

Chapter 7

General summary, conclusions and recommendations

1. Introduction

The unique nature of adolescents, the phenomenon of substance abuse and substance abuse prevention among the youth have been emphasized in this study. As adolescents are not adults and not the same as adults, their problems are also different. While adolescent substance abuse is similar in some respects to substance abuse in adults, this research report attempted to describe its differences. According to Bukstein (1995: 201) one cannot expect to understand adolescent substance use or abuse merely by applying adult standards of assessment and treatment. The problem is that we know adolescent substance abuse is different, but hardly know anything else about it.

Currently, almost all youth have some experience with alcohol. A substantial minority of adolescents use alcohol frequently and many develop problems related to use. Although patterns of use – in terms of types of substances used and prevalence of use – are constantly changing, many adolescents experiment with one or more substances (other than alcohol or tobacco). Whether problems develop, most difficulties do not persist and most adolescents go on to adulthood without persistent substance abuse problems and without treatment (Bukstein, 1995: 201). The researcher concludes that we need to account for such developmental patterns, including time-limited

patterns of problem substance use, in our conceptualisation of what adolescent substance abuse is.

We also need to consider the role of other problems, such as other types of deviant behaviour and coexisting emotional or psychological problems, in the development and persistence of substance abuse in youth. It is becoming increasingly obvious that while substance abuse is a critical problem for an adolescent, it is seldom the only problem. A one-dimensional focus will rarely remedy the multiple ills that plague problem youth.

The presence of multiple problems usually requires multiple interventions, each targeting one or a variety of targets, which represent areas of dysfunction in the adolescent's life. Similarly, prevention efforts need to have multiple targets within their interventions. According to Bukstein (1995: 203) considerations that are similar to those for treatment apply to prevention efforts. The aim of this study was thus to develop, implement and evaluate a substance abuse prevention programme for early adolescents in KwaZulu Natal.

The study objectives included:

- To conduct the investigation within a theoretically founded reference frame by undertaking a relevant literature study of the phenomenon of substance abuse, substance abuse among early adolescents and substance abuse prevention among the youth.
- To identify the nature and prevalence of substance abuse as a problematic human condition among early adolescents in KwaZulu Natal.

- To undertake a critical review of the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal.
- To develop a substance abuse prevention programme for early adolescents in KwaZulu Natal.
- To implement the substance abuse prevention programme among early adolescents in KwaZulu Natal.
- To evaluate the substance abuse prevention programme for early adolescents in KwaZulu Natal with a view to recommend further utilisation in practice.

The study was thus structured to develop, implement and evaluate a comprehensive, but specific, intervention for a specific population group of youth. The following research questions were formulated (qualitative):

- **What is the nature and prevalence of substance abuse among early adolescents in KwaZulu Natal?**
- **What is the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal.**

Accordingly a hypothesis was worded (quantitative): **If early adolescents undergo a school based substance abuse prevention programme then their attitudes, knowledge and skills towards substance abuse will be influenced in a positive way.**

From this 3 sub-hypotheses were stated:

- **If early adolescents undergo a school based substance abuse prevention programme then their attitudes towards substances and substance users will be influenced in a positive way.**
- **If early adolescents undergo a school based substance abuse prevention programme then their substance specific knowledge will increase.**
- **If early adolescents undergo a school based substance abuse prevention programme then their personal and social skills will be enhanced.**

The investigation inevitably brought certain insights that are now discussed in the form of a general summary, conclusions and recommendations. The latter is presented according to the next discussion points, i.e.:

- Literature study
 - General introduction to the study
 - Adolescent substance abuse
 - Development, risk and consequences of adolescent substance use and abuse
 - Substance abuse prevention among adolescents
 - Development of a substance abuse prevention programme (Project Skills Development)
- Empirical research findings:
 - Qualitative findings based on the nature and prevalence of substance abuse among early adolescents in KwaZulu Natal
 - Qualitative/quantitative findings based on the review of the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal

- Quantitative findings based on the evaluation of a substance abuse prevention programme for early adolescents in KwaZulu Natal (Project Skills Development)

2. Literature study

2.1 General introduction to the study

2.1.1 Summary

Chapter one provides an introduction and general orientation to the study. The chapter is set out in terms of the study's rationale, research methodology, collection and analysis of data. In fact, the researcher starts with the motive for the choice of substance abuse as subject for the study, followed by a formulation of the problem. The goal and objectives of the study are also identified and 2 research questions and a hypothesis with 3 sub-hypotheses formulated. Here after a description of the research approach, the type of research, research design, research procedure and strategy followed. Aspects concerning the pilot study are also explained and a description of the research population and sampling methods given. Ethical aspects are briefly outlined and key concepts, problems and the limitations of the study defined. The chapter ends by highlighting the topics of the subsequent chapters in the thesis.

2.1.2 Conclusions

- o From the literature in this chapter the researcher concludes that:

process seeking an effective intervention to prevent substance abuse among early adolescents in KwaZulu Natal.

- o The researcher utilized and moved from the exploratory and descriptive design that was organised around 2 research questions to a comparison group pretest-posttest design that is focused on more definite, hypotheses-testing research.
- o Choice of quantitative research design: A comparison group pretest-posttest design was used to gather quantitative data and realise the aim of the study. A longitudinal approach to the study, however, is seen as the ideal and could lend itself to fundamental findings in social work practice.
- o A major limitation of the study is that the findings are inconclusive and cannot be generalized to the larger population, given the fact that a purposive sample (of 50 respondents) was employed.
- o This study can make a valuable contribution to the social work profession as it represents groundbreaking investigation in the youth substance abuse prevention field of KwaZulu Natal.

2.1.3 Recommendation(s)

- o Substance abuse prevention research should increase in South Africa. Researchers, however, should be geared to link with the research capacity and perspectives in other African and overseas countries. Herewith research information should be grounded within a comprehensive conceptual framework to sustain a solid information base of national scope, essential for rational and cost-effective national preventive policy/action. In other words South African researchers and policy makers/service providers should not operate in isolation. Sporadic and at least, structurally, fragmentary services should be replaced with collaboration/partnerships.

2.2 Adolescent substance abuse

2.2.1 Summary

The literature study in Chapter 2 opens with a description of the following basic concepts, i.e.: (a) drug, (b) youth, (c) adolescent substance abuse, and (d) substance dependence. This is followed by a summary of the effects of various substances to explain their abuse potential and to highlight their adverse danger to the abuser. The researcher also provides an overview of 10 theories of adolescent substance use and abuse. Furthermore a model is outlined, to explain the interaction between factors, which are believed to add up, culminating in the development of adolescent substance abuse.

Accordingly, the extent of the substance abuse problem in KwaZulu Natal, the RSA and abroad is discussed. Finally ending with a summary of issues touched on in the chapter.

2.2.2 Conclusions

- o This chapter underscores the multifaceted and complex nature of adolescent substance use and abuse.
- o From the literature it is clear that a wide variety of labels or terminology exist to describe adolescent substance abuse. Yet, clear, concise operational definitions of adolescent substance abuse or dependence, or even specific diagnostic criteria, are rare.
- o The DSM-IV represents a reasonable compromise for categorical diagnoses used to define substance abuse disorders in adolescents.

- A wide variety of substances are available to the youth that is guaranteed to alter feelings, thoughts and behaviour but are dangerous to use.

2.2.3 Recommendations

- Social workers should achieve consensus as to how one should label or describe adolescent substance abuse.
- People (e.g. social workers or health care workers) who work in the substance abuse field should be knowledgeable about drugs and their effects. Social workers should try to keep up to date with new information about different drugs being used, and to be aware of the effects of current "street drugs".
- Because there is a multitude of interrelated causes for adolescent substance abuse, the social worker's approach to youth substance abuse should rather be based on an integration of theories than on one theory alone.

2.3 Development, risk and consequences of adolescent substance use and abuse

2.3.1 Summary

Chapter 3 provides a discussion on the development, risk and consequences of adolescent substance use and abuse. The chapter starts with the typical characteristics of adolescent development and then move to adolescent development tasks that can promote substance use. Hereafter the development patterns of adolescent substance use are identified followed by an explanation of risk and resiliency factors related to adolescent

substance use and abuse. At the same time substance related harm/consequences of adolescent substance abuse is briefly outlined and the chapter ends with a short summary.

2.3.2 Conclusions

- o The reviewed literature suggests that adolescence is the biological and psychosocial path to adulthood.
- o In fact, within a developmental picture, successful adolescents are able to achieve a separate identity, independence from their parents, and prepare themselves for appropriate relations to achieve the adult developmental tasks of job, marriage and family.
- o Furthermore, adolescent substance abuse and dependence does not occur instantaneously, but can develop in accordance with the following pattern, i.e. non-use to initial use to social use to habitual use to abuse and dependence. This is also highlighted by the sequential pattern of substance involvement among adolescents. For example, adolescents usually start with beer/wine, and then move to cigarettes or hard liquor, and then to problem drinking, which is followed by cannabis and other illicit drugs.
- o Furthermore the reviewed literature points to a multitude of interrelated causes for substance abuse with no single factor (i.e. risk and resiliency factors) both a necessary and sufficient condition for the initiation of adolescent substance abuse.
- o Substance-related harm/consequences of adolescent substance abuse is multifaceted and intensifies progressively underlining the need for comprehensive and integrated measures against it.

2.3.3 Recommendations

- Substance use/abuse prevention programmes should be age-specific and developmentally appropriate.
- Youth oriented prevention programmes should include skills to resist drugs when offered, strengthen personal commitments against substance abuse, and increase social competency (e.g. in communication or peer relationships) in conjunction with reinforcement of attitudes against drug use.
- Targets for prevention intervention with adolescents could be family relationships, peer relationships, the school environment and the community environment. Each of these domains can be a setting for deterring the initiation of substance abuse through increasing social- and self-competency skills, adoption of prosocial attitudes and behaviour, and awareness of the harmful health, social and psychological consequences of substance abuse.

2.4 Substance abuse prevention among adolescents

2.4.1 Summary

Aspects covered in Chapter 4 include: (a) clarification of the term prevention, (b) identification of different strategies/approaches and models of adolescent substance abuse prevention, (c) school based substance abuse prevention principles, and (d) promising prevention programmes for the youth. This enabled the researcher to identify ingredients for the development of a prevention programme for early adolescents in KwaZulu Natal (Project Skills Development). The chapter ends with a short summary.

2.4.2 Conclusions

- The literature on the prevention of adolescent substance abuse is extensive, diverse, uneven and difficult to summarize. It encompasses intensive reviews of drug education research in general, well-documented experiments with specific school-based interventions, more cursory articles promoting a programme but lacking any outcome data, pamphlets advertising curricula, and assorted other materials.
- The development and testing of approaches for the prevention of adolescent substance abuse have largely focused on school populations and have, until recently, been limited to white, middle-class students.
- Most of the extant substance abuse prevention research literature consists of studies conducted with predominantly white populations.
- Existing literature suggests that substance abuse prevention strategies (e.g. community-based strategy, prevention education or alternatives strategy) targeting the youth should be used in combination, as traditional approaches (i.e. to provide factual information about the consequences of drug abuse) have produced disappointing results.
- Most prevention programmes can be classified into one of four models: (a) the information-only model, (b) the alternatives model, (c) the affective educational/social competency model, and (d) the social environmental/learning- or social influence model. However, of the four models, the latter seems to have the largest effect on preventing adolescent substance abuse.
- In the substance abuse field, there are literally thousands of programmes that have diverse objectives, prevention strategies and outcomes. Yet, few programmes appear to be really

effective and/or promising as they produce an inconsistent positive pattern of results.

- o The school based substance abuse prevention principles (from NIDA) provide a recognized way to evaluate the effectiveness of different prevention efforts.

2.4.3 Recommendations

- o Social work research on youthful substance abuse prevention should:
 - (a) Not be conducted in an ad hoc and fragmentary way,
 - (b) Be “localized” (e.g. restricted to particular regions, groups, or points in time), and
 - (c) Be “narrowly” designed (e.g. restricted to particular research procedures/techniques using “narrow” and unstandardized indices of substance use).
- o Social work research should be multifaceted, in other words done through the collaborative and incremental mobilization of infrastructure resources.
- o The school based substance abuse prevention principles (from NIDA) should be used to evaluate the effectiveness of different prevention efforts.

2.5 Development of a substance abuse prevention programme (Project Skills Development)

2.5.1 Summary

Chapter 5 is mainly set out in terms of (a) programme planning, and (b) programme design. In fact, the chapter opens with the programme outline, followed by a purposive limitation of the research project and specification of key issues. Hereafter 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 take place whilst ending with a short summary of the total programme. Chapter 5 thus commences with the planning and design of the substance abuse prevention programme for early adolescents in KwaZulu Natal (i.e. Project Skills Development) and concludes with a short summary of the most important issues touched on in the chapter.

2.5.2 Conclusions

Chapter 5 suggested 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 grounded the design of Project Skills Development. A programme that focused on 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 was based on the premises that the strengthening of these skills would ultimately

reduce the prevalence of substance abuse among early adolescents as they become older.

2.5.3 Recommendations

- Training should be provided to social workers that are interested in the implementation of the programme (i.e. Project Skills Development).
- Project Skills Development should be introduced to other Primary schools and relevant organizations in South Africa.
- Future research might include establishment of identifiable subgroups of adolescents differing from other subgroups in a variety of patterns of substance abuse, family factors, coexisting psychopathology, natural history, and treatment response. Research should also focus on relevant differences between individual substances of abuse and whether a broad definition of abuse fits for all substances in adolescents.
- As adolescents are not all the same, the identification of specific risk- and protective factors that are responsive to specific, targeted interventions is the best hope for success in the prevention of youth substance abuse.
- Social workers need to broaden their view as to what they are identifying and treating. Substance abuse may be a part, an important part, of larger behavioural and/or emotional syndromes. Both the component behaviour and symptoms become potential targets for prevention interventions.
- Different prevention approaches may not be effective for all adolescents alike. Youth substance abuse prevention studies therefore need to evaluate efficacy in specific populations of adolescents with regard to age, sex, race, ethnicity and socio-economic status.

3. Empirical research findings

3.1 Qualitative findings based on the nature and prevalence of substance abuse among early adolescents in KwaZulu Natal

3.1.1 Summary

The magnitude of substance abuse among early adolescents in KwaZulu Natal was discussed in the last part of Chapter 2 (page 129). However, to examine and answer the research question that was formulated: "*What is the nature and prevalence of substance abuse among early adolescents in KwaZulu Natal?*" the researcher accessed the research data of the South African Community Epidemiology Network of Drug Use (SACENDU). SACENDU is an alcohol and drug surveillance system that is operational in KwaZulu-Natal. The system monitors trends in alcohol and drug use and associated consequences on a six-monthly basis, using multi-source information, e.g. admissions to specialized drug-related treatment centres, psychiatric facilities, drug-related police arrests and illicit drug seizures. As SACENDU had all the necessary statistics and information at their disposal, the researcher accessed their research findings that are available to the public, on the Internet (<http://www.mrc.ac.za>). The available data confirmed that alcohol was still the most popular legal drug among the youth in KwaZulu Natal with cannabis the most popular illegal substance.

3.1.2 Conclusions

- In general, alcohol appears to be the most popular substance of abuse among the youth in KwaZulu Natal.

- o Tobacco use and the use of solvents are also fairly common but cannabis is the most commonly used illicit drug among KwaZulu Natal youth.
- o Herewith the abuse of over-the-counter medicines, such as slimming tablets, analgesics (especially products containing codeine), and benzodiazepines (e.g. valium) continues to be a problem.
- o Accordingly there has been a dramatic increase in treatment demand for cocaine in KwaZulu Natal, particularly among persons less than 20 years of age.
- o Yet, little is known about the extent of drug injection among KwaZulu Natal youth.

3.1.3 Recommendations

- o Social workers should be made aware of and have access to National Drug Surveillance systems like SACENDU.

3.2 Qualitative/Quantitative findings based on the review of the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal

3.2.1 Summary

The qualitative/quantitative findings, based on the review of the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal, was discussed in Chapter 6 (page 253). However, to examine and answer the research question, i.e.: "What is the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal?" and to identify functional elements of

successful programmes the researcher reviewed all available prevention programmes in KwaZulu Natal. The empirical data was thus collected with a schedule during structured interviews with 8 representatives of 8 core organizations in KwaZulu Natal. Empirical findings suggest that two programmes, namely: Life orientation (Curriculum 2005) and Teenagers Against Drug Abuse (TADA) programme from SANCA seem to be more effective on preventing adolescent substance abuse than the DAP (Drug Abuse Prevention programme) of the Department of Social Welfare and Population Development or Community Education programme by the South African Narcotics Bureau (SANAB). Other Social Welfare Non-Governmental Organizations in KwaZulu Natal (e.g. Durban Children Society, "Natal Christelike Vroue Vereniging" and "Christelik-Maatskaplike Diens") do not render any substance abuse prevention services to the youth as this is seen as a core function of SANCA.

3.2.2 Conclusions

- o The Drug Abuse Prevention programme (DAP) of the Department of Social Welfare and Population Development seems reasonably effective as it conforms to 42.8% of the substance abuse prevention principles (National Institute on Drug Abuse).
- o Department of Education and Culture: Life Orientation (Curriculum 2005) as core field of knowledge and skills seems highly effective as it conforms to 78.5% of the substance abuse prevention principles. Life Orientation provided convincing evidence of a credible and effective life skills programme through (a) extremely well-designed training material, and (b) formal assessment and/or evaluation methodology.
- o The TADA programme from SANCA holds much potential and conforms to 78.5% of the substance abuse prevention principles.

Herewith the goals for this programme are clear and based on the theoretical social environmental or learning model. Programme material is well matched and sensitive to the intended audience. The programme shows much strength but has at yet, not been formally evaluated.

- o Community education as secondary function of the South African Narcotics Bureau (SANAB) conforms to 42.8% of the substance abuse prevention principles.
- o In KwaZulu Natal, there is a partnership forged between the Non-Governmental Welfare Sector (e.g. Durban Children Society, "Natal Chistelike Vroue Vereniging" and "Christelik-Maatskaplike Diens") to refer all substance related services to the South African National Council on Alcoholism and Drug Dependence (SANCA). On mutual agreement SANCA is thus responsible for all Non-Governmental substance abuse prevention efforts in KwaZulu Natal.

3.2.3 Recommendations

- o South African based prevention programmes should all be evaluated, compared, organized and where possible integrated, as this will provide a clear picture of the different programmes' effectiveness.

3.3 Quantitative findings based on the evaluation of the researcher's substance abuse prevention programme for early adolescents in KwaZulu Natal (Project Skills Development)

3.3.1 Summary

The quantitative findings based on the evaluation of Project Skills Development were described in Chapter 6 (page 288) of this research report. Evaluation was done by means of a self-constructed group-administered questionnaire in the pre-test i.e. before implementation of Project Skills Development, and post-test with both the experimental (25 respondents) and comparison group (25 respondents). The sample thus included a total of 50 early adolescents and the empirical data was collected to include 2 measurements, once before and once after the intervention (Project Skills Development).

3.3.2 Conclusions

Biographical details

- All the respondents were between the ages 11 – 14 years old.
- There was equal representation of the respondents' according to their gender.
- All the respondents (100%) were Black.
- The majority (86%) of respondents were Zulu speaking youth.
- All the respondents were in grade 6 of Sizani Primary School.
- From a total of 50 respondents, 43 (86%) of the respondents showed involvement with a prosocial institution like the church.
- Most of the respondents' caretaker(s) or parents (54%) were not married but living together. A total of 19% were married and 27% single parents.
- Most of the respondents (61%) lived with both their biological parents or with their mother (23%) only. A small portion lived with their grandparents (12%) and hardly any with their father as single parent (4%).

Personal and Social Skills Development

- Adolescent attitudes to substances and substance users: With a P-value of 0,0027 using a chi-square distribution with 1 degree of freedom the researcher concluded that there was a statistical significant difference in the experimental groups' attitudes to drugs and drug users, with a 95% chance that the results were due to Project Skills Development and not to chance. The following sub-hypothesis was therefore confirmed: *If early adolescents undergo a school based substance abuse prevention programme then their attitudes towards substances and substance users will be influenced in a positive way.*
- Substance specific knowledge: With a P-value of 0,0113 using a chi-square distribution with 1 degree of freedom the researcher concluded that there was a statistical significant difference in the experimental groups' drug knowledge, with a 95% chance that the results were due to Project Skills Development and not to chance. The next sub-hypothesis was thus confirmed: *If early adolescents undergo a school based substance abuse prevention programme then their substance specific knowledge will increase.*
- Skills development:
 - i. Peer group relations - With a P-value of 0,4157 using a chi-square distribution with 1 degree of freedom. The researcher concluded that there was *not a statistical significant difference* in the experimental groups' awareness of peer group relations after exposure to Project Skills Development.
 - ii. Social problem solving: Techniques to promote self-control - The Kruskal-Wallis test indicated a P-value of 0,4648. Compared with the 0,05 level of significance

there was *not a statistical significant difference* in the experimental groups' techniques to promote self-control after exposure to Project Skills Development.

- iii. Social problem solving: Relieving stress, anxiety and pressure - With a P-value of 0,6246 using a chi-square distribution with 1 degree of freedom. The researcher concluded that *there was not a statistical significant difference* in the experimental groups' techniques to relieve stress, anxiety and tension after exposure to Project Skills Development.
- iv. Developing assertiveness skills - The Kruskal-Wallis test indicated a P-value of 0,0425 using a chi-square distribution with 1 degree of freedom. This compares favourably with the 0,05 level of significance as a P-value smaller as 0,05 indicates a statistical significant difference. The researcher concluded that there was a *statistical significant difference* in the experimental groups' assertiveness, with a 95% chance that the results are due to Project Skills Development and not to chance.
- v. Communication skills – With a P-value of 0,9217 using a chi-square distribution with 1 degree of freedom the researcher concluded that there was *not a statistical significant difference* in the experimental groups' communication skills after exposure to Project Skills Development.

Skills development as a whole: With a P-value of 0,6901 using a chi-square distribution with 1 degree of freedom the researcher concluded that there was *not a statistical significant difference* in the experimental groups' personal and social skills after exposure to Project Skills Development. Even though, the sub-

hypothesis that read: "If early adolescents undergo a school based substance abuse prevention programme then their personal and social skills will be enhanced" was not confirmed a positive movement (i.e. in the development of assertiveness skills) did occur among the respondents.

3.3.3 Recommendations

- Standardized personality functioning scales should be implemented to measure the specific skills addressed in Project Skills Development. It is thus recommended that personality functioning scales (for instance communication, assertiveness and social problem solving) should become part of similar substance abuse prevention programmes.
- Substance abuse prevention studies need to use more rigorous experimental design and methodology. This includes comprehensive standardized assessments (before, during and after the intervention), thorough inventories of intervention content (i.e. what kind of modalities are used and in what intensity), manual-guided interventions with specific content and procedures for implementing the specific intervention.
- Intervention outcomes must be evaluated more thoroughly, with careful follow-up for several years. Outcome studies not only should consider abstinence or relapse status, but also should include all changes in substance use patterns as well as changes in psychosocial functioning such as mental health and behaviour, school functioning, family functioning and use of prosocial forms of recreation such as sports, music and other hobbies.
- As with adults, it is likely that certain types and levels of prevention intervention may be more suitable for certain types of adolescents. Treatment-matching, that is, matching each

patient to an individual treatment modality, should therefore be a critical element of substance abuse prevention research.

- o Further comparative studies should be done with different ethnic groupings.

4. Aim and objectives of the study

Aim of the study: To develop, implement and evaluate a substance abuse prevention programme for early adolescents in KwaZulu Natal.

Table 57 focuses on how the above aim and resulting objectives of the study were accomplished:

Table 57: Accomplishment of the study objectives

Nr.	Objective	Objective achievement
1.	To conduct the investigation within a theoretically founded reference frame by undertaking a relevant literature study of the phenomenon of substance abuse, substance abuse among early adolescents and substance abuse prevention among the youth.	This aim was achieved as reflected in the discussion presented in Chapters 2 – 5.

Nr.	Objective	Objective achievement
2.	To identify the nature and prevalence of substance abuse as a problematic human condition among early adolescents in KwaZulu Natal.	This aim was attained. Findings in Chapter 2 showed that in KwaZulu Natal substance abuse (e.g. of substances like alcohol and cannabis) is prevalent among the youth.
3.	To undertake a critical review of the state of existing substance abuse prevention programmes for early adolescents in KwaZulu Natal.	This aim was accomplished through the presentation of a detailed discussion in Chapter 6 on the substance abuse prevention programmes of 8 core Social Welfare Organizations in KwaZulu Natal.
4.	To develop a substance abuse prevention programme for early adolescents in KwaZulu Natal.	This aim was achieved through the planning and design of a substance abuse prevention programme for early adolescents in KwaZulu Natal (Project Skills Development) as explained in Chapter 5 and stated in Appendix 3 (page 415) that contain the content of Project Skills Development as a whole.
5.	To implement the substance abuse prevention programme among early adolescents in KwaZulu Natal.	This objective was met in that Project Skills Development was implemented at Sizani Primary School in Umhlali, a sub-urban area in the North coast of KwaZulu Natal.
6.	To evaluate the substance abuse prevention programme for early adolescents in KwaZulu Natal with a view to recommend further utilisation in practice.	This aim was realized through the presentation of a detailed discussion in Chapter 6 on the quantitative findings of the evaluation of the researcher's substance abuse prevention programme for early adolescents in KwaZulu Natal (Project Skills Development).

5. Closing statement

Adolescents are training to be adults. They copy adults and reflect the choices that adults must also make. It is hardly surprising that both culturally sanctioned substance use in the forms of alcohol and tobacco and illicit use of other substances is prevalent in adults, as well as youth. Our society is struggling to deal with the negative consequences of our involvement with psychoactive substances. As we have had limited success in handling the problem of adult substance abuse, the similar but quite distinct problem of adolescent substance abuse offers difficulty as well (Bukstein, 1995: 203). We must recognise these facts. As we ask our clients and patients to break through their denial, we, too, must identify what the problem of adolescent substance abuse is and how we can best deal with it.