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THE DEVELOPMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HIGHER EDUCATION INSTITUTIONS IN SOUTH AFRICA

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Supervisor: Prof FM Mulaudzi
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DECLARATION

I, **Miriam Mmamphamo Moagi**,

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declare that:

"THE DEVELOPMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HIGHER EDUCATION INSTITUTIONS IN SOUTH AFRICA"

is my own original work and that it has not been submitted before for any degree or examination at any other institution. All the sources that have been used or quoted have been acknowledged by means of complete references in the text and bibliography.

MMoagi

Signed

29/11/2018

Date

DEDICATION

This thesis is dedicated to my late mother, Mokgaetji Reineth Phago, who loved me unconditionally and believed in me. She instilled courage in me to achieve whatever I strive for and my father, Khuludi Absalom Phago, it is he who told me that “education is the key to success”.

All gratitude goes to my lovely family; my daughters Itumeleng and Lerato, my son Karabo, my grandson Katlego and my son in law Bhekumusa Kekana. Thank you very much for the support, motivation and encouragement provided throughout the duration of my studies.

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- My friend Mmatlala Lizzy Mngomezulu for your constant support.

ABSTRACT

"THE DEVELOPMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HIGHER EDUCATION INSTITUTIONS IN SOUTH AFRICA"

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A comprehensive support program, which encompasses promotive, curative, rehabilitative and coordinated services, could alleviate the burden of alcohol abuse among students at higher education institutions (HEIs) in South Africa. Alcohol abuse is a growing public health and socio-economic burden affecting many people worldwide. The high prevalence of alcohol abuse among students at HEIs has been reported in many countries, and South Africa is no exception. In South Africa, HEIs must comply with the National Liquor Act 70 of 2008 and related legislation, as well as relevant municipal by-laws, which regulate the availability of alcohol. Some HEIs have alcohol abuse intervention programs in place. However, it is not clear if these support programs are comprehensive and focussed enough to address the alcohol abuse problem as stipulated in the South African National Drug Master Plan (NDMP) (2013 - 2017).

The overall aim of this study was to evaluate and develop a comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa. The study followed a pragmatist approach in three phases to answer the overall research question. In phase 1, a survey was used to evaluate the current support programs used at various HEIs. In phase 2, appreciative inquiry AI with stakeholders involved with student support programs was used to develop a comprehensive support program. In phase 3, an e-Delphi technique was used to refine the comprehensive support program through reaching a consensus.

The study utilized a 3-phased approach. In the first phase, the study used a quantitative questionnaire to collect data from 105 participants, in line with the NDMP pillars of supply, harm and demand reduction, and were analysed through descriptive data analysis. With regards to supply reduction, the results showed no statistical association between supply reduction in relation to alcohol abuse policy and the management of alcohol abuse among students at HEIs. In harm reduction, the results of the Kruskal-Wallis chi-square probability also proposes no significant association between harm reduction and individual psychological vulnerability. With regards to demand reduction, the Kruskal-Wallis chi-square showed no evidence of differences with respect to the responses between participants on demand reduction and support programs.

During the AI phases, participants had an opportunity to appreciate the best of "what has been" and "what is already working" at HEIs and provide inputs on what they aspire for in a comprehensive support program. Thematic data analysis according to Braun and Clarke was used to analyse data data and to identify themes to draft a comprehensive support program that will help in the management of alcohol abuse among students at HEIs.

To address the last objectives of the study, a comprehensive support program that could manage alcohol abuse among students at HEIs in South Africa was refined, using three e-Delphi rounds. Consensus was obtained using a Likert scale to evaluate the draft program based on the comments and recommendations outlined by expert panellists in each of the e-Delphi rounds. As a result, a more integrated, coordinated comprehensive and focussed support program in line with the NDMP as required in the South African legislation was developed. Further research should investigate alcohol abuse at private campuses, colleges of higher learning and universities of technology in various parts of South Africa.

Key words: Alcohol, Alcohol abuse, Comprehensive support program, Higher Education Institution, Students,

TABLE OF CONTENTS

TOPIC	PAGE NUMBER
DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
TABLE OF CONTENTS	vi
LIST OF ABBREVIATIONS AND ACRONYMS	xxi

CHAPTER 1
ORIENTATION TO THE STUDY

NUMBER	TOPIC	PAGE NUMBER
1.1	INTRODUCTION	1
1.2	BACKGROUND AND RATIONALE	1
1.3	PROBLEM STATEMENT	6
1.4	SIGNIFICANCE OF THE STUDY	8
1.5	RESEARCH QUESTION, AIM AND OBJECTIVES	9
1.6	PARADIGMATIC APPROACH	10
1.7	PHILOSOPHICAL ASSUMPTIONS OF THE STUDY	10
1.7.1	Ontological assumptions	11
1.7.2	Epistemological assumptions	12
1.7.3	Methodological assumptions	12
1.7.4	Rhetorical assumptions	12
1.8	DEFINITIONS OF CONCEPTS	13

NUMBER	TOPIC	PAGE NUMBER
1.8.1	Alcohol	13
1.8.2	Alcohol abuse	13
1.8.3	Comprehensive program	13
1.8.4	Evaluation	14
1.8.5	Higher Education Institution	14
1.8.6	Program	14
1.8.7	Student	14
1.9	RESEARCH DESIGN AND METHODS	15
1.10	MEASURES TO ENSURE TRUSTWORTHINESS	17
1.11	ETHICAL CONSIDERATIONS	18
1.12	ORGANISATION OF THE THESIS	18
1.13	CONCLUSION	19

CHAPTER 2

LITERATURE REVIEW

NUMBER	TOPIC	PAGE NUMBER
2.1	INTRODUCTION	20
2.2	SCOPE OF THE LITERATURE REVIEW	21
2.3	METHODOLOGY	21
2.3.1	Search strategy for peer-reviewed journals	22
2.3.2	Search strategy for grey literature	22
2.3.3	Inclusion and Exclusion criteria	24
2.4	DISCUSSION OF FINDINGS FROM LITERATURE REVIEW	25
2.4.1	Alcohol abuse in higher education institutions	25
2.4.1.1	Alcohol abuse in HEIs globally	26
2.4.1.2	Alcohol abuse in HEIs in Africa	28
2.4.1.3	Alcohol abuse in South Africa	29
2.4.2	Factors associated with alcohol abuse among students at HEI	31

NUMBER	TOPIC	PAGE NUMBER
2.4.2.1	Supply of alcohol abuse at HEIs	31
2.4.2.2	Demand for alcohol abuse among students	34
2.4.2.3	Harm caused by alcohol abuse in HEIs	39
2.4.3	Support program in the management of alcohol abuse	40
2.4.3.1	Support program in the management of alcohol abuse globally	40
2.4.3.2	Support program in the management of alcohol abuse in Africa	42
2.4.3.3	Support program in the management of alcohol abuse in South Africa	44
2.4.3.4	Tobacco and alcohol policies	48
2.5	CONCLUSION	48

CHAPTER 3
RESEARCH DESIGN AND METHODS

NUMBER	TOPIC	PAGE NUMBER
3.1	INTRODUCTION	50
3.2	THE RESEARCH AIM AND OBJECTIVES	50
3.3	THE RESEARCH QUESTION	51
3.4	PRAGMATIC WORLDVIEW	51
3.5	RESEARCH DESIGN	51
3.5.1	Quantitative design: Phase 1	52
3.5.2	Research methods: Phase 1	53
3.5.2.1	Research population	53
3.5.2.2	Sample selection	55
3.5.2.3	Sample size	55
3.5.2.4	Sampling technique	56
3.5.2.5	Description of the sample	56
3.5.2.6	Research setting	57

NUMBER	TOPIC	PAGE NUMBER
3.5.2.7	Data collection	57
3.5.2.8	Validity and reliability of data collection	61
3.5.2.9	Data analysis	63
3.5.3	Appreciative inquiry approach: Phase 2	64
3.5.3.1	The 5-D cycle of appreciative inquiry	66
3.5.4	Research design: Phase 2	70
3.5.5	Research methods: Phase 2	72
3.5.5.1	Target population	72
3.5.5.2	Sampling	73
3.5.5.3	Selection of participants	73
3.5.5.4	Data collection	74
3.5.5.5	Data analysis	78
3.5.6	e-Delphi technique: Phase 3	82
3.5.6.1	Population	83
3.5.6.2	Sampling	83
3.5.6.3	Data collection	84
3.5.6.4	Data analysis	84
3.6	MEASURES TO ENSURE TRUSTWORTHINESS IN THE STUDY	85
3.6.1	Credibility	85
3.6.1.1	Prolonged engagement	85
3.6.1.2	Member checks	86
3.6.1.3	Triangulation	86
3.6.1.4	Audit trails	87
3.6.1.5	Thick description	87
3.6.2	Transferability	88
3.6.3	Dependability	88
3.6.4	Confirmability	88
3.6.5	Authenticity	89
3.7.	ETHICAL CONSIDERATIONS	89
3.7.1	Ethical clearance	89
3.7.2	Approval	89
3.7.3	Informed consent	90

NUMBER	TOPIC	PAGE NUMBER
3.7.4	Confidentiality and anonymity	90
3.7.5	Justice	91
3.7.6	Beneficence and non-maleficence	91
3.7.7	Scientific integrity	91
3.7.8	Phase 1 of the study	92
3.7.9	Phase 2 of the study	92
3.7.10	Phase 3 of the study	92
3.8	CONCLUSION	92

CHAPTER 4

PHASE 1

QUANTITATIVE RESULTS

NUMBER	TOPIC	PAGE NUMBER
4.1	INTRODUCTION	94
4.2	PERMISSION TO CONDUCT DATA COLLECTION	94
4.3	SAMPLE AND SAMPLING TECHNIQUE	95
4.4	THE QUESTIONNAIRE	95
4.5	DATA ANALYSIS	96
4.5.1	Reliability of data collection scale	97
4.5.2	Descriptive statistics	97
4.5.3	Inferential statistics	97
4.6	RESEARCH RESULTS	98
4.6.1	Section A: Biographical information	98
4.6.1.1	Gender of participants	100
4.6.1.2	Age of participants	100
4.6.1.3	Current positions held by participants	101
4.6.1.4	Highest professional qualifications of participants	102
4.6.1.5	Distribution of area of specialisation	103

NUMBER	TOPIC	PAGE NUMBER
4.6.1.6	Number of years of experience	104
4.6.2	Section B: Supply reduction	104
4.6.2.1	Responses based on personal, social skills and social influence domain	106
4.6.2.2	Responses based on policies and culture domain	108
4.6.3	Section C: Harm reduction	109
4.6.3.1	Responses based on individual psychological vulnerability domain	111
4.6.3.2	Response based on mentoring domain	115
4.6.4	Section D: Demand reduction	117
4.6.4.1	Responses based on support program domain	119
4.6.4.2	Responses based on tobacco and alcohol policies domain	121
4.6.4.3	Responses based on campaign/awareness raising domain	123
4.6.4.4	Target group for campaigns/awareness	124
4.6.4.5	Components of support programs	125
4.6.5	Section: E Suggestions to reduce alcohol abuse	126
4.6.6	Section: F Items hindering the control of alcohol abuse	126
4.7	CONCLUSION	128

CHAPTER 5

PHASE 1

DISCUSSION OF QUANTITATIVE RESEARCH RESULTS AND LITERATURE CONTROL

NUMBER	TOPIC	PAGE NUMBER
5.1	INTRODUCTION	129
5.2	DISCUSSION OF QUANTITATIVE RESULTS	129
5.2.1	Supply reduction	130

NUMBER	TOPIC	PAGE NUMBER
5.2.1.1	Personal, social skills and social influences	130
5.2.1.2	Policies and culture	131
5.2.2	Harm reduction	132
5.2.2.1	Individual's psychological vulnerability	133
5.2.2.2	Mentoring	134
5.2.3	Demand reduction	134
5.2.3.1	Support program	135
5.2.3.2	Campaigns/awareness raising	136
5.3	COMPONENTS OF ALCOHOL ABUSE (SUPPORT) PREVENTION PROGRAM	137
5.4	SUGGESTIONS TO REDUCE ALCOHOL ABUSE	138
5.4.1	Parent - family communication program	138
5.4.2	Parent-child relationships	140
5.4.3	Parental support	140
5.4.4	Parental modelling	141
5.4.5	Counselling and treatment program	142
5.4.6	An alcohol abuse peer education program	142
5.4.7	Assessment and referral services	142
5.5	MATTERS HINDERING THE CONTROL OF ALCOHOL ABUSE	143
5.5.1	Easy access to alcohol in the country	143
5.5.2	Community around HEIs supply alcohol	144
5.5.3	Majority of students living privately without parental supervision	145
5.5.6	Bursary money used to purchase alcohol	146
5.6	CONCLUSION	146

CHAPTER 6
PHASE 2
APPRECIATIVE INQUIRY PRESENTATION, DISCUSSION OF FINDINGS AND LITERATURE CONTROL

NUMBER	TOPIC	PAGE NUMBER
6.1	INTRODUCTION	147
6.2	APPRECIATIVE INQUIRY WORKSHOP	147
6.2.1	Preparation for the Appreciative Inquiry workshop	148
6.2.2	Introduction during the Appreciative Inquiry workshop	148
6.2.3	Data collection during the AI workshop	149
6.3	APPRECIATIVE INQUIRY PHASES AS FOLLOWED IN THE WORKSHOP	149
6.3.1	Define phase (presentation of phase 1 results)	149
6.3.2	Discovery phase (individually written narratives)	150
6.3.2.1	Data collection during discovery phase	151
6.3.2.2	Data analysis during discovery phase	151
6.3.2.3	Findings of the discovery phase	151
6.3.3	Dream and Design phase (Small and Large group discussions)	163
6.3.3.1	Findings of the dream and design phase	165
6.3.5	Destiny phase: Drafting of a Program	196
6.4	SUMMARY OF RESEARCH FINDINGS AND DRAFT PROGRAM	198
6.4.1	Summary of results of Quantitative phase (Phase 1)	198
6.4.2	Summary of the findings of the Appreciative inquiry (Phase 2)	199
6.4.3	Summary of integrated findings	199
6.4.4	Destiny phase: Activities, resources and outcomes in the draft	201
6.5	CONCLUSION	205

CHAPTER 7

PHASE 3

REFINEMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HEIs IN SOUTH AFRICA THROUGH e-DELPHI TECHNIQUE

NUMBER	TOPIC	PAGE NUMBER
7.1	INTRODUCTION	206
7.2	REACHING CONSENSUS FROM DELPHI TECHNIQUE IN HEALTH AND NURSING	207
7.2.1	e-Delphi technique as a method of achieving consensus with experts	208
7.2.2	Recruitment and selection of experts for e-Delphi	209
7.2.3	Biographical data of experts	210
7.3	METHODOLOGY FOR SUPPORT PROGRAM REFINEMENT AND VALIDATION	212
7.4	REFINEMENT OF THE DRAFT SUPPORT PROGRAM USING THE e-DELPHI TECHNIQUE	213
7.4.1	e-Delphi round one	213
7.4.2	Responses and comments of e-Delphi round one	213
7.4.3	Adjustments of the draft program after round one	217
7.4.4	e-Delphi round 2	219
7.4.5	Adjustments of the draft program after round two	219
7.4.6	Responses and comments of round two	219
7.4.7	e-Delphi round 3	222
7.4.8	Adjustments of the draft program after round three	222
7.5	IMPLEMENTATION OF THE SUPPORT PROGRAM	236
7.6	FUTURE COLLABORATION	236
7.7	CONCLUSION	237

CHAPTER 8
EVALUATION, STRENGTHS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS OF THE STUDY

NUMBER	TOPIC	PAGE NUMBER
8.1	INTRODUCTION	238
8.2	EVALUATION OF THE STUDY	238
8.2.1	Rationale of the study	238
8.3	THE AIM AND OBJECTIVES OF THE STUDY	239
8.3.1	Phase 1	239
8.3.1.1	Objective of phase 1	239
8.3.1.2	Summary of results of phase 1 according to the National Drug Master Plan pillars	239
8.3.2	Phase 2	241
8.3.2.1	Objective of phase 2	241
8.3.2.2	Summary of findings of phase 2 using Appreciative Inquiry phases during the workshop	241
8.3.3	Phase 3	242
8.3.3.1	Objective of phase 3	242
8.3.3.2	Summary of findings of phase 3 using e-Delphi technique to reach consensus	242
8.4	STRENGTH OF THE STUDY	244
8.5	LIMITATIONS OF THE STUDY	245
8.6	UNIQUE CONTRIBUTION OF THE STUDY	246
8.7	RECOMMENDATIONS OF THE STUDY	248
8.7.1	Recommendations based on the findings	248
8.7.1.1	Supply reduction	248
8.7.1.2	Harm reduction	250
8.7.1.3	Demand reduction	251
8.7.1.4	Recommendations for further studies	251
8.8	CONCLUSIONS OF THE RESEARCH STUDY	252

LIST OF REFERENCES

TOPIC	PAGE NUMBER
REFERENCES	254

LIST OF ANNEXURES

ANNEXURE	TOPIC	PAGE NUMBER
Annexure A	Patient or participant's information & Informed consent document (phase 1)	298
Annexure B	Patient or participant's information & informed consent document (phase 2)	302
Annexure C	Patient or participant's information & informed consent document (phase 3)	306
Annexure D	Participant's information & informed consent document	310
Annexure E	Phase 1: Questionnaire	313
Annexure F	Phase 2: Proposed interview schedule for Appreciative Inquiry workshop	318
Annexure G	Phase 2: Workshop Power point Presentation	320
Annexure H	Letter of statistical support	322
Annexure I	Phase 3: Likert 4 – point rating scale	324
Annexure J	Letter to Higher Education Institutions	326
Annexure K	Approval letter from In-house committee	329
Annexure L	Approval letter from School PhD defence meeting	331
Annexure M	Ethical approval letter from University of Pretoria	333
Annexure N	Permission to conduct research from University of Kwa-Zulu Natal	335
Annexure O	Principal investigator(s) declaration for the storage of research data and/or documents	337

ANNEXURE	TOPIC	PAGE NUMBER
Annexure P	Declaration by principal investigator and Sub-investigator	339
Annexure Q	Ethical approval Tshwane University of Technology	342
Annexure R	Letter of invitation to expert participants outlining the instructions, study objectives and summary of the findings	344
Annexure S	The first section of the instrument consisting of the biographical information of the participant which enabled the researcher to describe the sample	348

LIST OF FIGURES

FIGURE	TOPIC	PAGE NUMBER
Figure 3.1	Modified appreciative inquiry 5 – D cycle,	63
Figure 4.1	Three pillars from the National Drug Master Plan	95
Figure 4.2	Gender distribution of participants	99
Figure 4.3	Score of current positions held by participants	101
Figure 4.4	Distribution of participants by Highest Academic Qualification	102
Figure 4.5	Area of specialisation of participants	103
Figure 4.6	Serving and handling of intoxicated Students	114
Figure 4.7	Supporting students on treatment and rehabilitation	115
Figure 4.8	Recommendations for the development of a comprehensive support program	115
Figure 4.9	Target group for campaigns/awareness	121
Figure 4.10	Components of support programs for managing alcohol abuse	122
Figure 4.11	Suggestions to reduce alcohol abuse	123
Figure 4.12	Key Items hindering the control of alcohol abuse among students at Higher education Institutions	124

FIGURE	TOPIC	PAGE NUMBER
Figure 6.1	Destiny phase: Summary of components focusing on primary, secondary and tertiary interventions	198
Figure 8.1	Summary of phases of developing the program	243

LIST OF TABLES

TABLE	TOPIC	PAGE NUMBER
Table 1.1	Research question, aim and objectives	9
Table 1.2	Summary of the research design and methods	15
Table 2.1	Sites for grey literature search	23
Table 3.1	Phase 1 population	52
Table 3.2	Structure of the questionnaire	56
Table 3.3	Biographic information of respondents	57
Table 3.4	Summary of demographic profiles of participants for AI workshop	71
Table 3.5	Summary of labels attached to participants in each data set	80
Table 4.1	Biographical data of the participants	98
Table 4.2	Distribution of relationships between age and gender	100
Table 4.3	Supply Reduction: Responses based on personal, social skills and social influence	104
Table 4.3a	Association between supply reduction and alcohol abuse policy domain	104
Table 4.3b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	105
Table 4.4	Supply reduction: responses based on policies and culture	106
Table 4.4a	Association between supply reduction, policies and culture domain	106
Table 4.4b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	107
Table 4.5	Harm Reduction: Responses based on individual psychological vulnerability	108

TABLE	TOPIC	PAGE NUMBER
Table 4.5a	Association between harm reduction and individual psychological vulnerability domain	109
Table 4.5b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	110
Table 4.6	Harm reduction: Responses based on mentoring	111
Table 4.6a	Association between harm reduction and mentoring domain	112
Table 4.6b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	113
Table 4.7	Demand reduction: Responses based on support program domain	116
Table 4.7a	Association between demand reduction and alcohol/ support programs domain	116
Table 4.7b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	117
Table 4.8	Demand reduction: Responses based on tobacco and alcohol policies	117
Table 4.8a	Association between demand reduction and alcohol/tobacco and alcohol policies domain	118
Table 4.8b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	118
Table 4.9	Demand reduction: Responses based on awareness campaigns	119
Table 4.9a	Table association between demand reduction and alcohol awareness campaigns domain	119
Table 4.9b	Comparison of responses on the measures between responses by Kruskal – Wallis Statistics	120
Table 6.1	Discovery phase: Appreciative inquiry questions and related themes	149
Table 6.2	Labels attached to participants in each data set	163
Table 6.3	Dream and Design phase: Supply reduction	165
Table 6.4	Dream and Design phase: Harm reduction	198
Table 6.5	Dream and Design phase: Demand reduction	188
Table 6.6	Summary of integrated findings	200

TABLE	TOPIC	PAGE NUMBER
Table 6.7	Destiny phase: Activities, resources and outcome	203
Table 7.1	Biographical data of experts	211
Table 7.2	Instrument used for refinement of draft support program	217
Table 7.3	Summary of the rating of the e-Delphi round 1	219
Table 7.4	Summary of the rating of the e-Delphi round 2	222
Table 7.5	Summary of the rating of the e-Delphi round 3	224
Table 7.6	Comprehensive support program in the management of alcohol abuse among students at higher education institutions in South Africa **(changes highlighted)**	226
Table 7.7	Comprehensive support program in the management of alcohol abuse among students at higher education institutions in South Africa	230

LIST OF ABBREVIATIONS AND ACRONYMS

ABBREVIATION	MEANING
AI	Appreciative Inquiry
ALAC	Alcohol Advisory Council of New Zealand
APMO	Average Percent of Majority Opinions
CHRN	Canadian Harm Reduction Network
CCSA	Canadian Centre on Alcohol abuse
CDA	Central Drug Authority
DSD	Department of Social Development
HEI	Higher Education Institution
INCB	International Narcotics Control Board
MLDA	Minimum Legal Drinking Age
NDoH	National Department of Health
NDMP	National Drug Master Plan
NDS	National Drug Strategy
NIAAA	National Institute on Alcohol Abuse and Alcoholism
ODAS	Offender Drug and Alcohol Strategy
SACENDU	South African Community Epidemiology Network on Drug Use
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SRC	Student representative Council
UNODC	United Nations on Drugs and Crime
UNDCP	United Nations Drug Control Program
UCLA	University of California
WHO	World Health Organisation

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

The high prevalence of alcohol abuse among students at higher education institutions (HEIs) has been reported in many countries, and South Africa is no exception. Students at HEIs view alcohol as fashionable, pleasurable and part of social life. Alcohol is also viewed as a social lubricant and a pleasurable activity that provides them with confidence and an atmosphere of friendliness. In South Africa, HEIs must comply with the South African national liquor act 70 of 2008 and related legislation, as well as relevant municipal by-laws, which regulate the availability of alcohol. Although some HEIs have support or intervention programs in place, it is not clear if these support programs are comprehensive and or focussed enough to address the alcohol abuse problem as stipulated in the National Drug Master Plan (NDMP) (2013-2017). This formed the basis of the research enquiry of this study. This chapter outlines the study background and rationale, problem statement, overall aim and objectives, research question, research design and methodology, and includes key terms used. Lastly, the organisation of the thesis is outlined.

1.2 BACKGROUND AND RATIONALE

A comprehensive support program, which encompasses promotive, curative, rehabilitative and coordinated services, could alleviate the burden of alcohol abuse among students at HEIs in South Africa (Strebel, Shefer, Stacey & Shabalala, 2013:39). Globally, the alcohol abuse rate amongst HEI students is over 49%, and this is a growing public health and socio-economic problem affecting many people (Deressa & Azazh, 2011:660; Tesfay, Derese & Hambisa, 2014:1; Tuwei, 2014:1; Kyei & Ramagoma, 2013:77). These rates are supported by Njeri and Ngesu (2014:1), who indicated that globally 60% of HEI students abuse alcohol. The high prevalence rates of alcohol abuse among HEI students have been reported in many countries as well as in South Africa (Hallett, Howat, Maycock, McManus, Kypros & Dhaliwal, 2012:1471). Alcohol abuse places an enormous burden on cultural and religious domains and on communities (NDMP) 2013-2017). Globally, alcohol abuse results in 2.5 million deaths each year (Ajao, Anyanwu, Akinsola & Tshitangano, 2014:214).

Alcohol abuse is defined as consuming amounts of alcohol that can cause physical, psychological and social harm, both in the short- and long-term (Foxcroft & Tsertsvadze, 2011:2; Khosa, Dube & Nkomo 2017:72). Alcohol abuse follows a maladaptive pattern resulting in clinically significant impairment or distress (Uys & Middleton, 2014:442). Applied to the study context, this impairment or distress will manifest itself in HEI students failing to fulfil their role obligations on an educational and/or social level, being involved in violence due to intoxication, driving under the influence of alcohol, destruction of property, soaring health care costs and/or relationship problems (Uys & Middleton, 2014:442). Alcohol abuse is a challenge that affects HEI students, their parents, lecturers, taxpayers and government structures (Tuwei, 2014:1).

To become a student at a HEI is both an exciting and a scary experience for some students, due to newfound independence as well as new alcohol use patterns learnt from peers, which contribute to alcohol abuse (Atwell, Abraham & Duka, 2011:253). Students are often excited when they move from high school to a HEI; (Christie 2009:123), moreover, they are more interested in taking risks and testing their limits and boundaries of the world (Bandason & Rusakaniko, 2010:1; Holton, 2015:21). These students represent a social category that is vulnerable to alcohol abuse; owing to the social environment they occupy (Akmatov, Mikolajczyk, Meier & Krämer, 20211:620; Jagero & Mbulwa 2012:61). This environment includes regular contacts with peers that may consequently contribute to alcohol abuse (Akmatov et al. 2011:620).

The higher education environment provides autonomy that is unfamiliar to many students who come from unwavering parental leadership and control as well as from schools with stringent rules (Dehaan, & Boljevac 2010:223). Students require appropriate self-control (Moon, Blackey, Boyas, Horton & Kim 2014:147). Some of the students find it hard to handle the stressors coming with the responsibilities expected from them and these might lead to alcohol abuse to cope with academic and social demands at the HEI (Cleary et al.2011:250; Eva, Islam, Mosaddek, Rahman, Rozario, Iftekhar, Ahmed, Jahan, Abubakar, Dali, & Razzaque, 2015:327).

Escalating alcohol abuse among HEI students is real and occurs because this stage of the life cycle, also called “emerging adulthood”, provides for more freedom and less societal control than in high school years. Emerging adulthood is a stage of the life cycle that begins from 18-25 years old

following high school and ends with the adoption of adult roles like marriage, parenthood, as well as a career (Arnett, 2016:220). An escalation in alcohol abuse is apparent during emerging adulthood (Cleary et al. 2011:250; Kong & Bergman 2010:855), possibly due to inquisitiveness, social pressure and influence of the peer groups (Oshodi, Aina & Onajole 2010:52).

The Prevention and Treatment of Alcohol Abuse Act (Act No. 70 of 2008) provides norms and standards for alcohol abuse prevention and treatment and provides for the establishment of a NDMP. The NDMP purports to reduce the supply of addictive substances, the demand for as well as the harm caused by alcohol abuse. The NDMP mandates local municipalities to implement supply, demand and harm reduction strategies. HEIs in South Africa are therefore obliged to comply with the NDMP regulatory framework to put strategies in place to prevent alcohol abuse among students and to ensure students who abuse alcohol are identified, referred for treatment and are supported during their rehabilitation period. HEIs in South Africa have alcohol abuse intervention programs in place. However, it is not clear if these programs are comprehensive and focused enough to address the problem holistically as alcohol abuse amongst students remains high. It is also not clear if these programs include preventative or curative measures. Phase 1 of this study evaluates the existing support programs utilised at HEIs in the management of alcohol abuse amongst students. Based on the results, a process to develop a comprehensive program follows in phase 2.

In terms of South Africa's NDMP (2013–2017) "drug or substance of abuse" encompasses psychoactive or dependence-producing drugs such as alcohol, nicotine, over-the-counter and prescription medication as well as illicit drugs such as cannabis, cocaine and heroin. In the context of this study "substance abuse" will refer only to alcohol abuse. According to Setlalentoa, Ryke and Strydom, (2015:81), the South African government has introduced legislation to deal with alcohol abuse to reduce its harm, demand and supply through the NDMP the Prevention and Treatment of Drug Dependency Act (Act No 20 of 1992), as amended, as well as the Prevention of and Treatment for Alcohol abuse Act (Act No 70 of 2008).

The NDMP identifies three pillars, which guide the implementation of strategies to reduce the supply of, harm caused by and demand for substances. Supply reduction strongly relies on law enforcement action and punitive measures to control the production and distribution of substances. In this study, supply reduction will be viewed as interventions, policies and programs within the higher education environment aiming to control the distribution and availability of alcohol among students. Such

strategies include, for example, ensuring that there are no pubs and taverns and bottle stores near HEIs' campuses.

Harm reduction emphasises the development of policies and programs that focus directly on reducing the social, economic and health-related harm resulting from alcohol abuse and include treatment, rehabilitation and re-integration strategies. In this study, alcohol harm reduction will also focus on the reduction of alcohol abuse problems among students that may lead to loss of productivity such as high failure rates and dropouts. Students abusing alcohol may be involved in other forms of harmful behaviour including violence, road accidents and unsafe sex leading to sexually transmitted diseases (Setlalentoa, Ryke & Strydom, 2015:81).

Demand reduction will describe policies or programs directed at reducing the demand for, and accessibility of alcohol among students. Such strategies include raising public awareness, skills development and diversion programs. There is a high demand for alcohol among HEI students as reflected in statistics from different countries (see discussion in next paragraph). Alcohol, tobacco and marijuana are reported as the substances mostly abused by HEI students (Primack, Kim, Shensa, Sidani, Barnette & Switzer, 2012:374).

According to the WHO (2014:1), alcohol abuse has been reported as a social and economic problem in many countries including South Africa. Alcohol is addictive and harms one's health both mentally and physically. Alcohol abuse contributes to diseases such as lung cancer and heart diseases, leads to poor judgement, an inability to make rational choices, increased crime rates, and, with regards to students, poor class attendance and poor academic performance (Kyei & Ramagoma 2013:77). Alcohol abuse may explain why some students who enter HEIs with good results from grade 12 do not perform as expected (Dlamini et al. 2012:49; Kyei & Ramagoma 2013:77).

Other adverse consequences include unintended injuries, alcohol related fatalities, drop-out from HEIs, assault and unprotected sexual behaviour that place students at risk for infections and unplanned pregnancies (Onya, Tessera, Myers & Flisher, 2012:352; Doumas, Nelson, DeYoung, & Renreria, 2014:150; Tuwei, 2014:2; Strang, Babor, Caulkins, Fisher, Foxcroft & Humphrey, 2012:71). Some of the students increase their risk of being injured, sometimes fatally, or even die while under the influence of alcohol (WHO, 2011; Ramsoomar & Morojele 2012:609).

The European Union (EU) is described as the heaviest alcohol-drinking region of the world with 25% of HEI students in the age group of 18–29 years abusing alcohol (Foxcroft & Tsertsvadze, 2011:2; Moeller, Galea & WHO 2012:1). The participation of HEI students in alcohol abuse is a common and continuing problem in New Zealand (Tonks, 2012:11). This alcohol drinking culture is labelled in many ways, for example, 'binge drinking', 'heavy drinking', 'hazardous drinking', a 'culture of intoxication' 'bounded consumption', 'calculated hedonism' and 'controlled loss of control' (McEwan et al., 2010:15; Moore, 2010:475), thus accepted as a way of students' life.

The high demand for alcohol among HEI students is explained in many ways. Students reported using alcohol for reasons including curing depression, imitating role models, getting relief from loneliness and self-doubts (Kyei & Ramagoma, 2013:77; Foxcroft & Tsertsvadze 2012:129); therefore, support programs at HEIs must focus on demand reduction. With regards to harm reduction, HEIs in some countries have alcohol intervention programs in place. In the United States of America (USA), it is reported that despite such programs, alcohol abuse among HEI students is as high as 44%, and alcohol, marijuana and tobacco are mostly abused substances (Andrade, Duarte, Barroso, Nishimura, Alberghini & Oliveira, 2014:295; Oshodi et al. 2010:52).

In the United Kingdom (UK), excessive alcohol consumption among students is a growing problem (Davoren, Demant, Shiely & Perry 2016:173), and although the HEIs have support programs; these are not alcohol specific support programs aiming to reduce the demand for, the supply of and harm caused by alcohol abuse (John & Alwyn, 2010:3). Sometimes organizations, including HEIs, work in isolation as there is a lack of information sharing that makes it difficult to address the increase in alcohol abuse among students (Oshodi et al. 2010:53; Seaman & Ikegwuonu, 2011:745).

In New Zealand, media campaigns as well as policies to regulate the supply of alcohol are in place, as well as programs for the prevention, treatment and management of alcohol related problems (Boden & Ferguson 2011:32). Despite this, many HEI students still engage in heavy drinking practices to the point that it is normalised and integrated into their social lives (Griffin, Bengry-Howell, Hackely, Mistral & Szmigin, 2009:457; McEwan, Campbell & Swain, 2010:15).

As mentioned, high rates of alcohol abuse persist amongst HEI students, irrespective of intervention programs (Rintaugu et al. 2011:162). In sub-Saharan Africa, heavy drinking patterns have been

reported among 54% of male and 42% of female students (Zverev, 2008:27). In Kenya, a rate of up to 84% alcohol abuse amongst HEI students was reported (Atwoli, Mungla, Ndung'u, Kinoti & Ogot, 2011:1471). Similarly, in Uganda, it was reported that half of the HEI students engaged in a heavy sporadic alcohol abuse. Alcohol is easily available especially during celebrations despite policies and intervention programs in place to reduce the abuse of alcohol (Swahn, Palmier, Kasirye, 2013; Choudhry, Agardh, Stafström & Őstergren, 2014:1472).

South Africa is rated amongst the countries with the highest alcohol abuse among HEI students in the whole of Africa (Pengpid, Peltzer, van der Heever & Skaal, 2013:2044) with an estimated prevalence rate of 54% (Hallett, Howat, Maycock, McManus, Kypros & Dhaliwal, 2012:1471; Ghuman, Meyer-Weitz & Knight, 2012:132). Alcohol abuse is viewed as the biggest challenge facing South African HEIs (Mosotho, Louw & Calitz, 2010:67), as some students use their bursary money to buy alcohol for entertainment (Cherian, Mboweni, Mabasa & Mafuna, 2014:1575). Support focus on individuals, sometimes engage groups of students, while policies for alcohol abuse exist at some HEIs in South Africa, but the management of alcohol abuse among HEIs students do not include a well-integrated strategy (Mohasoa 2010:24).

The harm caused by alcohol abuse places a major pressure on students' academic development as it reduces the function of the central nervous system and further inhibits the flow of messages to the brain. The harm associated with alcohol abuse includes blackouts, thiamine deficiency, unprotected sex and physical aggression (Kypri et al. 2009:309; Midford, Cahill, Ramsden, Davenport, Venning & Lester 2012:103; Dlamini et al. 2012:50).

1.3 PROBLEM STATEMENT

As discussed in the background and rationale, alcohol abuse amongst students at HEIs globally and in South Africa is regarded as a main health problem (Cherian et al. 2014:1575; Strebel et al. 2013:38). Interventions in place to address alcohol abuse at HEIs are not in accordance with the three pillars of prevention according to NDMP (2013-2017). Students entering HEIs are excited by the new phase of their lives that they have worked hard to accomplish (Cleary, Walter & Jackson, 2011:250; Chartier, Hesselbrock & Hesselbrock 2011:167). These students represent a social category that is vulnerable to alcohol abuse (Akmatov, Mikolajczyk, Meier & Krämer, 2011:620). The

prevailing social norms at HEIs encourage the demand for alcohol abuse as it is seen as a normal part of the student culture (Olisah, Adekeye, Sheik & Yusuf, 2009).

Alcohol abuse is a setback to South Africa as its young population become less productive. It holds back the country's economy and enforces considerable expenses on the people who abuse alcohol and leads to negative health and social consequences for the community at large (UNODC, 2009:14; Setlalentoa et al, 2015:80; WHO, 2014:1). A substantial amount of money is used annually in the prevention of alcohol abuse, treatment and rehabilitation (UNODC, 2009:14). The South African government is looking for explanations as to why young people are not motivated (Kyei & Ramagoma 2013:77). Failure to solve this problem harms not only individuals, but also the economic and social development of the whole country (Dlamini et al. 2012:49; Kyei & Ramagoma 2013:77).

In this study, it is argued that student support programs currently being implemented at HEIs are not comprehensive, as they do not address reduction of alcohol abuse among HEI students on a primary, secondary and tertiary level. The interventions in place seem to focus more on reducing the demand, and the three pillars are not evidently categorised and addressed according to the NDMP (2013-2017). It is also not clear if the programs reflect a comprehensive (preventative, promotive, curative and rehabilitative) approach towards alcohol abuse and meet the international (UNODC, 2013:6) and national standards (NDMP 2013-2017) for alcohol abuse prevention. These international and national standards are interventions and policies with positive prevention outcomes as supported by scientific evidence and could serve as the foundation of comprehensive support programs at HEIs (UNODC, 2013:5).

In summary, although the problem of alcohol abuse amongst students at HEIs is evident globally (Sebena et al.2012:2), in South Africa there is a lack of comprehensive, coordinated, promotive, curative and rehabilitative support programs (Strebel et al. 2013:39) in order to address the problem as required by the NDMP (2013-2017:50). Therefore, this study seeks to evaluate available support programs in order to develop a comprehensive support program in the management of alcohol abuse among students at HEIs.

1.4 SIGNIFICANCE OF THE STUDY

It is anticipated that this research will contribute to the general body of knowledge, as it will assess programs and interventions currently available at HEIs to address alcohol abuse among students and develop a comprehensive and coordinated approach. The findings may be useful to the Department of Higher Education (DHE), HEIs and the South African society. Opportunities may be created to develop a more comprehensive and focused program in line with national and international programs. The proposed comprehensive support program may be useful in educating young people entering HEIs in South Africa on the risks of alcohol abuse in order to reduce the high rates of alcohol abuse among students and increase students' academic performance.

1.5 RESEARCH QUESTION, AIM AND OBJECTIVES

The research question, aim and objectives are set out in table 1.1.

Table 1.1: Research Question, Aim and Objectives

Research question	
Overall research question	How can a comprehensive support program be developed in the management of alcohol abuse among students at HEIs in South Africa?
Research aim	The overall aim of this study is to evaluate the current support programs in order to develop a comprehensive support program for the management of alcohol abuse among students at HEIs.
Research objectives	
PHASE 1	
Objective 1	To evaluate current support programs in the management of alcohol abuse at HEIs in South Africa.
PHASE 2	
Objective 2	To develop the comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using an appreciative inquiry.
PHASE 3	
Objective 3	To refine the comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using the e-Delphi technique as a consensus method.

1.6 PARADIGMATIC APPROACH

According to Polit and Beck (2012:10) and Tashakkori and Teddlie (2010:112), a paradigm is referred to as a way of thinking about and making sense of complexities of the world and it helps to sharpen and guide the focus of the researcher on an interesting phenomenon. Paradigms are not true or false statements, and paradigms make certain assumptions about the nature of social reality and offer a different way of looking at human social life (Hart 2010:3).

Additionally, paradigms are belief systems that reflect and guide the decisions of the researcher. In a study conducted by Creswell and Plano Clark (2011) the paradigm guided all the research methodologies including actions. In this study the researcher used pragmatic assumptions because different research methods are used. The researcher used a mixed methods design with a quantitative phase, appreciative inquiry workshop and a consensus method using a Delphi technique to answer the overall research question. The assumptions were carried out rationally following pragmatic paradigmatic perspectives to develop a comprehensive support program in the management of alcohol abuse among students at HEIs.

1.7 PHILOSOPHICAL ASSUMPTIONS OF THE STUDY

This study is guided by the philosophy of pragmatism to answer the overall research question. Pragmatism is a philosophy in which the world is seen as having remarkable and several realities that are open to empirical inquiry, concerned with solving practical problems in the world rather than on assumptions about the nature of knowledge (Cresswell & Plano Clark, 2011:43; Feilzer, 2010:8). Pragmatists view the world as a reality of diverse experiences and relate closely to existential realities with different elements or layers, which are objective, subjective or a mixture of the two (Holloway & Wheeler, 2010:270). According to Goldkuhl (2004:2), pragmatists use what works, as it is not restricted to any philosophy. This is supported by Morgan (2007), who believes a pragmatic perspective draws on employing ‘what works’, using diverse approaches, and not committed to one system of philosophy and reality.

Researchers as pragmatists, have freedom of choice and are free to choose the methods, techniques and procedures of research that best meet their needs (Morgan, 2007:48). Pragmatism is flexible in that it focuses on the outcome of the research and not on the adherence of the method of a particular worldview (Onwuegbuzie & Leech, 2005:377); meaning that it is not concerned about which methods are used as long as the methods chosen to have the potential of answering the research question (Feilzer 2010:14). Greene (2007:28) supports this view by stating that the consequence for pragmatism is ‘the best we can do to gather evidence is always good enough’.

There is always a belief that pragmatism is only related to the use of mixed methods as described in Creswell, (2014:11). However, the premise of pragmatism is to use different methods that enable the researcher to answer a research question appropriately (Botma, Greeff, Mulaudzi & Wright, 2010:255). Pragmatists have interest in what difference the information does in practice because pragmatism is interested in change (Feilzer 2010:14).

In this study the researcher will not be restricted to a single methodology but will resolve the research problem by using flexible approaches. To answer the research question, phase 1 will be guided by a quantitative approach, whereby reality is seen as "stable, observable and measurable" (Gerrish & Lacey, 2010:130). This approach will assist the researcher to evaluate current support programs in the management of alcohol abuse among students at HEIs to give feedback to the management of the HEIs and relevant stakeholders. The results of phase 1 will be used to inform phase 2 of the study, which will be guided by an appreciative inquiry approach to develop a comprehensive support program in the management of alcohol abuse among students at HEIs. Phase 3 of the study will be guided by a consensus method using a Delphi technique with experts in the field of alcohol abuse to refine the comprehensive support program for HEI students.

Using the pragmatic worldview, the researcher combines multiple methods, and moves back and forth between the data and breaks down the hierarchies between positivists and constructivist ways of knowing and finding meaning. The pragmatic worldview allowed the researcher to use both subjectivity in reflection and objectivity in data collection and analysis to seek answers to the overall research question (Tashakkori & Teddlie, 2011:227). The strengths of the pragmatic worldviews were combined within one research design, including the ontological, epistemological, axiological, methodological and rhetorical assumptions described below.

1.7.1 Ontological assumptions

Ontological assumptions are concerned with what we believe constitute reality during the conduct of research (Creswell & Plano Clark 2011:420). They allow the researcher to state whether the social reality that he or she is describing should be understood from the outside or by means of words, thoughts and arguments that the researcher creates in his or her own individual mind (Porter 2017:223). The ontology of pragmatism is that the researcher would provide multiple perspectives of the study, which deliberate on multiple social constructionist and positivist realities. Such perspectives guided the researcher in the development of a comprehensive support program that can manage alcohol abuse among students at HEIs. These two positions are referred to as the "realistic" position, which is objective in nature, and the "nominalist" position, which claims to be able to create significant truths from the use of words and arguments. Positivist ontology ensured that

data related to the stable external reality was discovered in an objective manner while social constructivist ontology allowed the researcher to interact with the participants as reality was constructed through the interactive process during the AI workshops (Tashakkori & Teddlie 2011:208). The researcher provided quotes to illustrate participants' different perspectives. Therefore, by using pragmatic arguments about the truth the focus was more on demonstrating that the results were effective for the overall research question.

1.7.2. Epistemological assumptions

Pragmatic epistemology ensures that the researcher is free to liaise with appropriate participants for the study (Tashakkori & Teddlie 2011:208). Epistemology is the theory of knowledge concerned with the question of what counts as valid knowledge (Holloway & Wheeler 2010:21). Furthermore, the same authors stated that the accuracy and success of quantitative or qualitative researchers depend on being able to achieve a total disengagement or epistemological distance from the subjects or participants of the research so that the data that they collect is truly objective. The researcher believes that knowledge could be obtained through questionnaires, AI workshop as well as e-Delphi technique using a Likert scale as these worked best to address the overall research question from the pragmatists' perspective.

1.7.3 Methodological assumptions

Methodological assumptions refer to the way researchers obtain knowledge (Polit & Beck 2012:13). Pragmatism is the best philosophical foundation for justifying that the truth is "what works" best to answer a research problem (Korte & Mercurio 2017:61; Maree 2007:263)). Though, in pragmatism the assumption is that the researcher has a freedom of choice about methods, techniques and procedures of research (Korte & Mercurio 2017:60). In this study, quantitative, AI and consensus approaches were used. These approaches are described in detail in chapter 3 of this research study.

1.7.4 Rhetorical assumptions

The rhetorical assumptions refer to the language that influence the writing style of a research report (Creswell, Klassen, Plano Clark & Smith 2011:541). In this study, the sections concerning quantitative results used statistics, while the sections related to the AI findings were presented in a narrative format using themes.

1.8 DEFINITION OF CONCEPTS

The following concepts, alcohol, alcohol abuse, comprehensive program, evaluation, higher education institution, program and students are discussed below.

1.8.1 Alcohol

Alcohol is defined as a common, accessible substance that has just as destructive powers as any other substance of abuse (Kniesl & Trigoboff, 2009:328). According to Chesang (2013:128) alcohol is contained in drinks such as beer, wine, brandy, spirits and whisky. Alcohol is a depressant, which inhibits or decreases some aspects of central nervous system activity (NDMP, 2013-2017:18). In this study, alcohol refers to alcoholic beverages that inhibit the central nervous system and are abused by students at HEIs.

1.8.2 Alcohol abuse

Alcohol abuse is a pattern of alcohol use that results in harm to one's health, interpersonal relationships, and or the ability to be productive (WHO, 2011:21). In this study, alcohol abuse is regarded as the hazardous consumption of alcohol by students enrolled at HEIs, and this causes harm to their physical and or psychological health, interpersonal relationships and or ability to perform academically.

1.8.3 Comprehensive program

Comprehensive means dealing with all or nearly all elements or aspects of something that may be of concern (Oxford South African Pocket Dictionary, 2010:176). Comprehensive support program is defined as a collection of inter-dependent projects managed in a coordinated manner and together provide outcomes (Young & Mayson 2010:16). In this study, a comprehensive support program refers to a coordinated, inter-dependent, promotive support program within the three pillars of the NDMP, which are:

- Harm reduction – referring students who abuse alcohol for treatment and rehabilitation.

- Demand reduction – using prevention strategies such as awareness campaigns to provide students with information and health education about the dangers of alcohol abuse.
- Supply reduction – implementing policies and programs for reducing the supply of alcohol to HEI students in South Africa.

1.8.4 Evaluation

Fitzpatrick, Christie and Mark, (2009:2) define evaluation as the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform and improve social conditions. In this study, evaluation refers to the investigation of available support programs in the management of alcohol abuse at HEIs in South Africa. The evaluation is done in accordance with the three NDMP pillars.

1.8.5 Higher Education Institution

Higher education institution means any institution that provides higher education on a full-time, part-time or distance basis, and which is merged, established or deemed to be established as a public higher education institution under Act no 101 of 1997; and registered or conditionally registered as a private HEI (Higher Education Act no.101 of 1997). In this study HEIs refer to public HEIs in South Africa, registered under the mentioned act and provides higher education on a full-time or part-time basis.

1.8.6 Program

A program is a system of projects or services intended to meet a public need (National Institute on Drug Abuse, 2010:28). The institute goes further to state that the best programs incorporate a variety of rehabilitative services into their comprehensive treatment programs. For this study, a program means a treatment program that incorporate the three pillars of supply reduction, harm reduction as well as demand reduction in order to control alcohol abuse among students at HEIs in South Africa.

1.8.7 Student

Student is defined as any person registered at a higher education institution (Higher Education Act no. 101 of 1997). In this study, students refer to undergraduate students between the ages of 18–25 registered at a HEI in South Africa.

1.9 RESEARCH DESIGN AND METHODS

This study was conducted in three phases and each phase is discussed in terms of the research design and methods used to address the related objectives. Research design is the plan for addressing a research question, including specifications for enhancing the study's integrity (Polit & Beck, 2012:741). Table 1.2 provides a summary of the research design and methods employed in the study. The detailed research design and methods will be discussed in Chapter 3.

Table 1.2 Summary of the research design and methods

	PHASE 1: DESCRIPTIVE SURVEY AND SITUATIONAL ANALYSIS	PHASE 2: DEVELOPMENT OF THE COMPREHENSIVE SUPPORT PROGRAMME	PHASE 3: CONSENSUS METHOD – REFINEMENT OF THE COMPREHENSIVE SUPPORT PROGRAMME
SETTING	HEIs in South Africa		
POPULATION	Student support service managers, clinic managers, deans of students and wellness program managers	Stakeholders from different HEIs; i.e. educators (lecturers) teaching mental health related modules, practising mental health practitioners from government and private institutions, student support service managers, representatives from student governing bodies and clinic managers at HEIs.	Experts including advanced psychiatric nurses, psychiatrists, psychologists, social workers, managers of organisations such as South African National Council on Alcoholism (SANCA)and South African Community Epidemiology Network on Drug Use (SACENDU) and director or deputy director from the Department of Health (DoH) working with support programs for alcohol

			abuse, support service managers at HEIs
SAMPLING METHOD	Convenience sampling	Purposive sampling and snowballing	Purposive sampling and snowballing
SAMPLE SIZE	105 respondents	22 participants	14 participants
DATA COLLECTION	Questionnaires	Appreciative inquiry workshop	Delphi technique
DATA ANALYSIS	Descriptive analysis	Thematic analysis	

PHASE 1: DESCRIPTIVE SURVEY AND SITUATIONAL ANALYSIS

Phase 1 of the study was a situational analysis, which followed a quantitative research design using a questionnaire with close-ended as well as open-ended questions to evaluate the current available support programs in the management of alcohol abuse at HEIs. Quantitative research is an investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design (Polit & Beck, 2012:739). A quantitative approach was used to evaluate the "contents and nature" of existing support programs for managing alcohol abuse at HEIs in South Africa.

PHASE 2: DEVELOPMENT OF A SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HEIs USING APPRECIATIVE INQUIRY

Phase 2 of this study commenced with a workshop attended by stakeholders involved with support programs and the purpose was to present the phase 1 findings. The one-day workshop was held with stakeholders who are managing alcohol abuse at HEIs, with the purpose of presenting and discussing the results of phase 1 findings. Inputs to evaluate existing programs in terms of demand, supply and harm reduction were obtained from stakeholders. Thereafter the development of a comprehensive support program was initiated based on the empirical data collected in phase 1, supported by the literature review and the outcomes of the workshop.

Using an AI approach during phase 2 helped to evaluate the realities of the existing support programs for alcohol abuse and stimulate new perspectives towards an integrated comprehensive support program. This phase will be discussed in more details in chapter 3.

PHASE 3: REFINEMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HEIs USING e-DELPHI TECHNIQUE AS A CONSENSUS METHOD

The e-Delphi technique is a structured process that uses a series of questionnaires or 'rounds' to gather information, which is continued until 'group' consensus is reached (Jacob, Duffield & Jacob 2017:1982; Keeney, Hasson & McKeena 2006:206). According to Slade, Dionne and Underwood and Buchbinder, (2015:1136) e-Delphi technique is a method of obtaining opinions on a given question from a range of experts and is usually used to gain consensus among a group of experts or informed respondents that constitute the Delphi panel. In this study, the e-Delphi technique was used to refine the draft support program developed by stakeholders in phase 2 during an AI workshop.

The advantage of using e-Delphi technique is to ensure the anonymity and confidentiality of expert's participation, reduce influence from dominant participants, ease administration of questionnaires through electronic media. Participants can take time to consider answers at their own pace and place rather than respond immediately to questions (Haji, Khan, Regehr, Ribaupierre & Dubrowski 2015: 576). Using a consensus method during phase 3 helped to refine a draft support program for alcohol abuse and to have a more comprehensive support program at HEIs for students.

The inputs from experts were obtained through a Delphi technique and this helped to refine the draft support program. During the process of refinement, various principles related to the development of a comprehensive support program were observed. These principles include among others, clarity, validity, relevance, comprehensive, applicability, effectiveness and acceptability (Agree Collaboration 2010; 'Ke Moja' Integrated Strategy, 2011). Data generated from this process was used to develop the final comprehensive support program relevant to alcohol abuse amongst students at HEIs in South Africa. This phase will be discussed in more details in chapter 3.

1.10. MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is when a study accurately represents the methods used by researchers to persuade the audience that the findings have sufficient value and relevance to justify further attention (Polit & Beck, 2017:589; Barbbie & Mouton 2010276). In this study, trustworthiness was obtained by using multiple methods of data collection, namely; a questionnaire, AI workshop in phase 2 and Delphi rounds in phase 3, thus making triangulation possible. Dependability was achieved by using a detailed description of the data collection method and the type of data collected, data sources, and the use of an independent coder. Transferability was achieved through the thick and dense description of the sampling method and the methodology. Confirmability strategies included a reflective journal kept by the researcher during phase 2 and 3 (Botma, et al. 2010:233). A more detailed discussion on rigor follows in chapter 3.

1.11 ETHICAL CONSIDERATIONS

Ethical considerations in research refer to a code of conduct or expected social norms of behaviour while conducting research. Ethics is concerned with the protection of humans in research to ensure the absence or minimisation of harm to participants (Polit & Beck 2017:560). The researcher conducted the study after the approval from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria and the management of the different HEIs. Each participant willingly signed a participation information leaflet and an informed consent form (see Annexure D). Participants were treated with respect, Furthermore, the researcher guaranteed the protection of participants by adhering to the principles on which the standards of ethical conduct in research are based, namely: confidentiality, beneficence, justice and informed consent (Polit & Beck, 2012:445). The ethical considerations used in this study will be discussed in more details in chapter 3.

1.12 ORGANISATION OF THE THESIS

Chapter 1 Orientation of the study

Chapter 2 Literature review

Chapter 3 Research methodology

Chapter 4 Quantitative results

Chapter 5 Discussion of quantitative research results and literature control

Chapter 6 Appreciative inquiry presentation, discussion of findings and literature control

Chapter 7 Refinement of a comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa through e-Delphi technique.

Chapter 8 Evaluation, strengths, limitations, recommendations, and conclusions of the study.

1.13 CONCLUSION

HEIs in South Africa are facing challenges of alcohol abuse among students. Some HEIs in South Africa have support programs to deal with alcohol abuse among students, whereas others do not have programs. For the support service managers at HEIs to deal with alcohol abuse at HEIs they need to have a comprehensive support program, which is preventive, promotive, curative and rehabilitative. Such a support program could assist in identifying students who are at risk and ensure that they are appropriately referred on time before they start abusing alcohol. In the next chapter, the literature review is discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review may serve to identify a relevant theoretical or conceptual framework for defining the research problem (Polit & Beck, 2012:58), lay the foundation for a study, inspire new research ideas and determine any gaps or inconsistencies in the body of research, or share with the reader the results of studies that are closely related to the one being undertaken (Creswell, 2009:25). In this study, the researcher conducted a literature review to explore different aspects related to the development of a comprehensive support program for the management of alcohol abuse among students at HEIs. For this literature review, the term, "alcohol abuse" refers to the abuse of different harmful substances. However, the focus of this study is only on alcohol**.** Many programs and studies cover alcohol abuse as an overarching term that includes the abuse of all harmful substances.

The South African government made available norms and standards for alcohol abuse prevention and treatment and provides for the establishment of a NDMP, which seeks to reduce the supply and demand of substances as well as the harm caused by alcohol abuse. According to United Nations Drug Control Program (UNDCP) (1997), the NDMP is a national strategy that guides the operational plans of all government departments and other entities involved in the reduction of the demand for, supply of, and harm associated with the use and abuse of, and dependence on dependence-forming substances.

The NDMP (2013-2017) of South Africa was formulated by the Central Drug Authority (CDA) in terms of the Prevention of and Treatment of Alcohol Abuse Act (70 of 2008), as amended. The NDMP was approved by the South African parliament to meet the requirements of the international bodies concerned and the specific needs of the South African communities, which sometimes differ from the needs of other countries. The NDMP mandates local municipalities to

implement harm, demand and supply reduction strategies. The community support networks are responsible for implementing these policies, programs and plans to address alcohol abuse.

HEIs in South Africa are therefore obliged to comply with the NDMP regulatory framework to put strategies in place to prevent alcohol abuse among students. Moreover, HEIs should ensure that students, who abuse alcohol, are identified, referred for treatment and supported during their rehabilitation period. Support programs which focus on individuals and groups and policies for alcohol abuse do exist at HEIs in South Africa, but it is not clear if these programs are comprehensive and focused on preventative or curative measures, as alcohol abuse amongst students at HEIs remains high (Sebena et al.2012:21).

The aim of the literature review is to explore relevant literature using peer-reviewed journals and 'grey' literature related to the significance and development of a comprehensive support program in the management of alcohol abuse among students at HEIs, with reference to the NDMP's three pillars.

2.2 SCOPE OF THE LITERATURE REVIEW

The scope of the literature review will cover all relevant literature referring to the development of a comprehensive support program for the management of alcohol abuse among students at HEIs in South Africa

2.3 METHODOLOGY

The methodology will be discussed under the following headings: search strategy for peer-reviewed journals, search strategy for grey literature, the inclusion and exclusion criteria and data extraction.

2.3.1 Search strategy for peer-reviewed journals

Literature searches were launched on the databases MEDLINE and PubMed. These databases are utilized on the basis that they are the largest abstract and citation databases for peer-reviewed literature, provide superior support for the literature research process in academia and give the researcher a global view. Given the fact that alcohol abuse is a social, political, health and economic problem; an electronic search was further launched on the following databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), The ERIC database, WorldCat.org, Taylor and Francis Journals database, MEDLINE/PubMed database, Biomed Central database and Wiley Online Library database. An internet search was also carried out using Google and Google Scholar databases. The following search terms were identified: alcohol abuse, students, higher education institution, supply reduction, harm reduction, demand reduction, support program, mentoring, and alcohol policies.

The search results were initially broad and were narrowed with the use of more specific search topics. The reference lists from retrieved studies were manually searched. The reviewed literature comprised research conducted globally, in sub-Saharan Africa and in South Africa starting from 2006. The search was extended to cover the period from 2003 because the search from 2006 yielded minimal information. More than 80 articles, ten published theses, six unpublished theses and five mixed method studies were reviewed. Two hundred and fifty titles were identified, from which 55 abstracts were examined as they met the inclusion criteria. The 55 abstracts were further examined to verify if they address the research question. Fifteen of the articles were directly addressing HEIs' policies and students' culture of alcohol abuse at HEIs and therefore met the inclusion criteria.

2.3.2 Search strategy for grey literature

Grey literature is material that is not formally published by commercial publishers or peer-reviewed journals. It includes reports, fact sheets, conference proceedings and other documents from institutions, organizations, and government agencies (Calabria, Phillips, Singleton, Mathers, Congreve, Degenhardt & McLaren, 2008:1).

Electronic search strategies were used to identify grey literature. The first step in the search for grey literature was to consult with the librarian about electronic databases that include grey literature sources for alcohol abuse. Many of these data-bases were listed as links on the National Drug and Alcohol Research Centre's website. Additional databases and websites were found by consulting the related links pages on websites that were identified via search engines. In addition, the names of organizations responsible for collating state and national level statistics were identified from several reports and the corresponding websites were located where possible. The list of databases and websites was complemented with suggestions by experienced librarians.

Table 2.1 lists the sites from which the information on alcohol abuse support programs was obtained.

Table: 2.1 Sites for grey literature search

DATABASE	LINK	COMMENTS
National Institute on Alcohol Abuse and Alcoholism	*http://etoh.niaa.nih.gov/ncadidatabases.htm*	Portal – databases, journals, and websites focused on alcohol research
United Nations Office on Drugs and Crime (UNODC)	http://www.*unodc*	UNODC assists member states to control crime, terrorism and illicit drugs. Conducts research, analysis and field-based activities **Contents:** • Crime surveys, regional trafficking reports, seizure data, crop monitoring • Two online journals: Bulletin on Narcotic, Forum on Crime and Society • Manuals and programs for drug analysis • Treaty documents • World Drug Report
International Narcotics Control Board (INCB)	*http://www.incb.org/incb/index.html*	Monitors the implementation of United National drug control conventions. Aims to ensure an adequate supply of medicinal drugs and works towards the reduction of the production of illicit drugs **Contents:**

		• Papers on drug related crime, drug diversion, global drug requirements, programs and training materials
Alcohol Advisory Council of New Zealand (ALAC)	*http://www.alac.org.nz Library/Catalogue.aspx*	ALAC encourages the use of alcohol in moderation, aiming at reducing the harms associated with misuse. **Contents:** • Searchable database for references to books, journals, videos, conference proceedings and reports
South African Community Epidemiology Network on Drug Use (SACENDU)	*http://www.sahealthinfo.org/admodule/aboutsacendu.htm*	SACENDU monitors trends in alcohol and drug use in South Africa

2.3.3 Inclusion and exclusion criteria

In this literature review, the following inclusion and exclusion criteria were used: The articles were:

- To be published in English
- To be published from 2003 – 2015
- To discuss alcohol abuse among students at HEIs globally, in sub-Saharan Africa as well as in South Africa.

The search was launched on websites, speeches from experts, and brochures from different organizations/institutions which have a vast interest on alcohol abuse focusing on the three pillars, that is, supply, demand and harm reduction. Letters, editorials and commentaries were excluded to increase the robustness of the search; the researcher requested the librarian to review the literature for inclusion or exclusion criteria.

The section that follows will discuss the key findings of the literature review. However, some of the articles in this literature review are briefly referred to as they provide supportive information for this study.

2.4 DISCUSSION OF FINDINGS FROM LITERATURE REVIEW

The discussion will be covered under the following headings: alcohol abuse in HEIs, factors associated with alcohol abuse among students at HEIs, and management of alcohol abuse.

2.4.1 Alcohol abuse in HEIs

The discussion about alcohol abuse at HEIs will be covered under an introduction followed by the subheadings: alcohol abuse in HEIs globally, alcohol abuse in HEIs in Africa, alcohol abuse in HEIs in South Africa.

The abuse of alcohol amongst students in HEIs is increasing at an exponential rate (Dlamini et al., 2012). According to Rintaugu, Andanje and Amusa (2012:939), students in HEIs are susceptible to alcohol abuse due to diverse reasons. For many students, the HEI environment is their first-time experience away from their families and parents which in turn inhibits use of restrictions (Rintaugu et al. 2012:939-954). The same authors further highlight that for some students to keep control of their lifestyle; they struggle because there are no authority figures to watch over their decision making. This new-found freedom and a sense of invulnerability together with a strong desire for exploration can lead to the development of alcohol abuse (Rintaugu et al. 2012:940, 954; Cleary et al., 2011:250).

HEIs students represent a social category that is vulnerable to alcohol abuse; owing to the social environment they occupy (Akmatov, Mikolajczyk, Meier & Krämer, 2011:620). This environment includes regular contacts with peers which may contribute to alcohol abuse (Akmatov, et al. 2011: 620). Alcohol is the number one toxic substance consumed by many people of different age groups, with HEI students suffering the most pressure, due to peer relationships (Brandao, Correia, Alves de Farias, Antunes & da Silva, 2011: 345; Simatwa, Odhong, Juma & Choka, 2014:316).

Burns, Crawford, Hallett, Jancey, Portsmouth, Hunt and Longo (2015:2) articulated that alcohol abuse and related harm are high among students because HEIs' setting is conducive to alcohol

use and abuse, and this behaviour is associated with 'rites of passage'. In a study conducted by Dlamini (et al. 2012:52), students see it as important to have a drinking story where they talk about detrimental experiences of alcohol in a positive light after drinking. These students perceived alcohol as an integral part of their lifestyle, a positive step towards satisfying peer integration, and a passport into HEIs culture and students' circles. Even though any new undertaking is exciting because of the prospects it may convey, the transition to HEI life also carries new burdens and reservations (Ross & DeJong, 2008:2).

Confronting alcohol abuse among students is a challenge for some HEIs due to lack of comprehensive support programs (Dornier, Fauquier, Field & Budden, 2010:45). Alcohol is addictive and produces pleasurable effects on the abuser, harms one's health both mentally, physically and further causes poor judgement, as well as preventing students from attending classes leading to poor academic performance (Kyei & Ramagoma 2013:77).

2.4.1.1 Alcohol abuse in HEIs globally

The increase in alcohol and alcohol abuse (Kumpfer, 2014:2) is a global challenge, with detrimental effects on the health, wealth and security of nations (UNODC, 2010). Globally, alcohol abuse is a threat to public health (Ofori-Adjei, Casswell & Drummond, 2007), and it is estimated that between 155 and 255 million people between the ages of 15-64 abused substances especially alcohol once in their life (UNODC, 2009; WHO, 2011).

In a study conducted by Mhlongo, Hattingh and Van der Merwe (2005:18), it was reported that developing countries, due to their socio-economic status, often tend to have more complex problems with the abuse of alcohol. However, this picture tends to change with economic and social development. Better social and economic development influence the substance trade which escalates this problem. In the United States of America (USA), it was revealed that there are high rates of alcohol abuse among students in HEIs, as well as high rates of dangerous drinking practices such as binge drinking and daily drinking (Stolle, Sack & Thomasius, 2009:323). The same author further, indicated that the health-compromising behaviours such as smoking tobacco and drinking alcohol and driving often co-occur among these populations. The consequences of

young people as students drinking together, away from parental control, are always a formula for catastrophe.

Millions of lives in both developed and developing countries have been destroyed through illegal substance trading (UNODC, 2011; Mhlongo et al. 2005:19). Substances of abuse are evident in all societies around the world, and no country is an exception (Rogers & McGee 2003:2). Especially during conflicts, many countries around the world are vulnerable to alcohol abuse and they are oblivious to the extent of the problem due to their socio-economic and political circumstances. The problem with alcohol abuse is that it drains the physical, intellectual and economic resources of individuals as well as their families, communities and the entire country (Mhlongo et al. 2005:19).

Alcohol abuse is reported in several HEIs in different countries of the world. In the United State of America, it has been reported that over 80% of students at HEIs abuse alcohol (Kamanga, 2015:52). A study conducted by Patric and Schulenberg (2013:193) also found alcohol as the most commonly abused substance among students. In the United Kingdom (UK), a relationship between alcohol and smoking was found (Hagger-Johnson et al. 2013:2). The use of alcohol is dangerous and disruptive because it is reported that some of the students drop out each year due to alcohol abuse interfering with their academic work (Ross & DeJong, 2008:1). The release of a report by the Australian Government in 2011 states that young people who had engaged in binge drinking were more likely to have been violent than non-binge drinkers**.**

According to international findings, alcohol abuse rates are especially excessive among male students (Visser & Routledge 2007:598). Nevertheless, a significant number of male and female HEI students abuse alcohol, more than recommended. Furthermore, Mogotsi (2011) observed that alcohol abuse has increased among female students and it bear a resemblance to that of male students, and it poses both health and psychological risks.

2.4.1.2 Alcohol abuse in HEIs in Africa

Alcohol abuse is an enduring phenomenon of significant distress in Africa (Davoren et al. 2015:1). In an African tradition, alcohol use was not part of everyday life (Freeman & Parry 2006:2). However, an increase in alcohol abuse was revealed in the sub-Saharan Africa region (Kamanga, 2015:53). Additionally, Zverev (2008:27) pointed out that industrialisation and urbanisation stimulated alcohol use in rural areas due to the distribution of drinking habits from towns to villages. Furthermore, Kamanga (2015:54) argued that mass unemployment, poverty, loss of the traditional communities and values, breakdown of taboos related to age, rapid changes in national, gender and ethnic identities and spreading of western drinking styles are some of the factors which contributed to alcohol intake among young people, including students in sub-Saharan Africa.

Alcohol has been identified as the number one substance of abuse in HEIs in Africa (Davoren et al. 2015:2). Studies conducted in Malawi have found that 54.1% of students use alcohol during events such as social weekends or parties (Kamanga, 2015:60). During such events, students will use alcohol in public places because of group interaction. In addition, they also take turns in buying alcohol and as a result, may unconsciously convince non-drinkers to start drinking (Kamanga, 2015:55; 61).

Students at HEIs are cherished as valuable human resources due to the advanced knowledge and skills acquired after graduation. As such in Africa, the academic years spent at HEIs are considered a critical stage in students' intellectual, social and moral development. However, the years that students spend at HEIs are hampered by the ongoing abuse of alcohol (Maithya, Muola & Mwinzi, 2010:1550).

The incidence of alcohol abuse varies among African countries (Sutherland & Ericson, 2010:71). In Nigeria, it is reported that alcohol abuse among students has not received the attention it deserves as it is an ongoing problem (Chikere & Mayowa, 2011:1471). In addition, there are no policies in place to control the harmful use of the substance or to respond to the escalating alcohol-related problems (Chikere & Mayowa, 2011:1473). In a study conducted at the University

of Ibadan in Nigeria, it was revealed that 54% of freshmen abuse alcohol as that makes them feel good about themselves (Okoza, Aluede, Fajogu & Okhiku 2009:85-82). Similarly, in Uganda, it was found that alcohol is the commonest abused substance among HEI students as it is freely available to them (Dumbili, 2013:2).

2.4.1.3 Alcohol abuse in South Africa

In South Africa, over 87% of HEIs students abuse alcohol (Pengpid et al. 2013:2043; Cherian et al. 2013:1577). The national and regional statistics on alcohol abuse indicate that some students have tried alcohol and many of them use alcohol at regular intervals. These patterns of alcohol use among South African HEI students is a cause for concern since this contributes to intentional and unintentional injuries as well as violence (Onya, Tessera, Myers & Flisher, 2012:352; Morojele et al., 2009:195).

South Africa is a hard-drinking country with an estimated five billion litres of alcohol taken annually (Seggie, 2012:587). In the African culture people used to drink alcohol occasionally, mostly for communal and ceremonial purposes. Alcohol use was perceived as contributing to moral decay and disorganisation in society. As such, laws passed during the colonial time were meant to discourage black Africans from producing and obtaining liquor. The European settlers failed in barring the use of alcohol among Africans despite numerous attempts (Visser & Routledge, 2007:595; Babor, Robaina & Jernigan 2015:567).

South Africa is a society in transition. Changes in the political, economic and social structures within SA both before and after apartheid make the country more vulnerable to substance use (Peltzer & Pengpid 2011:3859). Although alcohol has been used for many years, the amount and patterns of consumption have changed considerably (WHO 2014:2). Alcohol plays a complex and controversial role since it poses challenges to the health and development of the nation.

The above-mentioned concerns are supported by the former Social Development Minister (Ms B. Dlamini) who indicated that the South African government recognised that “alcohol and alcohol

abuse are affecting the health and developmental efforts of the country", and that the "emotional and psychological impacts on families, the high levels of crime and other social ills have left many communities under siege by the scale of alcohol and drugs" (NDMP, 2013-2017:2). Alcohol abuse in South Africa is a source of social and economic difficulties (WHO, 2014:1; UNODC, 2009).

According to the findings of Dada, Burnhams, Erasmus, Parry, Bhana and Timol (2014:1-2) (South African Community Network on Drug Use), alcohol remains the leading substance of abuse in SA. In the Western Cape, it was reported that 49% of people abuse alcohol, whereas in Kwazulu-Natal the primary substance of abuse is alcohol at a rate of 42%. Between January – June 2014, it was reported that 19% of young people abuse alcohol in the Eastern Cape. Likewise, in the Free State, Northern Cape and North West alcohol was the most common primary substance of abuse with 43% of users being young people. In a study conducted by Masilo (2012:), alcohol was reported as the most readily available drug on the market as it is not unlawful to use or possess. According to the NDMP (2013-2017), this easy access to and possession of alcohol leads to alcohol-related problems among 7.5% - 31.5 % of the South African population.

South Africa is one of the countries presenting with an unsafe trend of alcohol abuse among young people including students as they are often lured to become patrons of illegal substances (Visser & Routledge, 2007:595). According to Masita (2007); Moodley, Matjila and Moosa (2012:3) and Visser and Routledge (2007), alcohol is the most commonly used substance among students in South Africa, possibly due to its prevalent obtainability, availability and accessibility. Alcohol abuse is the number one public health problem facing universities in South Africa (Davoren et al. 2015:4).

Reddy et al., (2010) indicated that 12% of South African students began to use alcohol before the age of 13 years. This is a concern since the use of alcohol in the early or middle adolescent period is associated with alcohol problems later in life (WHO, 2011). An alcohol abuse problem at HEI campuses in South Africa has been reported by (Dlamini et al 2012:49). The problem of alcohol abuse was also noted by Pengpid et al. (2013:2043) and Young and Mayson (2010:15), who

indicated that alcohol abuse in SA is among the highest in the whole of Africa, with a prevalence rate of up to 49.9% among males and 32.1% among females.

Previous research in SA has proven that HEI students tend to abuse alcohol more regularly than their non-university peers. Alcohol abuse among students' is mostly done with peers, in a collective environment, seen as a source of pleasure as it increases mood and confidence (Johnston, O'Malley, Bachman & Schulenberg, 2012:1975; Seaman & Ikegwuonu, 2011:745). Research conducted by Kamanga (2015: 54) has revealed that HEI students use alcohol for a number of reasons including: drinking alcohol is acceptable; alcohol is a stress reducer; drinking is a means of dulling the pain of poverty, drinking is considered a "*macho*" behaviour; and drinking is associated with societal rituals.

2.4.2 Factors associated with alcohol abuse among students at HEIs

There are a variety of progressive factors associated with alcohol use and eventually leading to abuse among students at HEIs. These factors include: supply of alcohol at HEIs, harm caused by alcohol at HEIs and demand for alcohol at HEIs.

2.4.2.1 Supply of alcohol abuse at HEIs

According to the NDMP (2013-2017:19), the supply of alcohol refers to the production and distribution of alcohol. Knowledge of the kinds of substances distributed and marketing and the role substances play in individuals, communities, sub-cultures or groups are vital for any prevention program. Prevention work should, therefore, begin with an analysis of these elements in a particular target group of concern (Masilo, 2012:34).

Production and informal sale of alcohol are ingrained in many cultures and are often informally controlled. The advertising and commercial marketing of alcohol plays a substantial role in promotion and consumption of alcoholic beverages (Babor, Babor, Caetano, Casswell, Edwards, Grube, & Giesbrecht 2010). According to UNODC (2011:15), reducing the impact of marketing,

particularly on young people as students is an important consideration in reducing harmful use of alcohol. Alcohol is marketed through increasingly sophisticated advertising and promotion of sport and cultural activities, sponsorships and product placements, and new marketing techniques such as e-mails, SMS and podcasting, social media and other communication techniques. The marketing of alcohol is now a global industry targeted at local markets through an integrated mix of strategies including television, internet, radio and print advertisements, and by the association of alcohol brands with sports, lifestyles and consumer identities (McEwan, Campbell & Swain, 2010:27). The transmission of alcohol marketing messages across national borders and controls on channels such as sponsorship of sport and cultural events is emerging as a serious concern in many countries including South Africa (UNODC, 2011:16).

Alcohol marketing agencies have succeeded in creating a desire to celebrate various occasions with specific types of alcohol beverages (Dlamini et al. 2012:52). The same authors further attest that adverts create the impression that it is normal behaviour for friends to gather around the beer table after work, to enjoy wine at the dinner table or to share a whiskey during stressful office meetings. Furthermore, even on campus-specific types of alcoholic beverages are used to celebrate specific socio-cultural occasions. The exposure of young people to appealing marketing is of concern, as is the targeting of new markets in developing and low-and-middle-income countries with a current low prevalence of alcohol consumption. Both the content of alcohol marketing and amount of exposure of young people to that marketing are crucial issues. Therefore, a precautionary approach to protecting young people against these marketing techniques should be considered (UNODC 2011:15).

The NDMP (2013-2017:36) points out that due to the economic crisis worldwide, including SA, steady growth is seen in the value of production and growth of alcoholic drinks. As a result, specialist retailers continue to have the highest alcohol sales. Several leading supermarkets have introduced their own brands and are setting up their own specialist liquor outlets. For that reason, in SA, there is a tendency to sell alcohol beverages from outlets without the necessary licenses', which complicates the control and regulation of such sales, including sales to underage people and students from HEIs (NDMP, 2013-2017:36).

Consumers, including students, are sensitive to changes in alcohol prices. Kamanga (2015:54) believes pricing strategies have been used on the assumption that as price decreases, consumption increases. However, students were happy to pay higher prices for the same number of drinks and would buy more if the strength of alcohol was reduced.

A successful price-related policy in reducing harmful use of alcohol is an effective and efficient system for taxation matched by adequate tax collection and enforcement (UNODC, 2011:16). For that reason, tax increases can have different impacts on sales, depending on how they affect the price to the consumer. The existence of a substantial illicit market for alcohol complicates policy considerations on taxation in many countries including in SA (Kamanga, 2015:55).

Tax changes must be accompanied by efforts to bring the illicit and informal markets under effective government control. Increased taxation can also meet resistance from consumer groups and economic operators, and taxation policy will benefit from the support of information and awareness-building measures to counter such resistance (NDMP, 2013-2017:17). Furthermore, UNODC, (2011) are of the impression that consumption of illicit or informally produced alcohol could have a negative health consequence due to a higher ethanol content and potential contamination with toxic substances, such as methanol. It may further hamper governments' abilities to tax and control legally produced alcohol.

Several authors including Seggie (2012) pronounce that South African HEIs have the highest alcohol consumption rates *per capita* of 10.3 and 12.4 pure alcohol per year in the world (Seggie 2012; Pengpid, Peltzer, van der Heever & Skaal, 2013:2044). The education system is one of the most pervasive agents of socialisation about substance use (Hassan 2013:17). According to Masilo (2012), alcohol is most readily available substances on the market, and it is not illegal to use or to possess it. Similarly, the NDMP (2013-2017), stated that alcohol remains the primary abused substance in South Africa and the most difficult problem to deal with because the use is acceptable at any social function (Masilo, 2012:28).

2.4.2.2 Demand for alcohol abuse among students

Demand for alcohol among students at HEIs should be built on knowledge acquired from research as well as lessons derived from past programs. This demand should be based on a regular assessment of the nature and magnitude of substance use and substance-related problems in the population (Peltzer et al. 2011:2231). Demand refers to the consumer demand for psychoactive drugs. It is applied primarily, but not exclusively, to illicit drugs and focuses on education, treatment and rehabilitation strategies, as opposed to law enforcement strategies that aim to bar the production and distribution of drugs (NDMP, 2013–2017:18).

Demand for alcohol among students at HEIs aims to prevent or delay alcohol use by encouraging individuals, families and communities to develop the knowledge and skills to choose healthy lifestyles. The goals of demand reduction strategies are to assist the students at HEIs to achieve abstinence or reduce the abuse of alcohol by the provision of equity and access to services that address these problems (Zurhold, & Stöver 2016:128).

There are different factors at HEIs causing students to indulge in various alcohol beverages and eventually abuse it. These factors increase the demand for alcohol abuse among students. Demand for alcohol among students at HEIs will be discussed under the following subheadings: Interaction within the home environments, lack of mentoring, peer pressure, lack of self-confidence, curiosity and emotional pain.

- **Interaction within the home environments**

Socialisation is a process whereby one acquires social skills to participate effectively in the society in which he/she lives, and through which one feels comfortable, accepted and special. Sometimes the way in which students relate to other socialising agencies is relatively influenced by where that student comes from. A student from an alcohol abusing-family may experience a higher rate of family problems, and this may cause poor parent-child attachments. These poor parent-child attachments, in turn lead to lack of commitment to conservative activities, and this might be the reason why students resort to alcohol abuse (Twala, 2005:17).

A family where alcohol abuse is a challenge is rendered into a dysfunctional unit. Such families are unable to nurture and protect their own children (Masilo, 2012:37). According to NDMP (2013-2017: 18) students with poor family support tend to seek support outside their home. Furthermore, they seek understanding and support in the lifestyle of a subgroup whose members' abuse alcohol. Alcohol abuse knows no boundary. It affects people irrespective of their race, political and economic status, gender and sexual orientation, socio-educational standing and age.

- **Mentoring**

Mentoring is described as an association between people that has as its goal of development of one person, usually less experienced, through a relationship with another more experienced person (Green & Jackson, 2014:79). According to Cho, Ramanan, and Feldman (2011:453) and Green and Jackson (2014:79), mentoring is a critical component of success in the academic health science which involves different activities, including coaching, career advice, and one-on-one teaching in a long or short-term relationship. In mentoring, mutual relationship between a more experienced senior person (mentor) and a new entrant or less experienced person (mentee) afford an honest and open communication which occurs over an extended period and result in a positive outcome for both mentor and mentee (Jacobson & Sherrod, 2012:280; Haggard, Dougherty, Turban & Wilbanks, 2011:285).

Mentoring may be essential to ensure HEI students' transfer of proper academic knowledge and socialisation experiences into their selected discipline and, to strengthen students' confidence and professional identity (Wong & Premkumar, 2007:3). Other authors suggested that mentoring can help with the vulnerability experienced by students who have just entered HEIs as they transit from high school to a HEI (Huybrecht, Loeckx, Quaeyhaegens, De Tobel & Mitiaen, 2011:274). In a study conducted by LaFleur and White (2010:305), the establishment of a successful mentoring relationship is emphasised because according to the authors, it is not a luxury but a virtual necessity to socialise first-year students at HEIs to the environment of the institution to maintain the standard of the profession and prepares them for future.

Mentoring can be formal or informal (Green & Jackson, 2014:79), Formal mentoring refers to structured and formalised relationships initiated by employers, whereas informal or classical mentoring is regarded as an informal, often unplanned relationship between two people based on a desire to work together. Furthermore, mentoring is considered an important career development strategy in HEIs (LaFleur & White, 2010:306).

- **Peer pressure**

In a study conducted by Neluvhalani and Nel (2015:21) it was revealed that students tend to move away from the dependence of parents to peers, because peers provide the student with social opportunities, share some good and bad views and behaviours. According to Johnes (2008:653), peer pressure is a term used to describe how an adolescent's behaviour is influenced by other adolescents. The same author further stated that not all peer pressure is bad; however, when fellow students are using alcohol, peer pressure can lead to problems. Johnes (2008:653) further stipulates that students can experience feelings of doubt and may lack self-esteem, as they are particularly vulnerable to peer-pressure and desire to fit in such high-risk activities such as abusing alcohol.

Maithya (2009:17) indicated that students at HEIs, like other young people, seek support for their conduct from their peers whom they endeavour to persuade to join them in their pattern as a way of pursuing approval. Students at HEIs use alcohol as an integral part of social behaviour to experiment because of peer pressure, to manage difficult life situations and to intensify feelings and behaviours (Rodriguez, Teesson & Newton 2014:129). HEIs provide students with new possibilities of being equipped for a brighter future, meeting other students and making new friends. This experience can both be very rewarding and devastating for some students (Dlamini, et al. 2012:51). Whether peer pressure has a positive or negative impact on a student can be determined by the eminence of the group. It can be positive when dominant student behaviour is accepted within the culture and negative when the most influential student is not accepted within the culture (Pama, 2008:27). The same author further indicates that if a student is connected to a group of friends who abuse alcohol; he/she is possibly to abuse it to fit into the group. This is supported by Schindler (2011, in Dlamini et al. 2012:51) who believe students at HEIs face an implicit pressure which is challenging to resist, and this silent peer pressure is difficult to address

because its emphasis is in the feelings instead of a verbal or physical response. Schindler (2011 in Dlamini et al. 2012:51) further maintains that the need for students to belong to a group or to fit in is a normal process of growing up.

Jamison and Myers (2008:492) believe, when group dynamics become overpowering, it would act as a compound for the individual student to re-examine his/her beliefs to exert himself/herself as a mature individual. The same author further indicated that life is filled with choices and at times these choices are hard to make. Young people as students at HEIs, normally find it hard to maintain and enforce their personal beliefs (Masilo, 2012:33). Hence, the social contexts of participating in alcohol abuse coupled with peer pressure place students at risk for alcohol abuse. Subsequently, alcohol use is taken as a positive and socially accepted experience among some students. Palmeri, (2011) believes peer pressure directly or indirectly encourages students to adopt the behaviour of their dominant peers they find and interact with on campus.

The above discussion suggests that as students grow and transit in their academic life, they adopt new behaviours which might include negative behaviours such as alcohol abuse. This is partly because of peer influence and group interaction. On the other hand, since they are now becoming independent, they are also able to make decisions such as not abusing alcohol.

- **Lack of self-confidence**

According to Twala (2005:16 in Masilo, 2012:26), a student at a HEI has a responsibility to prove his/her ability as he/she manoeuvres through life. This student is often accompanied by recurrent periods of stress and pressure. Furthermore, the need for high self-confidence creates a false sense of well-being and offers a temporary asylum from the realities of the world. Whilst students try to cope with the demands of academic life, some fail to cope, and they start to go amiss. As a result, these students survive by abusing alcohol to suppress internal conflict, uncertainty and anxiety and this result in addiction.

Students, belonging to a social culture need to feel good and raise their confidence levels to be accepted in their peer groups. For them to achieve this status of feeling good, they indulge in alcohol. When students consume alcohol for the first time, they get a rush, they feel powerful, smart and full of energy, they may also stay active for days and if that good feeling subsides, they feel the need to have it again and again until it leads to addiction (Morena, in Masilo, 2012:24). According to Twala (in Masilo 2012:23) students who are introverts, submissive, lacking confidence in themselves and others, and who have a need for recognition may abuse alcohol to acquire a sense of belonging.

- **Curiosity**

Parents are firm when setting limits for their children. Nonetheless, these limits can be tested when a student must deal with peer pressure at HEIs (Schindler 2011, Dlamini et.al. 2012:51). Students at HEIs always want to experience grown-up ways of behaving and satisfying needs and challenges and the risk these grown-up ways entail. Therefore, one of the reasons why students at HEIs abuse alcohol is curiosity. Curiosity normally goes together with imitator behaviour, which usually occurs when young people were continually exposed to alcohol related behaviour in the home. This opinion was supported by Pama (2008:27 in Masilo 2012:26) who further contends that curiosity among students is one of the most significant factors that contribute to alcohol abuse because they tend to think that by abusing alcohol one would feel good.

- **Emotional pain**

There are life events, man-made or natural, which could cause emotional pain to students, for example, death and bereavement, failure at school and domestic violence (Masilo, 2012: 25). The same author maintains that some students may start to abuse alcohol because they are depressed and deal with their problems by using and abusing alcohol. This temporary way of solving problems leads to a permanent way of dealing with pain and leads to addiction.

Some of the students from dysfunctional families learn to repress and deny their feelings hence they decide to abuse alcohol to deal with their emotions. Sometimes growing up around alcohol abuse in a family may leave a child with many emotional as well as physical scars. The common

emotions that some children, from alcohol abusing families, may experience are depression, confusion, anger, fear, anxiety, guilt, sadness, isolation and grief. Furthermore, some people who are emotionally hurt; may abuse alcohol to feel connected or distract themselves from the real pain by suppressing their emotions that they could not deal with (Masilo, 2012:26).

2.4.2.3 Harm caused by alcohol abuse in HEIs

Alcohol abuse is a source of social and economic problems in SA (Setlalentoa et al., 2015:80). The harmful use of substances has a serious effect on public health and is considered the main risk factor for poor health in many countries including SA. Harmful use includes alcohol use that causes negative health and social significances for the user, the people around the user and society at large (UNODC, 2011:5; WHO, 2008:1; NDMP, 2013-2017:2). The harmful use of substances is also associated with several infectious diseases like HIV/AIDS, tuberculosis and pneumonia. Alcohol abuse is a major avoidable risk factor for neuropsychiatric disorders and other communicable diseases such as cardiovascular diseases, liver cirrhosis and various cancers (UNODC, 2011:5).

The impact of alcohol abuse on students in HEIs is not only confined to risky behaviour, poor academic performance, absenteeism and other forms of volatile behaviour. The effects can also extend to the health conditions such as HIV/AIDS. Several researchers, including Bisika, Konyani, Chamangwana and Khanyizira, (2008) and Olisah, Adekeye, Sheikh and Yusuf (2009) believe risky behaviours associated with alcohol abuse are among the main contributors to the spread of HIV/AIDS. They further indicate that substances can change the way the brain operates through disrupting the parts of the brain that people use to weigh risks and benefits when making decisions. The harmful use of substances compromises both individual and social development and might ruin the lives of individuals, devastate families and damage the fabric of communities (UNODC, 2011:5). Substance intoxication affects a person's judgment and can consequently contribute to the alcohol abuser engaging in unsafe sexual practices and contracting or transmitting HIV and other STIs. Heavy substance use among young people, including students in HEIs, has been associated with a tendency towards engagement in high-risk sexual behaviours such as having multiple sex partners and (unprotected) intercourse with high-risk partners. Finally,

it is important to bear in mind that alcohol abuse exposes young people to various sorts of abuse ranging from rape, physical abuse, abduction, human trafficking and other forms of abuse.

2.4.3 Support program in the management of alcohol abuse

In the field of alcohol abuse, it is usually recognised that no single approach such as criminalising or decriminalising alcohol abusers would solve the problem of alcohol abuse. Instead a balanced approach that uses an integrated combination of strategies is advocated (NDMP, 2013-2017: 28). In this study, the management of alcohol abuse will be discussed under the following subheadings: support programs in the management of alcohol abuse globally, support programs in the management of alcohol abuse in Africa and support programs in the management of alcohol abuse in South Africa.

2.4.3.1 Support program in the management of alcohol abuse globally

Support programs are a means of assisting the community, group or an individual to comprehend and understand an existing or potential problem that requires attention and then assisting them to deal with the problem (Khosa, Dube & Nkomo 2017:75). Regulations on the availability of alcohol have been used to moderate alcohol problems at HEIs in many countries throughout the world, by developing and operationalising different strategies to minimise alcohol abuse among young people for many years (Gruenewald, 2011:248).

The Hong Kong Federation of Youth Groups focusing on substance abuse including alcohol abuse during campaigns covers youth events using seminars, drama, movies, and school curriculums and media (Simatwa et al. 2014:317) to provide information to young people including students. Guidance and counselling are offered to students and family members, with the aim of deterring them from further alcohol abuse. In China, it is believed that HEIs and schools should be the main platform to provide support programs to young people for alcohol abuse because of the diversity in the parents' levels of literacy and resourcefulness (Simatwa et al. 2014:318).

Singapore is regarded as having the lowest rate of alcohol abuse among students at 55%. Like China, Singapore also has strict law enforcement on alcohol abuse among young people and students as health education is provided to all students including school dropouts on the danger and consequences of alcohol abuse. Their support program campaigns also include health talks by central narcotics bureau officers, the police and anti-drug exhibitions, to manage alcohol abuse among students (Simatwa et al. 2014:318). This strategy worked well as there is a decrease in alcohol abuse among young people and students in Singapore.

Alcohol abuse is a widespread problem in Fiji as well. According to Puamau, Roberts, Schmich and Power (2011:168) there is no alcohol abuse support program for students at HEIs in Fiji, besides the use of alcohol is part of the community's traditions. The same authors further indicated that Fiji's legislative control on alcohol abuse among students had not contributed to the success of support programs. Since young people including students turn to homebrew alcohol as it is easily accessible and not expensive.

Alcohol abuse among students at HEIs remains a prominent public health problem in the UK as well. "Think Family" is a support program which targets alcohol abuse through significant engagement of all students in alcohol abuse education in schools. HEIs use mass media campaigns and national hotlines (Simatwa et al. 2014:317).

Similarly, in the USA, alcohol regulation is exemplified by the minimum legal drinking age (Gruenewald, 2011:249). Furthermore, the same author pronounces that HEIs in the USA are required to abide by the law and make information available to all students about alcohol policies as part of their support programs to manage alcohol abuse. Therefore, it is important for representatives from all sectors of the communities within the USA to participate and contribute to the success of alcohol abuse management and prevention (Simatwa et al. 2014:317).

There is a regulation in the United State of America, the "Drug-Free Schools and Communities Act Amendments of 1989" that forces HEIs to implement support program to manage the abuse

of alcohol by students. If they do not comply, they do not qualify for national funds. This support program must include the distribution of information to students about (1) laws regulating alcohol and drug use, including minimum legal drinking-age laws, as well as any other standards of conduct that are applicable to students at the institution; (2) the penalties for breaking local, state, and federal laws and campus rules; (3) the health risks associated with the abuse of alcohol; and (4) any counselling, treatment, or rehabilitation programs that are available to students (Faden, Corey & Baskin, 2009:28-33).

In Australia some support programs have made a divergent difference in reducing the incidence of alcohol abuse among students by focusing on (a) regulating the availability of alcohol, (b) taxation and pricing measures, (c) drinking-driving counter measures, (d) provision of treatment services, (e) altering drinking contexts to reduce harm, (f) regulating advertising and promotion of alcohol, and (g) education and persuasion strategies in order to provide cost-effective savings and reducing treatment for alcohol related injuries (Fogarty & Chapman, 2013:1).

Likewise, in Canada, the drug prevention strategy (2007-2012) aims at working on the risk and protective factors in young people, before they turn to alcohol abuse. According to the Canadian Centre on Alcohol abuse, (2010b), the strategy summarises three major approaches to manage alcohol abuse among students at HEIs: (a) media/youth consortium (b) establishing Canadian National Standards for prevention and (c) sustainable partnership.

2.4.3.2 Support programs in the management of alcohol abuse in Africa

There is no policy at HEIs to manage alcohol abuse in Kenya. However, the Ministry of Education produced the National Strategy for the Development of University Education (2008–2015) as part of a reform process which began in 2003 (Bailey, 2014:7; Maithya, 2009) The ongoing interventions by the government of Kenya to prevent and manage alcohol abuse among students include empowering the students to be able to say ‘NO’ to drugs and alcohol abuse. There is an alcohol policy developed by universities in Kenya. However, there are no strict support programs whereby the students’ alcohol abuse can be managed. The education sector, religious

organizations, treatment and rehabilitation as well as international collaborations are viewed as critical in the fight against alcohol abuse among students (Simatwa et al. 2014:318).

In Nigeria, the students at the University of Benin have difficulties in stopping the habitual abuse of alcohol due to lack of alcohol policies and support programs. Therefore, appropriate intervention, health education efforts, support and referral system should be established at HEIs to help curb this habit (Adeyemo, Ohaeri, Okpala & Oghale, 2016:36). Furthermore, the same authors suggested that the government of Nigeria should enforce laws to regulate the production and consumption of the local breweries which seem to be the bases where students learn the behaviour of alcohol abuse. In Nigeria, it is suggested that any support program aimed at addressing alcohol abuse among students at universities should be holistic and address both the risk and protective factors. The same authors further underlined that the benefits of healthy lifestyle choices and development of skills needed in making informed and responsible decisions to resist alcohol abuse among students at HEIs should be stressed. Preventive health education using support programs should be intensified at HEIs, and the media should raise students' awareness of risks of alcohol abuse. The media should be used to address alcohol abuse because of its great influence on young people including students at HEIs. Counselling programs should also be incorporated into the HEIs' health care systems (Adeyemo, *et al*. 2016:36).

In Zambia, it is reported that little is known concerning alcohol abuse prevention practices and policies in HEIs (Masiye & Ndhlovu, 2015:513). However, one critical issue in alcohol abuse prevention education in HEIs is the implementation of support program and policies. The challenge remains to which kind of support program and policies are more effective and suitable for adaptation to the Zambian context. According to Sloboda, Stephens, Stephens, Grey, Teasdale, Hawthorne, Williams and Marquette, (2009:2), common policy programs in Zambia, that are effective in guiding successful support programs include eliminating access to and availability of alcohol abuse, addressing infractions of policies by providing counselling or treatment and special services to HEIs students rather than punishing them through suspension or expulsion. Additionally, Maine Office of Alcohol abuse (2008) suggested that Zambia should have a philosophical statement that expresses how HEIs can implement support programs and outline the process for communicating the policy to students, teachers (lectures), parents and the

community. It is additionally specified that in Zambia, the anti-drug policies are manifested in laws, for example, Narcotic Drugs and Psychotropic Substances Act of 1993 provides for treatment of drug offences in Zambia. However, it is not clear how these policies impact on support programs in HEIs and the kind of support being applied to manage alcohol abuse among students (Masiye & Ndhlovu, 2015:516).

2.4.3.3 Support program in the management of alcohol abuse in South Africa

In South Africa, the Prevention and Treatment of Drug Dependency Act (no 20 of 1992) and the Prevention of and Treatment for Alcohol Abuse Act (no 70 of 2008), provide for the establishment of support programs for the prevention and treatment of substance dependency. Furthermore, the Department of Social Development in consultation with the relevant departments and stakeholders is expected to take reasonable measures to manage alcohol abuse through the development and coordination of demand reduction, supply reduction and harm reduction strategies (Anti-Alcohol abuse Program of Action, 2011-2016).

Given the relatively high incidence of alcohol abuse in South Africa (Da Rocha Silva, 2012) among students in HEIs, the South African Government has adopted the NDMP (Department of Social Development, 2013) as their strategy to fight the blight of alcohol abuse. It has been designed to serve as the basis for holistic and cost-effective strategies to reduce the demand for and supply of substances. Eventually the plan is envisioned to help realise the vision of an alcohol abuse-free society so that more attention can be focused on raising the quality of life of students in the country.

To manage alcohol abuse problems among students at HEIs in South Africa, support programs are needed that focus not only on students, but also on their families and the wider community (World Health Organization, 2008). The focus should not only be on changing student behaviour but also their attitudes as well as instilling norms that are conducive to avoiding alcohol abuse. Burnhams, Myers and Parry (2009:1) articulate that various concerns have been raised about the quality and effectiveness of support services in South Africa. It is emphasised that if these support programs were effective, alcohol abuse among students at HEIs would have decreased.

The World Health Organization (2008), indicated that support programs should be comprehensive, have multiple components, and be directed towards individuals, families as well as the wider community in a variety of settings. This is supported by Higher Education Centre (2011), which indicated that a comprehensive approach to assist students at HEIs in SA, and addresses alcohol abuse problems by bringing about change at the institutional, community, and policy level is needed. This approach is grounded in the principle that students' attitudes, decisions, and behaviour including those that abuse alcohol is shaped by the physical, social, economic and legal environments (Dlamini et al. 2012:53).

Van Wyk, Kleintjies Ramlagan and Peltzer (2007:341) highlighted that in SA; alcohol abuse support programs are predominantly school-based. These school-based support programs tend to rely primarily on giving information about the danger of all substances including drugs, and even so, often use fear arousal as well as scare tactics to discourage alcohol abuse. It is a matter of concern to note that alcohol-related support programs such as Ke Moja and Poppets programs are not effective, and the emphasis is ever so often on rendering quantity rather than quality services. The South African Government has adopted the NDMP (Department of Social Development, 2013) as their strategy to fight alcohol abuse.

In South Africa, legislation is in place to deal with the problem of alcohol abuse to reduce its harm, demand and supply. This legislation includes Prevention and Treatment of Drug Dependency Act (no 20 of 1992), as amended, as well as the Prevention of and Treatment of Alcohol Abuse Act (no 70 of 2008). The government has adopted the NDMP (2013-2017) to fight the high prevalence rate of substance use including consumption of alcohol. This NDMP is a plan formulated by the Central Drug Authority (CDA) in terms of the Prevention and Treatment of Drug Dependence Act (Act 20 of 1992 as amended) as well as the Prevention of and Treatment for Alcohol abuse Act (Act 70 of 2008), approved by Parliament to meet the requirements of international standards while addressing specific needs of South African society (Department of Social Development, 2013).

Furthermore, the NDMP (2013 – 2017) has been designed to serve as the basis for holistic and cost-effective strategies to reduce the demand for and supply of drugs and the harm associated with the abuse of alcohol. Ultimately the plan is intended to help realise the vision of alcohol abuse- free HEIs so that more attention can be focused on raising the quality of life of the vulnerable students at HEIs in South Africa. Therefore, a comprehensive support program is needed for students at HEIs that will focus on the demand for and supply of alcohol and other substances and the harm associated with it.

- **Supply reduction**

Supply reduction refers to policies or programs of law enforcement strategies aimed at reducing the supply of illegal substances (NDMP, 2013-2017:19). Supply reduction means strategies and actions which prevent, stop, disrupt, or reduce the production and supply of illegal drugs; and regulate the availability of legal drugs. Reducing the supply of substances including alcohol requires the collaborative participation of all levels of government including law enforcement and health sector (public and private) industry and regulatory authorities (NDMP, 2013-2017:19).

- **Harm reduction**

According to NDMP, (2013-2017:18), harm reduction refers to the development of policies and programs that focus directly on reducing the social, economic and health-related harm resulting from the use of alcohol and other drugs. Harm reduction is the principle that has been widely accepted as an important pillar of the health policy response to alcohol abuse (Stevens, 2011:1). The aim of harm reduction is mainly to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal substances including alcohol (Canadian harm reduction network, 2012).

Furthermore, Rataemane and Rataemane (2006:373), in Setlalentoa et al. (2015:51), content that alcohol harm reduction is focusing on reducing the problems related to alcohol abuse that has a far-reaching negative effect. This harm reduction efforts and selected prevention measures are effective strategies that may also reduce the levels of violence and sexual risk behaviour that results from student's abuse of alcohol (Morojele, Kachieng'a, Mokoko, Nkoko, Parry, Nkowane,

Moshia & Saxena 2006:217). Grounded in the principles of respect, dignity, and compassion, harm reduction emphasises the universality of human rights for the possible standard of freedom, health and well-being (WHO, 2012; CHRN, 2012). Harm reduction recognises that alcohol abuse is complex and multifaceted and can encompass a continuum of behaviours that produce varying degrees of social harm and benefit (Harm Reduction Coalition, 2012; Harm reduction intervention, 2012). Harm reduction respects the basic human dignity and rights of all people who abuse substances, their families, and the entire society without judging them (National Alcohol Strategy, Canada, 2007).

Harm reduction recognises that people who abuse substances are not a homogenous group, therefore, require different interventions that can minimise or prevent the risks and harm. In addition, the model also acknowledges that people, who abuse substances, are autonomous, competent, and capable individuals that can determine the best interventions to reduce harms (CHRN, 2012:1). However, it is important to note that all substances are unsafe, and the deliberate consumption of alcohol is known to cause substantial harms and hazards to the individual, family, the community including health care providers and the society at large (Marczinski, 2011:3233).

- **Demand reduction**

Demand reduction is a general term used to describe policies or programs directed at reducing the consumer demand for psychoactive drugs. These programs focus on education, treatment and rehabilitation strategies (NDMP, 2013-2017:17). According to NDMP 2006-2011; Drug and Alcohol Strategy (2010 – 2014:10), demand reduction refers to strategies that aim to prevent or delay alcohol and drug use by encouraging individuals, families and communities to develop the knowledge and skills to choose healthy lifestyles. Furthermore, the goal of demand reduction strategy in this study is to manage the abuse of alcohol among students at HEIs.

Students at HEIs are vulnerable and therefore, require support programs that will provide them with opportunities to practice and learn a varied range of personal and social skills, including life skills that will protect them from the harm that is caused by alcohol abuse (UNODC, 2011:23). According to Setlalentoa, Ryke and Strydom (2015:80), life skills are all kinds of skills and

capacities that an individual need to be able to enrich one's life in a meaningful way. Such skills are, problem solving, decision making, critical thinking, communication skills, conflict resolution skills, interpersonal relationship skills, as well as assertiveness skills.

2.4.3.4 Tobacco and alcohol policies

Policies are discussed under a separate heading because it pertains to the three pillars of NDMP. Tobacco and alcohol taxation together with restrictions on physical availability are some of the most powerful policy tools for controlling tobacco and alcohol use among young people. Evidence shows that when the price of alcohol and tobacco increased, consumption decreases, especially among young people because of their limited disposable income (National Institute on Alcohol Abuse and Alcoholism, 2005). In the USA, increasing the legal age of alcohol consumption to 21, had a significant impact on reducing drinking and alcohol-related crashes among young people including students at HEIs (NIAAA, 2005).

Whether students consume alcohol moderately or extremely on campus, a regulation governing the sale and availability of alcohol on campus needs to be in place. Many countries are implementing policies which restrict alcohol availability to reduce consumption and related harm among young people and students (Dlamini, et al.2012:52). This is supported by Parry (2010:1340) who in his review of alcohol-related policies in South Africa, also recommended increasing the minimum age of drinking to 21, and further increase the taxation on all tobacco products and alcohol marketing. There is a suggestion by the South African Minister of Health to ban alcohol advertising and sponsorship and raise the age of legal alcohol drinking from 18 to 21 years (Seggie, 2012:587).

2.5 CONCLUSION

The literature review in this chapter indicated that alcohol abuse among HEI students is an ongoing and escalating problem globally. Preventing alcohol-related harm is a critical health priority that requires a combination of legal and regulatory interventions, law enforcement, and community-based programs aimed at better health as well as social services which focus on the

prevention of alcohol abuse and the promotion of curative and rehabilitative interventions. The next chapter describes research methodology.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter will focus on the presentation and clarification of the research design and methods that were followed to conduct this study. The research aim, objectives and question will be presented, followed by the research design and methods according to three research phases. In this chapter the methods and design with which the objectives of the study were realised are described. The research design and methodology, research questions and objectives, population, sampling procedures, the specific methods used for data collection, data analysis procedures that influenced the realisation of the overall aim of the study are discussed in the next sections.

3.2 THE RESEARCH AIM AND OBJECTIVES

The overall aim of this study was to evaluate current support programs in order to develop a comprehensive support program for the management of alcohol abuse among students at HEIs in South Africa. The research objectives were to:

- To evaluate current support programs in the management of alcohol abuse at HEIs in South Africa
- To develop the comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using an AI
- To refine the comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using a consensus method.

3.3 THE RESEARCH QUESTION

The overall research question to help achieve the objectives of this study was:

- How can a comprehensive support programme be developed in the management of alcohol abuse among students at HEIs in South Africa?

3.4 PRAGMATIC WORLDVIEW

In this study, pragmatism was considered the best philosophical foundation for justifying the combination of a quantitative phase with a phase using qualitative data collection, as well as a phase using an e-Delphi technique to reach consensus. Pragmatism paradigm was discussed in more details in chapter 1.

3.5 RESEARCH DESIGN AND METHODS

The pragmatists argue that the research design used should be suitable to be able to answer the research question. This study was conducted in three phases, each with its own different design and methods suitable to answer the overall research question and to address the objectives of the study. Therefore, triangulation of methods was used to achieve the objectives (Hussein 2009:2). Triangulation is defined as the use of more than one method to collect and interpret data about a phenomenon in the same study with the aim of achieving convergence, corroboration, and correspondence of results from different methods (Polit & Beck 2012:610).

Phase 1 was a situation analysis to evaluate current support programs in the management of alcohol abuse at HEIs in South Africa. Phase 2 commenced with a workshop with stakeholders who are involved with support programs, to develop a comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using an appreciative inquiry. Phase 3 was the refinement of the comprehensive support program in the management of alcohol abuse among students at HIEs in South Africa using e-Delphi consensus method.

Each phase will be discussed in terms of the research design and methods followed.

PHASE 1 - SITUATION ANALYSIS: EVALUATION OF CURRENT SUPPORT PROGRAMS IN THE MANAGEMENT OF ALCOHOL ABUSE AT HEIs IN SOUTH AFRICA

3.5.1 Quantitative design: Phase 1

A quantitative research design is defined as an investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design (Polit & Beck, 2012:739). A quantitative approach will be used to evaluate the "contents and nature" of existing support programs in place for alcohol abuse at HEIs in South Africa.

According to De Vos, Strydom, Fouché and Delport (2011:66), quantitative research is structured because everything is more appropriate for determining the extent of a problem, issue or phenomena. Quantitative studies have precise measurement methods; structured treatment; representative samples; tightly controlled study designs; logical reasoning and deductive reasoning; stating in advance the research questions or hypothesis; selecting in advance the methods of data collection and analysis and presenting findings in numerical and statistical language (Collins, Onwuegbuzie & Johnson 2012:850; Johnson & Christensen 2008:34). The reality of support programs for alcohol abuse is seen as a social and physical reality "out there" driven by natural laws. For this phase, the researcher believes that knowledge can be obtained through structured questionnaires and focus on collecting numeric data, which is then analysed statistically.

Quantitative research is linked to positivism whereby reality is seen as "stable, observable and measurable" (Gerrish & Lacey, 2010:130; De Vos, et al. 2011:6). Positivism is an approach to social research that seeks to apply the natural science model of research to investigate social phenomena and explanation of the social world (De Vos et al. 2011:6). Positivism believes in universal laws and objective reality (Holloway & Wheeler, 2010:22; De Vos et al. 2011:6), in the presence of a social and physical reality out there (realist ontology), driven by natural laws (objective epistemology) and the appropriate objective of going about finding knowledge (methodology).

The researcher in quantitative studies depends on numerical data. A positivist study is aligned with the quantitative approach of data collection and analysis since knowledge from the positivist worldview should be determined through measurements and objectively reduced (Creswell & Plano Clark 2011:230). The positivist position followed in phase 1 of this study was to bring forward numeric data about the evaluation of current support programs in the management of alcohol abuse among students at HEIs in South Africa. The questionnaire contained variables for investigation that led to the achievement of reliable results described in chapter four of this study.

3.5.2 Research methods: Phase 1

Research methods are techniques used to structure a study, gather and analyse information in a systematic fashion (Polit & Beck, 2012:741). A research method describes the overall process of implementing the research study, including those who were included in the study, and how information was collected together with interventions if any were tested (Rebar, Gersch, Mcnee & McCabe 2011:394).

Phase 1 followed a quantitative research method using closed- and open-ended questions to elicit quantitative information from respondents by answering the overall research question (Maithya, 2009:50). The situation analysis was conducted to evaluate current support programs in the management of alcohol abuse at HEIs in South Africa. The research method will be discussed according to research population, sample selection, sample size, sampling technique, description of the sample, research setting, data collection, validity and reliability of data collection, data analysis

3.5.2.1 Research population

The population is the aggregate of cases that meet the inclusion criteria and are available for the study, and the accessible population represents the group from which the sample is taken, and it provides a sample that can be generalises to the target population (Holloway & Wheeler 2010:137; Polit & Beck 2012:744). The target population is defined in terms of place, time and other factors relevant to the study. According to Burns and Grove (2011:51) it may not always be

possible to manage the target population because of its size, location, distribution and other practical challenges hence the use of accessible population. The population of phase 1 included all HEIs in SA. The target population included student support service managers, clinic managers, deans of students, wellness managers and clinical psychologists because of their knowledge and experience of managing alcohol abuse among students at HEIs in SA. The population and target population of phase 1 are shown in table 3.1.

Table 3.1: phase 1 population

	SITE POPULATION	**PARTICIPANT POPULATION**
POPULATION	All HEIs in South Africa	All students support service managers, deans of students, clinic managers, wellness managers, and clinical psychologists at HEIs
TARGET POPULATION	All HEIs meeting inclusion criteria in South Africa	• Student support service managers • Deans of students • Clinic managers • Wellness managers • Clinical psychologists • Social workers and / or others working with students who abuse substances/alcohol at HEIs in South Africa

After ethical approval was obtained, the sample was recruited via emails, telephone calls and through word of mouth.

3.5.2.2 Sample selection

A sample is a selected subset of the accessible population to represent the entire population in a study while sampling refers to a process of drawing a representative sample from a population (Rowe, Dancey & Reidy 2012:124; Polit & Beck 2012:742).

The inclusion criteria for phase 1 were as follows:

- Student support service managers,
- Deans of students,
- Clinic managers,
- Clinical psychologists, and
- Wellness managers with more than two years' experience of managing alcohol abuse among students at HEIs in South Africa.

The exclusion criteria for phase 1 were as follows:

- Students support service managers, clinical psychologists, and clinic managers at HEI who were not working directly with students because they might not have the necessary information regarding abuse of alcohol by students at HEIs.

3.5.2.3 Sample size

A general rule of thumb is always to use the largest sample possible because a large sample is more representative, and smaller samples produce less accurate results because they are likely to be less representative of the population. In this research the sample size was determined using the Dobson formula for determination. A one group $\square^2$ test with a 0.050 two-sided significance level will have 99% power to detect the difference between the Null hypothesis proportion, π_0, of 0.540 and the Alternative proportion, π_A, of 0.840 when the sample size is 100.

3.5.2.4 Sampling technique

Non-probability sampling in quantitative research is considered less rigorous because bias may unintentionally be introduced, thus making the sample not representative of the total population (Gerrish & Lacey 2010:144). In the first phase of quantitative data collection, a non-probability sampling technique using convenient sampling was used. Convenient sampling is made up of elements that are accessible and conveniently available to the researcher (O'Dwyer & Bernauer, 2014: 83). The researcher employed the help of the statistician to calculate the sample size, (See Annexure I: letter of statistical support). All public HEIs in South Africa were sampled. From each province and region within the province student support service managers, deans of students, wellness managers, as well as clinic managers at HEIs in South Africa were sampled, as determined by a statistician.

3.5.2.5 Description of the sample

South Africa has nine provinces, and all have HEIs. The sample size was not determined in advance, but rather by the responses of HEIs agreeing to participate in the survey. However, the minimum requirement for quantitative research was adhered to. In phase 1, the aim was to get a large representative sample to generalise findings to the population (Onwuegbuzie & Leech 2007:117).

Response rates of 70% and higher are acceptable (Johnson & Christensen 2008:113), on the other hand Teddlie and Yu (2007:83) are of the view that at least 50 questionnaires need to be returned to allow for basic statistical analysis and to establish representativeness. Some of the questionnaires were not used because they were returned incomplete. The biographic information of the sample is described under table 3.3. The initial sample size was 100 participants from all HEIs in SA. The questionnaire was sent to all HEIs in SA provinces and out of 23 HEIs in South Africa, 15 HEIs responded, while eight HEIs did not respond. In this study, 105 participants responded to the questionnaire instead of the expected 100. The final sample size for the survey in phase 1 was 105.

3.5.2.6 Research setting

The study setting refers to the physical location and conditions in which data collection takes place (Polit & Beck, 2012:743). The research setting for this study was HEIs in South Africa where questionnaires were sent to the deans of students, support service managers, clinic managers, wellness managers and clinical psychologists.

3.5.2.7 Data collection

Data collection entails precise and systemic gathering of information relevant to the research purpose or the specific objectives or questions (Burns & Grove 2011:52). In phase 1, quantitative data were collected using structured questionnaires (Annexure E: Questionnaire) to evaluate current support programs in the management of alcohol abuse at HEIs in South Africa. Data were collected between April and July 2016. A descriptive survey was used as a method of data collection using a questionnaire as a data collection instrument.

- **Descriptive survey**

The most common objective of survey research is to describe (Gerrish & Lacey 2010:217). Moreover, a descriptive survey is used to obtain information on the status of phenomena to describe 'what exists' with respect to variables. According to Polit and Beck (2012:744), surveys collect information on peoples' actions, knowledge, beliefs, intentions, opinions, attitudes, preferences, and values via direct questioning.

The questions are often mailed to members of the target population, asked through personal face-to-face interviews, asked over the telephone, distributed electronically or handed out to self-contained groups such as students in a classroom, to answer and return. The survey method using electronic distribution of fax and hand delivery of questionnaires was used in this study to ensure that data was collected within a short period of time (Polit & Beck 2017:265). Parahoo (2014:188) points out the strengths of surveys. Firstly, a great deal of information can be obtained from large representative samples or the entire population in an economical manner. Secondly,

the surveys have the potential to generalise to large populations provided that appropriate sampling design and proper methods are implemented.

- **Questionnaire design**

A structured self-administered questionnaire was used for collecting quantitative data. A questionnaire is a document used to gather self-report data via self-administration of questions. The respondents completed the instrument on a paper-and-pen instrument or directly onto the computer (Polit & Beck 2012:265). Questionnaires were used in this study to gather more information from respondents as these could be easily quantified and analysed. The questionnaire (Annexure E) used to collect data in this study was developed by the researcher in consultation with study leaders and the services of an experienced biostatistician was utilised for verification of established items on the instrument. The biostatistician checked and verified that the variables informed the content of the instrument and provided an approval note (Annexure I).

The questions that were formulated were guided by the objectives of the study outlined in the first chapter as well as the literature review presented in the second chapter. The questionnaire comprised of the following sections: section A demographic information, section B supply reduction, section C harm reduction and section D demand reduction. The questionnaire was developed because of a lack of any existing questionnaire suitable for data collection in the study context. The content of the developed instrument comprised of 41 items. The questionnaire was developed in English, which is the language of instruction used at most HEIs in SA.

The first seven items requested biographical information of participants (Section A) while the remaining 34 items measured information about supply reduction (Section B), harm reduction (Section C) and demand reduction (Section D). The self-administered questionnaire contained closed-ended as well as open-ended questions where respondents selected their preferred responses. The information leaflet formed the front page followed by an informed consent form and the questionnaire (Appendix E). The questionnaire was structured as in Table 3.2 below.

Table 3.2: structure of the questionnaire

SECTION A	Items 1 to 7 biographic information of participants
SECTION B	Items 8 to 16 supply reduction
SECTION C	Items 17 to 29 harm reduction
SECTION D	Items 30 to 41 demand reduction
SECTION E	Suggestions to reduce alcohol abuse
SECTION F	Items hindering the control of alcohol abuse

The questionnaire comprised of 3 pages and took at least 20 minutes (based on the pilot study) to answer, which was acceptable because participants should not be exposed to a long questionnaire that required to be answered in more than 30 minutes (Bruce, Pope & Stanistreet 2008:167). All 38 items on the questionnaire were responded to. The advantage of structured questionnaires is maintenance and consistency because the sample responded to the questionnaire without any assistance from the researcher (Bruce et al. 2008:168).

- **Distribution of questionnaires**

One hundred and twenty questionnaires were sent to respondents through various methods including e-mail, fax and hand delivery. Questionnaires with responses from the sample were returned through e-mail and some were collected by the researcher from the respondents' area of work. No questionnaires were sent by post. One hundred and twenty questionnaires were returned, but five were irrelevant and ten were incomplete.

Table 3.3: biographic information of Survey respondents

SECTION A: DEMOGRAPHIC INFORMATION				
What is your gender	Male	37.1%	Female	62.9%
Mean age	Male	39.2%	Female	39.7%
Median	40.0%		40%	
Current position	Support manager			9.5%
	Clinic manager			14.2%
	Dean of students			11.4%
	Other			43.8%
	Support service			6.67%
Highest academic qualification	Diploma			6.67%
	Degree			21.9%
	Master's degree			34.2%
	Doctoral degree			7.6%
	Other			29.52%
If *other*, please indicate				
Indicate your area of specialisation *(e.g. social worker, nurse)*	Other			26.67%
	Nurse			31.43%
	Psychologist			30.48%
	Occupational health practitioner			1.90%
	Social worker			8.57%
	Student residence manager			0.95%
Mean number of years of experience relating to alcohol/substance support programs	Male	4.7%	Female	5.0%

3.5.2.8 Validity and Reliability of data collection

- **Pilot study**

In this study, the questionnaire was pilot-tested at one HEI to determine its reliability and validity. The findings of the pilot study revealed that there is no need to adjust the questions. Respondents who took part in the pilot test were excluded from the main study. The key components used to assess performance of measurement instruments are validity and reliability (Bruce et al, 2008:173).

- **Validity**

In quantitative research, validity is derived from the assumption that there is only one reality, which can be controlled, manipulated and viewed objectively. Due attention was paid by the researcher in the development of the questionnaire to ensure that the items included were representative of what needed to be elicited in accordance with the objectives of the study. The procedure to establish content-related validity as suggested by Polit and Beck (2012:723) was followed.

The questionnaire was developed following an extensive study of the relevant literature and this assisted the researcher to determine the boundaries of the study. The draft questionnaire was submitted to the supervisors of the study and a biostatistician who examined the questionnaire to determine whether all the component elements of the variable were measured (McKenna, Keeney, Kim & Park 2014:1040). Babbie (2010:155) indicates that validity refers to how much a measure brings forth meaningful inferences from outcomes of a measurement instrument. There are different categories of validity namely; content, construct and face validity.

- **Content validity**

The instrument in this study covered adequate questions to reflect representativeness of the study to achieve content validity (Gerrish & Lacey 2010:372). The three pillars from the NDMP (2013-2017) on alcohol abuse formed part of the questionnaire and all the aspects in the NDMP were covered in the questionnaire.

- **Construct validity**

Construct validity refers to 'how well the items in the questionnaire represent the underlying conceptual structure' (Gerrish & Lacey 2010:372). To achieve construct validity in this study the NDMP (2013-2017) was used to assist in the creation of items on the measurement instrument.

- **Face validity**

Face validity relates to the appearance of the measurement instrument with regards to its contents and length of responding to questions (Bless-Higson-Smith & Sithole 2013:235). The questionnaire in this study was reasonable in terms of duration for self-responding. In addition, the measurement instrument had close-ended as well as open-ended questions to assist participants to choose their preferred response. Furthermore, to achieve face validity, the measurement instrument had to comply with the required numbers of pages according to Bruce et al (2011:173), the one used in the study contained six pages inclusive of the informed consent leaflet and the covering page. The more pages the questionnaire has, the more time will be consumed in responding to items, which is undesirable as respondents have a tendency of abandoning such questionnaires (Bruce et al., 2013:235).

- **Reliability**

According to Rowe et al (2012:544) and Polit and Beck (2012:337), reliability exists in degrees and it is indicated as a correlation coefficient, typically measured by using the Cronbach's alpha. It is most commonly used with multiple Likert in a type questions questionnaire that form a scale to determine if the scale is reliable. As this was a newly designed instrument with many items, reliability was calculated once the data had been gathered. The Cronbach's alpha reliability coefficient was used as an estimate of the internal consistency of the whole questionnaire which was deemed acceptable at 0.7825. Rowe et al (2012:337) indicated that a Cronbach's alpha of 0.70 is sufficient for research instruments to be considered reliable.

- **Internal consistency**

Internal consistency addresses the extent to which all items on the instrument measure the same variables at a time (Brink et al. 2006:164). In collaboration with the study leaders the developed instrument was analysed, evaluated and confirmed by an experienced biostatistician to ensure internal consistency (Annexure E

3.5.2.9 Data analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected data (Saunders et al. 2009:587; de Vos et al. 2012:75). Data analysis refers to converting the raw data into a format useful for reporting the results. Quantitative raw data was required to form numerical codes for statistical analysis and the steps discussed in the following section were applied as explained by de Vos et al. (2014:75). The main purpose of data analysis was to provide answers to the research objectives. In a study conducted by Wood and Ross-Kerr (2011:248), it was emphasised that to complete data analysis, one must consider the research objectives, research design, methods of data collection and the level of measurements of data.

- **Preparing the data for analysis**

According to Creswell and Plano-Clark (2011:204) data analysis involved converting the raw data into a form useful for data analysis that includes preparing data by assigning numeric values to each response, cleaning data for entry errors and coming up with new variables. In consultation with the biostatistician, the researcher captured the information on a Microsoft Excel sheet. Numeric values were assigned to each response in the questionnaire in preparation for statistical analysis. Responses which were irrelevant were removed.

- **Exploring data**

Exploring the data involved inspecting data and conducting descriptive analysis that included the mean, standard deviation and variance of responses to each item in an instrument for determination of general trends in the data (Creswell & Plano-Clark 2011:206). The researcher,

in collaboration with the biostatistician, explored data for its distribution and it was normally distributed to determine relevant statistics as suggested by Creswell and Plano-Clark (2011:207). Descriptive statistics were generated for major variables. New information was generated regarding of the management of alcohol abuse among students at HEIs through a quantitative design. This led to the development of the draft comprehensive support program for the management of alcohol abuse among students at HEIs.

PHASE 2: DEVELOPMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HEIs USING APPRECIATIVE INQUIRY

3.5.3 Appreciative inquiry approach: phase 2

Appreciative Inquiry (AI) was used as an approach to guide phase 2 of the study. AI is a process that inquiries into, identifies and further develops the best of what is in organizations to create a better future (Whitney & Cooperrider, 2011:29). According to Bushe (2012:102), AI is an art that enables participants to see anew and to bring something fresh into the world that inspires thoughts and actions that flourish in the individual and organizations. Watkins, Mohr and Kelly (2010:259) define AI as a philosophy, process, methodology or approach in research, as it is well-defined as: “A process for engaging people in building the kinds of families, communities, organizations and world they want to live in; and, a practical daily philosophy, that can guide our work with families, communities and organizations based on the realisation that what we learn from what works and give life is more effective and sustainable than what we learn from breakdowns and pathologies”.

The same authors further expound that “to Appreciate, is to value or admire highly; to perceive those things that give life (health, vitality, excellence) to living systems. “Inquire is to search into, investigate, to seek for information by questioning. It is the act of exploration and discovery. It means to ask questions; to be open to seeing new potentials and possibilities”. Appreciative inquiry was chosen as the researcher acknowledged that there are programs that are already in

place at different universities. It was, therefore, important to appreciate what is in place to be able to build further to add to the programs that already exist.

Appreciative inquiry is based on a constructivist viewpoint (Lewis, Passmore, & Cantore, 2016:33). Constructivist thinking is basically relativist as opposed to realist, meaning that "an external world (including organizations) does not exist independently of our perceptions, thoughts, language, beliefs and desires" (Lewis, Passmore & Cantore, 2016:34). Therefore, this means that "knowing" takes place through interaction with and within social systems" (Whitney, & Cooperrider, 2011:14).

Eight assumptions of AI were relevant to this study, as discussed below:

• In every support program, there is something that works

• What we focus on becomes a reality

• Reality is created in the moment, and there are multiple realities at HEIs in South Africa

• The act of asking questions in an AI workshop of an organization influence the group in some way

• People have more confidence and comfort to journey to the future (unknown) when they carry forward parts of the past (known). Planning for the development of a support program will focus on a future comprehensive support program

• If we carry parts of the past forward, they should be what are best about the past.

• It is important to value different realities by inviting a variety of stakeholders to a workshop (Watkins, Mohr & Kelly 2011).

The process of AI is usually worked out using a 5-D Cycle. The 5D cycle is composed of five phases, which are; Definition of the affirmative topic; Discovery; Dream; Design and Destiny (Cooperrider & Whitney 2005:360; Whitney & Cooperrider, 2011). A modified AI 5–D cycle used as an approach in phase 2, as in figure 3.1

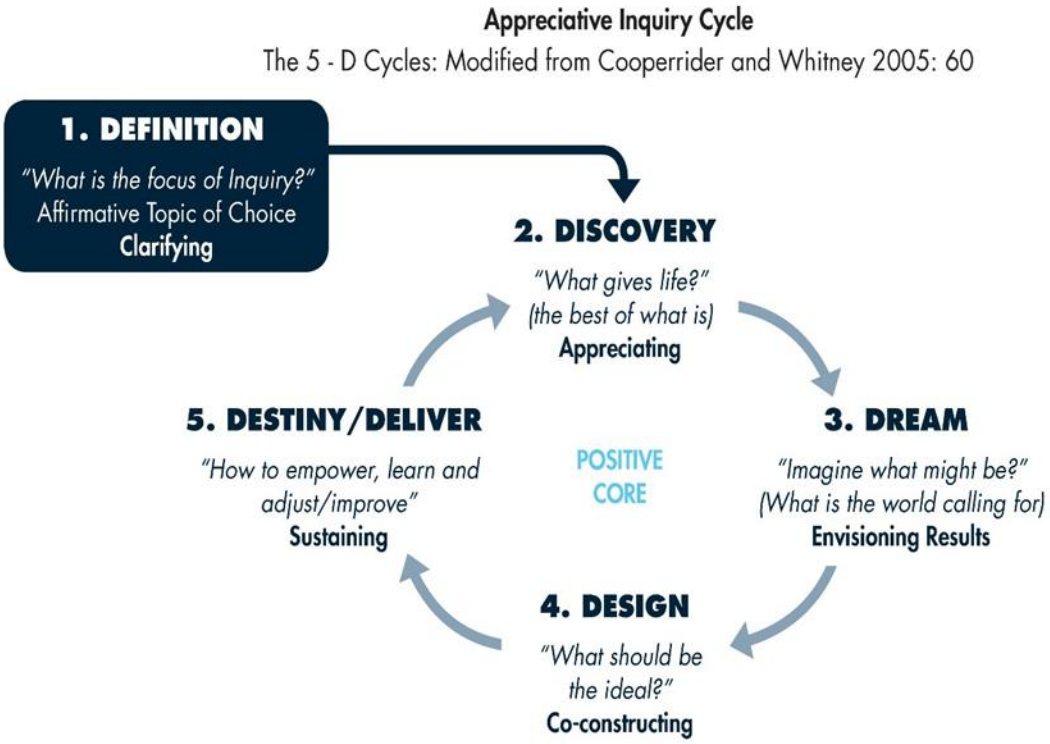


Figure 3.1: Modified Appreciative Inquiry 5-D cycle (Cooperrider & Whitney 2005:60)

The five different phases are discussed in more detail below:

3.5.3.1 The 5-D Cycle of Appreciative Inquiry

- **Define**

The definition phase is explained by Watkins, Mohr and Kelly (2010:23), as the external and first phase where goals are planned and developed. These goals include outlining of questions and inquiry procedures as well as the approach and task management. Bushe (2012:102) and Cooperrider and Srivastva (2008:354) describe the definition phase as establishing a positive focus which includes the affirmative topic, that the researcher needs to determine the specific

issue he or she wants more information on. According to Bitzer and Botha (2011:398), the definition phase is the phase where one must decide whom to invite to the interviews and who will go about inviting the participants.

In this study the researcher identified the stakeholders and decided how to engage them as part of the process. The interview guide was created, that assisted with gathering the required information regarding the strengths, viewpoints, aspirations and resources of all participants (McKenna et al. 2007:3; Cooperrider & Godwin 2011:737).

- **Discovery**

In the discovery phase, a positive core is defined, and people have the feeling of belonging to the organization (Cojokaru 2014:1023). People develop co-operation to build the future of the organization. As people are working towards the same goal, they create the capacity to accept each other's differences (Watkins, Dewar & Kennedy 2016:179). The discovery phase aims at generating new knowledge of the desired future and carries positive thinking in ways that translate intentions into certainty and thoughts into practice. According to Cooperrider and McQuaid (2012:71) discovery values the elements that gives life to an organization. Furthermore, participants inquire into the strengths and opportunities of an organization or a programme by asking powerful and positive questions (Cooperrider & Godwin (2011:735). In addition, Watkins, Roos and Van der Walt (2011:8) view the discovery phase as the phase where participants' experiences of their organization are most discovered, thus simplifying the most critical phase of the process.

In this study despite the challenges pertaining to alcohol abuse among students at HEIs, participants were encouraged to discover what currently was viewed as the best pertaining to the management of alcohol abuse among students at their respective institutions.

- **Dream**

During the dream phase people are given the opportunity to dream about the future and express how to implement the plans. A positive attitude is identified if trustworthiness is established (Watkins, Roos & Van der Walt (2011:7). According to Watkins, Mohr and Kelly (2011:27), the dream phase encourages participants to discuss what is best for the organization and a better world. Watkins, Mohr and Kelly (2010:21), view the dream phase as the passionate thoughts about a 'positive image as a desired and preferred future'. According to Cojocaru (2012:127), the dream phase is the phase of aspiration. Watkins, Roos & Van der Walt (2011:9) further believe the goals of the dream phase are to facilitate communication among stakeholders as well as to identify common themes.

Common themes are accomplished by means of sharing stories within a group during the discovery phase (Watkins, Mohr and Kelly (2010:21), allowing participants to recognise common themes encourage the group to observe and value the stories shared, instead of judging or analysing them. The positive themes are viewed as the basic structures for the rest of the AI process (Cooperrider & Godwin, 2011:737). Moreover, Bushe (2011:2) point out that once one has discovered that which is best, it is natural to search for and envision new potential. Envisioning 'what could work well in the future' involves the following: passionate thoughts, the creation of a positive image of a wanted and ideal future as well as new possibilities Cooperrider & McQuaid 2012:71; Watkins, Mohr & Kelly 2011:21.

In this study, stakeholders were encouraged to positively dream and envision the best possible future they might have to improve the support program for management of students at HEIs who abuse alcohol.

- **Design**

The design phase can be viewed as the solution to sustaining positive change as well as to react to the organizations most positive aspects and peak opportunities (Cojocaru 2014:1023). The design phase is determining and planning what will work (Bushe 2011:2), or what should be

(Cojocaru 2012:126). Furthermore, Watkins, Mohr and Kelly 2010:21:4) point out that the design phase is the phase where one decides which opportunities have the most potential (Cooperrider & McQuaid 2012:71). Sometimes these propositions are referred to as possibility propositions since they bridge 'the best of what is' and is written in the here and now (Cooperrider & Godwin 2011:737). As a result, the propositions recreate the image of the organization by means of presenting clear, persuasive pictures of how things will be, once the positive core is fully efficient.

Through a positive dream, people will increase awareness and the power to decide which design was adopted for the organization. The adopted design should be sustained and supported (Cooperrider & McQuaid 2012:71). The design phase focuses on achieving the goals of the organization (Cojocaru 2012:2). Furthermore, the positive core of the organization's future is based on images that emerge through the grounded examples. The design phase is an exciting report of intentions grounded in realities of what has been successful in the past. Participants engage in dialogue to promote open sharing of both stimulating discoveries and possibilities Cojocaru 2012:127; Bushe 2011:2).

In the context of this study, the design phase included recommendations based on inputs from all the participants (stakeholders). The participants recommended what aspects should be included in a comprehensive program to manage alcohol abuse among students at HEIs.

- **Destiny**

Implementation was done throughout the destiny phase where the affirmative capacity of the system is strengthened (Watkins, Mohr and Kelly (2010:21). According to Cooperrider and McQuaid 2012:71), one can elevate an organizational consciousness through inquiry and open dialogue. Focusing on envisioning positive possibilities and through the articulation of organizational design ideals, one may open the way for a sustainable change. The goal of the destiny phase is to ensure that the dream can be realised (Watkins, Mohr & Kelly 2011:30; Cooperrider et al. 2008:176). In addition, the dream can become a reality once the intended actions have been declared and organizational support is requested.

The destiny phase represents the conclusion of the discovery, dream and design phases and the beginning of the evolving creation of an appreciative learning culture. Watkins, Roos & Van der Walt (2011:10; Reed (2007:33) refers to destiny phase as the delivery phase. Cojocaru (2012:27) believes the destiny phase allows energy to move towards the planning of actions, working out what needs to be implemented to appreciate the proposed solutions that were made during the designing phase. In a study conducted by Bushe (2011:2) and Watkins, Mohr & Kelly 2010:21) destiny phase constructs the future through improvement and accomplishment and as a result refer to it as the delivery phase. During the phase of delivery, commitments need to be made by all involved (Bushe 2012:101; Reed 2007:33), as well as the implementation and measurement of success (Watkins, Mohr & Kelly 2011:30).

During the destiny phase, participants were divided into small groups of 4–8 participants to share their experiences in the management of alcohol abuse at HEIs in South Africa. Data generated from this process was used in the drafting of a comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa.

3.5.4 Research design: phase 2

Brink et al. (2012:217) define a research design as a plan for gathering overall data in a research study. According to Polit and Beck (2012:739), qualitative research design is described as an investigation of phenomena in an in-depth and holistic fashion, by using a flexible research design and through the collection of rich narrative materials. Qualitative research is a form of social inquiry that focuses on the way people make sense of their experiences in the world in which they live (Holloway & Wheeler, 2010:3). Burns and Grove (2013:545) describe a qualitative research design as a systematic, subjective methodological approach used to describe life experiences and giving them meaning.

A qualitative approach guided by the 5-D cycle of AI (see Figure 3.1), as developed by (Watkins, Mohr & Kelly (2011:30) directed phase 2. As a systematic, interactive subjective approach, qualitative research was used to explore the views of stakeholders in a workshop regarding the

development of a comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa.

According to Polit and Beck (2012:219), the researcher in a qualitative design should be the research instrument by remaining neutral and avoiding influencing the results of the study. The researcher did not control the data collection because the results depended on the outcome of the stakeholders' views. Holloway and Wheeler (2010:5) are of the opinion that qualitative research allows the researcher to build good relationships with participants. The researcher used the strategies of observing and listening to collect rich data. Data was collected using an AI during the workshop where stakeholders shared their views relating to the comprehensive support program in the management of alcohol abuse among students at HEIs.

Other researchers including Holloway and Wheeler (2010:3); LoBiondo-Wood and Haber (2010:86) and Polit and Beck (2012:219) identified more characteristics of a qualitative design that include:

- **Natural setting** – the researcher collected data in the field where the participants experienced the issue under study. A learning centre was used for the workshop with stakeholders because it was big enough to accommodate participants and has extra rooms for group discussions and these were easy for participants to access.

- **Multiple data sources** – there should be an integration of data strategies during data collection. In this study, discussion groups and a workshop, as well as field notes were used to collect data.

- **Intense involvement from the researcher** – the researcher collected data personally through the AI workshop, small and large group discussions with stakeholders and the analysis of data was also done by the researcher and researcher assistant. Informed

consent in writing was obtained from participants by the researcher prior to the AI interviews.

- **The researcher is the key instrument** – the researcher was actively involved with the participants during the workshop. The researcher did not depend on an instrument designed by other researchers. The researcher designed the AI guide in collaboration with the supervisors.
- **Inductive data analysis** – the researcher analysed the data thematically, listened continuously to the audio-recorder and read through the transcribed written narratives from group discussions to identify emerging themes.

Through the utilisation of AI, which is more of a narrative approach; participants were encouraged to share through conversation their hopes, dreams, vision and beliefs relating to a comprehensive support program (Taylor & Francis, 2013:19).

3.5.5 Research methods: phase 2

Research methods describe the overall process of implementing the research study, including those who were included in the study, and how information was collected (Rebar, Gersch, Macnee & McCabe, 2011:394). The research method is discussed using the following headings: target population, sampling, selection of participants, data collection and data analysis.

3.5.5.1 Target population

The target populations in phase 2 were above 18 years old and they were all able to understand and speak English. They were all working with support programs for alcohol abuse at HEIs in South Africa. Twenty-five participants were invited to take part in the workshop and 22 attended. In a study conducted by Truong (2014:34), it was highlighted that when too few participants are involved in a research study, there are normally some concerns about the assumptions that can be drawn from data collected from those individuals. On the other hand, too many participants suppress active participation. The population embraced stakeholders working with student

support programs including: nurse educators (lecturers) of psychiatric nursing science because of their knowledge and experience of counselling at HEIs, practicing psychiatric nurses from public and private institutions, operational managers at provincial clinics, student support service managers, clinical psychologists, wellness managers, deans of students, clinic managers at HEIs and representatives of the Department of Higher Education (DHE).

3.5.5.2 Sampling

The sampling technique used in phase 2 was purposive and convenient. Purposive sampling was indicated as the researcher selected participants who were representative of the population (LoBiondo-Wood & Haber 2010:584). Convenient sampling was chosen as the researcher identified the selected participants based on the inclusion criteria set for this study and who were willing to participate voluntarily. Polit and Beck (2012:724) point out that convenient sampling is a non-probability sampling procedure that involves the selection of the most readily available people for a study.

3.5.5.3 Selection of participants

Stakeholders from different HEIs around Tshwane, the capital city of South Africa were invited, see table 3.4 summary of a demographic profile of participants who attended the AI workshop.

- **Inclusion criteria**

- Advanced psychiatric nurse educators from HEIs involved in counselling of students
- Advanced psychiatric nurses from private and public institutions
- Deans of students
- National Department of Health (DoH) representatives
- Clinical psychologists involved with students support programs at HEIs
- Experts in program development from sectors working with programs for alcohol abuse
- Practitioners from wellness departments working with students at HEIs

Table 3:4 Summary of demographic profiles of participants for AI workshop

VARIABLE	CATEGORIES	NUMBER
Gender	Males	4
	Females	18
Age in years	30 – 60	
Institution	Mental Health Care Institution	9
	HEIs	10
	Nursing Education Institutions	2
	Department of Health	1
Educational level	Degree	22
	Diploma	None
Current position	Deans of students	1
	Clinical psychologists	3
	Lecturers	5
	Advanced psychiatric nurses	9
	Support service managers	1
	Program development experts	1
	Deputy directors (NDoH)	2

3.5.5.4 Data collection

The development of comprehensive support program was based on the empirical data collected in phase 1 and the outcomes of the AI workshop. Input of stakeholders was obtained to evaluate existing programs in terms of demand, supply and harm reduction. In a typical AI process, the chosen affirmative topic informs the questions that guide the discovery conversations (Zandee & Vermaak 2012:12). The affirmative topic for the study was created using one of the suggestions by Barret, Cooperrider and Fry (2005:501) of reframing or reversing a problem into a positive statement describing what participants want to see as outcomes because of the inquiry.

The researcher used AI questions to initiate transformative discussions with stakeholders involved with support programs at their institutions. The workshop was considered a useful approach to bring a diverse group of stakeholders together and brainstorm creative and innovative ideas of what organizations can accomplish. The focus of AI was on what is best in people and searches for what works best; it was embedded in excitement, creativity and pride and what were the challenges (Bushe 2012:101). Appreciative inquiry questions were formulated to discuss and reach consensus among group members regarding comprehensive support programmes necessary to manage students who abuse alcohol at HEIs. Consistent with AI, different qualitative data collection methods were used including small and large group activities, writing of field notes as well as individual activities. In addition, participants were requested to propose additional information considered appropriate for inclusion in the envisaged comprehensive support program. Data collection is discussed under the following headings: preparation for conducting the appreciative inquiry and appreciative inquiry workshop.

- **Preparation for conducting the appreciative inquiry workshop**

The researcher and a research assistant did planning of the workshop. The co-supervisor acted as an assistant organiser for the workshop logistics. The agenda and invitation letters were prepared and sent to all prospective participants. The invite was sent through e-mail and fax to prospective participants who were requested to indicate their availability for the workshop in the form of an RSVP by the due date. Other invitations were hand-delivered to participants at their workplace due to lack of e-mail facilities. The invitations were extended to all participating HEIs in the Tshwane area so that at least a maximum number of participants could attend the workshop or, in case others dropped out at a crucial moment the workshop could continue.

The venue of the workshop was a learning centre, which was reserved and prepared for the workshop. The centre is large enough with ample space and resources to conduct workshops. Resources include a plenary hall and side halls for AI workshop, data projector, laptop, flip charts and electrical extension cords. Pens, writing pads and refreshments were provided by the researcher. One room at the centre was used for the meeting. The room had enough space, tables and chairs to enable participants to write their responses and participate in groups without disturbance. The researcher divided participants into groups of four by assigning each participant

a colour identifying the table where the participant would be seated. Two groups had five participants. Informed consent forms were signed before participation. The language used for the workshop was English.

- **Appreciative Inquiry Workshop**

The workshop was a gathering of participants with experience in advanced psychiatric nursing science, educators, program development experts, support service managers, wellness managers, private and public health clinics working with substance abusers, clinical psychologists working at HEIs with students who abuse substances as well as deans of students. Two participants were from the DoH working in the substance abuse department.

The appreciative inquiry workshop was conducted in five phases: define phase, discovery phase, dream phase, design phase as well as destiny phase (Cooperrider, Whitney & Stavros 2008:30). The workshop focused on discussions relating to the development of a comprehensive support program in the management of alcohol abuse among students at HEIs in SA. Participants were seated in groups, each group in a circle so that each participant had a full and equal view of others (Bushe (2012:101). The duration of the workshop was six hours. The workshop proceedings were audio-recoded, and the researcher and research assistant took field notes.

A favourable, non-threatening and relaxed environment was created when the research assistant introduced the researcher to participants, explained the process of AI and briefed them about the focus of the meeting. Participants were requested to not to reveal the identities of the institutions they come from to ensure that anonymity was maintained. The research assistant explained how the whole process would be conducted and clarified participants' roles and what is expected from them. All participants were given a chance to clarify aspects of the study process or ask questions if they did not understand any of the given information. The research assistant also explained the necessity to write of field notes and to capture the data on a digital voice recorder.

Define phase

The researcher defined the topic and presented the results of phase 1 as a PowerPoint presentation. Presentation of results from phase 1 served as the define stage as participants were made aware of the current support programs in the management of alcohol abuse among students at HEIs. The information was based on the three pillars of the NDMP (2013-2017) and the current management of alcohol abuse as confirmed through the results of phase 1. The presentation introduced stakeholders to the current situation of the support programs at HEIs and invited their input in the workshop to develop a comprehensive support program.

Discovery phase

In the discovery phase, each participant discovered what was in place, by answering three AI questions to discover new ways on how to draft a comprehensive support program based on the results of phase1. During the discovery phase participants were asked to answer the following three AI questions individually on a piece of paper and submit to the researcher:

- **What were the best aspects with regards to the current support program?**
- **What worked well in your current support program?**
- **What were the challenges with regards to current support program?**

Dream phase

Participants worked together in small groups to share ideas amongst themselves on which components should be included in the support program at HEIs about supply, demand and harm reduction. This connected participants with a vision and a larger picture of how to strategically manage alcohol abuse among students at HEIs. Each participant wrote his/her input down and after that, the whole group of four participants reached consensus on each component identified.

Design phase

During the design phase, all groups of participants came together to present their consensus on supply, demand and harm reduction to develop a draft comprehensive support program. Each group leader from the different groups presented their findings and shared how they came to reach consensus.

Destiny phase

The destiny phase was the last phase whereby the researcher provided a presentation on how components becomes a programme focusing on primary, secondary and tertiary interventions related to demand, harm and supply reduction of alcohol abuse. The research assistant requested that two groups of participants to focus on primary intervention, another two-group's to focus on secondary intervention and only one group focused on tertiary prevention. Each group shared ideas amongst themselves on what concepts to include in the drafting of a comprehensive support programme focusing on primary, secondary and tertiary interventions related to demand, harm and supply reduction of alcohol abuse among students at HEIs. All groups reached consensus and presented their findings. The whole group of participants also reached consensus on the draft program. This connected participants with a vision and a larger picture of how to draft a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa.

3.5.5.5 Data analysis

Thematic data analysis was the preferred method of data analysis in phase 2 to analyse data collected from the workshop because it was useful in the interpretation of meanings provided by participants (Alhojailan 2012:40). The data consisted of AI small/large group discussions, field notes, individually written narratives, transcripts of the workshop proceedings, and notes made on flipcharts as the groups reached consensus on the different components of the draft program.

- **Thematic data analysis**

Thematic analysis is a process followed in analysing the data without engaging pre-existing themes which means that it can be adapted to any research that relies only on participants'

clarification (Alhojailan 2012:41). Thematic analysis involves identifying, analysing and reporting patterns or themes within data (Creswell & Plano Clark 2007:129; Polit & Beck 2012). The same authors further stated that this method has the advantage of flexibility as it does not harbour any allegiance to a theoretical framework making it applicable to most qualitative data sets similar to this study. In this study thematic analysis as described in Braun and Clarke (2006) was employed for data analysis and the description of the processes. Thematic analysis was used because this method could be used where less information on a phenomenon exists (Alhojailan 2012:41). Like in this study, information regarding a comprehensive support programme for the management of alcohol abuse among students at HEIs in South Africa was absent.

Thematic analysis is also relatively easy to use as it does not require exact theoretical and technical knowledge. The method can also condense key aspects of a large data set and is able to give a thick description of the data (Braun & Clarke, 2006:86). The above-mentioned strengths of thematic analysis made it suitable for this study.

Thematic analysis was approached inductively resulting in data-driven themes because the researcher was actively involved in the data analysis process (Jebreen 2012:170; Alhojailan 2012:41). The researchers' involvement commenced during data collection at which initial data coding of data started. In addition, the researcher transcribed all data sets, upon which the researcher's involvement with data was further expanded.

The data obtained from the workshop resulted in three types of data sets: (1) participants individually written narratives; (2) AI workshop discussions and (3) written field notes. AI workshop discussions were audio - recorded while written field notes were written down and later typed in a Microsoft word file. The audio recorded data were transcribed verbatim by the researcher. The transcript format made it easy to understand, manage and retrieve the data (Andrew & Halcomb 2009:188).

Thematic analysis is characterised by six stages: familiarisation with data; focus of the analysis and generating initial codes; categorise the information; identification of patterns; naming themes and producing the report (Braun & Clarke, 2006:87). These stages were employed to analyse all data sets.

Stage 1: Familiarising yourself with data

A total of five data sets were prepared. Of those three transcripts contained group discussions, two contained individually written narratives and one contained typed field notes.

Dross (unhelpful information) was removed from the data by taking out material that was not influencing data such as “like I said,’ like my colleague said’ as those were not assisting data (Braun & Clark 2006:88). Additionally, to prevent identification of participants in the data, names which were stated by participants during small group discussions and individually written narratives were removed from transcripts. This was to ensure anonymity of participants.

The researcher read and re-read the data to enhance further self-familiarisation with data because, according to (Braun & Clarke, 2006:87), reading the data time and again is the foundation of the entire analysis. Following this process was helpful because the researcher was able to identify recurring words in the data. Frequencies of occurrences of certain words were highlighted with different colours for facilitation of coding described in stage two.

Generating initial codes

This phase involved the creation of preliminary codes from data (Braun & Clarke, 2006:88). According to Boyatzis (1998:63) coding is the most basic segment or element of the raw data or information that can be assessed in a meaningful way regarding the phenomenon.

According to Braun and Clarke (2006:88) coding is sometimes influenced by whether the themes are more data-driven or theory-driven. For this study coding of themes was data-driven as all themes materialised from the data. Excerpts from the data were coded by using different colours for comparable codes. Similar sets of data (showed by the same colour) were collated together into a code (Braun & Clarke 2006:88).

Searching for themes

During this stage, created codes were sorted and collated into main themes to form principal themes (Braun & Clarke, 2006:89). As meanings were searched within codes, related codes were harmonised to form major themes and categories. During this process the researcher developed the logic of meanings of each created theme.

Reviewing themes

This stage involved reviewing the created principal themes against the data set by re-reading transcripts to verify if those themes adequately captured meanings on codes to ensure stability (Braun & Clarke, 2006:91). This was helpful as it ensured that principal themes emerged from data sets. The principal themes summarised what was asked and reported during data collection ensuring that themes articulated the research data.

Defining and naming themes

At this stage, the meaning of each theme was determined (Braun & Clarke, 2006:92). The same authors further suggested that it is important to detect if themes encompass categories which are particularly valuable in providing an order of meaning in the data during modification. Sub-themes were also identified as the stage progressed. Modification involved revisiting the collated data extracts for each theme and organising them into a coherent and internally consistent account, with accompanying narratives. To conclude this stage twelve principal theme were defined and named. Themes and categories emerged from codes and together formed the outline of the analysed data. The outline is depicted in table 6.3 of this chapter.

Producing the report

This is the final stage of thematic analysis at which the report is written in an endeavour to report a complicated story in a manner which convinces readers regarding the quality and validity of the data analysis employed (Braun & Clarke, 2006:93). The report is written based on themes and categories emerging from the data. Findings are presented in chapter six. The service of an independent analyst was used to test the trustworthiness of the coding and to reduce the risk of subjectivity and bias as proposed in Neale (2008:218). See a summary of labels attached to participants in each data set in table 3.5 below.

Table 3.5 Summary of labels attached to participants in each data set (n = 22)

GROUP DISCUSSIONS					INDIVIDUALLY WRITTEN NARRATIVES	WRITTEN FIELD NOTES
Group 1 4 Participants	Group 2 5 Participants	Group 3 4 Participants	Group 4 5 Participants	Group 5 4 Participants	All Groups of Participants	Researcher and co-Researcher
Blue Colour	Green Colour	Orange Colour	Pink Colour	Yellow Colour	All Groups of Participants	Researcher and co-Researcher

PHASE 3: REFINEMENT OF A COMPREHENSIVE SUPPORT PROGRAM IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HIGHER EDUCATION INSTITUTION IN SOUTH AFRICA USING E - DELPHI TECHNIQUE AS A CONSENSUS METHOD.

3.5.6 e-Delphi technique: Phase 3

In phase 3 e-Delphi technique process was used to refine the draft support program developed by stakeholders in phase 2 of the study. The e-Delphi method is a practical and structured method of obtaining opinions on a given question from a range of experts and is usually used to gain consensus among a group of experts or informed respondents that constitute the e-Delphi panel

(Slade, Dionne, & Underwood, Buchbinder, 2015: 1136). In a study conducted by Habibi, Sarafrazi and Isadyar (2014:8), the e-Delphi technique is referred to as a method for structuring a group communication process so that the process is effective in allowing a group of individuals to deal with a complex problem. The main purpose of the e-Delphi method is to acquire the most reliable consensus of a group of experts by using questionnaires combined with controlled opinion feedback. The e-Delphi is discussed under the following headings: population, sampling, data collection and data analysis

3.5.6.1 Population

The populations of phase 3 were experts, competent and knowledgeable in alcohol abuse programs. Participants in the study were well orientated to understand the process. These participants were national and international experts on alcohol/substance use and abuse, for example, psychiatrists, psychologists, social workers, advanced psychiatric nurses, support service managers from HEIs, psychiatric nurse educators from nursing education institutions and HEIs, practising psychiatric nurses from government institutions, student support service managers, wellness managers at HEIs, representatives from the Department of Higher Education (DoHE) and representatives from South African Epidemiology Network on Drug Use (SACENDU) and South African National Council on Alcohol and Drug Dependency (SANCA).

3.5.6.2 Sampling

Purposive sampling was used in this phase because purposive sampling is made up of elements that possess a characteristic or attribute that the researcher is interested in studying (O'Dwyer & Bernauer, 2014: 83). In this phase, experts were purposefully sampled based on their area of expertise and years of experience. Sample size depends on the purpose of the study, design and time frame for data collection (Gerrish & Lacey, 2010:229. The researcher invited experts with experience in the field of alcohol/substance use and abuse, who have published articles in the field of alcohol/alcohol abuse or have extended practical experience in alcohol/substance use and abuse in South Africa, sub-Saharan Africa as well as international experts willing to participate in the study (Slade et al. 2015:2). In purposive sampling, it might be difficult to locate participants (Streubert-Speziale & Carpenter, 2011:29). Snowball sampling was used to overcome this

challenge, by asking other experts to identify possible participants (O'Dwyer & Bernauer, 2014: 84).

3.5.6.3 Data collection

In Phase 3, the researcher facilitated the process of data collection in each round. The respondents (experts) took part anonymously in rounds to evaluate the draft program. After each round of feedback, the program was refined based on feedback from the previous version. The researcher e-mailed experts the draft program developed in the workshop to evaluate using the e-Delphi technique and rating it using a Likert scale where they indicated how strongly they agree with each component of the program and make recommendations through e-mail. Thereafter, the researcher refined the draft program and started with the second round. The feedback process allowed and encouraged the Delphi group members to reassess their initial judgments (Slade et al. 2015:3; Hsu & Sandford, 2007:2; Botma et al. 2010:2). Subsequent rounds were followed where experts were given the results of the analysis of the responses from the previous round. Experts were provided with a Likert scale to rate different aspects of the program and were asked for additional recommendations and comments. The same process was followed with every round until consensus was reached.

3.5.6.4 Data analysis

In the Delphi process, data analysis involves both quantitative and qualitative data. Consequent iterations are identified to achieve the desired level of consensus, as well as any changes of judgments among panellists. Decisions ruled are established to assemble and organise the judgments and insights provided by e-Delphi participants (Hsu & Sandford 2007: 4). The researcher collated the consensus rate from the responses and the Likert scale used to indicate agreement and quantitative analysis was used, where statistical analysis and percentages were used to determine consensus rates. The open-ended recommendations were also analysed. (Botma et al., 2010:254).

3.6 MEASURES TO ENSURE TRUSTWORTHINESS IN THE STUDY

According to Holloway and Wheeler (2010:303), trustworthiness in qualitative research means methodological soundness and adequacy. According to Polit and Beck (2012:745), trustworthiness is described as the degree of confidence the researcher has in their data. Both authors (Polit & Beck (2012) and Holloway & Wheeler (2010) use similar criteria of; dependability, credibility, transferability, confirmability, authenticity and the most significant are credibility. LoBiondo-Wood and Haber (2010:587) pointed out that trustworthiness ensures the rigour of the research. Each of the criteria utilised to establish trustworthiness in this research study will be discussed in this section.

3.6.1 Credibility

According to De Vos (et al. 2011:419) credibility is the substitute to internal validity, in which the goal is to determine that the inquiry was conducted in such a manner as to ensure that the subject was perfectly identified and pronounced. Credibility, similar with internal validity, means that participants can recognise the meaning that they themselves gave to a situation or condition and the 'truth' of the findings in their own social context (Holloway & Wheeler 2010:303). In this way, participants recognised the meaning that they give to a situation or condition and the truth of the findings in their own social context. In this study, credibility was demonstrated using the following strategies: prolonged engagement, member checks, triangulation, audit trail and thick description (Babbie 2012:277).

3.6.1.1 Prolonged engagement

According to Polit and Beck (2012:599), prolonged engagement is an important step in establishing rigour and integrity in qualitative research. Prolonged engagement involves investing sufficient time in the data collection process so that participants feel enough confidence and trust in the researcher to allow for the adequate study of the cultural context and adequate checks for misinformation and distortions. Prolonged engagement was ensured as the researcher was interacting with participants through self-introduction, explanation of the purpose of the research, and how the study will benefit HEIs in South Africa before signing an informed consent form.

Through prolonged engagement, saturation of important categories was ensured. The researcher spent considerable time interacting with the stakeholders during AI group discussions to develop a rich understanding of their appreciative views of the support program and their opinions of the draft program until data saturation is reached. The time spent during data gathering was adequate to create rapport with the participants.

3.6.1.2 Member checks

Member checks involve the process of asking participants to review and react to study information, emerging themes and conceptualisations (Polit & Beck 2012:599). Through member checking, feedback is given to participants and their reaction to data and findings is obtained. The researcher can also obtain feedback from participants' interpretation of the data (Holloway & Wheeler 2010:305). According to Polit and Beck (2017:622), the checks relating to the accuracy of data may take place on the spot and at the end of data collection. During the discovery stage of AI, the research assistant and the researcher checked the accuracy of the data on the spot and after the data collection. Participants interacted with each other and they were requested to check with group members on the same table if the highlights that mattered most to them had been captured.

3.6.1.3 Triangulation

Different data sets were received, individually written narratives and small and large group discussions. Additionally, data was obtained through field notes. Polit and Beck (2014:501), indicated that if data analysis produces different kinds of results from similar questions at different times with similar participants, there are challenges in the data collection method used and that trustworthiness of those results is weak. Results obtained from various methods of data collection were similar indicating that trustworthiness was achieved in this study.

The purpose of triangulation is to overcome the essential bias that comes from single method, single-observer and single-theory studies (Anderson 2010:141; Polit & Beck 2012:599). Denzin (1989 cited in Holloway and Wheeler 2010:308) identified several types of triangulation but for this study, data and method triangulation were the forms of triangulation that were used to enhance credibility. Data triangulation refers to the use of multiple sources of data for validating

conclusions. The three types of data triangulation involved in this study were quantitative data collection in the first phase, AI workshop in the second phase and consensus method with local and international experts in the third phase.

3.6.1.4 Audit trails

An audit trail is a detailed report of the decisions made before and during the research process and a description of the research process (Holloway & Wheeler 2010:311). Through an audit trail, others can examine the researcher's documentation of data, methods, decisions and the findings. The researcher kept a paper trail of the description of the setting, location and participants, decisions regarding research methodology and rationale, and the research context within which the research occurred. Central to the audit trail is reflexivity in which researchers kept a self-critical account of the research process, including internal and external dialogue. The researcher reflected on her own preconceptions, actions, feelings as well as conflicts that were experienced and documented everything.

3.6.1.5 Thick description

Thick description helps to establish the truth value of the research, and it is linked to the audit trail (Holloway & Wheeler 2010:310). The same authors further highlighted that thick description involves a detailed description of the process, context and in research including the meaning and intentions of participants' and researcher's conceptual developments (Holloway & Wheeler 2010:310).

Prolonged engagement in the setting and immersion in the data were discussed in the previous paragraphs. In addition, the large and small group discussions were audio-recorded to document the findings and to serve as a backup method for the enormous amount of data that emerged during the group discussions. Data were collected until data saturation was reached. The researcher provided a detailed report of the rich descriptions obtained during the AI workshop.

3.6. 2 Transferability

Polit and Beck (2012:599) affirm transferability as the extent to which findings from the data can apply to other settings or groups. According to Holloway and Wheeler (2010:303), transferability refers that the findings in one context can be transferred to similar situations and participants. It corresponds with the notion of external validity, and it refers to the generalisability of inquiry; meaning that the research findings in one context can be transferred (generalised) to similar situations or participants. In this study, findings of results in phase 1 were presented in AI workshop with stakeholders working with support programs at their institutions to establish the context of the study and a detailed description of the setting was made to allow comparisons to be made.

3.6.3 Dependability

Dependability corresponds with the notion of reliability. It refers to the stability of data over time and over conditions (Polit & Beck 2012:584). According to Brink et al. (2012:172) dependability ensures that when the same evidence must be repeated with the same or similar participants in the same or similar context, the findings would be similar. Dependability is also about whether the findings of the study would be consistent if the study was replicated with the same participants in a similar context. It involves accounting for all the changing conditions in whatever is being studied as well as any changes in the design of the study that were needed to get a better understanding of the context. Dependability was ensured in this study by means of an audit trail, reflexivity and multiple data gathering procedures.

3.6.4 Confirmability

Confirmability is the degree to which the results could be corroborated by others or the potential for congruence between two or more independent people about the accuracy, relevance and meaning of data (Polit & Beck 2012:585). It corresponds with the notion of objectivity or neutrality (Tobin & Begley 2004:392), and it is concerned with establishing that the data its interpretations and the findings are not figments of the researcher's imagination but are clearly derived from the data. Holloway and Wheeler (2010:303) state that the findings of the research are confirmable if the readers of the study can trace data to their original sources. The researcher used an audit

trail, triangulation and thick description to authenticate confirmability. Confirmability was ensured by asking the assistance of the co-supervisor when data was collected and an independent coder when data was analysed.

3.6.5 Authenticity

The study is authentic when it has been conducted by the researcher herself/himself. According to Brink et al. (2012:172) authenticity is referred to as the mechanism by which the qualitative researcher ensures that the findings of the study are real, true, or authentic. Holloway and Wheeler (2010:305) are of the opinion that the study is authentic when appropriate strategies are used for the true reporting of participants' ideas. In this study the participants' ideas were reflected in the direct quotations in chapter 5.

3.7 ETHICAL CONSIDERATIONS

The study complied with the following key ethical issues:

3.7.1 Ethical clearance

The Faculty of Health Sciences Ethics committee of the University of Pretoria issued an ethical clearance certificate and granted the researcher permission to conduct the study following the submission of the research proposal that met the set ethical requirements (Annexure M).

3.7.2 Approval

A written request to conduct the study was also made to the management of the HEIs (Annexure J) around South Africa. However, at some HEIs, no ethical permission to conduct the study was required.

3.7.3 Informed consent

According to Holloway and Wheeler (2010:55) and Welman et al. (2005:54) consent is defined as an unequivocal authorisation given by participants, indicating their promise and readiness to take part in the study. Furthermore, the same authors indicated that the research participants could only make informed decisions regarding their participation in the study if they have sufficient knowledge and understanding of the research happenings. It was therefore the researcher's duty to ensure that participants received accurate (truth) flow of information regarding the research activities that they are going to be part of and that the information was coherent and at the level of understanding of participants (Polit & Beck 2012:158; Holloway & Wheeler 2010:55). Detailed information was given to participants and stakeholders regarding the study. All stakeholders who took part in the study gave informed consent before the commencement of data collection during all three phases of the study, see Annexures A, B and C.

3.7.4 Confidentiality and anonymity

Confidentiality means that the information that the researcher obtains about and from the research participants should not be divulged to other people without their permission. Anonymity, on the other hand, means that the researcher should ensure that no participant in the study can be identified from any of the responses that they have given. According to Holloway and Wheeler (2010:55) the research process is ethical if it considers issues such as confidentiality.

Because phase 2 was an AI study involving small and large group discussions, it was impossible to assure complete confidentiality and anonymity. Participants were identified with numbers on the name tags provided and were identified through different colours of the group he/she belonged to instead of their names. This was necessary because some form of identification was needed to enable the researcher to identify participants. Moreover, participants were requested to also write their contact details, e.g. telephone numbers or e-mail addresses on the register for the day so that they could be contacted later after phase 2 to take part in the third phase.

Data was reported in a manner that did not identify or link the participants with the information

The raw data were kept safe and confidential, locked up with no unauthorised access.

3.7.5 Justice

According to Tangwa (2009:1), the research participants have the right to be treated fairly and equally unless there is reasonable justification to treat them differently. The principle of justice protects the vulnerable; meaning that the research strategies and procedures must be fair and just. To uphold this principle, the researcher made use of the predetermined inclusion criteria to select participants for the study phases to ensure proper representation in the research samples and respect for diversity in terms of age and gender (Holloway & Wheeler 2010:55). Adequate information about the study was given including the participants right to withdraw from the study at any time without explanation if they so wished.

3.7.6 Beneficence and non-maleficence

Beneficence refers to the principle of doing 'good' and protection of participants from physical, emotional, social and psychological harm (Polit & Beck 2012:171; Parahoo 2014:748) while non-maleficence means not doing harm to the research participants. According to the two principles, researchers must act for the good of the participants all the time to maximise the benefits and minimise harm to the research participants.

Participants were at no foreseeable physical harm from the study as it involved completion of the questionnaires and participation in AI workshop and e-Delphi. The researcher gave the participants the necessary information and provided opportunities for them to ask questions and to raise their concerns during AI workshop. Respect for the principles of beneficence and non-maleficence was also shown by upholding confidentiality because breach of confidentiality can cause psychological and/or social harm. The study was only conducted after the research ethics committee had issued an ethical clearance.

3.7.7 Scientific integrity

The research process was followed and documented accordingly. Research methods were not manipulated in any way to support the researcher's viewpoints and all the sources used were acknowledged accordingly.

3.7.8 Phase 1 of the study

During phase 1 of the study, respondents were provided with an information leaflet (Annexure A) attached to each questionnaire for voluntary participation and to make informed decisions. All respondents signed the consent forms.

3.7.9 Phase 2 of the study

During the AI workshop, the research assistant and the researcher acted as facilitators and moderators for all groups. An information leaflet was provided to all participants and the main purpose of the study was explained. Stakeholders were further informed that participation was voluntary, and an informed consent form was signed by all participants. For the researcher to guarantee the safety of participants, certain principles were adhered to namely: confidentiality, beneficence and informed consent.

3.7.10 Phase 3 of the study

During consensus method in phase 3 of the study, participants were provided with an information to participants and informed consent document (Annexure C) sent through e-mails. Experts were asked to sign an informed consent before refining the support program and were also informed that their participation is voluntary.

OTHER PERMISSION WAS OBTAINED FROM THE FOLLOWING INSTITUTIONS:

Annexure M: Ethics approval from the University of Pretoria (UP)

Annexure Q: Ethics approval from the Tshwane University of Technology (TUT)

Annexure N: Ethics approval from the University of Zululand.

3.8 CONCLUSION

In this chapter the research design and methodology used in this study were outlined. Three phases were used, which included phase 1 quantitative, phase 2 AI workshop and phase 3 e-

Delphi technique (consensus method) using a Likert scale. Quantitative data collection and data analysis were conducted in phase 1 of which the results of phase 1 were used to guide phase 2.

Phase 2 of the study comprised of an AI workshop with stakeholders at which phase one results were presented. During the AI workshop, the research assistant and the researcher acted as facilitators and moderators for all groups. Phase 3 was the e-Delphi technique used for experts to refine the draft program in the management of alcohol abuse among students HEIs.

CHAPTER 4

PHASE 1

QUANTITATIVE RESULTS

4.1 INTRODUCTION

The previous chapter described the research design, methodology and process followed to address the overall research question of the study. The results presented in this chapter addressed the objective of the study for phase 1. A situation analysis was conducted to evaluate the current support programs in the management of alcohol abuse at HEIs. The results are presented as frequencies, percentages, graphs and tables.

In this chapter, the quantitative results are presented emphasising the following aspects: a brief report on permission preceding data collection; sample and sampling technique; the questionnaire; data analysis; results and summary of findings.

4.2 PERMISSION TO CONDUCT DATA COLLECTION

Permission to collect data was obtained from the University of Pretoria, Faculty of Health Sciences Ethics Committee (Annexure M) and three HEIs namely: Tshwane University of Technology (Annexure Q); University of KwaZulu-Natal (Annexure N) and Witwatersrand University (Annexure T) to conduct the research. Other HEIs accepted the ethical approval letter from the Faculty of Health Sciences, University of Pretoria as permission to conduct the research. The research protocol and the University of Pretoria, Faculty of Health Sciences ethical approval letter was sent to each HEI, and after communication between the researcher and managers at HEIs, the researcher explained the purpose of the study and the managers expressed their willingness

to take part in the situation analysis. Managers at 13 HEIs were willing to take part in the situation analysis. The researcher then distributed the questionnaires to support service managers, deans of students, clinic managers as well as wellness managers at HEIs after permission was granted.

4.3 SAMPLE AND SAMPLING TECHNIQUE

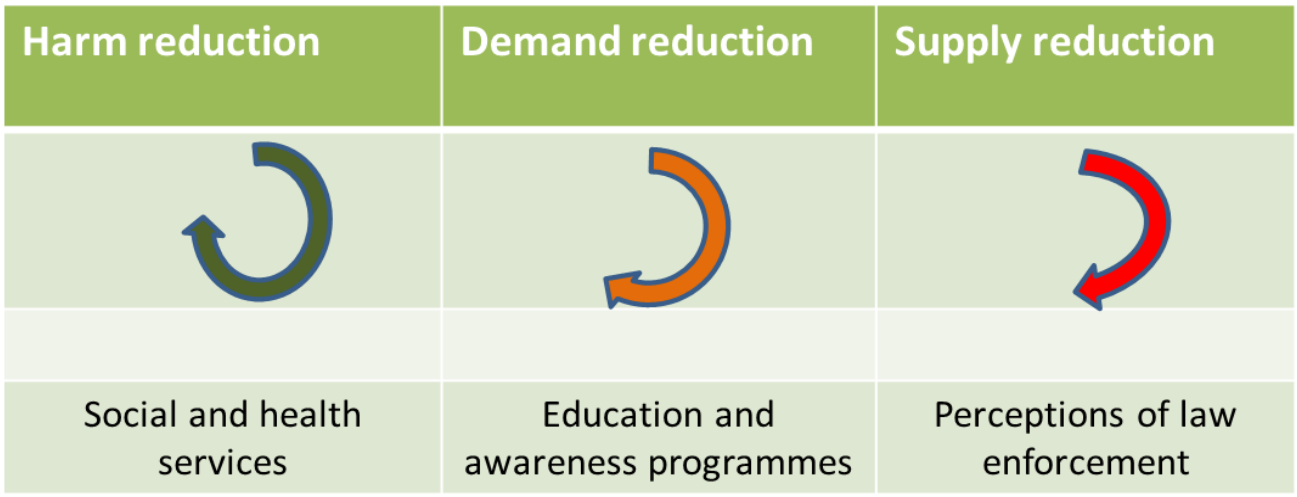
Phase 1 focused on student support service managers, deans of students, clinic managers, a clinical psychologists and wellness managers. Data were collected through semi-structured questionnaires distributed to all HEIs in South Africa. A total of 23 (n=23) HEIs were conveniently sampled and questionnaires were sent to those who agreed to participate in the study. e-mails and fax were used to distribute the questionnaires, and some were personally delivered to participants by the researcher. It was estimated that it would take participants approximately 20 minutes to complete the questionnaire. A total of 105 participants completed and returned the questionnaires.

4.4 THE QUESTIONNAIRE

The questionnaire used for data collection was divided into section A with seven items, which required biographic information of participants, section B: nine items, section C: 22 items and section D: 27 items (Annexure E). From items eight in section B to items 38 in section D the questionnaire focused on harm-, demand- and supply reduction of alcohol abuse according to the three pillars as indicated by the NDMP (2013–2017) (see Figure 4.1). These sections of the questionnaire determined the current support programs used at HEIs in the management of alcohol abuse among students, using the NDMP (2013-2017) pillars of reduction.

The content of the questionnaire was validated by using face and content validity. A pilot test was done to ensure face validity while content validity was further achieved through the expert review of items by a biostatistician (Annexure I).

Figure 4.1: Three Pillars of the NDMP (2013-2017) to manage alcohol abuse



Hundred and twenty questionnaires were distributed between May and July 2016 in order to obtain responses about current support programs in the management of alcohol abuse among students at HEIs. Some HEI support service managers distributed the questionnaires amongst the deans of students, clinic managers and wellness managers. Some support service managers requested that the questionnaire be e-mailed so that they could circulate it to the relevant people. Of the 120 questionnaires sent, 105 were returned providing a response rate of 78%. Thus eight (22%) questionnaires were not returned.

4.5 DATA ANALYSIS

In this study data analysis was based on 105 returned questionnaires. All 105 (N=105) questionnaires were organised and checked for internal dependability, comprehensiveness, legibility and exactness. According to De Vos et al. (2011:278), the specific data and ideas should be conversed in a clear, composed and complete manner as evidence to the reader and participants that the data had been proficiently analysed and reported in the findings. Information from each questionnaire was captured using Excel 2010, which was converted into Stata 13/14 format to achieve the objective of phase 1. Data from all the sections of the questionnaire were captured and analysed per item in accordance with the main sections and subsections of the study questionnaire, namely: section A: biographical data results, section B: supply reduction,

section C: harm reduction, section D: demand reduction, section E: suggestions to reduce alcohol abuse and section F: factors hindering the control of alcohol abuse.

4.5.1 Reliability of data collection scale

Reliability is concerned with the extent to which the instrument yields the same results in repeated trials (Burns & Gove 2009:367). Reliability of a data collection scale is important in measuring how consistent participants answered questions. Cronbach's alpha coefficient is often used to measure the reliability of a group of items. Cronbach's alpha values range from 0 to 1, where values at or above 0.7 are desirable for new instruments (Tappen 2011:131; Burns & Grove 2009:367). A Cronbach's alpha of 0.7 or more depicts a reliable scale. No item had low reliability and thus all items were used in the analysis. All dimensions achieved the minimum threshold as projected by Hair et al. (2014:124). The overall reliability of the instrument was .7825, which is excellent and thus, the data collection instrument for this study was reliable.

4.5.2 Descriptive statistics

Descriptive statistics are methods of describing and summarising numeric data using measures of central tendencies, such as mean, median and mode (Wood & Ross-Kerr 2011:248). In this study the researcher presented categorical data in tables, pie charts and barred charts using frequencies, proportions/percentages. The participants had to select a response option as per instruction from the questionnaire. Some responses needed multiple answers. All percentages were rounded to one decimal point and expressed as such in the text and in the graphical presentations

4.5.3 Inferential statistics

Cross-tabulations are also made to examine the presence of an association between the predictor variables and the response using chi-square test. In addition, Kruskal-Wallis test was used to compare the responses on the various demographic characteristics in the research. Kruskal-Wallis performs a test of the hypothesis that several samples are from the same population. This test is a multi-sample generalisation of the two-sample Wilcoxon (Mann-Whitney) rank-sum test.

4.6 RESEARCH RESULTS

The results of the study are presented and discussed according to six sections:

- Section A: Biographical data results
- Section B: Supply reduction
- Section C: Harm reduction
- Section D: Demand reduction
- Section E: Suggestions to reduce alcohol abuse
- Section F: Factors/items hindering the control of alcohol abuse

4.6.1 Section A: Biographical information

Four items were included to describe the features of the sample. These items included gender, age, current position, highest academic qualifications, and area of specialisation. The distribution and percentages for the variables are presented in Table 4.1 while Figures 4.1 to 4.7 present more biographic information.

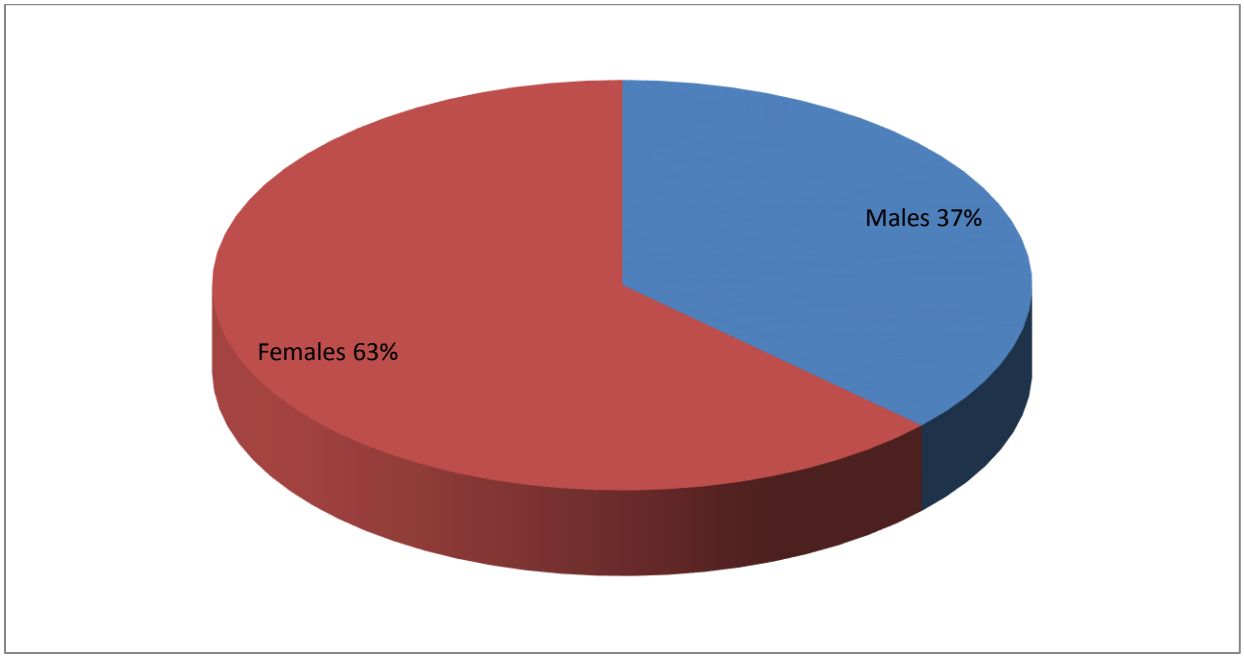
Table 4.1: Biographical data of the respondents (N=105)

VARIABLE	CHARACTERISTICS	FREQUENCY	PERCENTAGE
Gender	Female	66	63
	Male	39	37
	Total	**105**	**100**
Current position	Support manager	10	10
	Clinic manager	15	14
	Dean of students	12	11
	Student counsellor	15	14
	Support service	7	7
	Other	46	44
	Total	**105**	**100**
Highest academic qualification	Diploma	7	6
	Degree	23	22
	Masters	36	34
	Doctoral	8	8
	Others	31	30
	Total	**105**	**100**
Area of specialisation	Others	28	27
	Nurse	33	31
	Psychologist	32	30
	Occupational health practitioner	2	2
	Social worker	9	9
	Student residence manager	1	1
	Total	**105**	**100**

4.6.1.1 Gender of respondents

Sixty-three percent of the participants were females and 37% were males. Figure 4.1 presents the results.

Figure 4.2: Gender distribution of respondents



The gender of the participants served to determine the ratio of female and male participants. Gender is a powerful factor for the individual choosing health as a speciality (Mutekwe & Modiba 2012:279). Previous research indicated that females dominate the health professions where care is provided as in the case of the student support services, with nursing the absolutely and inexplicably female-dominated profession (Pilkenton & Schorn 2008:29). Although the study sample size was small, 63% of the participants were females indicating that student support services might be dominated by female professionals with males only at 37%.

4.6.1.2 Age of respondents

In this study, the ages of the participants ranged between 29 and 52 years old. The mean age of participants was 40 years old with a standard deviation of 5.35. Most participants were females at 39.7 years, while males were at 39.2 years.

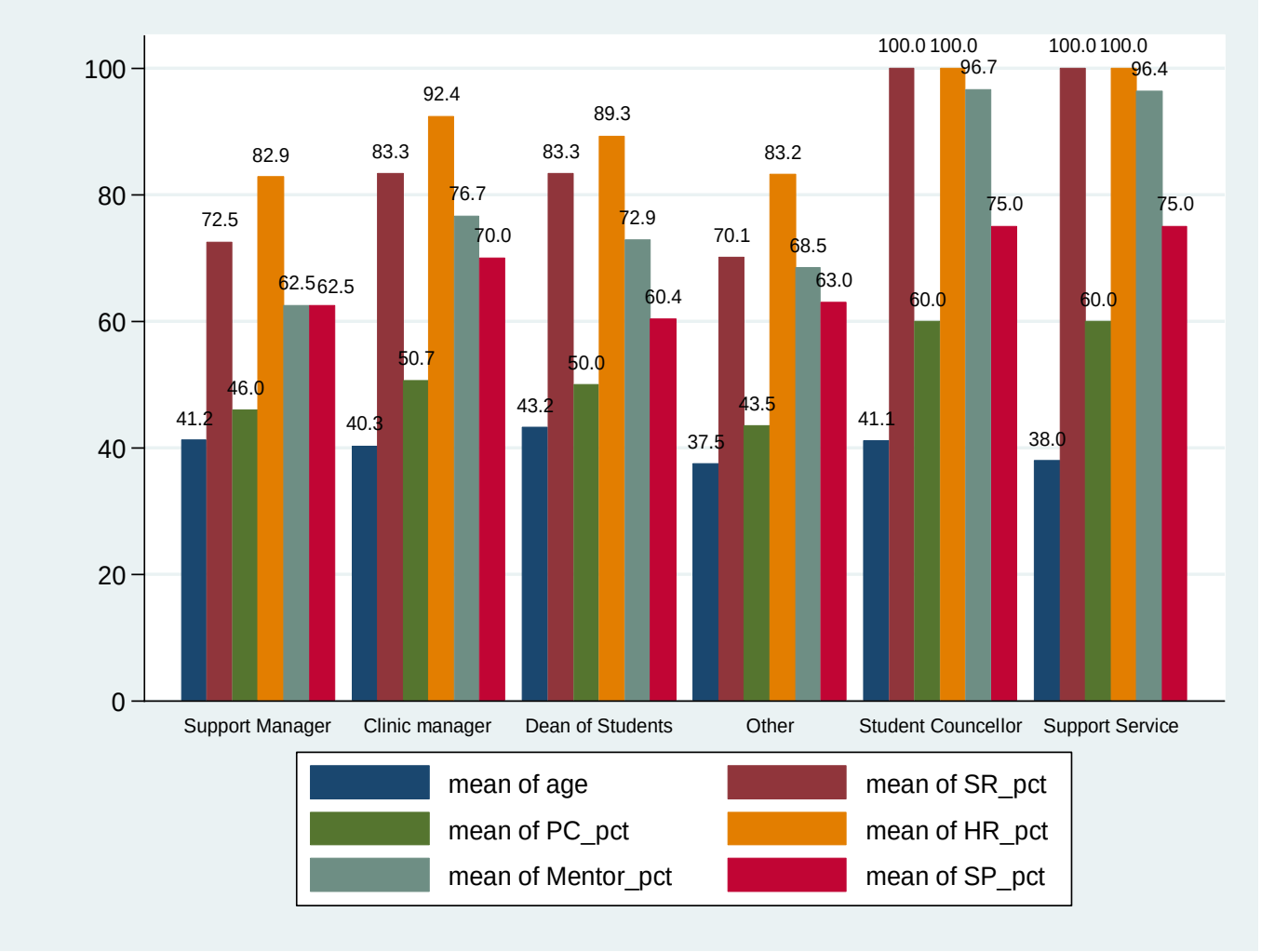
Table 4.2: Distribution of relationships between age and gender

GENDER	AGE	SUPPLY REDUCTION	POLICIES AND CULTURE	HARM REDUCTION	MENTOR	DEMAND REDUCTION
FEMALES: N= 66	39.7	81.4	81	91.1	75.6	65.5
MALES: N= 39	39.2	77.6	44	84.6	75.4	67.2

4.6.1.3 Current positions held by respondents

Ten percent of respondents were support service managers, Clinic managers were 14%, whereas deans of students were 11%. Forty-four percent of participants indicated “others” as a current position which includes different categories such as clinical psychologists, social workers, occupational health practitioners and student residents’ managers. Student counsellors were at 14%, and support services were only 7%. Figure 4.3 presents the current positions held by participants.

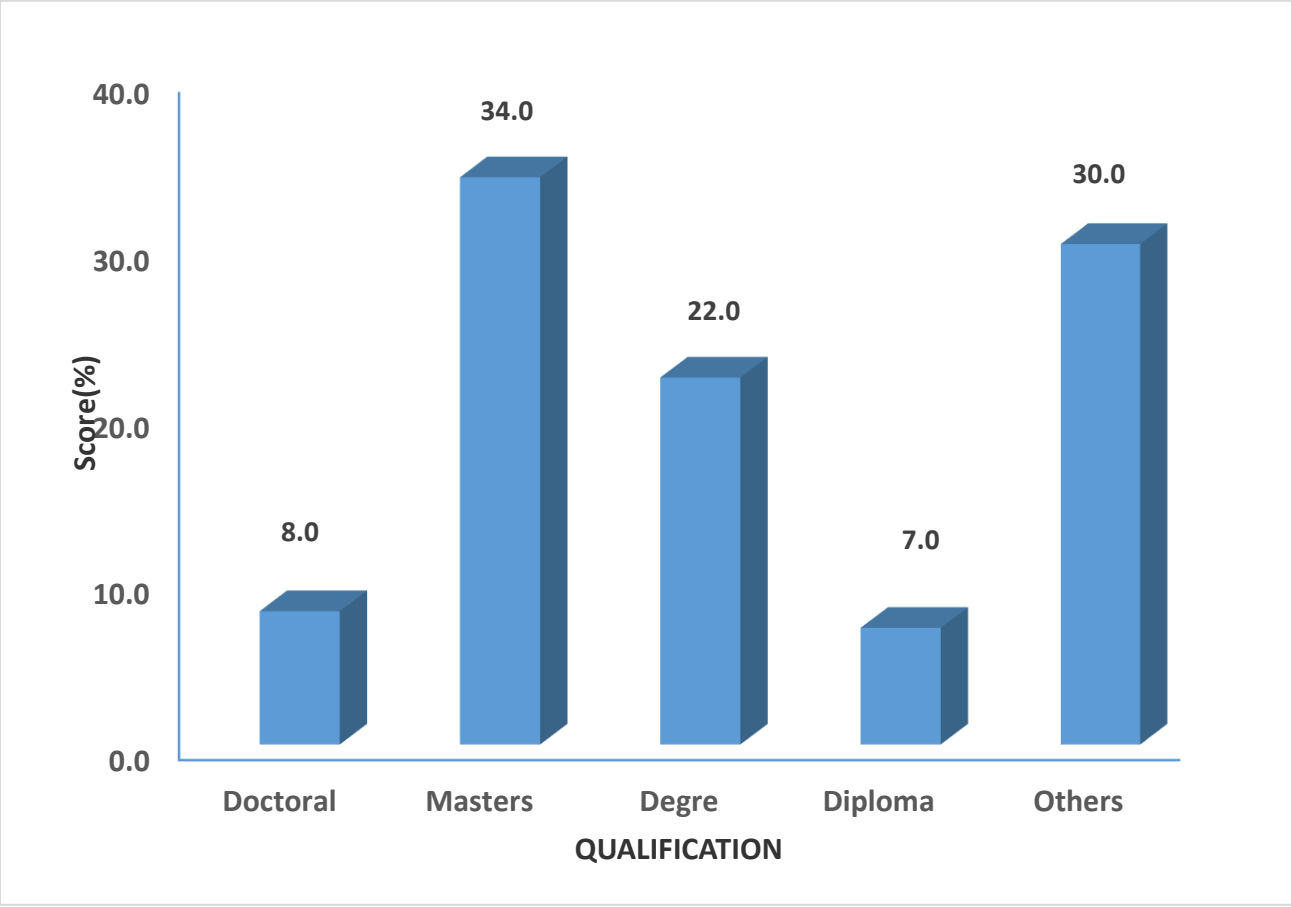
Figure: 4.3: Score of current positions held by respondents



4.6.1.4 Highest professional qualifications of respondents

Of the 105 respondents, 7% of the respondents had a diploma as their highest qualification, whereas only 22% of the respondents had a bachelor's degree. The majority of the respondents, which is 34%, had a master's degree specialisation. The reason for 34% of master's degree is that clinical psychologists are required to have master's degree before they can practice as a psychologist, and only 8% had a PhD degree, while 30% had other qualifications including diploma certificates. Figure 4.4 confirms the distribution of highest academic qualifications of participants.

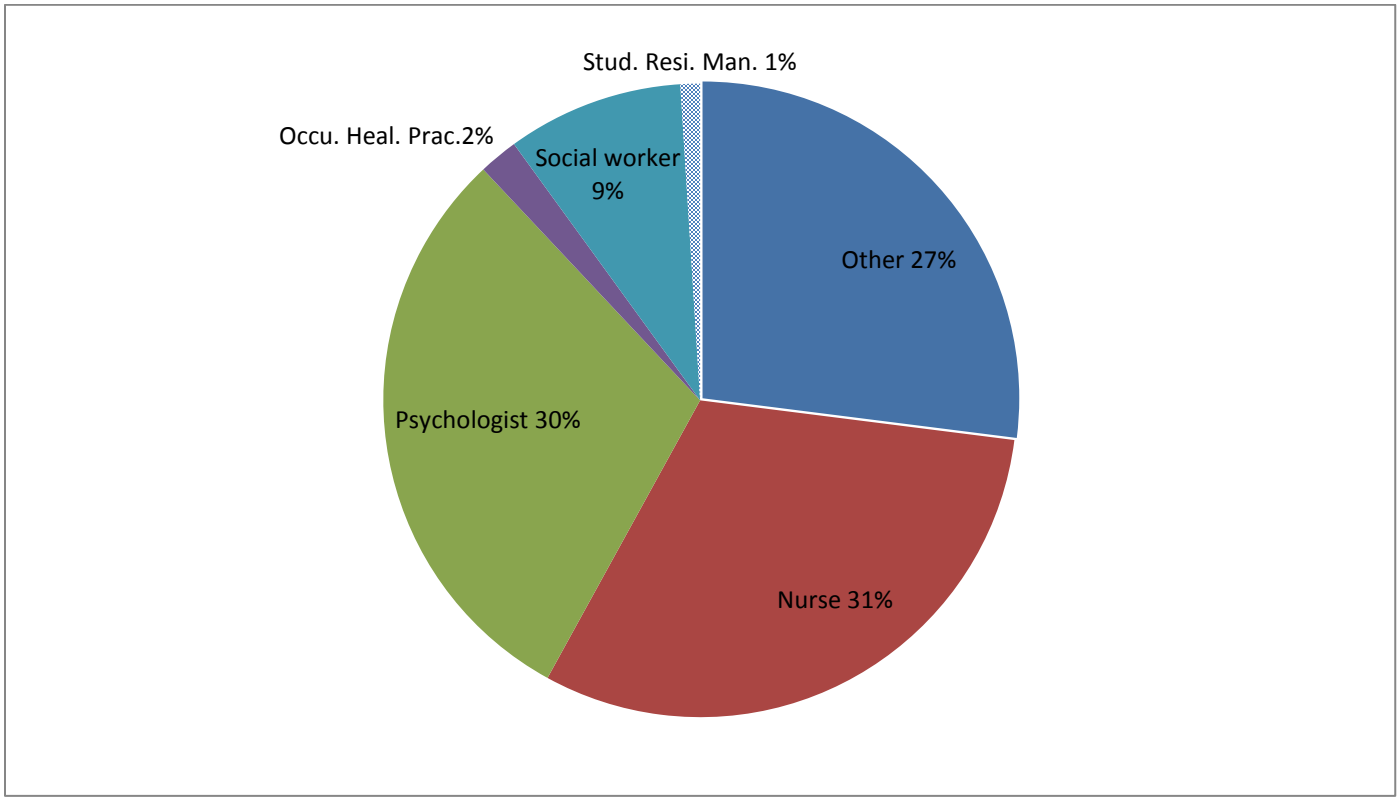
Figure 4.4: **Distribution of respondents by highest academic qualification**



4.6.1.5 Distribution of area of specialisation

Ten percent of respondents were support service managers, Clinic managers were 14%, whereas deans of students were 11%. Forty-four percent of respondents indicated “others” as a current position which includes different categories such as clinical psychologists, social workers, occupational health practitioners and student residents’ managers. Student counsellors were at 14%, and support services were only 7%. Figure 4.3 presents the current positions held by respondents.

Figure: 4.5: Area of specialisation of respondents



4.6.1.6 Number of years of experience

Respondents years of experience of working with support programs for the management of alcohol abuse among students at HEIs was 50% for male respondents and 50% per cent female respondents.

4.6.2 Section B: Supply reduction

Section B of the questionnaire dealt with supply reduction and comprised of nine items which determined how the current programs reduce the supply of alcohol among students at HEIs. This is important because reducing the supply of alcohol will reduce the availability of alcohol among students, hence the reduction of alcohol abuse. The number of “yes” or “no” percentages to each question are listed in Tables 4.2 and 4.3.

Table: 4.3 Supply Reduction: responses based on personal, social skills and social influence

RESPONSES BASED ON PERSONAL, SOCIAL SKILLS AND SOCIAL INFLUENCE	YES (%)	NO (%)	p
8. Do you provide students opportunity to practice and learn personal and social skills, including coping, decision making and resistance skill in relation to alcohol abuse?	**76%**	24%	0
9. Does your management of alcohol abuse ensure coordination of efforts to reduce the supply of alcohol abuse?	**80%**	20%	0
10. Does your management of alcohol aim to dismiss misconceptions regarding the expectations associated with alcohol abuse?	**70%**	30%	0
11. Do you reduce the supply of alcohol to students less than 18 years of age?	**93%**	7%	0

Table 4.3a: Association between supply reduction and alcohol abuse policy domain

	CHI-SQUARED PROBABILITY	REMARKS
8. Do you provide students opportunity to practice and learn personal and social skills, including coping, decision making and resistance skill in relation to alcohol abuse?	0.113	No Significance (N/S)
9. Does your management of alcohol abuse ensure coordination of efforts to reduce the supply of alcohol abuse?	0.206	No Significance (N/S)
10. Does your management of alcohol aim to dismiss misconceptions regarding the expectations associated with alcohol abuse?	0.032	Significance (S)
11. Do you reduce the supply of alcohol to students less than 18 years of age?	1.000	No Significance (N/S)
There is no statistical association between supply reductions in relation to alcohol/substance abuse policy in the management of alcohol abuse among students at HEIs.		

Table 4.3b: Comparison of responses on the measures between PC 12 responses by Kruskal – Wallis statistics

	KRUSKAL WALLIS CHI SQUARE	SIGNIFICANCE
8. Do you provide students with an opportunity to practice and learn personal and social skills, including coping, decision making and resistance skill in relation to alcohol abuse?	3.421	0.0644
9. Does your management of alcohol abuse ensure coordination of efforts to reduce the supply of alcohol abuse?	2.737	0.0981
10. Does your management of alcohol aim to dismiss misconceptions regarding the expectations associated with alcohol abuse?	4.586	0.0322
11. Do you reduce the supply of alcohol to students less than 18 years of age?	0.782	0.3765
There is no evidence of differences between participants with respect to the responses on PC 12		

4.6.2.1 Responses based on personal, social skills and social influence domain

There was a generally positive response to items 1 to 4. The responses varied from 70% - 93%. Seventy-six percent of respondents agreed that at their institutions they provided students with opportunities to practice and learn personal and social skills, including coping- and decision-making skills in relation to alcohol abuse, whereas 24% of respondents were not providing students with similar opportunities at their institutions. Eighty percent of the respondents ensured coordination of efforts to reduce the supply of alcohol abuse whereas 70% of the respondents indicated that their programs aimed to dismiss misconceptions regarding the expectations associated with alcohol abuse and 30% of the respondents' institutions did not dismiss misconceptions regarding the expectations associated with alcohol abuse.

Most of the respondents (93%) answered that their institutions' programs attempt to reduce the supply of alcohol to students less than 18 years of age and only 7% did not reduce the supply of alcohol to students less than 18 years.

Table: 4.4 Supply reduction: Responses based on policies and culture

RESPONSES BASED ON POLICIES AND CULTURE	YES	NO	P
12. Is there an alcohol/alcohol abuse policy at your institution?	10%	**90%**	***0.00***
13. Are your institutional policies developed with the involvement of stakeholders?	**74%**	26%	***0.00***
14. Do your institutional policies enforce positive reinforcement for students' compliance with the alcohol/substance policy?	**64%**	36%	***0.00***
15. Do you include law enforcement during spring day celebrations?	20%	**80%**	***0.00***
16. Does your institution enforce existing policies on alcohol/alcohol abuse in the students' residence?	**77%**	23%	***0.00***

Table 4.4a: Association between supply reduction, policies and culture domain

	CHI-SQUARED PROBABILITY	REMARKS
12. Is there an alcohol/substance abuse policy at your institution?	0.000	Significance (S)
13. Are your institutional policies developed with the involvement of stakeholders?	0.000	Significance (S)
14. Do your institutional policies enforce positive reinforcement for students' compliance with the alcohol/substance policy?	0.000	Significance (S)
15. Do you include law enforcement during spring day celebrations?	0.206	No Significance (N/S)
16. Does your institution enforce existing policies on alcohol/alcohol abuse in the students' residence?	0.112	No Significance (N/S)
The results show no association with alcohol abuse policy and law enforcement policy of the HEIs		

Table 4.4b: Comparison of responses on the measures between PC 12 responses by Kruskal – Wallis Statistics

	KRUSKAL WALLIS CHI SQUARE	SIGNIFICANCE
12. Is there an alcohol/substance abuse policy at your institution?	31.63	0.0001
13. Are your institutional policies developed with the involvement of stakeholders?	19.30	0.0001
14. Do your institutional policies enforce positive reinforcement for students' compliance with the alcohol/substance policy?	2.737	0.0981
15. Do you include law enforcement during spring day celebrations?	3.244	0.0717
16. Does your institution enforce existing policies on alcohol/alcohol abuse in the students' residence?	3.244	0.0717
There is no evidence of differences with respect to the responses of PC 12		

4.6.2.2 Responses based on policies and culture domain

There was a general positive response on items 2, 3 and 5 while there was a poor response (10%) on item 1 on alcohol abuse and alcohol abuse policy at HEIs, as well as on item 4 which represents inclusion of law enforcement during spring day's celebrations to which only 20% of respondents responded positively. Ninety percent of the respondents indicated that there is no alcohol abuse policy at the HEIs where they are employed. Seventy-four percent of respondents indicated that their institutions' policies were developed with the involvement of stakeholders, whereas only 26% of the respondents specified that their institutional policies were not developed with the involvement of stakeholders. Sixty-four per cent of the respondents indicated that their institutional policies enforced positive reinforcement for students' compliance with the alcohol/alcohol abuse policy. Most respondents (80%) indicated that they do not include law enforcement during spring day celebrations whereas only 20% of the respondents agreed that they include law enforcement during spring day celebrations. Seventy-seven percent of respondents indicated that their institutions enforce existing policies on alcohol abuse in the

students' residence, and only 23% of the respondents do not enforce existing policies on alcohol abuse in the students' residence.

4.6.3. Section C: Harm reduction

Section C of the questionnaire covered harm reduction and comprised of 12 items which represent the extent to which the programs aim to reduce the harm caused by alcohol abuse among students at HEIs. This section of the questionnaire is interesting as it determined the way in which the program aimed to reduce the harm caused by alcohol abuse among students at HEIs in SA, based on the NDMP (2013-2017) harm reduction pillar. The responses were presented in two sets of data, namely, responses based on individual psychological vulnerability and responses based on mentoring. The results are listed in Tables 4.4 and 4.5.

Table 4.5: Harm reduction: Responses based on individual psychological vulnerability

Responses based on individual psychological vulnerability	Yes	No	*p*
18. Is your institution able to identify vulnerable students in need of psychological support to reduce the harm caused by alcohol abuse?	**89%**	12%	*0.00*
19. Does your institution refer students for psychological support?	**100%**		
20. Does your institution's policy refer for:			
Counselling	**84%**	16%	*0.00*
Treatment	**82%**	18%	*0.00*
Rehabilitation	**82%**	18%	*0.00*
21. Does your institution implement strategies in reducing harm related to alcohol abuse?	**91%**	9%	*0.00*
22. Does your institution have one-to-one session to provide immediate basic counselling and/or referral delivered by a trained facilitator?	**93%**	7%	*0.00*

Table 4.5a: Association between harm reduction and individual psychological vulnerability domain

	Chi-squared x probability	Remarks
18. Is your institution able to identify vulnerable students in need of psychological support in your institution to reduce the harm caused by alcohol abuse?	0.600	No Significance (N/S)
20. Does your institution's policy refer for: • Counselling	0.360	No Significance (N/S)
• Treatment	0.202	No Significance (N/S)
• Rehabilitation	0.202	No Significance (N/S)
21. Does your institution implement strategies in reducing harm related to alcohol abuse?	0.596	No Significance (N/S)
22. Does your institution have a one-to-one session to provide immediate basic counselling and /or referral delivered by a trained facilitator?	1.000	No Significance (N/S)
The chi-square suggests that there is no statistically significant association between harm reduction and individual psychological vulnerability in the management of alcohol abuse among students at HEIs		

Table 4.5b: Comparison of responses on the measures between

PC 12 responses by Kruskal – Wallis statistics

	KRUSKAL WALLIS PROBABILITY	P/REMARKS
18. Is your institution able to identify vulnerable students in need of psychological support in your institution to reduce the harm caused by alcohol abuse?	1.413	0.2346 (NS)
19. Does your institution refer students for psychological support?		
20.1 Counselling	2.115	0.1459 (NS)
20.2 Treatment	2.419	0.1199 (NS)
20.3 Rehabilitation	2.419	0.1199 (NS)
21. Does your institution implement strategies in reducing harm related to alcohol abuse?	1.026	0.3110(NS)
22. Does your institution have a one-to-one session to provide immediate basic counselling and/or referral delivered by a trained facilitator?	0.782	0.3765(NS)
***All participants agreed** **There is no evidence of differences with respect to participants response to alcohol/substance abuse policy and HEIs policy**		

4.6.3.1 Responses based on individual psychological vulnerability domain

Generally, there was a high positive conception on items 1-5, with the responses varying from 82% - 100%, and a low negative conception on all items with the responses varying from 7% – 18%. The positive response on item 1 represents the institution's ability to identify vulnerable students in need of psychological support to reduce the harm caused by alcohol abuse, to which there was an 89% positive response. There was a 100% positive response on item 2 representing institutional programs referring students for psychological support. This is an indication that, despite a lack of alcohol policy at some HEIs, vulnerable students are being provided psychological support. On item 3, on institutions' policies on referral, the general responses ranged from 82% responding positively to treatment and rehabilitation and 84% of respondents

responding positively to counseling. Item 4 which represents the institutions' ability to implement strategies to reduce harm related to alcohol abuse showed an encouraging 91% positive response; and a 93% positive response for item 5 indicating that the institutions provide one-to-one sessions to provide immediate basic counselling to students and/or referral delivered by a trained facilitator.

Table: 4.6: Harm reduction: Responses based on mentoring

23. DO YOU PROVIDE ADEQUATE TRAINING AND SUPPORT FOR MENTORS TO REDUCE HARM CAUSED BY ALCOHOL?	**78%**	**22%**	***0.00***
23. Do you provide adequate training and support for mentors to reduce harm the caused by alcohol?	78%	22%	0.00
24. Do you have structured support program activities which reduce harm?	**69%**	31%	***0.00***
25. How do you train staff and management on responsible serving and handling of intoxicated students?			
Explain your answer briefly			
• Training related	27%		
• Counselling related	**63%**		***0.00***
26. Do you have sessions delivered by a trained facilitator in assisting students to reduce the harm caused by alcohol?	**67%**	33%	***0.00***
27. Do you keep statistics of students' utilising your services?	**89%**	11%	***0.00***
28. How do you support students who are on treatment and rehabilitation of alcohol abuse?			
• Rehabilitation	25%		
• Counselling	**70%**		
29. Recommendations you can provide in the development of a comprehensive support program for the management of alcohol abuse among students at HEIs in South Africa?			
Have clear policies	46%		
• Involvement of stakeholders	25%		
• Provide alternative – extra – curricula	17%		

Table 4.6a: Association between harm reduction and mentoring domain

	x PROBABILITY	REMARKS
23. Do you provide adequate training and support for mentors to reduce the harm caused by alcohol?	0.113	Not Significance (N/S)
24. Do you have structured support program activities which reduce the harm?	0.000	Significance (S)
25. How do you train staff and management on responsible serving and handling of intoxicated students?	**0.006**	Significance
26. Do you have sessions delivered by a trained facilitator in assisting students to reduce the harm caused by alcohol?	0.029	Significance
27. Do you keep statistics of students utilising your services?	0.600	Not Significance (N/S)
28. How do you support students who are on treatment for and rehabilitation of alcohol abuse?	**0.011**	Significance
29. What recommendations can you provide in the development of a comprehensive support program for the management of alcohol abuse among students at HEIs in South Africa?	**0.004**	Significance
Except for training and support for mentors under harm reduction and utilisation of service for students, all of the others are significantly associated with alcohol/substance abuse policy.		

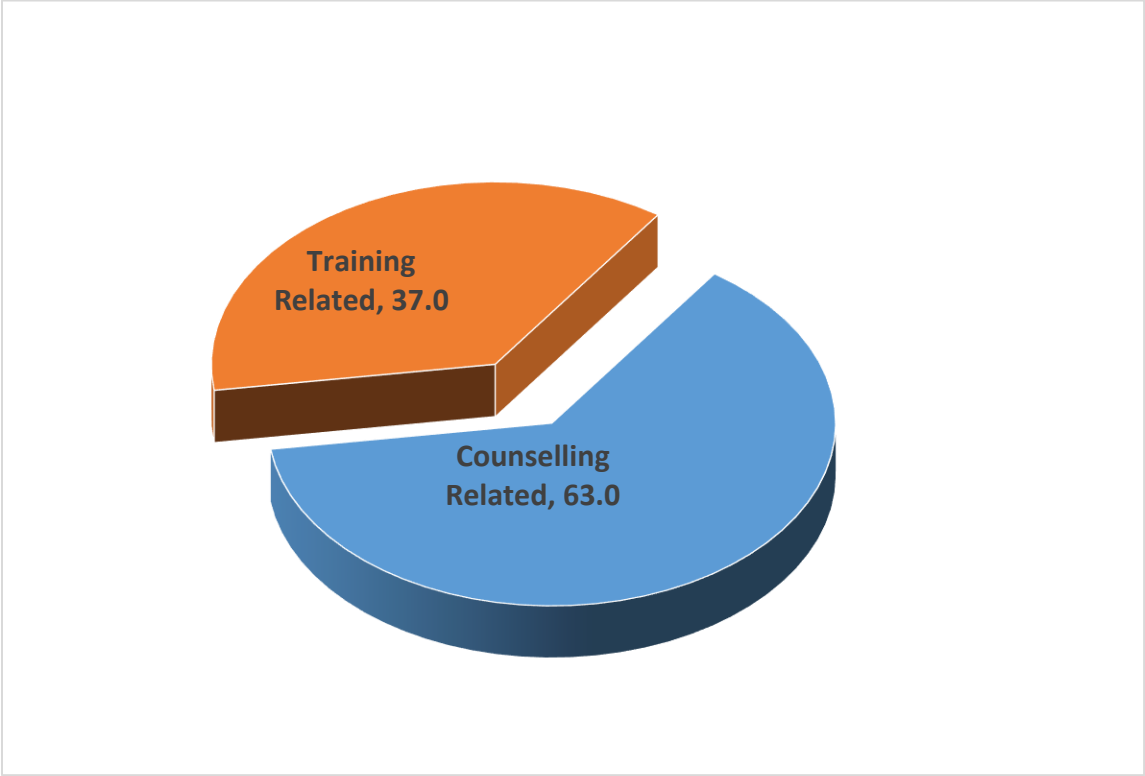
Table 4.6b: Comparison of responses on the measures between PC 12 responses by Kruskal – Wallis statistics

	KRUSKAL WALLIS CHI SQUARE	*P*
23. Do you provide adequate training and support for mentors to reduce the harm caused by alcohol?	3.071	0.0797
24. Do you have structured support program activities which reduce the harm?	23.89	**0.0001** **(Significance indicated)**
25. How do you train staff and management on responsible serving and handling of intoxicated students?	1.409	0.2352
26. Do you have sessions delivered by a trained facilitator in assisting students to reduce the harm caused by alcohol?	4.474	0.0193 **(Significance indicated)**
27. Do you keep statistics of students utilising your services?	1.413	0.2346
28. How do you support students who are on treatment for and rehabilitation of alcohol abuse?	10.53	**0.0012** **(Significance indicated)**
29. What recommendations can you provide in the development of a comprehensive support program for the management of alcohol abuse among students at HEIs in South Africa?	10.57	**0.0012** **(Significance indicated)**

4.6.3.2 Response based on mentoring domain

Mentoring is defined as a multidimensional relationship that energises personal and professional growth (Wagner & Seymour 2007:201; Franko 2016:109). In this study mentoring means supporting or counseling students at HEIs in order to reduce the harm associated with alcohol abuse. There was a positive response (78%) on item 1 on adequate training and support for mentors to reduce harm, whereas 69% of respondents indicated on item 2 that their institutions had structured support program activities to reduce the harm caused by alcohol abuse among students. Figure 4.6 presents the results.

Figure 4.6: Serving and handling of intoxicated Students



On item 24, under harm reduction, on the responses based on mentoring, 67% of respondents indicated that at their institutions sessions are provided by a trained facilitator whereas item 25 indicated that 89% of respondents confirmed that HEIs keep statistics of students' utilising the support services. The poor response of 27% and a positive response of 63% on item 3, on training

staff and management on responsible serving and handling of intoxicated students, indicated that most HEIs train staff on how to handle intoxicated students and also offer counselling to students who are intoxicated. There was a negative response of 25% and a positive response of 70% on item 6 on the support to students who are on treatment and rehabilitation for alcohol abuse. The 70% response confirms that there is continuous support provided through counselling to students who are on treatment and rehabilitation for alcohol abuse. Figure 4.7 presents the findings.

Figure 4.7: Supporting students on treatment and rehabilitation

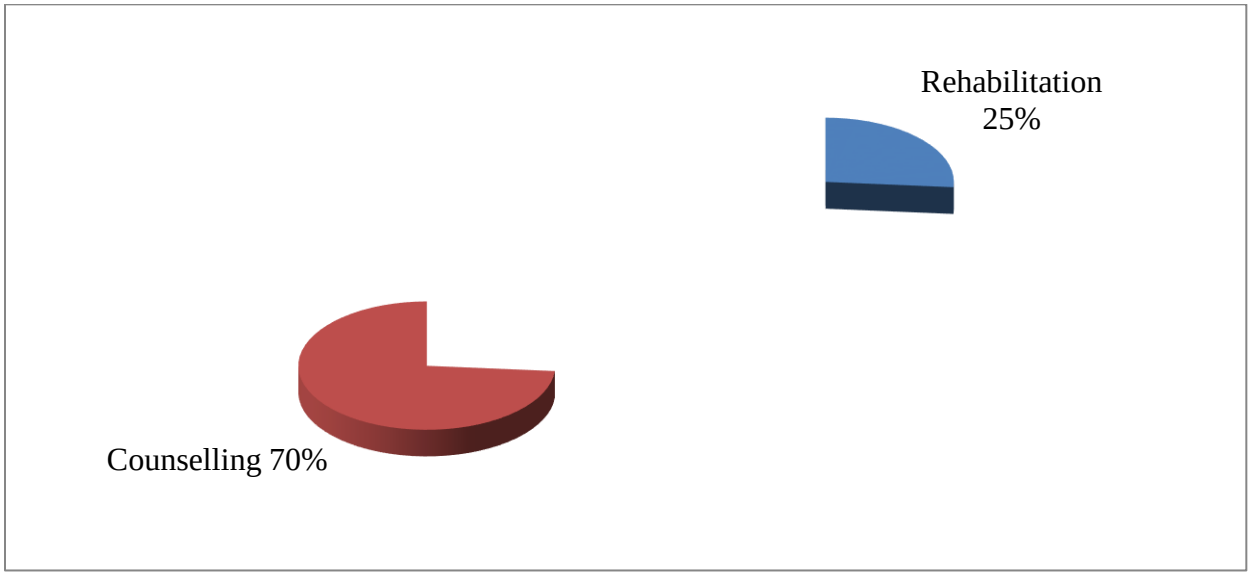
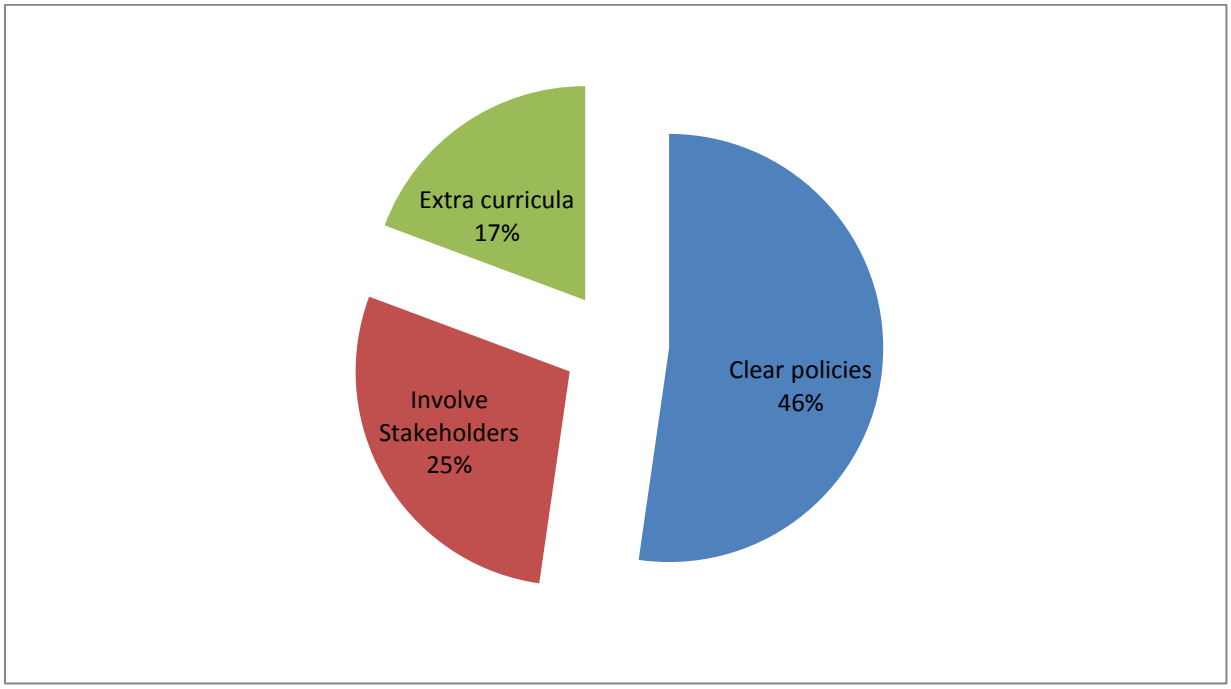


Figure 4.8: Recommendations for the development of a comprehensive support program



4.6.4 Section D: Demand reduction

Section D of the questionnaire comprised of ten items which represented the management of alcohol abuse among students at HEIs. This section of the questionnaire is interesting as it determines the extent to which the programs reduce the demand for alcohol among students at HEIs in South Africa, using the NDMP (2013-2017) demand reduction pillar. The responses were divided into three sets of data, namely, responses based on support program, responses based on tobacco and alcohol policies as well as responses based on campaign/awareness programmes. A summary of the results is listed in Tables 4.6, 4.7 and 4.8.

Table 4.7: Demand reduction: Responses based on support program domain

30. Do you have a program which guarantees students confidentiality?	**89%**	11%	***0.00***
31. Are your support program based on a policy on alcohol/alcohol abuse that has been developed by all stakeholders and non-punitive?	**78%**	22%	***0.00***
32. Does your support program include stress management courses?	**78%**	22%	***0.00***
33. Does your program include alcohol and drug testing only as part of comprehensive support program?	20%	**80%**	***0.00***

Table 4.7a: Association between demand reduction and alcohol/ support programs domain

	CHI-SQUARED PROBABILITY	**REMARKS**
30. Do you have a program which guarantees students' confidentiality?	0.600	No Significance (N/S)
31. Is your support program based on a policy for alcohol / substance abuse that has been developed by all stakeholders and non-punitive?	0.113	No Significance (N/S)
32. Does your support program include stress management courses?	0.113	No Significance (N/S)
33. Does your program include alcohol and drug testing just as part of the comprehensive support program?	0.206	No Significance (N/S)
There is no statistically significant association between demand reduction and support program in the management of alcohol abuse among students in HEIs.		

Table 4.7b: Comparison of responses on the measures between PC 12 responses by Kruskal – Wallis statistics

	KRUSKALWALLIS CHI-SQUARE	SIGNIFICANCE
30. Do you have a program which guarantees students confidentiality?	1.413	0.2346
31. Are your support program based on a policy on alcohol/alcohol abuse that has been developed by all stakeholders and non-punitive?	3.071	0.0797
32. Does your support program include stress management courses?	3.071	0.0797
33. Does your program include alcohol and drug testing only as part of comprehensive support program?	2.737	0.0981
There is no evidence of differences with respect to the responses on PC 12		

4.6.4.1 Responses based on support program domain

There was a positive response to items 1, 2 and 3 with the response rate varying between 78% - 89%. Seventy-eight per cent of the respondents indicated in item 2 that their support programs are based on policy on alcohol/alcohol abuse that has been developed by all stakeholders and is non-punitive. Seventy-eight percent of respondents on item 3 confirmed that their support program included stress management courses. The majority, 89% of the respondents confirmed on item 1 that their institutions do have programs which guarantee students' confidentiality. There was a poor response to item 4 with 80% of the respondents confirming that the institutions do not have programs which include alcohol and drug testing as part of a comprehensive support program.

Table 4.8 Demand reduction: Responses based on tobacco and alcohol policies

34. Does your Institution support the enforcement of tobacco and alcohol policies in reducing alcohol demand?	**84%**	16%	**0.00**
35. How does your institution reduce the demand for alcohol abuse and other substances?			
• Awareness Campaigns	46%		
• Removing alcohol at campus cafeterias	39%		
	0.15		
36. How do you ban and restrict advertisement of alcohol to reduce alcohol abuse?			
• Management of alcohol	53%		
• Support policy	46%		

Table 4.8a Association between demand reduction and alcohol / tobacco and alcohol policies domain

	CHI-SQUARED PROBABILITY	**REMARKS**
34. Does your institution support the enforcement of tobacco and alcohol policies in reducing alcohol demand?	0.360	Not Significance (N/S)
35. How does your institution reduce the demand for alcohol abuse and other substances?	**0.000**	Significance
There is an association between the demand of alcohol abuse policy and institution policy.		

Table 4.8b: Comparison of responses on the measures between PC 12 responses by Kruskal – Wallis statistics

	KRUSKALWALLIS CHI-SQUARE	SIGNIFICANCE
34. Does your institution support the enforcement of tobacco and alcohol policies in reducing alcohol demand?	2.115	0.1459
35. How does your institution reduce the demand for alcohol abuse and other substances?	1.109	0.292
There are no differences between participants response to alcohol/substance abuse policy at higher education institution		

4.6.4.2 Responses based on tobacco and alcohol policies domain

The general positive response on item 1 at 84% indicated that institutions support the enforcement of tobacco and alcohol policies to reduce the demand of alcohol whereas a poor response was recorded on item 2 with 46% of respondents indicating that their programs have awareness campaigns and 39% of programs aim to remove alcohol at campus cafeterias to reduce alcohol abuse at HEIs. On item 3, on banning and restricting advertisement of alcohol to reduce alcohol abuse, 53% of respondents indicated that their programs manage advertisement of alcohol and 46% of respondents' institutions provided support policy addressing the advertisement of alcohol on campus. In this section there is no statistical evidence showing the association between harm reduction and alcohol/tobacco and alcohol policies as evidenced in the table above.

Table: 4.9 Demand reduction: Responses based on awareness campaigns

Table 4.8: Demand reduction: Responses based on campaign/awareness raising			Sig
36. Do you have campaigns which address alcohol abuse problem at your institution	75%	25%	0.00
37. Do you do surveys on alcohol abuse among students on your campus?	6%	94%	0.00
38. Identify the target group of your campaign/awareness			
• Students & Staff	79%		

• Students	22%		
39. Do you have funding to reduce demand of students' alcohol abuse problem?	1%	99%	0.00
40. Is the following components part of the support program addressing alcohol abuse?			
Preventative	54%	46%	0.01
Promotive	63%	37%	0.00
Curative	52%	48%	0.42
Rehabilitative	30%	70%	0.00

4.9a Table association between demand reduction and alcohol awareness campaigns domain

	CHI-SQUARED PROBABILITY	REMARKS
37. Do you run campaigns which address alcohol abuse problems at your institution?	**0.000**	Significance (S)
38. Do you use surveys on alcohol abuse among students on your campus?	1.000	Not Significance (N/S)
39. Identify the target group of your campaign/ awareness	0.200	Not Significance (N/S)
40. Do you have funding to reduce demand of students' alcohol abuse problems?	1.000	Not Significance (N/S)
Campaigns awareness that addresses alcohol abuse is associated with alcohol/substance abuse policy at HEIs		

Table 4.9b: Comparison of responses on the measures between PC 12 responses by Kruskal – Wallis Statistics

	KRUSKAL WALLIS CHI SQUARE	SIGNIFICANCE
37. Do you run campaigns which address alcohol abuse problems at your institution?	33.263	**0.0001**
38. Do you use surveys on alcohol abuse among students on your campus?	0.663	0.4153
39. Do you have funding to reduce demand of students' alcohol abuse problems?	10.57	0.0012
40. Do you have funding to reduce demand of students' alcohol abuse problems?	0.105	0.7462
41.1 Preventative	13.000	**0.0003**
41.2 Promotive	18.53	**0.0001**
41.3 Curative	12.04	**0.001**
41.4 Rehabilitative	24.97	**0.0001**
There is no evidence of differences with respect to the response on PC 12		

4.6.4.3 Responses based on campaign/awareness raising domain

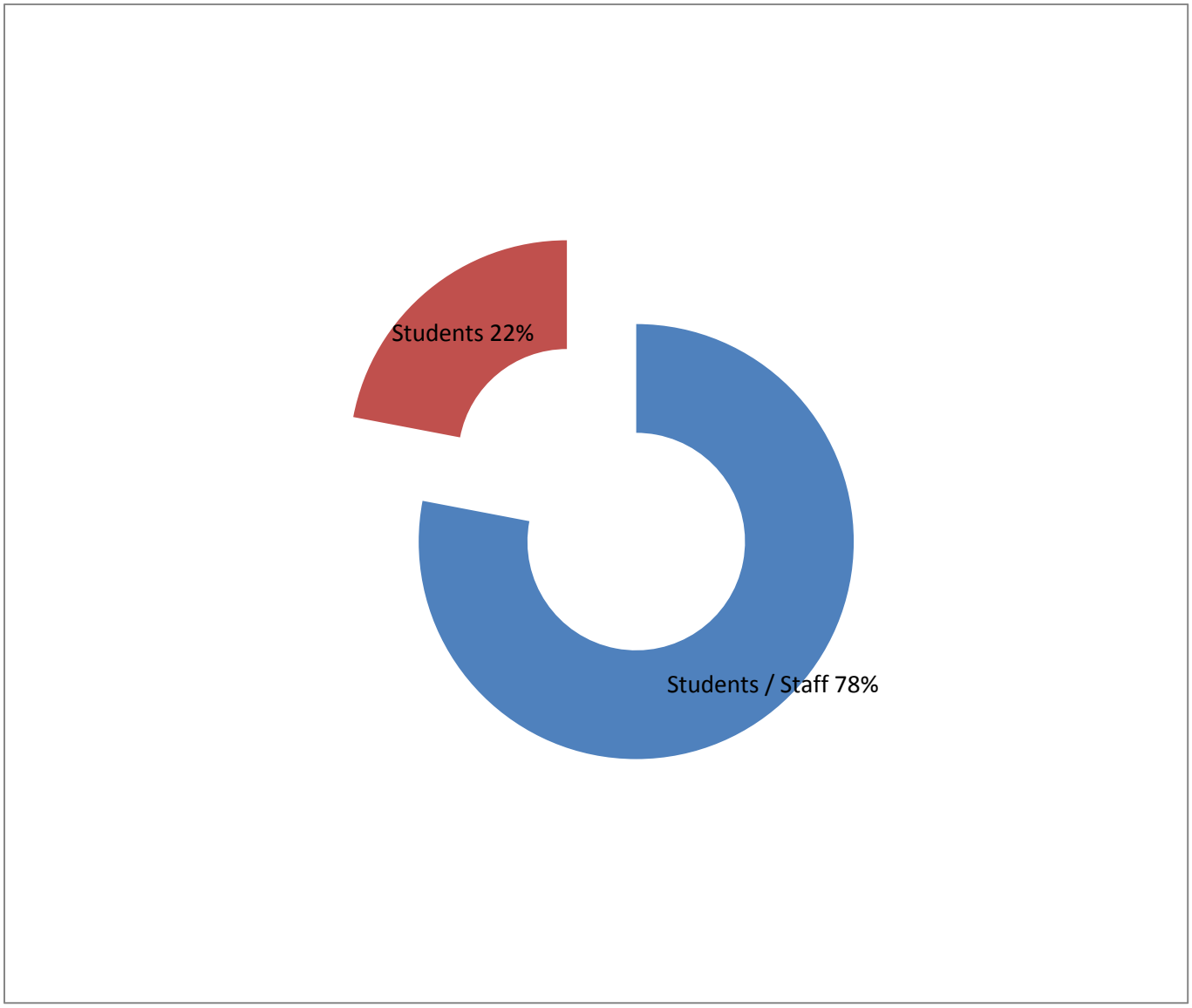
There was a generally positive response to item 1, 2 and 5 respectively, and a poor response to item 2, 3 and 4. The positive response on item 1 at 75% indicate that campaigns to address alcohol abuse at HEIs are held at institutions, whereas, 78% of the respondents on item 2 highlighted that both students and staff are targeted during campaigns and not only students. The poor response to item 2, namely 94%, is an indication that surveys on alcohol abuse among students on campus are not conducted. Ninety-nine percent of the respondents on item 4 indicated that there is lack of funding at their institutions to support students with alcohol abuse problems. Item 5, on the components which are part of the support program addressing alcohol abuse, shows a positive response on preventative measures by HEIs to reduce alcohol abuse at 54%, while the majority (63%) indicated that HEIs' programs do have a promotive component to control alcohol abuse. Fifty-two per cent of respondents indicated that programs at their institutions have a curative component. Seventy per cent recorded that their programs do not

have a rehabilitative component. This is an indication that some HEIs do not have rehabilitative measures as part of their strategies to reduce the harm caused by alcohol abuse.

4.6.4.4 Target group for campaigns/awareness

Seventy-eight per cent of the respondents indicated that they involve students and staff during their campaigns/awareness whereas only 22% respondents indicated that they only use students during their campaigns/awareness. Figure 4.19 confirms the findings.

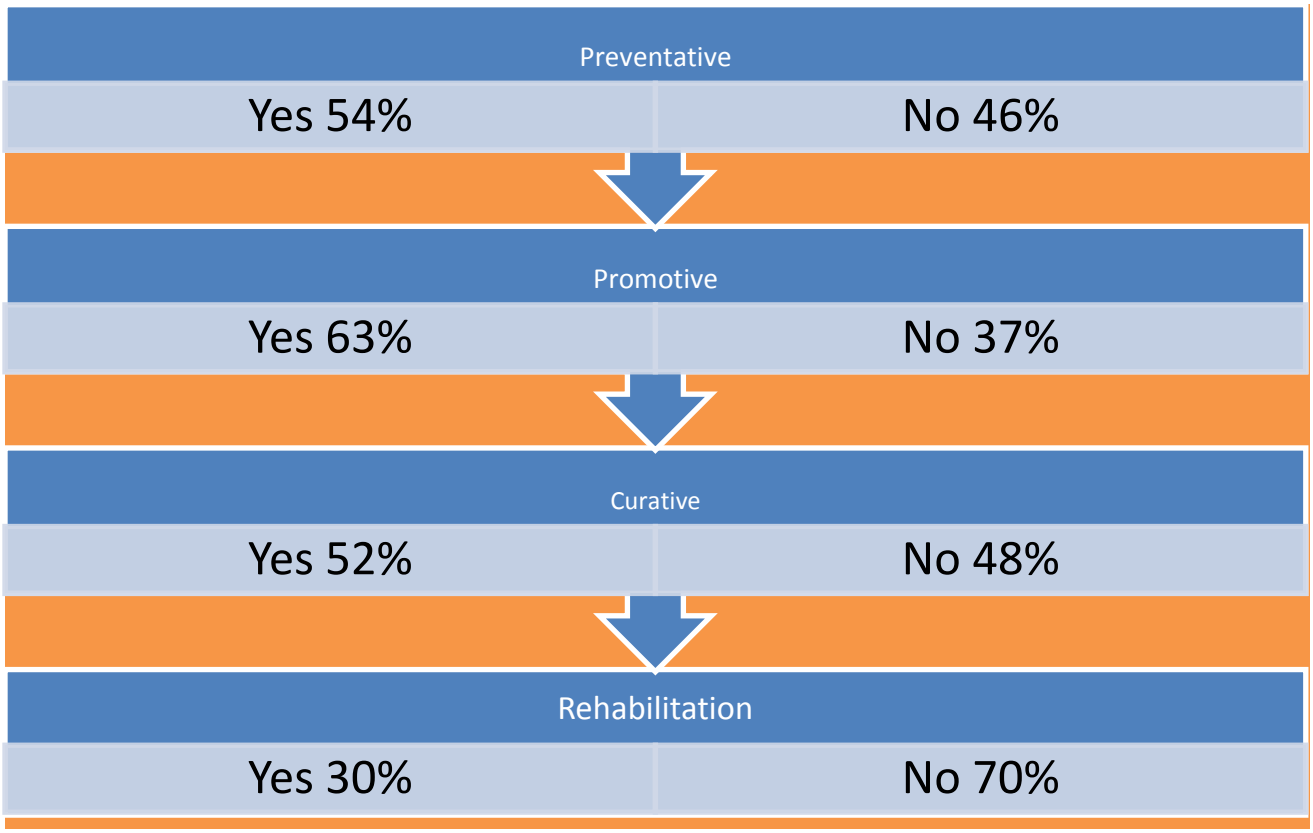
Figure 4.9: Target group for campaigns/awareness



4.6.4.5. Components of support programs

According to Seaman and Ikegwuonu (2011:745), some HEIs do not share information about how they manage alcohol abuse among students at their institutions; as a result, they work in isolation. This is supported by 54% of respondents who recorded using preventative strategies when addressing alcohol abuse among students and 46% **(*p=0.06*)** do not use preventative methods as a component of their programs to address alcohol abuse. Sixty-three percent of respondents recorded using promotive strategies as a component of their support programs for alcohol abuse, and only 37% ***(p=0.00)*** do not use promotive strategies as a component of their programs to address alcohol abuse among students at HEIs. Fifty-two percent of participants recorded using curative measures whereas 48% ***(p.042*)** recorded not using curative methods. Only 30% of respondents recorded using rehabilitation strategies as a component of their programs to address alcohol abuse and the majority (70%) (***p=0,000*** indicated not using rehabilitation as a component of their programs to address alcohol abuse. Figure 4.20 presents the findings.

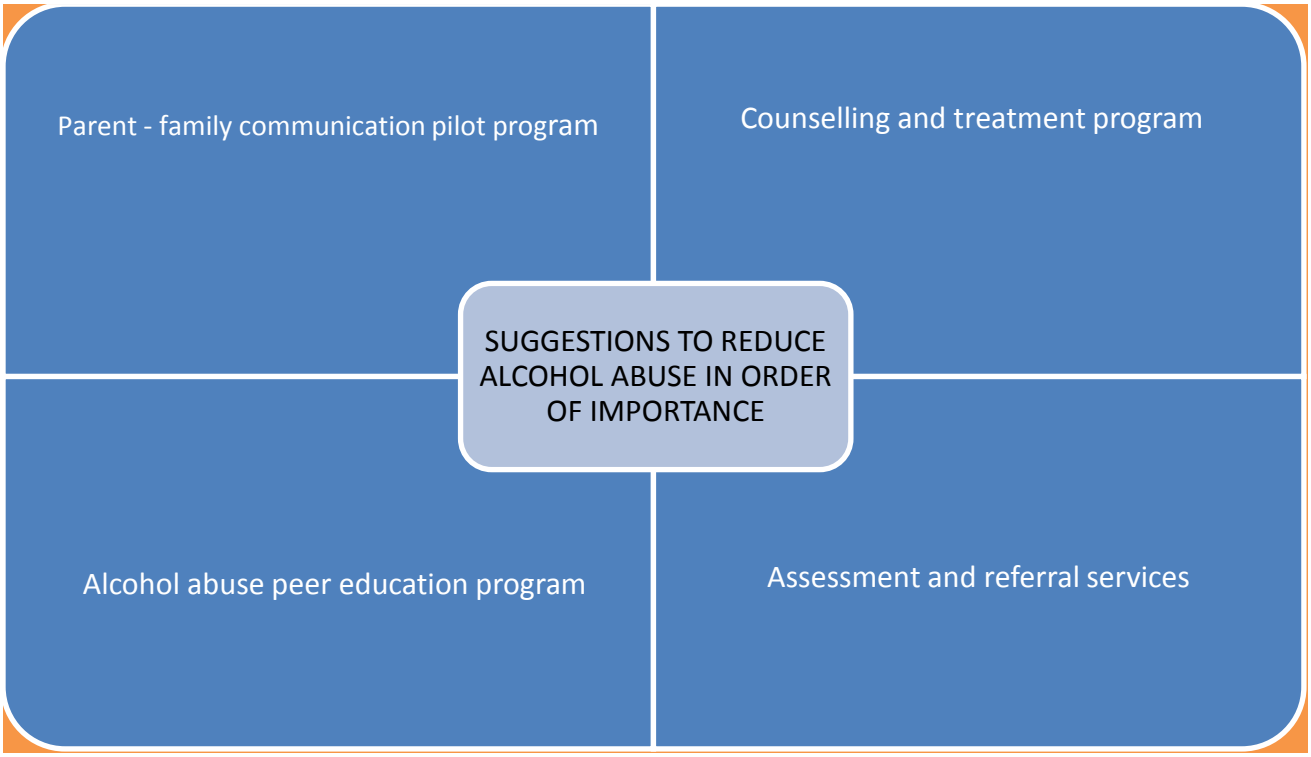
Figure 4.10: Components of support programs for managing alcohol abuse



4.6.5 Section: E Suggestions to reduce alcohol abuse

To reduce alcohol, abuse among students at HEIs in South Africa, four suggestions were proposed by respondents: A parent-family communication pilot program was proposed by 12% respondents, whereby it was suggested that parents be included in the support program. A counselling and treatment program was suggested by 12 participants. An alcohol abuse peer education program was advocated by 11 respondents and assessment, and referral services were suggested by 11 respondents. These suggestions were made in support of the development of a comprehensive, coordinated, curative, promotive and rehabilitative support program. Figure 4.21 shows these findings.

Figure: 4.11: Suggestions to reduce alcohol abuse



4.6.6 Section F: Items hindering the control of alcohol abuse

Respondents identified four items that hinder the control of alcohol abuse, namely; easy access to alcohol in the country, the community around HEIs supply alcohol, the majority of students

living privately without parental supervision and bursary money used to purchase alcohol. These items are each discussed in this section.

- **Easy access to alcohol in the country**

There are items that hinder the control of alcohol abuse at HEIs. 10% of the respondents are under the impression that easy access to alcohol abuse in the country makes it difficult for alcohol to be controlled at HEIs.

Community around HEIs supply alcohol

Alcohol abuse has become a major problem at HEIs' in South Africa; this is supported by 10% of the participants who emphasised that the community around HEIs adds to the problem of alcohol abuse among students since there are many places selling alcohol round HEIs and this hinder the control of alcohol abuse among students.

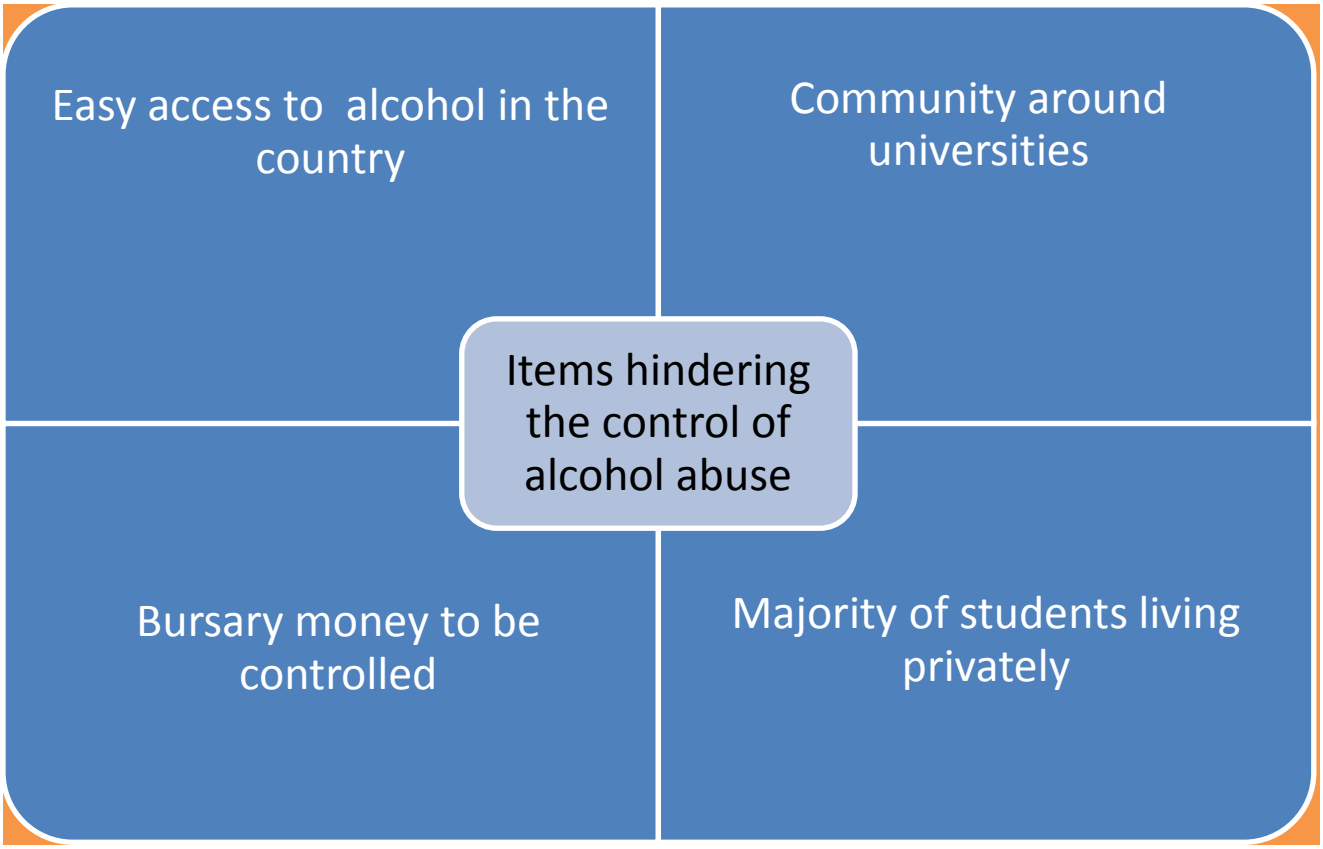
- **Majority of students living privately without parental supervision**

Most students at HEIs are above 18 years old and therefore live privately. Ten respondents in this study were of the view that most students living privately for the first time in their lives without parental supervision might hinder the control of alcohol abuse in the country as well at HEIs since there is more freedom and less parental control among students.

- **Bursary money used to purchase alcohol**

Ten of the respondents agreed that bursary money given to students need to be controlled since some of the students use the money to buy alcohol and other substances. This is supported by Kalideen (2011) who emphasised that alcohol abuse is rife at the HEI campuses in South Africa and the students go to the extent of using bursary money to buy alcohol for entertainment.

Figure 4.12: Key Items hindering the control of alcohol abuse among students at HEIs



4.7 CONCLUSION

This chapter presented the result of data collected from respondents of phase 1. The results were described in relation to the three pillars according to the NDMP (2013 – 2017), supply, harm and demand reduction of alcohol abuse. From the discussions, it was clear that some of the HEIs do not have alcohol abuse policies in the management of students with alcohol abuse problems. All HEIs reduce the supply of alcohol to students less than 18 years of age and refer students for psychological support. The following chapter will present the discussion of the quantitative results with the inclusion of applicable literature findings.

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CHAPTER 5

PHASE 1

DISCUSSION OF QUANTITATIVE RESEARCH RESULTS AND LITERATURE CONTROL

5.1 INTRODUCTION

The previous chapter presented the quantitative results. This chapter presents discussion of quantitative results and literature control. The objective of the quantitative phase was to evaluate current support programs in the management of alcohol abuse at HEIs in South Africa. The sample population included support service managers, clinic managers, deans of students, clinical psychologists and counsellors working with students who abuse alcohol at HEIs. Data were collected using questionnaires and analysed through quantitative analysis.

5.2 DISCUSSION OF QUANTITATIVE RESULTS

Section B, C and D of the questionnaire is based on supply, harm and demand reduction (NDMP, 2013-2017), the strategies to minimise harm to individuals, families and communities from alcohol, focusing on the international standards on substance use prevention. The South African Government has adopted the (NDMP 2013-2017) as the strategy to fight the increase of alcohol abuse. It has been designed to serve as the basis for holistic and cost-effective strategies to reduce the demand for and supply of substances and the harm associated with the use and abuse.

5.2.1 Supply reduction

Supply reduction strategies are designed to stop, disrupt and reduce the production and supply and to control and manage the supply of unlawful substances such as alcohol and tobacco (Rodas, Bode & Dolan, 2012:1). According to Haber and Day (2014:305) supply reduction aims to avoid, disturb or reduce the production and supply of illegal substances including alcohol and control, manage and/or regulate the availability of legal drugs, including alcohol and other substances.

The discussion of supply reduction is based on personal, social skills and social influence and policies and culture.

5.2.1.1 Personal, social skills and social influences

Results revealed that students are provided opportunities to practice and learn personal and social skills, including coping, decision making and resistance skills in relation to alcohol abuse. As students' progress from primary school to secondary school and then finally end up in HEIs, levels of social influences intensify, as some students are under the impression that higher education is a genuine place for one to enjoy the academic paradise. This experience can be very rewarding, or it can also be a devastating life-altering experience for some students (Dlamini et al.2012:51). The same authors further reveal that social circumstances of participating in alcohol coupled with social influences from peer place HEIs' students at risk for alcohol abuse. Therefore, prevention programs based on skills enhancement and social influences may be relevant to manage alcohol abuse amongst students at HEIs. In South Africa alcohol is obtainable at some HEIs' cafeterias, and it is sold to students at any time of the day. Results revealed that the majority, 76% participants confirmed that HEIs provide students opportunity to practice and learn personal and social skills including coping, decision making and resistance skills in relation to alcohol abuse.

It was further discovered that the majority (93%) of respondents disclosed that their HEIs reduce the supply of alcohol accessibility both on and off campus to students who are under the age of

18 years. Therefore, this infers that alcohol restrictions are used to reduce the supply of alcohol among students at HEIs. According to UNODC (2011:21), during skills-based prevention programs, all students at HEIs should be engaged in interactive activities by a trained facilitator, to give them the opportunity to learn and practice a range of personal and social skills, for them to foster substance and peer refusal abilities, that allow students to counter social pressures to use alcohol and to cope with challenging life situations in a healthy way. Furthermore, students should get opportunities to discuss the different social norms, attitudes, positive and negative expectations related to alcohol abuse and change normative beliefs on alcohol abuse in addressing the prevalence and social acceptability of alcohol abuse.

5.2.1.2 Policies and culture

Results of the study revealed that there are no alcohol abuse policies at HEIs in South Africa. Though, it suffices from the responds that the increase in alcohol abuse among students at HEIs is due to lack of alcohol policies which regulate abuse of alcohol among students. The student culture of abusing alcohol at HEIs may be described as a combination of academic and socialising experiences embedded in a context of values, attitudes, and other norms. These values, attitudes and other norms constitute important socio-cultural factors that influence the effects of drinking (Dlamini et al. 2012:52). According to results, (90%) of respondents indicated that there is no alcohol abuse policy at their institutions. While 10% of respondents indicated that there is alcohol policy at their institutions. The implications of not having alcohol abuse policy at HEIs is that the future of young people as students at HEIs is uncertain, and therefore something must be done to address this alcohol abuse problem immediately. This means South Africa needs regulation and campaigns, to control alcohol abuse among students between 17-24 years old (McEwan, Campbell & Swain, 2010:15).

In a study conducted by Burns, Crawford, Hallett, Jancey, Portsmouth, Hunt and Longo (2015:2), it was further indicated that the culture of abusing alcohol at HEIs around the world is influenced by alcohol expectancies which influenced social and cultural norms. Furthermore, the same authors emphasised that the accessibility and promotion of alcohol events encourage excessive alcohol use among students, who are for the first time living away from home, struggling with peer pressure and university policies that does not discourage excessive alcohol use.

The aim of a substance alcohol abuse policy is to ensure that all students are provided education with regards to substances abuse including alcohol abuse, support programs and provisions for intervention, counselling and referral for professional help throughout their time at HEIs (McEwan, Campbell & Swain, 2010:15). The unique aspect of these policies is that they are supposed to be universally implemented jointly with other policies, such as skills-based education policies.

African countries that have alcohol abuse policies include; Lesotho, Malawi and Uganda (Bakke & Endal, 2010:22), Botswana (Pitso & Obot 2011:898) and most recently, Kenya (Obot, 2012:1209). Even though some of these policies are fraught with inadequacies due to the influence of alcohol producers, there is some legal framework that can be improved upon in these countries (Bakke & Endal, 2010:23). In Nigeria, there is no policy to regulate the production, marketing, advertising and availability of alcohol and that is giving rise to the changing patterns of alcohol consumption. The country relies on the self-regulatory "drink responsibly" campaigns by producers/brewers. As a result, these campaigns are never as comprehensive as the awareness programs as opposed to abstinence programs. These campaigns are usually done via posters, seminars and placards to disseminate information that recommends moderate drinking rather than abstinence (Dumbili, 2013:25).

5.2.2 Harm reduction

In this study, section C of the questionnaire is addressing harm reduction, the strategies and actions that primarily reduce the adverse health, social and economic consequences of the use of substances including alcohol (Wilkes, Gray, Saggers, Casey & Stearne 2010:117; NDMP 2013-2017 18). According to Marlatt and Witkiewitz (2010:591), the harmful use of alcohol and its related health problems are influenced by the level of alcohol consumption and drinking patterns at HEIs. Special attention needs to be given to reducing the harm that directly impact upon the students at HEIs who consume alcohol in a way that is detrimental to their health and wellbeing (de Visser, Wheeler, Abraham & Smith 2013:1460).

Harm reduction is designed to directly reduce substance/alcohol - related harms to individuals, families and communities (Rodas, Bode & Dolan, 2012:2). According to Haber and Day

(2014:305) harm reduction reduce the adverse health, societal and financial significances of the use of alcohol, tobacco and other substances. Harm reduction limits the damage to individuals who are already addicted, through treatment, aftercare and reintegration into society (Smook, Ubbink, Ryke & Strydom, 2014: 64). The philosophy of harm reduction emphasises the development of policies and programs that focus directly on reducing the social, economic and health-related harm resulting from the use of alcohol and other substances (NDMP, 2013 – 2017:29).

Alcohol abuse can ruin the lives of individuals, devastate families, and damage the fabric of communities (WHO, 2010:5). Harmful drinking is a major avoidable risk factor for neuropsychiatric disorders and other non-communicable diseases such as cirrhosis of the liver (Ferreira-Borges, Dias, Babor, Esser & Parry 2015:1373). The harmful use of alcohol is also associated with several infectious diseases like HIV/AIDS, tuberculosis and pneumonia. The harmful use of alcohol and its related public health problems are influenced by the general level of alcohol consumption in a population, drinking patterns and local contexts (WHO, 2010:5). According to the 2013-2017 NDMP (Department of Social Development, 2013), alcohol remains the primary abused drug in South Africa. Indications are that between 7.5% and 31.5% of South Africans have an alcohol problem or are at risk of having such a problem. This harm reduction strategies will improve the health of students in HEIs including abstaining from abusing alcohol. Harm reduction will be explained under the following headings: individuals' psychological vulnerability and mentoring.

5.2.2.1 Individual's psychological vulnerability

HEIs in various countries, report high levels of unsafe alcohol use amongst students can have serious long-term consequences and short-term harms (Burns et al. 2015:1). Despite support programs in place that address individual students' psychological vulnerability in South Africa, alcohol abuse at HEIs remains high (Andrade et al. 2014:295). In this study 100% of respondents showed that vulnerable students in need of psychological support are identified and referred for counselling, treatment and rehabilitation. UNODC (2011:25) indicated that some personality characters such as sensation-seeking, anxiety sensitivity, hopelessness, are associated with increased risk of alcohol abuse among students at HEIs. It is, therefore, important as emphasised by 93% of respondents in this study that strategies such as one-on-one sessions are implemented

to provide counselling to students experiencing psychological vulnerability. These sessions should be provided by a trained facilitator and will help reduce the rates of harm associated with alcohol abuse amongst students in HEIs.

5.2.2.2 Mentoring

Mentoring is a process that helps individuals adapt to new and expanding professional roles (Krause-Parello, Sarcone, Samms & Boyd 2013:108). However, mentoring is essential to students in HEIs and may ensure that students are guided well on career development strategies and are able to transfer proper academic knowledge and socialisation experiences into their selected discipline to strengthen their confidence and professional identity (LaFleur & White, 2010:306). Mentoring has been found to be a critical component of success in the academic health sciences which reduce rates of alcohol abuse among students in HEIs (Cho, Ramanan & Feldman, 2011:453). The results in this study showed 78% of participants indicated that their institutions provide adequate training and support for mentors to reduce the harm caused by alcohol. According to LaFleur and White (2010:305), the establishment of a successful mentoring relationship is emphasised because students entering HEIs must be socialised to the environment of the institution to maintain the standard of the profession and prepare for the future. This notion is supported by Huybrecht, Loeckx, Quaeyhaegens, De Tobel and Mitiaen, (2011:274) who suggested that mentoring can help vulnerable students who have just entered HEIs when they transit from high school to a HEI to adjust and cope with the environment.

5.2.3 Demand reduction

Demand reduction measures are designed to reduce the demand for drugs, including abstinence-oriented strategies and treatment to reduce drug misuse (Rodas, Bode & Dolan, 2012:2). Demand reduction according to Haber and Day (2015:305) prevents the intake or suspend the onset use of alcohol and other drugs; reduce the abuse of alcohol and the use of tobacco and other substances in the community and support people to recover from dependence and to be reintegrated within the community. Section D of the questionnaire is demand reduction and it includes strategies to prevent the uptake of alcohol use, delay the first use of alcohol and reduce the misuse of alcohol. Students at HEIs use substances for a range of reasons, including, as an

integral part of social behaviour, to experiment, because of peer pressure, to escape or cope with stress or difficult life situations or to intensify feelings and behaviours. Demand reduction requires the cooperation, collaboration and participation from a diverse range of sectors (NDMP 2013-2017).

Demand reduction refers to strategies that aim to prevent or delay substance/alcohol use by encouraging individuals, families and communities to develop the knowledge and skills to choose a healthy lifestyle. The goals of demand reduction are to assist HEI students who abuse alcohol to achieve abstinence or reduce the use of alcohol/substances (Lancaster & Ritter, 2014:82). Demand reduction is discussed under the following headings: support programs, tobacco and alcohol policies and campaign/awareness rising.

5.2.3.1 Support program

Alcohol abuse is viewed as the biggest challenge facing South African HEIs as some students use their bursary money to buy alcohol for entertainment. Many support programmes which focus on individuals and groups and policies for drugs and substance abuse do exist at HEIs in South Africa, but these support programmes are not appropriately implemented. Students who are already addicted to alcohol require help to obtain abstinence hence effective support programs in meeting the needs of this group are needed within HEIs. Support programmes are a means of assisting a community, group or an individual to comprehend and understand an existing or potential problem that requires attention (Kemei 2014:69).

Although some of the HEIs do have support programs in place, 80% of participants specified that their support programs do not include alcohol testing as part, HEIs do have support programs, and it is clear from the 89% of the respondents that their support program guarantees students' confidentiality during counselling. Only 11% of respondents' institutions do not have support programs. Some of these support programs are not alcohol abuse specific aiming to reduce the supply of, demand for and harm caused by alcohol abuse (John & Alwyn, 2010:3). This is supported by 22% of the participants who indicated that their support programs are not based on policies on alcohol/alcohol abuse.

According to the NDMP (2013-2017), various concerns have been raised about the quality and effectiveness of support programs in South African HEIs, whereby, if these support programs were effective, alcohol abuse among students in HEIs would have decreased, which seemingly is not the case. This is supported by the extent and impact of alcohol abuse as well as its fragmented prevention strategies which are not comprehensive enough to deal with alcohol abuse challenges in South African HEIs.

In a study conducted by (Kemei 2014:67), the researchers indicated that, in Asian HEIs, support programs are integrated into the formal programs of the HEIs. Education and advocacy, student involvement, peer-education, sporting and recreational activities are used to manage alcohol abuse among students.

5.2.3.2 Campaigns/awareness raising

Campaigns/awareness raising activities are amongst the most common measures taken by HEIs to disseminate information to students about the hazardous use of alcohol (WHO, 2011:53). However, tendencies in alcohol abuse among students in HEIs remain a concern (Shupp, Brook & Schooley 2015:422). Some of the students at HEIs see it as significant to have a 'drinking story' where they talk about harmful practices of alcohol in a positive light (Dlamini 2012:52). The prevalence of alcohol in HEIs environment is harmful to the student as well as educator wellbeing and may further steadily erode the culture of teaching and learning.

Results of this study revealed that 75% of respondents documented that their HEIs have campaigns which address alcohol abuse problems and target both students and staff members. Awareness campaigns use a comprehensive effort that includes multiple components such as messaging, grassroots outreach, media relations, government affairs and budget, to help reach a specific goal (Okazaki, Benavent-Climent, Navarro & Henseler 2015:5). According to UNODC (2011:2) campaigns are often the first and only intervention delivered at HEIs with the aim of

preventing the abuse of alcohol and other substances in a population, to reach many people moderately easily.

According to the results, the increase in alcohol abuse among students in HEIs might be due to a lack of funding; 99% respondents, indicated that HEIs do not have funding to raise awareness to distribute information among students and to reduce the increase in alcohol abuse. This is an indication to ensure that the funding is made available to reduce the high rate of alcohol abuse among students in HEIs.

5.3 COMPONENTS OF ALCOHOL ABUSE (SUPPORT) PREVENTION PROGRAM

According to Masilo (2012:41), prevention is referred to as establishing conditions in a society that improve the opportunities for individual, families and communities to accomplish positive self-actualisation. The same author further describes a program as a strategy and a standard about a permanent practice designed to meet continuing client needs, which are more supple and short-term in scope. The prevention of alcohol abuse falls into all three levels- primary, secondary and tertiary preventions (NDMP, 2013-2017). Primary prevention is the ideal, and "applications of primary prevention extend beyond the medical problem, including the prevention of other societal concerns that affect health and well-being of the community at large. Primary prevention efforts are proactive by definition and should therefore; aim at the whole population, not just at individuals" (Uys & Middleton, 2014:45).

In relation to alcohol abuse, primary prevention "involves the prevention, curative, rehabilitative and promotion of health and elimination of alcohol abuse and its consequences through community-wide efforts, such as improving knowledge, altering the environment, and changing the social structure, norms, and values systems" (NDMP 2013-2017). Health care is changing throughout the world and new alcohol abuse treatment services are being developed and evaluated. Therefore, it is critical that some services especially a student with alcohol abuse problems be delivered in the most effective manner. Secondary prevention focuses on early

detection and intervening to reduce substance use (Uys & Middleton, 2014:49). Finally, tertiary prevention attempts to reduce and minimise the effects of long-term substance use, typically as alcohol abuse treatment programs (Uys & Middleton, 2014:51). However, only primary prevention focuses efforts on stopping the behaviour of alcohol abuse before it begins.

5.4 SUGGESTIONS TO REDUCE ALCOHOL ABUSE

Suggestions to reduce alcohol abuse were discussed under parent-family communication program, counselling and treatment program, alcohol abuse peer education program and assessment and referral services.

5.4.1 Parent - family communication program

Parent-family communication can affect children's substance use both by their parenting practices and by modelling either positive or negative substance use behaviours (Scull, Kupersmidt & Erausquin, 2014: 718). According to Xiao, Li, and Stanton (2011:53) several variables related to parent family communication programs have been identified as influencing the initiation and consequent alcohol use among adolescents. These variables include: parent-child relationship, parental support and parental modelling.

Families are a building block of the society, and the cradle where young people grow up (Neluvhalani & Nel 2015:13) and are believed to be the first line of defence against any type of behavioural problems. Family environment is considered the major underlying factor in determining whether a student as a young person would engage in disruptive behaviours, including alcohol abuse (Masilo 2012:33). Poor-parent-child relation in a dysfunctional family, whereby problems are not resolved, contribute to alcohol abuse among children to cope (Neluvhalani & Nel 2015:13; Masilo 2012:66). Students as young people learn to abuse alcohol from their parents and other family members.

Masilo further emphasised that openness in communication is the ability of parents and adolescents to share their feelings, desires and needs. This openness enables families to respond

to the students' changing needs in a supportive manner. There is a concern among some parents that they lack credibility in talking to their children about the risks related to the use of alcohol (Bauer, Berge & Neumark-Sztainer 2011:601). According to Luke et al., (2010), parent-child communication is a protective factor of adolescent substance use. Parents who can communicate openly with their children about alcohol are more likely to influence their children's attitudes towards alcohol use (Ward & Snow, 2010).

It has been pointed out in other studies that mothers usually cover a wide variety of topics when they talk to their children whereas fathers cover a few topics, concentrating mainly on school work, rules and instrumental activities (Masilo, 2012:33; Cheng & Lo 2011:1668). According to UNODC, (2009), peer influence works more as a contributing factor closer to the time of substance use initiation. Alcohol abuse in young, especially students, does not merely emerge at that point of the lifespan but is a manifestation of deeper family issues and symptoms of an ongoing pattern of youth development problems (Neluvhani & Nel 2015:12).

Supportive families are the key to raising well-adjusted children (UNODC, 2009). The children in these families tend to be healthier socially, mentally and physically, thereby preventing later problems during the adolescent period (Cheng & Lo 2011:1669). More importantly, young people with healthy relationships with their parents are likely to choose peers with positive influences (Neluvhani & Nel 2015:12)), thereby reducing the chances of encountering substance use. This perspective also explains why prevention efforts focusing on knowledge dissemination and refusal skills have limited effects on substance issues because they do not sufficiently address the underlying cause of the issues. According to the UNODC (2009), evidence-based family skills training programs are the most effective measures to prevent alcohol abuse among young people.

Various theories and models have been proposed which outline the factors influencing youth substance use. Comprehensive approaches involve different domains, including communities, universities, peers and families, and are essential to tackle the issue (Brooks, Magnusson, Spencer & Morgan 2012:48). However, among all these spheres of influences and different approaches, parental and family factors are of vital importance (UNODC, 2009; Alcohol abuse

and mental health services and health administration. Family dynamics play an important role in young people's development, and competent parenting is a powerful protective factor (Cheng & Lo 2011:1667). Precisely, healthy parent-child attachment, functional family structure, appropriate parental monitoring, authoritative parenting style, and communications of pro-social values by family members all lay the foundations of family factors that prevent young people from abusing alcohol (Neluvhani & Nel 2015:12).

Parental-family communication program is discussed below under, parent-child relationship, parental support and parental modelling.

5.4.2 Parent-child relationships

Parent-child connectedness are inversely associated with alcohol abuse and other health indicators such as depressive symptoms and self-esteem (Masilo 2012:34). In families with repeated anger outbursts and aggression, and where relationships among family members are cold and irresponsive, children are more vulnerable to problematic behaviour and alcohol abuse (Payne 2009:20). Parents who are low in warmth and high in hostility are associated with having children who are predominant in conduct issues and alcohol use. Moreover, adolescents who have high conflicts with parents are less likely to conform to the parents' supervision (Kirmani & Suman 2015). According to Pasch (et al. 2010), young people who are satisfied with their parents' relationship have a lower chance to abuse alcohol.

5.4.3 Parental support

Ward and Snow (2010:718) indicated that having a warm, supportive relationship with one significant parent can help to protect a young person as a student in the abuse of alcohol. De Haan and Boljevac (2010:223) found that adolescents who have a supportive relationship with their parents were less likely to abuse alcohol. Within a supportive parent-child relationship, specific alcohol rules are of paramount importance in influencing alcohol use among adolescents (Neluvhalani & Nel 2015:12). Ward and Snow, 2010:719) contend that a supportive environment and effective parenting can make adolescents resilient and the good connections within the family

can provide a safe base for a young person as a student to explore a wide range of views and identities.

According to Luk, Farhat, Iannotti and Simons-Morton (2010:426) parental control and parental emotional support were mostly related to substance use outcomes in girls rather than boys. Brook, Morojele and Pahl (2009:493) contend that the quality and quantity of time that parents spend with their adolescents is related to their children's use of alcohol and other drugs. When parents or caregivers spend time with their children, who in turn feel that their parents or caregivers care about them, substance use is less likely to occur (Morojele et al., 2009). Furthermore, it has been found that when parents monitor their children's problematic behaviours, alcohol abuse might likely be reduced.

Parental monitoring can be considered as the awareness of the activities of the child and communicating to the child that the parent is concerned about, and aware of their activities (Neluvhalani & Nel 2015:12). It involves parents being aware of and supervising the various areas of the life of their children, including their school, friends and behavior at home. The same authors added, that parental monitoring has been recognised as having an influence on adolescent behavior and is linked to the prevention of alcohol abuse. This type of parenting behavior is thought to be an effective factor in guarding adolescents against alcohol abuse.

5.4.4 Parental modelling

Parents as role models influence their children's use of alcohol. The drinking patterns of parents and other members of the family explain to some extent the patterns of alcohol consumption by adolescents (Hoque & Ghuman et al. 2012:110). Adolescents were more likely to use alcohol when they reported that they had often seen either their mother or father's abuse alcohol or both. According to Masilo (2012:30), young people model the behaviours of significant others such as parents and therefore may learn from them that alcohol use is a way to cope with difficult life circumstances. Adolescents model their parents' drinking patterns which include quantity and frequency of alcohol use contexts where alcohol is used and attitudes regarding use.

In a study conducted by Hogue and Ghuman (2012:112) students had a perception that their parents influence their own alcohol use behaviour and some students were firstly introduced to alcohol by their parents. Alcohol abuse by fathers was a significant predictor in students' alcohol use and the data suggested that the perceived frequency of parental or guardians' alcohol abuse was a significant predictor in adolescents' engagement in binge drinking.

5.4.5 Counselling and treatment program

Higher education is an important health promotion setting in which to explore not only how sensible drinking patterns can be facilitated and embedded in students' current lifestyles but also how students, as future citizens, can inform policies which, in turn, will impact on future populations. Clinical alcohol screening and brief counselling help to reduce excessive consumption and related harm. Such counselling is among the most effective and cost-effective clinical preventive services, (Frank, Elon, Naimi & Brewer 2009:1). Screening and brief counselling help to reduce excessive alcohol consumption and related harm. Drinking behaviours among medical students have important implications for the health of the general population (Frank et al. 2009:8). In this study, participants suggested that to reduce alcohol abuse among student at HEIs proper counselling and treatment of the affected students is important so that a proper referral system can be followed.

5.4.6 An alcohol abuse peer education program

Peer education is defined as sharing experiences and learning among people with something in common, (Seymour, Almack, Kennedy & Froggart, 2011:43). The same authors further indicated that peer education supports interaction that many people prefer, strengthens a sense of identity and encourages attitude change by role modelling. Furthermore, peer education has been termed a method in search of a theory because there is little understanding of how the role of peer educator is shaped and enacted in community contexts or what lessons can be transferred from such initiatives to another context. In this study an alcohol abuse peer education program refers to a program amongst students at HEIs who abuse alcohol as suggested by participants.

5.4.7 Assessment and referral services

According to Bray, Del Boca, McRee, Hayashi, and Babor, (2017:112), the World Health Organization called for improved treatment for alcohol use disorders and stressed the need for efficient methods to identify people with harmful and hazardous alcohol consumption before health and social consequences develop or become pronounced. Researchers and policymakers have devoted increasing attention to the potential harm caused by substance use across the full spectrum of use patterns (Bray, Del Boca, McRee, Hayashi & Babor, 2017:112). Policymakers in several countries including the USA initiated demonstration and implementation programs at local and regional levels; for example, the US Alcohol abuse and Mental Health Services Administration, Centre for Alcohol Abuse Treatment and Screening, Brief Intervention and Referral to Treatment (SBIRT) discretionary grant program (Bray et al. 2017:114). In this study participants suggested that vulnerable students be assessed and referred properly, as a way of reducing alcohol abuse.

5.5 MATTERS HINDERING THE CONTROL OF ALCOHOL ABUSE

Items that hinder the control of alcohol abuse, are; easy access to alcohol in the country, communities around HEIs supplying alcohol, the majority of students living privately without parental supervision and bursary money used to purchase alcohol. These items are each discussed in detail in this section.

5.5.1 Easy access to alcohol in the country

Alcohol is as old as human history, and its consumption has been considered normal, especially when drunk without outright intoxication in Africa and other parts of the world (Dumbili, 2013:20). According to Cherian et al. (2014:2039), alcohol consumption in South Africa has a long-established history. In a study conducted by Peltzer and Ramlagan (2009:12) it was identified that during the pre-colonial time alcohol consumption was uncommon among youth and women and was preserved for elderly people and senior members of society. Alcohol use is a product of colonisation and all associated socio-cultural impacts can be traced back to its introduction. In South Africa, young people are approaching adulthood in a world immensely different from that of the previous generations, characterised by factors such as globalisation, urbanisation,

accelerated information communication technologies, migration and economic challenges (Cherian et al. 2014:1574).

According to Pedersen (2012:1), alcohol was also used in the education of slaves and played a pivotal role in managing labour in certain sectors of the economy, i.e. the large wine and brewing industries. Alcohol did not just play the role of fostering social cohesion as people used locally brewed beverages together in groups; it was also a tool for imperial control and a revenue source for Western Traders (Dumbili, 2013:21). The same author further indicated that with colonisation and the influx of western cultures, alcoholic beverages from western countries became readily available to old and young, male and female, on a commercial basis. The pattern, quantity and reason for consumption are changing especially among students (Chikere & Mayowa, 2011:118). Though young people in few communities were permitted to drink, this was usually in the presence of adults who monitored the quantity they consumed (Dumbili, 2013:21).

Furthermore, in Ghana, it was pointed out, that elders served as gatekeepers, by deterring younger people from alcohol consumption. Alcohol consumption was not a daily affair and it was restricted for use in religious rituals and cultural festivals, such as marriage and child naming ceremonies. Alcohol was consumed a few hours after production because some of these beverages served as the staple food in some communities and were not meant for sale (Dumbili, 2013:23. Even though the minimum drinking age remains 18 years, young people buy and drink alcohol freely in public places, due to the erosion of communal values, familial socialisation and peer influence.

5.5.2 Community around HEIs supply alcohol

Alcohol abuse is linked to a range of negative impacts, and, as a result, government bodies almost always try to restrict access to alcohol, through regulating where and when it can be sold. A more integrated view is needed, which recognises the social, cultural and economic importance of shebeens and alcohol, but also acknowledges that abuse of alcohol imposes a large burden on the state and society as a whole (Smit, 2014:60). A shebeen is defined as a place or an unlicensed establishment or private house where alcohol is sold illegally (Oxford South African Pocket dictionary, 2011). Exposure to alcohol outlets may influence alcohol consumption and exposes students to a risky environment and riskier behaviour (Rosenberg, Pettifor, Lippman, Thirumurthy, Emch, Miller, Selin, Gómez-Olivé, Hughes, Laeyendecker, & Tollman, 2015:260).

South African law prohibits the sale of alcohol to minors under the age of 18. However, this regulation is not widely enforced: about half of South African teens report having consumed alcohol in their lifetime, and the age of alcohol initiation is often substantially lower than 18, with many youths initiating alcohol consumptions even prior to age. Most of the alcohol is sold at taverns or shebeens, as opposed to licensed premises (bar and restaurant) and off-premises alcohol outlets (Leslie, Ahern, Pettifor, Twine, Kahn, Gómez-Olivé, & Lippman, 2015:193). South Africa has one of the highest per capita alcohol consumption levels in the world. It is estimated that there are more than 200 000 illegal alcohol outlets across South Africa and many of these outlets are close to HEIs (Phetlho-Thekisho et al. 2014:54). The researcher concludes that stronger law enforcements is required to counteract the problem of supply of alcohol in the vicinity of HEIs.

5.5.3 Majority of students living privately without parental supervision

According to Lorant, Nicaise and Soto (2013:2), the transition to the HEI environment brings about changes in adolescents' adjustment to their social environment, which in turn influence alcohol use. The same authors further indicated that alcohol abuse among students occurs in specific social environments, characterised by independent living, reduced parental control, increased social homogeneity, availability of alcohol-related social activities such as pre-partying, student myths, traditional, extra-curricular and generally recreational activities managed by student organizations.

Leaving home to study at HEIs, together with changes in their living arrangements may contribute to unhealthy lifestyles amongst students (Gresse, Steenkamp, & Pietersen, 2015:93). Leaving home to study at HEIs is associated with adapting to a new independent lifestyle (Takomana & Kalimbiri, 2012:133; Gresse, Pietersen & Steenkamp 2015:154), and this together with changes in the environment and resources, may lead to changes in behavioural patterns (Wengreen & Moncur 2009). Risky health behaviour, such as increased alcohol intake can continue into adulthood and thus have negative long-term implications. It is well known that living arrangements may play an important role in the lifestyle of university students (Holton 2015:21). In this study, participants suggested that students living privately have access to alcohol since they lack parental control and supervision.

5.5.4 Bursary money used to purchase alcohol

Alcohol abuse is extensive among students at HEIs and it is becoming an alarming public health problem (Setlalentoa et al. 2010:11). This is becoming a major cause for concern because, according to Cherian et al. (2014:1575), students go to the extent of using bursary money to buy alcohol for entertainment. In this study participants indicated that students' bursary money need to be controlled since the more uncontrolled money students have, the more alcohol they will access and abuse.

5.6 CONCLUSION

The results show that alcohol abuse is a growing problem amongst students at HEIs in South Africa. There is a need for a comprehensive support program that can manage the abuse of this phenomenon among students at HEIs in South Africa. This chapter provided a discussion of quantitative results and literature control was used to support and confirm the results. The results of phase 1 are congruent with those found in other local and international studies. Chapter 6 presents qualitative data analysis and findings of phase 2.

CHAPTER 6

PHASE 2

APPRECIATIVE INQUIRY PRESENTATION, DISCUSSION OF FINDINGS AND LITERATURE CONTROL

6.1 INTRODUCTION

The previous chapter presented discussion of quantitative results and literature control. This chapter presents the AI process that was followed in phase 2, the discussion of the findings of this phase and a literature control. The AI process guided the development of a comprehensive support programme in the management of alcohol abuse among students at HEIs. A workshop was held with different stakeholders who are directly involved with students' support programmes at HEIs, or indirectly through their involvement with alcohol abuse programmes. Appreciative Inquiry was used as an approach and a method to facilitate the workshop. The AI phases (defining, discovery, dream, design and destiny) culminated into the development of a comprehensive support programme. The findings are presented according to the AI phases. The aim of the workshop was to present the results of phase 1 and to obtain consensus from stakeholders regarding the required comprehensive support programme.

6.2 APPRECIATIVE INQUIRY WORKSHOP

The Appreciative inquiry workshop was used to bring to light the positive aspects of current support programmes at HEIs and to identify challenges experienced. The results of phase 1 informed the AI workshop. The development of a comprehensive support programme was based on the empirical data collected in phase 1, supported by a literature review of applicable literature

sources; and the outcomes of the workshop. The AI workshop questions had a purposeful flow: it reflected first on the best aspects and challenges of current support programmes at HEIs. Secondly, it allowed for the exploration of what should be included in a support programme and finally, these phases informed the development of a comprehensive support programme. The stakeholders who participated in the workshop had a common interest in the support programme in the management of alcohol abuse among students at HEIs. Participants in the workshop engaged in discussions, pointing out what is done right in the current support programmes, what activities could be enhanced, and the components that should form part of a comprehensive support programme.

6.2.1 Preparation for the appreciative inquiry workshop

A learning centre was used to conduct the workshop that is equipped for educational events and has extra rooms for group discussions. Flip charts were made available to prepare for jotting down information during AI group discussions. Different colour stickers were used to differentiate groups. Materials prepared for participants were: A4 folders containing participants' information leaflet with a consent form, writing pad and pen, an NDMP (2013-2017) copy, and a programme for the day. The researcher and research assistant (co-supervisor) had a meeting to discuss and plan for the workshop process. During the meeting the role of the researcher and the research assistant were clarified, whereby, the researcher's role was to present phase 1 results, and the research assistant's role was to facilitate the workshop process.

6.2.2 Introduction during the appreciative inquiry workshop

In the workshop, the researcher started by introducing herself as a PhD candidate. The purpose of the workshop was introduced, that is to present phase 1 results and use AI 5-cycle phases to collect data and after analysing the data, draft a comprehensive (promotive, curative and rehabilitative support programme) to manage alcohol abuse at HEIs in South Africa. Thereafter, stakeholders were welcomed and asked to introduce themselves. The researcher requested stakeholders to sign an attendance register. Furthermore, stakeholders were asked to sign the consent form if they were willing to participate in the AI workshop, which was voluntary as

stipulated in the information leaflet. The research assistant helped the researcher in facilitating the workshop process.

6.2.3 Data collection during the appreciative inquiry workshop

During the AI workshop, data was collected through individually written narratives, group discussions and field notes. In the discovery phase participants were requested to individually write narratives about what is good and right (strengths) about the current support provided to students. During the dream phase, the same participants were grouped in small groups of four or five members and responded to questions. After they had reached consensus; the findings were presented to the whole group of stakeholders, to reach consensus during the design phase. Field notes were written by the researcher and the research assistant during all phases of the workshop. Data were collected until consensus was reached.

6.3 APPRECIATIVE INQUIRY PHASES AS FOLLOWED IN THE WORKSHOP

The AI workshop proceedings and findings are reported in this section according to the phases of define, discovery, dream, design and destiny.

6.3.1. Define phase (presentation of phase 1 results)

During the define phase, the researcher presented the quantitative results of phase 1 to stakeholders in the workshop, to familiarise participants with the study. A power point presentation was used (see Annexure G). The results of phase 1 were presented according to the three NDMP pillars, supply, harm and demand reduction as applicable to alcohol abuse (NDMP 2013-2017). Under supply reduction, the results showed that there are inadequate or no alcohol abuse policies at HEIs in South Africa that can manage alcohol abuse among students, with 90% of participants supporting the results. The Kruskal-Wallis chi-square result shows no statistical association between supply reduction and alcohol abuse policies in HEIs.

The results under harm reduction showed that 100% of participants indicated that all HEIs in South Africa refer vulnerable students for psychological support. The results are also supported on Kruskal-Wallis chi-square probability indicating that all participants agreed that vulnerable students are referred for psychological support. The demand reduction results showed that 80% of participants indicated that support programmes used at HEIs are not comprehensive enough, as they do not include alcohol screening. These results are strengthened by the Kruskal-Wallis chi-square results which demonstrate no evidence of differences with reference to the responses between participants on demand reduction and support programmes.

The duration of the define phase was approximately 45-60 minutes. After the presentation of phase 1 results, participants could ask the researcher questions where they did not understand, and the researcher clarified areas of all misunderstanding. From the questions asked by participants in the workshop, it became clear that the support programmes used at HEIs were not comprehensive, coordinated, promotive, curative and rehabilitative and were not addressing the problem of alcohol abuse among students as required by the NDMP (2013-2017. See the summary of quantitative results in chapter 4, tables 4.2, 4.3, 4.4, 4.5, 4.6, 4.7 and 4.8.

6.3.2 Discovery phase (individually written narratives)

The discovery phase followed the define stage and focused on appreciating the best of 'what was' and 'what is' within the HEIs. The suggestion was to build on the positive core (Cojocaru 2012:127. The discovery phase is used to bring the best of the past into the present (Bushe 2011:2; Cojocaru 2014:1023). The aim of the discovery phase was to energise participants as they shared the best experiences, what worked well and what are the challenges experienced with the current support programmes at HEIs. The AI workshop questions were planned to bring to light the positive aspects of the current support programmes used at HEIs. The questions had a purposeful flow and allowed for the exploration of 'what is' in the experience that 'worked well' and finally, to find ways to build on the past positive experiences. The discovery phase was made to discover the strength and opportunities which participants felt could still be used in the future.

Stakeholders reflected their perceptions with regard to the current support programmes at HEIs. Within this process, the frame of reference began to shift from problem – based and/or deficit thinking to the possibility of developing a preferred support programme.

6.3.2.1 Data collection during discovery phase

The stakeholders were given papers and pens to answer the three AI questions. The enthusiasm was great as participants jotted the points. When they were done, the researcher and the researcher assistant collected the papers from participants. The duration of the individually written narratives was approximately 15 – 20 minutes.

The three questions asked in this phase were:

- *What are the best aspects of your current support programme?*
- *What works well in your current support programme?*
- *What are the challenges with regards to current support programme?*

6.3.2.2 Data analysis during discovery phase

Qualitative data analysis was guided by the thematic data analysis open coding method by Braun and Clarke (2013). The researcher reduced the data through coding and then formulated themes. Themes that related to each other were combined and also the interrelations among themes were drawn. Having reduced the data, a process of meaning condensation enabled the researcher to develop a summary of findings (see table 6.1). Verification of the selected themes was achieved through discussions with the study supervisors. The findings were based on the experiences inscribed and expressed by the participants.

6.3.2.3 Findings of the discovery phase

The discovery phase resulted in the identification, appreciation and articulation of the best aspects of the current support programme. The interpretation of the findings is discussed in the next section according to themes as indicated in Table 6.1: Nine themes emerged from the findings. The quotes were written in italics and the researchers' comments were written in a normal font. Related research findings are integrated in the current research findings.

Table 6.1: Discovery phase: AI questions and related themes

AI QUESTIONS	THEMES
1. What were the best aspects of current support programme?	Theme 1: Counselling of students at risk Theme 2: Law enforcement Theme 3: Peer education
2. What works well with regards to current support programme?	Theme 4: Support groups for students at risk Theme 5: Referral system of students at risk Theme 6: Continuous training of support staff
3. What are the challenges with regards to current support programme?	Theme 7: Easy access to alcohol Theme 8: Insufficient mental health programmes Theme 9: Inadequate rehabilitation programmes

Question 1: What were the best aspects of current support programme. Three themes emerged from the question, namely: counselling of students at risk, law enforcement and peer education.

- **Theme 1: Counselling of students at risk**

Counselling of students at risk of alcohol abuse emerged as the first theme from the individually written narratives in the AI workshop. Participants revealed that counselling of students who are at risk of abusing alcohol is one of the aspects that are good in their current programmes. They indicated that it offers them opportunities to counsel students before they start abusing alcohol. Participants also mentioned that they appreciate the significance of empowering students to have knowledge and insight of the effects of alcohol abuse on their bodies. The following quotations from participants confirm this finding:

Participant (P1) indicated: *"Counselling of students is very effective to identify the deep-rooted causes of the students' alcohol abuse".*

Another participant (P3) specified: *"With counselling we offer the students professional help, for them to be empowered with knowledge of the impact of alcohol abuse on their lives and family".*

Participants in this study revealed that counselling of students at risk was the most important way of reducing the harm associated with alcohol abuse at HEIs. Participants further suggested that proper identification, counselling and treatment of students at risk that are already affected by alcohol is necessary for the students to be referred and managed appropriately. To minimise the risk of alcohol abuses among students, participants also realised the importance of counselling students to explore the causes of alcohol abuse and ensure that all students understand the danger and impact of abusing alcohol.

Kaplan, Tarvydas and Gladding (2013:368) reiterate the significance of counselling as it will empower diverse individuals, families and groups to ameliorate the risk of alcohol abuse among students. Uys and Middleton (2014:256) define counselling as helping a person to analyse interpersonal and intrapersonal patterns to understand and improve them. Moreover, counselling is denoted as an interpersonal process in which one person (counsellor) facilitates the exploration of a feeling or situation that another person (counselee) is experiencing. Counselling offered clients a safe place to confide and unload their current problems and issues with no limiting consequences (Green, Dicks and Buckroyd 2009:315).

- **Theme 2: Law enforcement**

Law enforcement emerged as the second theme from individually written narratives. Participants mentioned that the South African Police Service assists the security by patrolling campuses to maintain law and order during students' events. This aspect is emphasised in the following verbatim quotes:

Participant (P5) specified: *"South African police services assist university security to patrol the campus during students' events to maintain law and order and to ensure that all students are safe since alcohol is used".*

Participant (3) stated: *"Alcohol abuse policy to be enforced to maintain law and order during students' events".*

Participant (7) indicated: "*A collective responsibility amongst departments of police and security is the best aspects in controlling alcohol abuse at students' events".*

Participants appreciated the services of the South African Police and campus security in patrolling campuses during students' events to maintain law and order and to ensure that all students are safe. The enforcement of the laws that monitor licensing needs to be given more attention. Therefore, the enforcement of the South African Liquor Act No 59 of 2003 requires a well-resourced police service to manage the alcohol abuse problem at HEIs (Setlalentoa et al. 2015:94). In the Western Cape Province, the Western Cape Liquor Act (Act No 4 of 2008) was introduced to exert greater control over abuse of alcohol among students. The aim was to enforce strict criteria for licences to reduce the number of available liquor outlets (Campbell, Hahn & Elder 2009:556) by prohibiting shebeens from operating near schools and control of trading hours. A shebeen is an informal licensed drinking place in a township (Oxford dictionary 2009). Even though these recommendations would lead to loss of income for those who sell alcohol from their homes, the Western Cape government is more concerned about the harm caused by alcohol to students than the lost income (Setlalentoa et al. 2015:94; Pengpid et al. 2013:2044).

- **Theme 3: Peer education**

Peer education emerged as the third theme. There is peer influence among students at HEIs and for students to learn more about the risk of alcohol abuse, peer education needs to be done. The following quotations illustrate the importance of peer education to reduce alcohol abuse among students at HEIs in South Africa.

Participant (P10) pointed out:

"*Peer education is important in reducing alcohol abuse among students because the drinking culture among students at HEIs is influenced by peer pressure".*

Another participant (P19) stated that:

"*Students at HEIs during their first year due to pressure from their peers are easily influenced to abuse alcohol because they want to belong to a certain group student, so that they can feel accepted."*

Another participant (P5) emphasised that:

"Some of the students live on their own without parental guidance for the first time in their lives, as a result, they are easily influenced by their peers to abuse alcohol. They therefore need more peer education support".

Another (P2) participant added:

"*Peer influence at HEIs is rife, some of the students rely on others for support."*

Participants in the workshop indicated that peer influence could have positive or negative effects on students. Peer influence is defined as pressure, planned or unplanned, exerted by peers to influence personal behaviour (Leung, Toumbourou & Hemphill 2014:426). It is usually during friendship that peer influence can be either positive or negative. According to Ferguson and Meehan (2011), both active and passive peer influence is one of the strongest predictors of current and future alcohol abuse. Some of the students abuse alcohol to impress their fellow students for support and to belong to a group so that they can be accepted. During students' events or parties, some students are pressured by their peers to use alcohol, because they want to be part of an in-group, which is perceived to be popular therefore, desirable (Neluvhalani & Nel 2015:6; Asmamaw 2016). On the other hand, peer influence and friends constitute substantial elements on which peer education programmes can be focused. The prominence of these programmes is on the way that peers interact, e.g. as educators or as supporters in sharing experiences and exchanging information to motivate each other, (Fletcher & Ross 2012).

According to Mogotsi (2011) HEIs' students experience increasing self-sufficiency and freedom from their parents and therefore, spend more time with their peers, and many are inclined to peers' ideas about alcohol abuse. In a study by Ryan and Ladd (2012) on friendship development, they state that positive friendships are most likely to be developed and maintained over time when personal attributes are displayed such as having the ability to exchange information and establish mutual ground. This is when can self-disclose, join the activities of others, be able to resolve conflict and provide emotional support to each other.

In a study conducted by Glomjai (2015:5), young people as students at HEIs also think that adults are distanced from 'their world', problems and their peers have an understanding of their perspectives as young people and students. Students at HEIs depend on their peers for care, support and to feel accepted. Peer influence and friends constitute significant elements on which peer education programmes are focused, therefore, the emphasis of this education is on the way that peers interact as educators or supporters (Velleman, 2009). However, students as young people must be provided with the necessary skills to transfer knowledge and communicate with peers because these are significant for altering the behaviour of young people as students.

Question 2: 'What works well for current support programme'? Three themes emerged from the question, namely: support groups for students at risk, referral system of students at risk and continuous training of support staff.

- **Theme 4: Support groups for students at risk**

Support groups for students at risk of alcohol abuse arose as the fourth theme when participants responded to the second question of what works well with regards to current support programme at their institutions. Support groups were emphasised as a good mechanism that is currently used to assist students to support each other when experiencing problems. Participants indicated that:

Participant (P11) mentioned: *"Support groups at HEIs in place for students who are at risk of abusing alcohol to be given more support"*

Another (P20) participant views: *"New students at HEIs especially first years, are introduced to support groups and be taught about the dangers of alcohol early during orientation before abusing alcohol"*

Participant (14) indicated: *"Parents involvement as part of support if alcohol abuse problem is identified and students are provided with support and referred appropriately"*

Participants indicated that support groups motivate new students to avoid alcohol abuse. They also supported the idea of parents' involvement as part of the support if a student is identified as abusing alcohol to provide support and to be referred appropriately. Furthermore, participants indicated that the focus should not only be on alcohol abuse, but students to be addressed holistically, and by doing so, alcohol abuse among students can be better managed.

A support group's aim is for students to support and advise each other, therefore, exchange valuable, professional and personal information. According to Walton, Ryan, Crutch, Rohrer and Fox (2015:351), support groups have an important role to play in offering students the opportunity to acknowledge their problems and consequences alongside their peers in a similar position. Additionally, support groups are also a gateway to understanding and sharing, enabling people to cope better and for longer. Support groups can extend to provide supportive networks across telephone, internet and social media platforms, as well as providing the opportunity for one to one peer relationships that can continue outside formal meetings.

- **Theme 5: Referral system for students at risk**

Referral system for students at risk of alcohol abuse emerged as the fifth theme when participants responded to the second question. Participants viewed referral system for students who abuse alcohol as working well because students with mental health problems due to alcohol abuse are

also referred to other experts like clinical psychologists and social workers as well as psychiatrists for further treatment and care.

Participant (P9) indicated:

"Other departments pick up decline in performance early, therefore easy to refer them on time to the student counsellors for prompt treatment"

Another participant (P14) stated:

Some institutions use a multi-disciplinary approach to refer students, to provide more insight into the alcohol abuse problem among students"

Referral systems for students seem to be working well as some HEIs do not focus only on alcohol abuse problems but also on a variety of mental health issues and refer students appropriately. Other participants indicated that in some HEIs, student support systems are multi-disciplinary and support staff can identify students' decline in class performance and refer them immediately for help.

Multi-disciplinary roles as individual entities and as a collective are crucial in addressing socio-economic and behavioural problems associated with alcohol abuse (Setlalentoa et al. 2015:97). The NDMP (2013-2017) calls for shared multi-disciplinary responsibility and strong partnerships to address the problem, which will certainly reduce the harm to individuals and others in their social environment.

In a study conducted by Mah (2010:19) it was indicated that a multidisciplinary team approach works well when there is team communication, community collaboration, role definition and protection of client confidentiality. Setlalentoa et al. (2015:97) states that multi-disciplinary responsibility and partnerships are essential to manage the problem of alcohol abuse among students at HEIs.

- **Theme 6: Continuous training of support staff**

Continuous training of support staff emerged as the sixth theme when participants responded to the second question. Continuous training of support staff was described as follows by participants:

Participant (P15) added:

"Continuous training of support staff is helping us a lot as they learn new skills that empowers them to be helpful, responsive and approachable by students"

Another participant (P17) indicated that:

"Support staff are trained on how to handle intoxicated students especially during students' events"

Participants in the workshop emphasised the importance of continuous training of support staff in order for them to learn new skills on how to assist students who have alcohol abuse problems. At some HEIs support staff receive continuous training for them to have new knowledge and skills to assist students. Students are always encouraged to feel free to visit different support services at HEIs to be assisted or advised on issues pertaining to their social life. Therefore, it is important for support staff members to be continuously trained on how to handle students intoxicated by alcohol for them to be safe from harm, especially during students' events. They should have knowledge and skills to be able to identify students at risk of alcohol abuse so as to help students to get the necessary professional help.

According to Graham (2010:214), support staff members are student advisors, professional officers and mentor programme managers. Support staff are uniquely positioned to see and help with the barriers that can impede student success. They are positioned to assist students with a range of needs, and while doing so, provide information to help students empower themselves, offer individual support and hold students accountable. Through interactions with students, these support staff members may be able to support the education process so that the student can experience personal satisfaction (Schmitt & Duggan, 2011:180).

Question 3: 'What are the challenges with regards to current support programme'. Three themes emerged from the question, namely: Easy access to alcohol, peer pressure due to insufficient mental health programme and inadequate rehabilitation programme.

- **Theme 7: Easy access to alcohol**

Easy access emerged as the seventh theme when participants responded to the third question "what are the challenges with regards to current support programme?" Participants revealed that alcohol is readily available at students' cafeterias as a concern. According to participants, there are no restrictions because students can buy this alcohol anytime. These findings were supported by the following quotes:

Participants (P6) indicated*:*

"It is easy for students to access alcohol because alcohol is "readily available within the community surrounding campus" where some students live alone far away from parents".

Another participant (P12) pointed out*:*

"Alcohol is affordable" and students can easily afford to buy it even at campus cafeterias…"

Easy access to alcohol at HEIs has been indicated as a challenge to the current support programmes at HEIs. Participants indicated that alcohol is easily accessible not only at HEIs but also within the community surrounding HEIs where some of the students live alone with no parental supervision.

These statements are supported by Rowland, Evans-Whipp, Hemphill, Leung, Livingstone and Toumbourou (2016:43), who also specified that high density of alcohol outlets within the

community surrounding campuses is responsible for the increased level of students' alcohol abuse related behaviour. High alcohol abuse among students at HEIs is a concern not only in South Africa but also in many countries including Denmark (Larsen, Smorawski, Kragbak & Stock, 2016:1). Universities in Denmark do not have rules that restrict the use of alcohol among students. Similarly, in the USA, it is reported that the implementation of policies lacks behind and only a few campuses implemented alcohol abuse policies to reduce alcohol abuse among students.

In South Africa, in a study conducted by Masilo (2012:23), it was revealed that HEIs' environment also contributed to alcohol abuse because alcohol is readily available. In the Final National Liquor Policy, (2016:6), it is highlighted that in section 13 of the South African Liquor Act as amended, the Minister should be provided with powers to issue regulations and guidelines on combatting alcohol abuse and to monitor compliance thereof. The manufacturers and suppliers should be held accountable for supplying their products to unlicensed traders if harm or damage arises. WHO (2011:14), emphasised that management of student's easy access to alcohol through laws, policies and programmes are important ways to reduce harmful use of alcohol among students.

- **Theme 8: Insufficient mental health programmes**

Insufficient mental health programmes emerged as the eighth theme. Participants indicated that there are insufficient mental health programmes at HEIs in South Africa, while effective mental health programmes can assist students who are at risk of abusing alcohol with good coping skills to be able to say 'no' to alcohol use. The following quotes substantiate this:

Participant (P4) indicated…. *"Mental health programmes are not used effectively at HEIs to break the student culture of alcohol use"*
Another participant (8) pointed out: *"Insufficient health and wellness staff who are trained to deal with alcohol abuse problem among students"*

Participants highlighted that not all departments at HEIs are willing to assist the health and wellness department in dealing with alcohol abuse problem among students. Mental health

programmes are not strengthened to identify the cause of alcohol abuse problem among students (Kelly-Weeder, Phillips & Rounseville 2011:29). Students at HEIs are young and vulnerable, and alcohol is predominantly attractive to them, as consuming it at this age is seen as a sign of maturity (Mothibi, 2014:186), therefore, requires mental health prevention programmes such as life skills to guide them from abusing alcohol. Learning life skills as a preventive measure could help students to be aware of the dangers of alcohol, so that they can make the right choices and take responsibility for their lives (Kemei 2014:23).

The aim is to develop the students' core life skills such as problem-solving, decision making, creative and critical thinking and self-concept for them to cope. According to the South African National Liquor Policy (2016:9), the functions of the National Liquor Regulator (NLR) and Department of Trade and Industry is to ensure that there are general education and awareness programmes about the dangers or harmful effects of alcohol abuse, to empower students to take control over their lives. In addition, Setlalentoa et al. (2015:97) alluded that awareness programmes such as information dissemination are methods of intervention that might capacitate students to make informed choices.

- **Theme 9: Inadequate rehabilitation programmes**

Lack of rehabilitation programmes emerged as the ninth theme when participants responded to the third question. Participants indicated that HEIs do not always have access to affordable rehabilitation programmes to refer students.

Participant (4) added: *"HEIs in SA do not have rehabilitation centres where only student with alcohol abuse problems can be send to, the education institutions refer to private rehabilitation centres"*

Participant (21) indicated that: ***"****Private rehabilitation centres are very expensive in South Africa and only those who afford manage to send their kids"*

Participants (10) emphasised: *"Insufficient support system post rehabilitation, no follow up care"*

Participants indicated that HEIs rely on government's rehabilitation centres which most of the times are full, and this delays student who really need to be rehabilitated. Private rehabilitation centres are very expensive, and some parents cannot afford to pay for rehabilitation, as a result, must wait for the government rehabilitation centres which take long to accommodate students. Participants also indicated that insufficient support system post rehabilitation contribute to relapse of students because there is no follow up to ensure that students adhere to what they were taught at rehabilitation centres.

There is a need for more treatment centres and access to affordable and effective treatment and rehabilitation in the public sector in South Africa, which many people will be able to use especially the unemployed and students (Setlalentoa 2015:96). Rehabilitation refers to 'a process aimed at enabling persons with disabilities to reach and maintain their full optimal physical, sensory, intellectual, psychiatric and/or functional levels, thus providing them with the tools to change their lives towards a higher level of independence' (Persson 2014:16). In a study conducted by Smook, Ubbink, Ryke and Strydom (2014:64), it was stated that harm reduction could include working with individuals who are already abusing alcohol, helping them to manage their problem through treatment with more insight. There is a need to develop and increase the number of treatment centres and access to affordable and effective treatment and rehabilitation, especially in the public-sector (Setlalentoa et al. 2015:97).

6.3.3 Dream and design phase (small and large group discussions)

The discovery phase was followed by the dream phase which focused on envisioning the possibilities of "what might be". According to Bushe (2012:103), the dream is a 'vision of a better world, a powerful purpose, and a compelling statement of strategic intent'. Each phase informed the next phase, and the processes were ongoing. The aim of the dream phase was to explore and describe the changes that stakeholders would like to see in the support programme that can manage alcohol abuse at HEIs among students.

The main reason for the dream phase was to create a supportive environment for conversation and interaction among participants. In this phase, the researcher used positive AI questions to facilitate transformative discussions with stakeholders to provide inputs on what they aspire for in a comprehensive support programme that can manage alcohol abuse among students at HEIs in

South Africa. A process of common ideas was sought through sharing on how to develop a comprehensive support programme that can manage alcohol abuse among students at HEIs. Participants were divided into groups of four each, no names of institutions were used, and each group was labelled through a different colour. Five different colours or labels were used as shown in Table 6.2.

Table 6.2: Labels attached to participants in each data set (n = 22)

GROUP DISCUSSIONS					INDIVIDUALLY WRITTEN NARRATIVES	WRITTEN FIELD NOTES
Group 1 4 Participants	Group 2 5 Participants	Group 3 4 Participants	Group 4 5 Participants	Group 5 4 Participants	All Participants	Researcher and co-Researcher
Blue	Green	Orange	Pink	Yellow		

As group discussions ensued during the dream phase, participants could dream and express in their own words by writing down their aspirations for a comprehensive support programme, to identify the components that should be part of a comprehensive support programme that can manage alcohol abuse among students at HEIs in South Africa. The dream phase was guided by the three pillars supply, harm and demand reduction (NDMP 2013-2017).

The questions asked in this phase were:

- *"What are your aspirations for a comprehensive support programme"?*
- *"Which components should be included in a support programme at HEIs with regards to:*
  - *Supply reduction*
  - *Harm reduction*
  - *Demand reduction.*

During the dream phase, participants first worked on the supply, demand and harm reduction, and identified components aimed at supply, demand and harm reduction in small group discussions. This was followed by the design phase where the small group reported to the large group which guided the design of the comprehensive programme.

A representative of each group reported back to the large group and after that, a large group discussion was held to reach consensus on the identified components which made up a comprehensive support programme. The AI group discussions covered all three pillars, which is harm, supply and demand reduction until consensus was reached.

6.3.3.1 Findings of the dream and design phase

The data were analysed according to the method and steps as implemented in the discovery phase. During the process of data analysis, verification of the selected themes was done with the independent coder and the researcher's co-supervisor as the research assistant. After the workshop, a discussion was held between the researcher and the independent coder to confirm the identified themes. The themes were discussed and authenticated by suitable quotes from the transcribed data. The dream and the design phase resulted in 11 themes and 23 categories that were identified according to the three pillars of NDMP (2013-2017).

SUPPLY REDUCTION

The findings under supply reduction were divided into four themes and 7 (seven) categories are discussed in this section.

Table 6.3: Dream and design phase: Supply reduction

NDMP PILLAR	THEMES	CATEGORIES
Supply reduction	1. Policies to reduce alcohol supply	1. Policies for access control at students' venues during students' events to control alcohol abuse
	2. Awareness campaigns to reduce the supply of alcohol	Campaigns to include: 2. Peer education
	3. Legal aspects to reduce the supply of alcohol	Legal recommendations regarding: 3. Drinking age to be increased to 21years 4. Increased tax on alcoholic beverages 5. Licensing to sell alcohol at campuses 6. Reduce commercialisation of alcohol
	4. Stakeholder involvement to reduce the supply of alcohol	Students' Representative Council involvement: 7. Anonymous reporting of students at risk using social apps or social media to report abuse

- **Theme 1: Policies to reduce alcohol supply**

Policies to reduce the supply of alcohol emerged as the first theme under supply reduction. Participants indicated that there is a need for policies to control alcohol abuse during students' events. From this theme one category emerged, namely; policies for access control at students' venues during students' events to control alcohol abuse.

- **Category 1: Policies for access control at students' venues during students' events to control alcohol abuse**

Policies for access control at students' venues during students' events to control alcohol abuse should be in place. Participants pointed out during a group discussion in the workshop that some HEIs in South Africa do not have policies to access student venues during student's events to protect intoxicated students, therefore they recommended policy reinforcement. Participants verbalised the following:

Group 3, orange team mentioned that:

"Reinforcement of policies to improve the control of alcohol and other substances at HEIs".

Group 2, green team:

"There should be control of alcohol supply at students' venues during events, to protect students from harm caused by alcohol abuse".

Group 5, yellow team:

"Indicated that there is lack of policy enforcement to control the supply of alcohol to students at HEIs in South Africa"

In this study, participants aspired to have policies in place for access and control of students' venues during students' events to control alcohol abuse among students at HEIs in South Africa. According to the WHO (2011:40) alcohol policy refers to 'the set of measures in a jurisdiction or society aimed at minimising the health and social harms from alcohol consumption'. Participants in this study pointed out that, when permitting alcohol use at students' functions, students must see to it that no abuse occurs.

One specific university policy (that is, the policy governing residence) regarding the abuse of alcohol is aligned with South African legislation (Prevention of and Treatment for Substance Abuse Act No. 70 of 2008). Even though alcohol is sold within the provision of the Act (Liquor Act No. 59 of 2003) and conditions of their university, clubhouses and university cafeterias may promote alcohol consumption, since students have easy access to buy alcoholic drinks at any time (Rowland, Toumbourou, Satyen, Tooley, Hall, Livingston & Williams 2014:282; TuksRes Guide, 2010:11).

In a study conducted by Parry (2010:1341), it is pointed out that South Africa's' alcohol policy is comprehensive compared to other African countries and this government policy, mandates that alcohol should not be used at Institutions of learning premises during functions and activities of

both students and staff. According to UNODC (2011:24) policies and adherence may improve students' participation, positive bonding and commitment to their studies.

- **Theme 2: Awareness campaign to reduce supply of alcohol**

It emerged from the workshop discussions that awareness campaigns to reduce the supply of alcohol to students is essential to control the supply of alcohol. Some participants indicated that they only conduct Alcohol-Free Campaign projects in partnership with the Department of Social Development between January and March as mandated by the relevant policies and legislation. The purpose of these anti-substance abuse education and awareness campaigns are to highlight the dangers of alcohol and other substance abuse and to discourage students from abusing alcohol and other substances. Media campaigns at HEIs play an important role. University radio stations might be used for talk shows to prevent alcohol and other substance use and abuse.

The awareness strategies should include a campaign that includes peer education to reduce the harm caused by alcohol abuse among students, as subsequently discussed.

- **Category 1: Peer education**

During group discussions, participants in the workshop wished to have a successful peer education programme that can reduce the supply of alcohol to students. Participants further wished to have peer to peer education programme that will be helpful to all students who abuse alcohol to achieve a successful reduction of the supply of alcohol to students. Peer education was described as follows:

Group 1, blue team stated… *"Peer teaching can work well among students to reduce supply of alcohol among students at HEI".*

Group 3, orange team indicated that… *"peer to peer education can assist students because they are getting advice from other students their age".*

Participants indicated that peer education during campaigns could work well because students give each other information about the danger of alcohol abuse and how to resists peer pressure. They wish that other HEIs can use this strategy to reduce the supply of alcohol to students. Peer education refers to the perspective that young people of the same age, gender and interests can engage each other.

In Germany, a programme called Information and Psychosocial Competence (IPSY) established by psychologists and psychiatrists at the University of Jena teaches students life skills making them less susceptible to peer pressure and drug abuse habits, (Weichold, 2011). In Romania, a programme called our "Measure Your Lifestyle" encourages students to enjoy alcohol in moderation and so avoid personal, social and health costs to themselves.

At Kenyatta University, Kamani (2010) reports that the peer education programme aims to reduce irresponsible behaviours including alcohol abuse by enhancing the quality of counselling and service delivery for students. He further stated that peer outreach and extension programme trains university students to promote responsible behaviour among their peers. Through peer counselling programme, students obtain information on alcohol abuse and referrals for better support from trained counsellors.

- **Theme 3: Legal aspects of reduce supply of alcohol**

Legal aspects arose as the third theme under supply reduction. From this theme, four categories emerged, drinking age to be increased to 21 years, increased tax on alcoholic beverages, licences to sell alcohol at campuses and reduce commercialisation of alcohol.

- **Category 3: Drinking age to be increased to 21 years**

As the workshop progressed, participants indicated that the legal drinking age for young people should be increased to 21 years as opposed to the current 18 years. The following quotes substantiate this:

Group 3, orange team: "*Indicated that even if the drinking age can be increased, young people will have access to alcohol"*

Group 5, yellow team: *"Mentioned that the drinking age restriction to be increased to 21 years"*

Group 4, pink team emphasised that: R*educing accessibility of alcohol through raising the legal age for the purchasing and public consumption of alcohol from the age of 18 years to the age of 21 years"*

Participants indicated their wish that the drinking age of young people be increased to 21 years from 18 years. These participants are of the impression that this increase can reduce the supply of alcohol amongst students. According to Cronce, and Larimer (2011:210), the majority of students at HEIs abuse alcohol, and this contributes to harmful consequences such as poor academic performances.

Alcohol abuse and its negative consequences have plagued university campuses for years (Ham, Wang, Kim & Zamboanga 2013:341). In some countries, it is illegal for young people under 18 years of age to purchase alcohol for their own use International centre for alcohol policies(ICAP), (2013). Attending university tends to aggravate students' heavy drinking (Johnston, O'Malley, Bachman & Schulenberg 2012; Johnston et. al. 2014) because students living in on-campus residences tend to use more alcohol, engage more frequently in binge drinking and report more alcohol-related negative consequences than those living with their parents (Burns, Crawford, Hallett, Jancey, Portsmouth, Hunt & Longo 2015:3).

Many countries have set their Minimum Legal Drinking Age (MLDA) at 18. However, European countries such as Belgium, France and Italy have set 16 years as a minimum drinking age. The minimum legal drinking age at United State of America, Ukraine, South Korea and Malaysia is 21; and 20 in Japan. Furthermore, USA and Indonesia do not allow young people to use alcohol, sell, or buy alcohol before the age of 21. Minimum drinking age in most Asian countries is above 18. In New Zealand the minimum purchasing age for alcohol is from 18 to 20 and this resulted from an increase in the number of alcohol involved crashes involving young drivers. The issue of

imposing an age limit is a prerogative of each state (South African Final National Liquor Policy (2016:7).

In South Africa, many drinking outlets are unlicensed, and this weakens the influence of any measure aimed at reducing underage alcohol use. The young people as students are vulnerable because of the lack of enforcement of age restriction laws in bars, supermarkets and alcohol stores (Setlalentoa et al. 2015:90).

According to the South African Final National Liquor Policy (2016:7) the national minimum legal age at which alcohol can be purchased and used should be raised from 18 to 21 years. This is aimed at delaying the introduction of alcohol use by students. The Act further stated that adolescence is a period when the teenage brain undergoes important developments. This period of brain development continues until most young people reach the age of 25. Thus, exposing students' brain to alcohol during this period may impair neurological development causing these students to make irresponsible decisions, encounter memory lapse, or process and send neural impulses more slowly. Therefore, increase in minimum purchased and used age is one of the most effective measures to reduce alcohol-related harm. It is therefore imperative that the introduction of alcohol use by young people as students is delayed as much as possible to reduce the harm caused by alcohol.

The purpose of age 21 is to prevent acute harm among young people using alcohol and to protect them from long-term negative outcomes they might experience in adulthood, for example, alcohol dependence and psychological effects.

- **Category 4: Increased tax on alcoholic beverages**

Participants were of the impression that since students are not earning a salary they use their bursary money to buy alcohol. Therefore, the participants' suggested that tax on alcohol beverages be increased, to reduce alcohol abuse among students.

Group 4, pink team wished that*: 'Tax on alcohol beverages to be more as compared to other drinks…'*

Group 5, yellow team stated that: *'Increasing tax on alcohol can reduce alcohol abuse…'*

Group 3 orange team indicated: '*Increasing the prices of alcohol can reduce alcohol use among students'*

Participants wished that tax on alcohol can be raised to reduce alcohol abuse among students at HEIs. Research showed that increasing the price of alcohol is one of the most effective approaches for reducing alcohol use and, importantly, alcohol-related harm at the population level (Babor et al., 2010; Wagenaar, Tobler, & Komro, 2010). High alcohol tax is an effective policy for controlling alcohol consumption among young people as well as strict regulation of the sale of alcohol with limits of locations and times (Stockwell et al., 2012). The same authors further indicated that higher taxes on alcoholic drinks are more successful in terms of decreasing young people's drinking than the execution of a minimum legal drinking age.

In a study by Kamanga (2015:54) it was pointed out that "pricing strategies have been used on the assumption that as the price decreases, consumption increases". However, in a study conducted by Stephenson (2012) it was found that Australian and New Zealand students were happy to pay higher prices for the same number of alcoholic beverages and would simply buy more if the strength of alcohol was reduced. The same author further indicated that when the cost of alcohol was increased up to 25%, there was still no significant change in consumer buying behaviour among students.

- **Category 5: Licensing to sell alcohol at campuses**

Participants indicated that they were concerned that it is easy to obtain a license to sell alcohol and many places around campus are licensed to sell alcohol.

Group 2, green team accentuated that: *"Laws have to be in place for issuing of licenses to sell alcohol"***

Group 3 orange team revealed that: *"In South Africa it is easy to access a license to sell alcohol"*

Group 4, pink team believed: *"Some places sell alcohol illegally without a valid license and they are not arrested as they bribe police officers"*

Group 5, yellow team is of the impression that*:* "*laws and regulations that will reduce the number of liquor outlets including taverns, liquor stores and shebeens in specific geographical areas need to be implemented"*

Licensing is the most commonly used mechanism for regulating the availability of alcohol. Licensing regulates who can sell alcohol and places conditions on where (the density of outlets), (Huckle, Huakau, Sweetsur, Huisman & Casswell 2008:1614), when (trading hours) and how (license conditions) alcohol can be sold – all of which have been shown to correlate with harmful consumption practices (Wilkinsona, Livingstona & Room, 2016:1). The same authors further point out that the function of licensing the sale of alcohol is to exercise control over the drinking environment, typically accomplished by placing conditions on alcohol licenses. It is alleged that some students also go out of their residences to use alcohol with friends at night or during the day at alcohol outlets (Babor, Robaina & Jernigan 2015:561).

According to the South African Final Liquor Policy (2016:8), to standardise licensing requirements, liquor premises should be located at least five hundred meters (500m) away from schools, churches; recreation facilities, rehabilitation or treatment centres and public institutions (Campbell, Hahn & Elder 2009:556). Increases in alcohol availability contribute to increases in alcohol abuse, which contribute to increase in alcohol-related problems.

Therefore, regulating the density of alcohol outlets is an effort to minimise excessive alcohol consumption and related harms (Ayuka, Barnett & Pearce 2014:186). Alcoholic beverage outlet

density in this regard refers to the number of physical locations in which alcoholic drinks are available for purchase either per area or population. Outlet density may be regulated through licensing and zoning regulations. The South African Final Liquor Policy (2016) further stipulates that, no liquor licenses shall be issued to petrol service stations; premises attached to petrol service stations; premises near public transport; and areas not classified for entertainment or zoned by municipalities for purposes of trading in liquor.

In a study conducted by Setlalentoa et al. (2015:95), it is stated that many alcohol outlets around HEI campuses are not registered and, therefore, fail to adhere to the law pertaining to production and selling of alcohol. The Department of Social Development (2011:2-4) emphasised that the laws and regulations should include stricter licensing laws and qualifying criteria and specific zoning laws and regulations that will prescribe the locations of different types of economic activity that can take place in residential areas. Moreover, the zoning laws should ensure that no liquor outlets are located near schools or libraries.

- **Category 6: Reduce commercialisation of alcohol**

Participants indicated that reducing the impact of commercialising alcohol, particularly on young people and students is an important consideration. According to participants, alcohol is marketed through increasingly stylish advertising and promotion techniques around the world including linking alcohol brands to sports and cultural activities, sponsorships and product placements, and new marketing techniques such as e-mails, SMS, social media and other communication techniques. Transmission of alcohol marketing messages across national broadcasters and on channels such as satellite television and the internet is a concern. Additionally, in South Africa, what has been observed in the media is that advertisements predominantly focus on price discounts and other promotions such as ladies' night and happy hours. Participants indicated that:

Group 1, blue team point out that: *"Advertising and prevention messages has to be more explicit, e.g. effect of alcohol on the liver and pancreas"*

Group 3, orange team views*: "Reduce adverts that promote alcohol and other substances in a positive way"*

Group 4, pink team suggested that: *"Alcohol promotions to be restricted"*

Group 2, green team acclaimed that*: "Less advertising of alcohol on media to be done"*

Group 4, pink team specified that*: "Total banning of alcohol advertising on media because it attracts young people"*

There is clear evidence that students as young people are vulnerable to aggressive branding efforts and marketing of alcohol by the alcohol industry, and that alcohol advertising results in increased consumption (Anderson, de Bruijn, Angus, Gordon & Hastings 2009:229). Alcohol abuse is a large part of many universities' social activities and may be viewed as tantamount to university culture (DePue & Hagedorn 2015:66). HEIs' campuses are flooded with advertisements for specials at bars – free events can end up in discussions about alcohol or events involving alcohol (DePue & Hagedorn 2015:69).

Smith, Cowie and Blades (2011) argue that media and advertisements are among the key factors that influence the way that young people become aware of, acquire attitudes to and develop intentions and expectations concerning the use or misuse of substances. Mackey, Liang and Strathdee (2013) have explored the significance of media to alter adolescents' behaviour in respect of substance abuse.

Winpenny et al. (2012); Winpenny, Marteau and Nolte (2014) and Jackson, Janssen, and Gabrielli, (2018:2) explored how media and advertisements have major impacts on students' attitudes and behaviour towards alcohol (film, music, magazines, social network, etc), advertising and marketing. In a study conducted by Kamanga (2015:57) alcohol abuse among students was exclusively attributed to advertisement. Anderson, Chisholm and Fuhr (2009:2234) further indicated during their review of policies and programmes that making alcohol less available and

more expensive and placing a ban on alcohol advertising are the most cost-effective ways to reduce the harm caused by alcohol.

According to South African Final National Liquor Policy (2016:25) students who are exposed to alcohol marketing are more likely to start using alcohol, or if already using alcohol will abuse it. It was also found that alcohol advertisements reach or specifically target young people as students not only through television and magazines, but also through other diverse media such as radio, movies, billboards, and sports stadium signs. It would be prudent to increase efforts to curb alcohol advertising considering the important public health concerns related to alcohol, the prevalence of underage drinking, and the association between alcohol advertising and alcohol use.

- **Theme 4: Stakeholder involvement in reducing the supply of alcohol**

Stakeholder involvement to reduce the supply of alcohol at HEIs was identified as another theme. Students' representative council involvement was an identified category whereby anonymous reporting of students at risk by using social apps or social media to report alcohol abuse emerged as a sub-category.

- **Category 7: Anonymous reporting of students at risk using social apps or social media to report abuse**

Anonymous reporting of students at risk of abusing alcohol using social apps or social media emerged as the only category under stakeholder involvement to reduce the supply of alcohol abuse. Participants indicated that, the involvement of student's representative council members whereby the use of social media apps can be suggested to be used to try control alcohol abuse among students. Other participants suggested that:

Group 4, orange team suggested: *"Introduction of social media apps for students to report each other's alcohol abuse"*

***Group 5, yellow team indicated that**: "Student's representative council members to be involved whereby social media apps can be suggested to control alcohol abuse among students"*

HEIs around the world including in South Africa have attempted to deal with the risks posed by off-campus parties with various efforts, including policies restricting the party environment, efforts to build community coalitions as well as the creation of targeted education and training programmes for students (Silver & Jakeman 2016:472). Possibly one of the most well-known efforts to address issues of substance abuse among students at HEIs is by anonymous reporting. While some programmes specifically address other issues like sexual abuse (Alegría-Flores, Raker, Pleasants, Weaver, & Weinberger, 2015), others target issues associated with environments where students consume alcohol (Johnson et al 2014. These programmes aim to facilitate and encourage intervention for students in problematic situations, especially in environments where university officials may not be present such as off-campus parties (Burns, Jancey, Crawford, Hallett, Portsmouth & Longo 2016:610).

Social media, by its nature of open sharing, collaboration, and exchange of user-generated content, has been shown to be useful in the creation and maintenance of social networks that are important in the spread of healthy behaviours (Yonker et al. 2015:2). The same authors further confirmed that social media has emerged as a potentially powerful medium for communication with students around their health choices. Additionally, it is emphasised that students are the most well-represented population online and the earliest adopters and heaviest users of the newest Internet communication technologies such as social media, which in recent years has become increasingly accessible because of the widespread adoption of mobile wireless Internet access.

HARM REDUCTION

According to the WHO (2011: P. X), nearly 2.5. million deaths each year are caused by harmful use of alcohol. In this study, the findings, under harm reduction were classified into four themes and seven categories.

Table 6.4: Dream and design phase: Harm reduction

Harm reduction	5. Policies and regulations to reduce the harm caused by alcohol abuse	8. Programmes for management of students at risk 9. Referral policy of students at risk of alcohol abuse
	6. Awareness campaigns to reduce harm	10. Informational talks 11. Assertiveness skills training 12. Strategies to address moral regeneration
	7. Student support to reduce harm	13. Counselling of students
	8. Training of support staff to reduce harm	14. Early detection and management of students at risk

- **Theme 5: Policies and regulations to reduce harm caused by alcohol abuse**

Policies and regulations to reduce the harm caused by alcohol abuse among students at HEIs were identified as the fifth theme. Two categories emerged namely: programmes for the management of students at risk and referral policy of students at risk of alcohol abuse.

- **Category 8: Programmes for management of students at risk**

Programmes for management of students at risk emerged as category eight under policies and regulations to reduce the harm caused by alcohol abuse. Participants in the workshop suggested that:

Group 4, pink team suggested*: "Increase awareness campaigns on harmful effects of substance abuse"*

Group 5, yellow team stated*: "Wellness health promotion especially students' residences, to do health talks during their meetings"*

Group 2, green team indicated: *"Involve Students representative council during wellness campaigns"*

Participants in the workshop suggested increased awareness campaigns and wellness health promotion especially at student's residences to conduct health talks during their meetings. They also suggested that the student's representative council be involved during campaigns.

Being a student at a HEI is a momentous period of life filled with changes, difficulties and psychological problems as well as self-identification. This is described as a period of 'storm' and 'stress', a time of self-discovery and self-assertion. This is the stage whereby students tend to experiment (Njoki 2013:19). Substance-abusing students are at higher risk than those who are not abusing substances for mental health problems, including depression; conduct problems, personality disorders, suicidal thoughts, attempted suicide and suicide. According to the Department of Social Development (2011:4;), students need to be taught life skills like dealing with peer pressure, how to say no to substances, decision-making and improvement of low self-esteem so that they can be able to have more knowledge, and not to misunderstand the causes of alcohol abuse.

- **Category 9: Referral policy of students at risk of alcohol abuse**

Referral policy of students at risk of alcohol abuse emerged as category nine under theme five. Participants indicated that referral policy of students at risk of alcohol abuse must be effective, as sometimes they do not have contact system to refer the student to multi-disciplinary members such as psychologist and psychiatrists. Participants verbalised the following:

Group 4, pink team indicated that: "*There is no referral policy within HEIs for students who are at risk of alcohol abuse".*

Group 1, blue team suggested that: *"at HEIs students are referred to private rehabilitation institutions if their parents can afford to pay the fees because government institutions are always full".*

The problem with referral system is that students come for consultation only when the problem is already compounded, and it is difficult to be referred appropriately. In most cases government rehabilitation centres are full, and students have to wait for a long time to be admitted for rehabilitation.

A continuum of care and a public health approach that provides for prevention, early detection, treatment, rehabilitation and after-care services needs to be implemented (Department of Social Development, 2011:2). The department further emphasised the importance of development and implementation of multi-disciplinary and multi-modal protocols and practices for the integrated diagnosis, treatment and funding of co-occurring disorders for students during the rehabilitation process. The provision of rehabilitation and after care should be increased to ensure that all students have access to these services. Additionally, in South Africa, an acceptable definition and protocols for harm reduction should be developed to reduce alcohol abuse among students.

- **Theme 6: Awareness campaigns to reduce harm**

An awareness campaign to reduce harm was the other theme which emerged. Under this theme 3 categories arose namely: informational talks, assertiveness and moral regeneration.

- **Category 10: Informational talks**

Informational talks are important in assisting students who are at risk of abusing alcohol to have more information on the dangers of alcohol use and abuse and how to manage themselves in this regard. Some of the students are still very young and while for others it is for the first time that they live on their own without parental supervision. Participants indicated that:

Group 2, green team revealed*: "Motivational talks by former drug addicts as well as peers"*
Group 3, orange team indicated: "*Informative talks about how to be assertive in the residences will motivate students"*

Group 5, yellow team emphasised*: "Continuous training of support staff to be able to give health education talks to students is important"*

Group 1, blue team suggested: *"Peer teaching by rehabilitated students".*

Group 4, pink team specified that: "*Identified grouping of users and arranging prison visits"*

Despite the regulation and campaigns against alcohol abuse, many HEIs students engage in heavy drinking practices to the point that it is normalised and integrated into their social lives (McEwan et al.2010:15). Some HEIs in Australia do have Alcohol Free Campaign projects for University Communities in partnership with the Department of Social Development. The aim of the project is to create an alcohol-free environment for campus communities at HEIs through policy development, educational awareness and capacity building programmes, support services and law enforcement (AFC, 2014 – 2018). In South Africa, according to the UNODC (2011), alcohol abuse prevention has witnessed different approaches whereby, prevention was based on opinions rather than evidence. Furthermore, information dissemination assumed that once students knew the negative consequences of alcohol abuse, they would choose abstinence. Therefore, a greater emphasis has been placed on informational talks and life skills approach, complemented with assertiveness skills training (UNODC, 2011).

- **Category 11: Assertiveness skills training**

Assertiveness training aims at teaching clients to stand up for their rights (Masilo 2012:46). The same author further states that sometimes problems are created in relationships with friends or family because people lack communication skills needed to express emotions, needs and opinions assertively, as a result, some people may choose to bury emotions or unleash them uncontrollably. Assertive individuals are those who act in their own best interest without too much anxiety and without infringing on the rights of others.

Group 1, blue team indicated that: "*During campaigns students to be taught how to say 'No' to alcohol use"*

Group 3, orange team stated that: ***"****Assertiveness to be emphasised during awareness campaigns"*

Group 2, green team pointed out: *"During assertiveness skills training, students to be motivated by former substance abuse addicts"*

Participants in the workshop wished that, during awareness campaigns, communication skills such as assertiveness skills be taught so that students can say no to alcohol abuse. Students who start using alcohol in their first year tend to be vulnerable to negative behaviour because they usually choose friends with similar drinking patterns. Therefore, these students need to be taught how to be assertive for them to cope. According to Masilo (2012:45), assertiveness training skills are utilised to assist individuals who are unduly hesitant about expressing their wants or feelings, or in standing up for their personal rights. Assertiveness is defined as 'verbalising your position on an issue for purposes of achieving a specific goal'. The specific goal is for the person to express himself/herself in such a way that he doesn't hurt himself or others. Assertiveness involves the ability to express feelings and opinions openly and honestly without offending others.

Assertive people are aware of their right; communicate their opinions, needs and feelings in appropriate ways; and make reasonable demands on others. Being assertive involves listening to the other person, validating what the other person has said, believing in your right to present a point of view and being prepared to express a point of view. Unassertive individuals, on the other hand allow themselves to be treated as persons of little or no consequence (Masilo, 2012:46).

Additionally, the UNODC (2011), stated that alcohol abuse among students at HEIs is partly due to poor social coping strategies, underdeveloped decision-making skills, low self-esteem, inadequate peer pressure resistance skills, to relieve boredom, anxiety or stress, to show maturity or for enjoyment. Students who are unassertive can easily be tempted by their peers to take alcohol and drugs, while those who are assertive are able to refuse to succumb to peer pressure to use substances. It is, therefore, imperative to encourage students to be assertive when

intervening in cases of substance abuse. Training students to improve assertive behaviour is not easy however; it is certainly worthwhile for their social functioning (Masilo 2012: 44-45).

- **Category 12: Strategies to address moral regeneration**

Moral regeneration came out as the twelfth category under awareness campaigns to reduce harm. Participants indicated a need for strategies to address moral regeneration among students at HEIs. Participants verbalised the following:

Group 2, green team pointed out that: *"*Moral regeneration among students requires intervention"*
Group 5, yellow team indicated: *"There is a serious need for renewing the morals and values in the lives of the students' in HEIs"*
Group 4, orange team suggested that*:* *"There is a problem of moral regeneration in South Africa and young people as students' morals has regenerated"*

Participants wished to see morals of students at HEIs improving as immoralities like a high rate of alcohol abuse amongst students' increase. Efforts to be in place to improve the conditions and the quality of life of young people as students in HEIs alone cannot succeed in dealing with the problem of moral degeneration (Mokonyane 2012:4). According to Ladzani, Sengani and Mafela (2014:15), moral regeneration is a process of bringing back all acceptable traditional, and cultural, behavioural patterns and laws followed when one was growing up. Moral regeneration is further described as the promotion of good conduct and the encouragement of the youth to keep away from social ills and lead a life that is guided by moral values.

Motshekga (2011: 4-10) added that the levels of moral degeneration in our societies require a serious state involvement that goes beyond support of healthy life styles. In a study conducted by McLeod, (2010), he maintains that behaviour is learned and can, therefore, be unlearned. This

means that alcohol abuse is learned and therefore can be unlearned. The social environment influences behaviour by shaping norms, enforcing patterns of social control and providing environmental opportunities.

A study conducted by (Ladzani et al. 2014:195), highlighted quotes from the late former President of South Africa Nelson Mandela when he encouraged church leaders to try to revive moral regeneration amongst young people through youth programmes to keep them away from immoral behaviour and actions. Setlalentoa et al. (2015:93) added that cultural teachings could be re-introduced at HEIs to change students' behaviours. Interventions should be targeted to change behaviours by using life skills, enforcement of laws, spot checks at students' residences and general education on responsible use of alcohol. Therefore, behaviour modification as an intervention could be used to change students' maladaptive behaviour and change the environment to make it responsive to students' needs at HEIs.

- **Theme 7: Students support to reduce harm**

From the findings of the workshop participants wished that students can receive more support to reduce the harm caused by alcohol abuse from the support service department at HEIs. Students support

to reduce the harm caused by alcohol abuse emerged as the seventh theme under harm reduction. Under this theme, one category, counselling of students appeared.

- **Category 13: Counselling of students**

To demonstrate more support for students who are at risk of alcohol abuse participants indicated a need for counselling of students. Participants indicated that:

Group 3, orange team suggested: *"Counselling of students to start during orientation time in first year so that the students can be able to understand the dangers of alcohol abuse"*

Group 2, green team, pointed out: *"Students to be continuously supported due to poor performance caused by alcohol abuse"*

Group 4, pink team indicated that: "*Students counselling to be continuous to reduce alcohol abuse"*

Participants indicated that counselling of first-year students should start early, that is during orientation so that students can be able to have knowledge and understanding that alcohol is a brain disorder, as a result, the student should drink responsibly. Orientation is when new students at HEIs are shown around the campus and be helped to become familiar with their environment (Alnawas 2015:625). They further wished that counselling could be continuous for students who are at risk so as to help them understand the dangers of abusing alcohol.

Participants further specified that students must be continuously supported for them to complete their qualifications and become responsible, professional citizens of the country. According to Lewis, Dana and Blevins (2011:6), alcohol abuse counselling is defined as a practice that is evidence-based, respectful and positive towards clients, and is a complex, collaborative, contextual and multicultural process, that is oriented towards social justice and built on a strong base of professional ethics. Nadkarni et al. (2015:523) added that psychological problems and alcohol abuse problems are frequent, therefore, encourages students to try to find help at HEIs.

- **Theme 8: Training of support staff to reduce harm**

The training of support staff to reduce harm was identified as the eighth theme. Participants in the workshop wished that support staff can be continuously trained to be able to detect students at risk of alcohol abuse so that they can be referred appropriately. Under this theme the following category emerged; early detection of students at risk:

- **Category 14: Early detection of management students at risk of alcohol abuse**

Early detection and management of students at risk emerged as category fourteen. Students at risk of abusing alcohol if detected early can be referred for proper management as a form of support. The participants indicated that:

Group 1, blue team indicated that*: "Effective screening is an important component of alcohol abuse management"*

Group 2, green team stated: "*Students who are at risk of abusing alcohol and other substances to be detected early so that he/she can be managed properly"*

Group 4, pink team indicated that*: "Students to be referred for counselling if suspected that they abuse alcohol and other substances"*

Group 3, orange team suggested that*: "Screening students for at risk and harmful alcohol abuse is an important component for interventions of alcohol abuse"*

Participants in the workshop wished that students can be screened first for alcohol abuse because screening is an important component to detect students at risk early so that the student can be referred and managed properly. They indicated the wish for the support service department to have a screening programme to identify all students, from first year for the risk of alcohol abuse. Participants further indicated that students who abuse alcohol at HEIs could be noticed early through the decline in their academic performance. Early identification of students at risk for alcohol abuse can be made through encouraging referrals from different academic departments for underperforming students so that students can get help.

Screening is described as an assessment of risky alcohol abuse behaviours using standardised screening tools in any healthcare setting (Winters, Toomey, Nelson, Erickson, Lenk & Miazga, 2011). According to Winters (et al., 2011), many HEIs do not use a formal screening tool that is best suited to HEIs students to screen for alcohol abuse despite the high prevalence of alcohol abuse. Screening student for harmful use of alcohol is an important component of providing comprehensive health care services and for the provision of more in-depth interventions around

alcohol abuse. This can serve to initiate the intervention process that may lead to more comprehensive support later through the broader health care system (CARBC, 2009).

DEMAND REDUCTION

The findings of demand reduction were classified into three themes and five categories as shown in Table 6.5.

Table 6.5: Dream and design phase: Demand reduction

Demand reduction	9. Policies to reduce demand for alcohol	15. Reduction of alcohol demand at students' events and residences
	10. Awareness campaigns to reduce demand for alcohol	• Campaigns to include: 15. Effects of alcohol abuse on students' lives
	11. Students' empowerment programmes to reduce demand for alcohol	• Programmes to include: 17. Peer education 18. Mentoring 19. Role modelling

- **Theme 9: Policies to reduce demand for alcohol**

Policies to reduce demand for alcohol was identified as the ninth theme. Under this theme, one category was identified, namely reduction of alcohol demand at students' events and residences.

- **Category 15: Reduce alcohol demand at students' events and residences**

Control of alcohol abuse at students' events and residences emerged in the workshop to protect intoxicated students during student's events. Participants' impressions were more focused on reducing the harm caused by the demand of alcohol abuse at students' events and residences. Participants articulated the following:

Group 5, yellow team indicated that*: "Visible policing at student's residents and during events to always be available"*

Group 1, blue team emphasised that: *"Use of policies to guide support services to monitor students' events and residences"*

Group 2, green team stated that*: "Reduce hours of selling alcohol during students' events at residences"*

Group 3, orange team suggested that*: "Reduce access to alcohol for students at university functions"*

Participants in the workshop indicated that alcohol demand at students' events and residences could be reduced through visible policing at students' residences during events for students to be safe. Policies to guide support services staff should be in place to monitor students' events and residences to reduce the demand for alcohol. According to NDMP (2013-2017) demand reduction is a general term used to describe policies or programmes directed at reducing the consumer demand for alcohol abuse. It focuses on education, treatment and rehabilitation strategies.

The social environment of HEIs including living away from family, peer pressure and freedom from parental rules can facilitate problematic drinking amongst students at HEIs (Kong & Bergman, 2010; White et al., 2008). The same authors further demonstrate that students who live in residence on-campus tend to consume more alcohol and have more alcohol-related problems than do those who live at home with their parents. Students drink at parties to enjoy social situations (Kong & Bergman, 2010). According to Keurhorst et al. (2016:70), to set clear alcohol abuse policies and to be able to target high-risk students and provide needed interventions and treatment, support staff have to be trained on prevention strategies including information about alcohol abuse and addiction in the academic curricula. Students are supposed to be encouraged to make informed decisions supporting responsible alcohol use and make it a habit of participating in organised activities emphasising responsible use of alcohol.

- **Theme 10: Awareness campaigns to reduce demand for alcohol**

Awareness campaigns to reduce the demand for alcohol abuse emerged from participants' wishes to reduce alcohol abuse among students at HEIs. This theme appeared as the tenth theme under demand reduction. One category falls under this theme, namely: effects of alcohol abuse on students' lives.

- **Category 16: Effects of alcohol abuse on students' lives**

According to participants, students abuse alcohol without considering the dangers of it in their bodies. They indicated that the harm that is caused by alcohol abuse has a far-reaching negative effect that affect drinkers and those around them.

Group 3, orange team indicated that*: "**Students abuse alcohol without considering the dangers of it in their bodies"*

Group 5, yellow team pointed out that: "*The negative consequences of alcohol abuse affect not only the individual who abuse alcohol but also their families and friends".*

Group 2, green team stated that: *"Alcohol can be harmful, and it interferes with the students thought processes, impairs sensory motor, the thinking capacity of the students and prevents the individual students' to function normally"*

Most participants felt that the consequences of students' alcohol abuse affect not only the individual who abuses alcohol, but also their families and friends. According to participants, awareness campaigns to reduce the demand for alcohol abuse to be conducted to give students more information about life skills and positive behaviour that enable an individual to deal effectively with the demands and challenges of everyday life. Burnhams, Myers and Parry, (2009) reported that prevention programmes mostly take the form of educational programmes which aim to raise awareness by providing knowledge about alcohol abuse and the consequences. The educational programme encompasses a comprehensive survey of alcohol abuse problems to offer psychosocial support, over and above awareness and education.

At the University of Nairobi, a programme called Students Campaign Against Drugs discourages students from using alcohol in the campus, by empowering the students with on life skills and self-help skills such as communication skills, interpersonal skills, assertiveness skills, problem solving skills, decision making skills, conflict resolution and critical thinking skills, that can enable students to stay positive (Kemei 2014:26).

Theme 11: Students' empowerment programmes to reduce demand for alcohol

Students' empowerment programmes to reduce demand for alcohol emerged as a theme to improve students' lives. Under this theme, three categories emerged, namely: peer education, mentoring and role modelling. Empowerment can be an effective strategy for changing an individual's health behaviours. For empowerment programmes to achieve their full potential, however, there is a need to ensure that such programmes reach a critical mass of the target group.

- **Category 17: Peer education programme to reduce the demand for alcohol**

Peer education programme to reduce the demand for alcohol emerged during data analysis as an empowerment tool to reduce alcohol demand among students at HEIs. The following quotes substantiated this finding:

Group 5, yellow team indicated that: *"Effective structured peer education programme' to be in place for students"*

Group 2, green team suggested that: "*Peers to be trained to become buddies"*

Group 4, pink team emphasised that: "*Alcohol abuse among students at HEIs is due to peer pressure resistance skills'…some of the students are unable to resist their peers"*

Participants in the workshop wished for an effective, structured peer education programme to reduce the demand for alcohol among students. Peers are the most important people in students' lives because they provide opportunities to interact with one another and are of the same age. Some of the students at HEIs are unable to resist peer pressure and as a result encourage one another to abuse alcohol. They also listen to each other and take ideas, new senses of morality and values that are provided by their peers (Neluvhalani & Nel 2015:22). Peers can have a positive or negative social influence on each other. A positive social influence leads individual to develop social skills in such a way that when they are offered alcohol, they will say no. In a study conducted by Mogotsi (2011), it is argued that students who acquire positive social influences are

more likely to resist peer pressure to use alcohol than those who experience negative social influences. It is also suggested that negative social influences may lead to negative behaviour and have a detrimental effect on an individual's life and family relationships.

Yan et al. (2014:28) believed that peer education programme at HEIs' have grown to a state-of-the-art health education and motivational model designed to empower students to help each other promote positive health beliefs and behaviours. The same authors indicated that the most positive aspect of peer education is role modelling with integrated skills in decision making, problem-solving and communication skills, which both the peer educators and students enjoy.

Yan, Finn, Cardinal and Bent (2014:288), defined peer education as promoting knowledge, skills, or behavioural practice through interaction among a group of individuals who share similar backgrounds. In a study conducted by Seymour, Almack, Kennedy and Froggatt (2011: 45), peer education is referred to as sharing experiences and learning among people with something in common, and a way of enhancing awareness about health issues among students.

- **Category 18: Mentoring programme to reduce the demand for alcohol**

Mentoring programme to reduce the demand for alcohol arose as the eighteenth category from theme four. Participants revealed the wish to have a mentoring programme at HEIs to identify and motivate vulnerable students who are at risk of abusing alcohol. In their findings, participants highlighted:

Group 1, blue team" indicated that*: "Mentoring programme' to motivate students at risk of alcohol abuse"*

Group 4, pink team stated that: *"Guidelines in identifying vulnerable students for mentoring to be in place"*

Group 5, yellow team emphasised that: "*Mentoring programme to be in place for students to reduce alcohol abuse"*

Students have a right to a positive mentoring experience from their mentors, that offers support and encouragement to overcome the challenges that they face especially in their first year when they are vulnerable. Mentoring programme is a process involving time, the helping processes and a personal developmental relationship between a mentor and mentee, on how to balance social life at HEIs and the demands of studying at HEIs (Egege & Kutieleh 2015:265). A successful mentoring programme is when a mentor with skills, knowledge, and experience call students in advance to provide advice, guidance, and support (Sinclair, Fitzgerald, Hornby, and Shalhoub, 2015:304). According to the same authors, Sinclair et al. (2015:303) a mentor is ''an active partner in an on-going relationship and helps a mentee to maximise his or her potential and reach personal, professional goals. Theirs is a personal developmental relationship in which a person with greater knowledge or experience helps another with less''.

In a study conducted by Chung, and Kowalski 2012:381), mentoring was stressed as one of the more 'cost effective cultural mediators' in providing students at HEIs with educational and social resources necessary to guide them. Furthermore, having a mentor that students can relate to on all levels will lead to a higher quality of mentoring, since it is the quality of the mentoring that is critical, not just the presence of a mentor who may not be empathetic or understanding of the student's environment (Dantzer 2018).

- **Category 19: Role modelling to reduce the demand for alcohol**

Role modelling to reduce the demand for alcohol emerged as the nineteenth category under students' empowerment programmes to reduce the demand for alcohol. Participants wished senior students like third or fourth years can be role models for the first years and orientate them to familiarise them with the culture and life at HEIs, so that they can adjust. Participants 2 and 4 expressed their views as follows:

Group 2, green team" suggested that: *"Second, third or fourth years' students to act as role models for first year's students so that they can learn from them how to behave especially those students who are not abusing alcohol or other substances"*

Group 4, pink team" indicated that: ***"****Role modelling by peers who abused alcohol themselves can motivate students not to indulge in alcohol abuse".*

Students in their first year of study at HEIs are at risk of alcohol abuse. The HEIs academic year is filled with plenty of students' social events, where alcohol use is the central activity. From the above quotes, participants wished that first year's students at HEIs have role models who have developed successful coping skills and are not abusing alcohol. Participants also indicated that role modeling by peers who abused alcohol before could be inspirational to first-year students to avoid alcohol abuse at all costs. Furthermore, participants emphasised that it is important for these students to also to be positively inspired by senior students like second, third or fourth year students who are not abusing alcohol.

The conversion of students from high school to HEI is coupled with several factors including having to adapt to a new environment, continuous peer pressure, lack of parental control and feeling home sick, which contribute to heavy patterns of alcohol abuse among first year students (Tayob 2012:37). Therefore, a positive role model who can provide students with a sense of self-worth, and the opportunity to make a positive impression on students, is needed to guide the students as they transition into adulthood. (Gale 2007: 98).

A role model is described as a person who acts as a model for another person's behaviour in a specific role (Brooker 2012:216). According to McIntosh et al (2011:168), competent role models' functions are to exhibit behaviour that strengthens the constructive behaviour in others, and to help students to resist developing destructive behaviours, which is alcohol abuse. A role modelling programme should, therefore, be a healthy route to the development of students at HEIs. As a result, the presence of role models for students at HEIs is a positive mechanism to improve students' self-esteem (Gale 2007:37).

6.3.4 Destiny phase: Drafting of a programme

Development of a draft comprehensive support programme in the management of alcohol abuse among students at HEIs

The purpose of the destiny phase was to develop a draft comprehensive support programme to manage alcohol abuse among students at HEIs in South Africa. In the dream phase participants were required to think of a strategic focus, the desired future, a vision of an 'ideal' comprehensive support programme that will encourage students to avoid abusing alcohol. In the design phase participants made design principles which are confident and assertive statements HEIs hopes to achieve. The design phase focussed on 'what should be' in creating an ideal comprehensive support programme.

Participants were asked to draft a comprehensive support programme that will assist in the management of alcohol abuse amongst students at HEIs in South Africa. Based on the group discussion in the discovery phase and the imminent picture of the components of the support programme from the dream phase, participants worked in small groups to discuss and compile suggestions which were positive statements that described the idealised comprehensive support programme when responding to the question below:

- *"How do components become a programme? (Focusing on primary, secondary and tertiary interventions as related to demand, supply and harm reduction").*

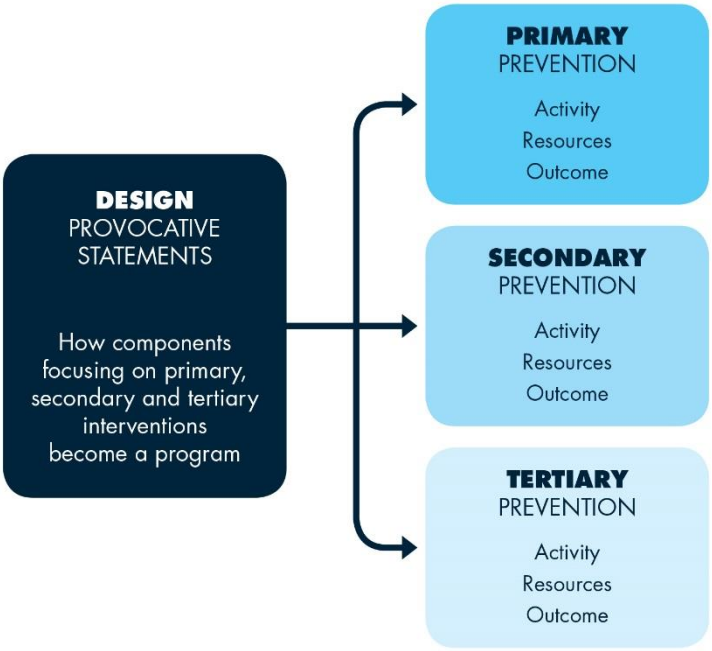
Three components focussing on primary, secondary and tertiary interventions as related to supply, harm and demand reduction were followed in the drafting of a comprehensive support programme. Participants designed activities, resources and outcomes around the propositions developed in the design phase with the focus on co-constructing *'what will be'*, *'how it could be'* and *'what should be'* in the future comprehensive support programme that can manage alcohol abuse amongst students at HEIs, when responding to the question below:

- *"What activities, resources and outcomes are required to realise a comprehensive support programme"?*

Participants discussed the questions in their small groups and recorded their draft support programmes on summary sheets. The small groups reported back again to the large group by presenting their findings after reaching consensus on answers to the questions. A representative of each small group presented the programme to the large group and then submitted these summaries to the researcher. The workshop facilitator recorded the components of each draft programme and facilitated the process on which consensus was reached during the large group discussion. A draft comprehensive support programme was designed in the large group discussion. Participants identified the most essential components of the programme by reaching consensus on the components to be included and omitting components that were not deemed as essential, practical or sustainable. The researcher recorded the aspects on which consensus was reached during the large group discussion. These are reflected in Table 6.4.

Figure 6.1 Destiny phase: Summary of components focusing on primary, secondary and tertiary interventions

Destiny phase:
Summary of components focusing on primary, secondary and tertiary interventions



6.4 SUMMARY OF RESEARCH FINDINGS AND DRAFT PROGRAMME

6.4.1 Summary of results of Quantitative phase (Phase 1)

The results of phase 1 were presented and discussed according to the three NDMP pillars, supply, harm and demand reduction as applicable to alcohol abuse (NDMP 2013-2017. From phase 1, it was clear that there is a lack of a comprehensive, coordinated, promotive, curative and rehabilitative support programme at HEIs to address NDMP the problem of alcohol abuses among students as required by the NDMP (2013-2017:50). Suggestions to reduce alcohol abuse as well as items hindering the control of alcohol abuse were also deliberated on. The results from this phase informed phase 2, an AI workshop with stakeholders who work with support programmes for alcohol abuse at HEIs.

6.4.2 Summary of the findings of the Appreciative inquiry (Phase 2)

Phase two of this study addressed research objective two that sought to develop a comprehensive support programme in the management of alcohol abuse amongst students at HEIs in South Africa using AI. The findings represented a comprehensive support programme in the management of alcohol abuse amongst students at HEIs in South Africa. Narratives obtained through AI clarified numeric data obtained from phase 1 in this study. Findings support the need for an integrated and a coordinated comprehensive support programme which can address alcohol abuse amongst students at HEIs in South Africa.

6.4.3 Summary of integrated findings

Table 6.3 provides a summary of the integrated findings.

Table 6.6: Summary of Integrated findings

Quantitative results	Appreciative Inquiry findings	
Questionnaire survey	**Theme**	**Appreciative Inquiry workshop**
Is there an alcohol/substance abuse policy at your institution 10% **Yes** and 90% **No**	Policies to reduce the supply of alcohol Policies to reduce the demand for alcohol	Policies and regulations with regards to harm reduction related to students abusing alcohol Policies for access control at students' venues and events
Is your institution able to identify vulnerable students in need of psychological help? 88% **Yes** and 12% **No**	Training of support staff to reduce harm	Identify vulnerable students at risk for the harm caused by alcohol abuse Referral policy of students at risk
Does your institution refer students for psychological support? 100% **Yes**	Counselling of students at risk	Counselling to students at risk for the harm caused by alcohol abuse
How do you support students who are on treatment and rehabilitation for alcohol abuse? - Rehabilitation with 25% of HEIs offering rehabilitation services to student - Counselling of students with 70% of HEIs offering counselling to students	Student support Lack of mental health programmes Inadequate rehabilitation programmes	Support of students at risk for the harm caused by alcohol abuse Mental health programme, for example, behaviour modification to control the harm caused by alcohol abuse for students at risk
Do you have structured support programme activities which reduce harm? 68% **Yes** and 31% **No**	Students empowerment programme to reduce demand for alcohol	Programmes to provide: Peer education, mentoring, role modelling and assertiveness skills training
How does your institution reduce the demand of alcohol abuse and other substances? - **Awareness campaigns 46%**	Awareness campaigns	Awareness campaigns to include: - effects of alcohol abuse on students Peer education Moral regeneration

- **Removing alcohol at campus cafeterias 39%**		
Do you include law enforcement during spring day celebrations? 20% **Yes** and 80% **No**	Legal aspects to reduce the supply of alcohol	Law enforcement, e.g. visible security around campus at student's events, licensing, drinking age, tax

6.4.4 Destiny phase: Activities, resources and outcomes in the draft comprehensive support programme

A comprehensive support programme was drafted and is composed of the following features: Activities, resources, target audiences and outcomes in all three intervention strategies or components. Activities to be included in the support programme were identified and endorsed during the workshop. The process employed for the drafting of the support programme was steeped in three components, primary, secondary and tertiary prevention, guided by three pillars; supply, harm and demand reduction. See table 6.4 for a summary of the activities, resources and outcomes of the draft comprehensive support programme. The draft comprehensive support programme will be refined by local and international experts during phase 3 in chapter 8 using a Delphi technique (consensus method) and Likert scale for ratings.

Table 6.7 Destiny phase: Activities, resources and outcome of draft programme

	Activities	Resources/Target Audiences	Outcomes 1 – 3 Years
Primary Prevention	Manage factors driving the **supply** of and **demand** for alcohol through peer education and social skills training such as communication skills, assertiveness skills; conflict resolution skills and decision-making skills that will empower students to make informed decisions regarding substance abuse. • Involve parents and community members to address the supply of and demand for alcohol among students • Awareness campaigns to address the impacts of irresponsible drinking – many people including students, do not understand the long-term consequences of binge drinking, and neither do they understand the severity of co-morbid conditions. • Policies to manage the supply of alcohol to students at HEIs • Implementation and reinforcement of policies • Increase knowledge about the detrimental effects of dangerous alcohol consumption	It is recommended that a comprehensive support programme engage the following stakeholders: • Directorate of students funding • Directorate of students counselling and career development • Peer educators/tutors • Student Representative Council (SRC) • Independent organisations, for example, religious organisations	By the end of the first year of the comprehensive support programme to be able to: • Reduce irresponsible alcohol use at HEIs • Increase awareness among students and stakeholders • Reduce the demand for alcohol among students • Reduce risky behaviour among students. • Improve academic graduation rate and increases best practices • Modification in alcohol abuse patterns among students • Increasing positive peer and social norms around the responsible use of alcohol and/or abstinence from alcohol

	Activities	Resources/Target Audiences	Outcomes 1 – 3 Years
Secondary Prevention	Early identification of students at risk for alcohol abuse by encouraging referrals from different academic departments for underperforming students; self-report questionnaires at orientation/health clinics/cafeteria and at every department at HEIs. • Implementation of evidence-based interventions into existing HEIs student support efforts when students are at risk of harm caused by alcohol abuse • Awareness programme on the harmful effects of alcohol abuse • Liaise with the Departments of Health and Social Development to follow up and refer students who require interventions • Revisit existing policies on substance abuse and revise if required to curb the harm caused by alcohol abuse	• Surveys to do needs analysis among students and other stakeholders • Benchmarking with other institutions • Law enforcement department involvement, e.g. South African police service • HR and campus security involvement, e.g. University campus security • Multidisciplinary approach (Psychologists, psychiatrists, social workers, advanced psychiatric nurses). • Counselling services ensure sufficient and effective interventions • Treatment and rehabilitation	• Empowerment of students to reduce and prevent the harm caused by alcohol abuse • Skills development among students to reduce and prevent the harm caused by alcohol abuse • Behaviour change among students to reduce and prevent the harm caused by alcohol abuse • Self-efficacy among students to reduce the harm caused by alcohol abuse • Awareness of available resources among students and support services • Skills programme for students to reduce and prevent the harm caused by alcohol abuse • Support groups for students to reduce the harm caused by alcohol abuse • Well written and effective policies to reduce the harm caused by alcohol abuse • Align policies to existing and applicable acts

	Activities	Resources/Target Audiences	Outcomes 1 – 3 Years
Tertiary Prevention	• Continuous monitoring of students who received treatment for alcohol abuse/dependency with regards to: - Academic performance - Mental health needs - Physical health needs - Healthy lifestyle • Ensure students at risk take part in: - Leisure and healthy lifestyle activities - Empowerment programme with skills training to prevent relapse - Continuous group support/counselling activities • Course extension of students in need • Mobilise support systems of students who received treatment for alcohol abuse/dependency	• Catch up programme for academic support • Development of an App for harm reduction in instances of relapse • Financial support for students at risk • Recreational activities and resources • Allocation of academic, social and support mentors to students identified to be at risk • Peer group support system • Support groups referral system	• Timeous completion of qualifications • Compliance with treatment and rehabilitation programme

6.5 CONCLUSION

This chapter focused on the findings and literature control of the AI process that was followed to draft and develop a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa. The AI was used as an approach and a method to facilitate the process of developing a comprehensive support programme. During the workshop, the researcher presented phase one results of the study according to the three NDMP pillars, supply, harm and demand reduction first to familiarise participants with the study. From phase 1 findings, it was clear that there is a lack of a comprehensive, coordinated, promotive, curative and rehabilitative support programme at HEIs in South Africa. In summary, by the end of the group discussions, stakeholders were taken through all AI activities in define, discovery, dream, design and destiny phases. They worked in small and large groups to discover the best and the positive aspects, as well as the challenges experienced by stakeholders during the dream phase, the desired support programme was visualised and designed during the destiny phase comprehensive support programme and articulated interventions and desired outcomes for a more preventative, promotive, curative and rehabilitative support programme that will manage alcohol use and abuse among students at HEIs in South Africa. The next chapter will present refinement of a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa through e-Delphi technique.

CHAPTER 7

PHASE 3

REFINEMENT OF A COMPREHENSIVE SUPPORT PROGRAMME IN THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HEIs IN SOUTH AFRICA THROUGH e-DELPHI TECHNIQUE

7.1 INTRODUCTION

The previous chapter presented discussion of Appreciative Inquiry findings and literature control. This chapter presents the refinement of a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa through a consensus method using an e–Delphi technique. The development of a comprehensive support programme was based on data obtained from participants in phase 1 and phase 2 of this study. Data from the workshop was analysed, using qualitative thematic data analysis. The findings of the workshop were described in Chapter 6 using the three pillars of the NDMP (2013-2017), supply, harm and demand reduction. The support programme was drafted by stakeholders in accordance with the themes, categories and sub-categories identified in the workshop. A comprehensive support programme was drafted during an AI workshop in phase 2 according to activities, resources and outcomes, for primary, secondary and tertiary prevention strategies. Table 6.4 in chapter 6 represents the draft support programme according to primary, secondary and tertiary preventive activities, resources and outcomes.

The e-Delphi technique was chosen as a technique to evaluate and refine the comprehensive support programme, because both national and international experts were involved. The e-Delphi technique is important in evidence-based research and assists in assembling ideas online (van der Linde et al. 2005:693). The e-Delphi technique and findings are outlined in this chapter. The methodology is discussed under the following headings: reaching consensus from Delphi technique in health and nursing, e–Delphi technique as a method of achieving consensus with experts,

recruitment and selection of experts for e–Delphi, biographical data of experts and instrument used to refine the support programme.

7.2 REACHING CONSENSUS FROM DELPHI TECHNIQUE IN HEALTH AND NURSING

The concept 'consensus' or a 'collective agreement' is a condition of homogeneity or consistency of opinion among panellists (Keeney, Hasson & McKenna 2011:14). According to Botma et al. (2010:251), consensus method is a method whose results are based on a general agreement of the group. Therefore, consensus is well defined as a "general agreement of a substantial majority" of >75% (van der Linde et al. 2005:694).

In the literature, numerous methods are described to reach consensus. These methods are traditional Delphi, nominal group technique, modified Delphi technique and more recently, e-Delphi. The nominal group technique is a structured small group discussion whose aim is to reach consensus (Botma et al. 2010:251). In this study, it was not practical and possible to use a nominal group technique because all the national and international experts were engaged in their different countries and places of employment. The traditional Delphi technique is transparent, organised and a recreated method of blending individuals' understanding of concept (WHO 2010:34). Polit and Beck (2017:725) define the Delphi technique as a method for 'obtaining judgements from an expert's panel about an issue of concern; experts are questioned individually in several rounds, where a summary of the panels' views is circulated between rounds, to achieve some consensus. The Delphi technique has been used in health and social research to support decision making processes and reach consensus (Hart et al. 2010:1).

A Delphi technique is based on iterative one-on-one interviews conducted sequentially and a modified Delphi technique is based on gathering the same participants together and raising the issues for a structured discussion and immediate consensus among participants simultaneously (Snape et al. 2014:2). According to Keeney et al. (2011:7) a modified Delphi does not force consensus; rather provided the panellists opportunity to elaborate on an issue at hand to reach consensus.

There are different online methods to reach consensus using virtual communication, where face-to-face is impossible due to distance, work and availability of participants; namely, google collaboration, online platforms and skype collaboration. Google collaboration tools is a tool whereby a document is created, through Dropbox, to communicate and share files, notes, or tasks for all participants to access the documents, work on it, since editing is not restricted and send it back online to reach consensus. Online platform is a platform whereby a tool is developed and completed online, all participants will access the tool online, complete the tool and send it back online without communicating with the project leader until consensus is reached. Skype collaborative is a meeting whereby a chatbox is created, and all participants give clarification using the chatbox until a consensus is reached.

7.2.1 e–Delphi technique as a method of achieving consensus with experts

This study followed a virtual communication technology using an e-Delphi technique whereby the draft programme with an evaluation instrument was sent to both national and international experts via e-mails in three rounds to provide inputs or virtual comments to refine the draft support programme. The e-Delphi worked well in this study because experts identified had easy access to e-mail and they used it as the main form of communication (Brüggen & Willems 2009:2). The e-Delphi technique's was to reach consensus on the refinement of a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa.

According to Wilson (2017:325) the e-Delphi is a technique with the use of electronic distribution and collection that allows for a more engaging process, improved collection of data, and a more meaningful achievement of consensus. The e–Delphi technique was chosen as a technique in this study to deliberate and decide on how to refine the support programme. Experts who committed to participate in the study were unable to convene in one place (Bardhan et al. 2012:25; Oosthuizen 2014:3). The researcher found the e-Delphi process to be economical and facilitated rapid communication between experts from different geographical locations to reach consensus within an appropriate time frame. (Meshkat, Cowman, Gethin, Ryan & Wiley 2014:7). The e-Delphi technique allowed experts to participate in an anonymous manner and some of the common biases that normally occur in a face-to-face group process were removed (Eubank, Mohtadi, Lafave, Wiley, Bois, Boorman & Sheps 2016:18). The advantages of using the e-Delphi technique is that it leads to a more rapid feedback and responses from panel members as reminder e-mails can be sent out automatically at no costs (Keeney et al. 2011:149).

In digital research, there are various techniques that are used to measure consensus among the experts or panellists (Heiko 2012:1529). According to Mongin (2016:512), the 90-9-1 principle reflected the well-established Pareto-principle that is dominantly used in market research. Another consensus measurement which has been sporadically used in traditional Delphi technique, is "Average Percent of Majority Opinions" (APMO) Cut off Rate (Heiko 2012:1529). Consensus using APMO is calculated based on the majority agreements plus the majority disagreements multiplied by 100 and divided by total opinions expressed (Heiko 2012:1529). This APMO formula is:

APMO = Majority agreements + the majority disagreements X 100

Total opinions expressed

According to Heiko (2012:1529), the APMO cut off rate is the most suitable measurement of consensus as it leaves much freedom for analysis and understanding to the Delphi facilitator who is the researcher in this study. In this study, the "post-group consensus" (Heiko 2012:1529) was used. The post-consensus measurement in this regard was done after the third e-round; where experts scored "1" strongly agree to most of the items and "3" disagree to some extent on one item on the Likert Scale. See table 7.3.8. The description of the recruitment process follows in the next section.

7.2.2 Recruitment and selection of experts for e-Delphi

According to Horbach et al. (2018:476), there is no official consensus on the number of participants that should participate in e–Delphi technique. The researcher identified and invited 20 potential participants who met the requirements in accordance with the inclusion criteria of Phase 3, but only 16 accepted the invitation to participate in the e–Delphi technique. The recruitment of experts was based on their knowledge and expertise on support programmes in the management of alcohol abuse among students. The experts' professional qualifications ranged from a PhD in clinical psychology, with experience in counselling students with substance abuse problems and other learning needs, to a PhD in psychiatric nursing science with experience in teaching and identifying students with alcohol abuse problems and other learning problems. A participant with a Master's degree in social work with experience of identifying students with social problems, which includes alcohol abuse, also participated. All experts had a vast experience in working with alcohol and other substance abuse programmes at their institutions. To enhance the rigour of the support programme, the researcher included experts from South African universities and mental health institutions with a

broader scope and understanding of alcohol and other substance abuse problems in a South African context and experience.

The following documents were emailed to each potential participant: (1) letter of invitation outlining the instructions and study objectives (Addendum R) and (2) information leaflet including the consent form (Annexure C). Out of the 20 experts invited, only 16 of them agreed and signed a consent form to participate in the study. Below are the profiles of the 16 experts who agreed in writing to participate.

7.2.3 Biographical data of experts

The biographical data of the panel of experts is summarised in table 7.1.

TABLE 7.1: Biographical data of e-Delphi expert panel

NO	PROFESSIONAL QUALIFICATION	OCCUPATION	EMPLOYER	EXPERIENCE IN ALCOHOL AND OTHER SUBSTANCE ABUSE
1.	BA in Social Work, Honors in Social Work M Cur student in Social Work	Social worker	Gauteng Department of health	Fifteen years' experience
2.	Diploma in General Nursing & Midwifery. B Cur I et. A, B Cur (Hounors). M Cur in Advanced Psychiatric Nursing Science	Retired senior nurse lecturer	Gauteng Department of Health, Public sector	Thirty years' experience in teaching Nursing students
3.	Diploma in General Nursing and Midwifery. B Cur I et. A, B Cur (Honours). MCur in Advanced Psychiatric Nursing Science	Senior Nurse Lecturer	Gauteng Department of Health, Public sector	Twenty years' experience in teaching Nursing students
4.	B Cur M Cur Clinical Nursing and D Cur in Clinical Nursing	Nurse lecturer and Research supervisor	University of Pretoria	Worked in primary health care setting, experience in research, supervises post-graduate studies in the field of nursing

5.	Diploma in General Nursing and Midwifery. B Cur I et. A, B Cur (Honours). M Cur in Advanced Psychiatric Nursing Science	Senior nurse lecturer	South African Military Service Nurse lecturer (SAMS).	Twenty-five years' experience in teaching Nursing students
NO	**PROFESSIONAL QUALIFICATION**	**OCCUPATION**	**EMPLOYER**	**EXPERIENCE IN ALCOHOL AND OTHER SUBSTANCE ABUSE**
6.	Psychiatrist/Mental Health Practitioner, Master's degree	Consultant (Psychiatrists)	Groote Schuur Hospital	Ten years' experience in practising Psychiatric
7.	PhD in Clinical Psychology, Assistant Professor	Clinical psychology	University of Illinois, USA, School of Public Health	Twenty-five years of experience in teaching in clinical psychology
8.	Master's in clinical psychology	Clinical Psychologist	Tshilizini Hospital, Public sector	Ten years' experience in Clinical psychology and counselling
10.	Master's in research psychology	Research Psychologist and Psychology lecturer	University of South Africa, (UNISA)	Twelve years' experience as a lecturer in Psychology
11.	PhD in Clinical psychology (Assistant Professor)	Clinical Psychologist	School of Social Work, Baltimore, Maryland, USA	Fifteen years' experience as a Social work lecturer
12.	PhD in Clinical psychology (Assistant Professor)	Clinical Psychologist	University of Arkansas, USA, College of Public Health	Seventeen years' experience as a lecturer
13.	PhD Clinical Psychologist-Assistant Professor	Counselling and Psychological Services	University of California	Thirty years' experience in Clinical Psychology
14.	Professor in Psychiatry/Mental Health	Psychiatrists (Chief consultant)	Weskoppies Hospital	Twenty years of experience of practising as a Psychiatrist
15.	PhD Clinical Psychologist - Assistant Professor	Clinical Psychology	Yale University, NIMH Postdoctoral Research Fellow	Ten years' experience as a clinical psychologist

16.	Psychiatrist/Mental Health	Psychiatrists (Senior consultant)	Weskoppies Hospital	Eighteen years of experience of practising as a Psychiatrist

The support programme was drafted in the AI workshop from stakeholders' input and comments in phase 2. The researcher sent the instrument and the drafted support programme to the e-Delphi participants via e-mail. The refinement of the support programme occurred in three e-Delphi rounds. In all three e-Delphi rounds, the experts evaluated the draft programme. See discussion of e-Delphi round one in section 7.3.1, e-Delphi round two, 7.3.4 and e-Delphi round three, 7.3.8. A summary of response ratings of the e-Delphi round one follows in table 7.4, e-Delphi round two, table 7.6 and e-Delphi round three, table 7.7.

7.3 METHODOLOGY FOR SUPPORT PROGRAMMEME REFINEMENT AND VALIDATION

During the refinement process, the researcher used various principles related to the development of a support programme to ensure excellence in programme development. Various sources, namely, Agree Collaboration (2010); Thompson & Dowding (2002); and Ke Moja integrated strategy, Department of Social Development (DSD 2011:8) were used to identify these principles which formed part of the instrument used for the validation and refinement of the draft comprehensive support programme in table 7.2. The principles identified were validity, reliability, applicability, clarity, relevance, comprehensiveness, effectiveness, flexibility and acceptability. The researcher used these principles as criteria for experts to rate each aspect of the programme during the validation and refinement process on a 4-point Likert scale, which ranged from 1 – strongly agree to 4 – strongly disagree.

As the researcher was reading the principles to be included in the support programme, she came across AGREE II for guideline evaluation (2010) and "Ke Moja" (I am fine without drugs) (2011) for programme evaluation using the same principles. Therefore, the researcher combined the two tools since they both used similar principles for evaluation. AGREE II is an international tool that is used to appraise and evaluate guidelines (Brouwers, Kho, Browman, Cluzean et al. 2009:1). "Ke Moja I am fine without drugs" is a brand name for the Government of South Africa's drugs and substance abuse prevention programme. In Sesotho, one of South Africa's eleven official languages, "Ke" means "I" while "Moja" means "Fine" in Totsitaal / Fanagalo (Department of Social Department,

2008). The “Ke Moja I am fine without drugs” programme was chosen to curb the supply of alcohol abuse among young people in South Africa and to educate, empower and develop awareness of the harmful effects of alcohol abuse (Khosa, Dube & Nkomo 2017:71). In this study the researcher adapted and consolidated certain aspects of AGREE II (2010) framework for guidelines and “Ke Moja I am fine without drugs” (DSD 2011), to identify the principles used to evaluate the programme. A modified 4 – point Likert scale was used to rate each principle. These ratings and comments of the experts who participated in the e–Delphi were used by the researcher to refine the comprehensive support programme according to the objectives and methodology of the study.

7.4 REFINEMENT OF THE DRAFT SUPPORT PROGRAMMEME USING THE e-DELPHI TECHNIQUE

In this study, the process of data collection from the Delphi experts was conducted in subsequent rounds of three weeks each until consensus was reached. During each round, the e-Delphi experts were expected to read through the draft comprehensive support programme, rate the programme and then write comments outlining their opinions. The ratings and comments of each e-Delphi expert were compared with the ratings and comments done by fellow experts. Participants remained anonymous from each other and the controlled feedback was facilitated by the researcher (Keeney et al. 2011; Keeney 2010; Hsu & Sandford 2007). Summaries of the opinions, ratings and refined support programme were e-mailed back to each expert. In each round, participants were given an opportunity to change their responses and concur with the views of the group or choose to stay within their views (Green & Thorogood 2014:128). The e–Delphi three rounds are discussed in this section.

7.4.1 E-Delphi round one

The first section of the initial data collection instrument in this round consisted of the biographical information of the e-Delphi participants (Annexure C). Initially, 16 experts, whereby, five international experts and 11 South African based experts agreed to participate in the study but only 14 experts signed the consent form and participated in Delphi round one. The experts were given three weeks to work and rate the draft programme in accordance with the principles of quality programmes using the 4 – point Likert scale to measure their level of agreement then make comments on the provided section. The participants were requested to scan the last signed page of the informed consent form and return all the documents to the researcher by e-mail. The descriptive information on the professional and academic experience of the 14 e–Delphi experts enabled the researcher to describe the sample.

7.4.2 Responses and comments of e-Delphi round one

Some of the e-Delphi experts in this round commented and gave inputs on the programme without ratings and others rated only without comments. Below are some of the inputs of the experts during round one:

Extract (P5) # e-Delphi round one

Primary prevention

Activities: *"I think you need to first start by stating who is your target population in terms of age and class level at the university. Then, also tell us the median that this programme will be delivered, student housing, campus, etc. Also, state what the goal and objectives are… how will you measure programme success. How would you operationalise these activities and what resources would you need to use?"*

Resources: *No comment*

Outcome: *"You need to insert how would you measure reduction. For example, a reduction by how much 10%, 15%, etc".*

Secondary prevention

Activities: "*These seem fine, but like above, how would you operationalise these and how would you measure success of the programme".*

Resources and outcome: *No comments*

Tertiary prevention

Activities, resources and outcome: *No comments*

Extract (P7) # e-Delphi round one

"I am not sure whether this should not read as more specific goals for the service that is proposed".

"The current given goals are not measurable within the current project. Alternatively, you can say the motivation is these listed ones and the project goals are (measurable e.g. to strengthen early detection of at risk individuals, to … etc)".

Extract (P2) # e-Delphi round one

Primary prevention

"I would try and narrow the focus to things that can actually be tested and measured as an outcome. If there are too many outcomes, I worry that the intervention itself will break down because it is burdensome. Another thought is around screening, I did not see anything about screening in the primary prevention plan. How will you know who needs what intervention if initial and ongoing screening does not take place? Look into the use of Evidenced based approaches such as SBIRT (screening, brief intervention, and referral to treatment) as a guide of how to make this quick but useful".

Secondary prevention and tertiary prevention

"In your secondary and tertiary levels, I would be clear about what that means. Look into the American society of addiction medicine patient placement criteria 2nd revision (ASMA-PPC-2R) to establish levels of care and protocols. This resource provides a way to triage individuals to various levels of intervention".

In Table 7.3 is an example of an instrument, which indicated how the support programme was rated by e–Delphi experts during the first round.

Table 7:2 Instrument used for refinement of draft support programme

	STRONGLY AGREE	AGREE TO SOME EXTENT	DISAGREE TO SOME EXTENT	STRONGLY DISAGREE
Principles	**1**	**2**	**3**	**4**
Validity The programme produces the desired results based on the truth or facts. The support programme will facilitate the provision of care rendered to students who use or abuse alcohol by support service managers at HEIs			**X**	
Reliability Given the same circumstances, the support service managers at HEIs would interpret and apply the support programme similarly				**X**
Applicability Target population is clearly stated: Student support service managers, clinic managers, deans of students and wellness programme managers working with students who abuse alcohol at HEIs			**X**	
Clarity The comprehensive support programme is clear, easily understandable, unambiguous and logical				**X**
Relevance The comprehensive support programme is related to the health support needs of students at HEIs in South Africa				**X**
Comprehensiveness & Effectiveness The support programme shows the extensive understanding of the support needs of students to enable support service managers at HEIs to render adequate and appropriate support to students' who abuse alcohol			**X**	

	STRONGLY AGREE	AGREE TO SOME EXTENT	DISAGREE TO SOME EXTENT	STRONGLY DISAGREE
Principles	**1**	**2**	**3**	**4**
Flexibility The comprehensive support programme will empower support service managers at HEIs to focus on students who abuse alcohol			**X**	
Acceptability The comprehensive support programme is realistic and in line with the international standards, policies, mission and vision of the NDMP 2013-2017				**X**

The responses from the e–Delphi experts panel ratings on the draft support programme were collated and presented in Tables 7.4 (round one), 7.5, (round two) and 7.6 (round three).

7.4.3 Adjustments of the draft programme after round one

The researcher analysed the ratings and the comments made by the expert panel in round one. Considering the comments, inputs and suggestions made by the expert panel in round one, certain adjustments were made to the draft programme. The changed support programme and recent controlled feedback was sent to the expert panel via e-mail. Table 7.3 presents the summary of the 14 respondents to indicate the specific rating of each principle during round one.

TABLE 7.3: Summary of the rating of the e-Delphi round 1 (14 panellists)

PRINCIPLES	VALIDITY				RELIABILITY				APPLICABILITY				CLARITY				RELEVANCE				COMPREHENSIVENESS & EFFECTIVENESS				FLEXIBILITY				ACCEPTABILITY			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
PURPOSE, OBJECTIVES AND GOALS	2	0	7	5	0	3	4	7	0	2	2	10	0	2	6	6	0	0	4	10	0	1	3	11	0	1	4	9	0	1	2	11
PRIMARY PREVENTION	1	1	4	8	1	2	6	8	0	2	2	10	1	1	7	6	1	1	3	10	1	3	3	11	0	1	3	10	0	2	2	10
SECONDARY PREVENTION	1	0	6	7	1	2	5	7	0	2	2	8	1	2	4	8	1	2	2	10	1	3	3	11	0	0	5	9	0	1	6	7
TERTIARY PREVENTION	0	1	4	9	0	2	3	8	1	2	1	10	0	1	6	7	0	1	4	10	1	1	3	11	1	0	4	10	0	0	4	10
TOTAL SCORE	**4**	**2**	**21**	**29**	**2**	**9**	**18**	**30**	**1**	**8**	**7**	**38**	**2**	**6**	**23**	**27**	**2**	**4**	**13**	**40**	**3**	**9**	**12**	**44**	**1**	**1**	**16**	**38**	**0**	**4**	**15**	**30**

7.4.4 e–Delphi round 2

In this round, the experts' panel that worked on the draft programme in round one was send the adapted draft programme by the researcher based on the comments and recommendations made by the experts' panel in round one. A cover letter outlined the summary of the findings of round 1, objectives of round 2, and the deadlines for round 2 was also send. The panel was again given three weeks to work on the adapted draft programme for further refinement. During this round, the experts had an opportunity to observe how their opinions differed from others. This gave them the opportunity to either maintain the ranking of their initial thoughts or decide to change their ratings accordingly (Bowker et al. 2008:92; Hsu & Sandford 2007:4). The experts were again expected to return their responses by e-mail to the researcher. Reminders were sent to all 14 members who participated in round one. However, only 12 panellists responded.

7.4.5 Adjustments of the draft programme after round two

The researcher analysed the ratings and the comments made by the e–Delphi expert panel in round two. The ratings of each principle on the four-point Likert scale were collated. After considering the comments, inputs and suggestions made by the expert panel in round two, the final adjustments were done.

In this round, the ratings from the e–Delphi experts were taking shape and some of the experts in other principles already accepted the support programme. Some respondents did not comment but only rated the programme. Only two experts commented without a rating, below are the two comments received without ratings.

7.4.6 Responses and comments of round two

Extract (P11) # e-Delphi round two

"My view is total ban of selling of alcohol on university premises. Students should be discouraged to drink alcohol. Please note that The Department of Trade and Industry Policy is proposing to increase the drinking age to 21 years".

"Two hours drinking may encourage binge drinking because people will drink a lot within a short period of time and this is dangerous to health".

"The term bottle is broad, recently the SAB is producing a 1 litre bottle of beer, maybe use units of alcohol, thought I still maintain no drinking at all to students".

Extract (P12) e-Delphi round two

"It seems you are providing a service. The support comes from through the service. Then state clearly that you will be providing a service that has several goals and whose population is…. etc. The location of the service may be should be specific. The population served can then be students at… etc."

"How does the programme ensure this realistically? Are you not aiming at providing information to regulators that will support the creation of safe zones; In other words, you will not be able to create yourself but as a resource programme you can begin to contribute towards the production of evidence, outputs and ultimately a desired outcome".

The researcher made changes to the support programme and re-sent controlled feedback to the expert panel via email. See Table 7.4 for the summary of the 12 respondents who indicated the specific rating in each principle during round two.

TABLE 7.4: Summary of the number of rating of the programmes in e-Delphi round 2 (12 panellists)

PRINCIPLES	Validity				Reliability				Applicability				Clarity				Relevance				Comprehensiveness & Effectiveness				Flexibility				Acceptability			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
PURPOSE, OBJECTIVES AND GOALS	0	0	2	10	0	0	1	11	0	0	3	9	0	0	1	11	0	0	1	11	0	0	0	12	0	0	2	10	0	0	0	12
PRIMARY PREVENTION	0	0	1	11	0	0	2	10	0	0	0	12	0	0	3	9	0	0	2	10	0	0	1	11	0	0	1	11	0	0	0	12
SECONDARY PREVENTION	0	0	1	11	0	0	2	10	0	0	1	11	0	0	1	11	0	0	2	10	0	0	2	10	0	0	1	11	0	0	2	10
TERTIARY PREVENTION	0	0	2	10	0	0	1	11	0	0	3	9	0	0	0	12	0	0	3	9	0	0	1	11	0	0	2	10	0	0	1	11
TOTAL SCORE	**0**	**0**	**6**	**42**	**0**	**0**	**6**	**42**	**0**	**0**	**7**	**41**	**0**	**0**	**5**	**43**	**0**	**0**	**8**	**40**	**0**	**0**	**4**	**44**	**0**	**0**	**6**	**42**	**0**	**0**	**3**	**45**

7.4.7 e-Delphi round 3

All 14 panellists who participated in round two were given the final opportunity to revise their judgments (Bowker et al. 2008:92; Hsu & Sandford 2007:4). Only 12 participants responded during this round. All 12 of the panellists strongly agreed with all the principles of the support programme. However, one participant did not rate the draft programme, only indicated that she maintained her ratings of the previous round and recommended some additions to the wording of the principle of validity, comprehensiveness and flexibility. The total score on each principle during this round was 48, only the principle of clarity scored 47, because only one panellist rated against the others in this round by disagreeing to some extent. One international expert indicated that he maintains his previous ratings during this round after several reminders sent to him. A unanimous score of one on the Likert scale, which is “strongly agree”, was achieved, indicating that consensus had been reached. For this study, the researcher considered 80% as the consensus point. This meant that the panel had reached agreement when 80% of the experts agreed with the drafted support programme components.

7.4.8 Adjustments of the draft programme after round three

The researcher reviewed and adjusted the draft support programme and ensured that it was in line with the comments made by the participants in all three rounds. Consequent e-Delphi rounds achieved the desired level of consensus after all changes were made according to judgments among panellists. The researcher collated the consensus rate from the responses according to the Likert scale to indicate agreement.

In Table 7.5 is the summary of the 12 respondents who indicated the specific rating in each criterion during round three.

TABLE 7.5: Summary of rating of the programmes in the e-Delphi round 3 (12 panellists)

PRINCIPLES	VALIDITY				RELIABILITY				APPLICABILITY				CLARITY				RELEVANCE				COMPREHENSIVENESS & EFFECTIVENESS				FLEXIBILITY				ACCEPTABILITY			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Purpose, Objectives and Goals	0	0	0	12	0	0	0	12	0	0	0	12	0	0	1	11	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12
Primary Prevention	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12
Secondary Prevention	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12
Tertiary Prevention	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12	0	0	0	12
TOTAL SCORE	**0**	**0**	**0**	**48**	**0**	**0**	**0**	**48**	**0**	**0**	**0**	**48**	**0**	**0**	**1**	**47**	**0**	**0**	**0**	**48**	**0**	**0**	**0**	**48**	**0**	**0**	**0**	**48**	**0**	**0**	**0**	**48**

In summary, the recommended adjustments were made by the researcher, and finally a comprehensive, promotive, curative and rehabilitative support programme was developed to manage alcohol abuse among students at HEIs in South Africa. The refinement of the comprehensive support programme was done using the e-Delphi panel of both national and international experts who reviewed the programme according to the principles namely validity, reliability, applicability clarity, relevance, comprehensiveness, effectiveness, flexibility and acceptability to ensure a reliable programme.

The refined and final comprehensive support programme is presented in the next tables with the changes as suggested during the e-Delphi rounds highlighted.

Table 7.6: Comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa (changes highlighted)

INTRODUCTION	This programme will target all students studying at HEIs in South Africa
OVERALL GOALS	The purpose of the comprehensive support programme will be to provide a service that has several goals to the target population (students at HEIs) to provide a comprehensive, (preventative, promotive, curative and rehabilitative) support programme within HEIs
	THE OVERALL GOALS OF THE COMPREHENSIVE SUPPORT PROGRAMME
	• To improve the health status of students at risk of alcohol abuse at HEIs through screening, brief intervention and referral to treatment • To retain learners at HEIs until completion; and • To create a safe learning environment that contributes towards quality education for students at HEIs
OBJECTIVES	**THE MAIN OBJECTIVES OF COMPREHENSIVE SUPPORT PROGRAMME**
	• To strengthen early detection of students at risk of alcohol abuse • To screen students at risk at least yearly • To determine the level of risk or assess risk with interviews based on DSM 5 criteria for alcohol abuse or alcohol dependence • To increase knowledge through life skills training amongst students so that they are less likely to engage in detrimental alcohol use • To ensure that alcohol at HEIs if used is used in a safe environment whereby; hours of purchasing alcohol on campus are limited and controlled

PREVENTION	PRIMARY PREVENTION Activities	SECONDARY PREVENTION Activities	TERTIARY PREVENTION Activities
	• Manage factors driving the supply of and demand for alcohol use among students, namely: - Peer education programmes among students at risk to inform and support each other with regards to responsible alcohol use - Social skills programmes such as, communication, assertiveness, conflict resolution and decision-making skills that will empower students to make informed decisions regarding alcohol abuse • Involve parents and community members to address the supply of and demand for alcohol abuse among students • Orientation programme for students to focus on a healthy lifestyle and the risk of alcohol abuse at HEIs • Awareness campaigns to address the impact of irresponsible alcohol use by students and to understand the long-term consequences of alcohol abuse, and the severity of co-morbid conditions	• Early identification of students at risk of the harm caused by alcohol abuse • Implementation of evidence-based interventions as part of support programmes at Higher Education • Institutions when students are at risk of harm caused by alcohol abuse • Awareness programme on the harmful effects of alcohol abuse and treatment options • Liaise with the Department of Health and Department of Social Development to follow up and refer students who require interventions related to alcohol abuse or dependency • Orientation programme for first year students to focus on a healthy lifestyle and the risk of alcohol abuse while attending HEIs • Revisit existing policies on alcohol abuse and revise if it is required to curb the harm caused by alcohol abuse.	• Continuous monitoring of and counselling for students who received treatment for alcohol abuse/dependency with regards to: - Academic performance - Mental health - Physical health - Healthy lifestyle • Ensure students at risk take part in: - Leisure and health promotion activities - Empowerment programmes with skills training to prevent relapse - Continuous group support/ counselling activities • Course extension of students in need • Mobilise support systems for students who receive treatment for alcohol abuse/dependency.

	PRIMARY PREVENTION **Activities**	**SECONDARY PREVENTION** **Activities**	**TERTIARY PREVENTION** **Activities**
	• Policies to manage the supply of alcohol to underage students and those already under the influence of alcohol • Implementation and reinforcement of policies • Increase knowledge among students about the detrimental effects of dangerous alcohol consumption.		
	RESOURCES **TARGET POPULATION**	**RESOURCES** **TARGET POPULATION**	**RESOURCES** **TARGET POPULATION**
	It is recommended that a comprehensive support programme engage the following stakeholders: • Directorate of students' funding • Directorate of students' counselling and career development • Student support services • Peer educators and tutors • Student representative council Independent students' organizations, for example, religious organizations	• Surveys to do needs analysis among students and other stakeholders • Benchmarking with other institutions • Law enforcement department involvement; Police services • HR and campus security involvement for example; patrolling within the campus • Multidisciplinary approach (psychologists, psychiatrists, social workers, professional nurses, advanced psychiatric nurses). • Counselling services – sufficient and effective interventions • Treatment and rehabilitation centres accessibility and availability	• Catch up programme for academic support • Development of student App for harm reduction in instances of relapse • Financial support for students at risk • Recreational activities and resources that discourage alcohol abuse • Study groups • Allocation of academic, social and support mentors to students identified to be at risk • Peer group support system • Student support services

	OUTCOME OBJECTIVES (1–3 YEARS)	**OUTCOME OBJECTIVES (1–3 YEARS)**	**OUTCOME OBJECTIVES (1–3 YEARS)**
	By the end of the first year the comprehensive support programme should be able to: • Reduce irresponsible alcohol use at HEIs • Increase awareness about alcohol abuse among students and stakeholders • Reduce demand for alcohol among students • Reduce risky behaviour among students • Improve academic throughput rate and increased best practices • Increase knowledge about alcohol abuse patterns among students • Increase positive peer and social norms around the responsible use of alcohol and/or abstinence from alcohol.	In order to reduce the harm caused by alcohol abuse: • Empowerment of students • Skills development programme amongst students • Behaviour changes amongst students • Self-efficacy amongst students • Awareness of available resources • Support groups for students abuse • Well formulated and effective policies • Align policies to existing and applicable legislation.	• Timeous completion of qualifications • Compliance with treatment and rehabilitation programme.

EXPLANATORY NOTES ON PROGRAMME	**SCREENING**
	Screening students for at-risk of alcohol abuse is an important early component of providing comprehensive health care services and for the provision of more in-depth interventions around alcohol abuse. The results obtained can serve to inform the intervention process that may lead to more comprehensive support later through the broader health care system (CARBC, 2008). There are effective brief interventions for HEIs student population (Larimer & Cronce, 2007) and effective screening is an important component of these interventions. Screening should take place for students suspected of harmful alcohol use and/or those referred for treatment programmes. HEIs should use a formal assessment tool that is best suited to HEIs students to screen for alcohol problems among students (Winters et al., 2011). Several tools are applicable for HEIs students, and some are specific to HEIs students, e.g. AUDIT, CUGE, CRAFFT and SBIRT (Winters et al., 2011). Screening, brief intervention, and referral to treatment (SBIRT) is an evidence-based practice used of identify, reduce and prevent use, abuse and dependence on alcohol and substances.

Table 7.7: Comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa

INTRODUCTION	This programme will target all students studying at HEIs in South Africa
OVERALL GOALS	The purpose of the comprehensive support programme will be to provide a service that has several goals to the target population namely: students at HEIs to provide a comprehensive, (preventative, promotive, curative and rehabilitative) support programme within HEIs.
	THE OVERALL GOALS OF THE COMPREHENSIVE SUPPORT PROGRAMME
	• To improve the health status of students at risk of alcohol abuse at HEIs through screening, brief intervention and referral to treatment • To retain learners at HEIs until completion; and • To create a safe learning environment that contributes towards quality education for students at HEIs.
OBJECTIVES **PREVENTION**	**THE MAIN OBJECTIVES OF COMPREHENSIVE SUPPORT PROGRAMME**
	• To strengthen early detection of students at risk of alcohol abuse • To screen students at risk at least yearly • To determine the level of risk or assess risk with interviews based on DSM 5 criteria for alcohol abuse dependence • To increase knowledge through life skills training amongst students so that they are less likely to engage in detrimental alcohol use • To ensure that alcohol at HEIs if used in a safe environment whereby; hours of purchasing alcohol on campus are limited and controlled.

	PRIMARY PREVENTION Activities	**SECONDARY PREVENTION Activities**	**TERTIARY PREVENTION Activities**
	• Manage factors driving the supply of and demand for alcohol use among students, namely: - Peer education programmes among students at risk to inform and support each other with regards to responsible alcohol use - Social skills programmes such as communication, assertiveness, conflict resolution and decision-making skills that will empower students to make informed decisions regarding alcohol abuse • Involve parents and community members to address the supply of and demand for alcohol abuse among students • Orientation programme for students to focus on a healthy lifestyle and the risk of alcohol abuse at HEIs • Awareness campaigns to address the impact of irresponsible alcohol use on students to understand the long-term consequences of alcohol abuse, and the severity of co-morbid conditions	• Early identification of students at risk of the harm caused by alcohol abuse • Implementation of evidence-based interventions as part of support programmes at HEIs when students are at risk of harm caused by alcohol abuse • Awareness programme on the harmful effects of alcohol abuse and treatment options • Liaise with the Department of Health and Department of Social Development to follow up and refer students who require interventions related to alcohol abuse or dependency • Orientation programme for first year's students to focus on a healthy lifestyle and the risk of alcohol abuse while attending HEIs • Revisit existing policies on alcohol abuse and revise if required to curb the harm caused by alcohol abuse.	• Continuous monitoring of and counselling for students who received treatment for alcohol abuse/dependency with regards to: - Academic performance - Mental health - Physical health - Healthy lifestyle • Ensure students at risk take part in: - Leisure and health promotion activities - Empowerment programme with skills training to prevent relapse - Continuous group support/counselling activities • Course extension of students in need • Mobilise support systems of students who received treatment for alcohol abuse/dependency.

	PRIMARY PREVENTION Activities	**SECONDARY PREVENTION Activities**	**TERTIARY PREVENTION Activities**
	• Policies to manage the supply of alcohol to underage students and those already under the influence of alcohol • Implementation and reinforcement of policies • Increase knowledge among students about the detrimental effects of dangerous alcohol consumption.		

	RESOURCES **TARGET POPULATION**	**RESOURCES** **TARGET POPULATION**	**RESOURCES** **TARGET POPULATION**
	It is recommended that a comprehensive support programme engage the following stakeholders: • Directorate of students' funding • Directorate of students' counselling and career development • Student support services • Peer educators and tutors • Student representative council Independent students' organizations, for example, religious organizations.	• Surveys to do needs analysis among students and other stakeholders • Benchmarking with other institutions • Law enforcement department involvement; Police services • HR and campus security involvement for example; patrolling within the campus • Multidisciplinary approach (psychologists, psychiatrists, social workers, professional nurses, advanced psychiatric nurses). • Counselling services – sufficient and effective interventions • Treatment and rehabilitation centres accessibility and availability.	• Catch up programme for academic support • Development of student App for harm reduction in instances of relapse • Financial support for students at risk • Recreational activities and resources for students that discourage alcohol abuse • Study groups • Allocation of academic, social and support mentors to students identified to be at risk • Peer group support system • Student support services.

	OUTCOME OBJECTIVES **(1 – 3 YEARS)**	**OUTCOME OBJECTIVES** **(1 – 3 YEARS)**	**OUTCOME OBJECTIVES** **(1–3 YEARS)**
	By the end of the first year of the comprehensive support programme to be able to: • Reduce irresponsible alcohol use at HEIs • Increased awareness about alcohol abuse among students and stakeholders • Reduce demand for alcohol among students • Reduce risky behaviour among students • Improve academic throughput rate and increased best practices • Increase knowledge about alcohol abuse patterns among students • Increase positive peer and social norms around the responsible use of alcohol and/or abstinence from alcohol.	In order to reduce the harm caused by alcohol abuse: • Empowerment of students • Skills development programme among students • Behaviour changes among students • Self-efficacy among students • Awareness of available resources • Support groups for students who abuse alcohol • Well formulated and effective policies • Align policies to existing and applicable legislation.	• Timeous completion of qualifications • Compliance with treatment and rehabilitation programme

EXPLANATORY NOTES ON PROGRAMME	SCREENING
	Screening students for at-risk of alcohol abuse is an important early component of providing comprehensive health care services and for the provision of more in-depth interventions around alcohol abuse. The results obtained can serve to inform the intervention process that may lead to more comprehensive support through the broader health care system Centre for Addictions Research of British Columbia (CARBC) (2008). There are effective brief interventions for the HEIs student population (Larimer & Cronce, 2007) and effective screening is an important component of these interventions. Screening should take place for students suspected of harmful alcohol use and/or those referred for treatment programmes. Higher Education Institutions (HEIs) should use a formal assessment tool that is best suited to HEIs students to screen for alcohol problems amongst students (Winters et al., 2011). Several tools are applicable for HEIs students, and some are specific to HEIs students, e.g. AUDIT, CUGE, CRAFFT and SBIRT (Winters et al., 2011). Screening, brief intervention, and referral to treatment (SBIRT) is an evidence-based practice used to identify, reduce and prevent use, abuse, and dependence of alcohol and substances.

7.5 IMPLEMENTATION OF THE SUPPORT PROGRAMME

This support programme will provide comprehensive, preventative, promotive, curative and rehabilitative interventions, to students who are at risk and those who already abuse alcohol at HEIs in South Africa. The researcher envisions implementation of the support programme in the following way: A training workshop will be done with support service managers and stakeholders working with student support programmes to familiarise them with the comprehensive support programme. The training workshop will assist in improving the support programme through ideas of support service managers and stakeholders working with support programmes at various institutions. This training workshop will guide collaboration with support service managers and stakeholders and will inform what can be done after the completion of this PhD study.

The researcher may also implement the study findings by identifying a PhD student who is interested in alcohol/substance abuse programmes for her/him to implement the findings and evaluate the programme in practice. As part of the researcher's post-doctoral status, the researcher intent to integrate substance abuse as well as the developed comprehensive support programme into the nursing curriculum, so that students who are at risk of abusing alcohol can be identified early and referred for treatment.

7.6 FUTURE COLLABORATION

During the doctoral studies, the researcher was fortunate to be awarded a scholarship under Tirisano Project Scholar. Through the Tirisano Project, the researcher was able to visit University of California (UCLA) in 2017, where she met scholars with interests in alcohol/ substance abuse programmes, willing to collaborate with the University of Pretoria through this research project. The researcher intends to collaborate with the University of California to improve the support programme. The researcher plans to collaborate with advanced psychiatric nurses and counselling psychologists at HEIs around South Africa in taking the support programme forward to utilise it at their institutions to improve the mental health of students who are at risk of abusing alcohol.

The researcher also aims to invite other researchers from around South African universities with interests in alcohol abuse among students. Especially those that participated in the research during

the workshop in phase 2, will be contacted for further collaboration to improve the health and well-being of the students who are at risk of abusing alcohol.

7.7 CONCLUSION

Chapter 7 describes phase 3 of this study, which is the refinement of a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa using a consensus method. The guiding principles in the programme refinement were explained. The modified principles of AGREE II (2010); and 'Ke Moja' integrated strategy (DSD 2011), that were used as criteria according to which the programme was evaluated, as well as the e-Delphi technique that guided the refinement of the support programme were presented. The draft support programme with the suggested changes by Delphi experts' panellists was also presented. The next and final chapter presents the conclusion of the findings, description of the programme with recommendations, limitations and implications.

CHAPTER 8

EVALUATION, STRENGTHS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS OF THE STUDY

8.1 INTRODUCTION

Previous chapter described the refinement of a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa using consensus method through e-Delphi technique. In this chapter, strengths and limitations related to the research process are presented and subsequently, recommendations are also provided. Finally, this chapter ends with conclusions concerning the journey that was undertaken to address the three research objectives of the study.

8.2 EVALUATION OF THE STUDY

This study is evaluated based on its rationale and how its aim and objectives as set out in chapter one were achieved.

8.2.1 Rationale of the study

The main rationale for this study was to develop a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa. Several studies on support programmes have been conducted in South Africa. However, the interventions in place focus more on reducing the demand for alcohol, while the three pillars (supply, harm and demand reduction according to the NDMP (2013-2017) are not evidently categorised and addressed. It is also not clear whether the programmes reflect a comprehensive, preventative, promotive, curative and rehabilitative approach towards alcohol abuse and meet the international and national standards for alcohol abuse prevention (UNODC, 2013; NDMP 2013-2017). The findings of this study will contribute to the body of knowledge in educating young people entering HEIs in South Africa and in

other countries on the risks of alcohol abuse to reduce the harm caused by the demand and supply of alcohol so as to increase students' academic performance.

This study was conducted to assist HEIs in South Africa to effectively educate students on the risks of abusing alcohol, to reduce high rates of alcohol abuse among students, to improve students' academic performance, reduce dropout rate as well as relieving the economic and social burden of alcohol dependency on families and the country as a whole. Research are conducted to encourage improvement of information on a certain phenomenon. This study focused on developing a comprehensive support programme for the management of alcohol abuse among students at HEIs. The comprehensive support programme can be applied with other programmes currently in place mainly at HEIs in South Africa to support in the management of alcohol abuse.

8.3 THE AIM AND OBJECTIVES OF THE STUDY

The overall aim of this study was to evaluate current support programmes used at HEIs in South Africa and to develop a comprehensive support programme for the management of alcohol abuse among students at HEIs. The study was planned in three phases to address the overall research question. In order to address the three phases of the study, three research objectives were employed to guide the study.

8.3.1 Phase 1

8.3.1.1 Objective of phase 1

The objective of phase 1 was to evaluate current support programmes used in the management of alcohol abuse among students at HEIs in South Africa.

8.3.1.2 Summary of results of phase 1 according to the NDMP pillars

As reported in chapter 4, the questionnaire items showed an acceptable content validity index of 0.7825 and the internal consistency of the whole questionnaire was deemed acceptable as determined by the Cronbach's alpha reliability coefficient of 0.70. Information from each

questionnaire was captured using Excel 2010 and was converted into Stata 13/14 format to achieve phase 1 objective. Collecting data for the development of a support programme in the management of alcohol abuse among students at HEIs in a quantitative form enabled the researcher to generalise the pre-test survey results to the support service managers, deans of students, etc. at HEIs in South Africa. This was made possible by the good response rate of 78% to the questionnaire.

- **Supply reduction summary of results**

- **Personal, social skills and social influences**

Of the participants 93% agreed that HEIs in South Africa reduce the supply of alcohol to students below 18 years of age, both on and off campus, and only 7% of the participants recorded that they do not reduce the supply of alcohol to students less than 18 years. The results show no statistical association between supply reduction in relation to alcohol abuse policy that can manage alcohol abuse among students at HEIs, and no evidence of differences on the measures of responses by Kruskal-Wallis chi–square between participants.

- **Harm reduction summary of results**

- **Individual's psychological vulnerability**

A 100% positive response was received from participants on the referral of students at HEIs for psychological support. This is proof that despite some HEIs not having support programmes, vulnerable students do receive psychological support on a one-to-one basis to provide immediate basic counselling. The results on Kruskal-Wallis chi-square probability also propose no significant association between harm reduction and individual psychological vulnerability, except for training and support during mentoring, which indicated that all are significantly associated with alcohol abuse policy, however, show no evidence of differences with respect to participants' response on alcohol abuse policy and HEIs policy.

- **Demand reduction summary of results**

- **Support programme**

The majority, 89% participants confirmed that their HEIs have support programmes, which guarantee students' confidentiality, and only 11% do not. Eighty shows that their support programmes in place are not comprehensive and alcohol abuse specific. The Kruskal-Wallis chi-square shows no evidence of differences with respect to the responses between participants on demand reduction and support programmes as well as no statistically significant association between participants.

As a result, a comprehensive, preventative, promotive, curative and rehabilitative support programme is required to manage alcohol abuse among students at HEIs in South Africa.

8.3.2 Phase 2

The focus of phase 2 was to develop a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa using AI. Findings were supported by the three pillars, supply, harm and demand reduction as promoted in the NDMP (2013-2017), using AI phases.

8.3.2.1 Objective of phase 2

The objective of phase 2 was to develop a comprehensive support programme to be used in the management of alcohol abuse among students at HEIs in South Africa using AI.

8.3.2.2 Summary of findings of phase 2 using appreciative inquiry phases during the workshop

- **Define phase**

In the define phase quantitative results of phase 1 were presented by the researcher in the workshop to stakeholders, to acquaint them with the results of phase 1 of the study using a power point presentation.

- **Discovery phase**

During the discovery phase, participants had an opportunity to appreciate the best of "what has been" and "what is" already working at HEIs in the management of alcohol abuse amongst students. Data was collected and analysed thematically and as a result, nine themes where identified, discussed and supported by literature as presented in chapter 6.

- **Dream and design phase**

The discovery phase was followed by the dream phase, which focused on envisioning the possibilities of "what might be". The researcher used positive AI questions with stakeholders to provide inputs on what they desire for in a comprehensive support programme. In this phase, participants were divided into groups of four each, no names of institutions were used, five colours were used, and each group was labelled through a different colour. Participants were asked to answer two AI questions using small and large group discussions, followed by the design phase

where the small group reported to the large group, which guided the design of the comprehensive support programme. The AI group discussions also covered all three pillars, of harm, supply and demand reduction until consensus was reached. During the dream and the design phase, data was analysed the same way as in the discovery phase, and this resulted in 11 themes and 23 categories, which were also discussed and supported with literature in chapter 6.

- **Destiny phase**

The dream and the design phase were followed by the destiny phase whereby a consensus was reached, and an integrated, co-ordinated comprehensive support programme that will address the alcohol abuse among students in HEIs in South Africa was drafted with stakeholders in the workshop.

8.3.3 Phase 3

8.3.3.1 Objective of phase 3

The objective of phase 3 was to refine the comprehensive support programme to be used in the management of alcohol abuse among students at HEIs in South Africa using e-Delphi technique as a consensus method.

8.3.3.2 Summary of findings of phase 3 using e-Delphi technique to reach consensus

Phase 3 of this study focused on the refinement of a comprehensive support programme using e-Delphi technique on a Likert scale for rating to reach consensus. The refinement of the support programme was grounded on the empirical data that was collected and analysed in phase 1. The support programme was drafted in phase 2 during AI workshop. The principles of AGREE II (2010); Ke Moja, I am fine without drugs", integrated strategy, (DSD 2011) were employed to refine the support programme, whereby, local and international experts in the field of alcohol abuse and support programmes were recruited to refine the support programme.

The comprehensive support programme was refined in three e-Delphi rounds, based on the comments and recommendations outlined by e-Delphi panellists in each of the e-Delphi rounds. The ratings of the 4 - point Likert scale were as follows: strongly agree (1), agree to some extent (2),

disagree to some extent (3), strongly disagree (4). Tables 7.4, 7.5 and 7.6 in chapter 7 outlined the ratings of the draft support programme in all three rounds. Eventually, a comprehensive support programme relevant to alcohol abuse among students at HEIs in South Africa was developed.

The sample population of phase 1 included student support service managers, clinic managers, deans of students and wellness programme managers from different HEIs in South Africa. A self-developed questionnaire using the three pillars of NDMP (2013-2017) was used to collect quantitative data in phase 1 using survey and analysis done through quantitative analysis. Appreciative Inquiry workshop with stakeholders was used in phase 2 to collect qualitative data using individually written narratives, small and large group discussions. Thematic analysis, according to Braun and Clarke (2006) was employed to analyse data. The refinement of the support programme was done in phase 3 using e-Delphi technique on a Likert scale for the rating to reach consensus, guided by principles and items of the AGREE II (2010); Ke Moja, I am fine without drugs", integrated strategy, (2011). Experts in the field of alcohol/ substance abuse were recruited to refine the support programme.

Figure 8.1 Summary of phases of developing the programme

8.4 STRENGTH OF THE STUDY

Research is a tool for building knowledge and effective learning to achieve goals. This research focused on developing a comprehensive support programme that can manage alcohol abuse among students at HEIs in South Africa. A quantitative data collection tool was developed which also add to the strength of this study. Numeric data collected through a survey was confirmed through small and group discussions as well as individually written narratives attained in the AI using qualitative data collection process. Refinement of the comprehensive support programme was achieved through e-Delphi technique to reach consensus with experts who have the knowledge and experience of students' alcohol abuse and support programmes.

The refinement of the support programme using e-Delphi technique to reach consensus with local and international experts with suitable knowledge and experience in alcohol abuse strengthened the study. Triangulation was accomplished through numerous data collection methods in this study including e-Delphi technique to reach consensus. Familiarisation with the comprehensive support programme was improved through thematic analysis and ensure a reliable and credible programme, ready for implementation in HEIs.

The support programme was refined and validated in accordance with the criteria of validity, reliability, applicability, clarity, relevance, comprehensiveness, effectiveness, flexibility and acceptability. The criteria were developed from guiding principles for programme development, as set out in the literature inclusive of AGREE II (2010); Ke Moja' I am fine without drugs, Integrated Strategy, DSD (2011). The principles that guided the development of the support programme was constructed into a checklist for rating the programme in three e-Delphi rounds until consensus was reached. The programme was designed using a rigorous scientific process with inputs from various stakeholders

8.5 LIMITATIONS OF THE STUDY

In providing limitations about the study could assist future research designs and methods. The samples size in this study is the most obvious limitation. The use of convenient and purposive sampling in phase 1, phase 2 and phase 3 respectively, to select specific knowledge on support programmes and alcohol abuse may have led to some biased contributions. The research was limited to universities only, other HEIs such as further education and training colleges, private colleges or university of technologies were not included. The results therefore, cannot be generalised to all HEIs in the country. Different HEIs may have different ways of addressing alcohol or substance abuse among students at HEIs in South Africa.

The other limitation of this study was that the researcher could not find a validated questionnaire that she could use for collection of data. A new questionnaire was designed based on the literature. The questionnaire was validated using face and content validity by local content experts and the biostatistician.

Another limitation was the inconvenience in acquiring permission to conduct the study especially in phase 1. The challenge was that some of the HEIs used the ethical approval granted by the researchers' institution, whereas other HEIs needed to follow their own processes to grant permission to collect data and this process took longer and delayed the researcher. This was understood, as every HEIs has its own research policy, and it might take longer to consider a research policy from another institution.

8.6 UNIQUE CONTRIBUTION OF THE STUDY

In South Africa, HEIs do not have comprehensive support programmes to manage alcohol abuse amongst students. This study was developed in a scientific way with inputs from stakeholders working with support programmes at their institutions, based on the NDMP pillars of supply, harm and demand reduction, and it will fill a gap in the knowledge base. Various experts who are based both locally and internationally in the field of alcohol abuse were requested to refine and rate the programme using e-Delphi technique until consensus was reached.

The main contributions of this study were in phase 1 when student support service managers, deans of students and wellness programme managers were involved and given an opportunity to respond to a questionnaire. This is where participants were able to identify gaps in the current support programmes that they are using to manage alcohol abuse among students in HEIs.

Another main contribution was in phase 2, where participants as stakeholders from different HEIs working with support programmes were invited to participate in a workshop organised by the researcher, using AI phases. During the define phase, the researcher started the workshop by presenting quantitative results of phase 1 to stakeholders to acquaint them with the study using a power point presentation.

Another contribution was during the discovery phase as the same participants were placed in groups of 4 to 5 members each and were requested to respond to the questions in a small group first before the findings were presented to the whole group of participants so as to reach consensus. Participants were given an opportunity to assess and appreciate current programmes. A chance was also made for participants to discover the strength and opportunities to build on the past positive experience,

which participants felt could still be used when a comprehensive support programme is developed. An opportunity to dream and design was also a major contribution as participants were given an opportunity have a vision about the support programme that they would like to see used in South African HEIs to manage alcohol abuse among students.

Another contribution in the AI workshop was in the dream and design phase, were participants were divided into small and large groups using different colours. No names of institutions were used, and participants were allowed to dream and express in their own words their aspirations for a comprehensive support programme. Participants identified the components that should be part of a comprehensive support programme using the three pillars of supply, harm and demand reduction. This made the workshop very interesting as all participants started to learn and see things in a positive way and their contributions during the workshop was insightful and creative.

Further contribution during the workshop was during the destiny phase where, positive statements that described the idealised comprehensive support programme were made. All participants showed interests and the focus was on primary, secondary and tertiary interventions. This is where activities, resources and outcomes were designed concentrating on co-constructing what should be in the support programme to manage alcohol abuse among students at HEIs. As a result, a draft comprehensive, coordinated, promotive, curative and rehabilitative support programme that can manage alcohol abuse among students at HEIs was developed.

An additional contribution of the study was during phase 3, whereby, a comprehensive support programme was refined by e-Delphi panel of experts chosen from different settings and geographical areas; national and international as well as in government and non-governmental organizations. A checklist was used in three e-Delphi rounds until consensus was reached.

The final support programme can be used by student support service departments in South Africa and other countries to address the problem of alcohol abuse among students.

The findings may be useful to the Department of Higher Education, the South African community and Government in the management of alcohol abuse among students. The final support programme

will be useful in educating young people entering HEIs in South Africa on the risks of alcohol abuse to reduce the high rates of alcohol abuse among students at HEIs and increase students' academic performance.

8.7 RECOMMENDATIONS OF THE STUDY

The study suggests that the transition of students from high schools to HEIs is sudden and drastic. Lack of clear policies and how to deal with alcohol abuse at HEIs, was quoted to be a major barrier to address the immorality of alcohol abuse at HEIs in South Africa. The study makes conclusions and several recommendations in line with a comprehensive support programme for prevention, promotion, curative, preventative and rehabilitative interventions.

It is therefore evident that alcohol abuse amongst students must be managed in all ways possible to bring down alcohol abuse, and related problems at all levels of the society.

The recommendations in this study are divided into two sections: recommendations based on the findings of the study and recommendations suggesting more research to be carried out to address the alcohol abuse problem in HEIs in South Africa.

8.7.1 Recommendations based on the findings

Based on the findings of the study, the following recommendations based on the NDMP three pillars, supply, harm and demand reduction were made to increase knowledge through life skills training amongst students so that they are less likely to engage in a detrimental alcohol abuse.

8.7.1.1 Supply reduction

In order to reduce the supply of alcohol to students at HEIs:

- Alcohol accessibility for students at HEIs be regulated, by ensuring that alcohol outlets around HEIs community or any person dispensing or selling alcohol must take steps to ensure that the person is verified by requesting an identity document, passport or driver's license in order to verify the person's age before any alcohol can be supplied to such a person.

- Alcohol outlets to be located at least five hundred meters away from any public institutions as well as HEIs recreational facilities, rehabilitation or treatment centres. Alcohol licensing

department to work closely with HEIs management before granting alcohol licenses to outlets in the vicinity of HEIs to ensure tighter trading conditions that do not coincide with class times.

- The study recommends strict labelling on alcoholic products and regulating of sale of alcohol with very high alcohol contents to HEIs students, to avoid intoxication.

- Students support programme to include social skills training such as, communication skills, assertiveness skills, conflict resolution skills and decision-making skills that will empower them to make informed decisions regarding alcohol abuse.

- Students at first year, usually have exaggerated ideas of wanting to fit in and being free of parental control for the first time and can be led by this misperception into a pattern of alcohol abuse that increases their risk of academic failure, injury, sexual assault, and even death. Peer-to-peer education to be encouraged amongst students during orientation of first year's students for them to be informed, to focus on healthy lifestyle and be able to support each other with regards to responsible alcohol use. The orientation programme for first year's students to focus on a healthy lifestyle and the risk of alcohol abuse.

- HEIs to liaise with the Department of Health and Department of Social Development to follow up and refer students who require interventions.

- Awareness campaigns that will address the impact of students' irresponsible alcohol use to be done twice in a year, with the aim of increasing knowledge about the detrimental effects of risky alcohol use and understanding the long-term consequences of alcohol abuse.

- Some of the HEIs in South Africa do not have alcohol abuse policies, and that was confirmed during phase 1 of the study, whereby, 90% of participants indicated that they do not have alcohol abuse policies at their HEIs. The study, therefore, recommends that all HEIs develop an alcohol abuse policy that can manage the supply of alcohol to students and students who are already under the influence of alcohol.

8.7.1.2 Harm reduction

In order to reduce the harm caused by alcohol to students at HEIs:

- More awareness campaigns are needed to create students' awareness of the rationale for the alcohol abuse prevention and intervention initiatives proposed by the study. This would make it easy to plan and effectively implement the comprehensive support programme developed in this study.

- Students at risk for alcohol abuse to be identified early, by encouraging referrals from different academic departments for underperforming students; self-report questionnaires at orientation/health clinics/cafeteria, etc.

- A need to improve enforcement of alcohol abuse policies at HEIs, since it became apparent that there is no alcohol policy that governs alcohol abuse in some HEIs.

- Support service managers to be trained on how to use the comprehensive support programme to support students at risk and students who are intoxicated during students' events, e.g. spring days.

- Some HEIs do not use a formal assessment tool that is best suited for students at HEIs to screen for alcohol abuse problems among students, despite the high prevalence of alcohol abuse. The study recommends that to reduce harm, support programmes targeting the students who are at risk of developing alcohol abuse be improved. Therefore, Screening, Brief Intervention and Referral to Treatment (SBIRIT) can be used as a screening tool to identify students at risk and to prevent alcohol abuse and dependence among students.

- Given that in this study psychological support and counselling of students at risk were emphasised as a method of addressing alcohol abuse at HEIs, its effectiveness in addressing the problem should be investigated. Therefore, the study recommends that continuous multi-disciplinary support, treatment and rehabilitation of students at risk be done to strengthen psychological support and counselling at HEIs in South Africa.

8.7.1.3 Demand reduction

In order to reduce the demand of alcohol to students at HEIs:

- Students who received treatment and rehabilitation for alcohol abuse be continuously monitored for academic performance and mental stability to ensure adherence and prevent relapse.

- Students who received treatment for alcohol abuse to be continuously supported by being allocated support mentors and through counselling activities.

- There is a need to reduce alcohol advertising as part of a comprehensive approach to reduce the demand for alcohol. Therefore, the study recommends and support reduction of alcohol advertising, as indicated in the Final National Liquor Policy, (2016) whereby, the Minister of Trade and Industry reiterated that advertising and marketing of alcohol products on all television broadcast channels be done at night from 22h00 – 06h00, and to also remove content that is appealing to students in alcohol advertising, such as sport stars, models, etc.

8.7.1.4 Recommendations for further studies

- Drawing from the findings of the study, and building on existing research, it is suggested that more studies be carried out to address the following: future research should not replicate this study, but emphasise qualitative data gathering techniques such as individual interviews with student, given that the current study used questionnaires and group discussions with stakeholders. Using such an approach would help come up with a more comprehensive support programme for prevention of and management of alcohol abuse among students at HEIs. More quantitative and qualitative research is needed on the methods used to address alcohol and other substance abuse at private campuses, colleges of higher learning and universities of technologies in various parts of South Africa. This is because the methods used to address the problem may differ according to circumstances.

- Although the study has recommended a consistent policy for HEIs to address alcohol abuse, more information is needed on what components should constitute HEIs policy to make it effective. In addition, research is needed to ascertain the relationship between HEIs and alcohol and or other substance use or abuse among students.

8.8 CONCLUSIONS OF THE RESEARCH

This study outlined the background and rationale to the problem, the problem statement, and the significance of the study. The overall research question, the overall aim of the study, the research objectives, and paradigmatic perspective of the study were presented. An overview of the research methodology, the ethical considerations guiding the study and the rigour of the study were outlined. The quantitative research design in Phase 1, the AI workshop conducted in phase 2 and the consensus method that was used in phase 3 were explained. The development of a comprehensive support programme in management of alcohol abuse among students at HEIs in South Africa was presented. An in-depth literature search in relation to the topic and the findings integrated with the applicable principles were presented. The findings of the study may enable support service managers to have an extensive understanding of how to manage students at HEIs in order to ensure demand, supply and harm reduction of alcohol.

The sample population of phase 1 was support service managers, wellness managers, clinical psychologists and counsellors and phase 2 sample population were stakeholders working with support programme at their institution, whereas phase 3 sample were experts in the field of alcohol and other substance abuse. Data were collected using three phases, in phase 1 quantitative data were collected using a questionnaire and analysed using SPSS 13/14, phase 2 qualitative data was collected through AI workshop, whereby individually written narration and group discussion were used to collect data until data saturation was met. Thematic data analysis according to Braun and Clarke (2006) was used to analyse data. Phase 3 data was refined using a consensus method with experts, namely, e-Delphi technique .

The development of a comprehensive support programme was grounded on the empirical data that was provided by respondents in phase 1 of this study. The results of phase 1 were used to inform phase 2, which was presented by the researcher in an AI workshop with stakeholders. The researcher followed specific steps to refine a comprehensive support programme in the management of alcohol abuse among students at HEIs in South Africa. The researcher chose the principles of the AGREE II (2010); “Ke Moja, I am fine without drugs” Integrated strategy, (DSD, 2011) to refine the comprehensive support programme using e-Delphi technique to establish a consensus of experts on the topic and used the Likert scale to rate support for the programme. A more integrated, coordinated comprehensive and focussed programme in line with national and international programmes was developed. The researcher hopes that the developed programme will be useful to the Department of Higher Education, the South African community and Government.

Furthermost, the researcher hopes that the comprehensive support programme will achieve its intended purpose of improving the lives of students at HEIs by using screening as a tool to identify students at risk for alcohol abuse to reduce harm.

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ANNEXURE A

PHASE 1:

INFORMATION TO PARTICIPANTS & INFORMED CONSENT DOCUMENT

PHASE: I

STUDY TITLE: The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa

Principal Investigators: Mrs M.M. Moagi

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime numbers: 012 356 3152 / 0766754 266

Afterhours: 0766754266

1) INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved. In the best interests of your health, it is strongly recommended that you discuss with or inform your personal doctor of your possible participation in this study, wherever possible.

2) THE NATURE AND PURPOSE OF THIS STUDY

You are invited to take part in a research study. The overall aim of this study will be to evaluate current support programs and to develop a comprehensive support program for the management of alcohol abuse among students at higher education institutions.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

Phase 1 of this study involves quantitative data collection and analysis. In this study, a questionnaire which includes structured close-ended and open-ended questions and a cover letter will be emailed or faxed to participants.

4) RISK AND DISCOMFORT INVOLVED.

There is no risk in participating in this study and there is no experiment involved. The questionnaire may take up to 30 minutes to answer.

5) POSSIBLE BENEFITS OF THIS STUDY.

Although you will not benefit directly, from the study, the results of the study may help with developing a comprehensive support program for students abusing alcohol at higher education institutions.

6) I understand that if I do not want to participate in this study, I will not be penalized.

7) I may at any time withdraw from this study.

8) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human/subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

9) INFORMATION

If I have any questions concerning this study, I should contact:

Researcher: Mrs M.M. Moagi, tel: 012 356 3152 or cell: 0766754266

Supervisor: Professor FM Mulaudzi, tel: 012 356 3179 or cell: 0825634758

Co-supervisor: Dr AE Van der Wath, tell: 012 356 3172 or cell: 0845063142

10) CONFIDENTIALITY

All records obtained whilst in this study will be regarded as confidential. Results will be published or presented in such a fashion that participants remain unidentifiable.

11) CONSENT TO PARTICIPATE IN THIS STUDY.

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not participate it will not alter my management in any way. I hereby volunteer to take part in this study.

I have received a signed copy of this informed consent agreement.

Participants' name	Date
Participants' signature	Date
Mrs MM Moagi Investigator	Date
Investigator's signature	Date
Witness name and signature	Date

ANNEXURE B

PHASE 2:

INFORMATION TO PARTICIPANTS & INFORMED CONSENT DOCUMENT

PHASE: II

STUDY TITLE: The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa

Principal Investigators: Mrs M.M. Moagi

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime numbers: 012 356 3152 / 0766754 266

Afterhours: 0766754266

1) INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved. In the best interests of your health, it is strongly recommended that you discuss with or inform your personal doctor of your possible participation in this study, wherever possible.

2) THE NATURE AND PURPOSE OF THIS STUDY

You are invited to take part in a research study. The overall aim of this study will be to evaluate current support programs and to develop a comprehensive support program for the management of alcohol abuse among students at higher education institutions.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

Phase 2 of this study involves development of a comprehensive support program using Appreciative Inquiry with stakeholders in a workshop and will be based on the results of phase 1. The comprehensive support program will be drafted and inputs from stakeholders be obtained.

4) RISK AND DISCOMFORT INVOLVED.

There is no risk in participating in this study and there is no experiment involved. The questionnaire may take up to 30 minutes to answer.

5) POSSIBLE BENEFITS OF THIS STUDY.

Although you will not benefit directly, from the study, the results of the study may help with developing a comprehensive support program for students abusing alcohol at higher education institutions.

6) I understand that if I do not want to participate in this study, I will not be penalized.

7) I may at any time withdraw from this study.

8) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human/subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

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Supervisor: Professor FM Mulaudzi, tel: 012 356 3179 or cell: 0825634758

Co-supervisor: Dr AE Van der Wath, tell: 012 356 3172 or cell: 0845063142

10) CONFIDENTIALITY

All records obtained whilst in this study will be regarded as confidential. Results will be published or presented in such a fashion that participants remain unidentifiable.

11) CONSENT TO PARTICIPATE IN THIS STUDY.

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not participate it will not alter my management in any way. I hereby volunteer to take part in this study.

I have received a signed copy of this informed consent agreement.

Participants' name	Date
Participants' signature	Date
Mrs MM Moagi Investigator	Date
Investigator's signature	Date
Witness name and signature	Date

ANNEXURE C

PHASE 3:

INFORMATION TO PARTICIPANTS & INFORMED CONSENT DOCUMENT

PHASE: III

STUDY TITLE: The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa

Principal Investigators: Mrs M.M. Moagi

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime numbers: 012 356 3152 / 0766754 266

Afterhours: 0766754266

1) INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved. In the best interests of your health, it is strongly recommended that you discuss with or inform your personal doctor of your possible participation in this study, wherever possible.

2) THE NATURE AND PURPOSE OF THIS STUDY

You are invited to take part in a research study. The overall aim of this study will be to evaluate current support programs and to develop a comprehensive support program for the management of alcohol abuse among students at higher education institutions.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

Phase 3 of this study involves refining the integrated strategy using Delphi technique to gain consensus among group of experts. The inputs from a group of experts will be obtained to evaluate the draft integrated strategy using a Likert scale. Data generated from this process will be used to develop the final comprehensive support program relevant to alcohol abuse among students at higher education institutions in

South Africa. A draft comprehensive support program is attached together with a Likert scale to rate your responses.

4) RISK AND DISCOMFORT INVOLVED.

There is no risk in participating in this study and there is no experiment involved. The questionnaire may take up to 30 minutes to answer.

5) POSSIBLE BENEFITS OF THIS STUDY.

Although you will not benefit directly, from the study, the results of the study may help with developing a comprehensive support program for students abusing alcohol at higher education institutions.

6) I understand that if I do not want to participate in this study, I will not be penalized.

7) I may at any time withdraw from this study.

8) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human/subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

9) INFORMATION

If I have any questions concerning this study, I should contact:

Researcher: Mrs M.M. Moagi, tel: 012 356 3152 or cell: 0766754266

Supervisor: Professor FM Mulaudzi, tel: 012 356 3179 or cell: 0825634758

Co-supervisor: Dr AE Van der Wath, tell: 012 356 3172 or cell: 0845063142

10) CONFIDENTIALITY

All records obtained whilst in this study will be regarded as confidential. Results will be published or presented in such a fashion that participants remain unidentifiable.

11) CONSENT TO PARTICIPATE IN THIS STUDY.

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not participate it will not alter my management in any way. I hereby volunteer to take part in this study.

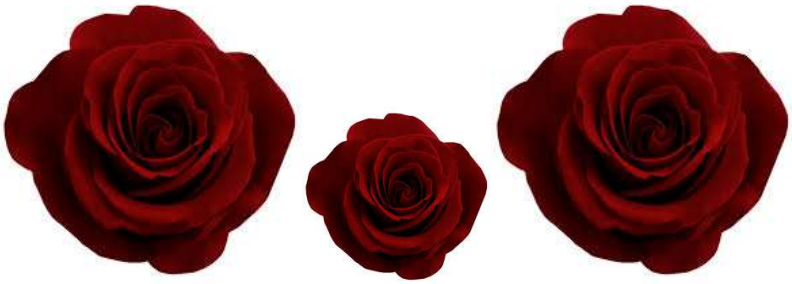
I have received a signed copy of this informed consent agreement.

Participants' name	Date
Participants' signature	Date
Mrs MM Moagi Investigator	Date
Investigator's signature	Date
Witness name and signature	Date

ANNEXURE D

PHASE 1:

INFORMATION TO PARTICIPANTS & INFORMED CONSENT DOCUMENT



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PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT

Researcher's name: Mrs M.M. Moagi

Student Number: 29588775

Department: Nursing Science

University of Pretoria

Dear Participant,

The development of a comprehensive support program for the management of alcohol abuse

Among students at higher education institutions in South Africa

I **Miriam M Moagi,** PhD student in the Department of Nursing Science, University of Pretoria.

Invited you to volunteer to participate in my research project on: The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa

This letter gives information to help you to decide if you want to take part in this study. Before you agree you should fully understand what is involved. If you do not understand the information or have any other questions, do not hesitate to ask us. You should not agree to take part unless you are completely happy about what we expect of you.

The purpose / aim of the study is to evaluate current support programs and to develop a comprehensive support program for the management of alcohol abuse among students at HEI

We would like you to complete a questionnaire. This may take about **60** minutes. After completion of the questionnaire, you can email / fax it back to the researcher using attached email / fax number. It will be kept in a safe place to ensure confidentiality. Please do not write your name on the questionnaire. This will ensure confidentiality.

The Research Ethics Committee of the University of Pretoria, Faculty of Health Sciences, and telephone numbers 012 356 3084 / 012 356 3085 granted written approvals for this study.

Your participation in this study is voluntary. You can refuse to participate or stop at any time without giving any reason. As you do not write your name on the questionnaire, you give us the information anonymously. Once you have given the questionnaire back to us, you cannot recall your consent. We will not be able to trace your information. Therefore, you will also not be identified as a participant in any publication that comes from this study.

In the event of questions asked, which will cause emotional distress, then the researcher is able to refer you to a competent counsellor.

Note: The implication of completing the questionnaire is that informed consent has been obtained from you. Thus, any information derived from your form (which will be totally anonymous) may be used for e.g. publication, by the researchers.

We sincerely appreciate your help.

Yours truly,

Mrs Miriam M Moagi

ANNEXURE E

PHASE 1: QUESTIONNAIRE

PHASE 1: QUESTIONNAIRE

Section A: Demographic information					
Please tell us about yourself					
1	What is your gender?	Male		Female	
2	How old are you?	Years			
3	What is your home language?				
4	Indicate your current position	Support services manager			
		Clinic manager			
		Dean of Students			
		Other			
	If *other*, please indicate				
5	Indicate your highest academic qualification	Diploma			
		Degree			
		Master's degree			
		Doctoral degree			
		Other			
	If *other*, please indicate				
6	Indicate your area of specialisation *(e.g. social worker, nurse)*				
7	Indicate the number of years of experience relating to alcohol/substance support programs	_____years			
Section B: Supply reduction					
Indicate whether your institution supports students relating to supply reduction and/or prevention based on personal, social skills and social influence					

8	Do you provide students opportunity to practice and learn personal and social skills, including coping, decision making and resistance skills in relation to alcohol abuse?	Yes	No
9	Does your management of alcohol abuse ensure coordination of efforts to reduce the supply of alcohol?	Yes	No
10	Does your management of alcohol aim to dismiss misconceptions regarding the expectations associated with alcohol abuse?	Yes	No
11	Do you reduce the supply of alcohol to students less than 18 years of age?	Yes	No
Policies and culture			
12	Is there an alcohol/alcohol abuse policy at your institution?	Yes	No
13	Are your institutional policies developed with the involvement of stakeholders?	Yes	No
14	Do your institutional policies enforce positive reinforcement for students' compliance with the alcohol/substance policy?	Yes	No
15	Do you include law enforcement during Spring Day celebrations?	Yes	No
16	Does your institution enforce existing policies on alcohol/alcohol abuse in the students' residences?	Yes	No
Section C: Harm reduction			
Addressing individual psychological vulnerability			
18	Is your institution able to identify its vulnerable students in need of psychological support to reduce harm caused by alcohol abuse?	Yes	No
19	Does your institution refer students for psychological support?	Yes	No
20	Does your institution's policy refer them for:		
	Counselling	Yes	No
	Treatment	Yes	No

	Rehabilitation	Yes	No
21	Does your institution implement strategies in reducing harm related to alcohol abuse?	Yes	No
22	Does your institution have one-on-one sessions to provide immediate basic counselling and /or referral delivered by a trained facilitator?	Yes	No
Mentoring			
23	Do you provide adequate training and support for mentors to reduce harm caused by alcohol?	Yes	No
24	Do you have structured support program activities which reduce harm?	Yes	No
25	How do you train staff and management on responsible serving and handling of intoxicated students?		
	Explain your answer in brief:		
26	Do you have sessions delivered by a trained facilitator in assisting students to reduce harm caused by alcohol?	Yes	No
27	Do you keep statistics of students utilising your services?	Yes	No
28	How do you support students who are on treatment for and rehabilitation of alcohol abuse?		
29	What recommendations can you provide in the development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa?		
Section D: Demand reduction			
Support programs			
30	Do you have a program which guarantees students' confidentiality?	Yes	No
31	Is your support program based on a policy for alcohol / alcohol abuse that has been developed by all stakeholders and non-punitive?	Yes	No
32	Does your support program include stress management courses?	Yes	No

33	Does your program include alcohol and drug testing just as part of the comprehensive support program?	Yes	No
Tobacco and alcohol policies			
34	Does your institution support the enforcement of tobacco and alcohol policies in reducing alcohol demand?	Yes	No
35	How does your institution reduce the demand for alcohol abuse and other substances?		
36	How do you ban and restrict advertising of alcohol in order to reduce alcohol abuse?		
Campaign/Awareness raising			
37	Do you run campaigns which address alcohol abuse problems at your institution?	Yes	No
38	Do you use surveys on alcohol abuse among students on your campus?	Yes	No
39	Identify the target group of your campaign / awareness		
40	Do you have funding to reduce demand of students' alcohol abuse problems?	Yes	No
41	Is the following components part of the support program addressing alcohol abuse?		
	Preventative	Yes	No
	Promotive	Yes	No
	Curative	Yes	No
	Rehabilitative	Yes	No

List four suggestions that could help reduce alcohol abuse among students at higher education institutions in South Africa.
List four items that, in your own view, hinder the control of alcohol abuse.

Thank you very much for your time and valuable inputs

ANNEXURE F

PHASE 2: PROPOSED INTERVIEW SCHEDULE FOR APPRECIATIVE INQUIRY WORKSHOP

PHASE 2: PROPOSED INTERVIEW SCHEDULE FOR APPRECIATIVE INQUIRY WORKSHOP

Appreciative Inquiry interviews will be conducted during phase two in a workshop. The researcher will spend more than 60 minutes with participants during the session.

The following main research question will be used as a guide: How can a comprehensive support program be evaluated, developed and refined in the management of alcohol abuse among students at higher education institutions in South Africa?

Based on the main question, 5 – D cycle / phases of Appreciative Inquiry will be used in the following research sub – questions:

Discovery phase:

1. What are the best aspects with regard to the current support program?
2. What works well in your current support program?
3. What are the challenges with regard to the current support program?

Dream phase:

4. What are your aspirations for a comprehensive support program?
5. Which components should be included in a support program at HEIs with regards to:-

- Supply reduction
- Harm reduction
- Demand reduction

Design phase

6. How do components become a program (focusing on primary, secondary and tertiary interventions as related to supply, harm and demand reduction?).

Destiny phase

7. What outcomes did the stakeholders identify to realize their shared desired future comprehensive support program?

ANNEXURE G

PHASE 2: WORKSHOP

EXAMPLE OF SLIDES

PHASE 2: WORKSHOP EXAMPLE OF SLIDES

5/16/2018

The development of a comprehensive support programme for the management of alcohol abuse among students at higher education institutions in South Africa

PREPARED BY: Ms M.M MOAGI
03 MARCH 2017

INTRODUCTION

- The South African government has introduced legislation to deal with substance abuse in order to reduce its harm, demand and supply through the National Drug Master Plan (NDMP) – 2013-2017

A national strategy that guides the operational plans of all government departments and other entities involved in reduction of demand for, supply of and harm associated with the use and abuse of substances.

These are three pillars which guide the implementation of strategies to reduce the supply of-, harm related to- and demand for substances.

INTRODUCTION

- Supply reduction – relies on police action and corrective measures to control the production and distribution of alcohol abuse
- Harm reduction – the development of policies and programmes that focus directly on reducing the social, economic and health-related harm resulting from alcohol abuse.
- Demand reduction – policies or programmes directed at reducing the demand for and accessibility of alcohol, e.g. awareness campaigns

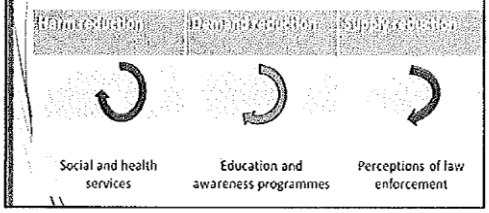
QUESTIONNAIRE

The questionnaire used for data collection was divided into section A – F

Section A biographic information of respondents with seven items.

Section B, C and D of the questionnaire focussed on the three pillars: harm, supply and demand reduction as indicated by the NDMP.

THREE PILLARS – NDMP 2013-17



DATA ANALYSIS

Based on 105 returned questionnaires.

All questionnaires were organized and checked for internal dependability, comprehensiveness, legibility and exactness. Information was captured using Excel 2010, which was converted into Stata 13/14 format to achieve the objective of phase 1.

1

ANNEXURE H

PHASE 3:

e-DELPHI TECHNIQUE

LIKERT 4 – POINT RATING SCALE

PHASE 3: LIKERT 4 – POINT RATING SCALE

	1	2	3	4	
Statement	**Strongly Agree**	**Agree to some extent**	**Disagree to some extent**	**Strongly Disagree**	**Linkert Score**
Validity					
Reliability					
Applicability					
Clarity					
Relevance					
Comprehensiveness & Effectiveness					
Flexibility & Acceptability					

ANNEXURE I

LETTER OF STATISTICAL SUPPORT

LETTER OF STATISTICAL SUPPORT

Letter of statistical support. FORM 3

LETTER OF STATISTICAL SUPPORT

This letter is to confirm that the student, **Miriam Moagi, a PhD Nursing Science** student, studying at the University of Pretoria discussed the Project with the title "***The development of a comprehensive support programme in the management of alcohol abuse among students at higher education institutions in South Africa***" with me.

I hereby confirm that I am aware of the project and also undertake to assist with the statistical analysis of the data generated from the project.

The DATA ANALYIS Questionnaire will be captured using Excel 2010 and converted into a Stata format. Descriptive analysis will be conducted and general trends and patterns will be determined. Measure of association of alcohol abuse and other factors will be evaluated using Chi-square tests. will be done in data which will be presenting with summary statistics, In addition, multivariable logistic regression will be used to identify associated factors with alcohol abuse. Multi-collinearity will be corrected for. Strata 13/ 14 software package will be the package of to achieve the objectives.

The SAMPLE SIZE CALCULATION was made as follows:

The researcher will administer the questionnaire to the Service managers, Deans of students and Clinic managers within the universities and higher education institutions (Universities) in the nation. It is anticipated that a minimum of 100 respondents will be recruited to participate in the study.

Name Dr S.A.S. Olorunju
Biostatistics Unit, MRC Pretoria.
Signature

Date: 13/08/2015

MEDICAL RESEARCH COUNCIL
Biostatistics Unit
Private Bag X385
Pretoria
0001
Tel: 012 339 8523 / Fax: 012 339 8582

ANNEXURE J

LETTER TO HIGHER EDUCATION INSTITUTIONS

LETTER TO HIGHER EDUCATION INSTITUTIONS

P. O. Box 667
University of Pretoria
Department of Health Studies
Pretoria
0001

The Head of Department
University of Pretoria
Hatfield campus
PRETORIA

Dear Sir/Madam

PERMISSION TO CONDUCT

I am a student, registered with the University Of Pretoria (UP) for a D Litt et Phil degree. I request permission to conduct research at your institution. The title of the study is: **The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa.**

The overall aim of this study will be to evaluate current support programs and to develop a comprehensive support program for the management of alcohol abuse among students at HEI.

The finding of the research study will contribute to the general body of knowledge as it will describe programs and interventions currently available at HEIs to address alcohol abuse among students and suggest developing a comprehensive and co-ordinated approach. The research may be useful to the Department of Higher Education, the South African community and the Government. Opportunities maybe created to develop a more comprehensive and focussed program in line with national and international programs.

The proposed comprehensive support program may be useful in educating young people entering HEIs in South Africa on the risks of alcohol abuse in order to reduce the high rates of alcohol abuse among students at HEIs, increasing students' academic performance. The research is focused on student support service managers, clinic managers, Deans of students and wellness program managers working with support programs. Data will be collected by means of a structured questionnaire and interviews (appreciative group interviews and consensus method using Delphi technique) for the quantitative and qualitative data respectively.

I shall carry out the study in accordance with the ethical protocols stated in the approved proposal to protect the rights of the institutions and those of the study participants. The study will be conducted under the supervision of Prof. FM Mulaudzi and Dr AE Van Der Wath. Herewith the research protocol, data collection instruments and the ethical clearance certificate from University of Pretoria.

Sincerely

Miriam Mmamphamo Moagi
Student number: 29588775

Tel: 012 356 3152
Cell: 0766754266/

Email: Miriam.moagi@up.ac.za

ANNEXURE K

LETTER OF APPROVAL FROM DEPARTMENTAL IN-HOUSE COMMITTEE

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

DEPARTMENT OF NURSING SCIENCE
PRIVATE BAG X323, ARCADIA, 0007
TEL: (012) 354-2125
Fax: (012) 354-1490
e-mail: isabel.coetzee@up.ac.za

The Chair: Post Graduate Committee

Dear Prof,

Letter of approval from Departmental In-house committee

The proposal of PhD student, M Moagi student number 29588775 served before the In-house committee of the Department of Nursing Science and was approved for submission to the Post Graduate School Committee.

Internal reviewers: Dr IM Coetzee, Dr T Heyns, Dr S Mogale

Yours sincerely

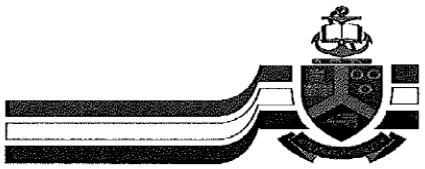
Coetzee

Dr Isabel Coetzee
Senior Lecturer
Department of Nursing Science
University of Pretoria
Cell phone: +2711 589 045
Office: (012) 354-2125
Email: isabel.coetzee@up.ac.za
Fax: (012) 354-1490

ANNEXURE L

LETTER FROM THE FACULTY ETHICS COMMITTEE

2016-03-03



University of Pretoria

Faculty Ethics Committee
Faculty of Health Sciences
University of Pretoria

PO Box 677 Pretoria 0001
Republic of South Africa
http://www.up.ac.za
Tel: (012) 354 1980
Fax: (012) 354 1682

Office of the Chairperson
School of Health Care Sciences
Faculty of Health Sciences

To whom it may concern,

Evaluation of protocol for the following student:
Student M Moagi (PhD Nursing Science) 29588775
Title: "The development of a comprehensive support programme for the management of alcohol abuse among students at higher education institutions in South Africa."

This letter serves to confirm that the abovementioned protocol was approved during the School PhD Defense meeting of 3 March 2016 and referred to the School Academic Advisory Committee and Faculty Ethics Committee for final discussion.

Sincerely yours,

pp. Professor AJ van Rooijen
Chairperson: School Research Proposal Review Committee

ANNEXURE M

FACULTY OF HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 20 Oct 2016.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 22/04/2017.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

21/04/2016

Approval Certificate
New Application

Ethics Reference No.: 92/2016

Title: The development of a comprehensive support programme for the management of alcohol abuse among students at higher education institutions in South Africa

Dear Mmamphamo Moagi

The **New Application** as supported by documents specified in your cover letter dated 15/04/2016 for your research received on the 18/04/2016, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 20/04/2016.

Please note the following about your ethics approval:
- Ethics Approval is valid for 3 years
- Please remember to use your protocol number (**92/2016**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of 6 monthly written Progress Reports, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

*** Kindly collect your original signed approval certificate from our offices, Faculty of Health Sciences, Research Ethics Committee, H W Snyman South Building, Room 2.33 / 2.34.*

Professor Werdie (CW) Van Staden
MBChB MMed(Psych) MD FCPsych FTCL UPLM
Chairperson: Faculty of Health Sciences Research Ethics Committee

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

☎ 012 354 1677 🖷 0866516047 deepeka.behari@up.ac.za http://www.up.ac.za/healthethics
✉ Private Bag X323, Arcadia, 0007 - 31 Bophelo Road, HW Snyman South Building, Level 2, Room 2.33, Gezina, Pretoria

ANNEXURE N

PERMISSION TO CONDUCT RESEARCH: UNIVERSITY OF KWAZULU-NATAL

ANNEXURES: N

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

28 June 2016

Mrs Miriam M Moagi (SN 29580775)
Department of Nursing Sciences
UNIVERSITY OF PRETORIA
Email: miriam.moagi@up.ac.za

Dear Mrs Moagi

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate students, provided Ethical Clearance has been obtained. The title of your research project is:

"The development of a comprehensive support programme for the management of alcohol abuse among students at higher education institutions in South Africa".

It is noted that you will be constituting your sample as follows:

- with a request for responses on the website. The questionnaire must be placed on the notice system http://notices.ukzn.ac.za. A copy of this letter (Gatekeeper's approval) must be simultaneously sent to (govenderlog@ukzn.ac.za) or (ramkissoonb@ukzn.ac.za). You are not authorized to distribute the questionnaire to staff and students using Microsoft Outlook address book.

Please ensure that the following appears on your questionnaire/attached to your notice:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

MR SIMON MOKOENA
REGISTRAR

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8009/2209 Facsimile: +27 (0) 31 260 7824/2204 Email: rac.snair@ukzn.ac.za
Website: www.ukzn.ac.za

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ANNEXURE O

PRINCIPAL INVESTIGATOR(S) DECLARATION FOR THE STORAGE OF RESEARCH DATA AND/OR DOCUMENTS

Protocol No. _____

Principal Investigator(s) Declaration for the storage of research data and/or documents

I, the Principal Investigator(s): **Mrs M.M. Moagi**

of the following trial/study titled: **The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa**

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will be storing all the research data and/or documents referring to the above mentioned trial/study at the following address: Department of Nursing Science, University of Pretoria, Private Bag X323, Arcadia, 0007.

_____

I understand that the storage for the abovementioned data and/or documents must be maintained for a minimum of 15 years from the commencement of this trial/study.

START DATE OF TRIAL/STUDY: April 2016

END DATE OF TRIAL/STUDY: December 2016

UNTIL WHICH YEAR WILL DATA WILL BE STORED: 2016 - 2031

Name: Mrs Miriam Mmamphamo Moagi

Signature _____

Date _____

ANNEXURE P

DECLARATION BY PRINCIPAL INVESTIGATOR AND SUB-INVESTIGATOR

DECLARATION BY PRINCIPAL INVESTIGATOR AND

SUB-INVESTIGATOR

Name: Mrs Miriam Mmamphamo Moagi

Trial:

Brief Study Title: **The development of a comprehensive support program for the management of alcohol abuse among students at higher education institutions in South Africa**

Study Number: 29588775

Site:

1. I have read and understood item 1.5.5 on page 5 and section 3 (pages 14-20) "Responsibility of the Principal Investigator (PI) and participating investigators of the *Clinical Trials Programs of the Department of Health: 2000*
2. I have notified the South African regulatory authority of any aspects of the above programs with which I do not / unable to comply (If applicable, this may be attached to this declaration).
3. I have thoroughly read, understood, and critically analysed (in terms of the South African context) the protocol and all applicable accompanying documentation, including the investigator's brochure, patient information leaflet(s) and informed consent forms(s).
4. I will conduct the trial as specified in the protocol.
5. To the best of my knowledge, I have the potential at the site(s) I am responsible for, to recruit the required number of suitable participants within the stipulated time period.
6. I will not commence with my role in the trial before written authorizations from the relevant ethics committee (s) as well as the South African Medicines Control Council (MCC) have been obtained.
7. I will obtain informed consent from all participants or if they are not legally competent, from their legal representatives.
8. I will ensure that every participant (or other involved persons, such as relatives), shall at all times be treated in a dignified manner and with respect.
9. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this clinical trial.

*Conflict of interest exists when an investigator (or the investigator's institution), has financial or personal relationships with other persons or organizations that inappropriately influence(bias) his or her actions) **

*Modified from: David Hoff F, et al. Sponsorship, Authorship and Accountability. (Editorial) JAMA Volume 286 number 10 (September 12, 2001)

10. I have / have not (delete as applicable) previously been involved in a trial which has been closed due to failure to comply with Good Clinical Practice.
11. I have / have not (delete as applicable) previously been the principal investigator at a site which has been closed due to failure to comply with Good Clinical Practise (*Attach details)
12. I will submit all required reports within the stipulated time-frames.

Signature		Date	
Witness		Date	

ANNEXURE Q

ETHICAL APPROVAL TSHWANE UNIVERSITY OF TECHNOLOGY

ETHICAL APPROVAL TSHWANE UNIVERSITY OF TECHNOLOGY

Tshwane University of Technology
We empower people

Research Ethics Committee

The TUT Research Ethics Committee is a registered Institutional Review Board (IRB 00005968) with the US Office for Human Research Protections (IORG# 0004997) (Expires 9 Jan 2017). Also, it has Federal Wide Assurance for the Protection of Human Subjects for International Institutions (FWA 00011501) (Expires 22 Jan 2019). In South Africa it is registered with the National Health Research Ethics Council (REC-160509-21).

June 27, 2016

Ref #: REC/2016/06/004
Name: Moagi M
Student #: 29588775, UP

Mrs M Moagi
C/o Prof M Mulaudzi
School of Health Care Sciences
Faculty of Health Sciences
University of Pretoria

Dear Mrs Moagi,

Decision: Approval with Comments – Phase 1: Descriptive survey & Situational analysis

Name: Moagi M
Project title: *The development of a comprehensive support programme for the management of alcohol abuse among students at higher education institutions in South Africa.*
Qualification: PhD Nursing Science, University of Pretoria
Supervisor: Prof M Mulaudzi
Co-supervisor: Dr A van der Wath

Thank you for submitting the project documents for ethics clearance by the Research Ethics Committee (REC), Tshwane University of Technology (TUT). In reviewing the documents, the comments and notes below are tabled for your consideration, attention and notification:

- **University of Pretoria (UP), Ethics Letter**
  - The REC took note of the ethical clearance granted by the UP Faculty of Health Sciences Research Ethics Committee (Ethical Clearance Number: 92/2016; dated 21 April 2016).

We empower people

ANNEXURE R

PHASE 3:

LETTER OF INVITATION TO EXPERT PARTICIPANTS OUTLINING THE INSTRUCTIONS, STUDY OBJECTIVES, SUMMARY OF THE FINDINGS

LETTER OF INVITATION TO EXPERT PARTICIPANTS OUTLINING THE INSTRUCTIONS, STUDY OBJECTIVES, SUMMARY OF THE FINDINGS

Dear Expert participants

INVITATION TO PARTICIPATE IN THE STUDY OF THE DEVELOPMENT OF A COMPREHENSIVE SUPPORT PROGRAM FOR THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HIGHER EDUCATION INSTITUTIONS IN SOUTH AFRICA

I a PhD student in the Department of Nursing Science, Faculty of Health Sciences at the University of Pretoria. I am conducting a study on THE DEVELOPMENT OF A COMPREHENSIVE SUPPORT PROGRAM FOR THE MANAGEMENT OF ALCOHOL ABUSE AMONG STUDENTS AT HIGHER EDUCATION INSTITUTIONS IN SOUTH AFRICA under the supervision of Professor Mavis F Mulaudzi and Dr. Anna, Elizabeth Van der Wath.

The specific objectives that formed the basis of this study were the following according to the three study phases are to:

Phase 1

- Evaluate current support programs in the management of alcohol abuse at HEIs in South Africa.

Phase 2

- Develop a Comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using an appreciative inquiry.

Phase 3

- Refine a comprehensive support program in the management of alcohol abuse among students at HEIs in South Africa using a consensus method.

Phase 1 of the study was a situational analysis and followed a quantitative approach to evaluate the “contents and nature” of existing support programs in place for alcohol abuse at higher education institutions in South Africa. Data were collected using structured questionnaires. This questionnaire was developed with the guidance of the international standards as well as the three pillars (UNODC, 2015:10-28; NDMP, 2013 - 2017) and was approved by a statistitian. The questionnaire had structured (close-ended and open-ended) items in order to elicit quantitative information from participants (Maithya, 2009:50). The findings revealed that HEIs in SA work in isolation, as some HEIs have policy to control alcohol abuse whereas others only conduct campaigns yearly to provide information on the danger of alcohol use and abuse among students.

The research study will contribute to the general body of knowledge as it will describe programs and interventions currently available at HEIs to address alcohol abuse among students and suggest ways in which to develop a comprehensive and co-ordinated approach. The findings may be useful to the Department of Higher Education, the South African community and the Government. Opportunities maybe

created to develop a more comprehensive and focussed program in line with national and international programs. The proposed comprehensive support program may be useful in educating young people entering HEIs in South Africa on the risks of alcohol abuse in order to reduce the high rates of alcohol abuse among students at HEIs and increase students' academic performance.

Phase 2 of the study drafted a comprehensive support program for the management of alcohol abuse among students at HEIs in South Africa using Appreciative Inquiry. The stakeholders drafted a comprehensive support program in an Appreciative Inquiry workshop based on the empirical data of (Phase 1) and a widespread literature synthesis. The researcher presented the results of phase 1 first to familiarize participants with the overall research study. Appropriate statements were selected during the workshop from empirical data to draft a comprehensive support program. Furthermore, the researcher considered inputs of stakeholders into considerations. As a result, recommendations by stakeholders were integrated into a draft comprehensive support program.

Phase 3 of this study involves refining the comprehensive support program using Delphi technique to gain consensus among group of experts. The inputs from a group of experts were obtained to evaluate the draft comprehensive support program using a Likert scale. The findings of the workshop were described using the three pillars of NDMP (2013-2017), supply, harm and demand reduction. The program was developed by stakeholders in accordance with the themes, categories and sub-categories identified in the workshop. The comprehensive support program was developed in an AI workshop with stakeholders working with support program at their institutions and was refined using Delphi technique (consensus method). The Delphi technique was used to refine the comprehensive support program through consensus of expects in the Delphi rounds

The purpose of Comprehensive Support Program (CSP) is to provide a support service that has several goals and the populations are students at Higher Education Institutions for alcohol or/and other illicit substances within the surrounding campus communities in order to provide a comprehensive program inclusive of preventative, promotive, curative and rehabilitation, interventions at HEIs in South Africa.

You are invited to participate in the refinement and validation of a draft comprehensive support program. The Delphi technique has been chosen as the preferred method for refinement process.

Twelve national and international experts, working at HEIs, nongovernmental institutions and government institutions in the field of alcohol and other substances or illicit drugs are expected to participate in the process. It is expected that not more than three rounds of the Delphi will be sufficient to obtain consensus on the content of the program.

- You will be expected to read through the draft program then rate the program in accordance with the given criteria and write comments on the space provided. Your ratings and comments will be compared with the work done by fellow experts.

- You are expected to scan and send back the last signed page of the consent form to the researcher per e-email with related support program.

Please complete the biographical information in the first section of the instrument by providing descriptive information of your professional and academic experience. This will enable the researcher to describe the sample. No names or identities will be revealed in the research report or publications. The refinement process should take approximately 1 hour to complete. The Delphi process will take at least three rounds; you will be expected to respond within a period of 1 – 2 weeks in each round. Your participation and comments will be highly appreciated. Comments received in round one will be collated and analyzed for further validation in round two. Attached is a consent form that should be returned with the draft support program should you agree to participate in the study. For any clarification that may be required please contact me or my supervisors on the following:

Ms M.M. Moagi, tel: +2712 356 3152 or cell: +27766754266,

Email: Miriam.moagi@up.ac.za

Professor FM Mulaudzi, tel: +2712 356 2479 or cell: +27825634758,

Email: Mavis.mulaudzi@up.ac.za

Dr AE Van der Wath, tell: +2712 356 2272 or cell: +27845063142,

Email: Annatjie.vanderWath@up.ac.za

ANNEXURE S

PHASE 1:

THE FIRST SECTION OF THE QUESTIONNAIRE CONSISTING OF THE BIOGRAPHICAL INFORMATION OF THE PARTICIPANT WHICH ENABLED THE RESEARCHER TO DESCRIBE THE SAMPLE

THE FIRST SECTION OF THE QUESTIONNAIRE CONSISTING OF THE BIOGRAPHICAL INFORMATION OF THE PARTICIPANT WHICH ENABLED THE RESEARCHER TO DESCRIBE THE SAMPLE

Please complete the biographical information by providing descriptive information on your professional and academic experience. This will enable the researcher to describe the Delphi sample.

NO.	PROFESSIONAL QUALIFICATIONS	OCCUPATION	EMPLOYER	EXPERIENCE IN THE FIELD OF HEALTH CARE / HUMAN BEHAVIOR/SOCIAL SUPPORT / BEREAVEMENT, RESEARCH/ POLICY & PROGRAM DEVELOPMENT
1				
2				