

Chapter 5

A substance abuse prevention programme ("Project Skills Development")

1. Introduction

Substance abuse is a serious public health problem, and regarded as one of the most alarming issues of our era. A present-day reality that underlines the urgent need for prevention programmes in the field of youth substance abuse. Subsequently, it is imperative for preventive agents and researchers to continue with efforts to develop and implement intervention programmes to combat adolescent substance use/abuse problems.

Within this context, a meaningful contribution to promoting the well being of South African youth would be to develop, implement and evaluate a substance abuse prevention programme for early adolescents. Moreover, what is proposed corresponds with the goal and essence of this study, i.e. the planning and development of a substance abuse prevention programme for early adolescents in KwaZulu Natal.

Chapter 5 is thus mainly set out in terms of the planning and design of a substance abuse prevention programme for early adolescents in KwaZulu Natal (i.e. Project Skills Development). In fact, the chapter opens with the programme outline, followed by a purposive limitation of the research project and specification of key issues. Here after the

setting of risk/protective, factors take place and capacity is determined. In addition, the identification of key elements of the substance abuse prevention programme and outlining of aspects regarding the evaluation of the programme takes place whilst ending with a short summary of the total programme.

In brief, Chapter 5 commences with the planning and design of Project Skills Development and concludes with a short summary of the most important issues touched on in the chapter.

2. Planning the programme

The planning of this programme mainly includes the identification of the following aspects as proposed for application in the design of the substance abuse prevention programme for early adolescents in KwaZulu Natal (Project Skills Development), i.e.:

- Programme outline (Vision statement, the researcher's role, priority activities, and key partners);
- Defining the target group;
- Specifying key issues (Theory base and delivery setting);
- Setting risk and protective factors (Targeted risk factors and targeted protective factors);
- Determine capacity (Internal capacity and external resources);
and

- Evaluation of the programme.

2.1 Programme outline

Key aspects addressed in this programme outline, is limited to:

- (a) A vision statement,
- (b) Identification of the researcher's role,
- (c) Accomplishment of priority activities, and
- (d) Selection of key partners.

2.1.1 Vision statement

To develop, implement and evaluate a substance abuse prevention programme for early adolescents in KwaZulu Natal.

2.1.2 The researcher's role

From a practitioner-researcher paradigm that forms the bridge between research and social work practice activities in problem solving, the researcher's roles is identified as consumer, knowledge creator and disseminator, contributing partner and integrator. (Compare De Vos, 1998: 13-14.) Implying that this study, based on the researcher's knowledge of the substance abuse field, is an effort to:

- (a) Address youth substance abuse,
- (b) Determine effective practice methods, and
- (c) Inform other social workers about it.

Roles that will ultimately enable the researcher to attain the goal of the study, i.e. to develop, implement and evaluate a substance abuse prevention programme for early adolescents in KwaZulu Natal.

2.1.3 Priority activities

The researcher's aim with the development of this substance abuse prevention programme (Project Skills Development) is to prevent substance abuse among early adolescents in KwaZulu Natal. Priority activities within this substance abuse prevention programme development should thus keep the study's focus and hypothesis with sub-hypotheses in mind. Priority activities for the programme planning and design are identified as:

- (a) Influencing participants attitudes to substances and substance users in a positive way,
- (b) Increasing participants' substance specific knowledge, and
- (c) Enhancement of participants' personal and social skills.

2.1.4 Key partners

Prevention programmes are often complex and require teamwork (Centre for Substance Abuse Prevention, 2001: 9). Subsequently, key partners need to be selected from those within the community of KwaZulu Natal, that have a vested interest in the prevention and treatment of youth substance abuse, as well as those from the mentioned province who represent the people and constituencies the researcher will be working with. Through this identification and selection of key partners, the researcher hope to build support for the

project, as this may be what gets it off the ground and also what sustains it over the long run.

Table 11 contains a list of potential community players in KwaZulu Natal, with the type of support expected from the latter and their envisioned role in this project marked with an **X**.

Table 11: Key partners

Key partners	Role envisioned			Type of support expected			
	Primary	Secondary	None	Resource support	Population access	Program advocate	Data access
Youth		X			X		
Parents		X			X	X	
Business community			X				
Media			X				
Schools: public or private	X			X	X	X	X
Youth-serving organizations			X				
Institutions of higher learning			X				
Law enforcement agencies		X					X
Faith-based organizations			X				

Key partners	Role envisioned			Type of support expected			
	Primary	Secondary	None	Resource support	Population access	Program advocate	Data access
Civic and volunteer groups			X				
Health care professionals			X				
State, local or tribal government agencies		X		X	X	X	X

Key partners in this project thus include: (a) schools, (b) youth, (c) parents, (d) law enforcement agencies, and (e) state, local or tribal government agencies. The excluded key partners, however, do not necessarily play a core role in this particular study but can be of great value for other social work research.

2.2 Defining the target group

As noted in Chapter 1 (page 33), the target group is:

- (a) Early adolescents, i.e. children from the age range 11 - 14 years old,
- (b) From a relative safe, peaceful and accessible area in KwaZulu Natal,
- (c) From one race/ethnicity group, i.e. Black youth from both genders (male and female),
- (d) With no obvious substance use/abuse problems.

A purposive limitation of the research project, as no programme can effectively address prevention issues for all members of a diverse community. Hence, allowing the programme greater specificity and more direction in programme development.

2.3 Specifying Key Issues

Key issues of this project are set out according to (a) theory base, and (b) delivery setting.

2.3.1 Theory Base

The term, theory is defined as "a set of interrelated concepts from which testable propositions can be deductively derived" (Centre for Substance Abuse Prevention, 2001: 17). Inevitably, theories can help to describe problem "causation" which may be used to guide a prevention programme's design and implementation. The theoretical foundation links the problems the programme is attempting to address, how it will address them, and what the expected result is (Daugherty & Leukefeld, 1998: 42). In this context, any structured way of thinking about prevention thus contains two elements, i.e.: (a) one or more assumptions of causality, and (b) logical steps to prevent the problem. If applied, the causal and contributory factors that theoretically lead to adolescent substance abuse, as captured in *Figure 2: An integrated model of adolescent substance use /abuse* (See Chapter 2, page 117.) propose that substance abuse is the result of reciprocal effects among the adolescent and his environment by focussing on the centrality of social interaction. This provides a solid theoretical base for the researcher's choice of prevention model, i.e. the Social

environmental/learning model or Social influences model. A model, demonstrated in a number of studies, which is effective in preventing or decreasing substances of abuse among children and adolescents (Pagliaro & Pagliaro, 1996: 239). As discussed in Chapter 4 (page 210), this model is largely based upon cognitive social learning theory. More specifically the assumptions of the Social environmental/learning model are that:

- (a) Social influences have a significant effect on substance use;
and
- (b) Children and adolescents can become aware of and resist social situational pressures to use substances of abuse (Pagliaro & Pagliaro, 1996: 238).

Socially normed education and cognitive-behavioural training consequently direct the focus of most substance abuse prevention programmes based on this model. However, for the purpose of this study, a conceptual-cum-methodological framework, characterized by the following premises, informs the Social environmental/learning model:

Based on the ideas of Joubert (Mouton, 1994) and Denzin (1989) in (Rocha-Silva, 1998: 3), *triangulation* is employed to facilitate conceptual and methodological integration. The various facets of this conceptual/methodological framework are, thus, viewed as complementing or informing one another. Conceptual consideration is given too:

- The assumption that social reality comprises three triangularly interrelated ontic components, namely "behaviour, beliefs and

circumstances". (Beliefs are "what people perceive, imagine, think, believe, know about life, society and other people ... circumstances are understood as situations, social conditions or environments that are relevant to behaviour and beliefs".)

- The assumption that the individual and socio-economic/demographic structures are dynamically interrelated, with influences and changes moving in both directions. People are seen as "active, creative beings who make their history, though not 'just as they please.'"

The Social environmental/learning model is further framed, within a *public health (PH) perspective* on the nature and development of drug use and the prevention of related bio psychosocial impairment (Bukoski 1991: 12-13, Rocha-Silva, 1998: 3). In line with the view that social reality comprises a trinity of ontic components, the Public Health model conceptualises the occurrence of drug use and related impairment within a context of three triangularly interrelated factors, namely:

- *Drugs* (agents) and, thus, drug use,
- *Individuals* using drugs (hosts), and
- The *contexts* within which people live and drugs are used (environments) (Daugherty & Leukefeld, 1998: 96).

The model assumes that although an individual has a choice with respect to behaviour (e.g. drug use) and exercises this choice, choice is constrained by a wider (social) framework. The model also acknowledges that all three components are necessary for a problem to occur, action to prevent the problem can thus be taken at any of the three levels. For example, individuals using drugs (hosts) can be removed from exposure or "strengthened" by inoculation or

fluoridation. The drugs (agents) can be removed and the environment can be altered so that the drugs (agents) and individuals using drugs (hosts) are not "brought together" by, for example changing laws to make alcohol or drugs less accessible. (Compare Daugherty & Leukefeld, 1998: 96; Rocha-Silva, 1998: 3.)

The Public Health assumptions are supplemented by the Rocha-Silva model's premises that:

- (a) Certain socio-cultural/structural variables (i.e. social support for substance use, opportunity for engaging in substance use, lack of or limited social discrimination against substance use, as well as exposure to such use), and
- (b) Psychological variables (e.g. being tolerant towards substance use, believing that the chances of discrimination against substance use are small or non-existent), or
- (c) As put by Joubert (in Mouton, 1994: 237), social conditions and beliefs, contribute to drug use and consequently to various bio psychosocial impairments.

This assumption ties in with major premises of various theoretical perspectives and more specifically the Social environmental/learning model. Botvin as quoted by Bukstein (1995: 189), conceptualises substance abuse, "...as a socially learned and functional behaviour, resulting from the interplay of social and personal factors, learned through modelling and reinforcement, which is influenced by personal factors such as cognitions, attitudes and beliefs." More importantly, programmes based on this model thus include peer resistance training, teaching awareness of media influences, and activities to change perceptions of the norm. In addition to including substance refusal or resistance skills, the Social environmental/learning model includes the teaching of many generic skills involving improving interpersonal communication and problem solving (Bukstein, 1995: 190).

Daugherty and Leukefeld (1998: 77) indicate further that social workers using this model usually include two or more of the following key elements in their intervention:

- The first is general problem-solving and decision-making skills using brainstorming and systematic decision-making techniques.
- The second is cognitive skills for resisting interpersonal or media influences by identifying the message and developing counterarguments.
- The third is skills for increasing self-control and self-esteem such as self-instruction, self-reinforcement and goal setting as well as self-change.
- The fourth is adaptive coping strategies for relieving stress or anxiety with cognitive coping skills or behavioural relaxation techniques.
- The fifth is interpersonal skills such as initiating social interaction, complimenting or conversation skills; and
- The sixth is assertiveness skills such as making requests, saying "no," and expressing feelings and opinions.

Accordingly, individual and group training programmes strongly rely on social worker role modelling, role playing, and homework assignments to help adolescents develop effective methods of dealing with frustration, reducing high levels of social anxiety, communicating with other people, being assertive, and avoiding peer pressure (Pagliaro & Pagliaro, 1996: 261). Other therapeutic techniques also include

instruction, demonstration, feedback, reinforcement, and behaviour rehearsal during class and extended practice through behavioural homework assignments (Bukstein, 1995: 90). All worthwhile activities and techniques that provide substantially better insight into the dimensions and complexity of social work prevention programmes.

The Social environmental/learning model thus provides a useful and solid theoretical base for the development of the researcher's substance abuse prevention programme for early adolescents in KwaZulu Natal (Project Skills Development).

2.3.2 Programme Delivery setting

Identifying the programme delivery setting is important in the determination of the perceived structure and outcome of the prevention programme. The geographic delivery setting is thus identified as **urban** (metropolitan area), with the **school** as programme delivery setting (i.e. the location in which the researcher expect to run the programme).

2.4 Setting risk/protective factors

The substance abuse prevention programme's primary focus is on individual and interpersonal factors, as opposed to contextual factors. Accordingly, the next identification of individual and interpersonal factors that are associated with greater risk or resiliency will form potential targets for the preventive intervention, i.e. the substance abuse prevention programme for early adolescents in KwaZulu Natal.

2.4.1 Targeted risk factors

As discussed in Chapter 3 (page 155), risk factors are those factors present in a young person's life that makes him more likely to use substances. By systematically comparing the chosen theoretical framework with the identified risk factors in Chapter 3, the researcher targeted the following risk factors to manage through the substance abuse prevention programme activities, i.e.:

Interpersonal factors: Family and Peers

- Adolescent attitudes towards substance use/abuse, and
- Peer influences.

2.4.2 Targeted protective factors

Protective factors are those factors that reduce the likelihood and level of substance use and abuse. Despite the risk the individuals experience in certain environments, some people are able to resist substance abuse. As described in Chapter 3 (page 155) protective factors balance risk factors by either reducing the impact of the risk factors or changing the way a person responds to these risk factors. By identifying specific protective factors to focus on in the programme (Project Skills Development), the researcher can thus identify programme activities that will build on these strengths.

The selected protective factors are:

Constitutional / personal factors

- Communication skills; and
- Social problem-solving skills.

2.5 Determine Capacity

To ensure that the substance abuse prevention programme (Project Skills Development) is part of a cohesive and interlocking plan, the researcher needs to determine the internal and external capacity to bring about the desired results. In the next section, the capacity to implement the programme is described.

2.5.1 Internal capacity

Available internal resources include:

- **Internal capacity (Human):** Human resources comprise of (a) the researcher, and (b) Prof. C.S.L. Delport (study leader). With the researcher capable and responsible for fulfilment of the following roles: (a) management, (b) planning, (c) fund raising, (d) implementation, and (e) evaluation. Roles executed under the advisement, support and supervision of Prof. C.S.L. Delport.
- **Internal capacity (Technical):** The researcher has the capacity to fulfil the general technical needs of the project. Implying that the researcher is (a) capable of instituting strategies for working with school staff, and (b) can devise strategies for reorganizing the programme to match available funding resources. However, formal technical support in the form of a Management Information System (MIS) is not available.

- **Internal capacity (Administrative):** The administrative component of this project includes the means to: (a) Communications (phone, fax), (b) the Internet, (c) office activities such as keyboarding, filing and other office functions.
- **Internal capacity (Funding):** Even though programme funds are sufficient for this research effort, funding resources are inadequate for the effective sustainability of the programme.

2.5.2 External Resources

The external resources this programme (Project Skills Development) require, comprise:

- **Stakeholders:** Principal stakeholders needed to move forward with this effort include the involvement of:
 - Social Welfare Service leaders (e.g. South African National Council on Alcoholism and Drug Dependence (SANCA); and Newland Park Rehabilitation Centre);
 - School leaders – (e.g. Dr. M.J. Lötter - Department of Education and Culture); and
 - Community leaders – School board.
- **Volunteers:** Volunteers will not be involved to move forward with the programme.
- **Technical:** External technical resources, donated by the involved primary school, include the provision of a meeting space and technical equipment.

- **Funding:** Funds from local initiatives (e.g. private donations) and regional and national initiatives (i.e. state, federal and foundation grant programmes) are not available to the programme (Project Skills Development).

2.6 Evaluate the programme

Evaluation of the designed programme is essential and includes monitoring of (a) the process, and (b) the outcomes.

(a) Process evaluation

Process evaluation involves: (a) monitoring of programme strategies and activities, and (b) measurement of the quality of programme implementation (De Vos, 1998: 372). The Centre for Substance Abuse Prevention (2001: 6) concurs strongly with this view, and write that process evaluation is important for maintaining programme fidelity and is determined by assessing which activities were implemented, the quality of the implementation and the strengths and weaknesses of the implementation. (Compare MacDonald & Patterson, 1991: 11.)

Process evaluation executed in this study, thus involves:

- Participant feedback by completion of a simple evaluation form after each programme session(s) (See Appendix 4, page 516), and
- Social worker (presenter) observer data regarding programme process and implementation using the following questions, as proposed by De Vos (1998: 372):

- Did the participants arrive as scheduled?

- Did the participants accept the goals and methods of the programme?
- Did the participants have an opportunity to formulate their own goals for participating in the programme?
- Did the social worker share the planning process beforehand with prospective participants?
- Did the social worker carry out the implementation as planned or were there alterations?
- Were there problems in interpersonal relationships among the participants?
- Were there unique and intense experiences within the group?
- Were there unique events occurring in the society or community during the programme implementation (e.g. a television special on the topic of concern, or an unique tragedy in the community affecting the participants)?

(b) Outcome evaluation

Outcome evaluation on the other hand determines if the programme has accomplished its objectives, focusing exclusively on outcomes, i.e. changes that occur as result of the programme intervention (De Vos, 1998: 374). In short, outcome evaluation studies the immediate or direct effects of a programme on participants. Within this study, a comparison group pretest-posttest design is used as quasi-experimental/associative design. In other words, the effect of the intervention (i.e. Project Skills Development) is determined by comparing differences between pre-intervention and post-intervention measures.

The self-constructed questionnaire is attached as Appendix 5 (page 517).

3. A substance abuse prevention programme for early adolescents in KwaZulu Natal

The proposed prevention programme is named:

Project Skills Development.

Project Skills Development is a comprehensive substance abuse prevention programme for students in Grades 6 - 9 (11 - 14 years old). A programme primarily designed for social workers involved in the substance abuse prevention field, but also relevant and useful to other students of the helping and caring professions. Grounded in the development of personal and social skills, Project Skills Development address:

- (a) Interpersonal risk factors (i.e. adolescent attitudes towards substance use/abuse, and peer influences), and
- (b) Individual protective factors (i.e. communication skills; and social problem-solving skills).

In other words, Project Skills Development is a primary school-based substance abuse prevention programme that targets individual adolescents and provides personal and social skills training. The

underlying rationale of this programme is based on the premises that the strengthening of these skills will ultimately reduce the prevalence of substance abuse among these individuals as they become older. The goal of project Skills Development is thus to prevent substance abuse among early adolescents.

Furthermore, the programme is set out in a way, which generally reflects the learning experience as a continuous process, which starts with attitudes; moves to knowledge and information enhancement; and then to skills development.

With this outline in mind, the work of authors, such as Lindenfield (1990), Louw and Amorim (1999), MacDonald and Patterson (1991), Perkinson (1998), Sancho (1994) and Stoppard (2000) are primary sources used in the compilation of the proposed programme. For the sake of easy comparison, Table 12 summarizes the programme sessions according to topic and goal.

Table 12: Project Skills Development – Programme sessions according to topic and goal

Session	Topic	Goal
Session 1 – 2	Changing adolescent attitudes about drugs and drug users	Change adolescent attitudes
Session 3 – 4	Understanding drugs and their effects	Knowledge and information enhancement
Session 5	Resisting peer pressure	Personal and social skills

Session	Topic	Goal
		development
Session 6 – 7	Social problem-solving <ul style="list-style-type: none"> • Techniques to promote self-control • Relieving stress, anxiety and pressure 	Personal and social skills development
Session 8 – 9	Developing assertiveness skills	Personal and social skills development
Session 10	Communication skills	Personal and social skills development

Project Skills Development thus comprises (a) ten consecutive group work sessions, and (b) the following key elements:

- Influencing adolescent attitudes to drugs and drug users in a positive way,
- Enhancement of substance specific education (knowledge), and
- Skills development (i.e. resisting peer pressure, problem-solving, assertiveness and communication.)

In short, Project Skills Development entails:

- Adolescent attitudes to substances and substance users, as a starting point of the programme. Covering aspects like: (a) the importance of examining adolescent attitudes, (b) the origin of attitudes, (c) the media as attitude source, and (d) attitudes exercises.

- Drugs and their effects, positioned as the third and fourth sessions of the programme, as drug knowledge is approached as an integral part of: (a) shaping the participants attitudes to substances and substance users, and (b) the development of personal and social skills within which to apply that knowledge.
- A session on peer-group relationships aimed at the enhancement of the participants' awareness and social skills within their peer relations. Covering aspects like (a) the involvement and risks of peer pressure, and (b) the skills to cope with unwanted pressure in peer relations.
- The enhancement of participant social problem solving skills by specifically focussing on: (a) techniques to promote self-control, and (b) adaptive coping strategies to relief stress, anxiety and pressure. An approach grounded on the premises, that the strengthening of adolescent social problem solving skills as important protective factor will reduce the likelihood and level of substance use. Covered aspects include: (a) delayed gratification, (b) rules, (c) problem solving, (d) responsibility, (e) stress, (f) relaxation, (g) exercise, and (h) lifestyle.
- The development of assertiveness as important personal and/or social skill for early adolescents include: (a) the defining of assertiveness, (b) the essence of assertiveness, (c) knowing your rights, (d) fundamental assertive skills, and self-protective skills.
- The development and/or enhancement of effective communication skills as a constitutional factor of the individual adolescent are the final session of the programme. Aspects that are covered include: (a) empathy, (b) validation, (c) "I feel" statements, (d) positivism, (e) physical proximity, (f) touch, (g) eye contact, (h) reinforcement, and (i) the practice of communication skills.

The complete description of Project Skills Development, which is of tremendous importance to this study, is contained in Appendix 3 (page 415) of this report.

4. Summary

In brief, the reviewed chapter suggests the planning and design of a comprehensive substance abuse prevention programme, named Project Skills Development, for students in Grades 6 – 9 (11 – 14 years old) in KwaZulu Natal. The Social environmental/learning or Social influence approach theoretically grounds the design of Project Skills Development. A programme that seeks the development and/or enhancement of participants' personal and social skills, to address interpersonal risk factors and individual protective factors related to substance use/abuse. The underlying rationale of the programme is based on the premises that the strengthening of these skills will ultimately reduce the prevalence of substance abuse among early adolescents as they become older.

Summing-up, Chapter 5 essentially presents the researcher's planning and design of a substance abuse prevention programme (Project Skills Development) for early adolescents in KwaZulu Natal.

In Chapter 6 the empirical findings and research results with regard to (a) the qualitative/quantitative data (review of substance abuse prevention programmes in KwaZulu Natal) and, (b) all quantitative data (i.e. the implementation and evaluation of the developed substance abuse prevention programme) will be given.