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Drug and alcohol abuse prevention education in Zambia's secondary schools: Literature survey

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Abstract

This paper is an extract of reviewed literature for an on-going PhD study titled "Drug and Alcohol Abuse Prevention Education in Zambia's secondary schools." The background of the paper emanates from the fact that despite escalating incidences of drug and alcohol abuse among school going children, little is known concerning drug and alcohol abuse prevention practices and policies used in Zambia's secondary schools. What is clear in the reviewed literature is that elsewhere in the world, literature shows that certain school-based prevention practices and policies such as skill-based content, interactive methods, use of trained teachers and professionals, high frequencies of lessons, timing, use of peer educators, involving family members and community leaders in drug and alcohol abuse prevention have proved to be effective in stopping, reducing, and delaying the onset of drug abuse behaviour among learners. The recommendation of this paper is that, if these strategic practices and policies have worked elsewhere in the world, they should be tried in Zambia.

Keywords: Drug and alcohol abuse, Prevention practices, Prevention policies

1. Introduction

1.1 Back ground

In recent years there has been an increased move to develop and use drug and alcohol abuse prevention education practices and policies that are evidence-based. According to Myers *et al.*, (2008), Evidence-Based Practices (EBPs) are interventions or programmes for which there is a large body of research evidence in support of their effectiveness.

Most recent meta-analyses and review of literature on drug and alcohol abuse prevention indicate that certain school-based interventions can achieve a modest reduction in drug use by learners, while others are not effective (Dusenbury and Falco, 1995; Glynn, 1983). However, one critical issue in drug and alcohol abuse prevention education in schools is the implementation of the prevention practices and policies. Some studies have revealed that EBPs have often not been implemented according to the way they have been designed and evaluated, as a result prevention outcome is affected. For instance, a study by Hallfors and Godette (2002) conducted in the USA revealed that quality implementation of research-based programmes was generally poor. Additionally, in a study conducted in South Africa by Burnhams *et al.*, (2009) it was found that most prevention programmes were implemented in the absence of evidence of their effectiveness, as a result, prevention outcomes are compromised.

Although much has been achieved in drug and alcohol abuse prevention science, it still remains as a challenge as to which kind of practices and policies are more effective and suitable for adaptation to the Zambian context. This is on the basis that there is little literature concerning prevention practices and policies regarding drug and alcohol abuse, in Zambia. This paper therefore, lays its ability to review relevant literature on the subject to assist prevention practitioners such as teachers understand best practices and improve on the drug and alcohol abuse prevention education in Zambia's secondary schools.

2. Practices in drug and alcohol abuse prevention education

In this section literature on prevention education practices relating to strategic practices, content, methods, providers, and target populations is reviewed. Other practices include level of intensity, timing, use of peer educators and involvement of family (parents) and wider community.

2.1 Strategic Practices

Regarding strategic practices for drug abuse prevention, NIDA (1997) who conducted a meta-analysis of programmes that have showed evidence of being effective, identified enhancement of

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protective factors and reducing risk factors; empowering individuals with life skills and drug resistance skills; incorporating normative education; and use of cultural, age specific and developmentally appropriate materials as practices that showed success.

In a study on alcohol and drug prevention approaches in colleges and universities in the United Kingdom (UK), Mentor UK (2007) cited Education and Awareness campaign, extracurricular activities, social marketing and motivational interviewing as some of the prevention strategic practices that are promising. Further, some studies have suggested that using extracurricular activities as a strategy may have prevention potential. For example, Eccles *et al.*, (2003), found that young people who participated in extracurricular activities such as sports and performing arts had a better academic performance, lower risk of dropping out of school and reduced involvement in risk behaviours such as abuse of alcohol and other drugs. However, other studies have also shown that different extracurricular activities may produce mixed results in young people's drug abuse behaviours. For example, some types of sports and athletic involvement may not protect young people from drug and alcohol abuse (Eccles *et al.*, 2003; Hoffmann, 2006). Although there are various extra-curricular activities Zambian school learners can engage in, it is not known what kind of extra-curricular activities they do and the benefit they provide in relation to drug and alcohol abuse prevention.

Drug abuse prevention review literature has revealed that some individual-level intervention strategic practices such as motivational interviewing, personalized normative feedback and other brief interventions have proved to be effective in reducing alcohol abuse among college students. For example in a meta-analysis study to evaluate alcohol abuse prevention interventions for college students, involving 62 studies that were published between 1985 to 2007, Carey *et al.*, (2007) found that motivational interviewing reduced alcohol use among students who had received them and that the interventions also reduced other alcohol-related problems.

2.2 Content of drug and alcohol abuse prevention education

Content refers to what is to be taught or imparted in learners in order for them to make decisions that can help them to live drug and alcohol free lives or to reduce harm caused by use of psychoactive substances.

Regarding content of drug and alcohol abuse prevention education, Tobler and Stratton (1997) conducted seminal meta-analytic studies of school-based drug use prevention programmes and concluded that programmes with content focused on social influences' knowledge, drug refusal skills, and generic competency skills were more effective than programmes focused on knowledge and attitudes. Similarly, in another meta-analytic study involving 207 school-based programmes Tobler (2000) found that programmes with content that covers both short- and long-term consequences of substance use, address misconceptions regarding the normative nature of adolescent substance use, and provide opportunities to learn and practice decision making/problem solving, assertiveness and resistance skills had larger effect sizes. In addition, Botvin and Griffin (2003) write that a comprehensive review of resistance skills studies published from 1980 to 1990 showed that the majority (63%) had positive effects on drug use behavior.

However, on the contrary prevention programmes whose teaching content is solely based on information dissemination

i.e. primarily teaching about drugs and their effects, are largely ineffective for reducing drug and alcohol abuse (National Crime Prevention Centre 2009). This is because such interventions that focus solely on healthy attitudes and providing factual information in a classroom setting, fail to take into account environmental factors that are likely to push an individual into drug abusing behaviour.

Most literature, as evidenced in the preceding paragraphs indicates that there is a clear shift from prevention programmes based on information provision only to skill-based approach. The content of drug and alcohol abuse prevention in Zambia's schools is integrated in the various subjects that form the school curriculum (MESVTEE, 2012). However, it is highly skewed to information giving more than resistance skills training. Therefore, it would be a worthwhile venture for drug and alcohol abuse prevention education providers in Zambia's schools to try the skills-based approach.

2.3 Methods of carrying out prevention education

Methods are ways of carrying out planned prevention education programmes. In other words they are techniques, activities or modes of delivering drug and alcohol abuse knowledge, attitude and skills to learners.

Studies have revealed that some methods for drug and alcohol abuse prevention are less effective while others have shown to produce desired outcomes (Tobler and Stratton, 1997; Botvin and Griffin, 2003). Effective methods are those that are said to be highly interactive, while non-interactive methods are those that limit communication and participation on the part of the learners. Many studies on prevention methods have concluded that using interactive methods is an effective way of delivering drug and alcohol abuse prevention education (Tobler and Stratton, 1997; Botvin and Griffin, 2003; Stead and Angus, 2004).

Tobler *et al.*, (1999) identify interactive methods as: small group discussions, role-play, educational games, demonstrations, brainstorming, modeling, homework assignments, motivational interviewing, debate and peer education. Less interactive methods include Lectures, use of ex-addicts, use of scare tactics, large group discussions, use of video shows depicting negative consequences of drug use and display of drugs that are commonly used. For example Bangert-Drowns (1988) who conducted a meta-analysis of 33 school-based programmes found that programmes that used lecture methods as their only intervention had less influence on attitude and behaviour change than those which used small group discussions such as Focus Group Discussions (FGDs). The strength of interactive methods is that they encourage the development of interpersonal competence skills such as negotiating and drug refusal skills and identification of negative influence or peer pressure. However no research has been done to determine the use of interactive methods for drug and alcohol abuse prevention by teachers in Zambia's schools.

2.4 Providers of drug and alcohol abuse prevention education

James (2011) says that in the UK, most drug education in schools is delivered by teachers although external speakers are also commonly used. Botvin and Griffins (2003) indicate that there are several reasons why teachers may be the most logical choice as providers for school-based prevention programmes. They argue that teachers are readily available and generally have experience and better classroom management skills than other providers. In the same vein,

Midford *et al.*, (2000), report that teachers, health professionals, counselors and other prevention practitioners can contribute significantly to the success of a school-based prevention interventions. Their impact is great especially when they are trained in drug and alcohol abuse prevention. Lack of training and interest in drug and alcohol prevention issues on the part of providers is more likely to affect prevention education outcomes.

In Zambia teachers, NGOs, health personnel and other adult members of the community provide drug and alcohol abuse prevention education to learners in secondary schools. However, what is not known is whether they possess sufficient training to teach it. This is one area which may need to be addressed seriously if prevention efforts have to impact learners in secondary schools in Zambia.

2.5 Intensity of drug and alcohol prevention education activities

Intensity refers to the frequency, the length of intervention and use of booster sessions in the provision of drug and alcohol abuse prevention education (Masiye, 2011). The more intensive the delivery system is, the greater the success of the prevention programmes (Botvin and Griffin, 2003). Research evidence indicates that prevention programmes that allow for frequent and multiple sessions or booster sessions are generally associated with success in drug abuse prevention (White and Pitts, 1998; Tobler, 1999). The rationale for the use of booster sessions is to reinforce cognitive and affective domains in the learners.

2.6 Timing of drug and alcohol abuse prevention interventions

The concept of timing in this particular case relates to the age, grade level at which prevention interventions should begin, and the level of understanding of what the intervention is meant for by young people (Masiye, 2011). According to Midford *et al.*, (2000) timing of drug and alcohol abuse prevention intervention is essential to the success of prevention education programme. Prevention interventions must be of immediate relevancy, developmentally appropriate and have sequence, progression and continuity (Dusenbury and Falco, 1995). In support of this, Kelder *et al.*, (1994) have argued that the timing strategy in primary prevention is most effective if instituted before learners develop pro-drug behaviour patterns. Additionally, most drug prevention literature has revealed that the optimal time for implementing school-based drug prevention interventions is during the late primary or early secondary school years, as this is when experimentation begins. However, timing of programmes should be optimized for a particular population and for particular drugs according to appropriate prevalence data (Midford *et al.*, 2000). Therefore, early intervention can reduce or avoid the on-set of substance abuse among young people.

2.7 Use of peer educators in drug and alcohol abuse education

Midford *et al.*, (2000) say that the use of peer educators in providing prevention education to learners is another strategic practice that has received increasing attention in the drug education literature. Peer educators serve as potential role models by creating a norm that drug abuse is deviant and by providing alternatives to drug and alcohol abuse. The argument for the use of peer educators is that young people are likely to take ideas from their peers more seriously than

adults as they look down on them as old fashioned. Coggans and Watson (1995) argue that carefully selected, well supported and trained peer educators have a great impact in the reduction or delay of drug and alcohol abuse behaviours.

2.8 Involvement of family and wider community in prevention education

Research findings indicate that parents and guardians' communication with their adolescent children is an important factor in reducing their drug and alcohol use. According to Morojele *et al.*, (2009), parents can implement various measures in a home that may reduce the likelihood that their children will use alcohol or other drugs. These include communicating their expectations to their children and supervising and monitoring their behaviour. In a review of key elements in effective drug education programmes in the United States, Dusenbury and Falco (1995) found that the practice of involvement of family members enhanced school-based prevention programme outcomes. The practice involves giving homework exercise to learners to be completed with parents. This promotes parent-child communication and positive family norms.

Additionally, some studies have supported the role of the community in prevention programmes. For instance, a study conducted by the Department of Social Development (2012) in South Africa outlined the role of the community members such as to organize community awareness and mobilization campaigns on a regular basis, and to actively involve community Police Forums and community leaders in preventing drug and alcohol abuse. Furthermore, involvement of community members may significantly reduce levels of drug and alcohol abuse among school going children in the community.

The preceding section has endeavoured to highlight a number of best-practices regarding drug and alcohol abuse prevention education. In Zambia, little is known concerning the kind of prevention practices applied in secondary schools in order to stop or reduce drug and alcohol abuse among learners. There is need to try and implement these prevention practices which have worked elsewhere in the world, particularly in the light of increasing substance abuse by learners in schools.

3. Policy issues on drug and alcohol abuse prevention education

This section reviews literature on policy issues relating to drug and alcohol abuse prevention. In trying to reduce drug and alcohol abuse by learners, schools use a number of interventions. One such intervention is implementation of prevention policies. Kilpatrick (2000) defines prevention policy as a set of principles that directs public action in the field of drug and alcohol abuse prevention. At a school level drug and alcohol prevention policy may refer to specified rules and regulations regarding use or abuse of substances by learners as well as teachers and visitors in the school (UNODC, 2004).

According to Catholic Education Office, Melbourne (2010) a drug and alcohol prevention policy plays a host of functions in a school, among them to provide a framework or guidance within which the problem of drug and alcohol abuse should be tackled. It documents procedures for dealing with drug and alcohol abuse related incidences in school. In addition, policy is essential to the implementation process so as to avoid provision of fragmented and inefficient prevention services.

According to Evans-whipp *et al.*, (2007) there is not much literature on drug and alcohol abuse policies and their impact

in schools. However, much of what is known concerning the impact of prevention policy comes from tobacco smoking policy studies. Although this is the case, a few studies on prevention policy impact suggest that more comprehensive and better enforced school policies are associated with less use of drugs and alcohol among secondary school learners. For example Griesbach *et al.*, (2002) found that generally in schools with written tobacco use prevention policies there were fewer learners who smoked tobacco than in schools that had no written policy. In the same vein, Evans-whipp *et al.*, (2013) reported on a study conducted in Flemish secondary school learners where it was found that schools with clearly formulated and communicated rules had fewer regular drinkers than schools with less clarity surrounding alcohol regulations. These studies generally demonstrate that well implemented prevention policies are crucial to prevention of drug and alcohol abuse in schools.

Regarding common policy guidelines that are effective in guiding a successful school-based prevention programmes, Sloboda (2008) reported that they include: reducing or eliminating access to and availability of drugs and alcohol; addressing infractions of policies by providing counselling or treatment and special services to young people rather than punishing them through suspension or expulsion; and specification of the substances that are targeted. In addition, Maine Office of Substance Abuse (2008) indicates that effective key policy guidelines should have the following: a philosophical statement that expresses the rationale and goals it aims to achieve; a description of how the school will implement prevention programmes and activities; and an outline of the process for communicating the policy to learners, teachers, parents and community. Furthermore, it should state prohibition of drug abuse and consequent behaviours, that is, clearly stated rules and consequences of violations.

Generally speaking, Zambia's anti-drug policies are manifested in laws. For instance the 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 prevention education in schools and the kind of prevention policies being applied in schools to reduce drug use among learners, because of lack of literature on the subject. In the context of escalating levels of drug and alcohol abuse by learners in Zambia's secondary schools, there is need for teachers and other prevention practitioners to try and implement specific prevention policies that have worked elsewhere in the world.

4. Conclusion

This paper has reviewed literature on drug and alcohol abuse prevention education practices and policies. In this review, prevention practices such as the use of skills-based content, interactive methods, use of trained teachers and other professional prevention service providers, high frequency of delivery, peer education, and involvement of family members and community leaders, proved to realize prevention goals both in school and community. In addition, literature has revealed that prevention policies that are clearly formulated, communicated and well enforced have proved to be effective in reducing drug and alcohol abuse among learners in schools. Based on the reviewed literature, the study therefore recommends that these practices and policies should be tried in Zambia's secondary schools.

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