EVALUATION OF DRUG ABUSE PREVENTION PROGRAMMES FOR ADOLESCENTS IN SECONDARY SCHOOLS

by

Helen Jabu Bhengu

Dissertation submitted to the Faculty of Education in partial fulfilment of the requirements for the degree of Master of Education (Educational Psychology) at the University of Zululand.

Supervisor: Prof DR Nzima
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Date: ______________________________
DECLARATION

I, Helen Jabu Bhengu declare that this dissertation represents my own work both in conception and execution. All sources that I have consulted during the course of this study have been indicated and acknowledged by complete reference.

H J Bhengu                                    Date

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ABSTRACT

The current investigation consists of one aim and two objectives. The aim is to evaluate drug abuse prevention programmes for adolescents in secondary schools and the effect that they have on attitudes, knowledge and behaviour. The objectives are to determine the effectiveness of the drug abuse prevention programmes on attitude, knowledge and behaviour on adolescents and the relationship between them.

The research methodology was in the form of a quantitative survey. A questionnaire was administered to a group of grades 10 and 11 learners between ages 14 to 25 from four selected schools. Twenty-five year olds were included in the target group as it is not unusual for adult learners to still be at school with minors, especially in rural areas. This may have an influence on adolescents’ attitudes towards drug abuse. It was therefore of utmost importance for them to understand the effects of abusing drugs. Respondents were randomly selected with the help of Life Orientation Educators in each school. Questionnaires were distributed to a sample population of one hundred learners. Ten of these questionnaires were not properly completed and therefore were not included in the final analysis.

The results demonstrated that the use of drugs is prevalent in the surveyed schools and respondents were aware of its consequences. The results also demonstrated that a significant number of the respondents had a negative attitude toward the use of drugs, while a small number of respondents did not see any problem in using drugs. It was concluded that the influence on behavioural change in the schools surveyed is not due to formal prevention programmes but to the involvement of parents and peer educators, who are not involved in formal programmes for drug prevention.

Furthermore, it was found that in these schools no programmes were available for the education of learners about drug abuse and its consequences. While respondents have shown a positive attitude and behaviour toward drugs and its use, it is important to note that formal drug prevention programmes do not seem to exist in schools and where they are claimed to exist, they refer to life skills programmes and drug awareness programmes.
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DEDICATION
This work is dedicated to my late mother Thokozile Gladness Nzama and my late grandmother Agnes Hlengwa who initiated the process of learning.
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CHAPTER 1

1.1 Introduction

This study aims to evaluate the effectiveness of drug abuse prevention programmes for adolescents in secondary schools. The researcher will look at three categories of prevention, that is primary prevention, secondary prevention and tertiary prevention. Mark, cited in Thwala (2005), states that programme evaluation refers to the type of research that uses social science research methods to evaluate the success or effect of a social service programme. Effective programmes take into account the complex interplay of environmental, cognitive, physical, psychological, social, spiritual and health factors (Department of Social Development, 2006).

This introductory chapter includes the motivation for the study, statement of the problem, aims of the study, definition of the key concepts guiding the study, a brief description of the research methodology and design, the hypothesis, and the value of the study.

1.2 Motivation for the study

Drug usage and prevention in South Africa is a national crisis that needs communities, irrespective of wealth, class or nationality, to show concern and address the issue (United Nations, 2004).

Available evidence indicates that school communities world-wide, including those in South Africa, are particularly vulnerable and drug use by learners is on the increase in both rural and urban schools, including primary schools (United Nations, 2004). This problem can only be successfully addressed once young people understand that drug use is risky and good drug prevention programmes are introduced to help them understand how and why drugs are harmful (Youth Risk Behaviour Survey, 2002).

According to Thwala (2005) prevention is better than cure. However, even though one tries to prevent substance use by giving information about the types and effects of different drugs, it might create more harm because adolescents might start experimenting. As a result it is important to know not only how to present a programme that will not cause harm, but also to conduct an evaluation to assess the effect this programme has on the adolescents' knowledge, attitude and behaviour.
A variety of intervention strategies have been developed and tested to reduce drug abuse among adolescents. Yet, when looking at the statistics indicating the increase of drug use, these approaches appear to be ineffective. It is therefore necessary to effect changes in the existing laws dealing with the prevention and treatment of drug abuse and the rehabilitation and reintegration of drug abusers so as to ensure that they are treated within communities (Burger, 2003). It is imperative for adolescents to be fully informed about all aspects of drug abuse. It is the responsibility of educators and parents to be alert and knowledgeable about drug abuse in order to help young people. It is for this reason that this study is attempting to evaluate drug abuse preventive programmes and their effectiveness in mitigating the prevalence of drug use in selected schools and to make recommendations that will address the problem.

1.3 Statement of the problem
Drug abuse still remains one of the major problems amongst adolescents in secondary schools, despite warnings from educators, parents and the media. Many of the nation’s young people experiment with and use a variety of harmful substances. The questions are: What can educators do to curb the supply and use of illegal drugs in their schools? Are the programmes that are in place in schools effective or not?

The present study will try to address the following research questions:

1.3.1 Are drug abuse preventive programmes effective in changing the attitudes, knowledge and behaviour of adolescents in secondary schools?

1.3.2 Is there any relationship between biographical variables such as gender, age, grade and location of the schools and effectiveness of drug abuse prevention programmes?

1.4 Aims of the study
1.4.1 To evaluate drug abuse programmes for adolescents in four secondary schools in the Pinetown district of KwaZulu-Natal.

1.5. Objectives of the study
1.5.1 To determine the effectiveness of the drug abuse prevention programmes on the attitude, knowledge and behaviour of adolescents in the selected secondary schools; and
1.5.2 To determine the relationship between learners’ biographical variables like age and gender and the effectiveness of the drug prevention programmes.

1.6 Definition of key concepts

1.6.1 Drug abuse
Drug abuse takes place when the intake of drugs causes adolescents to behave in an unaccustomed manner. Donna (1988) uses the term "drug abuse" to describe the excessive, destructive or illegal use of psychoactive drugs.

1.6.2 Adolescent
It is defined as the developmental period of transition between childhood and adulthood. It involves biological, cognitive and socio-emotional changes (Allison, 2000).

In this study adolescent will refer to both boys and girls between the ages 14-25 as well as their characteristics.

1.6.3 Prevention
Prevention in this study will mean stopping drug abuse by adolescents in the following categories:

Primary prevention - refers to preventing the onset of any substance abuse (Department of Social Development, 2006).

Secondary prevention - refers to prevention directed at individuals demonstrating risk factors associated with unwanted behaviour (Schonfeldt, 2007).

Tertiary prevention - aims at ending dependency and minimizing problems resulting from use. This type of prevention strives to enable the individual to achieve and maintain improved levels of functioning and health. It is also called rehabilitation and relapse prevention (Thwala, 2005).

1.7 Summary
This chapter presented the motivation for the study, the statement of the problem, aims of the study and definition of terms.
CHAPTER 2
LITERATURE REVIEW

2.1. Introduction
Prevention is the most effective way of deterring substance abuse among adolescents. When prevention efforts fail, however, the only available option is a drug treatment programme (Schinke, Botvin & Orlandi, 2005).

Drug abuse prevention among children and adolescents suggests the need to begin substance abuse prevention education early in life and to continue such education with developmentally appropriate intervention. Coetzee (2003) established that the younger the age of first abuse of drugs the higher the severity of the problem. It seems important for the success of prevention programmes that drug abuse preventative education should start in primary schools.

Theoretical models that were used in this chapter will be reviewed in relation to the intervention being evaluated in this research.

2.2. Different theoretical models
Bandura (1997) states that people struggle to gain control over instigators of substance use that threaten to overwhelm their self-regulatory capabilities. He maintains that programmes for personal change must instill the resilient sense of coping and self-regulatory efficacy needed to resist drug abuse in the face of social affective and situational inducements. People who have structured much of their lives around substance use may find their lives in abstinence rather dreary. This in itself can drive them back to drink or drugs. A successful programme must aid them to make broader changes that will make life in abstinence considerably more attractive than life in a drugged state (Bandura, 1997).

2.2.1 The Health Belief Model
The Health Belief Model was one of the first theories on health behaviour and remains one of the most widely recognized in the field. It was developed by a group from the United States Public Health Service and social psychologists who wanted to explain why so few people were participating in programmes to prevent and detect disease (Rimer & Glanz, 2005). According to Schonfeldt (2007), the Health Belief Model is based on the assumption that an individual will take health related action,
for example, not to use drugs. If the learner feels that a negative health condition, like lung cancer, can be avoided by taking positive action he can avoid the negative health condition. Schonfeldt (2007) maintains that the individual must believe that he can successfully take a recommended health action.

According to the researchers of this theory, six main constructs influence people’s decisions about whether to take action to prevent, screen for, and control illness. They argue that people are ready to act if they believe they are susceptible to the condition (perceived susceptibility). Schonfeldt (2007) states that as some learners may already be smoking and drinking, changes in behaviour may occur to prevent illness; that is if a learner sees himself as being at risk (perceived susceptibility) or if he believes that it will have a serious impact on aspects of his life (perceived severity). He further states that learners should believe that specific behaviour would prevent drug abuse and that they will benefit from such behaviour. Schonfeldt (2007) maintains that for adolescents that are not yet using drugs, the consequences of drug abuse (perceived severity) should prevent them from abuse onset. He further states that positive results from a new behaviour and the perceived chances of success should be rated higher in the minds of adolescents than negative aspects (perceived chance of failure and cost of new behaviour). There should be something that motivates the onset of behavioural change, like seeing someone with a drug problem. He states that perceived severity involves the learner’s belief that drug abuse will have a serious impact on aspects of his life.

The focus of this study is the evaluation of the effectiveness of drug abuse prevention programmes in secondary schools; hence the Health Belief Model is used, as it predicts behavioural change. According to the Health Belief Model the behaviour of people changes if they:

2.2.1.1 believe they are susceptible to the condition (perceived susceptibility);

2.2.1.2 believe the condition has serious consequences (perceived severity);

2.2.1.3 believe that taking action would reduce their susceptibility to the condition of severity (perceived benefits);

2.2.1.4 believe costs of taking action (perceived barriers) are outweighed by the benefits, and
2.2.1.5 that one has the ability to change one's behaviour (self-efficacy).

2.2.2 Theory of Reasoned Action
The Theory of Reasoned Action (TRA) and the Theory of Planned Behaviour (TPB) explore the relationship between behaviour and beliefs, attitudes and intentions. TRA assumes behavioural intention is the most important determinant of behaviour (Rimer & Glanz, 2005). According to this model, behavioural intention is influenced by a person’s attitude towards performing behaviour and by beliefs about whether individuals who are important to the person approve or disapprove of the behaviour (subjective norm). This model assumes that all other factors (e.g., culture and environment) operate through the model constructs and do not independently explain the likelihood that a person will behave in a certain way (Rimer & Glanz, 2005). Schonfeldt (2007) states that the individual’s intention is determined by two significant factors, namely: his attitude, and the subjective norm regarding the performance of the behaviour. He further states that the learner's attitude towards behaviour is accounted for by beliefs about the outcome of the behaviour and evaluation. Schonfeldt (2007) maintains that the subjective norm is determined by perceived pressure from significant others (e.g., the learner’s peers) to carry out the behaviour and motivation to comply with the wishes with those significant others. Marcoux and Shope cited in Schonfeldt (2007) indicate that literature on drug abuse argues that attitudes towards alcohol use, normative influences and intention to use alcohol are important predictors of adolescents' alcohol use. According to Ajzen and Fishbein cited in Schonfeldt (2007) external factors to the model will indirectly influence the behaviour through the model components. They maintain that the presence of peers and thoughts and feelings about drug abuse are likely to be important in the learner's decision.

The TRA variables according to Family Health International((2004) are as follows:

2.2.2.1 Behaviour - a specific behaviour defined by a combination of four components, e.g. action, target, context and time.

2.2.2.2 Intention - the intent to perform the behaviour is the best predictor that a desired behaviour will actually occur. Intent should be defined using the same components used to define behaviour, namely action, target, context and time.

2.2.2.3 Attitude - it is a person's positive or negative feelings toward performing the defined behaviour. Both attitude and norms influence one's intention to perform behaviour (Family Health International, 2004).
2.2.3. Social Cognitive Theory
The Social Cognitive Theory describes a dynamic ongoing process in which personal factors, environmental factors and human behaviour exert influence upon each other. According to Rimer and Glanz (2005) the Social Cognitive Theory has three main factors that affect the likelihood that a person will change his health behaviour:

- self-efficacy,
- goals, and
- outcome expectancies.

Social Cognitive theorists maintain that as a person adopts new behaviours this causes changes in both environment and the person. Social Cognitive Theory evolved from the Social Learning Theory, which asserts that people learn not only from their own experiences but also by observing the actions of others and the benefits of those actions Rimer & Glanz, (2005). Social Learning theorists emphasise behaviour environments and cognition as key factors in development.

Bandura (1997) believes one learns by observing what others do. Through observational learning one cognitively presents the behaviour of others and then possibly adopts this behaviour himself. Schinke, Botvin and Orrandi (2005) in support of Bandura states that repeated exposure to successful high status role models who use substances, whether these role models are figures in the media, peers or order siblings, is likely to influence adolescents.

2.2.4 The Theory of Planned Behaviour
The Theory of Planned Behaviour (TPB) is an extension to the Theory of Reasoned Action. Here the behaviour is guided by three considerations:

- Normative beliefs (beliefs about the normative expectation of others)
- Behavioural beliefs (beliefs about the likely consequences of behaviour)
- Control beliefs (beliefs about the presence of factors that may facilitate performance of the beliefs).

Behavioural beliefs result in a positive or negative attitude towards behaviour whereas normative beliefs result in perceived social pressure or subjective norm. Control beliefs lead to behavioural control. Attitude towards behaviour, subject norm and perception of behavioural control lead to the formation of behavioural intent.
Each of these theoretical models builds on the strengths of its counterpart, assisting in framing the analysis within behavioural and the psycho-social context. They also confirm that taking drugs can have a negative impact on the behavioural attitude of a person that is using them.

2.3 Existing Research

2.3.1 Adolescents: reasons for taking drugs

Being a teenager means changing, trying new things and deciding what they like to do. This is the time that they begin to develop their identity. They want to act like an adult and make their own decisions. Some adolescents experiment during this time of change to feel independent and explore new feelings (Arvergue, 1998).

Most adolescents who try drugs for the first time are curious; they want to know what will happen while others want to cope with the pressures of adolescence in order to fit in and do what everyone else is doing.

Other adolescents may feel insecure about the way they look and may take drugs to forget about their anxieties and to feel more confident. Drugs are often used as a way to cope with or block out problems. Adolescents may have trouble at home and have no one to turn to for help. They may take drugs to feel better (Searl, 1995).

There is one fact that should be understood; drug abuse is behavioural and follows the same rules and principles as any other behaviour. The most basic principle is that behaviour persists; it either increases the individual’s pressure or reduces his discomfort. It means people do not use just any old drug; they take only those that provide them with a positive, satisfying, pleasurable sensation, or a decrease in their discomfort (Van der Bit, 2005).

Mhlongo and Peltzer (1990) agree that adolescents use drugs for different reasons. The reasons why individuals use psychoactive substances vary as much as the individuals themselves.

They use drugs for the following reasons:

- If they feel they bored.
- They become reluctant to take instructions or orders once they have used them.
- If they have personal problems, e.g. a denial of a predicament in which they find themselves in.
Drugs may give adolescents a feeling of self-confidence and security. They think that drugs will make their problems disappear, at least temporarily. Sometimes the adolescents find themselves trapped in a vicious cycle when experiencing the effects of drug taking. When the effects disappear they start using drugs again. According to Schlefer (1996) adolescents are faced with many problems that were thought to be adults' concerns, for instance by being pressured into sex at a younger age than before. Complicated issues like birth control, pregnancy and sexually transmitted diseases can create further problems for adolescents.

Clayton (1999) contends that adolescents use drugs to deal with problems, for instance when they experience their parents' divorce, or break up with boyfriends or girlfriends. Whatever problems they come across, they resort to drug use. In the end they have more problems because using drugs does not make the problems go away, it just hides them for a while. Then all the problems are still there.

2.3.1. Contributing factors to drug abuse

2.3.1.1 Peer Pressure

Adolescents need to belong and be accepted by their peers. If they are not accepted they are hurting and they will find ways of being accepted. It is usually not easy for them to do what the group does, especially if it is not acceptable in the community or by their parents. However, increased dependence on a peer group is accompanied by a corresponding rise in conformity (Schinke, Botvin & Orlandi, 2005).

According to Hoberg (2001) peers admit that peer influence is a very strong, motivational factor in terms of drug abuse. He states that the ones that he saw in the rehabilitation centres admitted that they have feelings of loneliness, isolation, helplessness and anger at the thought that their peers were rejecting them at the stage when they chose rehabilitation. Many adolescents are insecure and have a need for the approval of their group. Their need for acceptance into a peer group is perhaps at its greatest during adolescence (Pillay, 2000).

According to Erikson in Hoberg (2001), adolescence is mainly a time when the most important aspect of development is the attainment of an own identity and peer group opinion usually carries the most weight.
If adolescents use drugs they risk addiction related illnesses and many other problems. It might be hard for adolescents to say no to drugs, especially if all their friends or peers are using them, but saying no will keep them safer, healthier and happier. It may be their choice but the one choice is the right choice. However, as stated by Hoberg (2001), peer influence has a vast impact on the developing adolescents as it is by their peers’ reactions that they evaluate just how well they are accepted in their social venues. Hoberg (2001) quotes Papalia and Olds who maintain that peer group instinct is as strong in adolescents as its desire is to be accepted by the crowd.

Hoberg (2001) further states that peer group influence is not exclusively negative but that groups serve as the adolescent's primary bridge to the future. They provide a sense of belonging, which is especially important during the period of transition between being a child and being an adult.

Pearson cited by Mabena (2003) contends that peer pressure is something that can lead adolescents to use and abuse drugs. Parents should learn how to build self-esteem and confidence in their children and they can do this by teaching their children to love themselves. Mabena (2003) quotes Shopley who states that dealing with issues of alcohol and drug abuse is critical. Parents may feel uncomfortable to talk openly and directly to their children. Parents need to maintain a clear and supportive communication channel.

2.3.1.2 Poor familial relations
Family problems can be important factors in increasing the chances of early adolescent drug use. Drug use is high when the family is dysfunctional, when the youth is away from parents, or when there is drug and alcohol abuse within the family. Relationships suffer when the family does not have strong sanctions against drug use (Hoberg, 2001).

According to Hoberg (2001) inconsistent familial monitoring practices, family conflict and poor family relations play a role in adolescent drug abuse. Often adolescents turn to their peers for acceptance and approval. He further maintains that the strong emphasis on individuality together with the breakdown of the family can lead to an adolescent period characterized by reliance on peers as a source of reference and self-definition.

2.3.1.3 Poor self-esteem
Adolescents tend to have a lack of belief in themselves. Most people that do not show assertive behaviour usually do things impulsively. Adolescents that cannot make their own decisions can easily go with the crowd that is using drugs.

Searl (2005) maintains that poor self-image and lack of self-confidence are often the main reasons why adolescents persist in abusing drugs. She says both of these can be profoundly influenced by a teacher's attitude towards these changes. The teacher should be aware at all times of his ability to build up a child's faith in himself or on the other hand destroy his self-confidence.

Erikson (2006) confirms that underlying all chemical dependency is the issue of self-esteem. Adolescents sometimes do not like themselves and tend to feel "I am not worth it". Hence they seek reassurance and acceptance by peers.

2.3.2. Types of popular drugs
The following drugs are seen as popular drugs among adolescents in South Africa (South African Youth Risk Behaviour Survey, 2002): cannabis, inhalants, mandrax, cocaine and heroin, and club drugs.

2.3.2.1. Cannabis (dagga)
Cannabis (dagga) is a widely used illegal drug that is estimated at 144-million annual users and is described as the main problem in South Africa. It is sometimes smoked in combination with tobacco and mandrax.

2.3.2.2. Inhalants
Young people in South Africa commonly use inhalant substances that include glue, benzine, paint thinners and petrol.

2.3.2.3. Mandrax
This drug appears in the form of a tablet that is typically smoked in combination with dagga in a pipe known as white pipe.

2.3.2.4. Cocaine and heroin
These drugs are readily available and use is on the increase.
2.3.2.5. Club drugs
Club drugs include Ecstasy, amphetamines and Lysergenic Acid Diethylamide (LSD). Cocaine and heroin are also becoming popular in this category.

2.4 Drug prevention programmes
According to Schonfeldt (2007) prevention practices have been divided into three categories namely: primary, secondary and tertiary prevention. Primary prevention focuses on individuals prior to the onset of any signs of unwanted behaviour. Secondary prevention is directed at individuals who demonstrate early signs of unwanted behaviour, and tertiary prevention which rehabilitates them. Programme evaluation research revolves around the establishment of the effectiveness of social programmes (Schonfeldt, 2007).

According to TerreBlanche and Durrheim cited in Schonfeldt (2007), the number of evaluations conducted is small, compared with the number of interventions that are in existence. Hence South African researchers have recently shown an increased interest in programme evaluation.

Thwala (2005) states that prevention programmes should address all forms of drug abuse in order to enhance protective factors and reduce risk factors. According to him planning should be done so that school based programmes intervene early enough to address risk factors such as aggressive behaviour, poor social skills and academic difficulties. He further indicates that prevention programmes should be long term with repeated intervention. They should employ interactive techniques and train educators on classroom management.

Thwala (2005) further maintains that the principles in making programmes effective should relate to the needs, beliefs and perceptions of the target audience. The activities of the programme should be in line with the prevention and treatment of drug abuse. Programmes that had success in the prevention of substance abuse among adolescents include the Skills Opportunity and Recognition Project that was previously known as the Seattle Social Development Project (Schonfeldt, 2007).

School-based intervention seeks to reduce the risk of substance abuse by enhancing protective factors. The United States Department of Education reports that long-term results for this programme show positive results for participants, including improvement in antisocial behaviour, substance abuse and teenage pregnancy.
Schonfeldt (2007) states that the Lions' Quest Skills for Adolescents (SFA), which is a life skills education programme that entails a drug prevention programme, focuses on the prevention and delay of substance abuse in secondary schools.

According to the subcommittee of the Western Cape Alcohol and Drug Abuse programme cited in Thwala (2005), the following are successful components in the prevention of substance abuse programmes:

- Information on negative effects.
- Life skills.
- Provision of healthy alternatives to drugs.
- Focusing on harm reduction to those already affected.
- Need for treatment.
- Quality of life emphasis.
- Participatory programmes (effectiveness will increase with inclusion of peers, schools, parents and other resource groups).
- Youth to youth interventions.

The Cape Town Drug Counselling Centre and the United Nations Drug Control Programme (UNDCP) view the following components as beneficial for the prevention of drug abuse by learners:

- School-based prevention programmes directed toward social influence prompting youths not to smoke.
- Information on discrimination approaches focusing on the immediate consequences of smoking.
- Social resistance and social competence skills (Thwala, 2005).

Thwala (2005) maintains that most primary drug prevention programmes aim at avoiding or postponing the consumption of drugs or addiction with the school as the traditional setting. He states that a distinction should be made between formal classroom programmes and the integration of more general prevention activities.

The Cape Town Drug Counselling Centre and the United Nations Drug Control Programme (UNDCP) maintain that the organization of prevention delivery is an indication of the role of the state in the monitoring of quality control and evaluation of
prevention programmes in schools. Thwala (2005) states that wide experience of
drug prevention programmes are effective in reducing or delaying drug use by
imitation, but success depends on the measures chosen and whether they have a
clear purpose and are sufficiently structured, evidence based and evaluated.

Thwala (2005) further states that evidence based elements of successful school drug
prevention programmes are:

1. Personal skills: They focus on decision making skills so that they will help adolescents to
be able to make the right decisions and set goals for themselves.
2. Social Skills: They help adolescents to be assertive and not to do things because of peer
pressure.
3. Knowledge: It helps them to have knowledge about drugs and the consequences of using
them.
4. Attitudes: This help them to know the reality of taking drugs and also to know about the
peer group drug users.
5. Interactive teaching: To interact with adolescents in discussions so that everyone is
involved rather than didactic teaching.
6. Social Competency and Drug Resistance Skills, together with intensive family involvement:
these skills help adolescences to resist drugs and also involve them in discussions at their
homes with family members.
7. Intensive programmes, which operate in small groups, give better results.

According to Harker, Myers and Parry (2008) the following factors should be
considered when dealing with drug abuse prevention programmes:

2.4.1 Prevention activities can be counterproductive if done badly. Short term
measures such as once-off lectures by specialists or the police to say no to
drugs have proved to be ineffective and can even stimulate teenager interests in
drugs (European Monitoring Centre for Drugs and Drugs Addiction, 2007).
2.4.2 Prevention quality can be improved by creating standards for programmes and
professional services, and by tight coordination and control as with other
interventions that concern human health.
2.4.3 Unbalanced information like exaggerating the risks and relative dangers of illegal
drugs does not work either. When adolescents discover that they have been
misled they subsequently reject any information on drugs from official channels.
Harker, Myers and Parry (2008) suggest that risk and protective factors should be addressed in prevention programmes. They maintain that one of the generic principles of effective substance use prevention among adolescents involves reducing the factors that place adolescents at risk for initiating substance use and enhancing factors that protect adolescents from starting to use substances. Hence it is important to target both risk and protective factors in substance use prevention programmes.

According to Harker, Myers and Parry (2008) an overview of risk and protective factors for the initiation of substance abuse should be considered.

Researchers maintain that in South Africa schools-based prevention programmes are the most popular form of prevention among adolescents, as schools facilitate easy access to a large part of the target population. Researchers maintain that sixty percent (60%) of organizations work in schools on ‘After Substance Use Interventions’, with follow-up sessions, and sixty-nine percent (69%) have short-term, once-off awareness programmes for raising activities and interventions within school settings. They also examined the provision of Vocational and Academic Training as part of prevention among adolescents.

According to Nilda (1997) each organization provides referrals for treatment as part of their prevention activities. This is done to encourage early detection of substance use disorders and help-seeking behaviour amongst adolescents.

Harker, Myers and Parry (2008) mention that it is important to have community based prevention programmes as these attempt to change adult behaviour and address structural issues that support and maintain drug consumption. They maintain that life skills programmes, vocational training services, youth sport and recreational activities, HIV/AIDS education and the link between HIV/AIDS and substance use remain underrepresented at the community level.

Schonfeldt (2007) mentions school intervention programmes that focus on primary prevention of negative behaviour, e.g. substance abuse, high-risk sexual behaviour, crime and high dropout rates. This focused school intervention is intended to provide means for identifying learners for secondary intervention such as support groups and counselling. This emphasizes the important need for the school to be able to identify learners that need the other two interventions as well as tertiary intervention.
Similarly Dixon, cited in Pillay (2000), divides prevention in three categories: primary, secondary and tertiary prevention. She points out that primary prevention is often used as “education” in the available literature, and describes secondary prevention as aimed at people who are dependent or at risk of becoming dependent on drugs. This is described as “early intervention”. She finally points out that tertiary prevention is aimed at alleviating the effects of harmful drug use through treatment or rehabilitation. It concerns preventing adolescents from returning to drug use by developing strategies aimed at preventing relapse.

2.5 Primary prevention
Primary prevention refers to preventing the onset of any substance abuse (Department of Social Development, 2006).

2.5.1 Role of the School
The school remains the most important and effective level of prevention although adolescent drug abuse does not usually occur during school hours on the school premises (Hoberg, 2007). Jamin in Hoberg (2007) states that it is the school's major function to perpetuate its values and traditions to adolescents. The school and parents are still primary agents in preparing adolescents for their future in society.

Schools are the most logical places to begin drug abuse prevention. They are the only institutions where adolescents spend most of their time, hence they are the most appropriate context for influencing adolescents about drug abuse (Pillay, 2000). According to Searll (1989) it is important that the adolescents find themselves in a supportive and sympathetic environment because they have lots of problems. They are easily influenced and vulnerable to drug abuse hence they need correct guidance. If they do not get this guidance they might take the wrong direction of drug abuse. As a result it is imperative for the teachers to explain the consequences of drug abuse to their learners and they should do this in a calm and informative way.

In order for drug abuse prevention to be successful, teachers should have the motivation, knowledge and skills. They should be familiar with researched based prevention to be able to make informed choices. They should maintain an open and supportive communication channel and instill a value of caring and helping (Erikson, 2006). Teachers in schools need to model the social decision-making
and communication skills taught in the curriculum. To support this Rimer and Glanz (2005) maintain that schools should provide training for teachers to help them recognize learners with drug abuse and related problems and to know how to respond.

Rimer and Glanz (2005) further suggest the following steps in observing learners with drug abuse:

- observe and document it in personal notes;
- talk to the child about observations;
- talk to the parents about their concerns; and
- seek counselling from other personnel with expertise and responsibility for resolving such problems, for example student assistance programmes.

2.6 Secondary prevention

Secondary prevention refers to the prevention directed at individuals demonstrating at risk factors associated with unwanted behaviour (Schonfeldt, 2007).

2.6.1 Life skills education

Pillay (2000) suggests that schools need to encourage preventative strategies like Life Skills Education Programmes. He further suggests that this should be taught as part of the regular curriculum from primary through to high school, because it will help children to learn how to cope with life and provide them with skills to deal with situations and pressures they face now and in the future.

Edmunds cited by Pillay (2000), maintains that good lifestyle education programmes should focus on factual alcohol and drug information, and decision-making and problem solving skills that help children to have confidence in the decisions they make and the ability to seek solutions. It can also help them on value clarification to ensure that their behaviours are in line with internalized values they have accepted. They will thus be more assertive and develop a stronger self-esteem. He states that the aim of life skills education is to create a child who is self-confident and functions from an internalized value system and is therefore self-disciplined and responsible.

Bannett cited by Pillay (2000) maintains that the school should implement a comprehensive drug prevention curriculum that teaches that drug use is wrong and harmful, and that supports and strengthens resistance to drugs. The main
aim of the programme should be to promote and maintain sound personal health, to respect laws and rules prohibiting drugs, to resist pressures to use drugs and to promote pupils’ activities that are drug free and offer healthy avenues for students’ interests.

Pillay (2000) maintains that the aim of Life Skills Education is to create a child who is self-confident, self-disciplined and responsible, with a belief in his own ability and with the resources to handle life situations without resorting to a chemical to help him cope.

2.6.2 Role of the parent
Parent and child relationships are integral agents in affecting their children's educational achievement by becoming involved in their schooling activities. Bandura (1997) believes that children of parents who are involved in their children’s school lives and monitor their progress, fare best in high school.

Parenting style can make a difference. Authoritative parents, that is, reliable and trustworthy parents, urge adolescents to consider issues, and admit that their children sometimes handle options better than them. These parents strike a balance between making demands and being responsive. Their children receive praise and privileges for good grades, while poor grades bring discouragement and possible disillusionment and disappointment. The latter response may also have the unfortunate consequence of causing delinquent behaviour by some of these children.

Authoritarian parents, that is, demanding and controlling parents, by contrast tell adolescents not to argue with or question adults. Good performance at school brings praise and advice to do better, poor performance upset the parents who may punish their children by reducing allowances or ground them.

Permissive parents, on the other hand, seem not to care about grades and formulating rules about school achievements. These parents do not attend their children's school functions or check their children's homework. Such parents assume that their adolescents are responsible for their own lives.

The United Nations Office on Drugs and Crime (2004) suggests the following strategies for parents to prevent substance abuse by their adolescents (children):
• A child in transition - this suggests that a parent of a teenager who is going through transition needs to know that his child is vulnerable to drugs as a way to cope with the daily stresses of life, and this parent should find information to help his child make positive, healthy choices. Adolescents are experiencing adolescence, the universal transition to adulthood. They need help through that transition.

• A resilient child - a parent should ask himself, what makes his child resilient to changes and stresses and what skills do they need and thereafter act upon that information?

• Be a role model - parents should play an important role in orientating children towards healthy lifestyles. Children will imitate what they see. Actions of a parent will send a very powerful message of living an alcohol and drug free life.

• Help a child to develop life skills - peers can exert a powerful influence on a child who feels a strong need to belong. A parent can help his child by teaching him important skills, that is: communication, refusal skills (assertiveness), decision-making, coping with stress, problem solving and goal setting.

• Involve others in the community. A parent is not alone. They can work with other parents in their child’s school. Parents can be very useful for sharing information and giving mutual support to prevent alcohol and drug abuse amongst their children.

• Shopley, in The United Nations Office on Drugs and Crime (2004), suggests that parents need to encourage open communication between themselves and their children. Customs and rituals for family communication should be established. The author states that parents should try not to punish, threaten and cover up for their children but should let them face the realistic consequences of their behaviour.

In an effort to keep their children drug free, The United Nations Office on Drugs and Crime (2004) maintains that parents should educate themselves about the problems facing today’s youth. They must give clear messages about their
expectations and be specific about how they expect them to behave.

Parents can have a significant influence by modelling behaviours concerning drug use by instituting family rules, becoming aware of youth culture, recognizing the early signs of drug use and by maintaining communication within the family and with other parents and the school. Schools together with families and the wider community share responsibility for the education and welfare of students, and parents and guardians have a right to know when their children are misusing substances. Mutual support between school and home is important and parental support is seen as crucial to dealing with drug related issues. Nser, Van der Merwe and Ovens (2003) suggest that school based strategies should address social problems and drug use among learners. They state that schools should act as powerful protective influences, and that a beneficial physical and psychological atmosphere promotes healthy youth development in protective schools.

The National Centre on Addiction and Substance Abuse at Columbia University in the United States, cited by Neser et. al. (2003), suggests ten principles that foster the creation of healthy youth that can be applied by school administrators, policy makers, community leaders and parents:

- forgiving and forging a vision of success;
- building a protective school culture;
- increasing leadership commitment;
- supporting a strong academic programme;
- implementing research based prevention;
- providing professional development;
- strengthening home school community relationships, and
- using data to guide decision-making.

The social influence based primary prevention programmes can have an impact not only on those children that have not started using drugs, but also on those that have already started, to discourage them from continuing. It is an advantage to have a primary prevention programme, because it may reach and affect the not yet identified high risk population of early drug users.
2.6.3. Peer counselors

Piltay (2000) maintains that peer counselors should be introduced, as they understand their peers' behaviours. This revolves around the exchange of information and group involvement. He suggests the following as the role of a peer counsellor:

- to identify learners with alcohol and drug problems;
- to have sensitive listening skills;
- to provide support systems to learners with this problem;
- to promote anti-drug and alcohol awareness by means of activities, speakers and displays;
- to discuss daily problem issues facing adolescents;
- to promote peer group influence in terms of a healthy lifestyle, and
- to inform Adolescents Against Drug Abuse who can assist learners with a drug problem.

Hoberg (2007) states that it is easier for adolescents to speak to their peers, that is, persons of their own age, who are not there to tell them how bad they are. He maintains that adolescents find it difficult to talk to adults about their substance abuse habits. Adolescents state that they need peer counsellors who can understand them. Hoberg (2007) maintains that principals should realize the value of peer counsellors and should be trained to assist those that are abusing drugs.

2.7 Tertiary prevention

Tertiary prevention aims at ending dependence and minimizing problems resulting from use. This type of prevention strives to enable the individual to achieve and maintain improved levels of functioning and health. It is also called rehabilitation and relapse prevention (Thwala, 2005).

2.7.1 Professional resources

In the Department of Education there are professional people who specialize in counselling of children and parents. They also give motivational talks to the learners in schools and deal with topics like self-esteem, decision-making, values and attitudes. These people help children to see life in a positive way. There are also professional organisations that specialize in the treatment of alcohol and
drug dependence. Organisations like SANCA undertake the training of teachers and peer counselors.

Schools and parents should work hand-in-hand with these organisations. Every effort must be made to educate adolescents, parents and teachers about the dangers of drug abuse in order to bring about prevention of this dangerous habit (Montgomery, Petz & Rohrbach, 1998).

2.8 Discussion: The Teenagers Against Drug-Abuse Programme
The following components of the programme were presented to grade 10 and 11 learners:
- Definition of concepts
- Types of classification of drugs
- Dependency on drugs
- Effects of drug abuse to adolescents
- Five life skills i.e. Self-Awareness, Assertiveness, Decision Making and Problem Solving.

The programme was presented for three hours on five consecutive days. It was presented on the school premises after teaching and learning had come to an end. Face-to-face interaction was used when this programme was presented, where learners were involved in the discussion.

Peer councillors were trained and used to conduct drug abuse talks amongst adolescents with the intention to educate and prevent drug abuse at secondary school level. The researcher is evaluating this part with regard to attitude, behaviour and knowledge variables. The questionnaire for data collection was prepared based on the programme that was presented and discussed with the learners.

2.9 Summary
This chapter presented the critical issues regarding prevention of drug abuse amongst adolescents. Most of the literature focused on ways that can prevent drug abuse by adolescents. It clearly stated the role of every person and group involved in prevention of drug abuse by adolescents. The question posed at the onset was what can be done to alleviate this problem? The literature review attempted to give some views on this issue.
The Teenagers Against Drugs programme was presented to learners during a five day period and peer councillors were trained on how to approach the question of drug abuse with learners at secondary school level.

This formed the basis for the questionnaire that was used for the collection of data.
CHAPTER 3
RESEARCH METHODOLOGY

3.1 Introduction
This chapter presents the qualitative methodology used in this study. It explains the rationale behind choosing the qualitative approach that was used and how the research was conducted. This chapter will present a roadmap of how the research questions were answered. According to Schonfeldt (2007) a research methodology defines the activities carried out in the research as the conceptualization of the methods, how to measure progress or outcomes and what constitutes success by the research project.

This chapter will describe the research methods and procedures followed in conducting the study, including research design, research instrument, validity and reliability, data analysis and the procedures for administration of the questionnaires.

3.2 Research methodology and design
3.2.1. Sample
The sample consists of Grades 10 and 11 learners from four secondary schools in the Pinetown District of KwaZulu-Natal. Two of the four schools are from rural areas and two from an urban area. The class teachers made a list of names of learners from these grades that participated. They were selected because they were willing to participate in the study. The learners were assured that confidentiality would be maintained throughout the exercise.

3.2.2 Sampling method
The researcher used a random sampling method. The aim was to select units that were judged to be the most common in the population under investigation, for example ages 14-25 for males and females from Pinetown District schools. The primary consideration in random sampling is the judgment of the researcher as to who can provide the best information to achieve the objectives of the study (Kumar, 2005). She contends that this is the most important kind of non-probability sampling.

Researchers rely on their experience, ingenuity or previous research findings to deliberately obtain units of analysis in such a manner that the sample they obtain may be regarded as being representative of the relevant population.
3.3 Data collection and analysis

Data was collected by means of a designed questionnaire. A questionnaire allows the respondents to maintain confidentiality and to express themselves freely without fear of the unknown because it guarantees anonymity (Spencer, 1982). This method is the cheapest way to obtain a sample of responses from a homogeneous group in a short period of time. It is low in cost both to the respondent, who wastes little of his regular working time and to the researcher who obtains replies quickly and is therefore able to tabulate the answers more efficiently (Spencer, 1982). Data is then analyzed by converting raw scores (responses) into percentages. Such information will be interpreted in relation to the aims of the study.

Mhlongo and Peltzer (1990) state that valid and reliable information can only be obtained by means of a well-constructed questionnaire. A well-constructed questionnaire permits the collection of reliable and reasonably valid data, which is relatively simple and can be completed in a short space of time. A questionnaire was designed based on the data obtained from the five-day discussion with learners and the peer training programme. Tables were created to present data, and the completed questionnaire distributed to groups of learners with the help of educators. The data that was gathered was analyzed as prescribed, i.e. by converting raw scores (responses) into percentages. The information was then interpreted in relation to the aims of the study.

3.4 The Research Design

TerreBlanche, Durheim and Painter (2006) state that the research design is a strategic framework for action that serves as a bridge between research questions and implementation of the research. They mention that it is a plan that guides the arrangement of conditions for collection and analysis of data in a manner that aims to address the research question. This study adopted a descriptive research design, since it sought to describe the attitudes, behaviour and knowledge of learners about the effectiveness of drug prevention programmes.

Khumalo (2007) maintains that a research design involves the development of a strategy that will guide the collection of data. She states that a research design includes the research plan to implement a number of scientific controls to enhance the interpretation of the study results. Neuman as cited by Thwala (2005) states that it is imperative that the researcher designs the questionnaire based on the approaches or strategies to be used. Polit and Hungler as cited by Khumalo (2007) state that a
research design is the overall plan for collecting and analysing data including specifications for enhancing the internal and external validity of a study.

The research design for this study is a descriptive model which by its nature is a quantitative study. It provides an accurate profile of a group and presents a picture of specific details of a situation, states or events. (Ulin, 2002) maintains that a descriptive study aims at providing an accurate quantitative description of a phenomenon rather than discovering the cause for it. There is no manipulation of subjects, the researcher measures things as they are (Ulin, 2002).

Descriptive research aims to find out more about a phenomenon and to capture it with detailed information. Often the capturing and description is only true for that moment in time but it still helps one to understand and know more about the phenomenon (Babbie & Mouton, 2001). Therefore this design was chosen as suitable for this study because it describes the attitudes, behaviour and knowledge of learners about the effectiveness of drug prevention programmes in their schools.

3.5 The Research Instrument

In descriptive research, data collection methods include observation, interviews and questionnaires. In this study the researcher selected a questionnaire because it allows collection of data from a large population. Furthermore it is cheap, saves time and is efficient. Naidoo (2001) concludes that a questionnaire is less expensive and permits collection of data on a larger scale. She maintains that a questionnaire is an instrument of collecting data with a special function of measurement.

According to De Vos in Thwala (2005) a questionnaire is an instrument with open or closed questions or statements to which a respondent must react. It can be telephonic, self-administered by individuals or administered by a group. In this case the questionnaire was administered to a group of Grades 10 and 11 learners, boys and girls.

The questionnaire was divided into four sections: Section A comprised socio-demographic data; Section B comprised questions that sought to gather data that evaluated the behaviour and attitude of learners towards drug prevention programmes; Section C consisted of questions that evaluated the knowledge of learners about drug abuse and Section D comprised questions that evaluated the knowledge of drug prevention programmes and their effectiveness.
3.6 Validity and Reliability
Reliability and validity are central issues in all measurements for a research study. Reliability and validity are relevant because constructs are often ambiguous, diffuse and not directly observable (Neuman, 2006).

A pilot study was conducted in order to test the validity and reliability of the questionnaire. An internal consistency method of item analysis was used for this purpose. Scores from an instrument are reliable and accurate if an individual's scores are internally consistent across the item on the instrument. If someone completes items at the beginning of the instrument one way, then they should answer the questions later in the instrument in a similar way to prove internal consistency (Cresswell, 2009).

3.7. Data Analysis
Data was analysed by using the statistical package for Social Sciences (SPSS) which yielded descriptive statistics and which analyses frequency data where frequencies connect particular categories or classifications (age, gender and disparity).

3.8. Procedures for administration of questionnaires
Participants were supplied with questionnaires which had questions to evaluate the effectiveness of drug abuse prevention programmes. Students were organized with the help of life skills orientation officers in schools and concerned teachers.

3.9. Summary
The purpose of this chapter was to present the qualitative methodology that was used in this study. It explained the rationale behind choosing the qualitative approach and how the research was conducted. The research methods and procedures followed in conducting the study, including the research design, research instrument, validity and reliability, data analysis and procedures for administration of questionnaires, were discussed.
CHAPTER 4
DATA PRESENTATION AND ANALYSIS

4.1 Introduction
The aims of this study are to evaluate the effectiveness of drug abuse prevention programmes. It examines three categories of prevention, which are primary, secondary and tertiary prevention. This chapter presents the findings from the study. It starts by providing statistical information of the respondents, which include gender, age, level of education and geographical location. There is reason to believe that these variables are important in determining perception and understanding of respondents with regard to drug abuse and prevention methods. As indicated in chapter three the statistical package for the social sciences (SPSS) has been used for data analysis.

4.2. Gender of respondents
The number of respondents who participated in this study was ninety (90). Forty seven (47) of the respondents (52.2%) were male and forty three (43) of the respondents (47.8%) were female. This means that the number of males was higher than their female counterparts. As the study was voluntary, it seems that males were more keen to participate in the study than girls.

Table 1. Gender distribution of respondents

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>47</td>
<td>Count</td>
<td>43</td>
<td>Count</td>
<td>90</td>
</tr>
<tr>
<td>%</td>
<td>52.2</td>
<td>%</td>
<td>47.8</td>
<td>%</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3. Age of respondents
The sampled respondents were divided into three age categories namely: 11-14; 15-19 and 20-25. There was no respondent in the first category. In the second category of between 15-19 years, 78.7% were male and 81.3% were female. In the third category of between 20-25 years of age, 21.3% of respondents were male and 18.7% were female.
Table 2: Age of respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>11-14</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15-19</td>
<td>37</td>
<td>78.7</td>
<td>35</td>
</tr>
<tr>
<td>20-25</td>
<td>10</td>
<td>21.3</td>
<td>8</td>
</tr>
</tbody>
</table>

4.4. Respondents’ year of schooling

While the preliminary intention of the researcher was to draw a sample from learners from grades 8 to 12, it emerged that respondents who participated in the research were from grades 10 and 11. For grade 10, 57.4% were male while 39.5% were female. For grade 11, 42.6% were male and 60.5% were female.

Table 3: Respondents’ year of schooling

<table>
<thead>
<tr>
<th>Grade</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>10</td>
<td>27</td>
<td>57.4</td>
<td>17</td>
</tr>
<tr>
<td>11</td>
<td>20</td>
<td>42.6</td>
<td>26</td>
</tr>
</tbody>
</table>

4.5. Extent of drug use in schools

Analysing the extent of drug use in schools, 14.8% of the males strongly agreed that the use of drugs is a major problem in their school, while 59.6% of the males agreed that drug use is a major problem in their school. Seventeen percent of males were neutral, 6.4% disagreed that the use of drugs is not a major problem in their schools and 2.2% strongly disagreed that the use of drugs is a major problem in their schools.

For females, 39.6% agreed that the use of drugs is a major problem in their schools, followed by 34.9% who were neutral. These were followed by 11.7% who disagreed that the use of
drugs is a major problem in their schools and 6.9% strongly agreed that the use of drugs is a major problem in their schools. Lastly, 6.9% strongly disagreed.

Table 4: Extent of drug use in schools

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>7</td>
<td>14.8</td>
<td>3</td>
</tr>
<tr>
<td>Agree</td>
<td>28</td>
<td>59.6</td>
<td>17</td>
</tr>
<tr>
<td>Neutral</td>
<td>8</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>6.4</td>
<td>5</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>2.2</td>
<td>3</td>
</tr>
</tbody>
</table>

4.6. Respondents' knowledge of drugs

4.6.1 Respondents' knowledge of drugs and its consequences.

The aims of questions in this section were to examine respondents' knowledge of drugs and their consequences. Here, some of the common and known drugs by respondents were listed.

The respondents were asked about their knowledge on the addictiveness of nicotine. In response to the question of nicotine being addictive 70.5% of the males said no, 19.14% of males were not sure and 10.7% of males said yes, nicotine is addictive. The responses between males and females showed similar trends. For females, 65.11% of the respondents were not sure as to whether or not nicotine is addictive, 30.2% said no, nicotine is not addictive and only 4.6% of females said yes, nicotine is addictive.

Table 5: Respondents' knowledge of the consequences of nicotine

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>10.7</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>33</td>
<td>70.5</td>
<td>13</td>
</tr>
<tr>
<td>Not sure</td>
<td>9</td>
<td>19.14</td>
<td>28</td>
</tr>
</tbody>
</table>
4.6.2. Excessive alcohol use can depress the central nervous system

The respondents were asked to assess whether excessive alcohol use can depress the central nervous system. The results indicated that 63.8% of male respondents said yes, excessive use of alcohol can depress the central nervous system, 21.2% of males said no, excessive use of alcohol does not depress the central nervous system and 14.89% was not sure as to whether or not the excessive use of alcohol depresses the nervous system. Of the female respondents, 46.74% agreed that excessive use of alcohol can depress the nervous system, while 18.60% were not sure and 4.65% said no, the excessive use of alcohol does not depress the nervous system.

Table 6: Respondents' knowledge of the consequences of alcohol abuse

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>63.8</td>
<td>33</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>21.2</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>7</td>
<td>14.89</td>
<td>8</td>
</tr>
</tbody>
</table>

4.6.3. Dagga contains a substance that can damage the fatty tissues in the body

Respondents were asked on their awareness as to whether dagga contains a substance that can damage the fatty tissues in the body. The findings from the data indicated that 78.72% of male respondents indicated that they are aware that dagga contains a substance that can damage the fatty tissue in the body, 12.76% said no, dagga does not damage the fatty tissues in the body, and 8.51% were not sure. Most of the female respondents, 60.46% said yes, dagga contains a substance that can damage the fatty tissues in the body, 23.25% indicated that dagga does not contain a substance that can damage fatty tissues in the body and 16.27% of female respondents were not sure.
Table 7: Respondents' knowledge of the consequences of the use of dagga

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td>78.72</td>
<td>26</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>12.76</td>
<td>10</td>
</tr>
<tr>
<td>Not sure</td>
<td>4</td>
<td>8.51</td>
<td>7</td>
</tr>
</tbody>
</table>

4.7. Behaviour of respondents with regard to drug abuse

The aims of this section were to understand the behaviour of the respondents with regard to drug use.

4.7.1. Using drugs is cool

The section on behaviour of respondents with regard to drug abuse, firstly sought to establish the respondents' perceptions on drug use. The results indicated that 42.5% of male respondents strongly disagreed that it is not good to use drugs, 21.2% disagreed, 14.8 strongly agreed that it is good to use drugs, 12.7% agreed that it is good to use drugs and 8.5% of respondents were neutral.

For the female counterparts, 51.1% strongly disagreed that it is not good to use drugs, followed by 34.8% who disagreed that it is not good to use drugs, 6.9% indicated that it is good to use drugs, 4.6% were neutral, while 2.3% strongly agree that is good to use drugs.

Table 8: Behaviour of respondents with regard to drug abuse

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>7</td>
<td>14.8</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>12.7</td>
<td>3</td>
</tr>
<tr>
<td>Neutral</td>
<td>4</td>
<td>8.5</td>
<td>2</td>
</tr>
</tbody>
</table>
4.7.2. People who use drugs are creative

Data on whether people who used drugs were perceived as creative showed that 34% of male respondents were not sure as to whether people who use drugs are creative, 27.6% agreed that people who use drugs are creative, 21.2% disagreed that people who use drugs are creative and 8.5% strongly agreed that people who use drug are creative, while 8.5% strongly disagreed.

For female respondents, 55.8% were neutral and did not know whether people who use drugs are creative, followed by 16.2% who disagreed that the use of drugs makes people creative, 4.2% agreed that the use of drugs does make people creative and 2.3% strongly agreed that the use of drugs makes people creative.

Table 9: Respondents’ views with regard to a drug’s use on creativity

<table>
<thead>
<tr>
<th></th>
<th>Male Frequency</th>
<th>Male Percent</th>
<th>Female Frequency</th>
<th>Female Percent</th>
<th>Total Frequency</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td>8.5</td>
<td>1</td>
<td>2.3</td>
<td>5</td>
<td>5.5</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>27.6</td>
<td>2</td>
<td>4.2</td>
<td>15</td>
<td>16.6</td>
</tr>
<tr>
<td>Neutral</td>
<td>16</td>
<td>34</td>
<td>24</td>
<td>55.8</td>
<td>40</td>
<td>44.4</td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>21.2</td>
<td>7</td>
<td>16.2</td>
<td>17</td>
<td>18.8</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>8.5</td>
<td>6</td>
<td>12.7</td>
<td>10</td>
<td>11.1</td>
</tr>
</tbody>
</table>

4.7.3. Learners who smoke dagga are accepted by other learners

Data on the issue of acceptability of students who smoke dagga showed that 36/1% of male respondents were not sure or neutral, 19.1% agreed that learners who use drugs are accepted by other learners, 10.6% disagreed that learners who use drugs are not accepted by other learners, 6.3% strongly agreed that learners who use drugs are accepted by other learners and 6.3% strongly disagreed that learners who use drugs are not accepted by other learners.

Of female respondents, 42.5% were not sure as to whether learners who use drugs are accepted by other learners, followed by 23.4% who disagreed that learners who use drugs are accepted by other learners, followed by 23.4% who disagreed that learners who use drugs are accepted by other learners.
not accepted by fellow learners, 14.8% strongly disagreed that learners who use drugs are accepted by other learners and lastly 11.6% of respondents agreed that learners who use drugs are accepted by fellow learners.

Table 10: Respondents’ views on whether learners who use drugs are accepted by fellow learners

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>6.3%</td>
<td>3</td>
</tr>
<tr>
<td>Agree</td>
<td>9</td>
<td>19.1%</td>
<td>5</td>
</tr>
<tr>
<td>Neutral</td>
<td>17</td>
<td>36.1%</td>
<td>20</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>10.6%</td>
<td>11</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>3</td>
<td>6.3%</td>
<td>7</td>
</tr>
</tbody>
</table>

4.7.4. **Learners who use drugs should go to jail**

Respondents were asked to provide their views on whether learners who use drugs should be jailed. The results from the data indicated that 57.4% of male respondents strongly agreed that people who use drugs should go to jail, followed by 10.6% who were neutral, 10.6% who strongly disagreed that they should not go to jail and 8.5% who disagreed that they should not go to jail.

For female respondents, 46.5% strongly agreed that learners who use drugs should go to jail, followed by 21.2% who were neutral, 16.2% who agreed and 6.3% who strongly disagreed. The same percentage of 6.3% also agreed that learners who use drugs should go to jail.
Table 11: Respondents’ views on whether learners who use drugs should go to jail

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>27</td>
<td>57.4</td>
<td>20</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>12.7</td>
<td>7</td>
</tr>
<tr>
<td>Neutral</td>
<td>5</td>
<td>10.6</td>
<td>10</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>8.5</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
<td>10.6</td>
<td>3</td>
</tr>
</tbody>
</table>

4.8. Drug use prevention programmes

The evaluation of drug prevention programmes is the core of this research. In this section the implementation and effectiveness of drug prevention programmes are explored and examined.

4.8.1. Whether there is any drug prevention programmes in your school

Evaluating the data as to whether there are any drug prevention programmes in their schools, 85% of male respondents said no, while 10.6% said yes and 4.2% did not know. For female respondents, 76.5% indicated that there are no drug prevention programmes in their school, 10.6% were not sure or did not know, and only 4.2% agreed that there are programmes on drug prevention in their school. For those who indicated that there is a drug prevention programme, referred to life skills programmes and drug awareness programmes. These were the common programmes mentioned by female respondents.

Table 12. Whether there are drug prevention programmes in schools

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>10.6</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>85</td>
<td>36</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2</td>
<td>4.2</td>
<td>5</td>
</tr>
</tbody>
</table>
4.8.2. Peer counseling decreased the use of drugs

Examining whether peer counseling decreased the use of drugs in school, the responses were positive. Of male respondents, 42.5% agreed that peer counseling decreased the level of drug abuse in school, followed by 31.9% who strongly agreed that peer counseling decreased the level of drug use in their schools, 14.8% who were neutral, and 6.3% who strongly disagreed that peer counseling did not decrease the use of drugs in school.

For female respondents, 27.6% agreed that peer counseling decreased the use of drugs in school, followed by 23.4% who were neutral, 14.8% who strongly disagreed that peer counseling did not decrease the level of drug use and 12.7% who disagreed.

Table 13: Peer counselling decreased the use of drugs in school

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>15</td>
<td>31.9</td>
<td>6</td>
</tr>
<tr>
<td>Agree</td>
<td>20</td>
<td>42.5</td>
<td>13</td>
</tr>
<tr>
<td>Neutral</td>
<td>7</td>
<td>14.8</td>
<td>11</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>6.3</td>
<td>6</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>4.2</td>
<td>7</td>
</tr>
</tbody>
</table>

4.8.3. Parents' involvement in the programme helps prevent use of drugs

Evaluating whether parents' involvement in drug prevention programmes helps prevent the use of drugs in school, the results demonstrated that parents' involvement played a positive role. For example, 34% of male respondents agreed that parent involvement helps prevent use of drugs, 29.7% strongly agreed, 21.2% agreed, 10.6 disagreed and 4.2% strongly disagreed. For female respondents, 36.1% strongly agreed that parent involvement can prevent the use of drugs, 30.2% agreed, 10.6% disagreed, 10.5% strongly disagreed and 6.9% were neutral or not sure as to whether parents' involvement can prevent the use of drugs in schools. The overall results indicated that the role of parents in prevention of the use of drugs in school is important and this came out from both categories of respondents (male and female).
Table 14: Parents’ involvement on the prevention of drug use in schools

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>14</td>
<td>29.7</td>
<td>17</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td>Neutral</td>
<td>10</td>
<td>21.2</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>10.6</td>
<td>5</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>4.2</td>
<td>5</td>
</tr>
</tbody>
</table>

4.8.4. The number of learners misbehaving in class decreased

Analysing whether participation in a drug prevention programme, peer counseling and parents’ involvement have reduced learners’ misbehaviour, it emerged that there were mixed views. Of male respondents 31.9% were neutral, 23.4% agreed, 19.1% strongly agreed, 17% disagreed and 8.5% strongly disagreed. For female respondents, 30.2% agreed that the number of learners misbehaving has decreased, 29.7% were neutral, 12.7 disagreed and 11.6% strongly disagreed.

Table 14: Learners’ level of behaviour after different interventions

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>9</td>
<td>19.1</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>11</td>
<td>23.4</td>
<td>13</td>
</tr>
<tr>
<td>Neutral</td>
<td>15</td>
<td>31.9</td>
<td>14</td>
</tr>
<tr>
<td>Disagree</td>
<td>8</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>8.5</td>
<td>5</td>
</tr>
</tbody>
</table>

4.8.5. The number of learner dropouts decreased

The respondents were asked to assess the impact of drug abuse intervention programmes amongst the learners. The findings showed that 40% of male respondents were neutral or not
sure as to whether dropouts decreased or increased, 14.8% agreed that dropouts decreased, 14.8% strongly disagreed, 14.8% disagreed and 10.7% strongly agreed that the number of school dropouts decreased. For female respondents, 37.2% were neutral, 19.1% agreed that the number of learners dropouts decreased 17% disagreed, 10.6% strongly agreed and 10.6% strongly disagreed that it did not decrease.

Table 15. The level of learner dropouts

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>6</td>
<td>10.7</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>14.8</td>
<td>9</td>
</tr>
<tr>
<td>Neutral</td>
<td>20</td>
<td>42.5</td>
<td>16</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>14.8</td>
<td>8</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>7</td>
<td>14.8</td>
<td>5</td>
</tr>
</tbody>
</table>

4.8.6. Now know advantages and disadvantages of drug use after training

Respondents shared their perceptions on whether learners knew the advantages and disadvantages of drug use. The results show that 78.7% of male respondents did not know of any advantages or disadvantages of drug use, 14.8% said no and 6.3% said yes, that they do know of advantages and disadvantages of drug use.

For female respondents, 68% did not know of any advantages and disadvantages of drug use, 21.2% said no and 2.1% said yes, they know the advantages and disadvantages of drug use after training.
Table 16: Knowledge of advantages and disadvantages of drug use

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>6.3</td>
<td>1</td>
<td>2.1</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>14.8</td>
<td>10</td>
<td>21.2</td>
<td>17</td>
<td>18.8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>37</td>
<td>78.7</td>
<td>32</td>
<td>68</td>
<td>69</td>
<td>76.6</td>
</tr>
</tbody>
</table>

4.9. Summary

This chapter provided the analysis of the data in evaluating the effectiveness of drug abuse prevention programmes. Statistical information of respondents were presented, such as age, gender, level of education or grade. The extent of drug use in schools was explored to ascertain the seriousness of the problem. Respondents’ knowledge of drugs and its consequences was examined as well as the behaviour of respondents with regard to drug use.

Prevention programmes and their effectiveness were examined in order to ascertain whether there are any drug prevention programmes and if so, how they function and how effective they are in preventing or decreasing the level of drug use. The findings indicated that both male and female respondents found drug use in schools to be a major problem. However, the males were more aware of the extent of drug use in school than females. With regard to their knowledge of the consequences of drug use, the results demonstrated that respondents were aware of drug use and the consequences for those who use them. With regard to respondents’ behaviour to drug use, it emerged that the majority of respondents have negative attitudes toward the use of drugs.

Evaluating whether there any drug prevention programmes in their schools, the results demonstrated that there are no formal drug prevention programmes, only programmes in the form of Life Skills and Drug Awareness Programmes. A small number of respondents indicated that these programmes are available, while the majority was not aware of the Life Skills or Drug Awareness Programmes. However, peer counseling and parents' involvement seemed to play an important role in drug prevention.
CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 Introduction
The purpose of this chapter is to present a discussion of the findings of the research and recommendations on the possible implications of the results of the research. The prevention programmes were evaluated against independent variables namely attitude, knowledge and behaviour.

5.2 Summary of the findings
The aim of this study was to evaluate drug abuse prevention programmes for adolescents in secondary schools and the effect that they have on attitude, knowledge and behaviour. The objectives were to determine the effectiveness of the drug abuse prevention programmes on attitude, knowledge and behaviour on adolescents and the relationship between them.

The study also attempted to establish whether or not there is a relationship between biographical variables and the effectiveness of preventative programmes on drug abuse. In order to achieve the aims and objectives of the study, prevention programmes and their effectiveness were evaluated against independent variables, namely knowledge, attitude, behaviour and effectiveness of prevention programmes.

The findings were as follows:

1. **Knowledge**: The findings demonstrated that drug use in the schools surveyed is prevalent. A large number of students are aware of the use of drugs. However, the findings demonstrated that male respondents were more aware about drug use in schools than females. The assumption was that the use of drugs may be more prevalent among boys than their female counterparts.

2. **Attitude**: with regard to attitude the findings demonstrated that in general most of the respondents had a negative attitude toward the use of drugs in school.

3. **Behaviour**: The researcher expected the respondents to indicate a change in behaviour to show the positive impact made by drug prevention programmes. The findings show that behaviour is good with more than half of the respondents reportedly well behaved. However, it is important to mention that the findings on the influence in behavioural change indicated that it was not due to formal prevention programmes, but to peer educators and the involvement of parents in drug prevention.
4. **Effectiveness of drug prevention programmes:** While the respondents have shown a positive attitude toward drugs and its use, it is important to note that formal drug prevention programmes are non-existent in schools and where they are claimed to exist, they are not visible to the learners.

5.3 **Recommendations**

- There is a need for effective drug prevention programmes in schools.
- Parents and the community should have an input in the implementation of drug prevention programmes.
- The schools should ensure the benefit or credibility and relevance of drug abuse programmes before implementing it.
- There should be means for treatment of those learners who are addicted to drug use and are willing to be helped.
- Peers are more receptive to other peers. Therefore it is recommended that all schools should adhere to the implementation of the Adolescents against Drug Abuse Programme.
- During the presentation of the programme the facilitator should ensure that drug information does not encourage adolescent to go out and do drugs.
- The drug abuse prevention programme should be used in conjunction with life skills education.

5.4 **Limitations**

Time and financial resources were limited with the result that the researcher could not widen her scope of research. As some questionnaires were spoilt, the researcher regards her sample as small so that not enough information was provided. The study only focused on two grades. The researcher is of the opinion that a wider involvement of all adolescent ages would have provided more insight into the research.

The study was conducted after break when learners had had their meals. They were tired and some of them could not concentrate fully when they were answering questions.

Male learners were hesitant to take part in answering questionnaires until the researcher explained again that no names would be written down and that the questionnaires would be treated as strictly confidential.
5.5 Conclusion

From the results of this study it can be concluded that behavioural change and attitude change cannot be solely the responsibility of the school, but that this also needs the involvement of other role players like parents and the community. The study also found that the programmes that are used in schools do not do much to change the attitudes and behaviour of the learners but does have an impact on increasing their knowledge about drugs. Furthermore, the study indicated that a number of adolescents do not have sufficient knowledge about drugs, hence the recommendation that all schools should implement drug prevention programmes.
REFERENCES


Mabena,A. (2003). Put a stop to kids’ drug use or abuse. SA Media: University of the
Free State.


APPENDIX 1

THE QUESTIONNAIRE

The questionnaire consists of four (4) sections. Kindly answer all the questions by supplying the requested information in writing, or by making a cross (x) in the appropriate block.

SECTION A: BIOGRAPHICAL INFORMATION

CONFIDENTIALITY

All information will be regarded as CONFIDENTIAL, and no personal details of any respondent will be mentioned in the findings, nor will any of the results be related to any particular school.

1.1 Gender of respondent?
   Male ☐ Female ☐

1.2 Age of respondent
   11-14 ☐
   15-19 ☐
   20-25 ☐

1.3 Grades
   10 ☐
   11 ☐

1.4 Geographical location of school
   Urban ☐
### SECTION B: QUALITY ASSURANCE IN EDUCATION

For each statement, please make a (x) in the block or box of your choice.

**Key to abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>Strongly Agreed</td>
</tr>
<tr>
<td>A</td>
<td>Agreed</td>
</tr>
<tr>
<td>U</td>
<td>Uncertain</td>
</tr>
<tr>
<td>DS</td>
<td>Strongly Disagreed</td>
</tr>
<tr>
<td>D</td>
<td>Disagreed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Using drugs is cool.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.6</td>
<td>People who use drugs are creative.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.7</td>
<td>I like the feeling of being drunk.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.8</td>
<td>Smoking, dagga makes you relax.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.9</td>
<td>Learners who smoke dagga are accepted by other learners.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.10</td>
<td>Using manadrax makes you relax.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.11</td>
<td>Using drugs makes you clever.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.12</td>
<td>To receive counseling from a peer counselor is better because you understand better from a person of your age.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.13</td>
<td>People learners who have tried dagga once should go to jail.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.14</td>
<td>Since we started learning about drugs, the number of learners using drugs decreased.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.15</td>
<td>Since parents are involved in programmes of drug abuse prevention, learners are so scared of using drugs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1.16</td>
<td>Since we started learning about drug abuse, the number</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
of learners that misbehave in class has decreased.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.17</td>
<td>Peer counseling in our schools has helped to maintain good behaviour and performance amongst learners in different grades.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.18</td>
<td>The number of dropouts in our schools is decreasing since we had peer counselors.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.19</td>
<td>Previously he used to have many learners that displayed abusive and rebellious behaviour, but not it is better.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.20</td>
<td>People of my age should try drugs to find out what it is like.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.21</td>
<td>No matter how much the educators talk about drug abuse, there are learners who break the school rules whilst under the influence of drugs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.22</td>
<td>Drug abuse is a major problem in our school.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.23</td>
<td>The incidents of crime and violence in our school are becoming worse because of learners that abuse drugs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.24</td>
<td>Since we started learning about drug abuse at school. I have more knowledge about its disadvantages.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.25</td>
<td>Peer counselors have taught me that a person has to be assertive and not just go with “the crowd” that uses drugs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1.26</td>
<td>A person that uses drugs loses interest in schoolwork and has a reduced concentration span.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
### SECTION C

For each statement, please make a (X) in the block or box of your choice.

Which of the following statements are True (T) and which are False (F)? If you do not know, mark (DK).

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.27</td>
<td>Nicotine is not addictive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Excessive alcohol use can depress the central nervous system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.29</td>
<td>Excessive alcohol can damage the liver.</td>
<td></td>
<td></td>
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<tr>
<td>1.30</td>
<td>Dagga contains a substance that can damage the fatty tissues in the body.</td>
<td></td>
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<tr>
<td>1.31</td>
<td>Smoking dagga can lead to loss of concentration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.32</td>
<td>Nicotine is a cause of cancer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.33</td>
<td>Excessive use of alcohol can damage the unborn child of a pregnant woman.</td>
<td></td>
<td></td>
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<tr>
<td>1.34</td>
<td>Drug abuse is a major health issue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.35</td>
<td>I have learned that it is better to prevent drug abuse than to treat it.</td>
<td></td>
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</tbody>
</table>
APPENDIX 2
PERMISSION TO CONDUCT THE RESEARCH

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF EDUCATION

PINETOWN DISTRICT

Address: 41 Voortrekker Street Private Bag X9001 Telephone
Ikhell ASHLEY Isikkwama Seposi PINETOWN Ucingo 031 7162700
Adres 3610 Privaat Sak 4001 Telefoon
Fax: 031 7026382
Enquiries: Mr. Kganye
Imbizo 031 7162794 Inkomba Usuku
Navrae Verwysing Datum:

PINETOWN DISTRICT OFFICE

MISS H J BHENGU
10 NANYUKI
17 LILY VALE ROAD
PINETOWN
3610

PERMISSION TO CONDUCT RESEARCH IN PINETOWN DISTRICT SCHOOLS

This letter serves to give you permission to conduct research in four secondary schools in Pine Town district. This gives you permission to conduct data by distributing questionnaires to learners.

This office wishes you good luck with your research.

MR KGANYE
DISTRICT DIRECTOR
APPENDIX 3
PERMISSION TO ACCESS SCHOOLS

17 Lilyvale Road
Pinetown
3610
10 May 2009

The District Manager
Department of Education
Pinetown District
Pinetown
3610

Sir,

Ref: Research for master of Education

I am registered for Master of Education (Educational Psychology) and special Education at the University of Zululand. My research topic focuses on the evaluation of drug abuse preventive programmes for adolescent in secondary schools.

At present I am permanently employed by the Department of Education as an Education Specialist at ILembe District. For the success of this study, I need the assistance of grade 10 and 11 learners i.e. four schools from different wards. I hereby request for permission to access these schools.

I would appreciate it if your Office will be able to give me an opportunity to conduct this Study.

Yours faithfully

Ms. H J Bhengu
APPENDIX 4
PERMISSION TO CONDUCT RESEARCH WITHIN SCHOOLS

10 Nanyuki
17 Lily vale Road
Pinetown
3610
10/ May/ 2009

Re: Request for permission to do research

Dear Principal of …………………………secondary school,

I am currently registered as Med Psychology Student at the University of Zululand.

As requirement for this degree, I will be conducting research with grade 10 and 11 learners in four nominated secondary school in Pinetown District. My research focuses on the evaluation of drug abuse prevention programmes for adolescents in secondary schools.

I, therefore kindly request permission to conduct my research at your school.

Should you have any queries, please feel free to contact me. Your assistance in this regard will be highly appreciated

Yours sincerely

………………………………...

H J Bhengu (Ms)
University of Zululand
Supervised by Prof DR Nzima
APPENDIX 5
APPLICATION FOR CONSENT FROM RESEARCH PARTICIPANTS

Consent for research participants

I,……………………..Parent/Guardian of:………………………………………………

Consent to her/his participation in the research study of evaluation of drug abuse prevention programmes for adolescents in secondary schools conducted by Miss H J Bhengu (Student) and Prof Dr Nzima (Supervisor) of University of Zululand. I understand that child’s name will not be used, that his/ her participation involves only answering questions regarding drug prevention programmes used in schools.

Parents/ Guardian’s name…………

Signature………………………..Date…………………………..

Witness………………………

Research of this nature has the potential of providing information that could help prevent drug abuse in schools.