (Lakhampal and Agnihotri, 2007). In addition, research indicates that alcohol, tobacco and marijuana are the most commonly abused substances by adolescents across the globe (Bourne, 2005).

In schools, drug and alcohol abuse has been confirmed by numerous studies done in the past few decades. For instance, the World Youth Report (2003) indicates that 61% of 10th grade pupils in 30 European countries reported having used alcohol (Bourne, 2005). In 1993, 23.4% of USA 10th grade students had tried marijuana and by 1997,

42.3 % had tried marijuana. This represented an increase of nearly 90% in less than a decade. Following the Canadian Addiction Survey (2005), 62.3% of youth aged 15 to 17 years engage in early use of alcohol and 29.2% in early use of marijuana. In the Caribbean, a school survey on drug use done in Trinidad and Tobago in 1993 showed that 91% of students had used alcohol, 46.7% had used tobacco, and 6.9% had used marijuana, while 1% had tried cocaine (Bourne, 2005).

The situation of drug and alcohol abuse in Africa is not very different from other parts of the world. Traditionally, the use or abuse of drugs was confined to elderly people and mainly involved alcohol, marijuana and khat. However, the rapid pace of economic and social development, and in some countries prevailing political instability, have seen the problem of drug and alcohol abuse escalating at a rapid rate. For instance, studies done in Lesotho and Kenya found out that 8.8% of 10 to 14 year old pupils and 42% of secondary school pupils were users of alcohol respectively (Bourne, 2005). Lakhampal and Agnihotri (2007) say that Africa has become a major centre of consumption of drugs such as marijuana, cocaine, heroin and other synthetic narcotics. Alcohol is the most abused drug.

Zambia, like many African countries, is facing a problem of drug and alcohol abuse among the youth. Alcohol and marijuana are reported to be the most abused drugs followed by volatile solvents and hard drugs such as heroin and cocaine (INCB, 1993). Much of what is known about drug and alcohol abuse comes from the Drug Enforcement Commission (DEC) reports based on institutional arrests and counselling data, and treatment records from psychiatric clinics and hospitals. In Livingstone

District, eighty-seven pupils who abused drug and alcohol were recorded by National Education Campaign Division (NECD) of DEC during the period from 2007 to 2009 (DEC, 2009). This clearly shows that there is a lot of drug and alcohol abuse occurring in schools in Livingstone.

The health, social and educational consequences of substance and alcohol abuse go beyond individual abusers to their families, communities and many other social and economic systems. In schools, drug and alcohol abuse is associated with problem behaviour such as truancy, rudeness, vandalism, absenteeism, low academic achievement, lack of respect for school authority and general delinquency (Newcomb and Butler, 1989; Perry and Kelder, 1992). Swift, et al. (2000) also noted that although the use of marijuana among the majority of adolescents in school is experimental, early onset has been associated with poor mental health and poor educational achievement. Lakhampal and Agnihotri (2007) observe that school children who abuse drugs often suffer from impairment of short term memory and other intellectual faculties, impaired tracking ability in sensory and perceptual functions, adverse emotional and social development and thus generally impairing classroom performance. If this situation is not addressed, it may adversely affect the quality of graduates at all levels of education.

In 1989, the Government of the Republic of Zambia recognized the prevalence of drug abuse among the youth in the country. To this effect the Drug Enforcement Commission (DEC) was formed under an Act of parliament, with the dual mandate of enforcing the drug law and educating the public on the dangers of drug and alcohol abuse (EU / DEC, 1999). By 1994, the National Education Campaign Division (NECD), a department

within DEC took responsibility of awareness campaigns through sensitization programmes. It formulated a special school-based programme known as Institutions of Learning Programme. This was the beginning of formal efforts by government to address the issue of drug and alcohol abuse through the European Union sponsored Drug Master-Plan Implementation Project (DMIP). The project ran between 1998 and 2001. As a result of the DMI Project, drug demand reduction activities were enhanced in institutions of learning (EU/DEC, 2001).

In 1996, the Zambian education policy, 'Educating our Future' spelt out the issues of health education in schools. Although it did not make direct mention to drugs (substances) and alcohol 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 counseling services were some of the strategies proposed in which psychosocial issues could be addressed (MoE, 1996).

The current situation is that, the Ministry of Education has included aspects of anti-drug and alcohol abuse facts into the school curriculum and have in some schools established guidance and counseling departments, which deal with, among other things, drug and alcohol abuse issues. In addition, through the Institution of Learning programme, DEC is conducting awareness campaigns among school pupils on the dangers of drug and alcohol abuse.

In view of the ever increasing and varying levels of substance and alcohol abuse among pupils in Zambia, issues have been raised concerning whether the drug and alcohol abuse school-based preventive strategies used are working or not. As far as is known, there has been no study done to specifically determine the impact of the strategies applied in school.

1.2 Statement of the problem

In recent years, there has been an upswing of substance and alcohol abuse among pupils in Livingstone District. For instance twenty-seven (27) cases of substance and alcohol abuse were recorded in 2007, twenty-nine (29) in 2008, and thirty-one (31) cases were recorded in 2009 (DEC, 2009). This development has sparked concerns among community members who do not only fear that this might put many pupils at risk of poor academic performance, behavior problems, and even contracting HIV and AIDS, but also question the impact of the strategies applied in schools in response to the scourge. However, there has been no research done to evaluate the impact of these strategies in Livingstone. To this effect, it was necessary to conduct a study of this nature and determine the impact of the school-based drug and alcohol abuse preventive strategies on pupils.

1.3 Purpose of the study

The purpose of this study was to determine the impact of drug and alcohol abuse preventive strategies used by teachers and the Drug Enforcement Commission at

Hillcrest, Linda, St Raphael's, David Livingstone high schools and Nalituwe, Linda West, Zambezi and Shungu basic schools on pupils in Livingstone District.

1.4 Objectives of the study

The study was guided by the following objectives:

- 1 To establish factors that influence pupils to abuse drugs and alcohol in schools.
- 2 To identify types of preventive strategies for drug and alcohol abuse education used in schools.
- 3 To determine the impact of preventive strategies for drug and alcohol abuse on pupils.
- 4 To identify ways of enhancing preventive strategies for drug and alcohol abuse education in schools.

1.5 Research questions

The study aimed at answering the following research questions:

1. What are the factors that influence pupils to abuse drugs and alcohol in schools?
- 2 What preventive strategies for drug and alcohol abuse education are used in schools?
- 3 What is the impact of the preventive strategies for drug and alcohol abuse on pupils?
- 4 How can drug and alcohol abuse prevention strategies be enhanced in schools?

1.6 Significance of the study

At a time when there is widespread concern by the community and government about drug and alcohol abuse among pupils in schools, a study of this nature is important. Its findings may help schools and the Drug Enforcement Commission to improve upon the strategies in use. In addition, they may be aware of other challenges they have to address in their school-based drug and alcohol preventive programmes.

1.7 Limitations of the study

It was difficult to get data from all the participants due to the sensitive nature of the study. Another limiting factor to the study was that few females were willing to participate in the study although they also abuse drugs. However, despite these limitations, the sample was representative enough and the findings are consistent with the local and global literature. Therefore the findings of the study can still be generalized.

1.8 Research sites

The study was carried out in four basic schools and four high schools in Livingstone District. The basic schools were Nalituwe, Linda West, Zambezi, and Shungu while high schools were Hillcrest, Linda, St Raphael's and David Livingstone.

1.9 Operational definitions of terms

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

Impact: Ability to bring about change in knowledge, attitudes, beliefs and behavior about drug and alcohol abuse among pupils.

School-based preventive strategies: Planned activities and approaches that have been put in place by teachers and the Drug Enforcement Commission in order to respond to the substance and alcohol abuse problem in schools.

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.

Substance: In this study, the term is used interchangeably with 'drug'. However, it includes other intoxicating chemicals such as glue, petrol, cleaning fluids etc, popularly known as inhalants or solvents.

Abuse: Deliberate use of substances (i.e. drugs, alcohol and other intoxicating chemicals) to induce physical and psychological effects for purposes other than therapeutic ones, resulting into functional impairment and adverse social consequences.

Normative education: This is the provision of information that corrects pupils' misperceptions that many of their peers abuse drugs and alcohol. Most pupils have typically over-estimated the extent to which their peers abuse drugs and alcohol. They think that drug and alcohol abuse is more prevalent and more acceptable than it really is.

Friendship groups: These are peer groups in which members are recruited as friends through existing friendship network.

1.10 Theoretical framework

The study was guided by Bandura's Social Learning Theory (Bandura, 1977). The Social Learning Theory, also known as Social Cognitive Theory focuses on the learning that occurs within the social context. Firstly, it proposes that young people learn social behaviours through a process of observation and imitation of the role models and the outcome or consequences of their behaviour (Dembo, 1994). Role models and perceptions of the behaviour norms serve as social influences for engagement in that behaviour. Young people actively watch and imitate the behaviours of significant others in their life. These models include parents, teachers, peers and other adult people (Dembo, 1994). Secondly, the theory essentially purports triadic reciprocity between personal, environmental and behavioural factors. Personal factors include cognition, expectancies, beliefs and attitudes while environmental factors include contingencies of reinforcement. Behaviour factors include involvement in marijuana smoking. The behaviour depicted in young people is mostly as a result of the interaction of these three factors.

This theoretical framework has been used to explain factors that influence pupils to abuse drugs and alcohol and the preventive strategies for drug and alcohol abuse used in schools. In addition, it has helped to determine the impact of these strategies on pupils' drug and alcohol abuse behaviour. The theory has also helped the researcher to understand that, since drug and alcohol abuse behaviour in pupils is socially learnt from models such as peers, teachers, parents and the media, exposing them more to drug and alcohol abuse preventive models would help them to develop social and drug

refusal skills. In addition, such exposure will help pupils to acquire knowledge about the consequences of abusing drugs and drug and alcohol preventive attitudes and behaviours.

1.11 Organisation of the study

The study is organised into six 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, limitations, research sites, definitions of terms, theoretical framework, organisation of the study and summary.

Chapter two presents literature review based on the studies done by different researchers regarding the impact of drug and alcohol abuse school-based preventive strategies on pupils. It ends with a summary.

Chapter three presents the methodology used in the study. It includes research design, study population, study sample, sampling procedure, research instruments, data collection procedure data analysis, ethical consideration and a summary.

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

1.12 Summary

This chapter has discussed the introduction to the study. It started by discussing background to the study, vis-à-vis the drug and alcohol abuse situation worldwide and in

Zambia. The background also covered the development of formal school-based drug and alcohol abuse preventive education in Zambia. The formation of NECD of Drug Enforcement Commission in 1994 and the formulation of the Zambian educational policy of 1996 strengthened drug and alcohol abuse preventive programmes. 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, study limitations and research sites. The chapter further discussed operational definitions and the theoretical framework on which the study was based.

CHAPTER TWO

LITERATURE REVIEW

This chapter presents a review of relevant literature on impact of drug and alcohol abuse school-based preventive strategies on pupils. Literature is presented in line with the objectives of the study as follows: factors that influence pupils to abuse drugs and alcohol in schools; preventive strategies for drug and alcohol abuse school-based education; impact of drug and alcohol abuse school-based preventive strategies on pupils; and ways of enhancing school-based drug and alcohol abuse preventive strategies. It ends with a summary.

2.1 Factors that influence pupils to abuse drugs and alcohol in schools

Factors that push pupils into drug and alcohol abuse behaviours are varied. Public Safety Canada (2009) reports that negative peer association, myths about the prevalence of illicit drug consumption, abusive parenting styles, school exclusion, academic failure, feelings of low self-worth, lack of or relaxed laws and regulations about drug and alcohol use in the community and availability of drugs and alcohol in the community influence pupils to abuse drugs and alcohol.

Bourne (2005) reports that the need to fit in and engage in activities that their peers are doing may consequently lead young people to abuse drugs, especially if their peers abuse drugs.

Siziya et al. (2007) conducted a study to estimate the prevalence of current cigarette smoking and associated factors among pupils in Kafue, Zambia. It was found out that

having some pocket money, having friends or parents who are smokers and being exposed to pro-tobacco advertisements at social gathering were contributing factors to being a current cigarette smoker.

A study done in selected areas along the line of main rail in Zambia, by Nsemukila and Mutombo (2000) identified the following factors that influence pupils to abuse cannabis: cultural beliefs, traditional medical practices, perception regarding its power, peer and family pressure, feeling of fun and excitement. In addition, widespread belief among pupils, of increased intellectual capacities or perceived high academic performance in school also influences them to abuse drugs.

Boog (1999) conducted a survey on drug abuse and reported that degrading economic situation, lack of social controls, peer pressure, weak parental guidance, availability of drugs and alcohol in the community were major instigating factors for increased abuse of drugs and alcohol among pupils in Zambia.

2.2 Preventive strategies for drug and alcohol abuse school-based education

Gorman (2003) writes that, over the years, researchers have come up with drug and alcohol abuse preventive strategies which have been applied in schools. These range from classical to psychosocial strategies. Classical or traditional education strategies involve giving factual information and making children feel good. These strategies were commonly used in the 1960s and 1970s. The psychosocial strategies include resistance skills training, personal and social skills training. These were common in the mid 1980s.

Many of these strategies have been designed and implemented in North America, Europe and Australia.

Botvin (2006) reports on school-based drug and alcohol preventive strategies used in Canada and United States. These include Information Dissemination (education), Affective Education, Social Influence, and Competence Enhancement.

Information Dissemination Strategy

Botvin (2006) reports that Information Dissemination strategy is a conventional approach to drug and alcohol abuse prevention. It is the most commonly used strategy which involves giving pupils factual information about drugs and alcohol. Pupils are provided with awareness and knowledge to the nature and extent of substance abuse, that is, the pharmacological effects, and the adverse psychosocial effects of abuse to individuals, families and communities. The underlying assumption for using this strategy is that the problem of drug abuse is caused by lack of knowledge about the dangers of using drugs. Therefore, by making pupils be aware of the facts, they will be able to make logical and rational decisions not to abuse drugs and alcohol.

With regard to its methodology, Botvin and Griffin (2003) state that it is characterized by one way communication from source to audience with limited contact between the two. It is sometimes accompanied by fear-inducing techniques designed to attract attention and frighten individuals into not using drugs and alcohol. This approach includes classroom lessons/lectures about the dangerous effects of abuse, use of information and education communication (IEC) materials such as brochures, posters and

campaign T-shirts, use of video films that show types of drugs and the negative consequences if used. External facilitators such as health professionals may give talks or discussions about the severity of health and social effects of drug and alcohol abuse.

Affective Education Strategy

Botvin (2006) writes that Affective Education strategy is aimed at addressing the feelings or the moods of the individual. The strategy focuses primarily on the development of increased self-awareness, value clarification, decision making, assertiveness, and interpersonal relationship, by fostering effective communication. It is a classroom based approach. The assumption for using this strategy is that pupils use drugs and alcohol because they lack or are deficient of self-confidence, self-esteem and effective decision making skills. The hope is that by cultivating these anti-drug attitudes in pupils, they will help them engage in drug free behaviours. It promotes interaction between the educator (teacher) and the participants (pupil). Pupils are taught assertive skills, decision making skills and positive community values in a classroom situation.

Social Influence Strategy

Botvin and Griffin (2003) state that the Social Influence strategy or social resistance approach is based on the assumption that pupils abuse drug and alcohol due to influence from peers, persuasive advertising appeals, media portrayals that encourage drug use, and exposure to drug and alcohol using models. This preventive strategy aims at equipping the pupils with cognitive and behavioural skills to recognize and resist pressure to indulge in drugs and alcohol. In this strategy, pupils acquire information and

develop skills to recognize and respond to high risk situations. Barret (1986) reports that the skills are taught through interactive activities such as role plays, brainstorming, peer leader facilitation, modeling, rehearsal and reinforcement, group discussion, games and videos.

Botvin (2006) also explains that Social Influence strategy contains other core components such as psychological inoculation, normative education and resistance skills training. Psychological inoculation approach assumes that pupils can be prevented from drug and alcohol abuse by exposing them to social pressures, for example potential pro-drug persuasive messages which facilitates development of anti-drug attitudes. In this way pupils develop resistance to future exposure of persuasive messages. Hansen and Graham (1991) say normative education on the other hand aims at correcting beliefs that it is normal to abuse drugs and alcohol. It also corrects the perception that many young people use drugs and alcohol when in fact not. Drug refusal skills training focus on skills that increase pupils' capacity to resist negative social influences especially from peers. Pupils are taught how to say no to abuse of drugs and alcohol by formulating arguments against appeals from peers and media adverts.

Competence Enhancement (Life Skills Training)

Botvin and Griffin (2003) report that competence enhancement (life skills training) is another strategy of drug and alcohol abuse prevention that teaches personal and social skills. It emphasizes the teaching of personal self-management skills, social coping skills and application of general skills to situations involving peer pressure such as

smoking, drinking or using other drugs. Examples of self-management skills that are taught include problem solving, decision making and critical thinking skills for resisting peer and media pressure. These skills also help to increase self-control and self-esteem. General social skills include effective communication and assertive skills, while drug resistance skills involve teaching drug refusal skills.

The use of competence enhancement strategy is based on the premise that, drug and alcohol abuse behaviour is socially learnt through modelling, imitation and reinforcement and is influenced by pro-drug cognitions, attitudes and beliefs. If not addressed, these factors, in combination with poor personal and social skills do increase the young person's susceptibility to social influences that favour drug and alcohol abuse.

The Ministry of Education (2003) indicates that the use of experiential techniques and participatory methods such as role playing, demonstrations, modelling, feedback and reinforcement, behaviour rehearsal, homework assignments are encouraged in competence enhancement strategy. Other methods include focus group discussion in which brainstorming, buzz groups, debate, mini drama, story-telling and songs are employed to help pupils gain knowledge and make positive decisions.

Person-in-environment strategy

Another school-based preventive strategy is the Person-in-Environment strategy. Dusenbury and Falco (1995) describes the person-in-environment strategy as one that takes into account the critical role of environmental influences in shaping and

maintaining one's anti-drug and alcohol behaviour. It involves multiple components which are designed to address individuals, policies, practices, and social norms that affect pupils at school and in the community. It is a comprehensive strategy that takes place in multiple setting (i.e. home, school and community) hence has multiple impacts. It is aimed at bringing about sustainable individual behavioural change in the social environment that influences drug and alcohol abuse. It is based on the assumption that changes in the pro-drug social environment may bring change in individual pupils and that support of individuals in the community is essential for implementing environmental changes.

The person-in-environment approach involves a number of activities which are conducted to influence many aspects of the pupil's environment. These include: dissemination of drug and alcohol information, cognitive and behaviour skills training for pupils, parents and professionals, mass media programming, development of grass root citizen interest groups, leadership training for organisations and community officials. These activities are incorporated in different ways with varying target groups at different times in a comprehensive community prevention campaign.

Soole et al. (2008) have reported other preventive strategies essential to the success of preventive education in schools which have been associated with the process of delivering drug and alcohol abuse preventive education. These include: interactivity, intensity, timing, providers, use of peer leaders and involvement of parents and the wider community.

Interactivity Strategy

The Ministry of Education (2003) emphasizes that the delivery of preventive education should be interactive in nature. The use of interactive methods is an important strategy regarding how drug and alcohol abuse preventive education is conducted in schools. Interactive teaching techniques are used to stimulate active participation of all pupils in the classroom or group activity. It allows for the development of interpersonal competencies, such as communication. The more communication exists among teachers, pupils and peers, the more pupils will be prevented from abusing drugs and alcohol. Interactive methods include role playing, demonstrations, modelling, feedback and reinforcement, behaviour rehearsal and homework assignments. In addition, focus group discussion methods such as brainstorming buzz groups, debate mini drama, storytelling and songs are used in this strategy to help pupils avoid abuse of drugs and alcohol.

Intensity Strategy

Intensity refers to the frequency, length of intervention and use of booster sessions in the provision of drug and alcohol preventive education to pupils. The more intensive the delivery system is, the greater the impact on the pupils' delay of the onset, reduction or complete abstinence from drugs and alcohol abuse (Botvin and Griffin, 2003).

Timing Strategy

Timing of drug and alcohol preventive intervention is essential to the success of a preventive education programme (Dielman, 1994; Kelder et al., 1994). This is related to

the age, grade level, and the nature of drug abuse and level of understanding of what the intervention is meant for. Interventions must develop progressively. However, Kelder et al., (1994) argues that the timing strategy is most effective if instituted before pupils develop pro-drug behavioural patterns. In the same vein, in a research done by Otieno (2009) in Kisumu town, Kenya, findings indicted that there was need for early intervention that targets pre-secondary and secondary pupils because these pupils were a high-risk group.

Providers Strategy

Midford et al. (2000) report that teachers, health professionals, counselors and other programme providers can contribute greatly to the success of a school-based drug and alcohol abuse prevention intervention. They are well placed as adults with experience. They also have specific and well defined roles. Their impact is great when they are highly credible, well trained in issues of drug and alcohol abuse prevention.

Use of Peer educators

Midford et al. (2000) say that the use of peer educators in providing prevention education to pupils 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 with adult educators. The assumption 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. Coggans and Whatson (1995) argue that carefully selected, well

supported and trained peer educators have a great impact in the reduction or delay of drug and alcohol abusing behaviours among pupils.

Involvement of parents and the wider community

Dusenbury and Falco (1995), in a review of key elements in effective drug education programmes in the United States, found out that involvement of family members, the community, and the media as a strategy enhanced school-based preventive programmes. Pupils are still under the influence on their parents despite their desire for independence. This technique involves giving homework exercise to pupils to be completed with parents. This promotes parent-child communication and positive family norms. Parents were sensitized on how to relate to their children. Pupils conducted anti-drug abuse activities in the community such as designing posters or bill boards to increase awareness of the dangers of drugs.

2.3 Impact of drug and alcohol abuse school-based preventive strategies

Stead et al. (2007) report that there is evidence from literature that school-based drug and alcohol prevention education can be effective. However, evidence also indicates that some types and features of prevention education strategies are more effective than others. Major research-based reviews and analysis of drug programmes have provided well documented and useful information on what constitutes a successful strategy or approach.

Although Information Dissemination strategy is widely used, studies testing its effectiveness have consistently shown that it does not work (Dorn and Thompson, 1976;

Kinder et al., 1980; Schaps et al., 1981). These studies show that the strategy may be effective in its effort to increase knowledge and also frequently increase anti-drug attitudes, but it falls short in having an impact on drug and alcohol use behaviour change.

Swahn et al. (2011) conducted a study based on the Global School-based Student Health Survey of 2004, to examine the prevalence of exposure to alcohol education and alcohol marketing practices among school youth in Zambia. Findings showed that 45% of the youth who had received alcohol education knew how to refuse an alcoholic drink. However, it was also found that receiving alcohol education was not associated with drinking behaviour.

Bangert-Drowns (1988) conducted a meta-analysis of 33 school-based prevention programmes which mainly focused on alcohol and emphasized information educational strategies. The evaluation examined changes in drug-related knowledge, attitudes towards drugs and drug use behaviour. Results showed that education increased drug related knowledge and changed attitude. However, very little behaviour change occurred in pupils who had volunteered to take part in the education. Programmes that had used lectures as their only strategy had less influence on behaviour change than those that used discussion.

Dusenbury and Falco (1995) conducted a review of school-based drug abuse prevention programmes in the United States between 1989 and 1994, and found that there was general consensus that certain school-based programmes can achieve at least modest reduction in adolescent drug and alcohol use. There was also evidence

that certain kinds of preventive approaches are not effective. For example, information dissemination or knowledge-based programmes that constitute the traditional approach to drug and alcohol education were found to have insignificant impact on drug and alcohol abuse.

Twala (2008) evaluated the effectiveness of substance abuse primary prevention programme for young people at Tembisa in South Africa. The findings showed that although the programme had a positive impact on knowledge about drugs, information given to young people could not determine change in behaviour. Hence he concluded that increasing knowledge alone does not stop young people from abusing substances in the future. A multitude of other reviews have also got similar findings (Allot et al., 1999; Cuijpers, 2002; Botvin and Griffin, 2003). They concluded that preventive strategies primarily designed to increase information are not effective.

Botvin (2006) observes that results of evaluation studies testing the effectiveness of Affective Education strategy have been as disappointing as Information Dissemination strategy. Although Affective Education strategy, in some instances, has been able to demonstrate an impact on one or more of the correlates of drug abuse, it has not been able to change drug and alcohol abuse behaviour (Mauss et al., 1988; Schaps et al., 1981). This has been attributed to the fact that attitudes have proved to be highly resistant to change, and that attitudes do not have a predictable relationship to behaviour (Rundall and Bruvold, 1988; Wiker, 1969). Value clarification and decision making skills training alone are less effective when it comes to prevention. 'Public Safety Canada' (2009) reports that conclusions from most research indicate that

interventions or approaches that focus solely on healthy attitudes and providing factual information in a classroom setting, fail to take environmental pressure into account, hence were not effective.

Gorman (2003) reports that strategies based on social learning theory and problem-behaviour theory proved to be successful in preventing a wide range of undesirable behaviours, including drug and alcohol abuse. For instance, the Social Influence and Competence Enhancement strategies produced impressive reductions in drug abuse.

Hansen (1992) reviewed 45 studies on the effects of social influence strategies such as resistance skills and inoculation strategies. It was found that these strategies were more successful than information-based or affective educational approaches. Similarly, Eggert et al. (1994) reported that educational programmes based on social learning principles had beneficial long-term effects on drug and alcohol abuse by pupils.

Botvin and Griffin (2003) state that drug resistance skills strategy in particular have also proved to be generally successful. A comprehensive review of drug resistance skills studies conducted from 1980 to 1990 showed that the majority of prevention studies (63 %) had positive effect on drug use behaviour, with fewer studies having neutral (26%) or negative effect on behaviour (11 %). Several follow-up studies of this approach have reported positive behaviour effects lasting up to three years.

Battjes (1985) observed that inoculation strategy, as a variation of social influence approach has also proved to be effective particularly in junior and senior high school classrooms in reducing abuse of cigarettes and marijuana. However, this approach

does achieve short-term success. As a result, it has proved to be less favourable than other strategies.

Hansen and Graham (1991) found that providing normative information to pupils on drug abuse corrected their overestimation of peer drug abuse. However, Mauss et al. (1988) argue that correcting misinformation in itself does not help to reduce abuse of alcohol among pupils but given in combination with drug resistance skills training approach, it does have positive effect. Resnicow and Botvin (1993) also report that social influence preventive effects have been strongest for marijuana and cigarette smoking and weakest and most inconsistent across studies on alcohol abuse. In terms of sustainability or long term preventive behaviour impact, studies indicate that they are typically not maintained for a period of over two years (Bell et al., 1993; Ellickson et al., 1993). This has resulted into some researchers to argue that school-based preventive strategies may have deficiencies that undermine their long-term effectiveness.

Over the years a number of evaluation studies have been conducted, testing the efficiency of competence enhancement approaches. These studies have consistently demonstrated behaviour changes. The magnitude of reported effects of this approach has been significantly large with studies indicating reduction in drug and alcohol abuse behaviour of up to 40 % to 80 % (Gilchrist and Schinke 1983; Botvin et al. 1990). In addition, Botvin et al. (1995) observed that long-term follow-up data indicate that the preventive effect of these approaches can last up to six years.

Botvin et al. (1995) reported that a study conducted six years after initial baseline assessment in fifty-six public schools in New York State of USA, involving six thousand seventh graders, who received Life Skills Training, it was found that the prevalence of cigarette smoking, alcohol use and marijuana use had fallen by 44 % lower than for control group. This suggested that to be effective, school-based prevention strategies must be more comprehensive, consistent and continuous.

Botvin et al. (1984) reported the results of the test of the life skills training-based strategy. Twenty sessions were done on seventh grade students (n = 1 311) from 10 sub urban New York junior high schools in USA. It sought to reduce smoking, drinking excessively, or use marijuana among pupils by teaching them tactics of resisting direct interpersonal pressure to using these substances. Results indicated significant reduction on cigarette smoking, excessive drinking, and marijuana abuse.

Givaudan and Pick (1997) reported that a life skills-based substance abuse prevention curriculum was piloted in line with the *Yo Quiero, Yo Puedo* programme in Mexico. It involved 5 890 fourth to sixth grade pupils in the state of Hidalgo and Jalisco. The results showed that there were significant improvements in the intervention groups compared to control groups in the following areas: self-efficacy, readiness to deal with stress, expression of feelings, and knowledge of dangers of drug and alcohol abuse.

Reviews of preventive strategies show that no single approach has been found that works in all environments and with all populations. The current direction in prevention strategies is to combine various strategies in what is known as comprehensive strategy,

in a bid to achieve the desired goal. There have been few evaluations regarding comprehensive approaches. Perhaps this is due to the complexity of the components involved and the many settings in which it is conducted. Although relatively new, the Person-in-Environment approach has proved to be effective particularly in obtaining long-term and sustainable effect.

Pentz et al. (1989) reported on the Midwest Prevention Programme, locally known as Project Star in the USA. The aim of this project was to influence several members of a community to build up widespread environmental changes. It involved 22 500 sixth and seventh grade students. The intervention consisted of 10 classroom sessions design to skill the students in resisting drug abuse and 10 accompanying homework sessions which included parental involvement. It also incorporated mass media programming, parent education, health policy development, training of teachers and community agency leaders. Results of its evaluation, which was done after three years, revealed that there was a sustainable and significant reduction of at least 30% in students' abuse of tobacco and marijuana. However, the effects on alcohol were less clear.

Midford.et al. (2000) reported that the Illawarra programme in Australia provided evidence of the effectiveness of Person-in-Environment approach. The programme involved students in Year 6 and had classroom components of six units of work introduced to them by Year 7. It begun with a familiarization session with parents. Later on two other session involving parents in their children's anti-drug activities were conducted. The curriculum covered decision making skills, information on drugs and their effects, and resistance skills. A follow-up of students was done up to Year 10.

Results showed a significant lower proportion of the programme group had abused tobacco or marijuana compared to controls, but there was no impact on the proportion that had ever abused alcohol.

While Person-in-Environment is a multifaceted approach designed to capture broad-based components of pupils' life that may influence his or her drug abuse behaviour, its many components may affect the focus on drug abuse behaviour prevention. While some studies have reported an increase in the effectiveness of these multifaceted programmes (Allot et al., 1999; Cuijpers, 2002), others have reported that programmes seeking to reduce drug abuse (especially alcohol and tobacco) are not materially enhanced through a multifaceted approach (Soole et al., 2008).

According to Hansen (1992) there has been little systematic research conducted aimed at the process of drug and alcohol abuse education delivery. The existing evidence is largely drawn from Tobler's meta-analytic studies.

Tobler and Stratton (1997) compared the results of interactive programmes (those that use discussions, role plays and games) to non-interactive ones (those that use lectures, films or video tapes/CDs) and found out that interactive programmes had significantly more overall effectiveness, i.e. they were significantly better than didactic programmes in both changing attitudes and reducing drug abuse. On the other hand non-interactive interventions were not found to have significant impact on drug abuse. This has been supported by other research reviews (Allot et al., 1999; Botvin and Griffin, 2003; Cuijpers, 2002). In addition, Soole et al. (2008) writes that interactive programmes

provide contact and communication opportunities for the exchanging of ideas among participants and encourage learning refusal skills.

Botvin and Griffin (2003) report that programme intensity is another strategy that brings success to drug and alcohol abuse prevention. There is evidence suggesting that preventive approaches that allow for frequent and multiple sessions are associated with greater impact. This is supported by other researchers (Whites and Pitts, 1998). Tobler et al. (1999) also found out that the inclusion of booster sessions that build upon the initial intervention enhanced the effectiveness of preventive education. However, other previous reviews have found that the impact of booster sessions may be dependent on other factors in the intervention programme such as interactivity. Bian (1999) argues that drug education should be implemented routinely at all grade levels and repeated in order to reinforce cognitive and affective domains in the students.

Tobler et al. (1999) found out that those interventions that were implemented when children were in high school, were effective. Other researchers have found that interventions were more effective when implemented during early adolescence, when the risk of experimentation with drugs is high and when competencies such as decision making, problem solving, and communication skills are being established.

Maithya (2009) carried out a research on drug abuse prevention in secondary schools in Kenya and found out that summoning parents or guardians of pupils found abusing drugs was an effective strategy which could have an impact on behaviour change.

2.4 Ways of enhancing school-based drug and alcohol abuse preventive strategies

Ballard et al. (2002) reported on the results of a review conducted by White (1998) on the impact of school-based interventions targeting alcohol, tobacco and marijuana in Australia. The following variables were used to determine the impact of the intervention strategies:

- increased knowledge of the effects of different substances and the potential harm,
- changing beliefs about the prevalence of drug use,
- skills to resist pressure to use drugs and alcohol,
- peer support and counseling,
- enhancement of self-esteem,
- alternative strategies for gaining peer approval,
- personal reinforcement, and
- positive attitudes towards abstinence.

The results indicated that pupils performed positively on these variables. It was therefore, concluded that school-based intervention strategies that included these variables had greater impact on prevention of drug and alcohol abuse among pupils.

Peterson et al. (1992) state that research findings that have supported comprehensive interventions that include school, family and community recommend that interventions should focus on reducing known risk factors and increasing protective factors in the

school, family and community. They also recommend that prevention should start early before drug and alcohol abuse initiation occurs.

Stead, et al. (2007) conducted a national wide research to evaluate the impact of drug education in Scottish schools. In this research, it was recommended that preventive education should emphasize the importance of using evidence-based strategies particularly those based on social influence and normative education strategies, encourage greater continuity in its delivery between primary and secondary schools, encourage the adoption of strategies proven to be effective, build teachers' confidence to deliver drug education, provide teachers with contextual information about drugs and drug cultures, and ensure that the drug education provided by outside agencies is appropriate to their areas of expertise and that it is integrated into programmes conducted in schools.

Nchimbu (2005) conducted an evaluation of the magnitude of drug abuse, trafficking and related issues in selected primary schools in Dar-es Salaam, Tanzania. He recommended that school management should provide guidance and counselling services to pupils who are involved in drug abuse. He further recommended that school-based drug prevention programmes should include drug refusal skills, self control and peer relationships.

An evaluation of Health Education to Prevent Drug Abuse Project, a project based in Greece in 2003, recommended that sufficient training for teachers in drug education competencies was necessary to ensure motivation for them to participate fully. It was

also recommended that drug abuse prevention education be integrated into the standard school curriculum in order to reach out to a large number of young people in schools (UNODC, 2002).

Morojele et al. (1999) reported on an assessment of eight school-based preventive programmes in Western Cape, South Africa. Based on the findings of this assessment, it was recommended, among other issues, that: programmes that rely heavily on information approach should also employ more interactive teaching method and strive to include social competencies/skills training elements and avoid the use of 'shock tactics', programmes should use methods such as extended practice, role play and modelling; programmes should be extended to cover the primary school and early secondary school levels; programmes should be extended to include multiple years of intervention. Other recommendations were that: there was need for more training of programme facilitators, and programmes should be evaluated to determine their consequent outcomes, and the degree to which they were effective in achieving expected outcomes.

Literature on impact of drug and alcohol abuse school-based preventive education on pupils in Zambia is non existence. However, this does not mean that anti-drug abuse education is not conducted in schools. Rather, there has been no research done specifically to determine the impact of these prevention efforts on pupils. Lack of documented information regarding the impact of the current preventive strategies on pupils, may affect effective response to drug and alcohol abuse among pupils in

Zambian schools. Therefore, the present study had among other things, endeavoured to fill this information gap.

2.5 Summary

This chapter has presented a review of literature that was considered relevant to the present study. It reflects the factors that influence pupils to abuse drugs and alcohol in schools, preventive strategies for drug and alcohol abuse school-based education, impact of drug and alcohol abuse school-based preventive strategies and ways of enhancing school-based drug and alcohol abuse preventive strategies. From the literature reviewed it can be concluded that schools are a natural and convenient site for conducting drug and alcohol abuse prevention programmes. Schools provide an added advantage with regards to infrastructure and multiplier effect. Studies have revealed that preventive strategies that rely on providing pupils with information about the adverse consequences of using drugs have been consistently found to be ineffective. Similarly, efforts to promote affective development through unfocused, experiential activities have also been found ineffective. The preventive strategies that were proved to reduce drug abuse behavior are those that teach pupils resistance skills and anti-drug norms, either alone or in combination with teaching personal and social skills. The success of drug and alcohol abuse prevention does not only depend on the selected approach, but also on its implementation or delivery process. Approaches that use interactive methods, booster sessions, high frequency of delivery, peer educators, parents and other community leaders, use of trained teachers in issues of drug abuse and profession providers, offered a greater impact to anti-drug abuse behaviour change

in pupils. Literature on the impact of drug and alcohol abuse school-based preventive strategies in Zambia does not exist. The present study was therefore intended to fill up this knowledge gap.

CHAPTER THREE

METHODOLOGY

This chapter presents the methodology that was used in the study. It begins with a description of the research design, study population, study sample, and sampling procedure. It proceeds to describe research instruments, data collection procedure, methods of data analysis employed in the study and ethical considerations. It ends with a summary.

3.1 Research Design

The study used a descriptive design. This design was preferred because it allows the researcher to describe the facts and characteristics of a given phenomenon, population, or area of interest (Merriam and Simpson, 1995). In relation to this study, descriptions of quantitative and qualitative data about drug and alcohol abuse preventive strategies and their impact on pupils were made.

3.2 Study Population

The population was composed of all basic and high school pupils and teachers in Livingstone. It also included Head teachers and officers in the education department of the Drug Enforcement Commission (DEC) in Livingstone.

3.3 Study Sample

Two hundred and ten respondents (210) formed the sample. This number consisted of one hundred and sixty (160) pupils selected from four basic schools and four high

schools. This number of pupils was chosen because it represents the recipients of drug and alcohol preventive education. In addition, forty (40) teachers, eight (8) Head teachers from eight selected schools and two (2) officers from the Education Department of DEC were also included in the sample because they represented providers or facilitators of drug and alcohol preventive education in schools.

3.4 Sampling Procedure

Simple random sampling procedure was used to select the one hundred and sixty (160) pupils. This procedure was used in order to avail every pupil in the population an equal probability of being selected and included in the study sample (Cohen, Manion and Morrison, 2000). The researcher was availed class lists for each participating class. With the help of class teachers and in some schools guidance teachers, names of participants were randomly selected from the class lists with gender balance in mind, until the desired number was obtained.

Purposive sampling was used to select teachers, school managers and DEC officers. This procedure was chosen because these were the only officers with information relating to the study.

Snowball sampling was used to select the sample for 'friendship groups' who participated in focus group discussions (Stead et al., 2007). Snowball method was used to identify key informers who were later asked to identify other pupils who qualified for inclusion in the research. This procedure was also chosen because of the sensitive nature of the study.

3.5 Research Instruments

Three research instruments were used. These were questionnaires, focus group discussion guide and interview guide.

- **Questionnaires**

Questionnaires were mostly used to collect quantitative data from pupils and teachers. 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, if well structured, they permit the collection of reliable and reasonably valid data relatively simple, cheap and in short space of time (Anderson, 1990).

- **Focus group discussion guide**

A focus group discussion guide was used to collect qualitative data from pupils. 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). This instrument was chosen because it helps in obtaining deeper insights into perceptions, expectations, beliefs and values of the respondents on the subject matter of the impact of drug and alcohol abuse on pupils.

- **Interview guide**

Semi-structured interview guide was used to collect qualitative data from the school managers and DEC officers in the education department who are part of the drug and alcohol school-based preventive education providers. As correctly argued by Lindlof and Taylor (2002) 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 interviewee says. The researcher was able to clarify questions and probe the answers of the respondents, thereby obtaining detailed information about the impact of the drug and alcohol abuse school-based preventive education strategies than he would get if he had used a questionnaire.

Methodological triangulation

In this study, it was found prudent to triangulate using three different methods of data collection, namely; questionnaire, focus group discussion and semi-structured interview. This was done in order to ensure validity and credibility of the findings.

3.6 Data Collection Procedure

A letter of introduction was obtained from the Directorate of Research and Graduate Studies of University of Zambia. It was presented to the District Education Board Secretary (DEBS) in order for the researcher to be permitted to carry out the research at Hillcrest, Linda, St Raphael's, David Livingstone high schools and Nalituwe, Linda West, Zambezi and Shungu basic schools in Livingstone District. The DEBS granted the researcher permission and referred him to the Head teachers in the selected schools. At

each school, the selected pupils were gathered in one classroom where questionnaires were distributed to them after explaining the purpose of the research and taking care of ethical issues. Respondents were given ample time to respond to the questions. They were also allowed to seek clarifications. Questionnaires were collected upon completion and respondents were individually thanked. Teacher-respondents were given the questionnaires to answer and submitted them to the researcher after two days. A total number of two hundred (200) questionnaires were distributed to pupils and their teachers.

Four focused group discussions involving 'friendship groups' with a minimum number of four pupils were conducted in four schools. Participants were informed about the research topic and the purpose of the focus group discussion prior to the discussion. The discussions took place in classrooms. Participants were encouraged to freely express their opinions on the subject matter. A focus group discussion guide was used to direct the discussions and notes on the discussion were taken in writing by the researcher. The session ended as soon as the questions were exhausted.

Interviews were conducted to eight school managers and two DEC officers from the Education Department using a semi-structured interview guide. Data collected was recorded in writing by the researcher.

3.7 Data Analysis

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS). SPSS was used in order to obtain frequencies, percentages and graphs in an

accurate and fast way. Thematic analysis was used to analyze qualitative data. Major themes were drawn from interviews with respondents for easy descriptions.

3.8 Ethical Considerations

Due to the sensitive nature of the subject, ethical precautions were taken. These included explaining the purpose of the study, giving respondents chance to decide on whether to participate in the study or not and keeping names of all respondents anonymous. Confidentiality was also assured by making verbal appeals that the information given would only be used for educational purposes.

3.9 Summary

This chapter presented the methodology used in the study. A descriptive design was used to describe the impact of drug and alcohol abuse preventive strategies on pupils. The study population was composed of pupils and teachers in all basic and high schools in Livingstone. It also included Head teachers and DEC officers in the education department in Livingstone. A total number of two hundred and ten (210) respondents were used for a sample. This sample was selected through simple random sampling, purposive sampling and snowball sampling procedures. Three instruments, namely, questionnaires, focus group discussion guide and interview guide were used to collect data. Data collected was analysed both quantitatively and qualitatively. Further, ethical issues were also considered in the process of collecting data.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

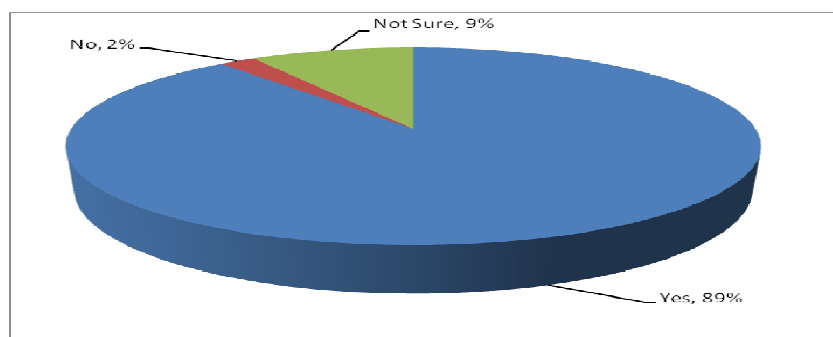
This chapter presents the findings of the study on the impact of drug and alcohol abuse school-based preventive strategies on pupils in Livingstone district. These findings are presented according to study objectives. The findings from pupils are presented first, followed by those from teachers, Head Teachers and DEC Education Programmes officers.

4.1 Factors that influence pupils to abuse drugs and alcohol in schools

4.1.1 Views of Pupils

Concerning factors that influence pupils to abuse drugs, firstly, the researcher sought to determine the views of pupils on whether the problem of drug and alcohol abuse among pupils existed. To this effect, findings showed that out of one hundred and sixty (160) pupils who participated in the study, 142 (89%) of them indicated that there was a problem of drug and alcohol abuse among pupils in schools, while 15 (9%) were not sure of the existence of the problem. Figure 1 shows their responses.

Figure 1: Whether the problem of drug and alcohol abuse among pupils exists



Secondly, the researcher sought to identify factors that influence pupils to abuse drugs and alcohol. Pupils indicated several factors that influenced them to abuse drugs and alcohol. These include: peer pressure, need to belong (that is to fit in with friends), personal and emotional problems at home and at school, availability of drugs and alcohol in the community, belief that one becomes more intelligent, knowledgeable and clever in school work, and parents and other adults who smoke and drink. Further, respondents indicated having fun and feeling 'cool', being recognized, respected, famous among peers in the school, and having courage to face challenging social situations as some of the contributing factors to drug and alcohol abuse among them. Other factors considered to be influencing them to abuse drugs and alcohol were curiosity (just to find out how it feels to abuse drugs or alcohol), boredom, ignorance of the consequences of abuse, and to have physical strength to do manual work. In a focus group discussion, one male participant said:

"Sometimes I take marijuana because I do not want to disappoint friends when they ask me to smoke too."

In addition, a female participant said:

"I take marijuana so that I can study hard and pass examinations."

4.1.2 Views of Teachers

Teachers pointed out a number of factors which contribute to pupils' abusing drugs and alcohol. These factors include; broken homes, peer pressure, stress, poor performance in school work, and availability of drug in the community. In addition, bad parenting styles such as encouraging children to take beer or sending them to buy beer. Other

factors include desire to experiment on drugs and to feel fun, belief that drugs help to perform better in examinations and lack of knowledge on the effects of drugs.

4.1.3 Views of Head Teachers

In regard to factors that influence pupils to abuse drugs and alcohol in schools, Head teachers stated that availability of cheap drugs and alcohol in the community made it easy for pupils to access and abuse them. They further cited peer group influence and the need to belong as a contributing factor. Other factors were broken homes with poor family relationships, bad influence from parents, guardians, friends and teachers who abuse drugs and alcohol. In addition, they also stated that belief that drugs help to improve intellectual capacities influenced some pupils to take them. Others abused drugs because they wanted to gain popularity in the school. Referring to availability of drugs in the community, one Head teacher said:

“There is too much selling of alcohol around here. Look, beer is as cheap as one thousand kwacha per sachet. Our boys and girls can afford it from the little pocket money their parents give them. This is our major challenge as a school.”

4.1.4 Views of DEC officers

DEC officers expressed their views concerning factors that influence pupils to abuse drugs and alcohol. They cited peer pressure. They also felt that parents who smoked, drunk and sent their children to fetch beer for them influenced them to do the same. Pupils' constant poor academic achievements were also cited as a factor that influenced

pupils to abuse drugs and alcohol. In a face to face interview with one DEC officer, it was pointed out that:

“Most of the pupils that are caught either smoking marijuana or drinking ‘tujili-jili’ in the school are those that come from abusive homes where parent drink and smoke in the presence of their children. In some cases it is the children who are not doing well in school that become easy target of drug abuse due to influence of their friends.”

Findings further showed that curiosity was a major factor for beginners in drug and alcohol abuse. Pupils who were in early adolescent stage were driven by the desire to know how it feels to take drugs or alcohol. To this effect, one DEC officer narrated that:

“myth that when one smoked marijuana he would become intelligent influences pupils to abuse drugs and alcohol. In addition, male pupils abused drugs to impress the female pupils.”

4.2 Preventive strategies for drug and alcohol abuse school-based education

4.2.1 Views of Pupils

In this question, the researcher was interested in finding out the activities used to prevent drug and alcohol abuse in schools. Findings revealed that pupils learnt through classroom lessons, talks with DEC officers, and group discussions. In addition, they learnt through role plays, video shows, anti-drug club meetings, games, sports activities and life skills training programmes.

Findings also showed that pupils learnt factual information about types of drugs and their dangers, normative education, drug resistance skills and life skills that promote anti-drug and alcohol abuse.

4.2.2 Views of Teachers

Concerning activities that teachers use to prevent abuse of drugs and alcohol among pupils, the following were cited; lecturing, conducting talks, conducting focus group discussions, counselling, showing videos, role playing, using anti drug forums, conducting life skills training and playing various games.

As regard to content of preventive education taught in schools, findings showed that facts about types of drug and their dangers, normative education, drug resistance skills and life skills were taught in schools.

4.2.3 Views of Head Teachers

Findings from Head teachers revealed that drug and alcohol abuse prevention education is mainly conducted through classroom lessons by teachers, drama performances by pupils and outside theater groups, occasional talks by DEC officers and talks by the Head teachers during school assembly. Some Head teachers further stated that anti-drug and alcohol abuse messages on posters are put up around the school environment and pupils participate in world anti-drug day celebrations.

In regard to the approach used to carry out drug and alcohol abuse prevention in the school, some Head teachers said that they mainly disseminated information about different drugs and alcohol and their negative impact on pupils' physical, social and

intellectual lives. In addition others said they also taught pupils particular skills of saying no to drugs. To this effect one Head teacher said:

“We mainly concentrate on teaching our pupils about the dangers of abusing drugs, especially the negative consequences of drug and alcohol abuse behaviour.”

4.2.4 Views of DEC officers

Findings from DEC officers in charge of education revealed that they mainly used awareness talks or lectures, group counselling, video shows, distribution of Information Education Communication (IEC) materials and sporting competition as drug and alcohol preventive activities. It was also revealed that they occasionally used focus group discussions, debate, quiz and popular theater performance or drama. In a face to face interview, one DEC officer said:

“We normally give talks or lecture on the types of drugs and their classification, their effects, identification of a drug abuser and how and where to get counselling help. We also use a lot of video shows depicting consequences of drug and alcohol abuse. We occasionally use focus group discussions, debate quiz and drama. I think it is because these take a lot of time and they require a good sum of money to execute.”

With regard to content of drug and alcohol abuse preventive education DEC officers stated that they mainly taught factual information on the physical and psychological effects of drugs and alcohol abuse. Further, they stated that they taught pupils skills such as how to say no to drug abuse and how to identify fellow pupils who abused drugs in order to help them.

In terms of delivery strategies, DEC officers narrated that each school was visited two to three times on average in a year. They further stated that the NECD department conducted peer educators and teachers training workshops when funds were made available.

4.3 Impact of drug and alcohol abuse school-based preventive strategies on pupils

4.3.1 Views of Pupils

Findings showed that out of one hundred and sixty (160) pupils who participated in the study, 149 (93%) of them indicated that they had changed due to the drug and alcohol abuse preventive education they received, while 11 (7%) indicated that they had not changed despite receiving preventive education.

Out of one hundred and forty-nine (149) respondents who had experienced change, 92 (62%) indicated that they were more knowledgeable about types of drugs and their effects, while 57 (38%) indicated that as a result of awareness campaigns they disliked people who smoke near them and had stopped abusing drugs and alcohol. One male participant in the focus group discussion said:

“I now know that smoking marijuana can make me mad and lose respect from my parents and teachers.”

Another participant in a focus group discussion said:

“When I remember the young man who died after taking too much drugs in the film we watched last year with the DEC people, I feel like not doing it again.”

As to whether pupils knew someone in school who stopped abusing drugs due to anti-drug campaigns, findings indicated that 34 (21%) of the respondents knew someone in the school who stopped abusing drugs and alcohol due to anti-drug abuse campaign.

Age at which pupils first heard about anti-drug abuse information

Findings showed that 11 (7%) of the respondents indicated that they first learnt about it when they were between 5 and 7 years old, while 85 (53%) said they first learnt about it when they were between 8 and 10 years old. 58 (36%) indicated that they first learnt about it when they were between 11 and 13 years old, while 6 (4%) of them learnt after they had attained 14 years of age. Table 1 shows their responses.

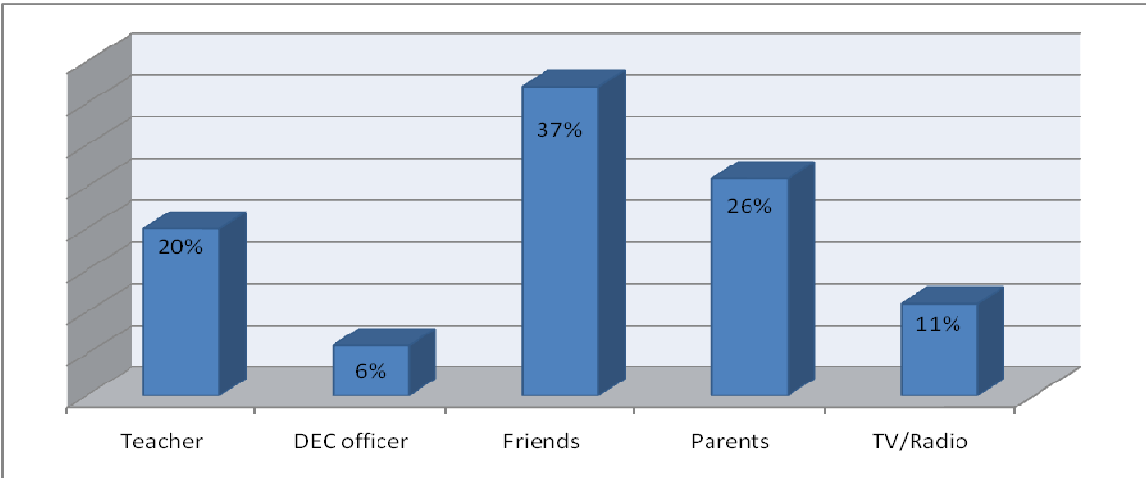
Table 1: Age at which pupils first got information about drug and alcohol abuse

Age in years	Frequency	percent
5 - 7	11	7
8 - 10	85	53
11 - 13	58	36
14 and above	6	4
Total	160	100

Pupils’ first source of information about prevention of drugs and alcohol abuse

Findings showed that 59 (37%) of the respondents indicated that they first got information about prevention of drug and alcohol abuse from friends while 42 (26%) of them said they first got such information from their parents. Figure 2 below shows the other sources.

Figure 2: Respondent's first source of information about prevention of drug and alcohol abuse



Frequency at which respondents received drug and alcohol abuse education in the past six months

Concerning the frequency of anti-drug and alcohol preventive education, findings showed that it ranged from one to four times, with most of them indicating ‘once’. Table 2 below shows details of the findings.

Table 2: Frequency of drug and alcohol abuse preventive education in the past six months

Pupils' Responses n = 160		
Responses	Frequency	% of Respondents
Once	48	30
Twice	29	18
Three times	29	18
More than four times	19	12
Never	35	22
Total	160	100

Visits to schools by Drug Enforcement Commission (DEC) for anti-drug and alcohol abuse education

As to whether the school was visited by officers from DEC for anti-drug and alcohol education activities, findings showed that out of 160 respondents, 58% of them indicated that DEC officers did visit their school at least more than once in the past one year, while 42% indicated that DEC did not visit their school.

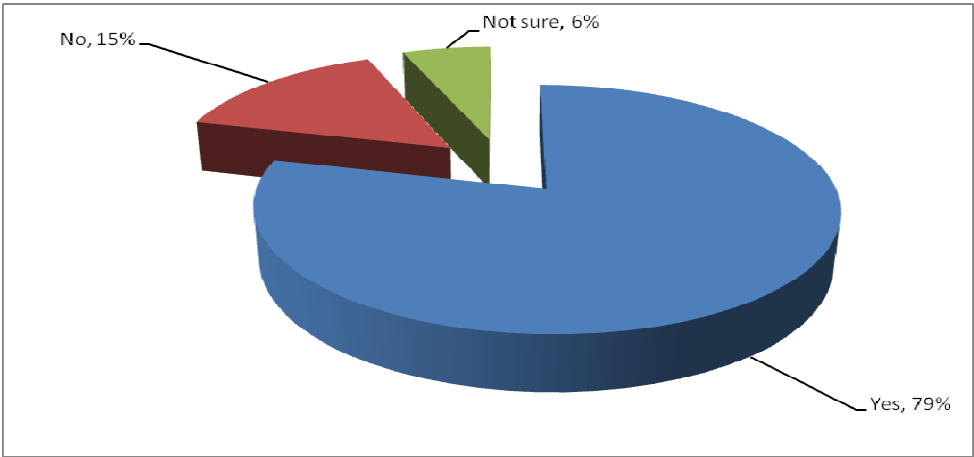
Further, a follow up to this response, revealed that 67 (42%) had not attended any meeting by DEC. One male participant doing his grade nine said:

“We know about drug enforcement commission but we have never seen them coming to our school. As for me, sir, I have been here since grade six but I have not seen them. May be they teach in other schools but not here.”

Existence of peer educators in schools

Pupils were asked whether peer educators existed in the school. Findings showed that out of 160 respondents, 126 (79%) indicated that they had peer educators in the school while 24 (15%) said they had peer educators in the school. Details are shown in figure 3 below.

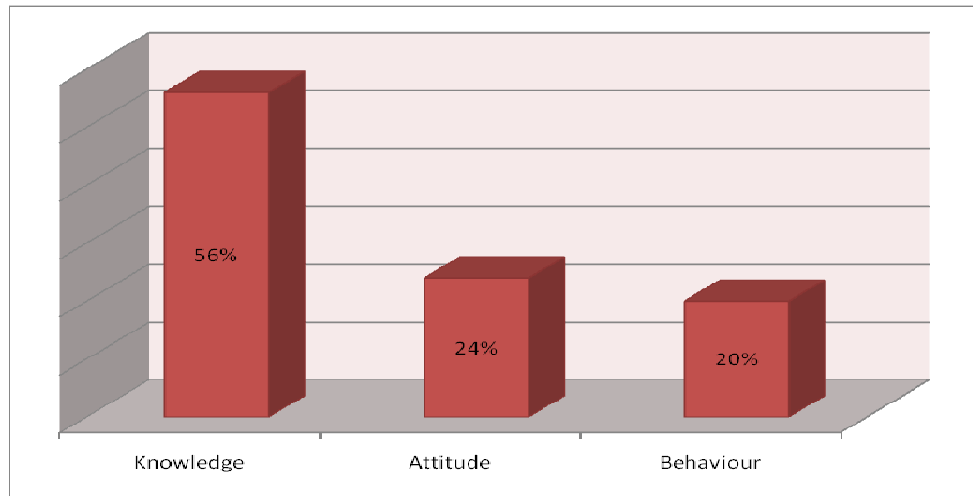
Figure 3: Existence of peer educators in schools



4.3.2 Views of Teachers

Findings showed that out of 40 respondents, 22 (56%) indicated that the preventive strategies used in the schools had an impact on pupils' knowledge about drug abuse prevention, while 8 (20%) said they had an impact on pupils' behaviour change. The details are shown in figure 4 below.

Figure 4: Observable changes among pupils



Teachers observed that pupils had increased knowledge about drugs abuse and their consequences, developed negative attitude towards drug and alcohol abuse and changed for the better in their smoking and drinking behaviour.

Frequency of conducting drug and alcohol abuse preventive education in schools

Findings indicated that 6 (15%) of the teachers conducted drug and alcohol abuse preventive education once per week, 12 (30%) did it once per month and 22 (55%) once per year.

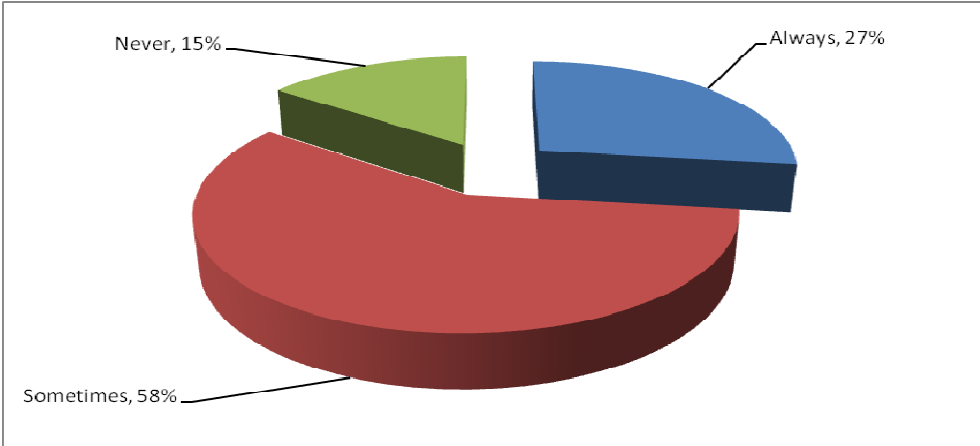
As to who conducted drug and alcohol abuse preventive education in the schools, Findings showed that 32 (79%) of the teachers indicated that teachers, guidance counsellors and head teachers conducted preventive education in schools, while 8 (21%) indicated that it was the DEC officers.

As to whether there were teachers who had special training in drug and alcohol abuse preventive education, findings showed that none of the teachers were specially trained, but only guidance teachers had special training on drug and alcohol abuse preventive education.

Involvement of parents or guardians as partners in educating pupils

Findings indicated that 23 (58%) of the teachers sometimes involved parents or guardians as partners in educating their children against drug and alcohol abuse. Details are shown in figure 5 below.

Figure 5: Parents’ involvement in teaching pupils about drug and alcohol abuse preventive education



4.3.3 Views of Head Teachers

Concerning the impact of preventive strategies on pupils’ knowledge, attitudes and behaviour, Head teachers stated that most of their pupils who receive drug and alcohol abuse preventive education knew a lot of facts on types of drug, physical and emotional

effect, social and economic effect of drug abuse. However, they also indicted that many pupils did not refrain from experimenting with or indulging in drug and alcohol abuse despite learning about them. To this effect, one Head teacher said:

“It appears that our efforts are not bearing fruits. Most of our pupils know very well that drugs and alcohol can destroy their lives but they seem to find it hard to either remain drug free or abstain completely from drug and alcohol abuse.”

Regarding impact of delivery strategies, Head teachers indicated that drug and alcohol abuse preventive information was embedded in the lower, middle basic and high school education as topics and not a subject. This was done to enable younger pupils to acquire knowledge and anti-drug attitudes early enough, hence pupils in these grade levels knew factual information about drug and alcohol abuse prevention. They further indicated that teachers lacked specialized training on issues of drug and alcohol abuse. This reduced the effectiveness of the delivery methods and consequently little impact on pupils' behaviour. For example one Head teacher said:

“Most of our teachers are not very conversant with drug issues. Some think that they are only there to teach their subject so they do not have much interest in it. This affect the way they handle these topics, hence they do not create any impact on pupils' drug abuse behaviour.”

They also stated that parents were sometimes involved in finding solution to drug problems of their children. The calling of parents to discuss their children's drug and alcohol abuse behaviour helped some pupils to change. DEC officers and trained peer

educators were also invited to give talks to pupils but added that this was occasionally done. As a result, not much change in behaviour of pupils was seen.

4.3.4 Views of DEC officers

In regard to the impact of preventive strategies used, DEC officers observed that many pupils knew a lot of facts about drugs and alcohol as a result of the preventive education they received. This was demonstrated by their ability to recall and explain types of drugs, physical, emotional and social consequences of drug abuse. But they also felt that a large number of pupils failed to lead a drug and alcohol free life. This was evidenced by the number of pupils who were reported to be abusing drug and alcohol by NECD office of the Drug Enforcement commission.

4.4 Ways of enhancing school-based drug and alcohol abuse preventive strategies.

4.4.1 Views of Pupils

Pupils suggested the following measures to prevent drug and alcohol abuse in schools: punishment, suspension, forced transfers, summoning parents and appearing before the disciplinary committee. Other measures include putting anti-drug abuse posters around the schools, talks by the Head teacher during school assemblies, talks on anti-drug abuse by DEC, providing guidance and counselling to those involved in drug and alcohol abuse. In support of the above views, one female participant said:

“Like here at our school, those who are caught smoking are mainly punished by digging a rubbish pit measuring their height in depth or they are suspended from school. They

are also told to call their parents and sometimes taken to the guidance office for counselling.”

In order to improve on drug and alcohol abuse preventive efforts in schools, pupils suggested that DEC officers should be invited regularly to give talks to pupils, the school should introduce more clubs and sporting activities so that more pupils are involved, pupils caught abusing drugs should be taken to DEC offices for punishment or to be counselled, No bars or *tunthemba* (make shift stores where they sell *tujili-jili* tot packs) should be allowed near school premises and teachers should talk about the dangers of drug and alcohol abuse to pupils in the classroom. Other suggested measures were that school Prefects should search pupils at the gate when coming in the school, schools should train more peer educators and give more books and other material on drug and alcohol abuse to pupils to read. To this effect, one male participant said:

“The problem here is that even these tunthemba around the school, they sell marijuana and tujili-jili to us during break time, so they should be burned from selling in the school premises.”

4.4.2 Views of Teachers

Teachers suggested the following measures to prevent drug and alcohol abuse in schools: punishment, suspension, establishment of guidance and counselling department, training of peer educators, putting up posters in the school grounds, involvement of parents in teaching their children against drug abuse, support for anti-

drug clubs and giving talks on drugs during school assembly. Teachers further suggested that guidance teachers should have at least one period per week to teach about effects of abusing drugs. In addition, they should have special training in psychosocial issues of pupils, and that schools should invite DEC and other organization on regular basis to talk to pupils about drug and alcohol abuse prevention, and forming or strengthening anti-drug clubs. They also suggested that the number of pupils to train as peer educators should increase, DEC to involve pupils in the commemoration of world anti-drug days and government to increase efforts to enforce drug laws.

4.4.3 Views of Head Teachers

Head teachers suggested several measures to improve drug and alcohol abuse preventive education in schools. These included: special in-service training for teachers in drug and alcohol abuse preventive education, training of more peer educators by DEC and supporting anti-drug clubs in schools, burning the sell of *tujili-jili* (tot packs) on the open market places by local authority. In addition, sensitizing parents on healthy parent-child relationship and need to take interest into the affairs of their children, DEC to extend their preventive education to lower and middle basic classes. Other measures suggested by Head teachers were that teachers should not be allowed to smoke within school premises or come drunk for work.

4.4.4 Views of DEC officers

DEC officers suggested a number of ways to prevent abuse of drugs and alcohol among pupils. Measures include; reviving anti-drug abuse clubs so that they could offer pupils a forum for interactive communication in matters of drug and alcohol abuse. Clubs could also be used to distribute materials. It was also felt that there was need to increase funding to the NECD office, in order to facilitate activities such as debates, quiz and sports competitions. Increased funding would also enable NECD to support clubs, train teachers and peer educators in schools. It was further felt that school authorities should allocate time to DEC officers to enable them facilitate activities such as role plays, focus group discussions and debates. Sensitizing parents in parent-child relationships was also cited as a strategy that could improve the delivery of preventive education in schools. For example one officer noted that:

“Involvement of parents especially in monitoring and networking with teachers would have great impact on pupils’ anti-drug abuse behaviuor.”

4.5 Summary

This chapter has presented the findings of the study in line with the objectives. The study found out that factors that influenced pupils to abuse drugs and alcohol included: peer pressure, personal and emotional problems at home and at school, poor parenting styles, and ignorance of consequences, Other factors were constant poor performance in school work, having fun and feeling ‘cool’, curiosity, belief that drugs help to improve intellectual capacities, and availability of drugs and alcohol in the community.

Concerning preventive strategies used in schools, the study found that lessons in classrooms, talks with DEC officers, video shows and role plays were used. Other strategies used were group discussions, anti-drug club meetings and sporting activities. Findings also showed that pupils learnt factual information about types of drugs and their dangers, normative education, drug resistance skills and life skills that promote anti-drug and alcohol abuse.

Regarding the impact of preventive strategies on knowledge and behaviour, the study revealed that out of 149 of pupils who had experienced change 92 (62%) indicated that their knowledge of drug and alcohol abuse prevention had increased, that is they were more knowledgeable about types of drugs and their effects. Head teachers and DEC officers also felt that pupils were more knowledgeable about drug and alcohol prevention. However, regarding behaviour change, teachers, Head teachers and DEC officers felt that there was very little change.

Concerning ways of enhancing preventive strategies in schools, the study revealed a number of suggestions which included regular invitation of DEC officers to give talks to pupils, introduction of more clubs and sporting activities in schools, special training for teachers in preventive education and sensitization of parents on healthy parent – child relationship. Other suggestions were: training of more peer educators and increased funding to NECD in order to support clubs and enable it to use research-based strategies that require financial and material resources.

CHAPTER FIVE

DISCUSSION OF RESEARCH FINDINGS

This chapter discusses the findings of the study based on the objectives which were; to establish factors that influence pupils to abuse drugs and alcohol in schools, to identify types of preventive strategies for drug and alcohol abuse education used in schools, to determine the impact of preventive strategies for drug and alcohol abuse on pupils and to identify ways of enhancing preventive strategies for drug and alcohol abuse education in schools.

5.1 Factors that influence pupils to abuse drugs and alcohol in schools

Pupils indicated a number of factors that influenced them to abuse drugs and alcohol. Among the leading factors were peer pressure, personal and emotional problems at home and at school propelled by poor parent - child relationship, availability of cheap drugs and alcohol in the community and parents, siblings and other adults who serve as models for drug and alcohol abuse among pupils. Other factors were curiosity, having fun and feeling cool, the need for recognition, to be feared and being famous among pupils in the school and belief among them that certain drugs increase academic performance.

With regards to peer pressure, they stated that the need to fit with others and not being seen as backward among friends was a strong instigating factor in many pupils. This view is consistent with that of Bourne (2005) who reported that young people feel pressured to fit in and engage in activities that their friends are doing. This consequently

led the pupils to abuse drugs especially in situations where their friends abused drugs and alcohol.

Teachers cited family related factors such as bad parenting style and broken homes as contributors to drug and alcohol abuse. For example parents and siblings who abuse drugs and alcohol or tolerate abuse of these substances by children in their homes instigated them to do the same. Similar findings were reported by Boog (1999) who found out that weak parental guidance was one of the major factors that increased abuse of drugs and alcohol among pupils in Zambia.

In a face to face interview, one Head teacher lamented on the availability of drugs and alcohol in the community. He stated that there was too much illicit drugs and alcohol being sold in the community around the school.

It can be argued that when pupils live in a community where drug and alcohol abuse is prevalent they easily see the behaviour of abusing drugs as normal. In addition, it makes accessibility of drugs easier too. This view is consistent with what 'Public Safety Canada' (2009) who found out that the availability of drugs and alcohol in the community influenced young people to abuse them.

In addition, the myth that when one smoked marijuana would become intelligent influenced pupils to abuse drugs. Similar findings by Nsemukila and Mutombo (2000) revealed that widespread belief of increased intellectual capacities or perceived high academic performance in school also influenced pupils to abuse drugs.

5.2 Preventive strategies for drug and alcohol abuse education used in schools

The question on “how drug and alcohol abuse preventive education is learnt in the schools” was intended to explore strategies used to learn preventive education by pupils in schools in terms of planned activities. The majority of the pupils who responded to this question indicated that they learnt through lessons or lectures in classrooms. Others indicated that they learnt through talks with DEC officers, through video shows, role plays, and group discussions. They also learnt through anti-drug club meetings, life skills training programmes, games and sporting activities. These findings clearly show that most pupils (54%) learn about drug and alcohol abuse prevention through lessons or lectures in classrooms, talks with DEC officers and video shows, while less than half (46%) learnt through role plays, group discussions, anti-drug club meetings, life skills training and games and sports activities.

Findings from teachers also indicate that they used classroom lessons, talks, counselling sessions, video shows, anti-drug club forums, life skills training programmes, role plays, games and focus group discussions. The most commonly used activities by teachers in all schools were classroom lessons, lectures or talks, counselling and video shows. These were also mentioned by pupils. The findings from Head teachers and DEC officers were consistent with that of pupils and teachers. However, DEC officers added that other than awareness talks or lectures, they also occasionally used focus group discussions, debate, quiz and popular theater performance or drama. The reason for not frequently using these activities was that they required longer time to conduct and more financial resources to prepare.

An analysis of these findings makes it clear that the common used preventive strategies in schools in Livingstone include: classroom lessons, lectures, talks and video shows. All these activities are classroom-based, and to a larger extent are characterized by one way communication; from source (provider) to audience (pupil). They allow limited interaction between the source and audience. Comparatively, these activities do not promote interactivity as compared to focus group discussions, debate, quiz, games, anti-drug club meetings and theater performance. As rightly pointed out by Ministry of Education (2003) interactive teaching strategies should be encouraged because they stimulate active participation among pupils in the classroom or group activity. In addition, they allow for the development of interpersonal competencies. As rightly argued by Tobler et al. (1999), the more communication exists among teachers, pupils and peers, the more pupils will be prevented from abusing drugs and alcohol.

Content of drug and alcohol abuse preventive education taught in schools

Pupils were asked what kind of issues they learnt about drug and alcohol abuse preventive education in schools. Findings show that the majority of respondents (34%) indicated that they learnt facts about types of drug and their dangerous effects, others (30%) learnt normative education, 20% learnt drug resistance skills while only 16% indicated that learnt life skills. Teachers indicated similar responses to those of pupils. The teachers who took part in the study also indicated that they mainly taught factual information about drugs and alcohol. DEC officers indicated that although they taught more of factual information, they also included drug refusal skills. They felt that these skills were necessary for enhancement of drug and alcohol behaviour change or

abstinence. They also felt it was important to dispel pro-drug abuse beliefs through normative education in pupils. The researcher is also of the view that teaching of life skills such as decision making, problem solving, communication, assertiveness and self esteem promotes anti-drug and alcohol abuse attitudes which in turn can bring about behaviour change.

An analysis of these findings show that the most used approach in preventing abuse of drugs and alcohol among pupils is information dissemination which involves teaching and learning of facts about types of drugs and the dangerous effects of such drugs. From the findings it is noted that, other strategies such as resistance skills and life skills training are less used. As rightly pointed out by Botvin (2006), information dissemination strategy is a conventional approach to drug and alcohol abuse prevention. It is the most commonly used strategy which involves giving pupils factual information about drugs and alcohol. However, it does not promote interaction between the giver of information and the receiver. Advocates of this strategy believe that lack of knowledge can cause drug and alcohol abuse problems in pupils (Botvin and Griffin, 2003). Therefore, having in-depth knowledge of the effects of drugs and alcohol and their potential harm is the first step in preventing it.

5.3 Impact of preventive strategies on pupils' knowledge, attitudes and behaviour

Out of all pupils who had experienced change due to drug abuse preventive education, 62% indicated that their knowledge about drug and alcohol abuse had increased. For instance, they were more knowledgeable on the effects of drug abuse. Similarly, Head teachers and DEC officers felt that there was increased knowledge about the effects of

abusing drugs and alcohol among pupils. To the contrary, 72% of the teachers observed that there was very little change in behaviour of pupils towards drug and alcohol abuse. This view by teachers could have been influenced by the fact that they looked at change in terms of actual attitude and behaviour change other than acquisition of knowledge.

These findings show that although there was significant positive impact on pupils' level of knowledge about drug and alcohol abuse, as a result of preventive strategies applied, there was very little impact on behaviour of pupils. These findings are consistent with that of Bangert-Drown (1988) who examined the impact of information educational strategies on knowledge, attitude and drug abuse behaviour. He found that information education strategy increased drug related knowledge, but very little behaviour change occurred in pupils.

Concerning impact of timing strategy, findings from pupils showed that most pupils (53%) first learnt about drug and alcohol abuse information when they were between 8 and 10 years old. Very few pupils (4%) learnt about it after they had already reached 14 years of age. In addition, Head teachers stated that drug abuse education started from lower basic school, through to high school level. The reason for starting at lower level was to help children acquire knowledge and anti-drug attitudes early so that they could lead a drug free life as they grow. This view is consistent with that of Tobler et al. (1999) who found out that interventions that were implemented when children were in high school, were effective, yet they also agreed with findings from other researchers which showed that interventions were more effective when implemented during early

adolescence, when the risk of experimentation with drugs is high and when competencies such as decision making, problem solving, and communication skills are being established. This early intervention appeared to be responsible for the increased level of knowledge about drug education among pupils in Livingstone District.

Concerning impact of specific sources of preventive strategies, findings show that most pupils found it easier to pick information from their friends. The implication for these findings is that drug abuse education which is channeled through peer educators has a greater impact on pupils' drug abuse knowledge, attitude and anti-drug abuse behaviour. Similar views were reported by Midford et al. (2000) who said that 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.

As regards to providers of preventive education, it was found that most of the preventive education is done by the school staff, namely teachers, guidance counsellors and Head teachers. It was also found out that very few teachers had special training to teach about anti-drug and alcohol abuse issues in schools. As rightly noted by Botvin (2006) trained teachers, can contribute greatly to the success of a school-based drug and alcohol abuse prevention intervention. The impact is great when education providers are highly credible and well trained in issues of drug and alcohol abuse prevention. The researcher therefore, views lack of special training by teachers as one reason why strategies such as resistance skills and life skills training, focus group discussion and games and sports, which are known to have impact on behaviour, were not widely used.

The question regarding the frequency with which pupils received preventive education was intended to explore the impact of the frequency (Intensity) as a strategy. Findings from pupils showed that 57% of them had received preventive education at least twice or three times in the past six months, while 43% indicated that they had not. In contrast, 55% of teachers who took part in the study revealed that they only conducted this kind of education once per year. This variation in responses may be due to teachers considering what was in the formal subject syllabi. It was also revealed by DEC officers that they visited each school for drug abuse education, on an average of two to three times in a year. The importance of intervention intensity cannot be overemphasized. As Botvin and Griffin (2003) pointed out, evidence of value in anti-drug abuse programmes that involve multiple sessions is immense. The more intensive the delivery system is, the greater the impact on the pupils' delay of the onset of drug abuse, reduction or complete abstinence from drugs and alcohol abuse. When pupils are given more opportunities to hear and practice skills they are likely to internalize them. The results show that pupils did not receive drug and alcohol abuse education quite often. Consequently, their retention and ability to practice what they learnt over time was negatively affected. It is clear that erratic delivery of drug and alcohol abuse preventive education was responsible for little behaviour change among pupils.

With regard to involvement of parents or guardians as partners in drug and alcohol abuse preventive education, the majority (85%) of the teachers indicated that they involved parents or guardians. Similarly, both Head teachers and DEC officers stated that parents were sometimes involved in finding solution to drug problems of their children. The calling of parents to discuss their children's behaviour in relation to drug

and alcohol abuse helped some pupils to change their behaviour. These findings were consistent with those of Dusenbury and Falco (1995) who found that involvement of family members, the community, and the media resulted in significant reduction of drug and alcohol abuse behaviour among the youth in the community. Summoning parents to discuss their children's behaviour concerning drug and alcohol abuse should therefore be encouraged if pupils have to change their behaviour against drug abuse.

5.4 Ways of enhancing drug and alcohol preventive strategies in schools

The study found that the current measures applied in schools to prevent drug and alcohol abuse were: punishment, suspension, forced transfers, summoning parents, appearing before the disciplinary committee and counselling. These measures were largely disciplinary in nature and not educational. Such measures did very little to give sustainable reformation in pupils who abuse drugs and alcohol. The study also found a few educational measures being applied, such as putting posters around the school with drug abuse messages, lectures by the Head teachers during school assemblies, arranging for drug abuse preventive talks with DEC officials and guidance teachers. However, these measures had not done much to induce significant change in drug abuse behaviour in pupils. In other words they had little impact on drug and alcohol abuse behaviour among pupils because they were either done occasionally or they were not interactive enough.

Concerning what should be done to prevent drug and alcohol abuse among pupils in the schools, pupils suggested the following measures: regular invitation of DEC officers to

give talks to pupils, introduction of more clubs and sports activities so that they could involve more pupils, taking those who are caught abusing drugs to DEC offices for punishment or to be counseled, burn the selling of *tujili-jili* (tot packs) in bars and *tunthemba* (*make shift stores*) near the school grounds and teachers to talk about the dangers of drug and alcohol abuse every day to pupils during lessons in classrooms.

In addition, teachers suggested that guidance teachers should have at least one period per week to teach about health issues, teachers should be trained in psychosocial issues of pupils, and formation or in some cases strengthening of anti-drug clubs in schools. They also indicated that more peer educators should be trained and government to increase support in enforcing drug laws.

Head teachers suggested special in-service training of teachers in drug and alcohol abuse preventive education. Similar views were reported by UNODC, (2002), who recommended that sufficient training for teachers in drug education competencies was necessary to ensure effective delivery of preventive education. In addition, sensitization of parents on healthy parent-child relationship and need to take interest in the affairs of their children were also suggested. Other measures suggested by school managers were that teachers should not be allowed to smoke or come drunk in the school premises. This suggestion is consistent with the Public Service General Orders that states that public service workers should not take alcohol while on duty.

DEC officers also suggested a number of measures. For example, they suggested the revival of anti-drug abuse clubs so that they could offer pupils a forum for interactive communication in matters of drug and alcohol abuse. They also suggested the increase

of funding to the NECD office in order to facilitate the use of strategies that required more money to be conducted and training of peer educators and teachers. It was further felt that school authorities should allocate time to DEC officers to enable them do activities such as role plays, focus group discussions, debates and other activities that required more time and resources. As rightly put by Hansen (1992) and Gorman (2003), these activities should be supported because they are interactive in nature, can increase knowledge and behaviour change in pupils.

5.5 Summary

This chapter has discussed the findings of the study based on the objectives. It started by discussing factors that influence pupils to abuse drugs and alcohol. Among the leading factors discussed were peer pressure, poor parenting style, availability of drugs and alcohol in the community and the belief that smoking marijuana increases intellectual capacities. These factors were also found to be influencing drug abuse among pupils by Bourne, 2005; Boog, 1999; Public Safety Canada, 2009; and Nsemukila and Mutombo, 2000.

Concerning preventive strategies for drug and alcohol abuse used in schools, the findings clearly show that the common strategies are classroom lessons, lectures, talks and video shows. These strategies are characterized by less interactivity between the provider and the audience. However, strategies such as role play, debates, games and anti-drug club meetings which are proven to be more interactive are less used. Findings also show that teaching and learning of drug prevention is based more on information

dissemination and less on resistance skills and life skills which are known to have more influence on behaviour change

On the impact of these preventive strategies on pupils, it is clear that they have great impact on knowledge. However, they have very little impact on behaviour change. In fact other researchers such as Bangert-Drown (1998) reported that using mainly information educational strategy largely increased drug related knowledge but did not any significant impact on behaviour change.

The chapter has further discussed the findings on the ways of enhancing drug and alcohol prevention. These include: regular invitation of DEC officers to give talks to pupils, Special training for teachers and peer educators in drug and alcohol education competencies. This is also highly supported by United Nations Office on Drugs and Crime (UNODC, 2002).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

This chapter presents conclusion and recommendations drawn from the findings of the study. The study was conducted to determine the impact of drug and alcohol abuse school-based preventive strategies on pupils.

6.1 Conclusion

The current drug and alcohol abuse school-based preventive strategies have to a larger extent impacted on pupils positively. For instance, pupils were now more knowledgeable about the dangers of drug and alcohol abuse, they are able to learn about drug abuse at a younger age, and the involvement of parents to discuss their children's drug and alcohol abuse behaviour helped some pupils to change their behaviour. However, the aspect of positive behaviour change has not significantly been influenced. Some pupils still abuse drugs and alcohol as a way of fitting in peer groups, believing that it can enhance their intellectual capacities or feel that they are grown-ups.

The study has shown that the preventive strategies mostly used for drug and alcohol abuse education in schools were classroom lessons, lectures, talks with DEC officers, video shows and counselling. These strategies were largely characterized by one way communication, that is, from teachers and DEC officers to pupils with less interaction among pupils. As pointed out by Midford et al. (2000) such non interactive strategies are less effective as compared to interactive strategies such as role plays, focus group discussions, games and life skills training which were occasionally used. In addition preventive education was mainly done through information dissemination on types of

drugs and their dangers. Very little was done on resistance skills and life skills training. Although this strategy has a positive impact on knowledge about drugs, it did not translate into change in behaviour.

In terms of delivery process, most pupils get their first information about drugs and alcohol as young as between 8 and 10 years old. They usually get it from friends and parents. In school, most of the preventive education is done by teachers, guidance counsellors and Head teachers. However, very few of these staff have special training to teach about anti-drug and alcohol abuse issues.

In order to enhance the preventive strategies, pupils', teachers', Head teachers and DEC officers' suggested a number of measures. These included: regular invitation of DEC officers to give talks to pupils, introduction of more clubs and sports activities, taking those who are caught abusing drugs to DEC offices for punishment or counseling, and burn the selling of *tujili-jili* in bars and *tunthemba* near the school premises.

The study has clearly shown that the use of these activities (classroom lessons, lectures, talks by DEC officers and counselling) and over reliance on information dissemination strategy may be responsible for the limited impact the drug and alcohol prevention education has on pupils' behaviour change. It is the view of the researcher, just as this study and many other studies have indicated that in order to have a greater impact on pupils,' in terms of behaviour change, there is need to use preventive strategies that are interactive and skill-based.

6.2 Recommendations

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

- School-based drug and alcohol abuse prevention should be based on more interactive activities such as focus group discussions, role plays, games, anti-drug club meetings and life skills training which stimulates active participation of all pupils and provides a platform for practicing attitudes and skills for behaviour change
- Teachers, DEC officers and other providers of drug and alcohol abuse preventive education should teach pupils more of drug refusal skills in combination with social life skills training other than factual information on drugs and their dangers only, as these are more likely to lead to behaviour change.
- With regard to delivery process, providers of this education should extend it to lower grades in basic schools in order to cater for younger pupils.
- Both school authorities and DEC should use trained peer educators as role models for behaviour change, while parents/guardians should be involved in supporting their children to live drug free lives.
- Teachers should receive special training in drug and alcohol abuse preventive education. This is necessary to ensure effective delivery of drug and alcohol abuse related issues.

- Drug and alcohol abuse preventive education should be provided on a regular basis by means of booster (repeated) sessions. In addition, DEC should conduct regular visits to schools.
- Increase funding to National Education Campaign Division of DEC to enable it to use research-based strategies such as focus group discussions, life skills training and role plays which need a lot of financial and material resources.

6.3 suggestions for future research

The study has established that, although school-based drug and alcohol abuse preventive strategies used by teachers and the Drug Enforcement Commission in Livingstone District have an impact on pupils' knowledge about drugs and alcohol abuse, they have insignificant impact on behaviour change. It would therefore, be interesting for future studies of this nature to be carried out on regional comparative basis countrywide in order to have a national picture of the impact.

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Appendix 1

Questionnaire for pupils

Introduction

Dear Respondent,

I am a student at the University of Zambia doing a research on the impact of Drug and Alcohol Abuse Strategies used by Teachers and the Drug Enforcement Commission in schools. This research is purely for academic purposes and the information given will therefore be treated with utmost confidentiality.

INSTRUCTIONS

- Do not write your name on this questionnaire
- Please tick or write in the space provided

A Respondent's identification

- 1 Gender 1, Male [] 2, Female []
- 2 Age
- 3 Grade
- 4 School

B Questions related to factors that influence pupils to abuse drug and alcohol in schools.

- 5 Is there a problem of drug and alcohol abuse among pupils in the school?
1, Yes [] 2, No [] 3, Not sure []

- 6 If yes to question 5, list down factors that influence pupils to abuse drugs in school?

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.....

C Questions related to preventive strategies for drug and alcohol abuse education used in schools

- 7 How do you learn about drug and alcohol abuse in the school? Please tick as applied.

- 1 Classroom lessons/lectures with our teacher []
- 2 Talks with DEC officers when they come at school []
- 3 Group discussions []
- 4 Role plays or drama performances by pupils and visiting theater groups []

- 5 Video shows []
- 6 Anti-drug club meetings []
- 7 Games and sports activities []
- 8 Life skills training programmes []
- 9 Other: (specify)

8 What kind of things do you learn about anti-drug and alcohol abuse education? Please tick as applied.

- 1 Facts about types of drugs and the dangerous effects of drug and alcohol abuse []
- 2 Normative education i.e. information on standards and rules of behaviour regarding drug and alcohol use by young people. []
- 3 Resistance skills training – E.g. How to recognize, handle and avoid pressure to drink of use drugs. []
- 4 Life skills training (General knowledge and skills for coping with life). E.g. problem solving, self control, decision making, self-esteem and assertiveness. []

D Questions related to the impact of preventive strategies in terms of Knowledge, attitude and behaviour change on pupils

9 Has the drug and alcohol abuse education you received changed you in any way?
 1, Yes [] 2, No []

10 If yes to question 10, which one of these has happened to you after learning about drug and alcohol abuse education. Please tick as applied.

- 1 I know more about types of drugs and the effects of drug and alcohol abuse. []
- 2 I dislike people who smoke and drink alcohol near me []
- 3 I stopped / reduced smoking marijuana or tobacco and drinking alcohol []

11 Do you know someone in the school who has stopped abusing drugs and alcohol after learning about them? 1, Yes [] 2, No []

E Questions related to impact of preventive strategies in terms of process of delivery on pupils

12 At what age did you **first** hear or learn about drug and alcohol abuse information?
 (Age)

13 From whom did you **first** get information about drug and alcohol abuse?

- 1, Teacher [] 2, DEC Officer [] 3, Friends [] 4, Parents []
- 5, T V / radio [] 6, Others (specify).....

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

1, once [] 2, twice [] 3, three times [] 4, more than four times []
5, never []

15 Do Drug Enforcement Commission officers visit your school for anti-drug abuse education?

1, Yes [] 2, No []

16 If yes to question 15, how many times have they visit your school in the past one year?

1, once [] 2, twice [] 3, three time [] 4, more than four times []
5, never []

17 Do you have 'Peer Educators' in the school? i.e. some pupils specially selected and trained to teach or help other pupils about drug abuse or HIV / AIDS information.

1, Yes [] 2, No [] 3, Not sure []

F Questions related to ways of enhancing preventive strategies for drug and alcohol abuse education in schools

18 What are the school authorities doing in order to prevent drug and alcohol abuse in the school?

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19 What should be done to prevent drug and alcohol abuse among pupils in the school?

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END

(Thank you for your cooperation and prompt response)

Appendix 2

Questionnaires for teachers

INTRODUCTION

Dear Respondent,

I am a student at the University of Zambia doing a research on the impact of Drug and Alcohol Abuse Strategies used by Teachers and the Drug Enforcement Commission in schools. This research is purely for academic purposes and the information given will therefore be treated with utmost confidentiality.

INSTRUCTIONS

- Do not write your name on this questionnaire
- Please tick or write in the space provided

A Respondent's identification

- 1 Gender 1, Male [] 2, Female []
- 2 Age
- 3 Name of School

B Questions related to factors that influence pupils to abuse drug and alcohol in schools.

- 4 Is there a problem of drug and alcohol abuse among pupils in the school?
1, Yes [] 2, No [] 3, Not sure []
- 5 If yes to question 4, list down factors that influence pupils to abuse drugs in school?
.....
.....
.....

C Questions related to preventive strategies for drug and alcohol abuse education Used in schools.

- 6 what activities do you use in the school? Please tick as applied.
 - 1 Classroom lessons []
 - 2 Lectures / talks []
 - 3 Focus group discussions []
 - 4 Counseling sessions []
 - 5 Video shows []
 - 6 Role plays []

- 7 Games and sports activities []
- 8 Anti-drug club forum []
- 9 Life skills training programmes []
- 10 Others (specify) []

7 What kind of issues do you teach about anti-drug and alcohol abuse education?
Please tick as Applied.

- 1 Facts about types of drugs and the dangerous effects of drug and alcohol abuse []
- 2 Normative education i.e. information on standards and rules of behaviour regarding drug and alcohol use by young people. []
- 3 Resistance skills training – E.g. how to handle and avoid pressure to drink or use drugs []
- 4 Life skills training (General knowledge and skills for coping with life). e.g. problem solving, self control, self-esteem, assertiveness and communication skills []

D Questions related to impact of preventive strategies in terms of knowledge, attitude And behaviour change on pupils.

8 What is the level of observable change among pupils who receive drug and alcohol abuse prevention education in the school?

- 1 Significant change []
- 2 little change []
- 3 very little change []
- 4 No change at all []

9 If there is change, please indicate the area where you think there is significant change. Please tick as applied.

- 1, Knowledge about drugs and alcohol and their consequences (e.g. many pupils know about consequences of marijuana smoking). []
- 2, Attitudes about drugs and alcohol abuse (e.g. many pupils do not like friends or people who smoke and drink alcohol). []
- 3, Non- smoking and non- drinking behaviours (e.g. a good number of pupils have stopped or reduced smoking and drinking). []

E Questions related to impact of preventive strategies in terms of process of delivery on pupils.

10 How often is drug and alcohol abuse preventive education conducted?

- 1 every day []
- 2 once per week []
- 3 once per month []
- 4 once per year []
- 5 occasionally []
- 6 other (specify)

11 Who conducts the drug and alcohol education activities in school? Please tick as applied.

- 1 Teachers []
- 2 Visiting DEC officers []
- 3 School Administrators during assembly []
- 4, Guidance teachers []
- 5, NGOs [] Specify NGOs if any.....

12 Do teachers in the school have special training to teach about drug and alcohol issues?

- 1 None of the teachers []
- 2 very few teachers []
- 3, Many teachers []
- 4, only guidance teachers []

13 Do you involve parents or guardian as partners in educating pupils about drug and alcohol abuse issues

- 1 always []
- 2 sometimes []
- 3 never []

F Questions related to ways of enhancing preventive strategies for drug and alcohol abuse Education in schools.

14 What is the school authority doing to prevent drug and alcohol abuse problems in the school?

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15 In your opinion what should be done to effectively prevent drug and alcohol abuse among school children?

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THANK YOU FOR YOUR COOPERATION AND PROMPT RESPONSE

Appendix 3

Focus group discussion guide for pupils

Part A : Factors that influence pupils to abuse drug and alcohol in schools.

1. Is there a problem of drug and alcohol abuse among pupils in the school?
2. What factors influence pupils to abuse drugs in schools?

Part B : preventive strategies for drug and alcohol abuse education used in schools

3. How do you learn about drugs and alcohol abuse prevention in the school?
4. What type of tasks or activities do you do as part of the drug and alcohol education in the school? (e.g. role plays exercises, video shows, sports competition, group/ class discussions, anti- drug club activities and life skills training).
5. What kind of drug and alcohol education do you get?

Part C: Impact of preventive strategies for drug and alcohol abuse on pupils.

- **Questions related to knowledge, attitude and behaviour change.**

6. What do you remember about what you learnt?
7. What useful skills have you learnt in drug and alcohol lessons/activities provided to you?
8. How do you look at the problems of drug and alcohol abuse now?
9. Have the lessons on drug abuse helped you change your drug abuse behaviour? If yes, say how you have changed.
10. Are there some pupils you know who have stopped smoking or drinking because of the education they received on drug and alcohol abuse?

- **Questions related to process of delivery**

11. When did you first hear or learn about drugs and alcohol information?
12. How often do you get anti-drug and alcohol education / information?
13. Who teaches the lesson or conducts anti-drug activities? Is it the teacher, Head teacher, visiting DEC officers, NGOs officials or Peer leader?
14. Do your parents or guardians help you with any information about drug and alcohol abuse?

Part D: Ways of enhancing drug and alcohol abuse preventive strategies

15. How does the school authority deal with drug and alcohol abuse problems in school?
16. What should be done to prevent drug and alcohol abuse by pupils in the school?

Appendix 4

Interview guide for school Head Teachers

- 1 Do you have a drug and alcohol abuse problem in the school? How big is the problem?
- 2 What factors influence pupils to abuse drugs and alcohol in the school?
- 3 How is drug and alcohol abuse preventive education carried out in the schools?
- 4 What kind of information and skills are pupils taught regarding drug and alcohol abuse prevention?
- 5 In what areas have the strategies you have put in place worked? Viz a vis acquisition of Knowledge, skills, change of attitude and change of behaviour.
- 6 Is drug and alcohol education in the school curriculum?
- 7 Do you think that teachers are credible enough to teach about drugs and alcohol in the school? I.e. do they have special training and sufficient knowledge?
- 6 Do you involve parents, the media, and the community in your school-based preventive efforts? If so, how?
- 9 Do you receive external agents such as DEC officers to teach about drugs and alcohol?
- 10 How often do the DEC officers visit your school?
- 11 In your own opinion what should be done to improve drug and alcohol abuse prevention in schools?

THANK YOU FOR ANSWERING MY QUESTIONS

Appendix 5

Interview guide for DEC Education Programmes officers

- 1 What is the magnitude of drug and alcohol abuse problem in schools in the district?
- 2 What is the role of your department?
- 3 What factors influence pupils to abuse drugs in schools?
- 4 What preventive strategies (approaches and activities) have you put in place in order to curb drug and alcohol abuse in schools?
- 5 What kind of information and skills do you teach the school youth?
- 6 In what areas have the strategies you have put in place worked? Viz a vis acquisition of Knowledge, skills, change of attitude and change of behaviour.
- 7 How often do you visit each school in the district for drug and alcohol abuse education?
- 7 Do you involve parents and the media in your school-based prevention efforts? If so, how?
- 9 Do you conduct training programmes and offer some support to your stakeholders, for example teachers, NGOs staff involved in anti-drug issues and peer leaders in schools, if so how often?
- 10 In your own opinion what should be done to improve on drug and alcohol abuse prevention in schools?

THANK YOU FOR ANSWERING MY QUESTIONS