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Drug and Alcohol Abuse Prevention Education in Zambia's Secondary Schools: From Theory to Practice

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Abstract

This article is an extract of a theoretical framework from an on-going PhD study on Drug and Alcohol Abuse Prevention Education in Zambia's secondary schools. The purpose of the article is to show how prevention providers such as teachers and other professional health educators can apply theory to prevention practice as they design and implement programmes to reduce drug and alcohol abuse in Zambia's secondary schools. In addition, the article contributes to literature regarding drug and alcohol abuse prevention in Zambia. It discusses two theoretical approaches, namely; the Modified social Stress Model (MSSM) and the Social Ecological Model (SEM) with emphasis on factors that drive learners' drug abuse behaviour and possible intervention strategies. Lastly, it is recommended that prevention providers try to apply these models in their prevention efforts in secondary schools.

Keywords: Theory, Drug and alcohol abuse, Prevention intervention, secondary school

1. Introduction

1.1. Background

The escalating drug and alcohol abuse situation among learners in Zambia's secondary schools has become a major social and health concern to the public. Many educators recognize that drug and alcohol abuse among learners is a significant barrier to education achievement of young people. Research indicates that learners who abuse drugs and alcohol experience a lot of challenges that impinge on not only educational achievement but also their social and health life. Some studies have attributed high levels of indiscipline and riotous behaviours that have been displayed by learners in schools to drugs and alcohol use. Learners in secondary schools are particularly at risk given that they are at the pick of their formative years of education, career development, social skills and identity formation (Ekpenyong, 2012) [4].

The overwhelming negative consequences of drug and alcohol abuse on individual learners, their families, schools and communities, highlight the urgency and the need for effective and sustainable prevention interventions to minimise or reduce the damage it may cause. In this regard, Botvin and Griffin (2003) [1] have argued that the most promising interventions are those that are conceptualized within a theoretical framework based on the etiology of drug abuse

In Zambia, drug and alcohol abuse prevention activities have been conducted mainly by Government Ministries/Agencies, Non-Governmental Organisations and religious organisations. For example, the Ministry of Education, Science, Vocational Training and Early Education (MESVTEE), Ministry of Health (MoH), Drug Enforcement Commission (DEC), Road transport and safety agency (RTSA) and other leading Non-governmental (NGOs) and Faith-Based Organizations (FBOs) have been conducting drug and alcohol abuse prevention education in schools. These prevention efforts have been intensified since 1990s, that is, in terms of aggregate level of prevention activities, the number of organizations involved, and government's will to fight drug abuse in the country.

However, despite considerable effort directed towards prevention activities by these organizations, media reports and statistics indicate that it is on the increase among learners in schools (DEC, 2012) [2]. This apparent failure to achieve significant reduction in the number of learners abusing drugs and alcohol in schools may be attributed to non-application of or unclear theoretical base for prevention programmes being executed. It is likely that most prevention service providers may not be consciously guided by researched theoretical frameworks but their own experiences. In addition, there is a glaring lack of literature linking theory to practice in drug and alcohol prevention in the Zambia context. It is therefore not clear what kind of theories guide prevention programmes undertaken by prevention providers in Zambia's schools. There is a knowledge gap here.

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In view of the observation stated above, the purpose of this article is to show how educators can apply theory to prevention practice as they design and implement programmes to reduce drug and alcohol abuse in Zambia's secondary schools. In addition, to contribute to literature regarding drug and alcohol abuse prevention in Zambia. The article discusses two theoretical approaches that can be tried. The approaches are; the Modified Social Stress Model (MSSM) and the Social Ecological Model (SEM). The authors are aware of the fact that there are a number of credible theories for prevention, however, the two models have been chosen for two reasons; first, they endeavour to address family, school and community factors that influence learners to abuse or not to abuse drugs and alcohol. Second, they are broad, multi-level and comprehensive approaches as opposed to singular focused interventions that may have been used by prevention service providers in the past. Therefore they are much more suited for the application to school-based drug and alcohol abuse prevention. However, in setting out to discuss these theories, it is useful first to understand the meaning of theory and its use in drug and alcohol abuse prevention in general.

2. Theories and their Use in drug and alcohol abuse prevention

Many scientists have defined the term theory in a variety of ways. However, what is consistent is that a theory is a related set of ideas, assumptions, or acceptable facts that give an explanation of a phenomenon. A good theory is one that is concise coherent, systematic predictive and able to explain the most of the phenomenon. The need to use theories or models to understand issues and provide solutions cannot be over emphasized. Generally speaking, in relation to human behaviour, theories are used to provide a framework to understand the many factors that influence it. They help in understanding specific concerns or phenomenon existing in a particular setting (Victorian Curriculum and Assessment Authority, 2010) ^[14]. In case of drug and alcohol abuse behaviour, theories play a significant role in informing us on its determinants, effects, possible interventional measures, and guide us on how to implement and evaluate prevention interventions.

3. The Modified Social Stress Model

This model has been widely used for substance abuse prevention among street children. The Model was originally developed by Rhodes and Jason (1988) ^[9] and modified by World Health Organization/Programme on Substance Abuse (WHO/PSA), to include the effects of substances, the personal response of the individual to the substances, and additional environmental, social, and cultural variables that influence drug and alcohol abuse. The Modified Social Stress Model is an approach which helps us to understand vulnerability to risk behaviour by looking at risk factors that can increase vulnerability and protective factors that can decrease vulnerability (WHO, n.d.) In other words it suggests that in person's life, there are factors that may encourage drug and alcohol abuse behaviour called risk factors, and factors that make one less likely to abuse drug and alcohol called protective factors.

The central tenant postulated by this model is that when many risk factors are present in a person's life, that person is more likely to begin, intensify and continue the use of drugs. On the other hand the more protective factors are present, the less likely a person is to be involved in drug and alcohol use (Ekpenyong, 2012) ^[4]. Additionally, the model suggests that

the risk and protective factors must be considered at the same time in order to effectively understand and prevent drug and alcohol abuse among young people (Rhodes and Jason, 1988) ^[9]. Therefore, the implication here is that a school child who has a multitude of challenges has a higher chance of getting involved in risk behaviour such as drug and alcohol abuse than the counterpart who has strengthened social and environmental support systems.

In Zambia, there are many children who live under risky conditions learning in public secondary schools. Although statistics and media reports have to some extent shown how much such learners are involved in the vice, (DEC, 2012) ^[2] it is not known what theoretical approach guides prevention practices. It is important that teachers and other prevention education providers in schools understand the possible risk and protective factors that may exist in the families, school and community environments of their learners. The Modified Social Stress Model facilitates such an understanding. Once these factors are identified, work can begin to reduce risk factors and promote protective factors.

In trying to illustrate further on the concept of risk and protective factors, the model suggests six major components that may influence drug and alcohol behaviour among learners in schools. These components may also be the focus for prevention. These components are: stress; normalization of drug and alcohol use behaviour; the experience of drug and alcohol use; attachments; skills; and resources. The preceding paragraphs discuss how these components may influence learners' drug abuse behaviours in school and guide school-based prevention interventions.

3.1. Stress

Stressful situations exert a lot of pressure to young people. Learners often experience stressful situations emanating from family interactions, school activities and the larger community they live in. It is a basic fact that the more stress a learner is under, the more likely he or she is to use drugs and alcohol (WHO, n.d.). For example learners who are emotionally abused by parents at home, constantly performs poorly in school work or lives in a violent prone community may resort to taking drug and alcohol as a coping strategy. Interventions in this component must be aimed at providing resistance and life skills training and counselling services to learners. There is evidence that teaching of resistance skills in combination with life skills have the potential reduce drug and alcohol abuse among young people (Botvin and Griffins, 2003; Sloboda, 2008) ^[1, 10]. Little is known on the teaching of social skills in Zambia's secondary schools. There is an opportunity for research in this area.

3.2. Normalization of drug and alcohol use behaviour

This refers to the extent to which drug and alcohol using behaviour may be considered "normal" or tolerated in the community, society or sub-culture (WHO/PSA, 1993). Research indicates that a person is more likely to become involved with drug and alcohol if using them is considered normal in the person's environment. For example alcohol is widely accepted in Zambia as a legal social drink, while smoking marijuana is widely accepted in some tribal cultures. Learners who live in drug abuse prone families and communities are likely to be influenced to abuse these substances because of their availability, accessibility, overtly advertised or used for sponsorship of activities and above all reinforced by societal beliefs about drug use and its benefits. In view of this, it is important that school-based prevention

activities be aimed at dispelling beliefs about drug and alcohol usage and establishment of enforceable school policies. The focus should be on teaching normative education, social marketing and enforcement of school rules and wider community polices.

3.3. The experience of drug and alcohol use

This component refers to the perceived desired effects the consumer may experience after using drugs or alcohol. These substances are more likely to be used by learners in secondary schools at all cost, if they derive some form of subjective benefits. For instance Learners in a boarding secondary school may use drugs to provide them with entertainment when they are bored; to gather courage to do certain actions, or to reduce physical and emotional pain. Secondary schools that have experienced some form of riots have attributed it to the perceived feeling of courage derived from drug and alcohol abuse by learners. Understanding what learners like about the effects drug and alcohol abuse, is important in planning interventions. Planned school-based prevention activities can include information dissemination or education campaign on the consequences of drug and alcohol abuse, in combination with refusal skills training. This is supported by Faggiano *et al.*, (2005) ^[6] who suggested that school-based intervention programmes can be designed to provide knowledge about the effects of drugs on the body and psychological effects, as a way of building negative attitudes toward drugs.

3.4. Attachment

Attachment is the bonding that exists between an individual and social institutions such as family, school, religion and community. According to WHO, (n.d.) young people who have established strong, positive attachments to their family or school and community are less likely to engage in risk behaviours such as drug and alcohol abuse. Conversely learners who are negatively attached to drug and alcohol abusing peers or significant others, have higher chances of getting involved in use of these substances. It is not unusual to see learners affiliated to groups in secondary schools in Zambia. While some groups may have good intentions, others have negative influence on group members. Therefore, school-based prevention programmes should also aim at providing peer to peer education activities that promote learners' sense of positive attachment to peers, parents, teachers, school administrators, school clubs, religious groupings and commitment to schoolwork. In addition, prevention providers can conduct parenting skills training sessions in schools in conjunction with Parents Teachers Associations (PTAs).

3.5. Skills

Social skills or competencies are very influential in determining the behaviour of young people in various settings. Learners who have more social competencies are less likely to resort to risk behaviour such as drug and alcohol abuse to cope with challenges of life either at home, school or community. School-based prevention programmes can be tailored to provide psychosocial skills, including physical and performance skills. Research indicates that prevention programmes whose contents involve teaching of refusal skills together with other life skills have proved to be effective in reducing drug and alcohol use among learners (Tobler and Stratton, 1997; Botvin and Griffins, 2003) ^[11, 1]. Although life skills training has been prioritized by the Ministry of education, science, vocational training and early education in

Zambia, it is not taught as a subject, as a result no large scale evaluation has been done to determine its impact on drug and alcohol abuse prevention in secondary schools. This is one area in which research is encouraged by prevention practitioners and policy makers

3.6. Resources

WHO, (n.d.) defines resources as internal abilities a learner may possess, such as willingness to work hard, intelligence, and capacity to work. Further, resources also refer to external physical aspects found in the environment such as school infrastructure, supportive teachers, classmates, supportive family members, school clubs and availability of learning materials that can help the learners to avoid risky behaviours. Learners who possess such capabilities and are exposed to supportive home, school and community environments are more likely not to get involved in drug and alcohol abuse behaviour. Generally speaking, Zambia, like many other developing countries has poor or inadequate school environmental support systems, infrastructure and lack of teaching and learning materials. In order to address this component, teachers and other school-based prevention practitioners can embark on peer educators training; provide Guidance and counselling services; and information, education and communication materials (IEC materials) in order to create a safe and warm learning environment for learners.

4. The Social Ecological Model

There are many versions of Social Ecological Theory. This paper discusses the model explained by McLeroy and colleagues in 1988. The model represents a comprehensive approach to explanations of human behaviour. It suggests multiple levels of behaviour influence. The central idea in this approach is that human behaviour is multifaceted, with social and environmental issues being important contributing determinants (William *et al.*, 2006) ^[17]. In relation to drug and alcohol abuse behaviour by learners in schools, this implies that factors influencing them lie not only in individuals involved but also social interactions and the environment in which they live and learn. Any effort to deal with the problem of drug and alcohol abuse among learners in schools must address these factors.

The model, as outlined by McLeroy *et al.*, (1988) ^[8] identifies five factors that may influence learners' drug and alcohol abuse behaviour in schools. The five factors discussed here, also reflect the focus of interventions which prevention providers can take to significantly reduce the vice in Zambia's secondary schools. The five factors include: intrapersonal factors, interpersonal processes, institutional or organizational factors, community factors, and public policy. In the following paragraphs the influence they have on school children's drug abuse behaviour and the course of possible intervention is discussed,

4.1. Intrapersonal factors

Intrapersonal factors also known as individual factors include personal Knowledge, attitudes and beliefs about drug and alcohol abuse behaviour (William *et al.*, 2006) ^[17]. Some learners may get involved in drug and alcohol abuse because they lack knowledge on the harmful effects of drugs, lack resistance or refusal skills, belief that drugs will make them think intelligently or they simply have low self-esteem. It is not unusual for young learners in a new secondary school in Zambia to display such personal characteristics as they try to

establish their identity. Prevention intervention by teachers and other prevention providers can be directed to teaching of resistance skills, life skills training and normative education, particularly to learners in transitional periods such as grade eights, grade tens and twelves. Research has confirmed that interventions whose contents are based on skills training have a measurable impact on reduction of drug and alcohol among young people (Uhl and Ives, 2010) ^[12].

4.2. Interpersonal processes,

Interpersonal processes relates to how learners are influenced by family members, peers, classmates, teachers, school administrators and friendship groups through interactions. For example learners who live in homes where parents drink and smoke may be influence to do the same. Additionally, in a study conducted by Masiye (2011) ^[7], it was found that peer pressure was one of the leading determinants of drug and alcohol abuse among learners in Livingstone district of Zambia. So a learner who plays with friends who take drugs is likely to be influenced to take drugs too. At this level, prevention efforts should be aimed at providing factual information on the consequences of drug and alcohol abuse, provide peer education programmes and parenting skills training through Parents Teachers Associations. According to Dusenbury and Falco (1995) ^[3] interventions that are peer led have proved to be effective in reducing substance abuse among young people, although the effect is more for those trained to teach others.

4.3. Institutional or organizational factors

Institutional influences on learners may emanate for the school itself or other organized groupings such as clubs, associations religious groups clicks, sports teams. The systems, procedures, rules and regulations which are put in place in the school, may influence learners to abuse substances, depending on how they are implemented by the school authority. For example some head teachers who are high handedness in handling learners' grievances in secondary schools have cause stress in them and have reacted by using drugs and alcohol as a coping strategy. On the other hand schools that have warm social environment, learners, teachers and administrators have positive regard for each other have fewer incidences of drug and alcohol abuse in the schools. Regarding intervention at this level research evidence suggest that use of clear school policies have a potential to reduce drug and alcohol among learners. This was confirmed by a study conducted by Evans-Whipp *et al.*, (2013) which suggested that policy enforcement may lessen drinking by learners at school. There are no specific drug and alcohol policies in most of the Zambia's secondary schools other than isolated statements enshrined in school rules. Teachers and school administrators in conjunction with PTAs can design and implement school drug and alcohol prevention policies that are enforceable.

4.4. Community factors,

According to Vantamay (2009:355) ^[13], community factors "include the environment where people live, their neighborhoods, or living conditions within a prescribed geographical area." They also include community norms, cultural values and physical environments such as sports field and material resources. These aspects of life, to a larger extent, affect the way individuals behave. For instance learners, who come to school from communities where drugs and alcohol are readily available, easily accessed and its use is

viewed as a norm, or aggression is a symbol of power may resort to drug and alcohol abuse behaviour as a strategy to reduce stress cause by such conditions.

In Zambia there are many secondary schools which are situated in underdeveloped areas of urban and rural communities. Prevention providers working in these areas can plan and implement interventions aimed at changing the social environment in conjunction with Parents teachers Association members. At this level Interventions may include education campaign, parenting skills training, Publications such as brochures and posters, media advocacy, training of community leaders and peer educators and use of popular theater in a bid to promote positive community attitudes and awareness to participation in drug and alcohol abuse prevention.

4.5. Public policy

Public policy factor, also known as society factors have to a larger extent an influence on young peoples' involvement in drug and alcohol abuse behaviour. These factors include social and cultural norms that support drug and alcohol use such as alcohol advertising and use of drugs as a cultural identity. For example learners who are constantly exposed to alcohol advertising in the media may be influence to take alcohol to get the perceived benefit indicated on the advert. A study by Vantamay (2009) ^[13] confirms that high exposure to alcohol advertising is associated with higher consumption of alcohol among university students. Learners who live in societies where drug use is glorified and viewed as cultural identity are susceptible to drug use behaviour. As indicated in the preceding explanation of 'normalization factor' in Modified Social Stress Model, in some Zambian ethnic groups, it is culturally acceptable to use marijuana as it is regarded as a symbol of being a real tribesman. School-based Prevention interventions at this level can be a based on educating learners and community members on government policy and general information on social and economic consequences. In addition, prevention providers could also provide and social norm education dealing with dispelling of beliefs related to use of these substances.

5. Conclusion

This paper has shown how theory can inform intervention practice regarding drug and alcohol abuse prevention in schools. Many studies have shown that prevention intervention that are based on theoretical frameworks have underscored success. The Modified Social Stress model helps prevention providers to identify risk and protective factor that influence learners to use or not to use drugs and alcohol. Interventions based on this theory are aimed at reducing factors that predisposes learners to drug use, and increase those that promote learners' anti-drug and alcohol use attitude and behaviours. The Social Ecological Theory is a multilevel ecological approach that helps prevention providers locate determinants of drug and alcohol abuse by learners in multiple settings, thereby design and implement interventions that are effective and sustainable. Both the MSSM and the SEM allow for a broader approach to the understanding of drug abuse behaviour and provide basis for sustainable interventions. It is by implementing a combination of these theory based interventions that drug and alcohol abuse and other unhealthy behaviours can be reduced among learners in Zambia. However, due to lack of literature, it is not clear how prevention providers have use theories to guide interventions. It is probable that they have not consciously based their

prevention strategies on theory. Based on the discussion above, the authors recommend that teachers and other prevention providers can try to apply these theories to prevention practice in Zambia's secondary schools.

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