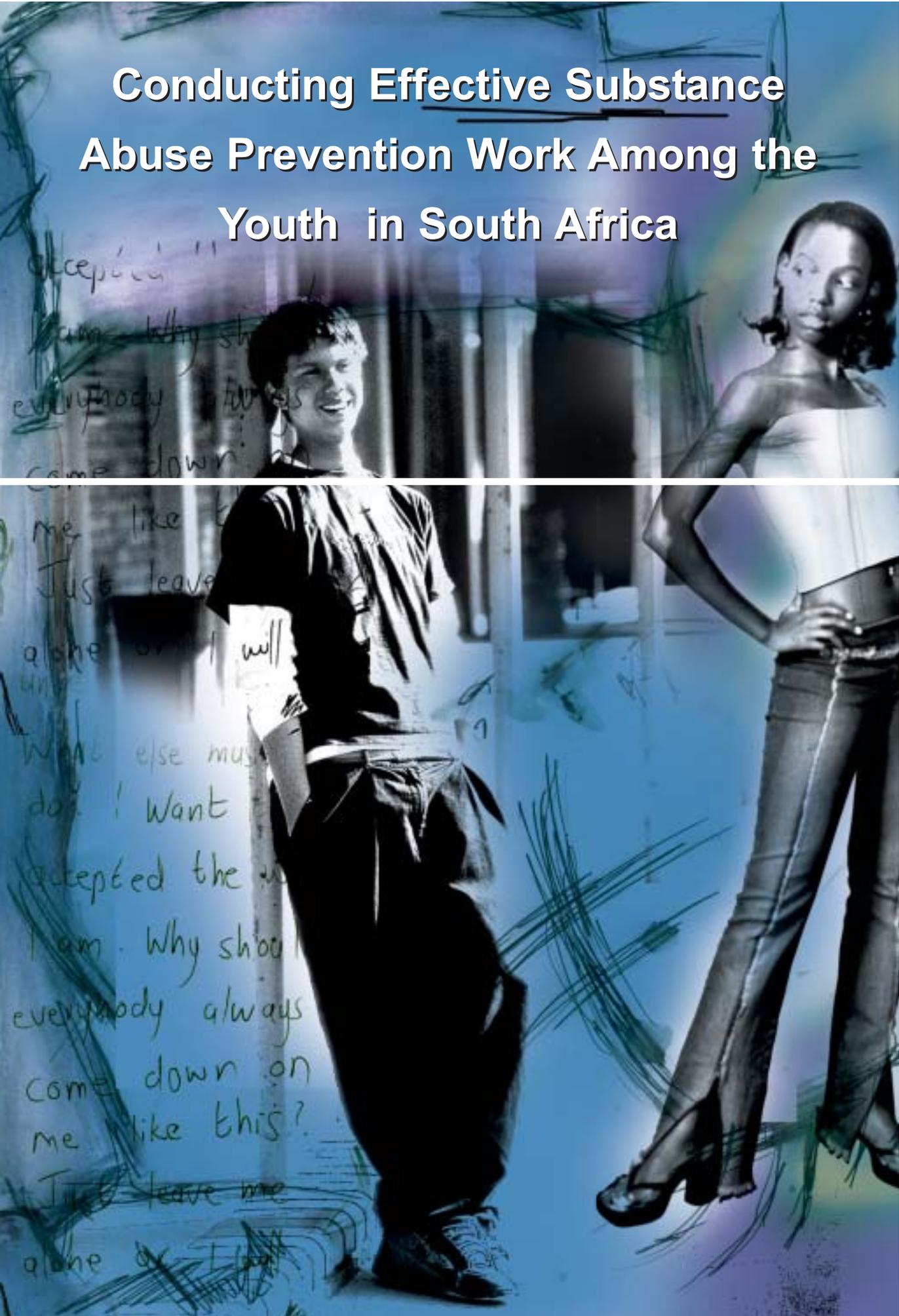




Conducting Effective Substance Abuse Prevention Work Among the Youth in South Africa



GUIDELINES

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I feel like I don't belong here. Nobody understand me. What else must I do? I want to be

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Finally, these Guidelines would not have been possible without the dedication and commitment of Grant Jardine of the Cape Town Drug Counselling Centre, and Gary Lewis of this office, who jointly developed this structure and wrote their content specifically for a South African context.

These Guidelines aim to reach those who work at the planning and decision-making level on national, regional or local drug abuse prevention strategies and policies. They are also designed for those working on the ground in the field of drug abuse prevention: teachers, drug educators, youth workers, psychologists, clinicians, social workers, sociologists, project managers and police officers. To carry forward these general guidelines to the implementation stage, additional tools will be required. Specific guidance on practical implementation approaches may be found on the websites provided at the end of this document.



I feel like I don't
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That else must I
want to be

FOREWORD

When we look at the drug scene in South Africa, we see that the country is by far the largest market for illicit drugs entering Southern Africa. Drug trafficking and abuse have escalated in recent years. We know that cannabis is the most prevalent illicit drug used in South Africa. "Mandrax" (methaqualone) is the second most commonly-used illicit drug. Although the use of heroin, cocaine and ecstasy is less prevalent, this has increased notably since the mid-1990s. Since 2000, heroin use also has increased significantly in major urban areas, particularly in Gauteng (which includes Johannesburg and Pretoria) and Cape Town. One associated risk with injecting heroin is the spread of HIV/AIDS.

During the second half of 2001, we also started to witness heroin users among the impoverished communities in South Africa's urban and peri-urban areas. Ongoing research in South Africa is demonstrating another powerful link - other than that related to injecting drug use - between substance abuse and the spread of HIV/AIDS. It indicates that adolescents who use alcohol and other drugs are more likely to engage in sex and in unsafe sex than are adolescents who abstain from using them.

The health, welfare and education sectors are making efforts to address drug abuse prevention, but the need is great. Unfortunately, official funding for both prevention and treatment efforts is limited. The non-governmental community plays a very active role in both sectors, and we

salute their efforts. UNODC is pleased to be a co-sponsor with the Government of South Africa in the recently-launched "Ke Moja: No Thanks, I'm Fine!" drug awareness campaign and is currently working with the Government to implement the National Guidelines for the Management of Drug Abuse in Schools and Public Further Education and Training Institutions.

These are the elements we have taken into consideration when preparing this set of easy-to-read Guidelines for practitioners. They are intended to complement ongoing efforts and share effective practises in prevention in a South African context. Their target audience is the parent, guardian, teacher or community leader who is considering implementing a prevention programme in the school or the community. We hope that in some way the Guidelines will contribute to a greater understanding of how to avoid the mistakes of the past and thereby contribute to an environment which protects and nurtures the physical and mental health of the children of South Africa.



Rob Boone
Representative
Regional Office for Southern Africa
United Nations Office on Drugs and Crime
May 2004



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THE SCENARIO - SOUTH AFRICAN HIGH SCHOOL AND YOUTH TRENDS AT A GLANCE

In Cape Town, while less than 1% of people seeking treatment in 1997 indicated **heroin** as their primary drug of abuse, by the second half of 2002 this had increased to 8%. In the period July - December 2002, most heroin use reported in South Africa involved smoking ("chasing the dragon"). However, of patients with heroin as their primary drug of abuse in Cape Town and Gauteng, 34% and 48% respectively reported some injecting use.

South African Community Epidemiology Network on Drug Use (SACENDU) Update: Alcohol and Drug Abuse Trends July - December 2002, Phase 13, May 2003

The second half of 2001 also witnessed the appearance of heroin users among the **impoverished** black/African communities in South Africa's urban areas. One risk associated with injecting heroin is the spread of HIV/AIDS.

United Nations Office on Drugs and Crime / Regional Office for Southern Africa, South Africa: Country Profile on Drugs and Crime 2002, Pretoria, South Africa, 2002

According to a survey of drug and alcohol use among primary school children in the Cape Town metropolitan area in 2002, one-fifth of primary school children have tried drugs. The **average age of first using drugs** was 12.1 years. In high schools, 45% had tried any drug, and 32% were still using drugs.

Fisher, S., "Bridges Primary and High School Survey in Cape Town", unpublished, October 2002

In 1998, a Cape Town study compared risk behaviour patterns among grade 8 and 11 students with that of their counterparts in 1990. While both sets of students exhibited rates of cigarette and alcohol use which were fairly constant, rates of **cannabis use** had almost doubled in the intervening period.

Fisher, A., Parry, C., Evans, J., Lombard, C., Muller, M., "Prevalence rates of alcohol, tobacco and other drug (ATOD) use among Cape Town students in grades 8 and 11." Paper presented at the 4th Annual Congress of the Psychological Society of South Africa - Cape Town, September 1998

Ongoing research in South Africa suggests that (non-injecting) drug use is associated indirectly with **HIV transmission via risky sexual behaviour**. It also shows that compared with non-drug users, drug users are more likely to engage in risky behaviours such as: (a) sex with multiple sex partners, and (b) unprotected sex.

Neo Morojele, Judith Brook and Mavis Moshia, "Adolescent Risk Behaviour Study: Update" in SACENDU Proceedings of Report Back Meetings, April 2003, published by the Medical Research Council - Alcohol and Drug Abuse Research Group, Cape Town, 2003

Research in South Africa released in 2002 confirmed a high positive correlation between **drug use and crime**. The study showed that the percentage of arrestees testing positive for any drug (excluding alcohol) in connection with housebreaking, motor vehicle theft and rape was 66%, 59% and 49% respectively.

"Drugs and Crime in South Africa - A Study in Three Cities", Institute for Security Studies Monograph Series No. 69, Pretoria, March 2002

According to research conducted in 2000 regarding grade 7, 10 and 11 students from 35 secondary schools in Pretoria, more than one quarter of the respondents had witnessed illegal drugs being **sold on their school grounds**, while 42% had personally seen illegal drugs being sold in their neighbourhood. The same survey revealed that when asked whether they knew a friend or classmate who had been using illegal drugs such as LSD, ecstasy, cocaine or heroin, the majority of Coloureds (79.3%) confirmed that they did. Of the other groups approximately 57% of Indians/Asians, 40% of Whites and 37% of Blacks/Africans answered in the affirmative.

Neser J.J., et al, "Views of Learners on Drugs and Related Matters: Preliminary Findings", Crime Research in South Africa, (www.crisa.org.za) - Volume 3 Number 3, June 2001

PART 1

ADOLESCENTS WHY ADOLESCENTS USE DRUGS

Knowledge of the kinds of drugs being used and the role they play in particular individuals, communities, sub-cultures or groups is vital for any prevention programme. Prevention work should therefore begin with an analysis of these elements in the particular target group. Often we feel safer consulting books or listening to 'qualified' adults, rather than going to the source and listening to adolescents themselves in order to come to an understanding about why drugs are being used.

RISK FACTORS

Risk factors are those which increase an individual's risk of taking drugs. As a general rule, the greater the number of risks the child or young person experiences, the greater the likelihood of drug use problems occurring. Research has pointed to the existence of certain factors that increase people's risk of using drugs as well as factors which act to protect them from doing so.

THE INDIVIDUAL - Individual factors include low self-esteem, poor self-control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events. Certain specific risk factors could include:

- ▶ **Being male** - Whether one is male or female makes a difference when considering the risk of drug use. It is generally the case that in the majority of countries more men than women use drugs. Drug use among girls and women tends to relate to abuse of licit or legal substances like 'over-the-counter' prescription drugs and alcohol, which are more socially accepted.
- ▶ **Being young** - When one is young, one is constantly struggling to define and affirm identity. In the course of this process young people often start experimenting as part of their search for an identity. They may use substances in order to define their belonging to a particular group or to relieve feelings of anxiety or stress in this 'search for the self'. However, while the transition, instability and change which characterise adolescence may well make the adolescent vulnerable to some degree, it is dangerous to think of adolescence *per se* as being the cause of drug taking.

- ▶ **Genetic factors** - There is evidence to suggest that there are people who are genetically predisposed to becoming addicted. This means that if exposed to other personal or environmental risk factors, a minority of people are more vulnerable to becoming addicted because of their genetic make-up.

- ▶ **Mental health** - Research in the United States has demonstrated that there is high incidence of drug abuse in psychiatric patients as well as a high incidence of mental disorder among drug abusers entering treatment. A number of studies also point to an association between suicidal behaviour and drug use in adolescents. The combined effect of this research has been to point to the existence of a relationship between mental disorder and drug abuse. It has not, however, established the nature of this relationship (e.g., the chain of causality).

- ▶ **Poor personal and social skills** - Finally, undeveloped or underdeveloped personal and social skills also put a person at greater risk of substance use. Personal and social skills include the ability to take a decision, to express what one feels, to assert oneself or to solve problems. If these skills are not strong, the person is more likely to follow what his or her group of friends does. Young people with poor personal and social skills are also less likely to be able to cope with difficult situations.

THE FAMILY - Such risks would include family disruption, ineffective supervision, criminality and drug use in the family. Risk is involved if a young person is homeless or does not have a secure family environment. It is also present if the family does not take care of the youth emotionally or physically, or does not provide appropriate support and guidance. There is risk if the young person is being abused mentally, physically or sexually. Finally, it is possible that someone in the family may himself or herself have a substance abuse problem.

ADOLESCENTS

PEER NETWORKS - The most important reference group for a young person in the community is often his or her peers. Social interaction with friends and peers may thus provide opportunities for drug use or may encourage or support this type of behaviour. Part of the transition during adolescence involves moving from reliance on the family to individuality. Here peer groups come to replace family as a social support mechanism during what can be a turbulent emotional time. Because the peer group is seen as such a vitally important support mechanism for the adolescent, he or she may go to great lengths to maintain acceptance and status in it.

THE SOCIAL AND ENVIRONMENTAL MILIEU - Having few or no opportunities for education or demonstrating poor school attendance have been shown to contribute to a higher risk of using drugs. Note, however, that some school drop outs may have entirely satisfactory academic records but have still become alienated from the school system. Youth who are homeless or have a tenuous home connection often adopt high-risk lifestyles which can include drug use. Situations where there are few or no job opportunities have been associated with the risk of drug abuse. Related to both these risky school and work settings may be an abundance of free unstructured time in which there are no constructive, imaginative and challenging activities to take part in. Another risk factor would include the widespread availability of drugs where laws and regulations intended to discourage or prevent illicit drug use are not stringent or not enforced. Finally, in this category one must also include the role which the media and advertising play in promoting lifestyles in general and, in the case of licit substances, the inappropriate use of these substances.

PROTECTIVE FACTORS

Protective factors are those which generally reduce the likelihood of experimentation with drugs. They generally tend to be the converse of the risk factors identified above:

- ▶ Family factors (bonding and positive relationships with at least one caregiver outside the immediate family, high and consistent parental supervision)

- ▶ Educational factors (high education aspirations, good teacher-student relationships)
- ▶ Individual characteristics (high self-esteem, low inclination to be impulsive, high degree of motivation)
- ▶ Personal and social competence (feeling in control of one's life, optimism, willingness to seek support)

WHAT YOUNG SOUTH AFRICANS SAY

While little research has been done in risk and protective factors in South Africa, what has been done reflects findings similar to those of international research. At root there is the truism that different people take different drugs for different reasons. However, the reasons for drug use may change as the individual progresses from experimentation through continued use to addiction. Similarly, one may find that a particular reason for drug use plays a more significant role in one community than in another. Drug use is not simply about mood altering effects, but about the role which drugs play in people's lives, the meaning people attach to drugs, and the physical act of taking drugs.

Outlined below are various perspectives given by young South Africans about why they think people use drugs. They are based upon ten years of research work conducted during 1992-2002 by the Cape Town Drug Counselling Centre (CTDCC) as well as a representative sampling of South African school-going Pretoria youth (aged 10-18) in 2002. Both sources asked the question: "Why do people use drugs?" The bulleted points are taken from responses to the CTDCC questionnaires. While it is conceptually useful to present these perspectives grouped into different themes, it is also important to note that in the world of the adolescent these dynamics are intermeshed and form a whole experience which is greater than the sum of its parts.

TO FORGET OR SOLVE PROBLEMS

▶ to relieve stress	▶ to escape
▶ to keep calm	▶ "I'm not good enough..."
▶ to be relaxed	▶ take away loneliness
▶ to take away the pain	▶ to relieve sadness

I feel like I don't
belong here. Nobody
understand me. I
that else must I
to?

ADOLESCENTS

Adolescence is characterised primarily by the transition from childhood to adulthood and the changing demands and expectations from different role players and society at large. All change brings with it stress and instability. It is therefore perhaps unsurprising that the theme of alleviating stress is frequently cited as a reason for using drugs. Using drugs as a means to cope with stress and problems may well be a learned response for many people. Society is full of images of people using drugs and alcohol for the relief of symptoms caused by external factors. The message that drugs can be effectively used to cope with stress is actively promoted in South African society. Young people are exposed from an early age to a plethora of advertising which associates stress relief with the use of drugs. This can be reinforced by the environment in which the young person is situated. Consider the scenario of a parent arriving home tired from a hard day's work, only to be confronted by their child wanting attention. The parent explains that they have had a rough day at work and just need to sit for half an hour and have a beer or glass of wine and then they will be available for the child. While the parent may only consume one unit of alcohol, the message being sent to the child is that one can use drugs or alcohol to deal with stress.

PEER PRESSURE

▶ to be accepted	▶ to prevent peer pressure
▶ to be popular	▶ to impress their friends
▶ to fit in	▶ to be cool in front of their friends

While parents often rate peer pressure as the most significant reason for drug use, adolescents tend to disagree. When asked to rate the strongest reasons why adolescents take drugs, young people often rate peer pressure as less important. When the Pretoria student sample referred to above was asked 'Why do you think people use drugs?', the answer 'to be part of a group' was rated below 'to escape problems'. On the one hand, the adolescent is attempting to demonstrate independence, especially from the family. On the other, especially at the beginning stages, he or she needs to 'fit in'. They are forming an identity

and coming to know who they are. The peer group reflects who and what they are and plays an important role in the development of a self-concept. It is thus often vital for the adolescent to maintain this peer support even if it means taking drugs.

Peer group pressure is often viewed as external pressure, as in the scenario of a person holding out a 'joint' and enticing the recipient to demonstrate that they belong to the group, or that they are adult, by taking a 'hit'. This does occur. But peer pressure is more potent as an internal pressure where the adolescent feels it is safer to take drugs than risk losing the support of the group and the identity, status or social prestige, and self concept which goes with it. If drug use starts in a group of adolescents, taking drugs is often viewed as the path of least resistance to remain in the group.

ENJOYMENT, EXCITEMENT AND FUN

▶ to feel good	▶ to have a good time
▶ to get high	▶ to feel on top of the world
▶ to be happy/laugh	
▶ to relieve boredom	▶ to get energy

Drugs often make the user feel good - initially. This is one of the reasons why people take them. There is no use denying this, as an adolescent is likely to have come across peers who have had positive experiences with drug use. The use of drugs is often associated with the promise of fun and enjoyment. This is perhaps particularly manifest in the present 'rave' subculture where certain drugs are marketed with music, clothes and energy drinks as part of the package. Another example is the phenomenon in South Africa of attempts to recreate an idealised image of what is happening in the poorer urban areas of America as seen in rap music, sport and dress. Advertising and the media may reinforce the perception of a youth culture which gives the adolescent the impression that there is something going on 'out there' which he or she needs to be part of. This feeling can be heightened if the adolescent is bored and does not take part in any other activity which reflects positively on himself or herself.

I feel like I don't belong here. Nobody understand me. What else must I do? I want to be

ADOLESCENTS

SELF IMAGING / SELF CONCEPT / BODY CONCEPT

- | | |
|--------------------|----------------------------------|
| ▶ "my image" | ▶ to be cool / "duidelik" |
| ▶ to be special | ▶ "I don't want to be left out" |
| ▶ to get attention | ▶ to be confident |
| ▶ to become thin | ▶ to have extra power (steroids) |

There is a perception that using drugs says something about the way a young person is seen. It says that he or she is adventurous, fun loving, rebellious, different or special. It sets them apart from the average group. Various images in society convey this message, including advertising. These images may be internalised to the degree where it is no longer necessary for another person to say or even see that the user is 'cool'. Taking drugs is not only a means of conveying an image to others, it is a way of conveying an image to oneself. The pressure for ideal body types, coupled with the introduction of the world of sexuality, can result in the use of drugs. This affects not only females with the use of slimming tablets, but also males and the use of steroids. Both involve a desire to attain the stereotypical masculine or feminine notions of ideal beauty.

RISK TAKING AND REBELLION

- | | |
|------------------------------|------------------------------|
| ▶ to feel free / independent | ▶ to make them feel grown-up |
|------------------------------|------------------------------|

Risk-taking is a normal feature of adolescent development. In youth, death may seem a distant reality. There may be a feeling of invincibility. This is part of the reason why adolescents often do not appear to take the dangers and risks of using drugs seriously.

The fact that drugs are mostly illegal or can be dangerous often creates the allure of 'forbidden fruit', which in turn, can add to the excitement. Among males, who are risk-prone by virtue of their gender and who, in adolescence, may not have a perception of long life-expectancy that so many adults take for granted, the use of drugs may also

reflect a desire for recognition and respect. This may be combined with a lack of concern for the future.

CURIOSITY AND EXPERIMENTATION

- | | |
|-----------------------------|-------------------------|
| ▶ curiosity | ▶ to experiment |
| ▶ "I just wanted to try it" | ▶ to have an experience |

Curiosity and experimentation are characteristics of human beings which underly many areas of achievement. The particular developmental stage of adolescents may make them especially susceptible to these dynamics.

Adolescence is a vulnerable stage characterised by emotional, social and physical changes. It involves the development of a sense of identity, the need to resolve the conflicting impulses of independence and dependence and the pressures to be unique and to conform. This is the context within which any prevention programme must operate. The more we understand the scenario regarding youth and the use of drugs, the greater the chances of developing prevention programmes which will have a positive impact.



PART 2

PREVENTION

SOUTH AFRICA'S PREVENTION EXPERIENCE

Historically speaking, drug abuse prevention work in South Africa has witnessed different approaches. In its earliest form, prevention was based on opinion rather than evidence. Scare tactics were often used to reinforce the message that drugs were dangerous. A later approach involved information dissemination. This was based on the assumption that once people knew the negative consequences of drug use, they would choose not to use drugs. In recent years, a greater emphasis has been placed on information-based programmes complemented with life skills approaches. The section which follows gives a brief overview of the main elements of such approaches. The comments are based on practical experience, as well as expertise acquired in implementing awareness campaigns in South Africa.

THE SHOCK-HORROR APPROACH - FEAR AROUSAL AND SCARE TACTICS

Fear tactics involve exaggeration or focusing purely on the extreme negative effects of drug use. The use of a poster depicting a body lying in the gutter with a needle in the arm would be an example of a scare tactic. Such approaches are now generally seen to have been unhelpful as they rarely influence behaviour positively. However, fear arousal still forms the basis for some of the work being done in the field of prevention in South Africa. Owing to this reality, some attention is devoted below to this approach.

DO DRUGS KILL?

While many people experience a variety of intense negative effects from mood altering substances, only a minority die. It is therefore important to get people to evaluate negative effects long before they get addicted and ideally before they start drinking or taking drugs. Emphasising death does not help this process. Drugs do not kill all, or even the majority, of users. As a result, campaigns based upon this premise are likely to be dismissed by adolescents as untrue and lacking integrity. They also make future campaigns to educate youth about drugs far more difficult. By focusing on addiction, these initiatives may not be helpful. What is more important is to explain some of the causes of addiction, the different addictive properties of different drugs and the fact that most people who take drugs do not die.

However, stating that some people who take drugs do die, as a result of addiction, overdose or allergic reaction, is

not necessarily a scare tactic. One could state, for example, that while many people have taken Ecstasy few people have died as a result, but some have. Death is therefore a realistic risk. This would not be an example of scare tactics as it provides factual information as is currently known, without distortion or exaggeration. Even better would be to follow this up with discussion of short-term negative effects which adolescents will be able to see in their own lives or the lives of those around them who are using drugs.

While most people who use drugs may not become addicted, all who use drugs are negatively affected by them to some extent. Most people who try alcohol, for example, do not become alcoholics. However, most people who use drugs will have experienced a variety of negative effects including: hangovers, high risk sexual behaviour, increased difficulty concentrating, delayed or retarded adolescent emotional and psychological development, adverse coping strategies, and generally failing to live up to their potential.

The adolescent will probably be aware of people who have been using drugs for several years and who show no obvious negative side effects. The entire fear-based message concerning drugs may therefore be rejected, along with all the other potentially-useful information that is provided. The response from an adolescent is more likely to be *'well if what they said about dagga was untrue, maybe what they said about mandrax or heroin is also untrue'*.

MISUSING STATISTICS

Here is an example of the harm which scare tactics can possibly cause. In this particular case, scare tactics were used on the parents. On 30 January 2002, a Cape Town newspaper reported that 90% of high school students had at least experimented with one illegal drug. This statistic was not based on available evidence. It may have been intended to shock parents into action. However, the impact on a non-drug using high school student would have been counterproductive. If he or she reads that 90% of his or her fellow students have used drugs, one conclusion might be that they are missing out and must really be square. The unintended consequence of this type of misinformation could result in pressure being placed on

PREVENTION

young individuals to use drugs. One of the basic components of effective prevention work is to correct the misperception that 'everybody is doing it'. By exaggerating the extent of drug use one runs the risk of increasing drug use.

INFORMATION-BASED PROGRAMMES

This approach is based on the premise that adolescents take drugs because they are unaware of the consequences. The reasoning is that once adolescents are provided with information they will refrain from using drugs. Some research indicates that excessively information-based programmes have, in some cases, actually resulted in an increase in drug use for the following reasons:

- ▶ **increased allure of experimentation** - by overly emphasizing the risk of addiction, while failing to deal with any perceived positive aspects of drug use, the programmes have lacked credibility with at-risk youth. They may also make drug use appear interesting and exciting.
- ▶ **increased knowledge of 'how-to'** - they may have provided a menu of drugs and the mood changes which can be gained, thereby increasing drug use.
- ▶ **too focused on the adult perspective** - they tend to be derived from an adult perspective and fail to take into account the 'lived experience' of young people, e.g., the possibility that smoking may be seen by young people as a route to a slimmer body may be far more persuasive than the fact that they have a greater risk of contracting lung cancer in later years.

Programmes based on information alone do not work because they often misunderstand the causes of drug abuse. They tend to assume that young people take drugs because they are unaware of the risks involved. However, as stated above, the reasons why many young people use drugs are more complicated. They include reasons not addressed by this approach, e.g., relief of boredom, anxiety or stress, to show maturity, to relieve stress, or for enjoyment.

The conclusion is that information is necessary but not sufficient. Information-based programmes have thus tended to be more effective when attention was paid to the sender, the message and the context. They work well where senders were credible and the message is relevant to the receiver. They have also been more effective when combined with other approaches.

THE LIFE SKILLS APPROACH

This strategy seeks to have an impact by dealing with a range of social skills. The underlying assumption is that drug use is at least partly due to poor social coping strategies, undeveloped decision making skills, low self esteem, inadequate peer pressure resistance skills, etc. When applied sensibly, these strategies have yielded positive results in the South African experience. Elements based upon the Life Skills approach are contained in the following sections where we discuss the components of successful programmes.



PART 3

GUIDELINES

BASIC GUIDELINES FOR EFFECTIVE PREVENTION

Various strategies have been tried to reduce drug use amongst adolescents, with varying degrees of success. The first thing to remember is that it is very difficult to evaluate prevention programmes, as there are many variables that can impact on the findings. However, several years of research have provided some indication of which strategies increase the likelihood of success, and which strategies should be avoided. So, although no ideal blueprint for prevention programmes exists, effective programmes tend to include a diversity of elements. The guidelines below have been developed so that they can be applied generically in a South African context in order to influence attitudes towards drugs in the wider community or society - e.g., schools, family, neighbourhoods, businesses, and the media.

1. IT IS NOT NECESSARILY TRUE THAT 'ANYTHING IS BETTER THAN NOTHING'

One of the most important lessons to have emerged from past prevention approaches is that it is not the case that anything is better than nothing. Certain forms of prevention programmes may indeed lead to an increase of drug use among adolescents. Therefore before conducting any prevention efforts one needs to consider whether they have the potential to do harm.

2. UNDERSTAND YOUTH PERCEPTIONS

One prominent factor deemed to have reduced the impact of some prevention programmes, is that they have been developed largely from an adult perspective. They therefore failed to engage with the developmental stage of adolescence. It is thus of vital importance, when developing or implementing prevention programmes, to attempt to place oneself in the mindset of an adolescent. What works for adults does not necessarily work for adolescents. What may serve as an effective prevention strategy for adults (e.g., successful campaigns emphasizing the number of deaths associated with drunk driving), may not necessarily be effective for adolescents. Young people have a different mindset which needs to be catered for, and used to improve the impact of a campaign. Thus, a policeman standing up in front of adolescents and announcing that if any of them take

drugs the police will catch them and imprison them, may not be effective. To some adolescents it may even be seen as a challenge. Similarly, there is a risk that the typical testimony of recovering addicts depicting a life of drug use, sprinkled with stories of crime, arrests, crashed cars, dead friends, etc., may incline some in the audience towards emulation. While some young people may be repelled by such stories, others may well be attracted to such a seemingly dramatic lifestyle.

3. INVOLVE YOUNG PEOPLE IN THE PROGRAMME DESIGN AND IMPLEMENTATION

Prevention should actively seek the youth in the planning and implementation of prevention activities. Otherwise, how can it be focused on youth? While most adults agree to make prevention youth-centred, few actually give the youth any control in design and implementation. Programmes need to be adapted by the youth in different communities and subcultures. This includes not only aspects like translation into the different language groups but also adapting the material to the slang used by a specific community. Young people are best placed to advise on the values, attitudes, norms and behaviours which will have greatest impact.

4. MAKE YOUR MESSAGE ACCURATE AND EVIDENCE-BASED

Another key problem is that many prevention activities are all too often based on intuition, in terms of what would constitute an effective programme, rather than research findings. While there is no magic solution which can inoculate the youth against substance abuse, there exists a responsibility to educate them regarding the use of mood altering substances. Prevention programmes therefore need to present the facts about drugs and addiction in an unbiased manner if they want to be seen as credible, but without giving the impression that it is okay to use drugs. If the adolescents' initial experience with drugs is contrary to that expressed in prevention programmes, why should they believe any of the other aspects presented in the programme? The message must therefore be factual and credible.

GUIDELINES

Factual information on drugs must also be presented in a credible way to which adolescents can relate. It must include:

- ▶ the dangers,
- ▶ the immediate effects,
- ▶ the perceived positive effects and
- ▶ the short-term negative effects.

This also means that parents and educators must make the effort to learn about drugs and their effects and convey this knowledge as accurately as possible. Some of this knowledge includes the warning signs of drug use and the course of substance use disorders: from experimentation, to use, to continued use and finally dependency or addiction. Because of the considerable degree to which young people focus on life in the short term, information should also examine the dangers and short term negative effects for each stage. For example, when taking drugs for the first time, perhaps the greatest risk is doing something one would not normally do because of an altered state of perception, including having unprotected sex.

5. START EARLY

Early intervention makes sense, ideally before the adolescent starts experimenting with drugs. It is far better to prevent young people from starting to use drugs than intervening at a later stage trying to get them to give up drugs. Research repeatedly shows that the younger the adolescent starts using substances, the more likely he or she is to encounter problematic substance use later. Judged by this yardstick, even succeeding in delaying the onset of substance use would be a useful outcome.

6. ENSURE SUFFICIENT PROGRAMME DURATION AND INTENSITY

One-off programmes, although relatively easy to implement, are unlikely to have any medium to long term impact. Programmes must be sustained. Ideally, they should ensure that there is sufficient contact time with the target group, for example, from childhood through adolescence. Employing booster programmes is one way of ensuring sustainability.

7. BE COMPREHENSIVE

Owing to the range of factors that can contribute to drug use, comprehensive programmes are more likely to be effective than single-focused activities. Young people are not all the same. They live in different communities with varied norms. They come from distinct income groups. Some approaches to prevention may work better with certain groups than others. One key objective of prevention programmes should be to reach at-risk adolescents (sometimes called 'out-of-the-mainstream youth') and prevent those who would have become involved in drug use from doing so. The aim can also be to encourage help-seeking behaviour from those who are experiencing problems due to the use of drugs. Only by using a range of prevention approaches can these objectives be secured. As a rule, the greater the number of effective components in a prevention programme, the greater the likelihood of success.

8. PROVIDE FOR REFERRAL AND HELPLINES

A referral component must be included in order to encourage help-seeking behaviour for the adolescent or someone trying to help him or her. This should include information on where to get help if the person seeking help (e.g., a parent or a sibling) is doing so on someone else's behalf.

9. INVOLVE PARENTS AND GUARDIANS

Because matters such as the effectiveness of family management, the level of attachment between parent and child and the extent and nature of the boundaries that are set constitute risk/protective factors, working with parents (e.g., by providing them with information and parenting skills) makes sense. Effective inclusion of parents and guardians will increase the success of achieving the desired effect in the primary target group.

10. BUILD LIFE SKILLS AMONG THE YOUTH

- ▶ **Combine knowledge with life skills development** - life skills development should be a central element in all programmes. This will complement the accurate, evidence-based messages provided elsewhere in the pro-

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gramme. These skills include, but are not limited to, refusal skills. A broad approach to life skills development will focus on the following areas: decision making, communications skills, goal setting and how to manage stress. If these life skills can be mastered, the young person stands a better chance of being able to deal with stressful situations which might otherwise result in experimentation with drugs.

- ▶ **Try to make it interactive** - Interactive teaching methods and the active involvement of students in the programme are generally considered to be effective. Young people should be encouraged to demonstrate their skills and practice them in the presence of others to get feedback. They should emphasize the use of open-ended questions and the general encouragement of talk about the positive and negative effects of drugs as well as the consequences of taking mood altering substances.
- ▶ **Role play: practise how to cope in various high-risk situations** - Practising strategies for avoiding drug use coupled with guidance on how to deal with various high-risk situations will help to build refusal skills, especially when done in conjunction with roleplay.
- ▶ **Focus the discussions on choices and consequences** - The focus of discussions should be on the dynamics involved in the decision making process and that there are choices available which have consequences. The decision on whether or not to use drugs is the individual's decision and nothing can change this fact.
- ▶ **Encourage positive alternatives** - 'Positive' is a relative term which, in this context, centers on local values. Activities should try to reinforce the desirable traditions and practices of the community which respect the dignity of the individual. Adolescence is a difficult stage of development characterized by change and stress. Adolescents are also bombarded with advertisement promoting mood altering substances. They are rarely exposed to information concerning other means of dealing with stress. Where possible, it is important to try to prevent drug use by creating healthy and attractive alternatives which combine and encourage individual life skills development, positive sporting attitudes and performance-based activities (e.g., dance,

drama, etc.).

- ▶ **Discuss both legal and illegal drugs** - It is essential to examine the consequences of using and abusing drugs such as alcohol, nicotine and over the counter medications, which are legal for adults to buy and use. Another implied message in many advertising campaigns is that legal drugs are somehow safe and innocuous. While it is true that some drugs are more addictive than others, it is clear that alcohol causes great harm in South Africa.
- ▶ **Get young people to question what they see** - Because of the nature of adolescence, young people tend to dislike the notion that their behaviour and attitudes have been dictated by outside influences. Providing insight into how young people are targeted by advertisers and how advertisers attempt to manipulate their behaviour can have a powerful impact on their decisions. The idea here is to get adolescents to question whether or not the associations they have with drug use will actually result in the perceived benefit. It is not the role of the programme to answer this question, but merely to highlight the question.
- ▶ **Pay attention to short-term negative effects of drug use** - It is well-known that young people tend to give less attention to long-term risks than the more immediate consequences of their actions. This also applies to drug use. In the past, information-based programmes, by emphasizing the dangers of addiction, may not have conveyed strongly enough the more immediate negative effects of drug use. As a result, a perception may have arisen that addiction is the only potential negative consequence of drug use. It is important for young people to evaluate negative effects long before the stage of addiction, even, ideally, before they start drinking or taking drugs. This can be done by focusing more on short-term - 'here-and-now' - negative effects. Here are some examples. The youth could be asked whether drug users who play soccer would be doing better if they were not using drugs? Does taking drugs make you less attractive? Does tobacco make your breath smell bad? Does taking drugs put you at greater risk of engaging in unprotected sex? Moreover, one could point out that drug use is char-

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acterized by delayed or retarded psychological and emotional development which is at a crucial stage during adolescence. As a result, young people using drugs may suffer a loss of potential from which they may never be able to recover.

- ▶ **However, do not completely ignore long-term future goals** - Focus on future orientation or goal-setting skills and how to achieve goals by consistent effort and what possibilities exist to achieve a positive future. A young person who perceives the possibility of a bright future has more to lose than one who perceives few positive future prospects.

11. MONITOR AND EVALUATE THE PROGRAMME

If possible, set aside funding to assess the impact which the programme has had. Evaluation is a specialized task which requires knowledge of how to design questionnaires and structure an analysis using the resulting statistical findings. As a result, it tends to be expensive. However, demonstrating scientifically the impact which a programme has had minimises the risk of repeating errors. If a thorough evaluation is not possible, then programmes should at least document their efforts for follow-up reference.

THE IMPORTANCE OF SCHOOLS IN PREVENTION WORK

Because their responsibility is to educate young people so that they can make informed decisions both now and for the future, schools are potentially of enormous value in undertaking prevention work aimed at youth who are in-school. Ultimately, prevention activities should approach drug use as they would any other school subject. The focus should be on the provision of accurate facts and the acquisition by students of relevant life skills. It is important to ensure that different subjects in the curriculum (for example, in biology class the physical aspects of drug dependency; in economics the financial costs; in social sciences the costs to society and so on) give messages that are consistent.

SOUTH AFRICA'S SCHOOLS POLICY AND GUIDELINES

In December 2002, the South African Government promulgated its Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions. A draft set of Guidelines on how to implement the policy is under development by the Department of Education. Taken together, these documents focus on (a) prevention, (b) intervention, and (c) how to manage specific incidents. The approach is guided by the following principles:

- ▶ The possession, use or distribution of illegal drugs, and the inappropriate possession, use or distribution of licit drugs is not acceptable in South African schools;
- ▶ All learning institutions need to have clear policies for both prevention and intervention, underpinned by a restorative orientation;
- ▶ All information relating to drug use, misuse or dependency by a student should be treated as confidential (except where the student has committed a criminal offence, such as being caught dealing in drugs on school property, in which case the name can only be divulged to the police and education authorities who need to know);
- ▶ In case of disclosure, teachers and students should be given support to handle confidentiality issues;
- ▶ As far as possible, a student involved in a drug-related incident should be assisted in remaining in their school, or, if necessary, assisted in finding an alternative school.

In addition, the draft Guidelines make the following points:

- ▶ Drug education is included in the Learning Area of Life Orientation.
- ▶ The school should access parental / guardian assistance and knowledge in drawing up and implementing its own policy which should be harmonized as much as possible with the standard policy supplied by the Department of Education.
- ▶ Teachers should be trained in the area of drug awareness.
- ▶ Schools should promote peer education programmes on drug awareness.

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- ▶ If service providers are contracted to assist in providing training to teachers or students, it will be important to check whether the service provider is recommended by the Department of Education to undertake such work.
- ▶ Schools should develop a "Learners Support Programme" which defines specific roles for students, parents, guardians and the school when the student encounters problems with drug use and may need to be referred for (out-patient or in-patient) treatment.

CONCLUSION

The purpose of this document has been to provide a framework or overall strategy for substance abuse prevention work in South Africa through which different initiatives can be undertaken. While no single initiative or campaign exists which will be appropriate for all youth in South Africa, it is vital that all prevention activities fall within a broader approach to avoid mixed and even contradictory messages. This document aims to provide this broader framework by outlining central themes to evidence-based and effective prevention work drawn from the lessons we have learnt to date.



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INTERNET RESOURCES

Readers are encouraged to visit the UNODC Global Youth Network at the following location:
http://www.unodc.org/youthnet/youthnet_action.html

Some other youth-oriented websites:

<http://www.freevibe.com>

<http://www.zoot2.com/>

<http://www.cyberisle.org/access/buspass.php3>

<http://www.forreal.org/>

<http://www.drugworld.org/>

<http://www.kidshealth.org/teen/index2.html>

<http://www.school-and-drugs.org/>

<http://www.cpprev.org/>

American Council for Drug Education	-	www.acde.org
Australian Drug Foundation	-	www.adf.org.au
Cape Town Drug Counselling Centre	-	www.drugcentre.org.za
Center of Substance Abuse Prevention	-	www.samhsa.gov/csap
Centre for Addiction and Mental Health	-	www.camh.net
Health Canada (especially their 'Best Practice' Guidelines)	-	www.hcsc.gc.ca/english/lifestyles/alcohol_drug.html
National Institute on Drug Abuse (NIDA)	-	www.nida.nih.gov
South African Government Policy and Guidelines	-	www.educ.pwv.gov.za
South African Medical Research Council	-	www.mrc.ac.za
The International Youth Foundation	-	www.iyfnet.org
U.S. Dept. of Education: Safe & Drug-Free Schools	-	www.ed.gov/offices/OESE/SDFS
United Nations Office on Drugs and Crime	-	www.unodc.org



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