

An Exploration of School-Based Substance-Abuse Prevention Programmes in the Cape
Metropolitan Region

Xena Cupido

Student No: 8932875

A thesis submitted in fulfilment of the requirement for a

Doctorate in Philosophy

in the Faculty of Education, University

of the Western Cape

UNIVERSITY of the
WESTERN CAPE

Supervisor: Dr Sindiswa Stofile

June 2017

Declaration

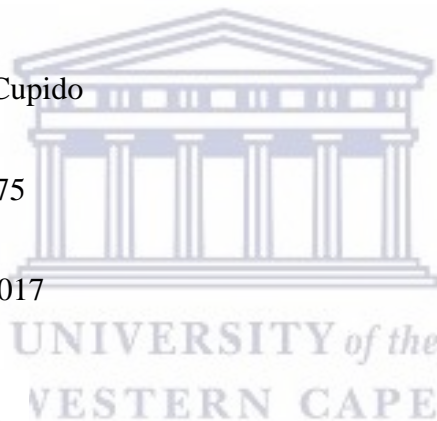
I declare that the thesis entitled ‘An Exploration of School-Based Substance-abuse prevention programmes in the Cape Metropolitan Region’ is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used and quoted have been indicated and acknowledged by complete references.

Full Name: Xena Cupido

Student No: 8932875

Date: June 2017

Signature:



Abstract

The prevalence of substance abuse globally has been a cause for concern. South Africa is regarded as one of the countries with the highest substance abuse rates in the world. As a consequence, families, communities and society are seriously impacted and in some instances destroyed. The Western Cape has been hardest hit, with youth in particular affected as they are exposed to illicit substances in various environments. Prevention programmes remain an important aspect of drug control systems in South Africa. It is with this reality in mind that this study aimed at investigating the theory underpinning the development, implementation and the sustainability of school-based substance-abuse prevention programmes in the Western Cape. This qualitative study utilised a constructivist grounded theory to explore the factors that influenced the development, implementation, and sustainability of the existing school-based programmes. The documentary analysis and interviews were used as data collection methods. School principals, educators and community organisation representatives participated in the study. The findings revealed that the development, implementation and sustainability of school-based substance abuse prevention programmes are influenced by the following systemic influences; personal, environmental and relational influences. The theory developed in this research project provides a framework by which schools and community organisations are able to develop, implement and sustain substance-abuse prevention programmes.

Key words:

Substance abuse, prevention, school-based, grounded theory, development, implementation sustainability, schools, community organisations, systemic influences

Acknowledgements

I am grateful to so many special individuals who have supported me on this journey. To the community organisations and schools that on a daily basis are faced with the challenge of substance abuse, yet continue to make a positive contribution, I salute you. More especially, the participants of this research project, who willingly shared their experiences in an open and reflective manner, allowing me into their world. Thank you to the Tokyo Foundation that provided the initial funding, I am grateful. The National Research Fund Thuthuka Grant and the Cape Peninsula University of Technology who funded the remainder of the research project. Thank you to my colleagues at Fundani CHED and the Student Learning Unit for their support and encouragement, as well as to my colleagues at the UWC Community Engagement Unit, where this journey started.

I owe a great deal of gratitude to my supervisor, Dr Sindiswa Stofile, whose quiet strength and advice guided me through this journey in the most empowering and enlightening manner. The Educational Psychology PhD support group has also been a source of encouragement. To Dr Liz Van Aswegen, I am eternally grateful for transforming this work into something readable.

My family, my mother Pam and sister, Alexis, brothers and their wives, Quinton and Nadia, Jeremy and Pauline, nieces and nephews, thank you for the support and encouragement. Harold, Janice, Donna, Peter, Kyle and Gail, Granny, and Pa, I would not have survived without our “puza” evenings. Hilton, my husband, and sons, Jordan and Zachary, the greatest loves of my life, there are no words that can adequately express my heartfelt gratitude for your patience and love, and compromises made for me. We have completed this journey together, and it is in honour of the three of you that this research is dedicated. I love you. Lastly, to my Creator, whom I have negotiated and bargained with for strength and perseverance, when it seemed impossible to continue, I am blessed.

Contents

Declaration.....	ii
Abstract.....	iii
Acknowledgements	iv
List of Figures.....	x
List of Tables	xi
Abbreviations and Acronyms	xii
CHAPTER 1.....	1
Introduction to Thesis.....	1
1.1 Introduction.....	1
1.2 Background.....	2
1.2.1 Contextualisation of substance abuse: a country phenomenon.....	4
1.2.2 Substance abuse in the Western Cape.....	6
1.2.3 Motivation for the study.....	8
1.3 Problem statement.....	14
1.4 Aim and research questions.....	16
1.5 Significance of this study.....	18
1.6 Chapter summary.....	19
CHAPTER 2.....	20
Theories and Conceptual Frameworks in Substance Abuse Prevention	20
2.1 Introduction.....	20
2.2 Changes in terminology of substance use and abuse to substance use disorder	21
2.2.1 Substance abuse.....	22
2.3 Theories of substance use disorder	25
2.3.1 Biological theory of substance abuse disorder.....	27
2.3.2 Psychological theories of substance use.....	29

2.3.2.1	Psychoanalytic theory	31
2.3.2.2	Behaviourism theory	34
2.3.2.3	Social learning theories	37
2.3.3	Sociological theory of substance use disorder	40
2.3.3.1	Structural functionalism.....	41
2.3.3.2	Symbolic interactionism	44
2.3.3.3	Social conflict	45
2.4	Adolescence and the gateway theory to substance abuse	46
2.5	Chapter summary	50
CHAPTER 3.....		51
Substance Abuse Prevention		51
3.1	Introduction.....	51
3.2	Substance-abuse prevention.....	51
3.3	Approaches to substance-abuse prevention	54
3.4	Importance of risk and protective factors in prevention	57
3.4.1	Identifying risk and protective factors.....	58
3.5	School-based substance-abuse prevention.....	60
3.5.1	School approaches to substance-abuse prevention programmes	63
3.5.2	Types of school-based prevention programmes	65
3.5.3	Government guidelines for school-based substance-abuse prevention	67
3.6	Substance-abuse prevention through school and community organisation partnerships.....	69
3.7	Capacity and development.....	74
3.8	Development of substance-abuse prevention programmes.....	77
3.9	Implementation of substance-abuse prevention programmes.....	79
3.10	Sustainability of substance-abuse prevention programmes	82
3.11	Chapter summary	85
CHAPTER 4.....		87
Research Methodology		87

4.1	Introduction.....	87
4.2	Research paradigm.....	88
4.3	Research design	91
4.4	Theoretical sampling.....	95
4.4.1	Sample selection.....	98
4.4.2	Description of Research participants	99
4.5	Data collection methods and procedure.....	105
4.5.1	Data collection methods	105
4.5.1.1	Interviews.....	105
4.5.1.1.1	Unstructured interviews	107
4.5.1.1.2	Semi-structured interviews.....	109
4.5.1.2	Documentary analysis.....	110
4.5.1.3	Field notes and theoretical memos.....	113
4.5.2	Data collection procedure.....	115
4.6	Data analysis	119
4.6.1	Data analysis approach	119
4.6.2	Data capturing and organisation.....	120
4.6.3	Interview coding.....	122
4.7	Theoretical sensitivity.....	127
4.8	Trustworthiness of the study.....	128
4.9	Ethical considerations	130
4.10	Limitations of constructivist grounded approach in the study	133
4.11	Chapter summary	134
CHAPTER 5.....		135
Systemic Influences on the Development, Implementation and Sustainability of School-based Substance-Abuse Prevention Programmes.....		135
5.1	Introduction and overview	135
5.2	Factors that influenced the development of school-based substance-abuse prevention programmes	135

5.2.1	Personal influences.....	138
5.2.1.1	Personal experience	139
5.2.1.2	Values and attitudes	143
5.2.1.3	Personal connection	148
5.2.2	Environmental influences.....	150
5.2.2.1	School environment	151
5.2.2.2	Community environment	162
5.2.2.3	Family environment	167
5.2.3	The influence of relationships	172
5.2.3.1	Family relationships.....	173
5.2.3.2	Educator relationships.....	177
5.2.3.3	Community relationships.....	179
5.2.4	The influence of global programmes	181
5.3	Factors that influenced the implementation of school-based substance abuse prevention programmes	189
5.3.1	Content of the programmes.....	190
5.3.1.1	Needs of learners	191
5.3.2	Capacity.....	198
5.3.2.1	Individual capacity.....	199
5.3.2.2	Organisational capacity.....	202
5.3.3	Implementation approach.....	203
5.3.4	Support	206
5.4	Factors that influenced the sustainability of school-based substance abuse prevention programmes	210
5.4.1	Community and learner needs	210
5.4.2	Partnerships	215
5.4.3	Capacity	219
5.5	Chapter summary	223
CHAPTER 6	225

A Grounded Theory on the Development, Implementation and Sustainability of School-Based Substance-Abuse Prevention Programmes	225
6.1 Overview of chapter.....	225
6.1.1 Grounded theory on systemic influences on the development of school-based substance-abuse prevention programmes and related literature	227
6.1.2 Grounded theory on the implementation of school-based substance-abuse prevention programmes	241
6.1.3 Grounded theory on the sustainability of substance-abuse prevention programmes and related literature	249
6.2 Chapter summary.....	262
CHAPTER 7.....	263
Summary of Research.....	263
7.1 Overview of chapter.....	263
7.2 Systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes	263
7.3 Summary of research	275
7.4 Limitations of the study	279
7.5 Further research possibility.....	280
7.6 Contributions and recommendations of this study	282
7.7 Recommendations of this study.....	283
7.8 Final conclusion.....	286
Bibliography.....	288
Appendix A	327
Appendix B.....	328
Appendix C.....	329
Appendix E.....	332
Appendix F.....	335
Appendix G	337
Appendix H	338

List of Figures

Figure 3.1 Institute of Medicine Continuum of Care Model (Mrazek & Haggerty, 1994) ..	54
Figure 3.2 Adapted from Adelman and Taylor (2003) Key Dimensions Relevant to School– Community Collaborative Arrangements.....	72
Figure 4.1 Charmaz (2006) Constructivist Grounded Theory Process/Design	94
Figure 4.2 Adapted from Charmaz (2014) Interviewing in Grounded Theory	117
Figure 4.3 Multi-step Analysis Technique, adapted from Eaves (2001).....	120
Figure 5.1 Personal Influences	135
Figure 5.2 Environmental Influences	151
Figure 5.3 Influences of Relationships.....	173
Figure 5.4 Influence of Local and International Programmes.....	182
Figure 6.1 Systemic Influences on the Development of Substance-Abuse Prevention Programmes	228
Figure 6.2 Implementation and Delivery of School-Based Substance-Abuse Prevention Programme	242
Figure 6.3 Sustainability of Substance-Abuse Prevention Programmes	250
Figure 6.4 Capacity Development	255
Figure 7.1 Systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes	265

List of Tables

Table 2.1 Summary of structural functional substance abuse theory	42
Table 3.1 Definitions and Classification of Prevention, adapted from Sussman and Ames, 2008	56
Table 3.2 Risk and protective factors adapted from Nida risk and protective factors framework.....	59
Table 3.3 Overview of Major substance-abuse prevention Strategies, adapted from Botvin and Griffin, 2003, p. 46	63
Table 3.4 Adapted from Durlak & DuPre, Factors that Influence Implementation	81
Table 4.1 Interpretivist Research Paradigm, adapted from Characteristics of Interpretivism (Thomas, 2010).....	89
Table 4.3 Research participant summary	101
Table 4.4 Theoretical Concerns, adapted from Charmaz (2014)	116
Table 5.1 Factors that influenced the development of Substance abuse programmes	137
Table 5.3 Factors influencing the implementation of schools-based substance abuse prevention programmes	190
Table 5.4 Factors that influenced the sustainability of school based substance abuse prevention programmes	210

Abbreviations and Acronyms

Abbreviation	Detail
AOD	Alcohol and other drugs
ATTC	Addiction Technology Transfer Centers
AVP	Alternatives to Violence Project
CBO	Community Based Organisation
CDA	Central Drug Authority
CDC	Centers for Disease Control and Prevention
CO	Community Organisation
CoCT	City of Cape Town
CSTL	Care and Support for Teaching and Learning
CTADAC	Cape Town Alcohol and Drug Action Committee
DBE	Department of Basic Education
DSD	Department of Social Development
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4 th ed.
EBP	Evidence-Based Programmes
ECD	Early Childhood Development
FASD	Foetal Alcohol Syndrome Disorder
GDP	Gross Domestic Product
IDP	Integrated Development Plan
INCB	International Narcotics Control Board
IOM	Institute of Medicine
LDAC	Local Drug Action Committee
MRC	Medical Research Council
NDMP	National Drug Master Plan
NIDA	National Institute on Drug Abuse
NPO	Non-Profit Organisation
ODMHSAS	Oklahoma Department of Mental Health and Substance Abuse Services
SACENDU	South African Community Epidemiology Network on Drug Use
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPS	South African Police Service
SC	School
SSURBM	Survey on Substance Use, Risk Behaviour and Mental Health
SUD	Substance Use Disorder
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
YRBS	Youth Risk Behaviour Survey

Key Terms and Definitions

Key Terms	Definitions
Abuse:	Persistent or periodic excessive drug use inconsistent with or unrelated to acceptable medical practice. (See also “drug” and “drug or substance of abuse”.)
Community-based treatment:	Community-based treatment refers to programmes or initiatives that arise out of the needs of a particular community (through a needs assessment) and programme that identify and utilise existing infrastructure to provide for these needs.
Demand reduction:	A general term used to describe policies or programmes directed at reducing 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.
Dependence:	A person is dependent on a substance when it becomes very difficult or even impossible for him/her to refrain from taking the substance without help, after having taken it regularly for a period of time. The dependence may be physical or psychological or both.
Drug:	A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental well-being, and in pharmacology to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term refers to psychoactive or dependence-producing substances and often, more specifically, to those that are illicit.
Drug master plan	A single document, adopted by government, outlining all national concerns regarding drug control.
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.
Drug testing:	The analysis of body fluids (such as blood, urine or saliva), hair or other tissue for the presence of one or more psychoactive substances.

Early intervention:	A therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved. Treatment is offered or provided before patients present voluntarily and in many cases before they become aware that their substance use may cause problems. It is directed particularly at individuals who have not developed a physical dependence or major psychosocial complications related to substance use.
Foetal Alcohol Syndrome Disorder	FASD is a series of preventable birth defects caused by a woman drinking alcohol at any time during her pregnancy, often even before she knows that she is pregnant. The term "Spectrum" is used because each individual with FASD may have some or all of a spectrum of mental and physical challenges. In addition each individual with FASD may have these challenges to a degree or "spectrum" from mild to very severe.
Harm reduction	The development of policies and programmes that focus directly on reducing the social, economic and health-related harm resulting from the use of alcohol and other drugs.
Illicit drug	A psychoactive substance, the production, sale or use of which is prohibited.
Prevention:	A pro-active process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviour and lifestyles. It generally requires three levels of action: primary prevention (altering the individual and the environment so as to reduce the initial risk of substance use/abuse); secondary prevention (early identification of persons who are at risk of substance abuse and intervening to arrest progress); and tertiary prevention (treatment of the person who has developed substance/drug dependence).
Supply reduction	Policies or programmes aiming to stop the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs.
Substance abuse dependence	With repeated use of illicit substances, dependence also occurs. Dependence develops when the neurons adapt to the repeated drug exposure and only function normally in the presence of the drug. When the drug is withdrawn, several physiologic reactions occur. These can be mild or even life threatening
Treatment:	A process aimed at promoting the quality of life of the drug dependent and his/her system (husband/wife, family members and other significant persons in his/her life) with the help of a multi-professional team.

CHAPTER 1

Introduction to Thesis

“Young people are our country’s greatest resource; without them there can be no future.”
Nelson Mandela, 1994

1.1 Introduction

This chapter provides an overview of the prevalence of substance abuse in South Africa followed by a depiction of the substance abuse crises in the Western Cape. The severity of the problem is highlighted in relation to the burden of the disease along with the considerable cost to country. This chapter critically examines the impact of substance abuse and the resulting consequences, more especially at school level. An argument is made for research in order to determine the development, implementation and sustainability of school-based substance-abuse prevention programmes. This is followed by a personal motivation to better understand school-based substance abuse prevention and to provide insight into the reasons for the selected topic. The chapter concludes with problem statement followed by the overall aim, objectives and significance of the study.

1.2 Background

The prevalence of substance abuse globally has been a cause for concern. The scale of the world substance abuse problem becomes more apparent when considering that more than one out of ten substance users are problem substance users, suffering from substance use disorders or substance dependence (United Nations Office on Drugs and Crime, 2015).

Dating as far back as the late 1990s and through the 2000s, researchers like Parry, (1998) and Morojele, Parry and Brook (2009) agreed that the increase in substance abuse could largely be attributed to the opening of trade relations with South Africa as a result of political change. In 2010, the Department of Social Development (DSD) sketched the landscape of substance abuse in South Africa. The DSD indicated that between 2004 and 2008, 8% of the South African population were abusing alcohol and drugs with age of onset being as young as nine years old. It has been reported that the average country expenditure as a direct result of the disease was estimated to be about R101 000 million, while the social cost of illicit drug used was approximately R136 380 million annually (Department of Social Development, 2010).

In South Africa, the provinces highlighted as having the highest alcohol usage were listed as the Western Cape, Gauteng, Free State and North-West, respectively. Limpopo and the Western Cape rated highest in the number of female users of alcohol. According to Seggie (2012) the collective cost to the fiscus, as a result of the consequences of the burden of the disease, is estimated to be in the region of R9 billion per year, equivalent to 1% of Gross

Domestic Product (GDP). Furthermore, “the high social cost accrues from the behaviour that attends drunkenness: crime (murder and assault, rape, robbery); interpersonal – including domestic – violence, sexual offences against children; reckless driving (or walking) accounting for road traffic deaths and injuries involving passengers and pedestrians; unsafe sex and sexual promiscuity with transmission of sexually transmitted diseases (STDs); foetal alcohol syndrome disorder (FASD) and child neglect; and school truancy”(p. 587).

Recent police statistics show a 45.3% increase in drug-related crime from 2008–2009 to 2011–2012, with an estimated cost of about R6 billion per annum because of related crime and injury (Parry, Plüddemann, & Bhana, 2009; Rendall-Mkosi, London, Adnams, Morojele, McLoughlin, & Goldstone, 2008). Local and national policy mandate is substantive (City of Cape Town, 2013; Department of Social Development, 2013) but a shift is required in focus to aspects related the development, implementation and sustainability of such programmes. Although extensive research has been carried out on the etiology and epidemiology of substance abuse, there seems to be no single study that exists on school-based prevention which is focused on the development, implementation and sustainability of prevention programmes. There is an urgent need to learn more about school-based prevention programmes, which is often perceived as once-off initiatives telling children not to use drugs. In the light of the increase in substance abuse at school level this study seeks examine the factors that influence the development, implementation and sustainability of school-based prevention programmes.

1.2.1 Contextualisation of substance abuse: a country phenomenon

As previously identified, most studies in the field have focused on etiology or epidemiology, however a dominant feature of research shows that the impact of substance abuse in South Africa is a serious challenge, more so with the high number of substance-abusing young people. This challenge is reflected in the statistics which show a significant increase in treatment admission for youth who use cannabis (dagga) in the Western Cape, KwaZulu-Natal and Eastern Cape regions (Dada, Plüddermann, & Williams, 2012). Even though the Western Cape had seen a decrease in the numbers of adolescents admitted to treatment for methamphetamine use (TIK), it remains a huge challenge. The proportion of admissions for cocaine remained fairly low and stable across sites. However, in Gauteng, the proportion of patients reporting cocaine as primary or secondary substance remained high (Dada et al., 2012). A growing concern is the use of Heroin across most sites, especially in Mpumalanga and Cape Town (Dada et al., 2012). As a response, the launch of the National Drug Master Plan and the *Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008* (Republic of South Africa, 2009), which created a vision for “forging effective partnerships and striving for a drug free society”, was seen as the country’s response to the problem of substance abuse (Department of Social Development (DSD), 2013, p. 2).

Yet, despite these efforts, substance abuse continues to be a serious problem for individuals, families, communities, policy-makers and government. It not only affects the

functioning of individuals across a lifespan, it has the ability to severely impact family functioning, employment capability, and negatively affect communities. Evidence of this can be seen in the statistics provided. This point has further been illustrated in the national strategy for the prevention and management of alcohol and drug use amongst learners in schools suggesting that the impact of substance abuse is felt by schools throughout South Africa to the extent that it is compromising the quality of teaching and learning along with the safety of learning spaces (Department of Basic Education (DBE), 2013, p. i).

Even though much has been researched and written about substance abuse in the Western Cape, gaps remain in the knowledge of school-based prevention programmes. This was highlighted in an audit of prevention programmes targeting substance use among young people in the Cape Metropole (Harker, Myers, & Parry, 2008). Limitations highlighted by the audit, included the lack of access to information, and the absence of qualitative studies into school-based prevention practices in terms of programme effectiveness and quality of implementation (Harker et al., 2008).

Local efforts to prevent substance abuse have focused predominantly on supply reduction, a strategy that seems to not have produced the required results (United Nations Office on Drugs and Crime (UNODC), 2004a). The Central Drug Authority (CDA, 2013) has aligned the national strategy to recommendations made by the UNODC and the World Health Organization (WHO) (2011), that prevention efforts shift from a top-down approach to a bottom-up approach. Yet, questions need to be asked about what this would look like.

The implication of a bottom-up approach to prevention initiatives suggests that programmes should be located within communities rather than relying on universal programmes that do not take into consideration the unique characteristics of communities. Substance abuse prevention initiatives based on personal perspectives require a shift from supply reduction to an integrated strategy of primary prevention (DSD, 2013) based on locally produced evidence-based prevention initiatives and solutions. Integrated strategies should reflect the complex nature of substance abuse placing an emphasis on strengthening systems at all levels, but particularly at the primary prevention level.

A notion supported by the Provincial Government of the Western Cape's Blueprint (Provincial Government Western Cape, 2010) suggests "awareness and prevention services not only need to be evidence based, but ... there is a need for [them] to be tailored to the local context, monitored and adjusted as needed" (p. 59). According to the DSD (2013), the impact of substance abuse has serious implications for the healthcare and social welfare systems. Exposure to violent crime, the increase in the number of non-communicable diseases, high unemployment as a result of school dropout, and an increase in incidents related to the criminal justice system compromise the delivery of services on an already burdened system.

1.2.2 Substance abuse in the Western Cape

Research into the prevalence and trends of substance use in the Western Cape has been well documented (Plüddemann, Myers, Parry, 2008; Plüddemann et al., 2009). In the latest

South African Community Epidemiology Network on Drug Use (Dada et al., 2015) statistics, which reports on the data collected from 33 specialist treatment centres in Cape Town, the following (Dada et al., 2015) was noted:

Overall 3444 patients were treated across all treatment centres for the period July – December 2014 when compared to 3510 in the previous six-month review period. Males continue to predominate consistently around 73% of patients, but a slight increase in female patients was noticed in this period (27%). A greater proportion of patients were Coloured (71%), followed by Black African patients (16%), no change has been noticed in this period. A greater proportion of the patients were unemployed for more than six months (31%), followed by those working full-time (20%) and pupils/learners at school (15%). Three quarters of the patients have completed secondary education (Grade 8–12), 13% have primary education and 8% have a tertiary education. (p. 2).

South African Police Service (SAPS) crime statistics (2014) confirm that the abuse of liquor and drugs contributes to crime. The use of illicit drugs and alcohol abuse are often associated with murder, rape, robbery, aggravated assault, assault, and burglary. Current statistics (SAPS, 2015) report a marked increase of 78.2% over the past five years of cases of unlawful possession of drugs and dealing in drugs, with police having opened 206 825 cases (a 13.5% increase) and having confiscated large quantities of drugs. In the annual report for 2014–2015, it was stated that the illegal supply of alcohol and drugs remains a contributory factor to crime (SAPS, 2015).

A recent survey to establish the prevalence of drug and alcohol use, risk behaviours and mental health problems among school learners (Morojele et al., 2013), comprising 20 227

learners, found that the predominant substances used were tobacco, alcohol, and cannabis (dagga) by Grade 8–10 learners in the Western Cape. A cause for concern is the early initiation of substance use by a large percentage of learners, reporting use before the age of 13 on a daily or weekly basis (Morojele et al., 2013). Overall, the alarming statistics of the research conducted suggests that prevention programmes need to target learners early enough before substance use is initiated, obviating costly treatment services. Left unchecked, the burden of the disease holds huge financial consequences for the social, judicial and healthcare systems, making the need for substance-abuse prevention programmes is crucial. The consequences for young people are great as ‘substance abuse is linked to a host of mental and social ills which affect the individual, families, schools and broader society. These include academic difficulties, mental illnesses such as depression, injuries, road accidents, crime, violence, and sexual risk behaviour which may result in HIV infection, unintended pregnancy and sexually transmitted infections (STIs)’(DBE, 2013, p.23). A preventative approach is needed to examine existing prevention programmes at school level and the systemic influences on the development, implementation and sustainability of these programmes.

1.2.3 Motivation for the study

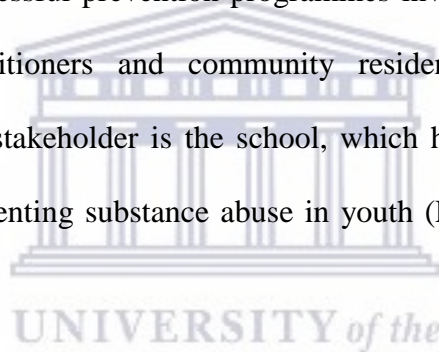
It is a well-known that school has an influential role to play in the lives of learners. Schools are mandated by the South African Schools Act of 1996 which aims to redress past inequalities in educational provision and to provide an education of progressively high

quality for all learners. The Schooling 2025 and Action Plan to 2014 (DBE, 2010a) include improvement in learning outcomes and improved access to schooling this includes goals that have particular relevance to the prevention and management of substance abuse in schools. The impact of substance abuse makes it more difficult for schools to deliver on this mandate.

The associated consequences of substance abuse has been linked to learning difficulties, absenteeism, often resulting in drop-out from school thus impacting negatively on the attainment of quality basic education (DBE, 2013). Over and above, substance abuse has also been associated with a host of high risk behaviours, including unprotected sex, crime and violence, traffic accidents, and mental and physical health problems. The National Strategy for the Prevention and Management of Alcohol and Drug Use amongst Learners in Schools strives to create an enabling environment for those learners who have become addicted to alcohol and drugs to access treatment, care and support services (DBE, 2013).

The generalisation that schools are best positioned to offer substance abuse prevention programmes because of the ease of access to the learner, the infrastructural resources and availability of educators, to deliver programmes may be problematic. (Wegner, Flisher, Caldwell, Vergnani, & Smith, 2008). However, before programmes can be integrated into the school system, research that focuses on the development, implementation and sustainability of substance-abuse prevention programmes is needed.

Substance abuse is acknowledged as a societal problem which can also be seen as symptomatic of dysfunctional environmental conditions that require community-wide collaboration (Brook, Rubenstone, Zhang, Morojele and Brook, 2011; Stevenson & Mitchell, 2003). Researchers (Carney, Myers, Louw, Lombard, & Flisher, 2013; Plüddemann, Flisher, McKetin, Parry, & Lombard, 2010) suggest that the prevalence of substance use among high school students remains high, and that the need for widespread and effective substance prevention programmes for adolescents and youth within the whole region of the Western Cape is critical. This sentiment was echoed by Wanderson et al. (2008), who agree that successful prevention programmes involve a host of stakeholders, including prevention practitioners and community residents, schools, families and individuals. An important stakeholder is the school, which has long been recognised as having the potential of preventing substance abuse in youth (Diaz, Dusenbury, Botvin, & Farmer-Huselid, 1997).



Although causal factors for substance abuse are complex, effective prevention will require far more than any single focused programme can deliver (Sloboda, Glantz, & Tarter, 2012). Other causal factors listed by the South African Council of Educators (SACE, 2012) report included: disciplinary models in schools and unclear management roles; unattractive school environments; educators' misconceptions regarding the human rights of learners; the impact of community poverty; the presence of gangsterism and drug and alcohol abuse in the community; conditions in the home environment; and the social desensitisation of youth to a culture of violence. In the light of these factors, schools increasingly seem to

experience higher levels of alcohol and drug consumption by youth, accompanied by increased levels of violence and crime (SACE, 2012). While the list is not exhaustive, professionals have for some time realised the significance of comprehensive environmentally oriented prevention strategies aimed at whole communities from various perspectives (Giesbrecht & Douglas, 1990).

Although such programmes do exist, and operate within schools in the Western Cape, clarity on the development, implementation and sustainability of such programmes has not been established (Flisher, Mathews, Mukoma, & Lombard, 2006). Furthermore, Myers, Louw and Pasche (2010) found inadequate substance use services for young people in South Africa to complement prevention initiatives. They found even when the services were available, the uptake of services to adolescents was slow; this may be attributed to the limited availability of these services as well as to logistic barriers to service utilisation that include affordability, geographic accessibility and awareness. For this reason, research into substance-abuse prevention in a school setting is critical for the development and future sustainability of such programmes (Dusenbury, Brannigan, Falco, & Hansen, 2003).

As school-based prevention has advanced through the years, new challenges around programme effectiveness, development, models for implementation, diffusion, and sustainability have been raised (Gomez, Greenberg, & Feinberg, 2005; Greenberg, Feinberg, Gomez, & Osgood, 2005). Even though there has been clear progress in the field of school-based substance-abuse prevention and the broader field of social and emotional

learning (Greenberg et al., 2005), stakeholder engagement involving schools, community and government is necessary to strengthen the current efforts.

While there is a paucity of research, schools and community-based organisations are often portrayed as unable to produce evidence-based prevention programmes. An example of this was reported by Harker et al. (2008), who found that prevention programmes undertaken by community-based organisations target drug use directly, rather than prevention of substance use. The focus is often on behaviour change of individuals or attempting to deal with the availability of and accessibility to illicit substances. However, seldom is emphasis placed on the development, implementation and sustainability of substance-abuse prevention programmes. A finding supported by the Audit Report on Prevention Programmes (Harker et al., 2008) found that prevention programmes offered are more often educational and informational in nature and do not necessarily deal with social risk and protective factors, which play a major role in the initiation and prevention of substance use. This research is largely motivated by this need to understand the systemic factors that influence the development, implementation and sustainability of school-based substance-abuse prevention programmes. While both the City of Cape Town (2013) and the DSD (2013) in their substance abuse strategies highlight the need for closer collaboration between community organisations and schools to implement substance-abuse prevention programmes, very little is known about the current school-based prevention programmes.

On a personal level, my previous position as project coordinator of the substance abuse programme at the University of the Western Cape, interacting with various stakeholders such as academics, policy makers, funders, community organisations and schools, provided valuable insight into the real challenge of substance abuse on a community and at school level. The consensus amongst all is that substance- abuse prevention will take a collective effort and that there is no quick fix. Many communities, schools, families and young people are impacted negatively by substance abuse, as lives are cut short, school dropout rates increase, and families are torn apart, while violence and crime escalate because of drug-related behaviour and crime. The exposure to such tragedies both professionally and on a personal level has inspired a deeper desire to undertake research into school-based substance-abuse prevention programmes offered at schools.

As communities are faced with the challenges relating to substance abuse and gangsterism, schools may not have the capacity to develop prevention programmes and so many schools develop partnerships with communities and community organisations to meet this particular need. As a result of my personal engagement with schools and community organisations, thoughtful consideration needs to be given to the systemic factors which influence substance-abuse prevention programme development, implementation and sustainability. It is hoped that the results of this research will contribute to current knowledge and provide greater insight into the nature of school-based substance-abuse prevention practices and programmes implemented in schools. By researching the systemic factors that influence their development, implementation and sustainability, the generated

knowledge will be useful to schools, communities and policy makers for the development of policies that relate to substance abuse as well as the improvement of existing programmes.

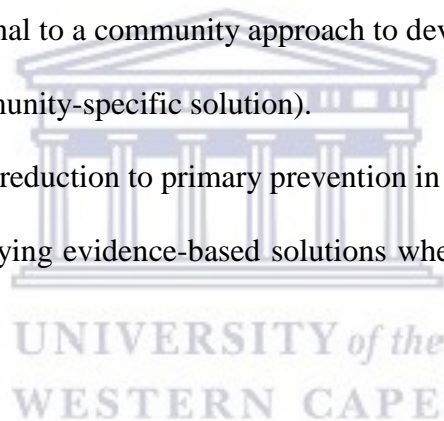
1.3 Problem statement

As previously indicated, advances in school-based substance-abuse prevention programmes (Domitrovich, Bradshaw, Greenberg, Embry, Poduska & Jalongo, 2010) have been significant with regard to programme development, implementation and sustainability (Greenberg et al., 2005). A vast majority of evidence-based programmes available were developed in the United States of America, Europe and Australia, with a focus on a particular context and culture (Cuijpers, 2002; Kumpfer, Pinyuchon, Texeira de Melo, & Whiteside, 2008; Wegner, Flisher, Caldwell, Vergnani & Smith, 2008). Applicability and effectiveness of such programmes may be compromised when transferred to and implemented in a different cultural setting, other than what was intended.

August, Gewirtz and Realmuto (2010) suggest that even though there is a plethora of programmes focused on prevention and treatment, not enough is known about local school-based substance-abuse prevention programmes. While researchers such as Castro, Barrera and Martinez (2004, p. 41) contend that the challenge lies in the need to develop culturally informed and responsive programmes that deliver the best evidence-based programmes, it is important to address the practical concerns of local communities. What is known about local substance-abuse prevention programmes is that they generally include marches,

distribution of information sheets and/or flyers/posters with images of various substances and the affect they have on individuals (City of Cape Town, 2013). Such programmes have been regarded as ineffective (Parry et al., 2009) because they are often once-off initiatives that preach to children to abstain from drugs. It is with this in mind that the current study has been informed, along with the key drivers within the National Drug Master Plan (NDMP) 2013–2017 (DSD, 2013), which emphasises a shift from supply reduction to one which focuses on the following areas:

- Devising solutions from the bottom up rather than from the top down.
- Shifting from a national to a community approach to devising strategy (from one size fits all to a community-specific solution).
- Shifting from supply reduction to primary prevention in an integrated strategy.
- Developing and applying evidence-based solutions wherever possible (DSD, 2013, p. 5).



The approach taken in the NDMP highlights the need to work closely with communities to understand and identify contextual and cultural needs for substance-abuse prevention. Considering the direction of current policy, Flay et al. (2005) suggest that prevention as a science, while rooted in epidemiological research, is greatly influenced by developmental models and ecological theory (Bronfenbrenner & Morris, 2006; Kelly, Ryan, Altman, & Stelzner, 2000). Domitrovich et al. (2010) contend that to effect change, understanding the

systemic influences, which may be organised into specific contexts such as proximal influences to distal factors such as school and community, becomes critical. Flaspohler, Duffy, Wandersman, Stillman and Maras (2008) concurred that a new approach was required to maintain a community-centred approach rather than a research-to-practice approach. It is with this understanding that this study focused on the systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes.

1.4 Aim and research questions

It is widely reported that school-based prevention programmes can have a positive impact on a variety of social and behavioural outcomes (Domitrovich et al., 2010). Effective programmes are seen as a necessary step to improving health (Durlak & DuPre, 2008). This being said, school-based programmes are advocated to prevent substance abuse (Adelman & Taylor, 2003), which makes them critical to explore.

As a result, effective substance-abuse prevention efforts should be guided by theories and findings from relevant research on the content and methods most likely to influence substance abuse behaviour and not only by information on the dangers. Prevention efforts should ideally be ecological in nature, giving consideration to programmes that influence substance abuse behaviours of individuals at various environmental levels such as schools and communities (Conn & Marks, 2015). Most youth substance-abuse prevention programmes today are based on one or more theoretical models aimed at individual and/or

interpersonal change. Programmes that are most likely to succeed are based on a clear understanding of targeted health behaviours and their social and environmental contexts; this will be expanded on in a later chapter (Conn & Marks, 2015).

The main aim of this research project was to gain an in-depth understanding of the systemic factors that influence the development, implementation and sustainability of school-based substance-abuse prevention programmes, by using a grounded-theory approach. The research questions in this study focused on:

1. Identifying the systemic factors that influenced the development of school-based substance- abuse prevention programmes?
2. Exploring how these systemic factors influenced the implementation of school-based substance-abuse prevention programmes?
3. Examining which factors hindered or facilitated the sustainability of prevention programmes in schools?

It is hoped that this research will make a contribution to the current body of knowledge and research on the development, implementation and sustainability of school-based substance-abuse prevention programmes.

1.5 Significance of this study

This research endeavours to provide a deeper understanding of the systemic factors that influence the development, implementation and sustainability of school-based substance-abuse prevention programmes. It has focused on aspects of intrapersonal, interpersonal, cultural, social and other environmental factors that may help or hinder the development, implementation and sustainability of substance-abuse prevention programmes. Rather than focusing on a single layer of analysis, the adoption of a grounded-theory approach allowed for a deeper understanding substance-abuse prevention (Williams, Ayers, Baldwin, & Marsiglia, 2016). This study into school-based substance-abuse prevention programmes provides exemplars of local models of substance-abuse prevention and reduces the lacunae with regard to prevention programmes.

The research makes a contribution to knowledge through the theoretical and practical outcomes. Even though many theories exist in the area of substance-abuse prevention, this research provides a research to practice approach for schools and communities who are faced with the challenge of substance abuse with a particular contextual application. The findings of this study provides baseline data as a catalyst for further studies exploring similar influences in various settings, laying the foundation for future formal theory development. The knowledge produced through this research into the development, implementation and sustainability of school-based substance-abuse prevention programmes may be used for the generation of research questions for future researchers, which can be investigated using both quantitative and qualitative research approaches.

1.6 Chapter summary

Chapter 1 presents an introduction and background to this study into school-based substance-abuse prevention programmes. It placed into context the scope of this research project, framed by the objectives and research questions. This chapter provides an overview of the current status of substance abuse in the Western Cape, together with the implications for the research. Chapter 2 provides a theoretical and conceptual framework for this study. Chapter 3 provides an overview of the literature on substance-abuse prevention, the advances made over the past few years, and their applicability to this research project. Chapter 4 outlines the research design and approach, with a focus on research methodology, including information about the data collection and analysis. Chapter 5 discusses of the findings of the study. Chapter 6 provides a summary, conclusion and recommendations for further development, implementation and sustainability of substance abuse programmes. Chapter 7 discusses of the substantive theory on the development, implementation and sustainability of substance-abuse prevention programmes.

CHAPTER 2

Theories and Conceptual Frameworks in Substance Abuse Prevention

2.1 Introduction

Chapter 2 discusses and explains the concept of substance abuse and models of prevention. The aim of this chapter is to clarify terms and concepts frequently used interchangeably but that are distinctively different. The chapter explores the foundations of substance-abuse prevention, research-based principles, and models of intervention are explored. The purpose of this chapter is not to develop a conceptual framework for this study but rather to provide an overview of the theories and conceptual frameworks relating to substance use and addiction provides insight to early initiation and onset, and the implications for prevention. A review of the models of prevention is necessary to gain insight into the activities that could lead to a reduction in supply and demand, which may reduce the opportunity for use or abuse (Medina-Mora, 2005). The theories and conceptual frameworks will not be used to guide the study instead; these highlight the body of work and lenses through which substance abuse prevention has been researched. The approach of this study was not to measure the development, implementation and sustainability through any one of these lenses, but rather to unpack the realities located within the communities under investigation.

2.2 Changes in terminology of substance use and abuse to substance use disorder

Substance abuse is acknowledged as one of the major public health challenges; affecting many with severe implications for public spend. A consequence of this problem can be seen through destroyed families, increased spend in social and healthcare sectors, beleaguered communities, and greater demands on the education, criminal justice, and social service systems. To appreciate the connections between substance use, abuse, addiction, dependence, and the various systems, it is important that concepts and definitions, together with the implications, are clearly understood (DSD, 2013).

Consensus among disciplines on the use of terminology, language and definitions in relation to the use, misuse, abuse, addiction and dependence on substances still varies greatly (Nelson & Tom , 2011). Anderson (1998, p. 235) emphasised the importance of understanding the basic terminology of use and abuse that is often used interchangeably, but each having its own specific implications for intervention and prevention. Similarly, as a result of the differences in understanding and meaning of the word ‘drug’ in therapeutic and social contexts, the perception is that ‘street’ drugs pose a greater risk than ‘medical’ drugs, alcohol, and nicotine, and the risks are often overlooked (Howard, Bowen, Garland, Perron, & Vaughn, 2011).

2.2.1 Substance abuse

Substance use can be viewed along a continuum (Young, Nakashian, Yeh, & Amatetti, 2006) which describes the various categories of substance use. Along the continuum, non-users are described and those individuals who have not initiated the use of any psychoactive drugs. This is followed by experimental users and culturally permitted use; this category includes the use of drugs, cigarettes or alcohol in religious ceremonies, and recreational use (Howard et al., 2011). It is important to bear in mind that the experimental or recreational user does not necessarily always progress to the category of substance abuse (Anderson, 1998). Factors such as experimentation with the effects of substances or peer pressure can all provide sufficient motivation for experimental or circumstantial substance use (Howard et al., 2011). Furthermore, substance use linked with more repeated episodes, increased dosages, and/or the use of more effective routes of administration, can lead to more intensive use.

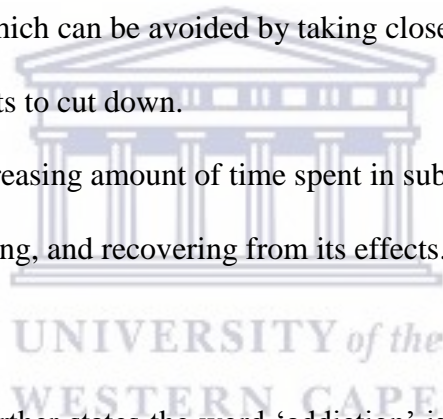
In South Africa's *Prevention of and Treatment for Substance Abuse Act No. 70 of 2008* (Republic of South Africa, 2009, p. 8), substance abuse has been defined "as the sustained or sporadic excessive use of substances of abuse". Patterns of continued use, and more sustained substance use can then produce substance abuse where the substance has strong addictive properties and appears to direct much of the individual's behaviour (Sussman & Ames, 2008). According to Howard et al. (2011), the definitions as outlined above for the use of psychoactive chemicals, can accurately be labelled substance abuse only when the user becomes dysfunctional as a consequence, and is no longer able to maintain a lifestyle

not harmful to self or others.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has recently been revised to clarify and alleviate the widespread misunderstanding about issues relating to terminology and diagnosis (American Psychiatric Association (APA), 2013). The categories of substance abuse and substance dependence have been eliminated and replaced with an overarching new category of substance use disorders—with the specific substance used defining the specific disorders. Previously, ‘dependence’ had been used interchangeably with the term ‘addiction’, when, in fact, the tolerance and withdrawal that previously defined dependence are considered normal responses to prescribed medications that affect the central nervous system and do not necessarily indicate the presence of an addiction. The classifying features highlighted in the DSM-5 of a substance use disorder is a cluster of cognitive, behavioural, and physiological symptoms indicating that the individual continues to use the substance despite significant substance-related problems (APA, 2013). Substance use disorders occur across a broad range of severity, from mild to severe, with severity based on the number of symptom criteria endorsed. The designations of substance abuse, substance dependence or addiction are no longer used as diagnostic labels in the latest edition of the clinical manual used to diagnose psychiatric disorders. Instead, the terms ‘abuse’ and ‘dependence’ are replaced with the term ‘substance use disorder’. As a general estimate of severity, a mild substance use disorder is suggested by the presence of two to three symptoms, moderate by four to five symptoms, and severe by six or more symptoms.

Although substance abuse is considered maladaptive, leading to recurrent adverse consequences or impairment, it is carefully differentiated from true addiction, which is referred to as substance dependence, the essential feature of which is continued use despite significant substance-related problems known to the user. According to Hanson, Venturelli and Fleckenstein (2009, p. 51) the following features are usually present in substance dependence:

- **Tolerance:** The need for increased amounts or diminished effect of same amount.
- **Withdrawal:** The experience of a characteristic withdrawal syndrome for the specific substance, which can be avoided by taking closely related substances.
- **Unsuccessful** attempts to cut down.
- **Compulsive:** An increasing amount of time spent in substance-related activities, such as obtaining, using, and recovering from its effects.



The DSM-5 (APA, 2013) further states the word ‘addiction’ is not applied as a diagnostic term in this classification, although it is commonly used to indicate the severity of problems related to compulsive and habitual use of substances. The more neutral term ‘substance use disorder’ is used to describe the wide range of the disorder, from a mild form to a severe state of chronically relapsing, compulsive drug taking.

Before considering the range of theories and models of substance abuse dependence, clarity is required on the terminology used in this research. West and Brown (2013, p. 24) describe

addiction as defined in different ways at different points in history, and even now there are numerous partially overlapping definitions in the technical and general literature. Besides the DSM-5 definition for diagnostic purposes, substance abuse disorder is a multifaceted, socially defined construct rather than a physical entity, with clear, uniquely defined boundaries. For the purpose of this study, substance use disorder is an all-encompassing description of all forms of substance abuse, dependence and addiction.

2.3 Theories of substance use disorder

A considerable number of theories have been generated in the field of substance use disorder (which now incorporates addiction). West and Brown (2013) identified several theories that encompass psychological theories, biological theories, sociological theories, economic theories, bio-psycho-social theories, and more. According to Goode (2011), the various theories provide an explanation of why individuals use and abuse drugs. However, researchers like West and Brown (2013) contest that even though there are numerous theories in the field of addiction, these are rarely tested adequately. Exploring various theories assists in identifying systemic factors that promote and inhibit the onset of substance use, as well as in developing programmes for its prevention, implementation and sustainability (Dusenbury, Brannigan, Falco, & Hansen, 2003). Development of prevention programmes ought to be guided by theoretical models, as programmes should be developed to reduce precursors of the problem to be prevented (Kumpfer, 2014; Ogborne, 2004).

Biological and psychological theories focus on genetic and individual characteristics of

individuals. In contrast, sociological theories focus not on individual differences but group or category differences or structural differences in which persons are located, such as cities, neighbourhoods, time periods, social conditions, or countries. Since most of these theories explain only a piece of the puzzle, most of them are complementary rather than contradictory. Still, some explanations do contradict others: if one is true, one or more others cannot be true. It is important to understand the implications of the various theories as suggested by West and Brown (2013) that even though many of the theories in the field of addiction capture important elements of the problem, each theory has its own origin, developed from a specific idea or context that deals with a particular aspect of the problem but does not account for other features previously addressed by other theories.

Goode (2011) suggests that individual theories developed are insufficient to account for all substance use and abuse, as each argues separate contributory factors. It becomes clear that there is no one simple explanation for substance use and abuse; the problem is often described by researchers as a multifactorial and layered one with evidence for numerous predictors of substance use and abuse (Sussman & Ames, 2008). Consequently, several different integrated substantive models of substance abuse have been developed. As the Western Cape is gripped by the consequences of substance use and abuse among youth, critical examination of the theoretical underpinnings of substance use and abuse is necessary to direct intervention strategies and improve practice. The theories outlined below hold relevance for this study, they allow for a particular lens, but will not frame the study.

2.3.1 Biological theory of substance abuse disorder

Biological theory describes addiction as mostly a disease of the brain, which when combined with the intake of illicit substances can impair brain function and particular motivational processes (West & Brown, 2013). According to this model, the main causes of addictive behaviour are biological factors within the individual, for example, a neurochemical imbalance or a genetic predisposition towards addictive behaviour (Abadinsky, 2010; Potenza, 2013). Petersen (2005) refers to the two areas within this theory as those relating to individual biochemical interactions between the person and a substance and those connected with genetic, inherited factors. Thus, the vulnerability to develop an addiction or tendency to abuse substances may be inherited and family studies are used to support this explanation. This approach assumes that addiction or being prone to substance abuse has physical causes and can therefore only be cured through medicine.

The biological theory of addiction places importance on genetics and the biological forces of nature. Goode (2011) attributes experimentation and the use and abuse of substances to physiological characteristics within the individual. Similarly, Hanson et al. (2009) indicate that physical characteristics cause certain individuals to experiment with drugs which eventually could lead to the point of abuse. They refer to genetic and bio-physiological factors as a plausible explanation for addiction in terms of genetics, brain dysfunction, and biochemical patterns. Biological explanations emphasise that the central nervous system reward sensors in some people are more sensitive to drugs, making the drug experience more pleasant and more rewarding for these individuals (Khantzian, 1997; Potenza, 2013).

In contrast, others find the effects of drug abuse very unpleasant; such people are not likely to be attracted to these drugs (Farrar & Kearns 1989). Most experts acknowledge that biological factors play an essential role in drug abuse. The National Institute on Drug Abuse (NIDA) (2014) found that while researchers estimate that genetic factors account for between 40% and 60% of a person's vulnerability to addiction, consideration should be given to environmental factors and the influence or effect they may have on an individual already biologically predisposed to substance use. Given the focus of this study, the stage of development, such as adolescence, or medical conditions may also be contributory factors.

A limitation of the biological theory of addiction identified by Abadinsky (2010) is the failure to take into consideration the social context and user expectation which may influence the effects of use. A further limitation of the biological theory is an individual's response to substance use based on biochemical differences between individuals, individual sensitivity to substances, strength and interactions of substances, genetic predisposition and hereditary factors, and tolerance and withdrawal (Petersen, 2005). Separating out the effects of addiction, Ashton and Golding (1989) argue that substance use disorder cannot be attributed to biological factors only, as social factors play a significant role in substance use. Eysenck and Flanagan (2001) discussed the lack of reliability in genetics analysis and highlighted the following challenges:

- Genes identified do not occur in all people with the addictive

behaviour and they do appear in some people without it.

- Genetic explanation can be seen as deterministic because it ignores the individual's ability to control his or her own behaviour. This suggests that inheriting a certain genetic sequence makes the addiction inevitable, when this is not the case.
- Genes alone do not determine who will develop an addiction—they only create vulnerability. Thus, they are not a direct cause as other factors must trigger the disorder.

The biological theory of addiction remains a plausible explanation for substance abuse; however predisposition and genetics cannot be viewed as a complete explanation (Goode, 2011). Consideration of other theories is equally important to fully understand the range of influences on the individual. Knowledge of biological factors in substance use disorder may help inform prevention practices. An improved understanding of such factors assists in the identification of vulnerability of individuals that could be targeted preventively. Similarly, an improved understanding of the interaction between biological factors and the environment, and the influence of environmental exposure may have on the individual biological vulnerability, may also improve prevention strategies (Feinstein, Richter, & Foster, 2012).

2.3.2 Psychological theories of substance use

Psychological theories have been instrumental in the analysis of substance use disorder, highlighting the dimensional nature of substance abuse. Heather and Robertson (1997)

assert that the shift in thinking has challenged the status quo of irreversibility, pathology, and abstinence as the only realistic goal that the ‘alcoholic’ or ‘addict’ should be aiming towards. Of significance is the revelation that substance use exists on a continuum with the possibility of people moving in and out of problems and dependence over the course of time (Pycroft, 2010). There is a variety of psychological approaches to the explanation of drug dependence, including emphasis on learning and conditioning (behavioural models), cognitive theories, pre-existing behavioural tendencies (personality theories), and models of rational choice.

Researchers such as Pycroft (2010) and Abadinsky (2010) emphasise that some psychological theories take the perspective that substance abuse is primarily a personality disorder, a response to life when the availability of drugs, combined with a certain personality predisposition, is in place. Hanson et al. (2009) explain that psychological theories often involve mental and emotional aspects, which may be aggravated by social and environmental factors. Burns (1997), cited in Hanson et al. (2009) believes that this approach to substance abuse addiction usually includes one or a number of the following: an escape from the individual’s reality; boredom; inability to cope with anxiety; destructive self-indulgence; blind compliance with substance-abusing peers; self-destructiveness; and conscious and unconscious ignorance concerning the harmful effects of abusing drugs. Abadinsky (2010) in his summation refers to the addictive personality. The author describes this as a “psychological vulnerability” (p. 205) which creates a predisposition as a result of either problematic family relations, inappropriate reinforcement, the lack of

healthy role models, contradictory parental expectations and/or the absence of love and respect.

The field of psychology has made significant contributions to our understanding of substance abuse and related behaviours. Gifford and Humphreys (2007) however caution against a unitary approach to understanding individual addictive behaviour. Instead they argue that a disregard for context has led to pronouncements on the “universal features of addiction”. The first major implication of psychological approaches to addiction is that there is no single explanation of addiction. It is clear that a number of factors must be taken into account in explaining addiction.

2.3.2.1 Psychoanalytic theory

Currently, limited unified theory exists in the area of substance use disorder, as Heather and Robertson (1997) refer to different psychological principles that have been applied to different facets of addiction. The authors speak of examples of classical conditioning theory being applied to explain craving and cognitive approaches for relapse. However, West's (2007) Plans–Responses–Impulses–Motives–Evaluation (PRIME) Theory of Motivation suggests most of our actions involve following what we most want or need at that moment. Wanting and needing involve forming an image of a possible future and feelings associated with this. Want: feeling of anticipated pleasure or satisfaction;

Need: feeling of anticipated relief. We follow wants and needs when we can imagine how to attain them or can do so without conscious thought to generate impulses. The key

principles of learning by an individual interacting with his or her environment remain through the processes of classical conditioning, operant conditioning, skilled behaviour, self-control, and cognitive learning. This conditioning is caused by external environmental cues, the rewards associated with the drug-taking behaviour, and an inability neither to regulate drug use nor to recognise situations which are perpetuating the drug use, as well as distorted thinking around the drug use (Heather & Robertson, 1997).

It is important to realise that much of the conditioning occurs at a level of which we are not conscious so that thoughts and actions become routine within particular contexts and automatic, with the neurobiology of the brain's own reward mechanisms having an essential part to play in this process.

The theory above is underpinned by Sigmund Freud's (1856–1939) psychoanalytic theory which suggests behaviour can be categorised as follows:

- **Conscious:** What we are currently thinking about.
- **Preconscious:** Thoughts and memories that can easily be called into consciousness.
- **Unconscious:** Feelings and experiences that have been repressed and that can be made conscious only with a great deal of difficulty and that nevertheless exert a dominant influence over our behaviour.

According to Freud's theory, personality consists of three components: the id, the superego, and the ego. The id is instinctive, impulsive, and childlike, operating on the primitive level of pleasure and pain (Abadinsky, 2010; West, & Brown, 2013). It wants immediate satisfaction of needs, urges, and cravings. A craving for pleasure-producing chemicals will lead the id-driven person to seek drugs at considerable risk to satisfy the craving or need.

The ego, through exposure to the environment and learning, is able to modify behaviours and delay the need for immediate gratification. The stronger the ego, the more capable the individual is to tolerate frustration. A poor ego is less likely to tolerate frustration and psychological discomfort, which could lead to the abuse of illicit substances. The superego is viewed as the conscience, a moral sense that controls behaviour (Abadinsky, 2010). The superego is considered to be the internal parent, where behaviour is no longer externally controlled. When superego development fails, the internal control might lead to the lack of control over behaviour, which could be both destructive and harmful to the individual as well as to others. Abadinsky (2010) explains that when the superego is overactive, unresolved conflict of earlier development which is usually repressed leads to feelings of guilt and a need for punishment. Abusing illicit drugs both reduces the sense of anxiety caused by the internal conflict, while providing external punishment (Thombs, 2006).

West and Brown (2013) recognise that adolescence is a period in which young people may experience boredom, anxiety, anger, frustration, and in some instances, depression. Combined with peer group influences, unresolved parental relationships and ego

deficiencies, dealing with feelings such as these might be difficult and may lead to substance use. This is evident in the Western Cape, which is described as the region considered to be “one of the most dangerous and noticeable across the country with a large number of drug addicts and gangs” (Goga, 2014, p. 1). The extent of substance abuse in the Western Cape exposes learners to drugs and alcohol that are easily accessible and often used by peers. Furthermore, young people are subject to external pressures contributing to high stress levels, which ultimately increase their receptiveness to substance abuse (Tustin et al., 2012). The psychoanalytic theory holds relevance as it highlights aspects for consideration in the development for prevention programmes.

2.3.2.2 Behaviourism theory

Researchers such as Higgins, Heil and Lussier (2004) consider substance use disorders to be behavioural, resulting when reinforcers take control of an individual's behaviour. Described as a form of excessive behaviour, substance abuse disorders occur when other activities are expected and appropriate. A characteristic of that initial exposure to a reinforcing stimulus (e.g., ‘high’) is followed by a progressive escalation in the behaviour that produced it.

Behaviour that results in the availability of these reinforcers may eventually dominate the behaviour of the individual because the stimuli function is stronger and a more overpowering reinforcer than others available in an individual's environment. This may be due, in part, to genetic predispositions or, more likely, to particular learning histories

combined with relatively easy access to these reinforcers (i.e., a high rate of reinforcement) and insufficient contact with alternative sources of reinforcement (Winger, Woods, Galuska, & Wade-Galuska, 2005).

Behaviourism theory suggests that individuals acquire substance use behaviour through interaction with and/or the close association or pairing of one significant reinforcing stimulus (like friendship and intimacy) with another less significant or neutral stimulus (e.g., initial use of alcohol, marijuana, ecstasy, cocaine) (West & Brown, 2013). Also referred to as social learning theory (Bandura, 1977), the theory emphasises the social setting and meaning given to substance abuse that occurs in the presence of others using drugs. In learning to use drugs the following occurs:

- **Conditioning:** The close association of significant reinforcing stimulus with another less significant or neutral stimulus.
- **Habituation:** Repeating certain patterns of behaviour until they become established or habitual.

Bejerot (1965) describes this basic process as addiction to pleasure theory. It assumes it is biologically normal to continue a pleasure stimulus when once begun. The pleasurable feelings become a strong motivator and drive for the continued use of substances. Abadinsky (2010) describes the sensation-seeking behaviour as the ways and means of actively pursuing physical stimulation or dangerous behaviours. As such the conditioning process of substance abuse can lead to pleasurable experiences when associated with

comforting or soothing environments. West and Brown (2013, p. 35) assert that substance use disorder behaviours are acquired through environmental conditions or exposure that shape human behaviours without the need for conscious decisions or intentions and influence our capacity for self-regulation. The implication for prevention involves changes to lessen the environmental exposure to cues and/or reinforcers, cueing and reinforcing competing behaviours and/or improving the efficiency of inhibitory mechanisms. This kind of theory does not account for the role of self-conscious intentions, desires or beliefs that have not been acquired through experience (Vuchinich & Heather, 2003). The application of a behaviourist theory approach to prevention would entail removing opportunities for individuals to become exposed to environmental cues or behaviours, and treatment should involve attempting to loosen the associations between cues and rewards or cues and behaviour (Ferguson & Shiffman, 2009).

The social interactions with individuals who are considered to be significant others have the greatest influence on young people. Significant others would be considered parents and/or other family members, but might include people within communities, schools and neighbourhoods. As substance use disorder progresses, there are fewer opportunities for the person to interact with healthy individuals. This is because friends and family eventually disengage from the addict. Simultaneously, the substance use occupies more time and gradually the entire social circle becomes occupied by individuals with similar behaviour.

Support groups (promoting moderation or abstinence) date back at least to the 1500s (White, 2011). Time spent with others in recovery reduces the amount of peer pressure to engage in addiction. From a social learning perspective, support groups offer opportunities to observe and interact with healthier people. The application of social learning theory to addictions treatment goals include; the development of new, healthier network of peers; observation and adoption of positive coping skills of new peers; learning refusal skills to respond to peer pressure. These refusal skills are very important because recovering people cannot altogether eliminate contact with their former addicted friends. This is particularly true during the early stages of recovery (West & Brown, 2013).

2.3.2.3 Social learning theories

Social Learning Theory suggests that as human beings we live in a social and cognitive world (Bandura, 1977). Our thoughts affect our behaviour and likewise our behaviour affects our thoughts, which are referred to as reciprocal determinism (Niaura, 2000) which helps to understand the development of substance abuse and dependent behaviour because it emphasises active cognitive processing and, more important, conscious reasoning and decision making in using drugs, quitting drugs and relapsing to drug use.

Social cognitive theory formulated by Albert Bandura (1977, 1986) focuses on the fact that individuals may influence their environment, going beyond the notion of social learning theory which suggests that human behaviour is influenced by environmental factors only (Giovazolias & Themeli, 2014). According to this theory, the individual, the environment

and the individual's behaviour intersect at the same time, affecting all aspects of their reality.

Social learning theory, as proposed by Akers and Sellers (2004), is centred on the idea that “the same learning process in a context of social structure, interaction, and situation produces both conforming and deviant behaviour. The difference lies in the direction ... [of] the balance of influences on the behaviour” (Akers & Sellers, 2004, p. 85; Kaplan, Sallis, & Patterson, 1993; McMurrin, 1997, 2007). If the effects of drug use become personally rewarding, “or become reinforcing through conditioning, the chances of continuing to use are greater than stopping” (Akers, 1992, p. 86).

Primary conditions determining drug use are:

- Amount of exposure to drug-using peers.
- Extent of drug use in a given neighbourhood.
- Age of first use (exposure to drugs at younger ages results in greater difficulty in stopping drug use).
- Frequency of drug use among peers.

According to Akers (1992), it is through learned expectations or associations with others who reinforce drug use that individuals learn the pleasures of drug taking; likewise when the outcome substance use leads to a negative impact, use might cease. A combination of positive reinforcers and imitation, and trial and error learning is required for initiation and/or continued use.

Heydari, Dashtgard and Moghadam (2014) contend that Bandura's cognitive social theory, which is interactional based on the relationship between environmental, personal, and individual behaviour, holds potential for prevention. This theory is based on the concepts of personal efficacy, self-regulatory process, and self-efficacy. The people or groups with whom an individual associates are broken up into primary and secondary sources by social learning theorists. Primary associations include those with immediate family and friends. Secondary sources of social learning include a much wider range of people and would include, for example, educators, neighbours, and church groups. Each of these groups is thought to contribute to the attitudes and values an individual adopts, as well as to how that person behaves in various social contexts.

It is generally understood, under the theory of differential association, that the timing, length, frequency and nature of the contact are important determinants of behaviour. That is, the greatest effect on a person's behaviour occurs the earlier the association is made; the longer the duration of the association, the more frequently the association occurs, and the closer the association is (Akers & Sellers, 2004). From a social learning perspective, then, associations made early on with family would arguably play an important role in shaping one's behaviour. The variables of the social learning theory provide some explanation of the importance of the role of the family and peers and the ability it has to influence the behaviour of individuals, which holds potential for the development of substance-abuse prevention programmes.

2.3.3 Sociological theory of substance use disorder

Biological and psychological theories provide a plausible explanation for substance abuse by individuals. The two theories assert that the individual can do very little about substance abuse as it is genetic or inherited (Guerrero, 2010; Lindesmith, 1938). Although both perspectives have been important in shaping our understanding of drug abuse, these perspectives cannot explain the social or structural determinants of drug abuse.

Substance use disorder can be conceptualised in sociological terms; even though it is considered individual behavioural impact, it affects other individuals and is also controlled by society (Adrian, 2003). Goode (2011) asserts that substance abuse should be understood as a social activity, with a focus on how socialisation, culture, social interaction, inequality, deviance and group membership influence use. This theory views substance abuse as a societal problem, steeped within cultural, social and economic roots (Hanson et al., 2009). Sociological theories focus on the meaning of drugs and alcohol, norms and patterns regarding the use of illicit substances and the context in which it takes place (Anderson, 1998). Recognising the similarities between psychological theories and sociological theories, the latter focus on factors external to the user and how they affect use (Hanson et al., 2009), such as families, lifestyles, peer groups, schools, neighbourhoods and communities in which users reside. Anderson (2014) highlighted three paradigms into which sociological theories of substance use may be categorised: structural functionalism, social conflict and symbolic interactionist paradigm.

2.3.3.1 Structural functionalism

Functionalists argue that society provides us with norms or guidelines on alcohol and drug use. A set of social norms identifies the appropriate use of drugs and alcohol. Drugs, prescription drugs in particular, are very functional. They alleviate pain, reduce fevers, and curb infections. Alcohol in moderation may be routinely consumed with meals, for celebration, or for health benefits. At least one glass of red wine a day has been shown to reduce one's risk of heart disease. In addition, society provides norms regarding the excessive use of drugs. *Structural functionalism* takes a broad view approach (macro) of society, focused on the structures that shape society as a whole. Goode (2011) argues that the social structure in which the user interacts facilitates and shapes substance use, stating that neighbourhoods, cognitive processes, cultures and subcultures, laws and politics are all contributory factors.

Structural functionalism relies on the idea of communities thriving when solidarity and stability is promoted through social cohesion, consensus about morality and values, and conformity to norms (Anderson, 2014). Likewise, Abadinsky (2010) views substance abuse as a societal phenomenon, having largely cultural, social, and economic origins or ties. This theory makes an assumption that the causes are often external to the individual, that is, they are not biological, genetic or psychological traits possessed by them. Instead, these theories direct our attention from individuals to both the immediate and more distant social worlds around them (Goode, 2011). Disruption of the ordered state of affairs within a society or community could lead to alienation or anomie (Abadinsky, 2010; Anderson,

2014; Good, 2011).

Conflict and deviation are examples that challenge the stability of society which could result in chaos (Weinberg, 2011). Several theories such as social and self-control theory, social disorganisation, and anomie, strain and social capital theory are strongly associated with the structural functionalism paradigm. While the various sociological theories are in conflict and contradict one another, each has a significant contribution in our understanding possible causal factors of substance use. The table 2.1 below summarises the predominant sociological theories of substance abuse.

Table 2.1 Summary of structural functional substance abuse theory

Theory	Details
Social Control Theory	Violations of society norms are seen as natural and understandable. Attachments (bonds) are critical for conformity – deviant behaviour less likely. Weakness in bonds or attachment could threaten stability (Hirschi, 1969).
Self-Control Theory	Links to inadequate parenting and low self-control. Children more likely to engage in uncontrolled, impulsive, high-risk behaviour (Gottfredson & Hirschi, 1990)
Strain and Opportunity Theory	Agnew’s (1985, 1992) general strain theory posits that negative experiences produce strain which leads to negative emotions – corrective action to reduce. Corrective actions include crime or deviance, with the behavioural solution potentially being instrumental, retaliatory, or escapist.
Cultural Identity Theory	Interactions between socially and culturally constructed meanings, symbols, and institutions. The theory posits that abusers often experience a significant amount of personal and social marginalisation resulting in ego identity discomfort. Such problems will, therefore, exist and/or persist when the abuser terminates drug use (Anderson, 1998).

The summary in Table 2.1 is associated with structural functional theories provides variables to consider in terms of substance-abuse prevention programmes. It provides areas

that are considered to be high risk and identifies areas that serve to protect individuals from initiating or preventing substance use.



UNIVERSITY *of the*
WESTERN CAPE

2.3.3.2 Symbolic interactionism

Symbolic Interactionism paradigm (labelling theory) is an approach which suggests that meaning is made of the world through labelling and societal reaction theory (Abadinsky, 2010). According to Anderson (2014), this theory takes a micro-level orientation to deviance and substance abuse, closely linked to social interaction in specific contexts with socially constructed realities. While symbolic interactionism does not provide an explanation for substance use itself, it provides a description of how the users view themselves through such socially constructed definitions (Hanson et al., 2009).

This theory suggests that labels placed on individuals and their behaviour, such as deviants and deviance, are sociologically defined as a result of the violation of social norms held by society (Hanson et al., 2009). While the intention is not to pass judgement, labelling theory suggests that the opinion of others, whom we value, have a determining influence over self-image (Goode, 2011). Lee (2011) and Abadinsky (2010) postulate that societal reaction labels and stigmatises individuals, which damages self-image, while incurring deviant identity and a host of negative social expectations. He further explains the implication of the negative connotation, which could lead to a new identity.

The implication of this theory is that self-image is deeply vested in how the individual's self-image is defined and redefined by significant others, giving others the power and influence to determine self-image. In summary, the labels given to others may be a determining influence on their own self-perception (Anderson, 2014; Hanson et al., 2009).

While it can be said that adolescence is a period of experimentation and in some instances disruptive behaviour, experimentation does not always lead to addiction (Anderson, 1998). Abadinsky (2010) cautions specifically the unnecessary attachment of labels to young people. Lempert (2007) identified two types of deviance that could result because of such labelling. Primary deviance, he suggests, is “inconsequential” deviance which might not have a lasting impact, as the individual has not yet identified himself or herself as deviant. An example of this type of behaviour could result when adolescents start experimenting with alcohol or illicit substances (Ritzer, 2011). Young people might behave in a manner deemed socially unacceptable, such as underage drinking and smoking.

Secondary deviance occurs when a deviant identity develops. Such persons begin to associate and identify themselves with their behaviour, much like being referred to as a “tik-kop”. Here the individual who is labelled adjusts behaviour in accordance with the social reaction and begins to employ the behaviour, or adopt a role based on the description or label provided (Lempert, 2007; Rohwer, 2013), resulting in criminal behaviour to maintain illicit substance use (Lipperman-Kreda, Mair, Bersamin, Gruenewald, & Grube, 2015).

2.3.3.3 Social conflict

The Social-Conflict Paradigm suggests that society is a place of inequality and conflict (Anderson, 2014). Deeply seated in social class, income, power and neighbourhoods, conflict theorists are of the belief that society’s structure is controlled by those who possess

the greatest economic, social and cultural assets (Anderson, 2014; Goode, 2011). Conflict theory suggests that the selling of and the availability of drugs are more likely to flourish in poor, powerless, socially disorganised and disenfranchised communities rather than in more affluent powerful, organised communities (Goode, 2011). An inability to mobilise the necessary political structures and organisations to curb substance abuse within communities makes the likelihood of substance abuse and substance availability more probable. Goode (2011) argues that where poverty is entrenched, the feelings of hopelessness, depression and anomie more often than not are present. As a form of escapism, substance use becomes more appealing and attractive, a temporary reprieve from unpleasant circumstance. Anderson (2014) contends that the conflict theorist sees deviance as a response to the alienating conditions of material and immaterial inequality and group marginalisation. However, not all individuals who find themselves in such circumstances necessarily resort to deviant behaviour or substance abuse. Here Anderson (2014) suggests that in such cases individuals may be involved in alternative lifestyles and in so doing do not engage in deviant behaviour or substance abuse.

2.4 Adolescence and the gateway theory to substance abuse

Adolescence is a period of development, a time in which experimentation, initiation and early onset of substance abuse is more likely to occur (Carney & Myers, 2012; Norman, & Turner, 1993). Morojele et al., (2013) found that the onset age for cigarette smoking and alcohol use among Western Cape learners was below the age of 13 years. The implication

of this is that children and youth that use alcohol before the age of 14 are much more likely to develop alcohol dependence at some point in their lives, compared with those starting after the age of 21 (Matsen, Faden, Zucker, & Spear, 2008). If left unchecked, early initiation of substance use can lead to longer-term abuse accompanied by behaviours detrimental to the health and social wellbeing of youth. It is therefore essential that early intervention be prioritised and the factors influencing youth behaviour be thoroughly understood. While reasons for the early initiation of substance use among young people are complex and multi-layered, reflecting on the known theoretical approaches to substance use is of utmost importance (Mudavanhu, & Schenck, 2014).

The gateway theory offers one possible explanation for young people's development of a serious substance abuse problem. The theory suggests that the use of one substance increases the risk of starting to consume another and possibly more harmful substance later on, and that the risk increases with frequency of use (Bretteville-Jensen, 2011). The sequential pattern of substance use initiation was investigated in a longitudinal study undertaken by Kandel (1975), in which four stages in substance use of marijuana were noted as crucial on the path to other illicit drugs. As emphasised by Kandel, Yamaguchi, and Chen (1992), however, the authors state that entry into a particular stage is common and perhaps even necessary, although not a sufficient prerequisite for entry into the next stage. They argue against a version of the stepping stone theory which claims that marijuana leads inexorably to the use of other illicit drugs. Goode (2011), on the other hand, is an early example of the assertion that there could be a causal link between different

stages in drug use. MacCoun and Reuter (2001) discuss the concept at length, and Pudney (2003) lists three possible mechanisms that, on their own or in combination, might be the basis for a causal gateway effect in drug use:

- The consumption of soft drugs may create a psychological or physiological need for further and stronger experiences of the same type.
- The act of obtaining and using soft drugs may bring the user into contact with hard drug users or suppliers whom they would not otherwise have met.
- Experience of the use of soft drugs with no obvious ill effects may appear to contradict and undermine the strong negative publicity directed against illicit drug use in general, so that advice against hard drugs becomes less persuasive.

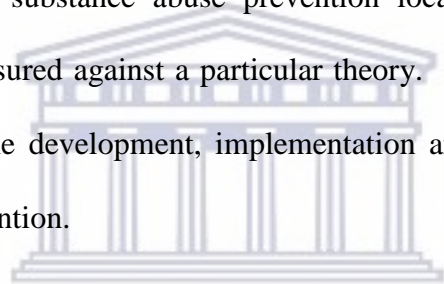
The gateway theory is a particular form of the theory of unstable preferences, in which exposure to one form of a particular activity changes the preferences for a more extreme or potentially damaging form (Kandel et al., 1992). Classically, it has been proposed that cannabis use can be a gateway to the use of 'hard' drugs. Evidence for this is currently weak (Degenhardt et al., 2010), but there is stronger evidence that cigarette smoking can lead to cannabis use (Beenstock & Rahav, 2002). Gateway effects could occur through a variety of mechanisms, including greater exposure to opportunities to take harder drugs or habituation to the effects of the milder version of the behaviour leading to a desire for more extreme versions to gain the same effect.

In summary, understanding substance use disorder prevention requires a framework that can incorporate a wide range of biological, psychological, social and cultural factors. Hawkins, Catalano, and Miller (1992) identified various aspects which lead to favourable conditions for substance use; these conditions included aspects of availability, economics deprivation and neighbourhood disorganisation. Lee (2011) makes reference to other aspects such as lifestyle, contextual, sociological, trauma and coping factors which are linked to substance abuse in young people. West and Brown (2013) list the following: a family history of parental substance use; inconsistent parental supervision; parental approval or use of illicit substances; substance-abusing peers; young people who fail in school and show a lack of interest in school; and youth who are alienated and rebellious or who display anti-social behaviour, particularly aggressive behaviour, during early adolescence. Biological, psychological and sociological theories provide insight and explanations which assist in the development, implementation and sustainability of substance-abuse prevention programmes. As substance use disorders are usually a result of a combination of factors, making sense of individual behaviour requires understanding the individuals, the environment around them, and the interactions between the individuals and the environment (Lee, 2011).

Implementing prevention programmes early to reduce or delay substance use initiation is therefore important for positive long-term health outcomes and has significant implications for reducing the impact of the burden of the disease (Hawkins et al., 1999; Pentz, 1998; Spoth, Gyll, & Day, 2002).

2.5 Chapter summary

In this chapter the focus was on the major theories which help to explain and understand substance use and abuse. It must, however, be emphasised that no one theory on its own is sufficient to fully explain substance use. An integrated theoretical approach is becoming increasingly important in the substance abuse field as most theories have been developed from a single perspective or levels of analysis. This studies constructive approach (expanded on in Chapter 4) hopes to address this dilemma by grounding the theory within the data and research findings. It is from this perspective that the study seeks to address the influences on school-based substance abuse prevention located in the realities of the participants rather than measured against a particular theory. The next chapter will focus on a literature review on the development, implementation and sustainability of school-based substance-abuse prevention.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 3

Substance Abuse Prevention

3.1 Introduction

This chapter provides a conceptual framework for substance abuse prevention. An overview of the principles of prevention is given and the risk and protective factors are explained in relation to prevention and health promotion. Personal, familial and environmental categories and domains are identified and discussed in relation to risk and protective factors and the implications for school approaches to substance-abuse prevention programmes.

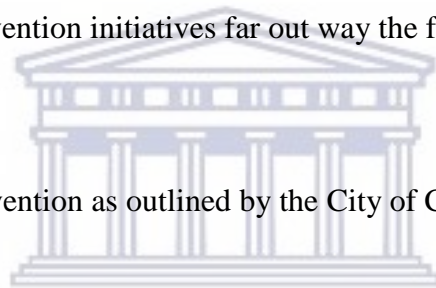
3.2 Substance-abuse prevention

Prevention is described as a strategy that mitigates less than optimal social and physical environments by influencing the behaviour of children, families, and parents to enhance protective factors and reduce risk to develop resilience (Hawkins et al. 2012; NIDA 2003). The main aim of prevention is intended not only to prevent substance abuse but also to promote the necessary conditions for a child's healthy development in all areas (Watson, White, Taplin, & Huntsman, 2005). Research suggests that early prevention initiatives have the potential to offset biological and environmental shortcomings and set young people on a more positive developmental trajectory (Brooks-Gunn, Berlin, & Fuligni, 2000). As described by the Institute of Medicine (IOM) (Mrazek, & Haggerty, 1994, p. 19), to

“prevent” literally means “to keep something from happening”. More importantly, understanding what is to be prevented, whether it is the early onset of use, initiation of use, substance abuse, or addiction all create confusion in the field of mental health regarding the term prevention (Mrazek, & Haggerty, 1994).

The early 1990s saw much debate around the issue of prevention (NIDA, 1991). The challenge was to find a definition that would speak to a multidisciplinary audience. Prevention has been conceptualised by Stagner and Lansing (2009) as an investment in future outcomes by influencing current behaviour and conditions. They argue that the cost benefit of implementing prevention initiatives far out way the future expenditure when such initiatives are successful.

The formal definition of prevention as outlined by the City of Cape Town (2013) is referred to below:



Prevention as defined in the City of Cape Town, Alcohol and Other Drug Harm Minimization and Mitigation Strategy, 2011–2014, means any activity designed to prevent or delay the onset of substance use to reduce its health and social consequences. Prevention includes universal programmes for vulnerable persons (e.g. children and adolescents) who have not yet started use, selective programmes for targeted high-risk groups such as school dropouts or street people and/or indicated programmes for identified individuals who have started using in order to limit harms. (City of Cape Town, 2013, p. 4)

The Centre for Substance-abuse Prevention (2006) defines prevention as:

A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote

healthy behaviours and lifestyles. The goal of substance-abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, e.g., aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all. (p. 9)

Closer to home, prevention is defined in the National Drug Master Plan as follows:

... a pro-active process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promotes healthy behaviour and lifestyles. It generally requires three levels of action: primary prevention (altering the individual and the environment so as to reduce the initial risk of substance use/abuse); secondary prevention (early identification of persons who are at risk of substance abuse and intervening to arrest progress); and tertiary prevention (treatment of the person who has developed substance/drug dependence) (Central Drug Authority, 2013, p. 19).

What becomes clear from these definitions is that the primary objective of substance-abuse prevention should not only be about delaying the onset of use. According to the UNODC (2015), prevention programmes should go beyond this by developing and nurturing young individuals in a healthy and safe manner so that they can become active and engaging citizens while realising their own talents and full potential. According to Springer and Phillips (2006), research in the field of substance-abuse prevention has developed evidence-based knowledge which broadens the understanding of the factors that contribute to the initiation and growth of alcohol, tobacco and other drug use at individual, family, school and community levels. They suggest that more importantly, exploring evidence-based practices and programmes for varying populations is essential.

3.3 Approaches to substance-abuse prevention

According to the IOM (Mrazek & Haggerty, 1994), prevention is seen as an integral part of an overall continuum of care (Figure 3.1) which takes a more holistic approach to behavioural health. The Behavioural Health Continuum of Care Model recognises multiple opportunities for addressing behavioural health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

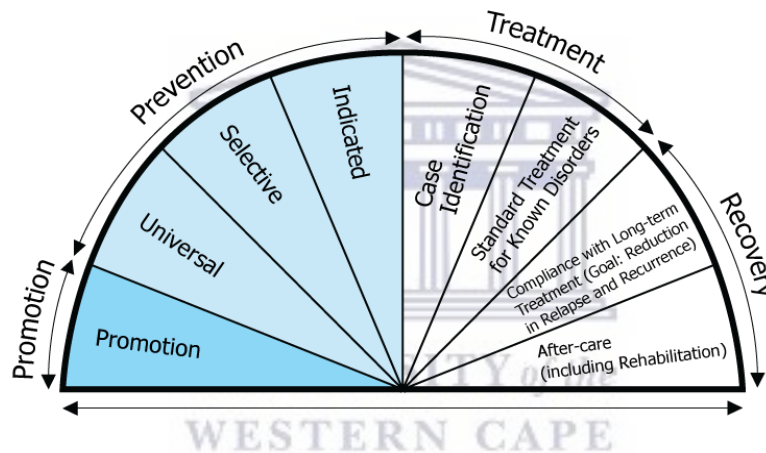


Figure 3.1 Institute of Medicine Continuum of Care Model (Mrazek & Haggerty, 1994)

The **Promotion** stage is designed to create a supportive environment and optimal conditions that encourage behavioural health and resilience in individuals to withstand challenges.

The **Prevention** stage is delivered prior to the onset of use or abuse. These interventions are intended to prevent or reduce the risk of developing a behavioural health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

The **Treatment** stage is about services that are offered to individuals diagnosed with a substance use or other behavioural health disorder.

The **Recovery** stage provides services that support individuals' abilities to live productive lives in the community and can often help with abstinence.

As research into prevention programmes has increased over the years, improvement in programme efficacy has resulted in the development of evidence-based prevention which is targeted to specific audiences and settings to meet the particular needs of a group (Sussman & Ames, 2008). Drawing from various perspectives, disciplines and frameworks has enabled the identification and understanding of what makes individuals vulnerable to initiating the use of drugs. The public health perspective was to divide substance-abuse prevention into three levels chronologically described in Table 3.1 (Sussman & Ames, 2008). These levels are primary prevention (before the problem behaviour starts), secondary prevention (before the disease starts), and tertiary prevention (before death is likely).

Table 3.1 Definitions and Classification of Prevention, adapted from Sussman and Ames, 2008

Types of Prevention	Definitions and Programming
Chronological Definition	
Primary	Implemented on a population before the problem behaviour starts
Secondary	Targeting the population after the problem behaviour but before the disease sets in
Tertiary Prevention	Aimed to improve conditions for diseased individuals before death is likely

Aligned to the definition of prevention as previously discussed, is a proactive process that creates and reinforces conditions that promote healthy behaviours and lifestyles (Atkinson, Cohn, Ducci, & Gideon, 2005). Prevention programmes form a part of the continuum of care and cater for people of all ages and stages in the life cycle, which is made up of directed activities with the aim of substance use disorder reduction (Health Foundation of Greater Cincinnati, 2010). The aim of such programmes (World Health Organization (WHO) (2002) is to prevent or delay the onset of substance use and reduce its health and social consequences. Recently, prevention intervention has been classified into three different categories, enabling practitioners to better match appropriate interventions to target populations (Mrazek & Haggerty, 1994). There are three distinct types of prevention approaches:

- **Universal prevention programmes** are designed to prevent precursors of drug use or initiation of use in general populations.
- **Selective prevention programmes** are targeted to groups or subsets of the general population that are at higher risk of drug use.

- **Indicated prevention programmes** have been designed for groups, populations who are already manifesting drug use initiation or precursors of drug abuse, such as behaviour disorders, thrill seeking, aggression, and delinquency (adapted from Health Foundation of Greater Cincinnati, 2010).

The demand on professionals working in the area of substance abuse to facilitate changes in behaviour has never been greater. Increasingly, the focus has shifted from single-level interventions to multiple interventions at various levels to facilitate such behaviour change (Glanz, Rimer, & Viswanath, 2008).

3.4 Importance of risk and protective factors in prevention

A notable development by the Center for Substance-abuse Prevention (2000) has been the focus on risk and protective factors as a unifying descriptive and predictive framework, based on evidence-based empirical research. According to the Society for Prevention Research (2011), identifying risk and protective factors, evaluating efficacy and effectiveness, and finding the best possible means for dissemination are the primary goals of prevention science. To achieve this end, research into substance-abuse prevention has to focus on human development and social ecology by identifying factors and processes that lead to positive and negative health behaviours and outcomes (Society for Prevention Research, 2011).

Emerging from the field of epidemiological research, risk and protective factors have been identified as significant in substance-abuse prevention (Flay et al., 2005). However, combined with environmental factors, they have been identified as having greater influence on behaviour (Bronfenbrenner & Morris, 2006). Substance-abuse prevention programmes would need to take cognisance of such influences by focusing on risk factors at multiple ecological levels through developmentally appropriate programming (Bronfenbrenner & Morris, 2006).

3.4.1 Identifying risk and protective factors

As evident in the previous chapter which focused on the theories relating to substance use and addiction, biological, psychological and social characteristics can make individuals either vulnerable or resilient to potential behavioural health problems. Individual-level protective factors might include a positive self-image, self-control, or social competence (Abadinsky, 2010; Hanson et al, 2009). In addition, people do not live in isolation; they are part of families, communities, and society. A variety of risk and protective factors depicted in Table 3.2 exist within each of these environmental contexts. According to Hawkins et al. (1992), exposure to risk factors has been identified as a precursor to substance abuse. Although it is seen as a precursor, this knowledge does not provide the solution to prevention. Understanding the factors that may impact on the initiation of substance use is paramount in prevention programmes. Harker et al. (2008) argue that addressing the factors that place young people at risk and focusing on protective factors are essential in substance-abuse prevention. NIDA (2003), through much engagement and research,

attempted to develop a trajectory for substance abuse and addiction. What developed were the factors associated within increased potential for use, risk factors and those associated with the reduction of potential use as protective factors. Further it was identified that a risk factor associated with one individual might not be the same for another (UNODC, 2004a).

Table 3.2 Risk and protective factors adapted from Nida risk and protective factors framework

Risk Factors	Domain	Protective Factors
Early aggressive behaviour Sensation seeking behaviour Academic failure	Individual	Impulse control
Ineffective parenting, especially of children with difficult temperaments or conduct disorders and lack of parent child attachments Lack of parental supervision Family dysfunction Family conflict	Family	Parental Monitoring Strong positive family bonds
Liaisons with peers who display deviant behaviour Association with drug-using peers	Peer	Strong bonds with peers Extra-curricular activities
Drug availability Low degree of commitment to school	School	Academic Competence Success in school performance
Poverty, availability of drugs, neighbourhood disorganisation	Community	Strong neighbourhood attachment; strong bonds with institutions such as schools and religious organisations
Norms and standards	Environment/Society	Adoption of conventional norms regarding drug use

This approach to substance-abuse prevention is based on the premise that identifying factors that increase the risk of a problem developing and then finding ways to reduce the risk are effective. Identifying factors that buffer individuals from the risk factors in their environments makes it possible to increase protection (Hawkins et al., 1992). Along with

the risk and protective factors, the Center for Substance-abuse Prevention (2000) developed six domains in which these factors would apply. The framework in Table 3.2 outlines the potential risk and protective factors in the six domains, which could be central to substance-abuse prevention (NIDA, 2003).

Based on the idea of the interconnectedness of risk and protective factors, substance-abuse prevention initiatives have focused largely on multifactor programmes rather than on single-risk and protective factors (Hawkins, Catalano, Kosterman, Abbot, & Hill, 1999). Guerra and Bradshaw (2008) suggest that critical to prevention strategies is to understand the interrelatedness of risk and protective factors. Furthermore they argue that when combined, they should be integrated into school-based prevention interventions to maximise outcomes through life space. Adelman and Taylor (2003) refer to this transactional model as focusing not only on factors internal to the individual, but on other factors external to the individual such as home, school and communities.

3.5 School-based substance-abuse prevention

In the Western Cape, schools have been targeted by gangs through the recruitment of learners to sell drugs during school hours (Provincial Government Western Cape, 2010). Almost 63% of 133 schools reported gang violence and robbery, as the gangs regard schools as a non-threatening niche which provides a “captive audience” (p. 7). The Western Cape’s Modernisation Programme depicts a grim picture of substance use in the Western Cape among school-going adolescents.

The Youth Risk Behaviour Survey (YRBS) (Reddy et al., 2003) reported that the national average in South Africa for binge drinking among school-going adolescents was 23%.

In comparison, the average for binge drinking among school-going adolescents in the Western Cape was 34% (Reddy et al., 2003). In a later survey in 2008, the Youth Risk Behaviour Survey reported that 41% of Western Cape secondary school learners sampled (Grades 8–11) had participated in binge drinking in the month prior to the survey. The same study found that 24.5% of Western Cape learners sampled had used dagga, of which 16% used dagga on a regular basis, 9% used methamphetamine, and 10% used Mandrax. On average, 6% used heroin, cocaine or other drugs (Reddy et al., 2010). The 2011 Survey on Substance Use, Risk Behaviour and Mental Health (SSURBM) among Grade 8–11 Learners in Schools in the Western Cape findings were consistent with those of previous surveys (Morojele et al., 2013). However, highlighted in the 2011 survey as concerning was that the age of onset that was younger than that of the 2008 survey. When asked about cigarette smoking, almost half (47.4%) of all learners had used tobacco (cigarettes) in their lifetime, with a percentage of 37.5% reporting to have smoked before the age of 13.

When questioned on alcohol consumption, 66% of learners reported using alcohol in their lifetime with an onset age of below 13 years for 28% of school learners (Morojele et al., 2013). What is significant about the various surveys is that there is certainly a need for access to substance abuse treatment for school-going adolescents. The surveys of the 2008 YRBS (Reddy et al., 2010) and the 2011 SSURBM (Morojele et al., 2013) suggest

prevention interventions should be implemented at an earlier age to prevent the onset of use. Based on the evidence and the age of onset, prevention programmes offered at school would be ideally suited in terms of the time that adolescents spend in this environment (Domitrovich et al., 2010). School-based interventions are widely encouraged to prevent substance abuse.

The City of Cape Town's Prevention of Alcohol and Other Drug Use Policy (City of Cape Town, 2013) recognises this by recommending that rather than once-off programmes, schools should introduce sustained holistic programmes that incorporate issues such as life skills and address learning difficulties, poor school performance and mental health problems. It is argued by Hallfors and Van Dorn (2002) that schools are one of the institutions uniquely placed to identify young people at risk. Schools, when provided with the necessary capabilities and resources, could provide adolescents with the appropriate prevention or treatment services. In a review of school-based substance-abuse prevention programmes, Soole, Mazerolle, and Rombouts (2005) found evidence which suggests that school-based programmes are most effective if they use social influence or competency enhancement approaches; are interactive, multifaceted, intensive and include booster sessions; and are targeted to the needs of the youth receiving the programme.

Schools, once recognised as traditionally providing young people with an education, are increasingly dealing with social issues such as substance abuse, teenage pregnancy, and deviant behaviour. Schools are fast becoming the platform from which programmes are

launched because of the convenience of reach in terms of the target audience (Botvin & Griffin, 2003).

3.5.1 School approaches to substance-abuse prevention programmes

As previously indicated, substance-abuse prevention programmes when first introduced were based largely on personal opinion and intuition. According to Botvin and Griffin (2003), programmes included the dissemination of information, affective education, and alternatives programming. Through research, current approaches have been underpinned by theories of human behaviour which include social resistance skills training and competence enhancement approaches. The various approaches are depicted in Table 3.3.

Table 3.3 Overview of Major substance-abuse prevention Strategies, adapted from Botvin and Griffin, 2003, p. 46

Approach	Focus	Methods
Information dissemination	Provision of knowledge of illicit substances and consequences of use; promote anti-drug use attitudes	Didactic instruction, discussion, audio/video presentations, displays of substances, posters, pamphlets, school assembly programmes
Affective education	Self-esteem promotion, responsible decision making, interpersonal growth; generally includes little or no information about illicit substances	Didactic instruction, discussion, experiential activities, group problem-solving exercises
Alternatives	Promotion of self-esteem, self-reliance; provide viable alternatives to substance abuse; reduce boredom and sense of alienation	Organisation of youth centres, recreational activities; participation in community service projects; vocational training
Social resistance skills	Awareness raising of social influence to smoke, drink, or use illicit substances ; develop skills for resisting substance use influences;	Class discussion; resistance skills training; behavioural rehearsal; extended practice via behavioural 'homework'; use of same-age or

	increase knowledge of immediate negative consequences; establish non-substance-use norms	older peer leaders
Competence enhancement	Increase decision making, personal behaviour change, anxiety reduction, communication, social and assertive skills; application of generic skills to resist substance use influences	Class discussion; cognitive-behavioural skills training (instruction, demonstration, practice, feedback, reinforcement)

The approach outlines various strategies for substance-abuse prevention. Information dissemination is intended to increase knowledge and change attitudes about substance use and abuse through services such as classroom discussions and media campaigns. This strategy is usually less interactive and often involves the provision of information through talks and the distribution of literature. Botvin and Griffin (2003) found that when used in isolation, information dissemination increases knowledge about illicit substances, but does not have the same impact on attitudes towards substance use.

It was found that affective education, like information dissemination, which focuses most on personal development, does not have any significant impact on substance abuse. Alternative education is motivated by the idea that when young people are provided with an alternative, it will reduce the risk of use. The earlier models of this approach included youth centres that provided a set of activities, such as sports, hobbies, community service, or academic tutoring. It was assumed that if adolescents were provided with real-life experiences that were as appealing as drug use, these activities would take the place of involvement with drugs (Sloboda & Bukoski, 2006). Social resistance skills and

competency enhancement are confidence building and develop the ability to resist pressure from peers as well as various coping and social skills (Scheier, Botvin, & Griffin, 2001).

3.5.2 Types of school-based prevention programmes

In South Africa, Life Orientation (LO) is a subject offered in schools that deals with substance-abuse prevention education. The Department of Education (2003) intended the subject to promote social justice, human rights and inclusiveness, as well as a healthy environment. As such, the curricula included elements that teach behavioural and social skills to learners, widely considered to be a universal classroom-based programme targeted at both primary and high school learners. The aim of LO is for learners to achieve their full potential in this dispensation by developing and engaging them in personal, psychological, neuro-cognitive, motor-physical, moral, spiritual, cultural and socio-economic areas (Department of Education, 2003, p. 9). However, it was found by Jacobs (2011) that LO as a subject may not be as effective in creating the necessary attitudinal and behavioural changes as anticipated by the developers of the curriculum. Some of the contributory factors are that educators do not feel adequately trained, and as a result many learners do not take the subject seriously enough (Prinsloo, 2007). Either way, this suggests that the implementation of the subject in some instances has yet to achieve the intended outcomes.

An example of where Life Orientation has been implemented with a degree of success is the model implemented at LEAP (not an acronym, but a metaphor) schools. Learners enrolled at these schools are faced with various familial, community and personal

challenges, creating barriers to learning. As a result, many students are likely to have problems in forming concrete personal identities, making them susceptible to behaviour which is harmful to themselves and others. The success of LO as a subject at LEAP has been attributed to the emphasis placed on personal development. Lessons are held without desks, with learners sitting on chairs in a circle. The lesson is not taught; rather discussions are facilitated around themes. Partnerships are formed with healthcare professionals such as occupational therapists or nurse therapists who help facilitation strongly grounded on non-prescriptive value systems, self-respect and respect for others (Department of Basic Education (DBE), 2010a).

Furthermore, it has been widely acknowledged by the DBE (2013) that civil society has a role to play by providing co-curricular activities in the context of care and support that are intended to enhance curriculum implementation in and outside of the school. Such programmes assist in promoting the physical, social and emotional health and wellness of learners and can “provide useful diversion from undesirable and destructive behaviour on the part of learners outside school hours, examples of such co-curricular activities include peer education programmes, homework assistance programmes, social and drama clubs and sports related activities” (DBE, 2013, p. 6). Other programmes shown to be effective in working with young people are peer to peer education programmes. UNODC (2004a) described such programmes as an empowering method of working with young people across a range of social issues like drug prevention, youth health, crime and violence. Young people are not only able to get information to “hard to reach” peers but are also able

to convert information into useful knowledge, because of their own understanding of the context in which peers are best able to use that information.

3.5.3 Government guidelines for school-based substance-abuse prevention

The Central Drug Authority (2013) in conjunction with the Department of Education has established a Policy Framework on the Management of Drug Abuse in all Public Schools and Further Education and Training Institutions. Contained in the policy framework are recommendations made in the National Drug Master Plan which focus on prevention and early intervention based on a restorative justice approach, and distributed to all schools throughout South Africa (Department of Social Development, 2013).

Recognising the need for substance-abuse prevention programmes and the escalation in substance use among adolescents, the Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions was passed (Department of Education, 2002b). The guiding principles were outlined for schools to incorporate as stipulated below:

- The possession, use or distribution of illegal drugs, and the inappropriate possession, use or distribution of legal drugs, including alcohol and tobacco, is prohibited in South African schools and this message should be delivered clearly and consistently within our school communities.
- It is the Ministry's intention that all South African schools should become tobacco, alcohol and illicit drug-free zones.

- All learning institutions should have clear policies on both prevention and intervention, underpinned by a restorative supportive orientation. These policies and procedures should be clearly communicated and disseminated to the school community in a culturally appropriate and inclusive way and should give priority to:

Developing safe and supportive school environments that value human dignity and celebrate innocence;

Educating the entire school community regarding drugs and the abuse thereof;

Developing a range of responses for managing drug-related incidents within the school, taking into account confidentiality, the nature of the incident, the circumstances of the learners involved, and the needs and safety of the school community;

Building capacity by giving educators, particularly those working with drug-related incidents, access to professional development opportunities, provided by Provincial Departments of Education, other government departments and private providers;

Regular monitoring and evaluation of policies and procedures for managing drug related incidents in schools.

In case of disclosure, educators and learners should be given support to handle confidentiality issues and be prepared to handle such disclosures. (Department of Education, 2002b, p. 6).

The policy makes it clear that it is there to support not only the learners who have already initiated substance use, but to offer support to both staff and learners who have been impacted by others who are using. In terms of prevention interventions, “The objective of preventive education is to negate, counteract or delay the likelihood of experimentation with drugs by providing information about the dangers of their use and misuse, as well as to

encourage those who are experiencing problems to get the help they need” (p.6).

Based on their findings, Harker et al. (2008) made a number of recommendations, one being that school-based prevention goes beyond the provision of information, but rather encourages behaviour change through the consistent provision of life skills programmes. A further recommendation was that the delivery of programmes be interactive and engaging, moving away from the traditional didactic teaching methods.

3.6 Substance-abuse prevention through school and community organisation partnerships

Substance abuse among young people is multifaceted and complex as a result of the interrelationship between individual risk and protective factors that exist in the environments in which youth grow and develop (Gerstein & Green, 1993; Hawkins et al., 1992; Fisher, 1998). St Pierre (2001) contends that a collaborative approach between schools and communities focusing on individuals and the interaction with their families, peer groups, schools, and the community, in which they live, would help in substance-abuse prevention. Even though substance-abuse prevention has advanced as a field, largely because of the intense research focus it has received, Firesheets, Francis, Barnum, and Rolf (2012) found that it has not always transferred into practice. They argue that communities have a significant role to play in prevention interventions but there is a need to “bridge the gap” between research and practice.

Community as a concept is a fundamental element and cornerstone in community

organisation and community building. While community may be associated with different meanings in various contexts such as geographical location, shared vision, interests and common purpose create a community as well (Wallerstein, Minkler, Carter-Edwards, Avila, & Sánchez, 2015). Hunter (1975) defines communities as:

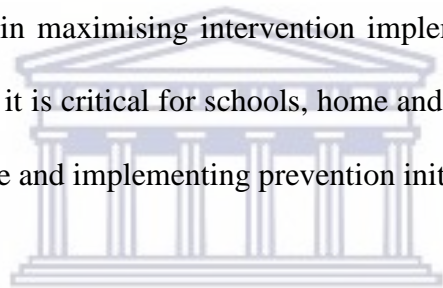
- Functional spatial units meeting basic needs for sustenance.
- Units of patterned social interaction.
- Symbolic units of collective identity.

Wallerstein et al. (2015) argue that to adequately understand community, it needs to be approached from two perspectives. When community is approached from an ecological system perspective, it focuses on the characteristics, geographical location, size, density and heterogeneity, the physical environment, and the social organisation or structure of the community. When viewing community from a social systems perspective, the main focus would be on formal organisations that operate within a given community, exploring the interactions of community subsystems.

Many schools and communities implement various approaches in their attempts to reduce or prevent substance abuse among young people. According to Van der Waal, Powell, Terry-McElrath, Bao, and Flay (2005) the programmes are largely universal, targeting most students rather than individual at-risk ones. It has been suggested that adding community components to existing classroom-based school programmes enhances overall reductions in substance-using behaviours (Flay, 2000). The demand on professionals working in the area

of substance abuse to facilitate changes in behaviour has never been greater. Increasingly, the focus has shifted from single-level interventions to multiple interventions at various levels to facilitate such behaviour change (Glanz et al., 2008).

Adelman and Taylor (2003) argued that substance-abuse prevention is best pursued as an integrated part of a comprehensive, multifaceted continuum (Figure 3.2) of interventions designed to address barriers to learning and to promote healthy development. Such approaches are only feasible if the resources of schools, families, and communities are woven together. A corollary to this is that the committed involvement of school, family, and community is essential in maximising intervention implementation and effectiveness (p. 346). They contend that it is critical for schools, home and community to be integrated in addressing substance abuse and implementing prevention initiatives. (Figure 3.2).



UNIVERSITY *of the*
WESTERN CAPE

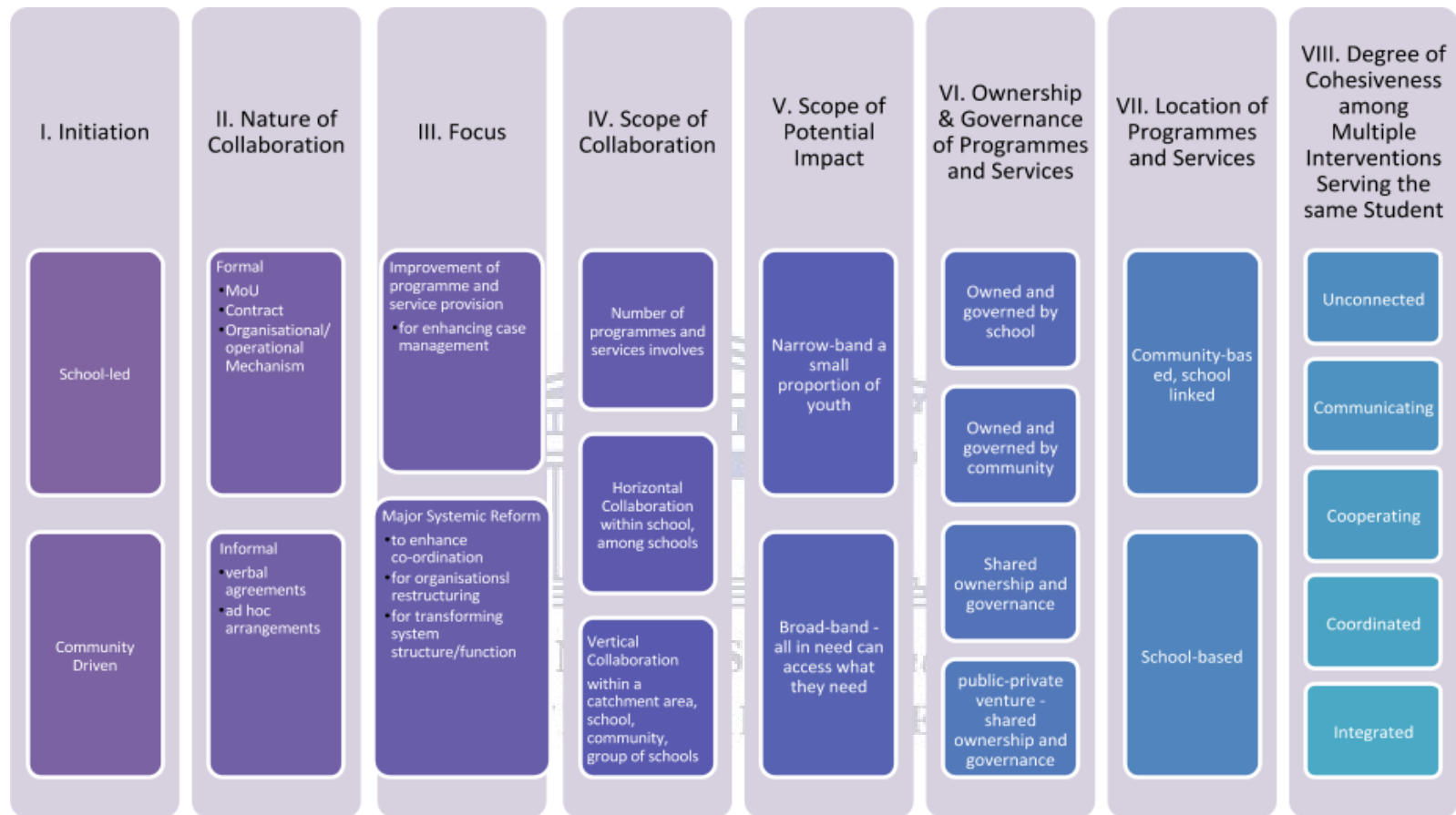


Figure 3.2 Adapted from Adelman and Taylor (2003) Key Dimensions Relevant to School–Community Collaborative Arrangements

In the Figure 3.2 Adelman and Taylor (2003) identify the eight dimensions relevant to school–community collaboration. The initiation of the substance-abuse prevention project could be led by either the school or could be community driven. Sanders (2003) suggests that as risk exposure of youth increases, so does the responsibility of schools to deal with the social and emotional issues, in some instances creating barriers to learning. Reliance on communities and community organisations could alleviate this burden.

Arrangements between schools and communities could be formal or informal. Adelman and Taylor (2003) argue that while it is easier to develop loose or informal partnerships between schools and communities, formal arrangements require effort and a shared vision with systemic reforms. The scope of the programme could be horizontal, operating within a school or among schools in a particular area. Alternatively, the collaboration could be vertical, focusing on a particular catchment area, with an emphasis on schools, neighbourhoods and communities. The scope of the programme could either reach a narrow band of youth or alternatively could provide open access to a wider scope of youth. Gill, Wagner, and Tubman (2004) found that when there is buy-in from all stakeholders, both internal and external to the programme, the reach extends beyond the school community and enjoys greater support. A key dimension for programme success is governance and ownership. Adelman and Taylor (2003) recommended that governance and ownership move towards joint decision making and appropriate degrees of control. Furthermore, school–community partnerships must be cohesive and integrated in their approach, combining resources with the shared vision of substance-abuse prevention.

3.7 Capacity and development

Organisational capacity is known to be a necessary element to achieve positive health outcomes when implementing substance abuse prevention programmes (Chinman, Hannah, Wandersman, Ebener, Hunter, Imm & Sheldon, 2005). Community capacity has been defined in a variety of ways. Some of the earliest work used the term, “competent community,” first defined by Cottrell (1976) based on his own observation and practical experience as: (1) community participation in defining and reaching goals, (2) commitment, (3) community understanding of its own and others’ issues, (4) articulateness of the community in expressing its needs, (5) effectiveness in communicating information and achieving consensus within a community, (6) conflict management, (7) management of relations within the community including the use of outside resources, and (8) representative decision-making. “Capacity development is the process through which individuals, groups, organizations and societies deploy, adapt, strengthen and maintain the capabilities to define, plan and achieve their own development objectives on an inclusive, participatory and sustainable basis” (United Nations, 2015. p. 5).

In keeping with the above definitions, Walters (2007) describes the evolution of capacity development remaining true to the original meaning of “being firmly anchored in development paradigms and ... linked to the development process of individuals, organisations, institutions and society at large” (p. 1). Earlier conceptions of capacity development were rooted in the idea that such an intervention be linked to teaching and training directed at individuals working in organisations, referred to then as capacity

building. An assumption was thus made that capacity was not yet present or in existence and needed to be built. The ‘building’ metaphor suggests a process starting with a plain surface and involving the step-by-step erection of a new structure, based on a preconceived design (Firesheets et al., 2012; Walters, 2007). Interesting notions of capacity building can still found in literature and the need to ‘build’ capacity in organisations and individuals (Firesheets et al., 2012; Lee, 2011).

Walters (2007) contends that in understanding capacity development as a concept, there has to be the recognition that in all situations there is some form of capacity. She argues that the question needs to be posed whether the current capacities are capacities that enable individuals and organisations to perform well in what they want to achieve. Alam (2013) suggests that capacity cannot be separated from sustainable human development: capacity is development. There is also growing understanding that capacity must be viewed from three distinct but related perspectives:

- Individual: the skills and knowledge vested in individuals, communities and groups.
- Organisational: the internal policies, systems and strategies that enable an organisation to operate and to achieve its goals.
- Enabling environment: the wider society within which individuals and organizations function.

The capacity in communities becomes more powerful when partnerships are forged between schools and community organisations that offer the opportunity to share resources

and expertise to support prevention and intervention programmes. Capacity is strengthened when school and community organisation partnerships are built on vision, policy, leadership, infrastructure, and capacity building (Adelman & Taylor, 2008). For partnerships such as these to be sustained, they argue that partnership structures require shared governance (power, authority, decision making, and accountability) and the sharing of resources. When the school and community form a collaborative partnership, they can collectively provide a wider range of services than either could on its own. However, schools and community-based organisations often operate very differently. As more schools and communities are forming partnerships to meet the needs of students and families, a set of guiding elements is needed to help ensure that all partnerships are effective. United Nations Development Programme (2008) suggested various types of capacities to enable the above, which include:

- Functional capacity: the management capacities needed to formulate, implement and review policies, strategies, programmes and projects.
- Technical capacity: those associated with particular areas of need and with particular sector requirements or themes.

According to Minkler, Vásquez, Tajik, and Petersen (2008), there is no single model for community capacity development; however there are fundamental concepts such as empowerment, critical consciousness, community capacity, issue selection, and participation and relevance. They refer to community empowerment as multi-layered, consisting of process and outcomes which are positioned for change for individuals,

communities represented as well as community social structure (Zimmerman, 2000). Minkler et al. (2008) describe community organisation empowerment as the process of engagement which leads to an increased sense of community, greater participatory processes, and community competence.

Furthermore, this definition of empowerment leads to change in policy, transformed conditions and increase in resources. It is suggested that as communities become empowered, key health and social indicators such as substance abuse, divorce, suicide, and other social problems may begin to decline (p: 295). Leading from this is the concept of community capacity. Goodman et al. (1999, p. 259) refers to community capacity as “the characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems”.

3.8 Development of substance-abuse prevention programmes

As the demands on teaching staff increase, with increasing demands on educators to maximise instruction and improve academic outcomes, finding time within the curriculum to implement such programmes poses a very real challenge. Many prevention and early intervention programmes offered in school or community settings are often based on a “one-size-fits-all” (August et al., 2010). While researchers such as Domitrovich et al. (2010) recognised the value of school-based prevention and early intervention as having an influential role in the lives of young people, giving consideration to programme components, dosage levels, and delivery methods based on community needs is critical

(August et al., 2010). More importantly, determining the extent of the issues to be addressed, examining existing and needed resources, and identifying barriers to implementation and sustainability are all critical in the development of substance-abuse prevention programmes (Glider, 2010). As stated previously, many of the theories relating to substance use and abuse are focused on a specific perspective. Prevention as a science has been deeply rooted in epidemiology, including factors such as increased risk and enhancing protective factors (Greenberg, 2004). However, the development of prevention and early intervention programmes has been greatly influenced by developmental models and ecological theory (Domitrovich et al., 2010), which emphasise the environmental influences on behaviour. Identifying the influences, which may be organised into various contexts, starting from proximal influences of the family, to more distal influences such as school and community, is critical when addressing risk factors at multiple ecological levels (Bronfenbrenner & Morris, 2006).

Conducting a needs assessment of substance abuse and other related problems, which includes measuring the level of substance abuse in the community as well as examining the level of other community risk factors (e.g., poverty), is one of the first steps in the development of a prevention programme (NIDA, 2003). Being able to identify the ‘needs’ and the resources that already exist within the community to address those needs to effectively develop a prevention programme is a crucial part of the development process. Communities are expected to assess population needs, including levels of substance abuse and related problems, available resources to support prevention efforts, and community

readiness to address identified prevention problems or needs. Community readiness is assessing a community's readiness for prevention (NIDA, 2003) can help determine additional steps needed to educate the community before beginning the prevention effort. Then, a review of existing programmes is required to determine gaps in addressing community needs and identify additional resources.

3.9 Implementation of substance-abuse prevention programmes

From a systems perspective, a community is similar to a living creature, comprising different parts that represent specialised functions, activities, or interests, each operating within specific boundaries to meet community needs. For example, schools focus on education, the transportation sector focuses on moving people and products, economic entities focus on enterprise and employment, faith organisations focus on the spiritual and physical wellbeing of people, and healthcare agencies focus on the prevention and treatment of diseases and injuries (Bryan & Henry, 2012) For the community to function well, each part has to effectively carry out its role *in relation to the whole organism*. A healthy community has well-connected, interdependent sectors that share responsibility for recognising and resolving problems and enhancing its wellbeing. Successfully addressing a community's complex problems requires integration, collaboration, and coordination of resources from all parts (Thompson & Kinne, 1999) from a systems perspective, a logical approach to health improvement.

According to Dusenbury et al. (2003), school-based substance-abuse prevention has made significant progress over the years. As an increase in the implementation of evidence-based substance abuse programmes is required by government and funders, understanding the factors that influence programme implementation is necessary.

Domitrovich, Bradshaw, Poduska, Haagwood, Buckley, Olin, Romanelli, Leaf and Greenberg and Ialongo (2008) report that although schools are well placed for the implementation of prevention and early intervention programmes, contextual factors at schools and communities influence the quality of implementation of such interventions. Identifying these influential factors is important as it impacts the quality of implementation. Domitrovich et al. (2008), define the quality of implementation as the discrepancy between what is planned and what is actually delivered when an intervention is conducted. Durlak and DuPre (2008) expand on this definition by including five aspects:

- The fidelity of the programme – extent to which the programme corresponds to what was originally intended.
- Dosage – how much of the original programme has been delivered.
- Quality – how well different components have been delivered.
- Participant responsiveness – degree to which the programme has stimulated interest.
- Programme differentiation – programme theory and uniqueness.

The gap between research and practice has long been a contention in community implementation (Chinman et al., 2005). According to Wandersman et al. (2008),

understanding the capacity within organisations is necessary to address this gap in implementation by suggesting an ecological framework. Durlak & DuPre (2008) concluded through reviews conducted that some forms of school-based prevention are effective and have identified the characteristics related to effectiveness.

Table 3.4 Adapted from Durlak & DuPre, Factors that Influence Implementation

Factors	Details
Community Level Factors	Community Need Policy
Provider Characteristics	Benefits of Programme Self-Efficacy Skills Proficiency
Programme Characteristics	Target Audience Delivery Frequency
Delivery System	Organisational Factors Practices and Processes Communication Leadership
Support System	Training Funding

According to Durlak and DuPre (2008), community-level factors (Table 3.4) must be given consideration, as understanding the needs of communities and the policies that govern programmes would “help or hurt” programme implementation. Provider characteristics such as the perceived benefits of the programme, self-efficacy, and organisational skills may very well impact the quality of implementation. Understanding the programme characteristics in terms of whether the programme is appropriate for the intended audience, the method of delivery, and the frequency of delivery, as well as whether it is aligned with

the mission and vision of the organisation, is important. The delivery and support systems, which refer to organisational factors such as staffing, organisational practices and communication processes, are important to understand, as well as how they influence implementation. Effective leadership, that is, having a champion to drive and motivate the programme and others engaged in it, is also imperative. Durlak and DuPre (2008) suggest that programme champions, especially those who hold high office within an organisation and have the respect of other staff, can do much to facilitate the programme through the entire implementation process. Lastly, training and funding are essential components for successful implementation and prepare organisations so that there is a common mission and vision with regard to implementation (Flaspohler, Lesesne, Puddy, Smith, & Wandersman, 2012).

3.10 Sustainability of substance-abuse prevention programmes

The concept of sustainability has been defined by various organisations based on their scope of work. Sustainability is not only concerned with sustaining programmes according to SAMHSA (2012), but should be thought of in a contextualised manner with a focus on the multiple factors that contribute to programme success. Among these factors, consideration should be given to infrastructure, available training systems, and community support, together with working towards sustaining these contributors. In finding a working definition for sustainability the following organisations' contributions are listed below:

Centers for Disease Control and Prevention (2011): “Sustainability is a community’s on-going capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all.”

Substance Abuse and Mental Health Services Administration (2012): “In the case of substance-abuse prevention, [sustainability] involves developing prevention systems that promote and support the delivery of effective prevention strategies in order to prevent and reduce substance use, misuse and abuse among whole populations. Ultimately, sustainability is about maintaining positive outcomes in these populations.”

Oklahoma Department of Mental Health Substance Abuse Services (2014): “Sustainability in its simplest form describes a characteristic of a process or outcome that can be maintained at a certain level indefinitely. To elaborate further, it is the ability of a program to deliver an appropriate level of benefits for an extended period of time after major financial, managerial, and technical assistance from an external donor is terminated.”

Durlak and DuPre (2008) contend that the likelihood of effective programmes being sustained is far greater when there is community participation. They suggest that when there is collaboration and shared decision making, the result is an empowered community that can help solve local problems. Collaboration and shared decision making help to empower communities to exercise control over local services and recognise the importance of contextualising programmes to the needs of the community, their preferences, and

cultural norms.

Sustainability needs to be thought of in broader terms than just programmes; rather consideration should be given to contextual factors and how they might contribute to the success or failure of a programme. Adelman and Taylor (2003, 2014) suggest that school, community and family partnerships need to focus on infrastructural requirements which are organisational and operational. Partnerships should provide oversight leadership, resource development and ongoing support. For this to take place, they recommend that resource teams be established. This requires that staff assume new responsibilities and those families and youth, as well as other community representatives, be engaged and involved.

Bryan and Henry (2012) note that sustainable partnerships are driven by attitude, vision and data. The attitude of schools staff and community organisation members toward families and learners determine how they treat and collaborate on prevention and intervention programmes. It has been found that when a negative attitude prevails on the part of the school, it hinders strong school–family–community relationships, especially in respect of families who are already marginalised (Bryan & Henry, 2012; Dotson-Blake, 2010). It becomes clear that for partnerships to be sustainable, it requires reflection of one's own attitudes and beliefs about the learners, families and the community one serves. In order to develop culturally responsive partnerships, identifying one's own biases and stereotypes is essential (Moore-Thomas & Day-Vines, 2010).

It is well known that partnerships are hard to maintain and sustain. Bryan and Henry (2012) state that for this reason sustainability is a key consideration. Alexander et al. (2003) identified five characteristics crucial to the maintenance and sustainability of partnerships, which include the following:

- Outcomes-based and acknowledgement of accomplishments.
- Shared vision, goals and actions.
- Systems orientation – challenges addressed collectively.
- Joint infrastructure development – shared roles and responsibility.

Fundamental to the sustainability of substance abuse prevention programmes is the development of a shared vision, goals and responsibility; democratic collaborations and a shared power structure involving schools, community organisations, family and other stakeholders.

3.11 Chapter summary

This chapter focused on the prevalence of substance abuse in South Africa with an emphasis on the Western Cape. A research-specific definition of substance abuse was established as well as the various approaches and strategies to substance-abuse prevention. The importance of risk and protective factors and the associated domains was discussed, as well as the importance of understanding the factors that may impact on the initiation of substance use which is paramount in prevention programmes. School-based substance-abuse prevention trends were identified as well as the importance of community

organisation partnerships in the implementation of such programmes. The next chapter will discuss the research methodological approach as applied in this study.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 4

Research Methodology

4.1 Introduction

Chapter 4 provides a description of the research methodology used in this study. The main aim of the study was to gain an in-depth understanding of the systemic factors that influenced the development, implementation and sustainability of school-based substance-abuse prevention programmes using a grounded theory approach. In order to achieve this aim the following research questions guided the investigation:

1. Identifying the systemic factors that influenced the development of school-based substance- abuse prevention programmes?
2. Exploring how these systemic factors influenced the implementation of school-based substance-abuse prevention programmes?
3. Examining which factors hindered or facilitated the sustainability of prevention programmes in schools?

This chapter provides details of the phases of the research project and the related activities. The underpinning theoretical framework is reviewed in terms of how it guides the research design. Data-collection methods and analysis are defined in conjunction with the required ethical considerations.

4.2 Research paradigm

The development of substance-abuse prevention programmes has often been described as resulting from personal experiences and realities, criticised and not acknowledged, in comparison with empirically proven programmes (Morojele et al., 2013). In light of this reality, an interpretive research paradigm was selected to explore the realities of individuals' subjective experiences of the external world (Thomas, 2010). This was done with the belief that when dealing with substance-abuse prevention there is no singular route or particular method to knowledge (Willis, 1995), as contexts and realities differ based on individual experiences. Similarly, Walsham (1993) argues that in the interpretive tradition there is no right or wrong theories. Thanh and Thanh (2015) suggest that it is theoretically understood that the interpretive paradigm allows researchers to view the world through the perceptions and subjective experiences of the participants. Mills, Bonner, and Francis (2006b) suggest that the strength of a research study is dependent on the consistency between a researcher's personal beliefs about the nature of reality and the research paradigm selected. An interpretive paradigm helps the researcher make the connection between these two aspects. They state that questioning one's own personal beliefs through an ontological "interrogation", the epistemological and methodological possibilities that are available will emerge (Mills, Bonner & Francis 2006b, p. 2). The categorisation in Table 4.1 is in keeping with the objectives of the study. Ontologically, schools have varying realities owing to placement and context. Understanding these realities and how individuals have made sense of the world is critical to understanding what went into the development

and implementation of school-based substance-abuse prevention programmes as well as exploring the factors that might hinder or enhance sustainability. Epistemologically, individuals own meanings along with those of the researcher; past and present experiences and interactions are integrated in the process (Charmaz, 2014, p. 17).

This approach enabled an understanding of how people negotiate and manipulate social structures, how shared reality is created and how meaning is developed through social interactions with others within defined contexts (Denzin & Lincoln, 2011; Gardner et al., 2012, p. 67).

Table 4.1 Interpretivist Research Paradigm, adapted from Characteristics of Interpretivism (Thomas, 2010)

Feature	Description
Ontology	<p>There are multiple realities in schools and communities – these have been explored and constructed through human interactions and meaningful actions.</p> <p>To discover how principals, educators and community organisation representatives made sense of their social worlds(in schools and communities) in the natural setting(School and Community) by means of daily routines, conversations and writings while interacting with others around them.</p> <p>Many social realities exist due to varying human experience, including principals, educators and community organisation representative’s knowledge, views, interpretations and experiences.</p>
Epistemology	<p>Events are understood through the mental processes of interpretation that are influenced by interaction with social contexts.</p> <p>Those active in the research process socially construct knowledge by experiencing the real life or natural settings.</p> <p>The researcher and the school and community organisation representatives are interconnected in an interactive process of talking and listening, reading and writing.</p> <p>More personal, interactive mode of data collection.</p>
Methodology	Processes of data collected by intensive interviewing, document

	analysis and field notes. Research is a product of the values of the researcher.
--	---

4.1 Research Approach

A number of quantitative research projects have been conducted in the area of substance-abuse prevention in the Western Cape (Harker et al., 2008; Morojele, Knott, Myburg, & Finkelstein, 1999). A limitation identified by these studies was the lack of a qualitative component. It was Harker et al. (2008) who suggested that further studies give consideration to this shortcoming through the inclusion of a qualitative approach. A need for theory development which takes an integrated approach to substance-abuse prevention is required to fully understand the phenomenon from a local context. In keeping with the aims of this study and the recommendations of the above researchers, a qualitative approach was selected using constructive grounded theory methodology.

This approach allowed for the collection of data that helped in understanding the lived experiences of individuals who work in the area of school-based substance-abuse prevention (Lynch, 2014). Furthermore, this approach assisted in gaining an understanding of underlying reasons, opinions, and motivations with regard to substance-abuse prevention programmes. It provided insights into the problem and helped to develop ideas or hypotheses for potential quantitative research. Creswell and Plano Clark (2007) suggest that a qualitative approach is an empowering process that allows the researcher to talk directly to participants, to hear their voices, and to have them tell their stories unencumbered.

Furthermore, they suggest that qualitative research has the ability to equalise the power relations between researchers and participants. A qualitative approach was best suited to this research as it was important to understand the context in which school-based substance abuse programmes have been developed, implemented and sustained. One such qualitative methodology that has grown in popularity is that of grounded theory.

4.3 Research design

A research design can be described as the blueprint which guides the research process (Thomas, 2010). It outlines the components of the research such as research questions, sample selection, data collection and analysis which work together to achieve the research objective. Grounded theory itself has evolved through the years, with newer versions of the methodology emerging (Breckenridge, Jones, Elliott, & Nicol, 2012; Aldiabat, & Le Navenec, 2011), which made deciding on a methodological approach particularly challenging. A constructivist grounded theory methodology was selected for this study based on the research questions and the applicability and feasibility of the method in the context of the phenomena being explored (Jeon, 2004).

As research shows that not much research into the implementation, development and sustainability of school-based substance-abuse prevention efforts has been conducted or well documented in South Africa (Harker et al., 2008; Morojele et al., 1999). Mills, Bonner, and Francis (2006a, p. 8.) described it as a process which “seeks to inductively distil issues of importance for specific groups of people, creating meaning about those

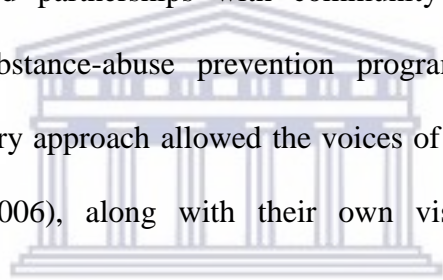
issues through analysis and the modelling of theory”. In Khan’s (2014) summation, constructivist grounded theory distinguishes between the real and the true.

The constructivist approach does not seek truth – single, universal, and lasting. still, it remains realist because it addresses human realities and assumes the existence of real worlds . . . the constructivist approach assumes what we take as real, as objective knowledge and truth, is based upon our perspective . . . thus the grounded theorist constructs an image of reality, not the reality – that is, objective, true, and external. (p. 228).

Constructivist grounded theory (Charmaz, 2006), was established as an alternative to classic grounded theory (Glaser, 1978) and Straussian grounded theory (Strauss & Corbin, 1990, 1998). Constructivist grounded theory as proposed by Charmaz (2006) offers a post-modernist version of grounded theory (p. 250), which values the inductive originality of the classic methodology. Breckenridge et al. (2012) support this assertion of Charmaz (2006) that in taking an epistemological stance discovering data and theory, we are a part of the world we are researching. Furthermore, they suggest that reality is constructed by individuals as they assign meaning to the world around them (Appleton & King, 2002).

The nature of substance-abuse prevention programmes offered at community level is often described as based on opinion (Harker, et al. 2008; UNODC, 2004b). As schools and communities are impacted by the phenomenon of substance abuse, one could argue that the response to the phenomenon is a reflection of the human experience. A constructive grounded theory design offered an appropriate way of addressing the research task, where a

theory was not available to explain the phenomenon. The relevance of grounded theory design for this research was the “ground up” approach (i.e., from the values, beliefs, and worldviews of the research participants) (Okamoto, Helm, Pel, McClain, Hill, & Hayashida, 2014, p. 2) to truly understand the lived experience of schools and community organisations. The value of grounded theory as a methodology was expressed by Corbin and Strauss (1998, p. 8) as the ability to generate theory grounded in data. While the use of constructive grounded theory design does not always guarantee the generation of a new substantive theory, it can help people better understand and interpret the processes through which schools have formed partnerships with community organisations to develop, implement and sustain substance-abuse prevention programme. The selection of a constructivist grounded theory approach allowed the voices of the participants to be heard more clearly (Charmaz, 2006), along with their own vision rendering their lived experiences.



UNIVERSITY *of the*
WESTERN CAPE

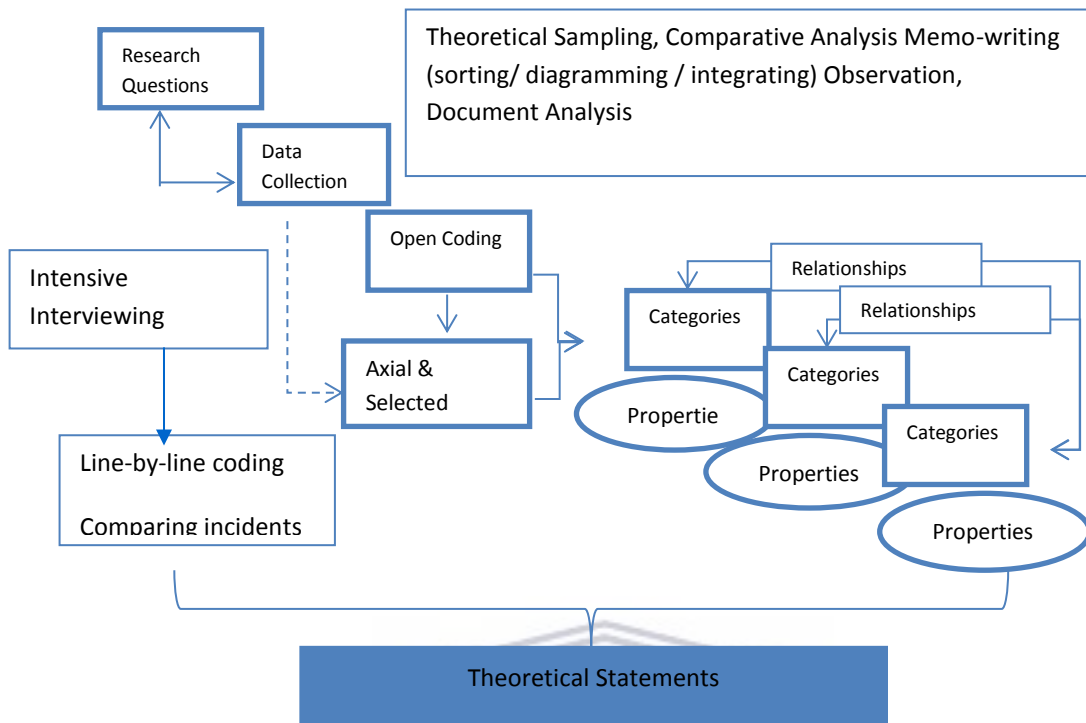


Figure 4.1 Charmaz (2006) Constructivist Grounded Theory Process/Design

The diagram (Figure 4.1) details the components of grounded theory and the steps followed throughout the research process, which unlike most other research methods, merges the processes of data collection and analysis (Charmaz, 2014; Mills et al., 2006b). At the outset, there was a constant back and forth movement between data collection and analysis to ground the analysis in data (Charmaz, 2014). The components depicted in Figure 4.1 provided the researcher with a series of steps, which was carefully followed resulting in grounded data. However, throughout the process, a continuous review of the initial stages was necessary to ensure that data be collected as and where it emerged. The research journey started with unstructured questions which served to identify the phenomenon

studied at the outset, and the research questions became progressively focused and semi-structures throughout the research process. The research began with finding and generating data, rich data, seeking thick descriptions (Geertz, 1973), which emanated from field notes, documents and detailed narratives (Charmaz, 2014).

4.4 Theoretical sampling

One of the features of a grounded theory method is that the number of participants cannot be predetermined in advance. Theoretical sampling is employed as a technique that guides data collection as the study progresses, on the basis of the concepts and categories that have already emerged, from an analysis of the data that has been collected at a previous stage (Coleman & O'Connor, 2007). In this study theoretical sampling continued iteratively until theoretical saturation was reached, the point at which data stopped providing new insights about the categories. Grounded theory has been described as a methodology where theory is developed through the process of induction and grounded in data (Glaser 2002). Unlike traditional methods of sampling, the intended purpose of theoretical sampling associated with grounded theory is to generate and develop theoretical ideas, rather than produce findings which can be generalised to a population, test a theory, or test a hypothesis (Hammersley, 2006). Birks and Mills (2015) describe theoretical sampling as an iterative process with constant comparative analysis of the data, highlighting when more information is required to reach theoretical saturation. Theoretical sampling has been broadly defined and widely accepted (Glaser & Strauss, 1967) as the:

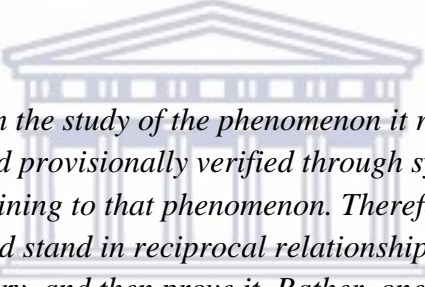
. . . process of data collection for generating theory whereby the analyst jointly collects codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. (p. 45).

Strauss and Corbin (1998, p. 202) suggest that the aim of theoretical sampling is to maximise opportunities to compare events, incidents and or happenings to determine how categories vary in terms of their properties and dimensions. Charmaz (2014) contends that in using theoretical sampling, preconceptions about what sampling means need to be unlearned, as it is different from conventional sampling techniques.

In this study, to address the research questions, the initial sample was selected purposively so that the necessary individuals in community organisations and schools who had school-based substance-abuse prevention programmes were included in this research. Included in the theoretical sample were documents that related to the substance abuse prevention programmes and the field notes of the researcher. The field notes captured the researchers own reflections as well as the observed environmental conditions. Glaser (1978) recommends purposive sampling; where participants who had had a particular experience related to school-based substance-abuse prevention programmes were deliberately included in this research. For this reason, participants located in schools and community organisations or who had completed the University of the Western Cape's Substance Abuse Project were approached to participate in the research project. The purposeful sampling strategy was combined with snowball sampling procedures. The snowball strategy is a form

of purposeful sampling in qualitative research that “typically proceeds after a study begins and occurs when the researcher asks participants to recommend other individuals to study” (Creswell, 2003, p. 206).

The theoretical sample was broad in order to identify as many individuals, schools, community organisations, communities and neighbourhoods as possible to develop as many categories as possible. Pandit (1996) describes the generation and development of concepts, categories and propositions as an iterative process, as grounded theory is not generated a priori and then subsequently tested. According to Strauss and Corbin (1990), grounded theory is:



... inductively derived from the study of the phenomenon it represents. That is, discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory should stand in reciprocal relationship with each other. One does not begin with a theory, and then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge. (p. 23).

A major advantage of theoretical sampling was the flexibility in the research process, which allowed data collection to be adapted to reflect what was happening in the field (Strauss & Corbin 1990). As concepts and categories emerged, samples were chosen as and when they were needed (Glaser 1992) and it is only when categories became saturated, that sampling ceased. Strauss and Corbin (1998) described theoretical saturation as the process where no further information or data is emerging in the various categories, the categories are well

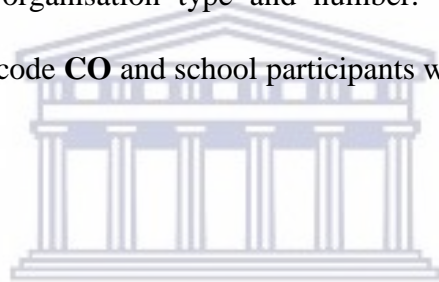
developed and the relationship among categories is well established and validated. Theoretical sampling means seeking pertinent data to develop your emerging theory.

4.4.1 Sample selection

Individuals who were affiliated to a community organisation and/or school who participated in the University of the Western Cape Substance Abuse Training Programme were approached to form a part of the initial purposive sample (Glaser & Strauss, 1967). A further criterion for selection of individuals was that they needed to have participated in or established a school-based substance-abuse prevention programme. Selection was based on the purpose of generating and developing theoretical ideas. Through the process of intense interviewing, participants made recommendations for further investigation based on questions asked about context, settings, and experiences, and individuals engaged with and involved in school-based substance-abuse prevention.

The initial sample was selected purposively, described as choosing “particular subjects to include because they are believed to facilitate the expansion of the developing theory” (Bogdan & Biklen, 2007, p. 65). As interviews progressed, theoretical sampling occurred to assist in the emergence of categories. The interview schedule (Appendix A) lists the community organisations and schools that participated in this study. What follows here is a brief description of each organisation. The process of identifying the participants was through the community organisations that participated in the University of the Western Cape Substance Abuse Training project. Community organisations were contacted first by

telephone to request participation in this study. The purpose of the research was explained. A face-to-face interview date was scheduled with each organisation. (See Appendix A for the supervisor letter). The study participants consisted of a total of six school participants which consisted of three educators and three principals representing six schools (three primary schools and three high schools) and founding members of seven community organisations consisting of a total of 8 eight participants. The total number of 14 participants was included in this study. A description of the sample is provided in interview chronological order. As participants were interviewed a code was assigned to each participant indicating organisation type and number. Community Organisation participants were assigned a code **CO** and school participants were assigned the code **SC**.



UNIVERSITY of the
WESTERN CAPE

4.4.2 Description of Research participants

The community organisations and schools included in this study were located in areas that are generally considered to be high-risk areas, where there is a high incidence of substance abuse. Community organisations were selected first by means of purposive sampling, based on their involvement in school-based substance-abuse prevention initiatives. The participants representing community organisations were the founding members of the organisations, who developed and implemented substance-abuse programmes at schools and in their respective communities. The community organisation research participants

attended the University of the Western Cape Substance Abuse Training Project. The names of schools were provided by the community organisation participants. Schools worked in partnership with community organisations to deliver school-based substance-abuse prevention programmes. The educators and principals directly involved in the programmes were identified and are depicted in Table 4.3.



UNIVERSITY *of the*
WESTERN CAPE

Table 4.3 Research participant summary

Organisation		
CO1	AA	Community Organisation Member
CO2	ZT	Community Organisation Member
CO3	NL	Community Organisation Member
CO4	HY	Community Organisation Member
CO5	BC	Community Organisation Member
CO6	CW	Community Organisation Member
CO7	RWS	Community Organisation Member
SC1	BPS	School – Principal
SC2	DPS	School – Principal
SC3	HPS	School – Principal
SC4	MHS	School – Educator
SC5	OMS	School – Educator
SC6	PHS	School - Educator

CO1 actively participates in substance-abuse prevention, awareness, and individual and family support groups. The organisation is located in an area where there is high level of substance abuse. The founders, having personally experienced abuse through substance abuse, started this organisation. “The joy of being alive, sober and full of limitless potential” inspired CO1 to set up support groups in various areas and start networking with other organisations and attachment groups. Two participants represented their organisation in this research. The two participants are a married couple who work together in delivering programmes.

CO2 was established in 2007 in the Cape Flats. The community organisation was started because of personal experience with substance abuse addiction of family members. The community organisation was represented by the founding member (1 participant), who himself was affected by personal substance abuse and addiction.

CO3 is a community-based (CBO), non-profit organisation (NPO), represented by one founder member. The organisation provides legal assistance for children in difficult situations in the form of court support. It runs awareness and prevention programmes focused on substance abuse, personal development, and life skills training for the youth and for people affected by and infected with HIV and AIDS. The organisation promotes abstinence and assists people who need counselling. The organisation manages a substance-abuse support group for parents once a week and provides support for survivors of abuse and rape. It conducts HIV and AIDS awareness, health and wellness workshops, and offers HIV counselling and testing (HCT). School-going children are assisted with their homework and they participate in physical activities at the after-school programme. A feeding scheme is provided for nutritional support for street children as well as daily meals for the children in the programme.

CO4 is a community-based organisation located in one of the largest townships in Cape Town. This community organisation works in schools and offers various services to the community and schools. Included in the services are holiday clubs for schools, referrals to clinics, social workers and counsellors. The community organisation was represented by its

founder member.

CO5 is a community organisation based in a rural area. The organisation provides shelter and food to children that are abused, neglected, orphaned, disabled and underprivileged in an environment where children are listened to (find a listening ear) and a loving heart. The organisation was represented by one of the employees who is responsible for the youth programme and the dissemination of substance abuse awareness and prevention information.

CO6 is not a formalised and registered community organisation. CO6 is a community worker who works in the area of substance abuse awareness and prevention. Although he is not formally registered, his involvement was started because of his own history with substance use. He has a firm belief in the value of developing the self and self-identity. He provides support to parents and learners through a support programme and works at a substance abuse rehabilitation centre.

CO7 is a newly registered NPO that promotes reading as an integral part of the education and development of learners, with its main objectives to: Instil a culture of reading by encouraging a love for books and the written word. Promote reading as the centre of any learning process. Contribute towards the improvement of literacy performance of learners. Develop communication, listening, leadership and creativity skills.

SC1, a primary school located on the Cape Flats. The school consists of children from diverse backgrounds. The school was represented by the principal who is actively

involved and takes leadership in the schools substance abuse prevention and awareness programmes.

SC2 is a primary school located in the oldest part of one of the largest townships in the Cape metropolitan region. The school is located in an area that is characterised by high unemployment, crime and substance abuse. The school was represented by the principal.

SC3 is a primary school located in the Southern Suburbs of Cape Town. The school was represented by the school principal who is responsible for the substance abuse prevention programme at the school.

SC4 is a high school which is located along a number of important transport networks connecting the Cape Town city bowl to the rest of the city. The school was represented by a senior educator who is involved in the awareness and prevention programme offered at the school.

SC5 is a high school located on the edge of the southern suburbs of Cape Town. The school suburb is primarily residential and is home to middle income to high income earners. However, the school consists of learners from various demographic and geographic backgrounds. The school was represented by an educator who manages the programme at the school.

SC6 is a high school located in a suburb on the Cape Flats. The school is centrally located in an area considered to have a high incidence of substance abuse and crime. The school

consists of learners from various backgrounds. SC6 was represented by an educator who is responsible for the implementation of an awareness and prevention programme at the school.

4.5 Data collection methods and procedure

4.5.1 Data collection methods

Grounded theory is a method of conducting qualitative research that creates a conceptual framework or theories through building inductive analysis from data which requires multiple sources of data (Bryant & Charmaz, 2011). Several sources of data were included in this study, such as face-to-face intensive interviewing, field notes and document analysis where available (Creswell, 2014).

4.5.1.1 Interviews

Prior to interviews, permission was requested from the Western Cape Education Department to conduct this research project at schools in the Cape metropolitan region. A letter of request (Appendix B) was sent to the head of department, which was granted. The selected participants were contacted telephonically for introductory purposes and to briefly discuss the study as well as to schedule a convenient time for an appointment. Following this brief, an appointment was scheduled for a face-to-face interview. Before the interview, a consent letter and information sheet detailing the research and research objectives were shared with all participants. Issues of confidentiality were discussed, as well as the request to record and transcribe the interviews.

Interviews were scheduled with educators and principals at schools and with community organisation representatives at the locations in which they work. Interviews took place in school principals' offices, the classrooms of educators, the homes of community organisation participants, community libraries, community clinics and church offices. Interviews were unstructured and semi-structured; this is described in detail later in the chapter. Permission was requested from participants to record the interviews for transcription. Interviews were arranged with participants in a space in which was considered to be a natural setting. Creswell (2014) describes this as an important part of grounded theory as it afforded the researcher the opportunity to observe and collect data in participants' natural setting, providing further insight into seeing how they behaved and acted within their context. For this study the natural setting was the spaces and places inhabited by the research participants, where work was conducted. An interview schedule has been included (see Appendix A).

Interviews were scheduled with community organisations and school representatives at times suggested by the participants. It was important to conduct interviews at a time and place (natural setting) convenient for the respondent and to provide a time allocation that could easily be accommodated. One hour was allocated for the interview to develop a rapport with participants and to allow enough time to create an interview climate that was comfortable and that allowed participants to freely share their own experience. An interview protocol was developed to guide the interview process (Appendix G).

Data was collected by means of unstructured and semi-structured interviews which were audio-recorded and transcribed. A basic interview protocol was established which served as a guide for all interviews. According to Jacob and Furgerson (2012), having an interview protocol assists in developing procedure during the interview process in terms of an introduction, having a set of questions and possible prompts, as well as concluding the interview. A basic interview protocol (Appendix F) is included, but was not prescriptive in terms of the interview process (Boyce & Neale, 2006).

4.5.1.1.1 Unstructured interviews

The first phase of the interview was unstructured. The purpose of this phase was to develop a rapport with participants which allowed them to speak freely about their own experiences and the extent of the problem within schools and communities. The interview started by introducing research participants to the study by means of an information sheet followed by the informed consent document. Participants were given sufficient time to read through these, or in some instances given an explanation of the aim of the research. The questions started out as broad and general so that participants could provide their own interpretation and meaning constructed of their own experience of substance abuse and the impact that it had had on themselves, schools and communities.

Creswell (2012) posits that research participant perspectives are shaped through interactions with others, which are referred to as social constructivism, further compounded by historical and cultural norms. The constructivist approach in this study addressed “the

processes of interaction among individuals by focussing on the specific contexts in which people lived and worked, in order to understand the historical and cultural settings of the participants” (Creswell, 2012, p. 7). It was during this broad discussion that one could learn more about the research participants, their thoughts, feelings and actions (Charmaz, 2006, p. 27). Participants were asked to reflect on the following:

- Reflect on the substance abuse in schools and communities.
- Participants’ reaction to substance abuse in schools (what are they doing about substance abuse in schools and communities)?
- How has substance abuse impacted on them as individuals as well as on their respective organisations?

The questions above created an environment in which participants could freely discuss and give descriptions of their own experiences of school-based substance abuse and how they had been personally affected. The rationale for the use of this method was to enable participants to discuss their lives and experiences in free-flowing, open-ended discussion and enable the researcher to gain access to the thoughts and ideas of participants’ individual situations. Theoretical plausibility started emerging as participants shared experiences which were similar. The initial research questions provided a theoretical direction of school, community organisation, community, or neighbourhood perspectives, and experiences of substance abuse. Participants shared stories and experiences, which was probed further which resulted in “lengthy conversation pieces” (Simons, 1981, p. 37). The stories and conversations related to personal opinions about substance abuse, its impact on

communities and families, and the efforts made by the individuals participating in the study.

4.5.1.1.2 Semi-structured interviews

As little was known about the development, implementation and sustainability of school-based substance-abuse prevention programmes, semi-structured interview questions were utilised. Semi-structured interviews are described by Creswell (2003) as a gathering of focused information by asking specific questions. The following questions were included in the second phase of the interview:

1. Identifying the systemic factors that influenced the development of school-based substance- abuse prevention programmes?
2. Exploring how these systemic factors influenced the implementation of school-based substance-abuse prevention programmes?
3. Examining which factors hindered or facilitated the sustainability of prevention programmes in schools?

The face-to-face semi-structured interviews followed the unstructured interview. The use of semi-structured interviews was congruent with grounded theory methodology, as it allowed the researcher to ask key questions in the same way each time, but allowed flexibility in the sequencing of questions and in the depth of exploration (Khan, 2014). The use of more focused interview questions was consistent with the grounded theory approach and was used at a later stage.

The questions developed were broad, with the intention to gather as much information as possible with regard to the social context and interaction. Guided by the definition above and the research questions, this study can be referred to as open and emerging, allowing concepts to emerge from the analysis (Strauss & Corbin, 1998). The emergent concepts referred to by Corbin and Strauss (1998, p. 202) should ideally be repeatedly present or noticeably absent when comparing incidents or events, and act as conditions that give variation to a major category. This approach allowed the subsequent design to develop a more distinctive structure once a particular focus within the research began to emerge (Punch, 1998, pp. 23–25). Strauss and Corbin (1990, p. 181) describe this approach as the best way to “provide the greatest opportunity to gather the most relevant data about the phenomenon under investigation”, and in doing so, helped in understanding the varied and multiple meanings made of school-based substance-abuse prevention.

4.5.1.2 Documentary analysis

Like other analytical methods in qualitative research, document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge (Corbin & Strauss, 2008). Documents that were analysed in this study included Policy Framework on the Management of Drug Abuse by Learners in schools and in Public Further Education and Training Institutions (Department of Education, 2000b) and school-based substance abuse programme documentation. The Policy Framework on the Management of Drug Abuse by Learners provides prescriptions for schools in the event of the possession, use or distribution of illegal drugs, and the

inappropriate possession, use or distribution of legal drugs, including alcohol and tobacco, which are prohibited in South African schools. The ministry has identified various categories and recommended sanctions for habitual abuse of drugs and drug dealing, which should be condemned and punished, and for experimentation or peer-group-led abuse, which should be dealt with in the context of restorative justice.

All schools used this policy document as the basis on which individual school substance abuse policies were developed. The overarching principle of the policy recommends a public health approach, which advocates different intervention approaches depending on the severity and nature of the substance use problem. Furthermore, the focus in schools should be on prevention and education, while strong referral links with public partners and civil society should enable learners to access treatment, care and support where necessary.

The approach in Department of Basic Education is on protecting teaching and learning spaces for all and ensuring quality education. Other factors to consider include the importance of collaborative partnerships because the mandate of preventing and managing alcohol and drug use extends beyond the schooling system; the use of prevention activities which are evidence-based, starting prevention education from an early age; delivering programmes over time rather than once-off, the inclusion of peer-led programmes, involvement of caregivers, and the importance of understanding youth perceptions. Programme content should focus on protective factors as well as risk factors, emphasise both legal and illegal drugs, use interactive methods, avoid exclusively information based

programmes, avoid scare tactics and exaggerated information, and explore learners' goals for the future (Department of Basic Education, 2013, p. iv).

Documents relating to substance abuse prevention programmes, provided insight into content development and implementation processes. The outcome of the data analysis will be discussed in further detail at a later stage. The purpose of this analysis was to verify the information collected through the interview process. In this study, where documents were made available an analysis formed a part of the grounded theory approach in which documents were interpreted to give voice and help in understanding the systemic factors that influence the development, implementation and sustainability to school-based substance abuse prevention. Analysing documents incorporated coding content into themes similar those which emerged from the interview transcripts.

The rationale for a document analysis which was used in conjunction with interviews and field notes served as a means of triangulation (Denzin, 2007). By triangulating data, the researcher attempts to provide 'a confluence of evidence that breeds credibility' (Eisner, 1991, p. 110). By examining information collected through different methods, the corroborated findings across data sets assisted in dealing with any potential bias of the researcher.

4.5.1.3 Field notes and theoretical memos

During the fieldwork stage, extensive field notes were taken to give meaning to the interactions between the researcher and the research participants in their natural setting. Some of the field notes included the daily routine of educators and principals and the activities that they were involved in. Field notes also included the observations of the spatial setting and atmosphere created. The notes relating to the environment assisted in identifying reoccurring patterns and similar environmental elements which helped with the theoretical plausibility and direction. Strøm and Fagermoen (2012) described field notes as being as important as interview transcriptions and to be considered a complete body of material for analysis. The field notes taken before, during and after the interview gave insight into the researcher experience and provided details of the initial experiences in the field. Within this context, the written field notes, in addition to recorded interviews, produced a richer account of research participants' views of the development, implementation and sustainability of substance abuse prevention programme.

Memos were used to depict the relationship among concepts that was highlighted in this study. Strauss (1987) discusses the processes involved in memo writing which takes place throughout the research process starting with the first interview. He indicates that memos serve a dual purpose of keeping the research grounded and maintaining awareness for the researcher. Memos provided an opportunity to generate and develop explanations of the emerging concepts and to discern some of the interrelationships which exist between them

(Lempert, 2007). The memo informs what the code is about and provides the pivotal step of breaking the categories into components and elaborating the codes. Glaser (1978) considers writing of theoretical memos as the core stage in the process of generating theory. Glaser defines memo as "the theorising write-up of ideas about codes and their relationships as they strike the analyst while coding ... memo can be a sentence, a paragraphs or a few pages ... it exhausts the analyst momentary ideation based on data with perhaps a little conceptual elaboration". Memos don't just report data; they tie together different pieces of data into a recognisable cluster, often to show that those data are instances of a general concept. Theoretical memo writing is fundamental to the grounded theory process. Unlike field notes, theoretical memos do not provide a description of the social world of research participants; instead they are described as the methodological link which transforms data into theory (Charmaz, 2006). Memoing develops the core category around which the other categories integrate. The core category integrates the theory according to the emergent perspective of investigation and thereby defines its cut-off points. (Montgomery & Bailey, 2007). The field notes were incorporated in the analytic process and included in the thematic analysis.

In summary, field noting occurs in the field and requires observational sensitivity. Field notes have specific content that includes descriptive and interpretive data based on the observational experience of the researcher. Field noting is bound by the time in the field. These observations become a source of data that are not sorted or rewritten.

4.5.2 Data collection procedure

The data that was collected from school educators, principals and community organisation representatives in the unstructured and semi-structured interviews utilised an intensive interviewing technique. This technique described by Charmaz (2014, p. 85) is a qualitative research technique that is typically done face-to-face and uses flexible, open-ended questions to explore the participant's perspectives on a particular idea or situation. The purpose of using this techniques was to develop a grounded theory, as it is open ended, but directed and shaped by what emerges from the interview. An advantage of the intense interviewing technique is that it is focused on the topic while providing the interactive space and time to enable the research participant's views and insights to emerge.

The primary advantage of this interview technique was that it provided much more detailed information than what was available through other data-collection methods, such as surveys. More importantly, intensive interviewing elicited responses and discourses, including research participants' concerns, justification for past actions, and measured reflections. The reflections flowed from the various identities and social connections held by participants, which reflected a shared discourse. There has been criticism of the procedure as intense interviewing may be exploitative as there may be too much of a focus on emergent categories without consideration of the impact it may have on research participants (Bryant & Charmaz, 2011).

Table 4.4 Theoretical Concerns, adapted from Charmaz (2014)

Four Theoretical Concerns	Explanation
Theoretical Plausibility	Key interview statements which reoccur
Theoretical Direction	Emerges while conducting interviews and through analysis. The emergence of patterns through statements. The interviews evolve as it progresses.
Theoretical Centrality	Certain ideas and areas of enquiry lead to further ideas to pursue.
Theoretical Adequacy	When theoretical categories become more robust and interviews include questions that help assess theoretical adequacy of categories.

The initial set of questions (unstructured interview questions) was important to allow participants to set the context and explore realities from their own perspectives. The unstructured interviews created a space in which to develop a report with participants. Further, it afforded the opportunity for participants to freely explore the influence and impact of substance abuse in their own lives and that of the community. This initial phase of the interview theoretical plausibility (Table. 4.2) emerged as participants highlighted similarities in the systemic influences on the development, implementation and sustainability of school-based substance abuse programmes.

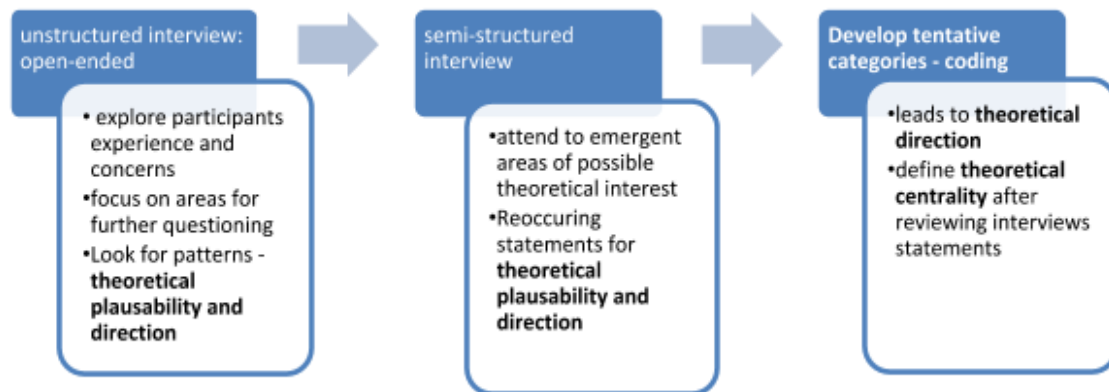


Figure 4.2 Adapted from Charmaz (2014) Interviewing in Grounded Theory

A second set of questions was more focused on gathering data related to the overall research questions which led to establishing a theoretical direction (Table 4.2). As patterns emerged through the interview process, participants highlighted similar systemic factors which influenced the development, implementation and sustainability of school-based substance abuse prevention programmes. Throughout the two interview phases theoretical plausibility and direction was established. As a theoretical direction emerged, new ideas were pursued and described in more detail which resulted in theoretical centrality which materialised from the interview process (Figure 4.2).

The intensive interviewing techniques assisted in establishing theoretical plausibility and direction which required the interviewer's active engagement, and interpretation of the interviewee's responses which went beyond the surface. As Charmaz (2006, p. 26) describes it, "an [intensive] interview goes beneath the surface of ordinary conversation and examines earlier events, views, and feelings afresh". The constructivist grounded theory methodology adopted in this research recommends that the interview processes be open-ended, conversational, and mutually constructed, hence it ensures that the required depth, richness and rigour is acquired.

Organisational documentation was included as part of the document analysis which helped with the confirming the theoretical plausibility. Substance abuse policy documents, guidelines and programme material were amongst the documentation analysed. Similar to the coding procedure, document analysis required that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge (Corbin & Strauss, 2008). The analytic procedure entailed finding, selecting, making sense of, and synthesising data contained in documents. Document analysis yields data which has been—excerpts, quotations, or entire passages—that are then organised into major themes, categories, and case examples specifically through content analysis (Labuschagne, 2003).

4.6 Data analysis

4.6.1 Data analysis approach

Inherent in grounded theory is the constant comparative approach, which is a combination of data analysis with data collection, based on three types of coding procedures: open, axial, and selective (Glaser & Strauss 2008). Researchers such as Brown, Stevens, Troiano, and Schneider (2002) and Strauss and Corbin (1998, p. 13) outlined the analytic goals of grounded theory as follows:

- Build rather than test theory.
- Provide researchers with analytic tools for handling masses of raw data.
- Help the analysts to consider alternative meanings of phenomena.
- Be systematic and creative simultaneously.
- Identify, develop, and relate the concepts that are the building blocks of theory

The analytical technique adopted for this study was developed by Eaves (2001). This technique involved three major types of coding, namely open coding, axial coding and selective coding (Glaser, 1992; Strauss & Corbin, 1990). The diagrammatic (Figure 4.3) representation below provides a summary of analytical steps followed in the study.

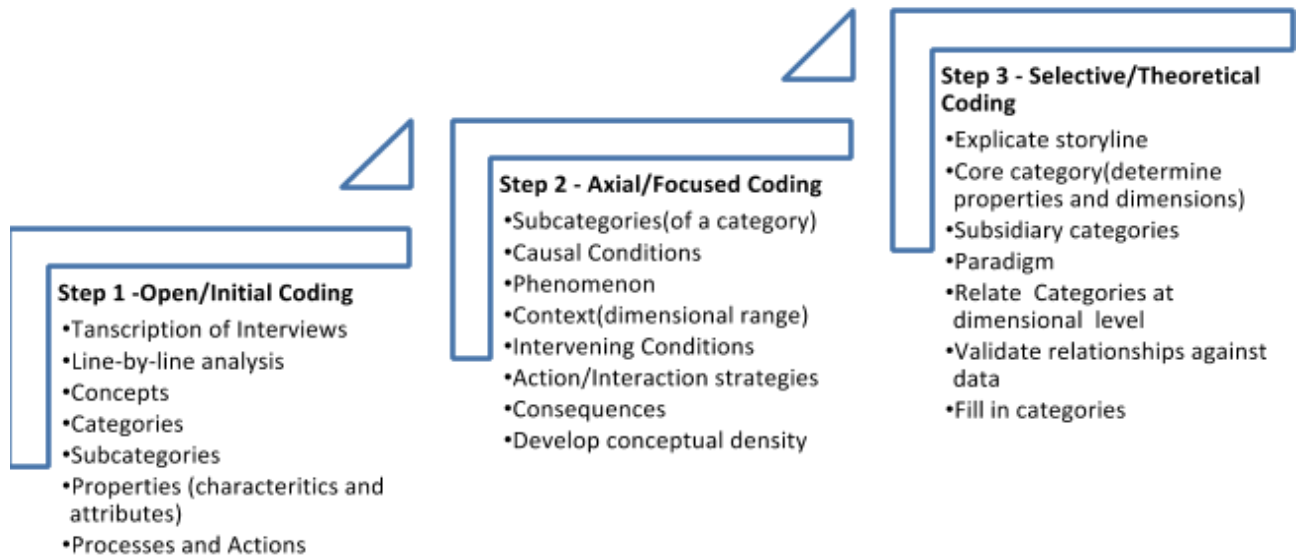


Figure 4.3 Multi-step Analysis Technique, adapted from Eaves (2001)

The coding procedures were applied flexibly and in accordance with the changing circumstances throughout the period of data gathering, analysis and theory formulation.

4.6.2 Data capturing and organisation

Data capturing was facilitated through the use of ATLAS.ti, which has coding as a central activity (Woolf, 2012). Transcribed interviews were transferred into ATLAS.ti, and the “mechanical coding” involved creating code names in the CODE MANAGER, linking the CODES to lines of text within the transcribed interviews. In ATLAS.ti, primary documents (PD) were created from the transcribed interviews and divided into primary document families. Two primary document families were created, a primary document family for all schools and a primary document family for all community organisations (Appendix H).

Family code is a method to create code lists that are structured and organised. A family code is a concept, where similar categories that are alike or related in some way, are grouped together. Family codes have been used as a filtering tool when codes are grouped together into a code family. In other words, two categories of documents were created for schools and community organisation participants. Through the use of ATLAS.ti, the data was organised into 13 primary documents, further sub-divided into six school primary documents and seven community-based organisation primary documents.

A line-by-line in-vivo coding was completed, after which auto-coding was done by means of ATLAS.ti to ensure that no codes were omitted. Woolf (2012) describes this initial coding process as content analysis which involves counting the number of times various topics are mentioned. Later a more interpretive approach that involved creating codes to subtly conceptualise the meaning of a participant's experience is described.

The open coding (Figure 4.3) or initial coding (Charmaz, 2006) process made use of constant comparative methods (Glaser & Strauss, 2008) which required data to be compared with data to find similarities and differences. The transcribed interviews and observations were compared and extensive field notes were made of the individual experiences revealed in the interviews. Theoretical memos have been used to assist with the analysis of the data. These are detailed notes of ideas about the data and the coded categories, and they represent the development of codes from which they are derived (Glaser, 1978, pp. 83–92). Shorter codes were developed by using the words of

participants. As Eaves (2001) suggests, the shortened codes assist in labelling, separating, compiling and organising data, referred to here as concepts. Throughout the open-coding process, consideration was given to investigative questions such as, what, when, where, how and with what results or consequence? (Strauss & Corbin, 1998). This allowed for a combination of concepts to emerge through the identification of coherent patterns (Scott & Howell, 2008). Family codes were also developed to group together similar codes.

4.6.3 Interview coding

Grounded theory analysis requires the collected data to be set up in a particular manner. Line-by-line in-vivo coding was done on each of the transcribed interviews using ATLAS.ti. As described by Charmaz (2006), the use of in-vivo codes assists in preserving a participant's voice and meanings, which requires the use of key phrases and/or quotations expressed by research participants. Implementing this recommendation required that phrases contained in the interviews be included, rather than replacing these phrases with new codes. In keeping with this, in-vivo codes assisted in the following:

- Identification of terms generally used by participants which convey meaning.
- Capturing new terminology related to substance abuse and prevention that captures meanings or experience.
- Insider shorthand (i.e. local terminology) specific to a particular group that reflects their perspective.

- Statements that crystallise participants' actions or concerns (Charmaz, 2014, p. 134).

The purpose of initial coding is to identify and select code names reflective of actions or processes in each individual segment of data. A segment can be a sentence, a line, or even a single word. Each data segment has its own unique initial CODE that is specific to that segment (Woolf, 2012; Saldaña, 2011).

When the initial coding was completed, the second phase involved deciding on the most significant initial codes for categorising all the data to this smaller number of codes, called the focused codes or axial codes. The third phase is to relate the focused or theoretical codes together with theoretical relationships, in order to integrate various sets of focused codes and name each set as a theoretical code. These theoretical codes were few in number and formed the core concepts of the account to be given of the whole body of data.

Before open-coding could take place, sufficient space was allocated on transcriptions to allow for the necessary notations and labels for coding. Open coding occurred as the first step of the data analysis without any preconceived codes, allowing the initial discovery of abstract conceptual categories and their properties, which was later used to build theory (1990, p. 38–39). It was during this phase that data was carefully examined and constantly compared for similarities and differences in incidents by looking for patterns and using questioning. Two procedures are basic to the coding process: the making of comparisons and the asking of questions (Strauss & Corbin, 1990, p. 62). Grounded theory includes

several phases of coding activity, with each phase built on the results of the previous phase. The overall goal is to reduce a large quantity of text to a small number of concepts that give an account of the whole body of data from a particular perspective.

As a constructivist grounded theory paradigm was selected for this study, staying as close as possible to the meaning participants conferred on their realities was important, which makes this an emic (insider) approach (Scott & Howell, 2008). In doing so, it gives insight into collective meaning and understanding as well as individual perspectives. According to Charmaz (2014), in-vivo codes reflect social world's organisational settings, but are laden with assumptions and actions. The collected data was thoroughly reviewed, involving the 'theoretical sensitivity' of the researcher, namely, "the ability to recognise what is important in data and to give it meaning" (Strauss & Corbin, 1990, p. 46). This helps to develop categories and relate them in terms of their properties and dimensions, which in turn leads to the emergence of themes, which can then be related further.

In axial coding, (Figure 4.3) categories were related to subcategories (Strauss & Corbin, 1990). It is during this process that categories and properties were identified and organised, relationships clarified between categories, and theoretical links between them developed, as the data is put back together through axial coding (Chenitz & Swanson, 1986, p. 125). Ideas and concepts were connected in a number of different ways, which include: the examination of causes and consequences; a series of ideas sharing the same meaning; intervening conditions that either facilitate or constrain action/interaction strategies; and

seeing things as either different aspects of a category or as parts or stages of a process (Punch, 1998, p. 217).

In this study participants highlighted various causes and consequences of substance abuse, ranging from individuals, crime, unemployment, family issues and lack of facilities and resources within communities. Similarities emerged fairly early in the interview. Participants shared conditions that they felt either facilitated or constrained their work. Often this included a lack of resources, in terms of finances and human resources. However, the constraining factor created opportunities for partnerships to be established. This process included alternating between open and axial coding, moving between inductive and deductive modes of thinking to verify relationships against the actual data collected to ensure that the developing concepts were grounded in the data.

The patterns and concepts that developed from the open coding were grouped into categories and placed in the far left column of the conditional relationship guide. A relational question was asked of each category identified. Of the 153 codes developed through the open-coding process, 67 were identified along with accompanying subcategories. It was during the axial coding phase that subcategories of a category were developed.

The third stage in grounded theory analysis was selective coding (Figure 4.3) which used the same techniques as open and axial coding, but at a higher level of abstraction (Punch, 1998, pp. 217–218). Selective coding refers to the final stage of data analysis after the core

concepts emerged from the coded data categories and subcategories that were identified through open and/or axial coding. During selective coding, previously identified discrete concepts and categories are further defined, developed, and refined and then brought together to tell a larger story. Selective coding is the stage in data analysis where core concepts are identified, and then abstracted, yet empirically grounded theory is generated. Through selective coding the core concepts as related to the development, implementation and sustainability of school-based substance abuse prevention emerged.

It is the process of integrating categories, with particular reference to a central or “core category” (Strauss, 1987, p. 69). Once a central category has emerged, theoretical memos were developed to elaborate the category in terms of its properties and its relationship to other categories in the data (Punch, 1998, p. 218). Selective coding also reveals those categories that require the collection of further data. As described previously this is referred to as theoretical sampling (Taylor, Bogdan, & DeVault, 2015). According to Eaves (2001), it is during the selective coding stage that storylines are explicated and core categories or central themes determined, along with properties and dimensions. In order to advance the theoretical direction of the data, a synthesis, analysis and conceptualisation of larger segments of data occurs. By engaging in selective coding it helped to determine theoretical adequacy and conceptual strength of the initial codes that were developed (Charmaz, 2014).

4.7 Theoretical sensitivity

Theoretical sensitivity was first cited in Glaser and Strauss's seminal text (1967) as a two-part concept. Firstly, researchers' levels of theoretical sensitivity are deeply personal; they reflect their levels of insight into both themselves and the area that they are researching. For the researcher, previous involvement with community organisations and schools at the University of the Western Cape in the Substance Abuse Project, provided a deeper insight into the experiences of participants. Secondly, researchers' levels of theoretical sensitivity reflect their intellectual history, the type of theory that they have read, absorbed and now use in their everyday thought. Being personally engaged in the development of substance abuse programmes and courses heightened the theoretical sensitivity along with the levels of prior knowledge. Acknowledging this was an important part of the research as Charmaz (2006) refers to theoretical sensitivity as the ability to approach the research from various vantage points, to follow leads, draw comparisons and build on ideas. Researchers are a sum of all they have experienced. This was important to note as the researcher's personal experience with substance abuse, professional and personally, had the potential to create a bias in terms of interpretation of data. The concept of theoretical sensitivity acknowledges this fact and accounts for it in the research process. As grounded theorists become immersed in the data, their levels of theoretical sensitivity to analytical possibilities will increase. Developing a theoretical sensitivity during the interview process required what Charmaz (2006) refers to as seeing the possibilities, establishing connections, and asking questions. Theoretical sensitivity as applied in this research project required the researcher

to give meaning to the data that was collected, more importantly to have the capacity to understand how the systemic influenced the development, implementation, and sustainability of school-based substance abuse prevention. It was important to be able to separate what was relevant in for this investigation from the irrelevant. In this case, having the theoretical understanding, the personal and professional experience assisted in the analytic process without creating bias

4.8 Trustworthiness of the study

Rather than referring to the concepts of reliability and validity, which Saldaña (2011) suggests are generally associated with the positivist quantitative paradigm, trustworthiness and credibility (Lincoln & Guba, 1985) were the factors considered throughout the data-collection and analysis process. Trustworthiness is an important factor to consider as it reflects the integrity of the research project (Kolb, 2012). Saldaña (2011) posits that credibility is extended when specifics about the grounded theory approach are provided in detail, such as the handling of data collection, analysis, and emergent theory corroborated through member checks.

Below is an outline of how the two above-mentioned factors were considered for this study. Objectivity is not a term used by qualitative researchers (Lincoln & Guba, 1985, p. 314). Rather, they use the terms ‘authenticity’, ‘trustworthiness’, and ‘credibility’. Various safeguards were maintained to ensure that the research was authentic, trustworthy and credible. Throughout the study, the participants were involved in verifying the data and

emerging theory. In particular, the transcribed interviews were “checked back” (Lincoln & Guba, 1985, pp. 314–316) with the participants for modification until accepted as representatives of their positions. They were triangulated (Vulliamy, 2004), where possible, with the participants’ written records, programme and policy documents, where available.

Credibility was established through lengthy engagement with participants, triangulation of data, or obtaining data from a variety of sources (interviews, documents), and member checks to ensure the accuracy of the transcripts of the individual interviews, and the emerging concepts and categories or respondent validation (Carcary, 2009; Morrow, 2005). The process of theoretical sampling and intensive interviewing allowed for participant guidance of the enquiry through interview question updates based on initial findings or emerging concepts (Cooney, 2011). Peer review occurred through supervisor and external consultation, and a PhD support group, allowing other pairs of eyes to confirm the emerging concepts and categories from raw data (Brown et al., 2002; Carcary, 2009). A thick description is provided of all the participants in this research, together with the vision and mission statements, to provide insight into the nature and values of the organisations. A thorough description of the methodology is provided as well as a rationale for and detailed procedure of data collection and analysis.

4.9 Ethical considerations

Ethics are intrinsic to this paradigm as the values of participants form an integral part of the research (starting with respondents' existing constructions and working towards increased information and sophistication in their constructions as well as in the enquirer's construction). Creswell (2012) explains that researchers need to protect their research participants; develop a trust with them; promote the integrity of research; guard against misconduct and impropriety that might reflect on their organisations or institutions; and cope with new, challenging problems (Israel & Hay, 2006).

Ethical consideration for this research project was guided by the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA) (American Psychological Association, 2010).

The principles of the APA (2010) included in this study are:

- Consideration was given to the principle of beneficence and non-maleficence by striving to benefit participants of this research project and doing no harm. The welfare and rights of participants were upheld by providing detailed information by means of an information sheet (Appendix E) about the project as well as informed consent (Appendix D). Research participants were informed of their rights to withdraw from this research project at any stage.
- A relationship of trust, fidelity and responsibility was developed with participants

by fully disclosing and making participants aware of the professional responsibilities to society and to the specific communities in which they work. The PhD support group and supervisor consultation provided the necessary input to maintain fidelity.

- In order to maintain integrity throughout the research process, accuracy, honesty, and truthfulness were maintained by commitments to organisations participating in the study, as well as by citing all relevant bibliographic sources. By maintaining the confidence of research participants and upholding the rights of participants throughout the process.
- Fairness and justice entitled all persons to access and benefit from the contributions of the study. An interview protocol was developed to maintain a standard for the interview process. Awareness of any bias that could affect the research was discussed previously in terms of the epistemological and ontological approach. Participants will be provided with the results on the research project once completed.
- Respect for the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination, were adhered to at all times. The researcher maintained respect for cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture,

national origin, religion, sexual orientation, disability, language, and socioeconomic status, with consideration of these factors when working with members of such groups.

In reference to the above, prior to interview commencement, participants were informed of the purpose of the research and their right to withdraw at any stage of the research. Participants were provided with an information sheet (Appendix E) which contained details of the research. They were requested to complete the necessary consent forms, which included permission to record the interviews (Appendix. D). During the initial interview, participants were asked to sign an informed consent form that outlined what was involved in participation in the project. This explained that the study was voluntary and that individuals could discontinue participation at any time. Each interview was audio-recorded with the permission of the participant.

The notion of mindful ethics, first introduced by González-López (2011), has greatly influenced the ethical approach of this study. González-López (2011) describes mindful ethics as an ethical consciousness that informs how unexpected ethical concerns are dealt with. While adhering to the protocols as prescribed institutionally, being aware of the “taken for-granted social contexts and circumstances” (p. 447) surrounding research participants’ life experiences greatly assisted in dealing with ethical concerns that otherwise might have compromised ethical principles and the rights of participants.

4.10 Limitations of constructivist grounded approach in the study

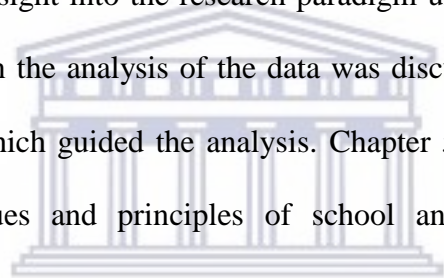
Grounded theory, like all other methodologies, has inherent limitations. Limitations of constructivist grounded theory, as described by Barnett (2012), include researcher bias and the limitation of generalisability of knowledge when constructed within a particular social context. The limitation for this study is that it was conducted within specific communities that more or less had similar characteristics. These characteristics included high unemployment, crime, substance abuse and gangsterism. The findings of this study could therefore not be generalised to other communities. While the study focused on the systemic factors that influenced the development, implementation and sustainability of school-based substance abuse prevention programmes, it did explore the efficacy of such programmes and the levels of success. This means that while programmes are being developed, implemented and sustained, not enough is known about programme success.

Given the constraint of time, the study would benefit from a longitudinal review. This study provides important baseline information for future studies to look at the impact and outcomes over a number of years. This research project was limited in terms of the time available to conduct such a study. Self-reported data as provided by the participants was limited by the fact that it rarely can be independently verified. In other words, the researcher needed to rely on the honesty of respondents in the interview. This limitation was countered by a document analysis; however, documents were not always available. A limitation of self-reported data is the possibility of participant bias.

This limitation was minimised through the verification of other sources of data, such as field notes and document analysis.

4.11 Chapter summary

This chapter explored constructivist grounded theory (Charmaz, 2006) research methodology as the selected approach for this research project. It briefly highlighted the emerging tensions within grounded theory as methodology and substantiated its appropriateness for this research project into school-based substance-abuse prevention programmes. It provided insight into the research paradigm underpinning the study. The analytic approach adopted in the analysis of the data was discussed, as well as the details about the coding process which guided the analysis. Chapter 5 reports on the findings of this research and the values and principles of school and community organisation participants.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 5

Systemic Influences on the Development, Implementation and Sustainability of School-based Substance-Abuse Prevention Programmes

5.1 Introduction and overview

Chapter 5 provides a thick description and an account of the research methodology used in this study. This chapter presents and discusses the research participants' perspectives on the systemic factors that influenced on the development, implementation and sustainability of school-based substance-abuse prevention programmes in their contexts. This chapter is divided into three parts in line with the research questions. The first part describes factors that influenced the development of school-based substance abuse prevention programmes. The second one focuses on the factors that influenced the implementation of these programmes and the last part presents the factors that constrained or facilitated the sustainability of these programmes in different contexts.

5.2 Factors that influenced the development of school-based substance-abuse prevention programmes

The study started with unstructured interviews to avoid making assumptions about what school-based substance-abuse prevention programmes were and about the meanings that drive the actions of participants. Accordingly, learning from participants in terms of the systemic influences on the development of school-based substance-abuse prevention

programmes, how the process worked, and how they made sense of it, was important. Research participants' response to the unstructured interview revealed individual responses and the impact of substance abuse in schools and communities.

The responses to the broad questions suggest that schools and communities are facing a huge challenge as the substance abuse problem spirals out of control, as described by participants. Principals, educators and community organisation participants described the high incidence of substance use in schools and the impact that it was having on teaching and learning. The surrounding communities were equally challenging, as learners were exposed to various environmental pressures to use and sell illicit substances. Participants described schools and communities being under-resourced leading to a personal commitment by research participants to try and make a difference. The details from unstructured interviews will be integrated with the findings from the semi-structured interviews. Substance abuse seems to have had a profound impact on the individuals participating in this research project as many shared stories of loss, hurt, personal addiction combined with a deep love and commitment toward the schools and communities, which compelled them to be involved, start programmes and provide assistance where possible.

Subsequent to the above discussion, semi-structured interviews were conducted with individual participants. The first research question required participants to reflect on the factors that influenced the development of school-based substance abuse-prevention programmes. The codes (Table 5.1) identified were integrated into three categories, with

particular reference to a central or “core category” of systemic influences (Strauss, 1987, p. 69). The key categories and sub-categories that emerged from the data were as follows (Table 5.1):

Table 5.1 Factors that influenced the development of Substance abuse programmes

Categories	Sub-categories	Theme
Personal Influences	<i>Personal Experience</i> <i>Personal Values</i> <i>Personal Connection</i>	<i>Systemic Influences</i>
Environmental Influences	<i>School Environment</i> <i>Community Environment</i> <i>Family Environment</i>	
Relationships	<i>Families</i> <i>Community</i> <i>School</i>	
Global Programmes	<i>Local Programmes</i> <i>International Programmes</i>	

Through the application of constant comparative analysis, 4 categories along with sub-categories were identified. What follows is a discussion of the categories and how they relate to the systemic influences on the development of school-based substance-abuse prevention programmes. In this phase, the focus was on comparing concepts or interests with causal conditions or events and the conditions which educators, principals and community organisations are faced with on a daily basis along with the action strategies. Attention was given to the purposeful, goal-oriented activities that participants perform in response to substance abuse in schools and intervening conditions along with the consequences of the action strategies, intended and unintended.

5.2.1 Personal influences

One of the key factors that emerged through the interviews with research participants which prompted the development of substance-abuse prevention programmes was personal factors. The three sub-categories(Figure 5.1) that emerged from the coding process were personal experience, personal values, and personal connection. Personal influences were described by school educators, principals, and community organisation representatives as that which prompted their involvement in school-based substance-abuse programmes. Research participants shared their personal experiences and how it prepared them for the work that they deliver in substance abuse prevention.



Figure 5.1 Personal Influences

5.2.1.1 Personal experience

Participants were asked to reflect on the systemic influences which prompted the development of substance abuse prevention programmes in their communities and schools. Each participant described it as a deeply personal experience centred on their own fears of safety, a sense of loss as result of death, or personal substance abuse addiction. Below descriptions are provided of the personal experiences which research participants shared through the interview process. They claimed that their personal experiences profoundly impacted them to the degree that they felt they had “to do something.” CO4 described it as follows:

“You know when we started with the organisation, it was myself, it was a personal thing.”

A deep loss experienced by CO2 through the killing of an adult child by their immediate next door neighbour (whom they still live next door to) as a result of substance abuse was expressed in this statement:

“I don’t know, I’ve lost my son because of [the] next door [neighbour]. And so you find that the youngsters, some of them, one or two of them weren’t born yet when my son got killed. But they grow up and they follow the same lifestyle. You know same lifestyle, drugs and you don’t know where they get the money.”

The loss of their own child prompted their involvement as they did not want other families to have the same experience. CO1 tells the story of his own personal experience:

“The reason why I got involved was from a personal perspective [experience], I was also an addict and being an addict, I was a perpetrator.”

CO3 shared that he was *“a resident of Elsie’s River community – that was in my youth year”*: having lived in the neighbourhood and seeing how things had changed, he felt he needed to be involved.

CO5 shared his own personal perspective and opinion about the impact of substance abuse in schools and communities by stating:

“Well for me, what I see is that it’s [substance abuse] not really a good thing..., they don’t have the role model and there is no programme for them to keep them busy and going in the community.”

SC2 described the situation at the school and the personal experiences they have had;

“At this stage I just ... most of my educators and everybody feels [sic] quite overwhelmed in terms of what’s happening. For the past few weeks this is what we experienced. Firstly, we experienced quite a few of our learners smoking dagga”

SC3 was motivated by a personal philosophy and spirituality by describing the following:

“My philosophy ... if you tell a child don’t use, you must have an alternative. So my alternative is sport and nature. I go on a mountain, experience the clouds from above, on a mountain when it rains and the calmness of the mountain, the closeness to God. So when you look at that, that you can use as tools to combat the desire to use”

Similarly CO4 described themselves as youth pastors who became aware of the substance abuse challenge in communities and the lack of support:

“And we actually started within the church because I was – we were – myself and my husband were the youth pastors and we saw the lack[support] and also, how the religion, the religious sector don’t want to affiliate itself with drugs and – but it was right there”

Participants’ personal experiences and observations about schools, families and communities, compelled them to participate in programmes that provided support. In general they describe the following . CO1 stated the following:

“We have parents fighting each other and beating up on each other because of the children. We’re standing up for the wrong things. There’s no values, there’s no principles, and parents are also standing up and encouraging their kids negative behaviour as well. Where they wouldn’t encourage the kid to respect the elderly. They would encourage them to disrespect them which is a big factor”

*“We gave them love, support in close relation to them, we saw that this leader of the gang, his mother and father also were an abusive, alcohol-induced couple, which have their work places but it’s just a brawl after work and weekends, it’s just partying. So then we started getting involved in their individual personalities”
(CO4)*

The statements above reflect family conflict, misbehaviour, and child neglect or abuse on the part of individual parents. Learners sometimes grow up in such families with the understanding that such an arrangement is normal. CO1 and CO4 recognised the value of respect for others, and the need to show encouragement to young people. Further they

recognised the need to provide young people with love and support. As suggested by the principal (SC2) of one of the primary schools:

“I’m not condoning what they’re doing wrong but I will speak in love. That’s the only thing that we can do. Do not, I always say, there’s two things that I believe in, you can say anything to anybody; it’s the way that you say it”

The lack of empathy and respect for others goes beyond families, as an educator (SC6) explains:

“I found some educators very uncaring and unfeeling, even though they have children themselves. My thing is this, I always think what if this is my child? How would I feel if somebody treated my child at his school the way you’re treating this child here? Demeaning this child and touching on this child’s integrity. How do you make this child respect you as an elder, if you treat this child in front of his peers, like this?”

UNIVERSITY of the
WESTERN CAPE

Based on this educators experience and the lack of empathy support within families and schools, prompted the development a support structure at school. The educators and principals who managed the substance abuse prevention programmes in schools described a ‘new normal’ that existed in schools and communities. A shift from treating each other respectfully and with dignity, participants suggested that dealing with learners respectfully was important.

5.2.1.2 Values and attitudes

Educators, principals and community organisation research participants described schools and communities as fairly hostile environments. Linked to the discussion in the literature review, social learning theory suggests that many primary and secondary associations contribute to the values and attitudes an individual adopts, as well as to how that person behaves in various social contexts. Guided by their own internal value systems and personal experiences the need to restore respect for each other in schools, communities as well as respect for self was an underpinning value which prompted the development of substance abuse prevention programmes. Having compassion for others, as a personal value, came through strongly partly as a result of their personal experiences:

“Compassion towards the community “(CO7)

To show compassion required a measure of empathy. This became evident in the statements of participants and some of the behaviour they reflected on, when dealing with school learners, families and community members. For some participants compassion was linked to their own spirituality. The field notes captured by the researcher and memos confirmed positive affirmations linked to spiritual beliefs. This was notable in schools visited and community organisation participants. As described by SC4:

“The concept that all children in South Africa are our children. So I will not only do things to benefit children at our school, but also at other schools when the opportunity arises to do so.”

Participants shared stories of compassion in the following statements and reflections:

“This is what we ought to do. We need to proclaim the gospel of Jesus Christ. What is a gospel and the ministry of Jesus Christ is show compassion and whatever. Then I break it down. What is missionary ... passion and the compassion for people” (CO4)

“So they see it – and I spoke to Gran and I said just maybe give her a hug. Just maybe give her some love, give her whatever you need to do” (SC2)

“You know I saw what parents were going through. I think God just took me through a period so that I could feel with people and have compassion because I don’t think I struggled with that long” (CO2)

“Spirit of God in my conviction and in my Christian conviction, prompted me to go and sit with them” (CO1)

Participant CO2 having suffered through the experience of a substance abusing son themselves, a compassion for others with similar experiences was expressed. Having empathy towards parents and children impacted by substance abuse is understood from first-hand experience.

“You know this is not – this child maybe lost his or her way ... more compassion and more empathy and how can we get the child help? So now let’s see” (SC3)

“That is my primary calling, teaching is secondary. My primary calling is to touch peoples’ lives in a positive way” (SC6)

“It’s the same thing and then we started with the youth and we saw the suffering and we actually started in church and I spoke to my pastor and said, we have to do something” (CO4)

Participants felt deeply for the school learners and conditions within families and communities. This seemed to serve as a strong motivator that underpinned the development of programmes. They emphasised the need for mutual respect for one another; this was captured in the experience of two participants who engaged with troubled learners. In one incident, displaying respect for the learner’s right to privacy, the participant (C03) did not just assume that they had the right to speak to the learner but waited for the learner to provide access without forcing his way:

“When they responded then they gave me a right of access to speak” (CO3)

In this example CO4’s own values guided their behaviour toward the learner. In the second instance, the educator reflected on the importance of acknowledging when you have done something wrong by being humble and respectful or making the learner apologise for an incident.

“Because I’m teaching this child, it’s okay to say sorry when you are wrong. It’s okay to ask for forgiveness” (SC6)

Schools are often perceived as punitive environments for learners with exclusionary methods of punishment which results in expulsion, suspensions and detention. The above

statement suggests that educators should behave in a manner that is dignifying of the learner. The values which underpin restorative rather than punitive methods were encouraged in the development of substance abuse prevention programmes. On both these occasions the position of authority did not preclude the right of learners to respect and dignity. Trust and honesty were the values identified as central to the work being done in substance-abuse prevention.

“So whenever they see us they trust that they know we won’t go and tell their story to whomever” (CO3)

“I’ve seen also the hurt, the trust, the family, social circles that were destroyed” (CO1)

“You know so they trust you in a different way. So all the activities could then be focused on just communicating with one another. Another session could be on trust. So say for example, one of the activities is like the trust walk [unclear]. So now you must close your eyes or somebody is blindfolded and you work in partners and then the other person must lead and you must sort of now trust your partner not to let anything happen to you and so on” (SC5)

UNIVERSITY of the
WESTERN CAPE

The trust established between learners and participants enabled the lines of communication to be opened in a sincere and honest manner as indicated. Trust further created a safe space for learners.

Lastly, many participants reflected that they established substance abuse prevention programmes out of their love for learners and their communities. Many openly expressed this value towards the community, individuals and self.

“What prompted me was my love for my community” (CO3)

“Because we embrace each other warts and all as you are. We don’t impose on you, anything, we want to love you because we understand that is what is missing is that component” (CO1)

The love expressed for communities is reflected in the positive attitudes with which substance-abuse prevention is approached. All participants agreed that they needed to be non-judgemental in their approach if they were to achieve a positive result, despite the stigma attached to substance use and abuse.

“So the learners are probably more able and free to share with you because they know that even though you’re the principal you’re not dealing with them in terms of judgement” (SC3)

“But in all aspects he will have the communication line with me, dad, I just need your ear, no judgement.”(CO7)

“I wasn’t screaming and shouting ... I didn’t do that to him. I just said, we need to sit down, let’s talk about this. You are worth more than what you’re projecting at the moment” (CO1)

The development of substance abuse prevention programmes in schools seems to have been largely influenced by the values and attitudes of the research participants. Their behaviours and thought process have been directed by the core values held. While it may be argued that values are subjective and values are not necessarily the same for all individuals, the values displayed by research participants are the fundamental principles which underpinned

the development of school-based substance abuse prevention programmes.

5.2.1.3 Personal connection

The compassion described above seemed to compel participants to get involved and find the necessary resources to deliver programmes – to actively seek out other organisations that could assist and to find the necessary information needed *to do something*. Research participants displayed a personal sense of connection to the schools and communities they were located in. It was this sense of connection that prompted participants to gather the necessary information, to approach relevant stakeholders to initiate substance abuse programmes at schools or the in the communities:

“It’s the same thing and then we started with the youth and we saw the suffering and we actually started in church and I spoke to my pastor and said, we have to do something. And we shadowed another organisation in Hanover Park, where it was my pastor, his wife, myself and two other members of the congregation and then we shadowed an organisation in Hanover Park” (CO4)

“In the Life Orientation, Grade 7 syllabus, there’s a section, a theme that deals with substance abuse. I was relief educator for Life Skills. So you know, I said to him, hey, there’s a problem with substance abuse. We’re not training the educators ... I hear young educators, eager, you know they want to and once they get the training, they will make a change in their schools. I said let’s approach South African College of Applied Psychology (SACAP) and he did that, you know. So they [educators] go [to be trained], say on a Friday after school from 1 to say 4 or something, then they go the full day, Saturday” (SC3)

“I mean we’re the good people doing absolutely nothing and that’s the only thing necessary for evil when we do nothing and it’s simple things. Your kids walk

around in the roads, you pass houses, there's other kids that's passing your house too. Check-up, speak to them, ask them, how's things, how are you? Engage them. I'm not saying go out there into the world and make a difference. No, I'm saying make a difference there where you are right now" (CO1)

"Because I know I can make a difference... but I know, collectively, we can together make a difference in those communities" (CO3)

Statements like these suggest that having a personal connection led participants to actively seek to bring about change in schools and communities. This connection allowed participants to become more resourceful, by locating other resources within the community, educational opportunities, and form partnerships with organisations that could offer assistance. The personal connection was strengthened by the belief that individuals can make a difference, but more importantly that communities needed to act as a collective to bring about change.

Personal connections to schools, communities, community organisations meant that there was an awareness of formal and informal educational programmes offered at schools linked to substance abuse prevention. Community organisation participants recognised the value of "small wins" by sharing the information with learners at school and continued to seek opportunities to educate school learners.

"I can get the Presbyterian hall; they won't charge me anything for their hall" (CO4)

School and community participants shared examples of personal connections with community resources (churches, libraries and community centres) to host programmes and in doing so reduce the cost. Being able to form networks within the community by identifying the required resources, whether physical resources such as venues, or skills required such as psychologists or social workers, was a reflection of the resourcefulness and leadership of research participants.

The experiences, values and attitudes and connections of research participants were considered to be a personal systemic influence on the development of school-based substance abuse prevention programmes.

5.2.2 Environmental influences

Environmental influences (Figure 5.2) were considered to be a fundamental systemic factor in the development of substance-abuse prevention programmes. Associated with an increased risk for substance use, research participants described the environmental risk factors that learners are confronted with on a daily basis. The exposure took place in various forms, whether at home, or while commuting to school by means of public transport such as taxis or trains, or walking through neighbourhoods where there was a high incidence of drug dealers. Included in this category were school environment, community environment and family environment.

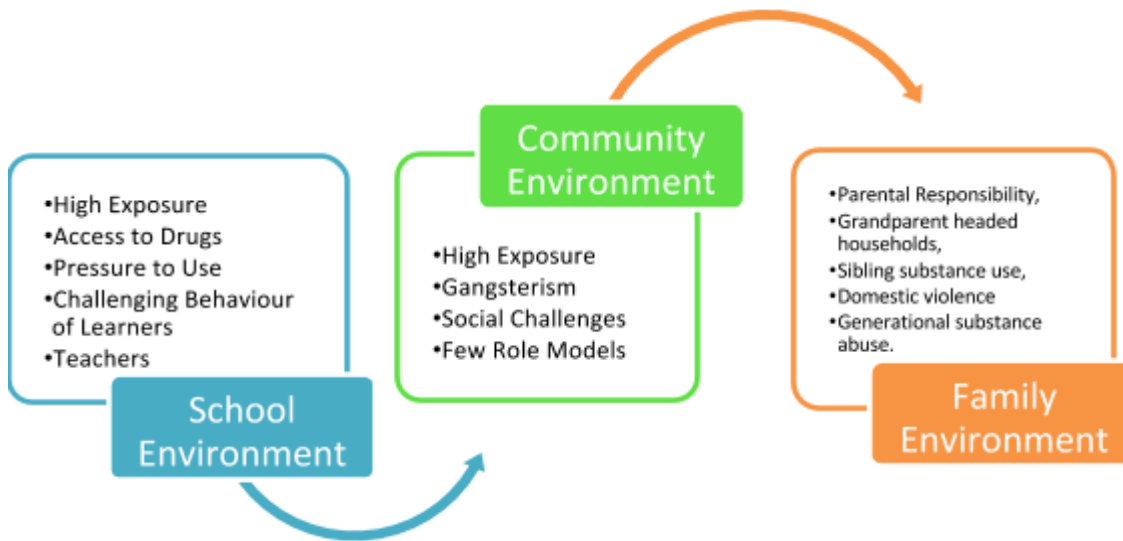


Figure 5.2 Environmental Influences

5.2.2.1 School environment

As interviews progressed with educator, principals and community organisation participants, a number of issues were identified relating to school environment. Participants indicated that some school learners have been overly exposed to substance abuse and drugs, whether within families, communities and/or schools. As one participant explained:

“The Grade R building that they built recently, if you – like I stood there and what I saw, a Pollsmoor prison yard. You’ve got the grids on the walls like this and the – not the walls, the doors and the windows and when you come out you have your sort of like your vibracrete with the graffiti, gang slang and languages and whatever and that’s on the walls ... that child is five years, six years old” (CO4)

By the time – this is the environment that that child is used to it. But those that do

drop out, but I'm looking at environment in the schools and the lack of resources within the schools. You know, so a child would rather jump over the wall and go smoke occa pipe because there's no, there's no facilities, there's nothing. There's no creative play within the schools" (CO4)

The physical environments of schools have been described as being tightly secured environments to prevent vandalism of school property and for the safety of learners. However, the irony which may be found in the above statement is that consideration has not been given to the protection of learners from within the school environment to violence, vandalism and pressure to use and sell illicit substances. Instead this portrays a hostile environment for the learner in which teaching and learning is meant to take place. Mediating this hostile school environment was cited as one of the reasons research participants felt the need to develop substance abuse prevention programmes.

Participants report that in the school environment, learners are exposed to substance use, in the classrooms, during breaks, or at the school periphery fencing. Participants shared examples of learner exposure:

"All the learners ... have seen tik or experienced drugs and smoked cigarettes or know somebody that smokes dagga [cannabis]" (CO1)

"Because intervals these days at schools, many things happen. Kids going to the fence and it is a wicked thing to have a spaza shop on the periphery of the school, so we have to contain them inside" (CO7)

"So we attribute most of the blame to the usage of substances and then the area

around, this area that the school is in, is known for people that's selling. So it is easily accessible. Half of our school must come through there. So I mean they're exposed because the Blok is known for its drug infestation” (SC6)

The implications contained in these quotations are that learners are not only exposed but had access to drugs and drug dealers in and around the school environment or in close proximity to the school. SC6 said that

“At this school, it's (substance abuse) very high. In the sense that our learners are using. We suspect that there's even mules, people that's carrying and selling.”

It would seem that learners are placed under pressure to sell drugs, by family members, peers, community members or dealers in the community. Examples of this were shared by schools and community organisations. CO7 shared details about a learner who was threatened into selling at school by a neighbour, where the police eventually had to get involved to protect the learner. When this occurred, the results are described as follows:

“Sometimes the kids use it at school and you know when they are high, especially intervals, there is a seller on the periphery of the school. They come back and then they are more prone to become violent” (CO7)

The age of onset of substance abuse was shown to be a significant subcategory. SC3, a primary school participant, indicated that they were experiencing substance abuse problems with eight grade 3 learners who at the time were aged between 8 and 9 years old. This was corroborated by two community organisations, who indicated learners as young as eight years old were experimenting and using illicit substances (CO4 and CO4).

At school SC2, learners were tested for substance use and the outcome was captured in the following statement,

“They would do a test on the learners, we’ve actually sent 12 learners – ranging from Grade 4 to Grade 7 and all those learners tested positive on using dagga.”

“We had an interview last week with a Grade 8 (age 12) girl, beautiful girl, neatly dressed. You realise that she has the potential because on her on days, she performs but this child is – she’s intoxicated almost every day. Sy is dik-gerook (smoked out of her mind) for lack of a better term. She admitted that because we asked her permission to speak to her, what is going on because we cannot refer her until she tells us what is going on, why she is acting the way she does” (SC6)

The implication is that learners’ age of onset is between 8 and 12 years old. This early age of onset led research participants to develop programmes that were age appropriate, giving consideration to the developmental needs of the learners. There was an acute awareness that the age of onset was decreasing which required a response from schools and community organisations to prevent it from spiralling out of control. Substance-abuse prevention interventions need to occur fairly early as the age of onset has decreased, as CO4 describes in the following statement:

“Primary school and high school because why, what we see is, remember what I said to you, age group 9 already there’s challenges. So we want to grab from 9 to your 18 years or 17 years of age, or 18, depending on how vulnerable or how susceptible they are.”

CO10 shared a similar experience by stating:

“Boys and girls. Grade 6, Grade 7. Those are the ones I know about. There could maybe be some in Grade 5, even younger. But I find my experience is, at our school is [unclear]. The Grade 5s, Grade 5, a couple of years ago we found two boys smoking dagga in the toilet. A Grade 7 learner and a Grade 5 learner, you know.”

Community organisations and schools noted that learners started experimenting and using illicit substances earlier. They also reported that some learners had a predisposition to substance use. SC2 said the following:

“I had ten learners yesterday and I had the psychologist here and all of them were either a possible HDHD or possible cognitive challenges that he’s going to have. And at least five of those learners, the ten that we say yesterday or discussed yesterday with the doctor, five of those parents abuse alcohol for the whole of the – one mother said you know I stopped at seven months.”

SC2 went on to explain the consequences by saying that they have to deal with learners who are potentially undiagnosed Foetal Alcohol Syndrome Disorder (FASD) babies as many mothers in the community continue to drink while pregnant. CO5 shared a similar experience saying:

“You see there is a problem with the alcohol foetal syndrome. I’ve seen traumas, which is also part of alcohol abuse, when the mother is pregnant.”

As a result of FASD which predisposed learners, schools and community organisations reported challenging behaviours, including lack of concentration, disruption, anger, resentment, and violent and emotional behaviour. The challenging behaviours of learners included incidences of anger and resentment, violence and emotional behaviour. SC2

reported an incident with a learner who displayed disruptive behaviour in class, eventually bullying peers. Schools and community organisations provided many examples of learners displaying challenging behaviour, describing it as difficult to manage in a classroom environment. Schools and community organisations also referred to emotional behaviour resulting in academic challenges for the learners. The academic challenges are either related to substance abuse or undiagnosed learning challenges, according to the participants. SC2 described this as follows:

“The educator cannot manage him, he’s disruptive, he bullies the other children and she would just send him out or send him to me or whatever.”

Schools and community organisations acknowledged that the developmental stage that young people pass through has an impact on their behaviour. The developmental stage that young people pass through presents many challenges with regard to sense of self. CO4 identified challenges young people are faced with and how it impacted them as individuals:

“... the difficult part comes when people come and say how big? Oh, your nose is getting bigger. Haai, shame look at your body structure. Your arms are now long, your legs are long but your body is so small and whatever. So now it starts getting to that. Now because of you now needing to find, identify, you know let’s do that and that and that and that. And that due to choices, now your life becomes broken up”.

An awareness of the changes that young people go through during the various stages of development is important as SC2 described the following incident about a Grade 3 learner:

“So I explained to her(the mother), I said there’s a certain developmental phases that comes at a certain ages – he(the learner) must be able to crawl or do that. So they will not monitor or pick up any other thing because they would not look for it at a certain age.”

Another organisation referred to this phase as the teen phase (CO4). They explained that this teenage phase was as a period in which young people experimented and explored, which could include experimenting with alcohol, and other substances. Although the teen phase was identified, there was agreement that the influence and exposure to substance abuse happened fairly early on in the learners’ lives as suggested by CO4, that experimentation is no longer reserved for the teen phase as learners were experimenting at a young age as previously discussed which could probably be attributed to the high exposure to substance abuse in schools and communities.

Learners are not only exposed to substance abuse at school but in the community and at their homes as learners pass through communities with high incidences of substance use and access. The exposure of both schools and community organisations can be summarised by the following statement:

“So we highlight the seriousness of it and I try to shy away from it because our kids are over exposed already and they’re more exposed than we would ever know or imagine. We’re still trying to protect them here but then we don’t know what they’ve already been exposed to.”

In response to the environmental challenges experienced at schools, participants expressed

a strong need for programmes that address the challenges faced by schools. The current response by educators and schools in relation to the changes in learner behaviour was to remove the disruptive learner and exclude the learner from the classroom. Schools seemed to be less equipped to deal with the challenges of substance abuse. Participants explained that learners who use at school are excluded as explained by CO1:

“So the easy thing to do is to put the child out of the class. Send the child home and say come back with your parents and don’t come back if your parents don’t come back. And that’s not very easy not to do because parents sometimes are not interested.”

Often this action results in learners becoming more vulnerable to gangs as CO1 explained,

“... and then who’s waiting for them outside there – the gangs”.

The above has been described as “educational system victimisation” as reported by schools and community organisations participants:

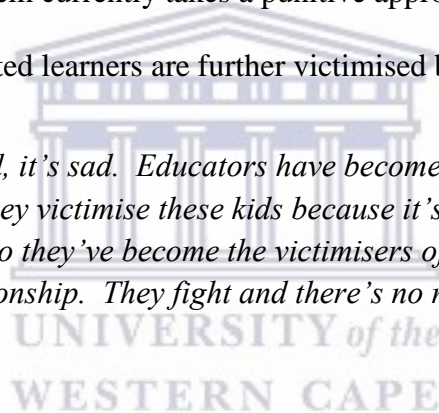
“Within these two schools we sit with a large number of children that have been – gone through – the disciplinary system via the governing body system and these children that have ill-mannered behaviour at schools are now thrown out of the system” (CO4); “[these are the] same kids, that get victimised by the education system as well” (CO1)

Learners who display disruptive behaviour are processed through the disciplinary process of the school and when offences are severe through the Department of Education, which may lead to their expulsion from school. CO1 provides an example of this by stating,

“Sit with a large number of children that have been – gone through the disciplinary system via the governing body system and these children that have ill-mannered behaviour at schools are now thrown out of the system. Now we sit with a huge amount [sc] of young children and adult children ...”

He goes on to describe that children who are processed through the system eventually become a statistic as the system currently takes a punitive approach when disciplining learners. It has been suggested learners are further victimised by educators:

“Educators, what I found, it’s sad. Educators have become so overloaded. They’ve become overburdened, they victimise these kids because it’s their own pressure coming from wherever. So they’ve become the victimisers of these kids, which is sad because there’s no relationship. They fight and there’s no respect from the kids’ side either.”



The need to develop the capacity of staff to deal with the challenge of substance abuse has been identified by schools and community organisations which led to the development of substance abuse prevention programmes. As described by CO1, that many educators have their own personal challenges and that many educators are overwhelmed by the burden of responsibility. He explained that educators were not social workers; they were educators first. SC2 explained that the extent of the substance abuse problem was far greater than the

support available to deal with the problem. SC2 explains that the capacity of educators and assigned social workers were allocated on the basis of a small percentage of learners presenting with problem behaviours. The extent of the problem far out-ways the resources to deal with the challenge. SC3 explained that staff needed to be capacitated to deal with the challenges of substance abuse, but had to deal with their own issues first:

“You cannot send an educator there who’s got major anger issues, very judgemental or stuff in his or her past that they haven’t dealt with.”

As explained, educators not only require some basic knowledge of addiction and substance use, there has to be empathy and understanding of the challenges faced by learners in their respective homes and communities.

Community organisations and schools discussed the dropout rate among learners. CO5 suggested that

“Basically, there is nothing they do. So it will also trigger more for them to be engaging in substance- or alcohol-related abuse because they don’t do anything and there is no programme for them to keep them going and especially those that have dropped out from the high school, they are dropping out a lot. I heard about three families now. So I think there is no programme for them and in these communities, alcohol and dagga ...”

It was suggested that learners who had dropped out of school had no alternatives to occupy their time. As a result learners could resort to substance use because of boredom. Community organisations and schools indicated a steady increase in the number of learners

dropping out of school. Reasons provided include the following:

CO2 noted:

“Once they’re on drugs they leave school as well because of concentration; their concentration span – they can’t concentrate.”

SC3 stated:

“The dropout rate here where my, our school is situated, in my opinion the dropout rate has risen. You find kids dropping out of school and a big, huge reason why the dropout is because there are substance abuse problems.”

SC04 summarised:

“Within the schools currently we have a huge ‘school dropout system’, whereas the principals or the school governing body would see these challenges, young people or children, as delinquents and through the system they will just be put out of the school in relation to the cases built up against these individuals. So being challenged with substance abuse, I will say that the background of that young child is a social challenge or either peer influences but mostly in our communities, it’s mostly social challenges.

While the school has a code of conduct which it expects learners to adhere to, it is suggested here that schools are not looking beyond the challenging behaviours of learners. Consideration needs to be given to the challenges that learners are faced with beyond the school walls, which may impact on their behaviour. It requires of educators to get to know the learners they are teaching.

It has been expressed that educators felt quite overwhelmed and that schools are not coping with the issue. In some instances the incapacity of educators to act could be attributed to being disinterested and no longer having the will or drive and that many educators have reached a point of giving up. As a result some educators end up victimising learners because of their own inability to cope. It would seem that educators are not able to handle the current problem. When asked about the support that staff receive, it did not seem that all staff was aware of the support structures that were in place through the provincial office. The principal of this particular school mentioned that through various efforts, staff were supported and motivated. It is important to note that there are educators, who as suggested by SC5, who put in the extra effort to assist learners. Those educators are usually the ones who participate in extramural activities which allowed educators and learners to interact with one another in a non-academic manner, providing an opportunity for educators to get to know the learners better; learners thus develop a trust between educators and themselves.

5.2.2.2 Community environment

Community environmental factors, much like school environmental factors, were important considerations as a systemic influence in the development of substance-abuse prevention programmes. Access to drugs in communities is easy, as described by SC3 who shared his experience relating to learners who come from various surrounding communities:

“You buy – dagga is sold either in a big quantity, a parcel. Or it’s a small see-

through plastic sachet, that's R5 or R10 a hit. So that's where they buy. So they know where the dealers are. If you drive through Cape Flats communities, you will know where the people who smoke weed are, where they hang out. It's parks, corner of a street, sides of a flat. There are the areas. You see a group of kids there, there's a good chance that that's where they smoke. That's where they do their thing."

CO4 stated that in communities they were aware of where the "drug dens" were located; even when reported to the police, they are reluctant to act. Access to drug dealers is no longer confined to communities only – learners have access to dealers at school as well, as suggested by SC6:

"We suspect that there's even mules, people that's carrying and selling ... the other thing is on a daily basis we see the behaviour of children, normally in a class, the children that's using substances are very fidgety. So we attribute most of the blame to the usage of substances and then the area around, this area that the school is in, is known for people that's selling. So it is easily accessible."

Learners who commute to school outside of the 8km radius of the school are exposed to elements in the surrounding community that increase their vulnerability and risk. An example of this was shared by CO13:

"The children that has to travel to school, long distances ... outside of the 8km radius, they are the guys that are on their way; they find these places or they are introduced. For instance, half of our school must come here through what is known as a Blokke (high-density block of flats)."

School and community organisation participants alike referred to gangsterism as a problem

in communities and schools. In their opinion, gangs provide an alternative to family because of the rules of engagement and the acknowledgement that vulnerable learners and individuals receive. CO1 describes the extent of gangs in the community by saying that in a particular area gangsterism is “rife”. *“There’s 12 avenues ... In every avenue there is a different gang.”* CO7 describes how easily gangs are formed in the school environment,

“Standing around intervals where they start with this group. Like a group of friends, a clique easily turns into a small little gang thingy at school ... You have the unique situation where the coloureds and the blacks you know. Now, a group of blacks standing together on a particular corner of the school and a group of coloureds, they gather all the time. Now before long, they get a name of a particular small little gang in their area.”

Those learners, described as “victims of circumstance”, who drop out from school, are embraced by gangs. As CO1 suggests:

“These are the kids that, same kids, that get victimised by the education system as well and then kicked out. Then who’s waiting for the outside there, the gangs. Waiting on the corner and they are prepared to spend more time with that kid.”

Gangs become aware that learners are left on their own. They give of their time,

“And they slowly get drawn in because now the gangs then acknowledge and puts ... gives them negative things to do and acknowledge them. These same kids, they lack discipline in the home. But in the gang it’s like a family. They step out of line, they get disciplined and they get disciplined hard” (CO1).

Gangs offer support and time; they become family. When asked about the capacity of the

community, responses varied. While resources in the community might not be lacking, accessibility was highlighted as critical. CO1 shared its experience:

“What I found is that the community centre stands empty all the time because the people that are in the community centres want to keep the community centres clean ... So we have a problem with accessing those things and then we find that those people that are there, they think that those are their houses as well. So they make it difficult for you to access it.”

While the facilities may be available, CO5 reported the following:

“But because as a community we have resources, for instance, we have a multi-purpose hall and that is equipped with chairs and everything to do a workshop or to do a talent show or so, any programme there. So I think as a community we have those major resources. So just to get the right team that can be able to facilitate a programme here.”

CO4 shared the frustration about research local communities. He suggested that the statistics about unemployment and the demographics of a community might be well known; what is unknown is the historical background, understanding who makes up the community, what resources are available and what initiatives are being taken by local community members. The substance abuse prevention programmes that were developed took into consideration the very specific nuances contained within communities. Being aware of the pressures the learners are faced within on a daily basis required resilience to withstand such pressure. It was noted that despite the circumstances within communities, learners needed to be made aware of the choices at their disposal. By considering the community factors, substance abuse prevention programmes enabled learners to identify where they experienced risk and exposure and how to mitigate those circumstances by developing resilience.

It was evident with schools and community organisations is that there is a deep spirituality which guides the work and the people involved. CO2 expressed an understanding of the journey of losing a son to substance abuse and reflected on it:

“You know I saw what parents were going through. I think God just took me through a period so that I could feel with people and have compassion because I don’t think I struggled with that long.”

CO1 shared his own story:

“The important part for me was now to honour God and then also to be consistent in doing things that would keep on this road. And I committed to going almost every evening to support groups or at least thrice a week to support groups. Eventually, I started running the support group and then I started doing school programmes in Hanover Park and I was working at the time so I came to a crossroads – where the work in the community – I could see the need for it because there was a lot of brokenness and destruction and pain and I could relate to it.”

For participants CO4 the programme started as an extension of the church:

“Okay, but – and then from there I drafted a document saying listen, God says this is the assignment of the church. This is what we ought to do. We need to proclaim the gospel of Jesus Christ. What the gospel and the ministry of Jesus Christ do is show compassion and whatever. Then I break it down. What is missionary? Is missionary going out to India and whatever? Or is missionary doing the thing in your community? So from there then we saw that listen, we need to be spiritual. That is one objective that I then identified...not only spiritual, we need to know that there’s social challenges. So our objectives will be spiritual, social and then any elements degrading or challenging our human dignity is also a challenge to us as a fraternal (religious fraternal).

The same can be said for schools who participated in the programme. The values of the schools imbued in the vision and the mission statements are grounded either in the Bible or

other spiritual philosophies such as Buddhism. It was observed that all schools had values displayed on walls in the foyer. Many of these were either bible verses or at one school, eastern spiritual philosophy. What was common amongst the schools was treating others with dignity and respect, caring for others, discipline and promoting peace.

5.2.2.3 Family environment

The systemic factor of family environment was a recurrent theme among participants. The codes were developed into the following emerging categories of parental responsibility, grandparent-headed households, sibling substance use, extended family, domestic violence, and generational substance abuse.

There were indications from participants that in some instances parents either did not want the responsibility, as they were abdicating their responsibility, or that parents were transferring the responsibility of rearing their children to the school or social workers, grandparents or siblings. This prompted schools and community organisation participants to include in substance abuse prevention programmes aspects that dealt with parental issues. This was evident in several statements made by both community organisations and schools:

CO4 referred to this as:

“If there’s a problem with the child, which the parents normally don’t want to take responsibility for, they shift their responsibility and it becomes the educator’s and the social workers.”

CO4 suggested that parents had shifted the blame and have abdicated their parenting responsibility to schools and community organisations. Schools are considered the custodians of learners with regard to discipline, values and support. This can be summarised by the statement of one of the schools that participated in the study:

“I have a philosophy about that. First of all because I’m a parent myself, I’m not going to leave the job to somebody else to raise my kids, man. So I think parents, from the first, the offset, parents need to take responsibility for their kids. You’re not a parent if you just gave birth to somebody. You become a parent when you have the interest of that person that you gave birth to. When you have that person’s best interests at heart and you will move heaven and earth for that person” (SC6).

In cases where the grandparents were taking responsibility, it was either because the parents had died or parents were not available owing to work commitments, abusing substances themselves, or being absent from the children’s lives. Participants provided examples of these by the mentioning the following:

“The granny told me...because mom died, this child is using dagga or something” (SC2).

Similarly, SC6 mentioned that when they enquired about housing circumstances the response given was that most learners are raised by grandparents who tend to be more lenient with learners. A community organisation participant (SC1) summarised that as a result of absent fathers, mothers have to work leaving the care of children with their grandparents, but these relationships are described as tenuous in some instances, lacking in

discipline and respect..

Child-headed households were the norm according to participant CO4:

“The parents – and this is the norm here in Delft. A child is seven years old, that child becomes the mother or the father in that house ... that child comes from school and has to look after babies and do the chores. So where do they get the time for their homework and if they don't understand, who sits with them?”

Another participant (CO1) provided a description of the responsibility that some children assume:

“We have child-headed households as well, which not a lot of people know of. These children also come to school. They come to school hungry. They come to school frustrated. They come to school tired as well and these are the kids that then have to fend for themselves, they have to take care of their siblings.”

The phenomenon of grandparent- and child-headed households is increasingly relied on when it comes to taking responsibility for grandchildren and/or siblings. In the absence of parents, responsibility falls to either grandparents or the oldest sibling. Substance abuse prevention programme therefore had to focus on alternate sources family. The research participants in this study identified this as a huge problem, as learners were more vulnerable to external influences because of the lack of parental guidance and support. Learners needed to be provided with coping mechanisms to assist in those circumstances, but it remains one of the challenging aspects in substance abuse prevention. Relationships between children, parents and grandparents were definitely affected. As one participant

commented on the outcome of some child-headed households:

They end up stealing. They end up prostituting, the girls. They end up doing things that a normal family would not imagine having to do to sustain or survive.”(CO1)

Learners who have to take responsibility for families find ways of supporting the family in the absence of parental support. The incidence of substance use in families has been reported by several community organisations and schools, as CO4 notes:

“His mother and father also were an abusive, alcohol-induced couple, who have their workplaces but it’s just a brawl after work and weekends, it’s just partying”

Intergenerational substance use seems to be common practices within families as SC2 reported that:

“The grandfather also in the house used that”; “you’ll find that mom maybe has an alcohol problem, dad’s using drugs and they would put it to you it’s a way of socialization”

Generational use is reflected in statements such as *“the dad will say well, my mom drinks. She’s the problem”*. Substance abuse by parents and grandparents is described as socialisation. Children observe these intergenerational patterns of substance use:

“So if you take the pattern, all those learners or at least 50% of those learners misuse...abuse happens in the house as such” (SC2)

Participants referred to life events such as sexual abuse, domestic violence, divorce, and death of a parent occurring within the family environment. Learners report to school traumatised and exhausted by abuse occurring within the family. According to CO4 many parents have behavioural challenges themselves in relation to domestic violence and substance abuse and learners are influenced by what the parents have modelled and they adapt their own behaviour to that of their own parents. Examples of this were shared by research participants:

“Then you find things like, hey mom and dad were fighting last night. The one kid he would walk out of his house with his baby sister when his mom and dad start fighting because they’re drunk” (CO1)

“I had a complaint about a mother’s boyfriend sexually molesting the child and it seems as it’s [been] coming on for quite a long time. The child is in Grade 4. Sexual abuse, suicidal cases where a child would be extremely depressed and would commit suicide or when we refer to extreme physical abuse where a child would come to school and report that” (SC2)

CO1 shared an example:

“Every kid wants to help his parents earn or have income or see that their parents have the basic needs and there are parents that give the kids drugs to go and sell in school”

There are many stories of coercion, where learners are forced into selling either because they are users themselves or to provide basic needs for the family in the face of high unemployment.

“Learners that are on drugs. Learners that have access to drugs. Learners whose parents are on drugs. You must remember, there’s poor families out in this community where parents don’t work and kids know want and its hard times”
(CO1)

While substance abuse prevention programmes developed by school and community organisation research participants aim to develop the resilience skills in learners to resist and refuse substance use, the family environment was highlighted as a particularly difficult systemic factor to manage. Research participants as an extension of the schools-based prevention programmes bring into focus the challenges that learners may be faced with by providing additional support or referrals for assistance.

5.2.3 The influence of relationships

Participants provided a context for the status of relationships in school, communities and families. Relationships (Figure 5.3) were identified as those between family members, extended family and friends living in the same household, school relationships and community relationships. Relationships was an important systemic factor in the development of school-based substance abuse prevention programmes because of the potential to influence learners both negatively and positively in terms of the initiating or prevention substance use.

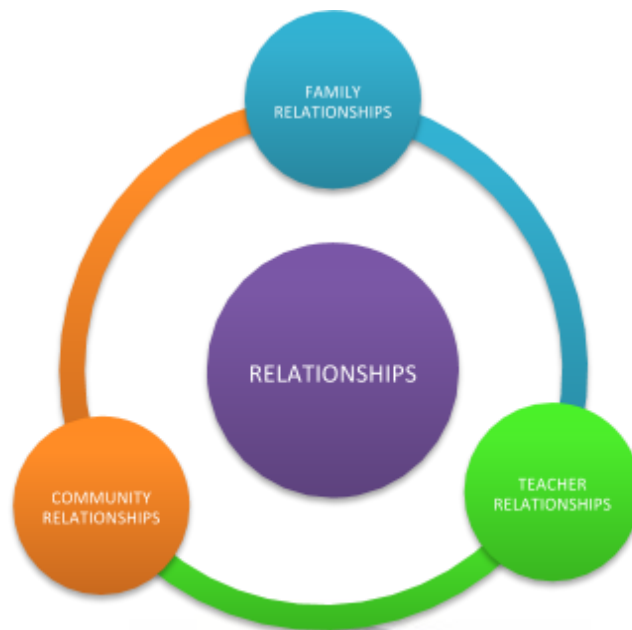


Figure 5.3 Influences of Relationships

5.2.3.1 Family relationships

As previously discussed families have been profoundly impacted by substance abuse. This was revealed in the interviews which took place with school educators, principals and community organisation participants. As one of the participants (CO2) strongly emphasised, the consequence of substance use is:

“... Broken up the families, really. Drugs have broken up the families. There’s no communication in the families because of drugs. Children are left on the street. They go onto the street and most times ... is that parents, because they are at work, there’s loss of control where parents and child you know – you find that parents go to work. They’re out – more than 12 hours of the day they’re gone because they’ve

got to leave at six o'clock in the morning. They come back at seven o'clock"

Parents who have to work, in the absence of care for the children, leave children unattended for extensive periods of time.

While the lack of parental supervision described in this statement does not necessarily mean broken relationships, it may be argued that the lack of parental supervision places learners at higher risk and more vulnerable to the pressures of substance use in high-risk communities. Interestingly, it is because parents have to work to see to the basic needs of the family, these results in increased risks for the child:

"Some of the parents go to work at four o'clock in the morning. They come back at seven o'clock. So those learners are basically staying on their own for the rest of the day. So mom, you will call them and they say you know, I don't have time to help this child with homework or anything because when I got home at seven o'clock I just need to see that there's food on the table and some of them, sometimes they are sleeping. So basically that's what's happening for those parents that really care but the caring is also physical caring and not about how do I support you with your school work or how do I support you emotionally or whatever? I need to put food on the table" (SC2)

This suggests that supportive networks are not available to accommodate families when parents are at work. In such cases, children have to learn to take care of themselves in the absence of parents. Substance abuse prevention programmes have been developed taking into consideration that learners are left on their own which makes them more vulnerable to the risk of substance abuse.

Where work is not a factor, parental responsibility has been transferred to others. CO1 suggests:

“You see what the other kids are lacking is family and they want to belong.”

In both instances participants described the relationships within families as “broken”, suggesting that relationships are not working. CO4’s statement is very similar:

“I think it starts with the family. Some things – there’s a lack. Something is missing. It’s not always poverty and – but something is missing. So it starts with the family and that person goes and looks for it outside.”

Evidence of this can be found in statements such as:

“Children are raised by their grandparents and there’s not a lot of respect between the grandparents and the child” (CO1)

“So all the parents came in saying that they cannot manage these learners” (SC2)

“Families are giving up on their children” (CO4)

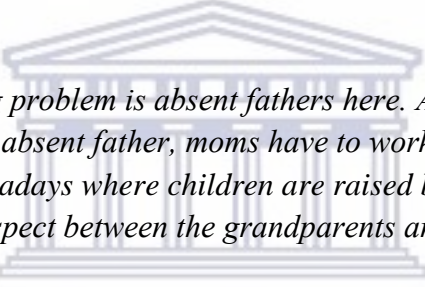
“They carry a lot of hate and unforgiveness and this is what makes them these angry people. The natural response to anything is anger” (CO2)

When asked about family capacity to deal with the problem of substance-abusing children, the response was:

“They are not managing” (CO6)

“His mother’s crying so much here on our stoep, she’s crying because she’s at the end of her rope now” (SC2)

Families and parents seem to lack the necessary skills and in some cases “are giving up on their children” (CO2). It has been recommended that families need support as they struggle to deal with the challenges of substance abuse. Schools and community organisations are in agreement that programmes have to be in place to assist parents and provide the necessary support. With the increase in grandparent-headed households, a number of participants reflected on the challenge of fathers who are absent from the lives of their children.



CO1 stated: “Big, big, big problem is absent fathers here. And then we find that moms, because there’s an absent father, moms have to work as well and that’s pretty much the norm nowadays where children are raised by their grandparents and there’s not a lot of respect between the grandparents and the child.”

Intergenerational substance abuse in families was highlighted as a significant problem in families as indicated in the statement below. This phenomenon poses a huge challenge to overcome, because the use of illicit substances has been normalised within families.

“The grandfather in the house used...then you’ll find that mom maybe has an alcohol problem, dad’s using drugs and they would put it to you it’s a way of socialisation. The dad will say, well my mom drinks. She’s the problem. He only smokes a slowboat. So he would rationalise that in terms of its okay to do that and that’s what happened” (SC2)

The findings suggest that substance-abuse problems extend beyond the learners. The social

challenge extends to families where substance abuse has a devastating impact on relationships. Educator and principals related experiences of having to be supportive of learners who do not have support in their homes as a result of parents' working conditions, parental absence and/or lack of responsibility, and in other instances through death. The levels of trauma that learners face in their homes relating to domestic violence, substance abuse and/or sexual abuse has had profound effects on the learners. One participant described it as *"too many disconnecting relationships in families"*. Families who find themselves in this situation need to be supported, to learn how to reconnect and establish supportive relationships.

5.2.3.2 Educator relationships

The sentiment was expressed earlier when discussing the school environment that educators in general *feel overwhelmed* by the substance-abuse problem at schools. Despite the personal stresses educators might experience, school educators and principals who participated in this study continued to extend support to learners. The participants noted that there were educators in the educational system that recognised the additional support some learners required, especially when faced with family and community challenges. SC3 commented,

"You've got to be kind and caring and be generous, like with praise" (SC3)

SC3, who is a school principal, shared his own experience of removing learners from the school because educators were not able to cope with troubled learners. Learners are either sent out of classrooms, or sent home. In the opinion of this principal, learners with substance-abuse challenges should be embraced and supported rather than pushed to the periphery. He further suggested that substance-abusing learners should be treated as any other transgressors would be treated, rather than stigmatised.

The reality for many educators at the school is that the problem has become too big for educators to handle, which was expressed in the following beliefs:

“[We] don't have time to spend with learners that are acting up ... educators have become so overloaded. They've become overburdened, they victimise these kids because it's their own pressure coming from wherever” (CO1)

“I don't think schools are coping with the issue, first. Not all schools, in particular, schools where you have disinterested educators, educators with no more will and drive, educators that have given up, educators that feel the problem has become huge” (CO7)

Community organisation participants described this as “*educational victimisation*”. Rather than dealing with the challenge of substance abuse, learners are processed through the provincial disciplinary system and removed from schools.

“Educators have become so overloaded. They've become overburdened, they've become the victimisers of these kids, which is sad because there's no relationship” (CO4)

As described by two principals (SC2 & SC3), educators have to work on their own personal challenges first, to be able to support learners who are themselves struggling. School educator SC6 and principal SC3 felt that educators were not adequately prepared to deal with the social challenges of learners.

However, SC5, an educator at a high school, contradicted the notion:

“I think our educators are another protective factor because I can’t speak for other schools, but with regard to our educators, they really do go the extra mile”

“You become a parent in this class too. I found some educators very uncaring and unfeeling even though they have children themselves” (SC6)

Educators at three schools argued that when more time is spent with learners beyond the classroom by engaging them in extramural activities, educators and learners are able to “bond” differently than in a classroom environment.

5.2.3.3 Community relationships

The general consensus among participants was that communities are in a crisis. School and community participants were of the opinion that communities were in denial of the substance abuse problem.

CO4 suggested the following:

“Communities are not coping”; this was corroborated by CO2, who stated, “Out of control. Out of control. I work in the community ... [what] I see in our

communities is that things are getting worse, right?”

CO1's and SC3's reflections suggested that communities were in a state of denial:

“Denial, another big problem in our communities on the problem ... that just allows the problem to escalate out of control.”

“Co-dependency [is] a very big problem in our community where we hide our kids' problems away from the community.”

The significance of this is that when communities are in denial about the problem, the provision of the necessary support is hindered as the problem has not been accepted or acknowledged.

“In other words, you need to embrace that this is problem in the communities – is actually in your community. And like with me, you must change your perception about it because at the end of the day these are kids” (SC6)

Denying that the problem of substance abuse exists perpetuates the stigma that remains attached to the problem. It is suggested that denial is what allows the problem to escalate.

CO4 describes it as developing a tolerance for the challenge:

“So people sort of like just keep to themselves and that creates that tolerance towards what is happening within the community. And it sort of like becomes the norm because let me tell you the odd learner, the odd one out would be the matriculants. Communities are creating a ‘new normal’.”

“The child in the community who achieves success through university entrance is

considered to be ‘the “moffies” [effeminate]; they are the ones who get shunned from the community because they – not that they don’t struggle but they don’t beg. They don’t do what the normal ones do.’

The trend identified in the community is that of “collective poverty”. It is described as the acceptance of the status quo, of being impoverished and what that means for families and individuals as well as for expected behaviour. In order to provide the community support, acknowledging the extent of the problem and identifying the influencing factors on substance abuse will assist in establishing the needed networks and support systems to combat the problem.

5.2.4 The influence of global programmes

Programmes developed by schools and community organisations seemed to be influenced by existing programmes that were created either locally or internationally. Participants provided a description of the programmes that was implemented at schools as well as where it originated. It seems that many of the programmes have been contextualised to include the local systemic challenges that confront schools and local communities.

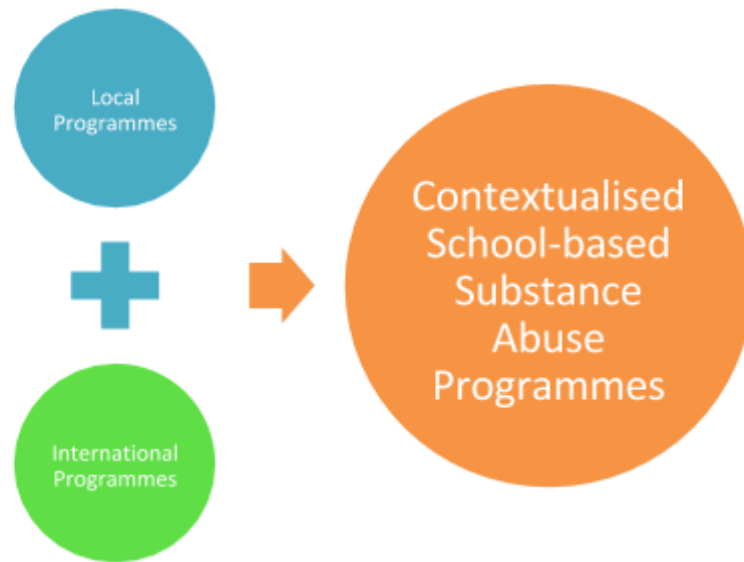


Figure 5.4 Influence of Local and International Programmes

CO4 offered a prevention programme aimed at the foundation phase, which consisted of Grade R to Grade 3 learners. The programme was developed by the South African National Council on Alcoholism and Drug Dependence (SANCA) Western Cape. The awareness programme was implemented through puppetry referred to as POPPETS (Programme of Primary Prevention: Educating through Stories). The aim of the programme was to create “*resistance and refusal skills*” by the time learners reached adolescence. The programme was interactive and engaged learners’ decision-making skills and choices. The community organisation participants were trained (support system) through SANCA in a three-day workshop in which they taught learners to make the puppets themselves and how to implement the programme.

Similarly, SC2 has partnered with Safeline, an external organisation to offer awareness programmes to Grade 4s:

“We had a few programmes that Safeline had and they had programmes with the Grade 4s. So every year with the Grade 4s they will have a programme in terms of abuse or sexual abuse and those things. So we actually started in Grade 4”

According to SC2, the programme implemented by Safeline was directed at educators, caregivers and learners from Grade 1 to Grade 3. However, the programme was implemented with Grade 4s and took place annually. Before programme implementation a “safety net” was created for learners, by preparing the educators as a part of the programme:

“There is a request actually that the educators must actually monitor (learners), if there a change of behaviour or whatever”

Learners who disclose information had to be provided with the necessary assistance. According to Safeline, the first phase focused on empowering educators in understanding child abuse and the Western Cape Education Department protocol. In this initial phase, dealing with the fears that educators may have in dealing with learner disclosure and assisting with safety precaution are given priority. In the second phase, caregivers are empowered to communicate effectively with learners and children. As part of this phase, attention is given to:

- Effective listening

- Applying natural and logical consequences
- Looking at the difference between praise and encouragement
- The major difference between punishment and logical consequences
- Selecting the appropriate approach.

In Phase 3, the focus is on creating awareness among learners with regard to child abuse. The method of implementation includes Biblio Play, that is, the team engages in a fun-filled way of reading familiar stories such as *Little Red Riding Hood*, and *Goldilocks*. These stories express positive and negative choices and consequences. Dramatic Play occurs when the team uses puppets to engage with the children as the children begin to ask questions and participate in icebreakers. The team role-plays the characters in the stories being read. In Creative Play the team engages the children in colouring in pictures detailing safekeeping and the singing of the ‘107 emergency number’. Where problems are identified and the school is not able to deal with the problem, it is escalated to district level, where the district psychologist will provide the necessary support.

SC4 and SC5 have partnered with the Quaker Peace Foundation to offer an Alternative to Violence Project (AVP), an internationally developed programme, at high-school level (Grades 8–12). While the programme is not directly linked to substance-abuse awareness or prevention, according to SC4,

“You get 70% of your learners thinking peace and I think that would impact on making the correct choices which is what we learn in those programmes – the skills

we teach these kids to make the correct choices to be leaders among their peers”

The programme focuses on making the correct choices. The aim of the AVP addresses issues such as sources of anger and violence, and in doing so, learners are asked to focus on their own feelings. It is during this time that learners learn more about themselves and others’ feelings and reactions. AVP offers participants new ways of communicating with one another and strategies to de-escalate conflict and resolve conflict non-violently. SC4 states that the programme provides resistance skills:

“To say no, is fine. To say no, makes you an individual ... there were like quite a few skills that we try to teach kids in the programme. Not just an alternative to fighting or an alternative to this but choices, how to deal with the peer pressure. How to deal with bullies”

In creating the group at schools, they develop a common vision and shared values for the Peace Club which develop a sense of community. AVP is based on the following key principles surround this central concept of transforming power, namely,

- think before reacting;
- ask for a non-violent path;
- expect the best;
- respect for self; and
- caring for others.

SC4 concludes that the Peace Club is

“Basically a group of young kids who believe that violence has an alternative”

CO5 started an online platform to create awareness among community members and learners:

“The only thing I do presently is I have a programme. I create awareness of substance abuse online”

It is acknowledged that the online platform, although necessary, might not be the route to take to reach everyone in this particular community.

“I created an online platform whereby I share information. I share [the] latest discussions on blogs about substance abuse online. But I really want to start something offline and engage the community, especially awareness and starting a workshop in the community”

In this particular community, facilities are available for the delivery of substance-abuse intervention and prevention programmes, but there is a lack of human resources to offer such a programme to the local community.

SC3 suggests that sport and outdoor activities are alternatives to substance abuse, stating *“a child in sport is a child out of court”*. He argued that more schools should promote sport.

SC3 shared an example of an Awareness Week,

“I ran the Awareness Week. At the end of every week I would take the children on a camp. My philosophy was if you tell a child don't use, you must have an alternative. So my alternative is sport and nature. I go on a mountain, experience the clouds from above, on a mountain when it rains and the calmness of the mountain, the closeness to God. So when you look at that, that you can use as tools to combat the desire to use”

The programme is conducted with Grade 7s over a period of a week. During this time no teaching takes place. SC3 explains,

“I get in guest speakers, I ran the SAW Programme, which stood for Senior Awareness Week, where I get in Captain Crime Stop. I get someone to speak about abortion. It’s just to sensitise these kids, what trauma it can bring. Choices that girls have to make, decisions they have to make. I get in some, say an alcoholic, recovering alcoholic to speak or recovering addict to speak to the kids. I get the people to speak about decision making, you know as a teenager about the decisions. You go to a party, you have a drink, someone slips in a “roofie” and you wake up and you discover that you’ve been violated by not one, but by a group of people. Now all of a sudden you’re HIV positive”

Similarly, in awareness programmes offered by other organisations, the focus is on awareness, decision making and choices.

Awareness programmes offered by schools and community organisations are not only targeted at learners. Examples of awareness programmes that target parents are offered by community organisations which raise awareness of the impact substance abuse has on the learner and how it may impact the family unit. CO2 stated:

“We offer an awareness programme, but focus on the parents of the addict. You know and where homes are affected by children who are on drugs and so on, we try them [parents], and we bring them [parents] into a programme where they are made aware of how this drug affects people”

Awareness programmes that share information about the physical effects and long-term

impact of substance use on individuals, families and communities are highlighted. CO1 suggests:

“Through our prevention, through our awareness programme, we highlight the seriousness of substance abuse and the social ills that go with that and what part you play in that even if you’re smoking joints which is the lesser of the evil, which is the dagga and how that contributes to the other things, the negativity. And we make you see that that road ends looks like. So you think it’s cool to smoke a cigarette here. You think it’s cool to smoke up there where girls are raped, where there’s abortions, babies are killed. And we have slides – we have slides of – of pictures of kids that were aborted. So I show them this is what it a joint but this is where that ends. So we highlight the seriousness of it ... our kids are over exposed already and they’re more exposed than we would ever know or imagine”

The awareness programme is supplemented with a life-skills programme combined with creative activities to stimulate interest among learners. CO1 goes on to describes their experience of working in schools as,

“learning is no longer fun, that’s how I learnt that there was really nothing fun for kids to get involved with at school either”

A prevention strategy implemented by CO7 was focused on keeping learners (Grade 8–12) occupied during breaks or as referred to as “*intervals*”. CO7 stated

“You can easily pick it up... after intervals(school breaks); especially [behaviour] is a bit different now in class. Her behaviour is different”

Stimulating the interest of the learner is highlighted as an important component in youth

programmes. Addressing the needs of the learner in anger management and life skills is necessary to provide an alternative:

“You have to offer an alternative, but also an alternative that would stimulate the interest” (CO7)

A reading quiz was started as an alternative to standing around at school, which resulted in substance use and gang activity.

“So intervals, if you don’t have a programme to keep them busy with, they all interact, intervals they sat with a newspaper, which they don’t have at their homes which the Cape Argus kindly supplied” (CO7)

Learners were engaged in topics that were of interest to them and in doing so a cohesive community was created. Learners learned to work together in groups with the common vision of winning the reading quiz.

5.3 Factors that influenced the implementation of school-based substance abuse prevention programmes

The implementation of school-based substance-abuse prevention programmes consisted of several codes and quotes. After further analysis, the codes were condensed into three categories with the theme of implementation (Table 5.3). The table below presents factors that influenced the implementation of school-based substance abuse prevention programmes.

Table 5.3 Factors influencing the implementation of schools-based substance abuse prevention programmes

Category	Subcategory	Theme
Content	<i>Needs of Learners</i>	<i>Implementation of Programmes</i>
Capacity	<i>Individual Organisational</i>	
Implementation Approach	<i>Participatory Approach Partnerships</i>	

In the context of this study, implementation of the substance-abuse prevention programme focused specifically on the types of programmes offered at schools and how they were delivered or implemented. At this stage efficacy of the programme was not tested and will require further research. Research participants shared information on programme implementation which included programme content; capacity as it relates to individuals and organisations; implementation approach and support. Where programme documentation was available, a document analysis was conducted, which assisted in the data analysis.

5.3.1 Content of the programmes

As described earlier, school and community organisation participants displayed a unique understanding of the inherent needs of the learners, families and communities in which they worked daily. According to the participants the content of the programmes were tailor made to the needs of the diverse groups of learners. They believed that this strategy is what facilitates the implementation of the programmes. A document analysis revealed the content of the programmes offered which was corroborated through the interviews.

5.3.1.1 Needs of learners

A document analysis revealed that programmes were implemented for learners across all age groups in primary and high school. At each developmental stage the learner needs differed. Many of the programmes Awareness and life skills programmes were implemented for learners aged between Grade R to Grade 4 (age 6-10). The Alternative to Violence programme was implemented from Grade 8 to Grade 12 (age 13-18). The extra-mural and co-curricular programmes were targeted at learners throughout primary school and high school (Appendix. H).

Substance abuse is often detected when educators or parents identify a change in behaviour of the learner. As learners are transition through various developmental stages identifying changes in behaviours becomes essential. Identifying the changing needs in learners requires programmes to meet these particular needs. SC2 shared an experience:

“They’ve [learners] been identified being aggressive in class and then also, we pick up traces of abuse, or substance abuse. We would then ask parents”

Being aware of the possible signs of substance use is critical if early intervention is implemented. Where a learner has presented with challenging behaviour, interventions need to take place in class before referral to the school’s internal committee which deals with psycho-social issues (SC2). In other words, educators are responsible for dealing with

the disciplinary challenges in class first before referral for further intervention.

SC6 explains that there has been a noticeable decrease in the pass rate at school, much of which has been attributed to the increase in substance use among learners. An example:

“On a daily basis we see the behaviour of children, normally in a class the children that’s using substances are very fidgety”

It would seem that educators have become more vigilant in identifying changes in learner behaviour. As learners spend an extensive amount of time at school, the change in behaviour is more pronounced and educators need to be aware of the signs of substance abuse. SC2, SC3 and SC6 shared similarly experiences of learners’ lack of concentration in the classroom. Schools face huge challenges in managing the problem as suggested by SC6,

“We have major problems with discipline because this child cannot sit still. They cannot work for long, they are easily irritated and they tend to blow up and cause major disruptive problems within a class. So we’re experiencing a lot of problems at this school, getting the children to settle down, it’s always noisy”

While some signs can easily be misinterpreted or assigned to other factors, schools describe incidences where learners are visibly high or described as *“being intoxicated at school”* (SC6).

While classroom interventions are intended to manage disruptive behaviour, such

interventions often entail excluding the learner from the classroom, which in the opinion of SC3 alienates the learner even further. Seemingly a common practice, with learners being “kicked out of class”, SC3’s approach is to embrace the learner and find alternative ways of dealing with the challenging behaviour. Based on the ethos of inclusive education, the school suggests that:

“addiction should be treated like any other school problem”

This prompted the principal of the school, when faced with the challenging behaviour of eight substance-abusing Grade 4 learners, to seek support outside of the school environment, when the confrontational approach was no longer yielding results. The school through the Department of Education, contracted the services of a counsellor, who engaged the learners and the school principal individually.

The result was the adoption of the “positive behaviour” approach, which encourages schools to create a supportive, effective teaching and learning environment for learners. It also reflects the belief that schools and early childhood education settings play a major role in fostering wellbeing and creating safe, healthy communities. The underpinning philosophy described below is critical when implementing an intervention:

“every person at this school, every adult, every child belongs in the school. We must also acknowledge that each and every one of us has the right to be independent” (SC3)

A programme implemented by SC6 was to have learners participate in the SANCA peer education programme. The initiative includes Grade 9 and 10 learners who are trained by SANCA, and the programme is presented during a school period. The programme includes the following:

- Drug education and information about substance abuse.
- Causes and effect on individuals at a social, physical, emotional and psychological level.
- Life skills such as decision making, peer pressure, self-image, conflict resolution, communication, relationships and leadership.
- Substance abuse and the link to health and social problems such as HIV/AIDS, Foetal Alcohol Syndrome, crime, violence, and unemployment.

Peer counsellors are appointed and trained in selected schools to assist with ongoing awareness campaigns and the referral of learners with problems. The reason for appointing peer educators, according to SC6, is:

“Because the sentiment is, children rarely want to speak to an adult about their problems so would rather speak to their peers. So I work with SANCA on that department”

Where organisational and individual capacity did not exist, external stakeholders were consulted. CO4 implemented an early intervention programme in a phased approach, which was developed in consultation with a psychologist referred to as “Personal Development Programme (PDP)”. The programme is marketed by the placement of an advertisement.

CO4 stated that:

“Advertisements were placed in our local communities, at the shops and then in the newspaper, and then also, by word of mouth; we will advertise our yearly intakes, we will have two intakes per year”

Individuals are requested to complete an application form and are interviewed. The purpose of the interview is to select young people into the programme that are willing to put in the work required:

“to find young people that are motivated... ”

The aim of the PDP was to focus on the self. CO4 explains that:

“We see young people are always challenged in identity and personality”

The programme has been influenced by the Lifeline programme, as participants are requested to write their *“life story”* along with the necessary *“mooring lines”*. This entails having participants create seven-year timeline slots, seven-year slots identifying significant events, *“the good times, the bad times”*. The events are placed along a timeline of highs and lows; participants are asked to draw a picture of how they view themselves at particular points along the time line. The successful individuals have to attend a three-day orientation course, in which they hear from individuals who have previously completed the programme. The delivery of the orientation is interactive and consists of various activities

for three days. Regular attendance of the programme is compulsory: *“We will know who is coming, who is not coming.”* Only participants who have successfully completed the orientation programme by completing all three days are allowed to continue with the PDP, and will be issued with a student card. Participants of the programme are required to have the card at all times as a form of identification as well as when participating in community outreach programmes. Students are identified as part of the CO4 and need to uphold the principles of the programme at all times. The PDP is not only reserved for individuals challenged by substance abuse, but caters for teenagers with other challenges, which could include teenage pregnancy and non-substance abuse related behavioural issues.

The aim of the PDP was to focus on the self; CO4 explains:

“We see young people are always challenged in identity and personality”

The programme has been influenced by the Lifeline programme, as participants are requested to write their *“life story”* along with the necessary *“mooring lines”*. This entailed having participants create 7 year time line slots identifying significant events, *“the good times, the bad times”*. The events are placed along a time line of highs and lows, participants are asked to draw a picture of how you view themselves at particular points along the time line. The second phase of the programme is referred to as the therapeutic session which takes place as group sessions. All participants are provided with a mask and given an opportunity to share their story. The next phase of the programme is referred to as

the therapeutic session which takes place as group sessions. All participants are provided with a mask and given an opportunity to share their story. The purpose of the mask allows young people to tell their stories more easily.

The focus of the three-month PDP is to “*find your true identity*” (CO4) which is done by means of the story analysis. Each participant undergoes “*individual therapeutic sessions that deal with challenges in relation to your emotions and your behaviour*”. Individuals are then asked to look to the future; this section deals with “*decision making and choices, goal setting and career choices, anger and resentment*”. Discussions relate to family rejection and the residual feelings or conflict that may arise as a result. CO4 states

“... from anger and that we will go now to a next level, my success and my future. So my success and future, once again, talks about lying, deceiving ..., we have dealt with the emotional side and also, the acting and reacting so that is now – when you speak of anger which makes them fight and other anger which is just inside in them”

UNIVERSITY of the
WESTERN CAPE

CO4’s programme, which is described as a self-development course, includes the following modules:

- Identity
- Self-esteem
- Physical changes in adolescents
- Moral development
- Risk taking
- Decision making
- Goal setting
- Sexuality and HIV/AIDS

- Substance awareness and prevention
- Substance recovery programme

While community organisations have the time to offer support programmes, schools describe a very different scenario. Even though SC2 has Safeline on the school premises, access to the service is limited because of the extent of the problems in the community. When asked about the support received by social workers, **SC2** explained that two social workers are assigned to a wide area and in some instances are only able to see learners “*every two months*” because of the large case load. The nature of the substance-abuse challenge has escalated to a far greater extent than the resources available to provide support. **SC2** implemented a programme in conjunction with a psychologist for parents, “Discipline Starts at Home”, which was attended by 20 parents. It comprises a school-based support team constituted of committees to deal with academic, behavioural and social learning challenges. Consisting of educators, the committee deals with challenges as they arise and makes the necessary referrals to the district social worker when the problem is greater than the school is able to handle. As outlined earlier, schools are frustrated by the lack of resources, as the number of social workers is outweighed by the number of cases reported.

5.3.2 Capacity

Capacity was defined earlier in this study as the skills and knowledge and experience of individuals, organisations, communities and groups to implement substance abuse

programmes. Participants claimed their individual and organisational capacity is what influenced the implementation of the programmes positively.

5.3.2.1 Individual capacity

The participants indicated that they attended the University of the Western Cape substance abuse training programmes which increased their skills and knowledge of how substance abuse prevention programmes can be implemented. The programme was a 6 month certificated programme in which community organisation representatives and educators were enrolled. The university programme was attended by 11 of the research participants, the remaining 2 research participants had not received any formal substance abuse training. The results reflect that individuals who were implementing programmes in schools had received training before prior to implementation.

“knowledge that we acquired at UWC and sort of like implemented and kept the groups together”(CO3)

Although the AVP is a school-based programme, training of peer facilitators takes place over a weekend which enables learners to get out of their often violent communities. Weekend training in the form of camps provides the opportunity for learners to interact with one another through discussion and process newly learnt concepts of AVP. SC5 explains that both educators and learners are involved in the AVP. Educators and learners completed:

“... The basic and advanced and then the training for facilitators programme. So what we then did was we had our learners then – look, all of us, all the educators in charge of Peace Clubs, we went through this basic training and then we did the advanced and then we became facilitators. Then we then sort of took our kids through that process and then we had learner facilitators” (SC 4)

AVP is underpinned by the value of community building, and SC4 shared an example of this,

“all the teachers in charge of Peace Clubs, we went through this basic training and then we did the advanced and then we became facilitators. Then we then sort of took our kids through that process and then we had learner facilitators” (SC4)

“Each school that had a Peace Club would then choose a name for their Peace Club; instead of being the Peace Buddies they called themselves Governors for Peace”(SC5)

The purpose of the training of peer facilitators is to build individual capacity with regards to self-esteem and empower participants to build trust and co-operation.

“I have trained as well as a facilitator and then we’ve trained kids to facilitate” (CO4)

Developing individual communication and conflict resolution skills is an important component of the training. The critical reflective skills allows for facilitators to engage in deeper exploration and identify underlying possible causes for substance abuse.

Developing the leadership skills of facilitators and peer facilitators enhances their own

ability to make decisions.

We did training with the whole staff. I must actually get her back to do it again because we have a lot of new staff. ... It's called positive behaviour and she uses her personal mastery. So in personal mastery, there's four things. It's a – I formed an acronym for me to remember it, BM. So the b stands for belonging. The background of that philosophy is in the Red Indians of North America. So every person at this school, every adult, every child belongs in the school” (SC3)

The document analysis showed that awareness and life skills training of educators and community organisation representatives took place in a three-day workshop. The purpose of the training was to empower educators by understanding different forms of child abuse and the Western Cape Education department's protocol. Further, the training sessions created the opportunity for educators to deal with their own fears in dealing with learner disclosure by assisting with safety precaution. Educators are trained in effective communication strategies as well as creating awareness about child and substance abuse amongst learners. The reading programme which is an extra-curricular programme trains the volunteers as reading buddies to assist learners with reading.

The following quote by research participant summarises the one individual capacity required to be involved in substance abuse prevention:

“You've got to be kind and caring and be generous with praise... m stands for mastery” (SC3)

The statement suggests that having the individual knowledge and skills is important for successful implementation, but beyond that, facilitators require a kind and caring nature to make a difference in the lives of learners who are affected by substance abuse. While individual capacity is important, organisational capacity to successfully implement is important. The capacitating of individuals comes primarily through training and that is provided.

5.3.2.2 Organisational capacity

A key factor in successful implementation of substance abuse programmes is organisational capacity. This would include the organisational structure, resources (human, financial and non-financial) and infrastructure to deliver programmes. Interestingly, organisations have identified serious challenges with regard to organisational capacity, however developing partnerships and working collaboratively with other organisations where capacity does exist has assisted in overcoming such constraints. As described by SC2 the challenges identified the lack of human resources and professional services:

“I know the social worker, the previous social worker, she only could deal with crises, there were so many crises that she went from one school to the other and anything that’s not a crises, wouldn’t have been dealt with”

“if there’s certain issues within the schools and you must know it’s one social worker for 25 schools”(CO4)

It is clear that not all organisations have the professional skills within the organisation to

assist learners who requires specialised services. Except in the case of SC3, who personally registered for a counselling diploma to provide a service to learners as a result of the lack of capacity within the organisation and lack of availability of external counsellors.

An important organisational practice which bolstered organisational capacity was to work collaboratively with other organisations, communities and forming partnerships, which was demonstrated by CO7:

“the key is constant communication with all stakeholders all right. Number two, if you are dependent entirely on volunteers, you have to interact with them regularly. You first of all have to see that they are properly equipped”

“so if a school can hook up with a NGO or even that course at UWC. Can you imagine if, in the WCD it’s compulsory ...if principals now say, I cannot afford I, such programmes are available”

Schools and community organisations shared several examples of collaborative partnerships with NGO, Higher Education Institutions, Government, Communities and individuals in which shared decision-making occurred among providers, which led to better implementation.

5.3.3 Implementation approach

The programme implemented by CO4 is delivered by means of participatory pedagogy, by using various activities such as games, discussions and reflections. This approach enables individuals to engage meaningfully with the content as well as to make meaning of what is

experienced. The nature of all the programmes implemented by educators, principals and community organisation participants were interactive and engaging of the learners, taking into consideration the age and level of development. The awareness programmes targeted at learners aged 7-13(primary school) used various delivery strategies as described below.

CO3 explains the implementation of an awareness programme with primary school learners(age 7-12):

“interactive with the colouring in stuff ... and then the engagement from the volunteers”

Similarly, **SC2** when engaging with learners at a primary school, drawing pictures is a form of storytelling:

“I give him something to draw”

Learners are asked to reflect on their own lives and the experiences that they had, drawing both positive and negative experiences and how this may have impacted on their lives.

Storytelling forms a part of the awareness and prevention programmes delivered at older learners as well, as CO4 describes:

“in relation to your life story and then you (draw) mooring lines on the ups and the downs and the negatives, you will then also draw a picture of how you see yourself”

Co-curricular programmes such as outdoor camps, sports programmes and reading programmes, extended the programmes beyond the classroom and created a closer bond between learners and school staff. The statement below reflects the engaging nature of the

programmes:

“a child in sport is a child out of court”(SC3)

“get them to be engaged with either a sport or a reading quiz” (CO7)

CO1, SC3 and SC5 indicated that learners would be taken away (camps) from the school environment and the community in which they reside to engage in issues relating to substance abuse:

“Awareness Week, at the end of every week I would take the children on a camp” (SC3).

At the camps learners are engaged in various activities that include developing a vision and mission for programmes offered at schools:

“our kids designed(vision and mission) that because we have this programme because we’re a technical school so they had this drawing programme”(SC5)

The document analysis revealed (Appendix H) that programmes were facilitated through discussion and small-group activities, engaging learners in the process. Role-playing various scenarios encourages the participation of learners and promoted the acquisition new skills. A central feature of all the programmes is the interactive nature of the programmes and that many of the programmes do not form a part of the formal curriculum. Programmes are less formal and more flexible and accommodating of the learners who

participate in the programme.

5.3.4 Support

Support has been established as an important component in the implementation of school-based substance abuse prevention. Through the interviews and document analysis it became evident that various support structures are utilised in the implementation process. As SC4 shared that learners are considered to be peer support and trained as peer facilitators. The learners assume responsibility for talking to their peers about:

“alternatives to violence and not being active bystanders”

Referred to as “peace lovers”, learners who become facilitators stated that “we love the bully more than we love the victim, because he is the one with the problem”. Schools that have embraced the AVP often form networks with one another –examples of this were the joint meetings between SC4 and SC5. In doing so, peer facilitators get to meet peer facilitators at other schools, share their experiences and show support. They call themselves “peace buddies”. SC6, in partnership with SANCA, trains peer educators who are available to learners at the school during break,

“When they need to talk to someone, or if they want to disclose, just to have somebody with an ear.”

SC6 reported that learners rarely complete the interventions such as outpatient programmes,

partly as there is no additional support or aftercare provided. SC6 suggested that support and aftercare be provided in the form of care and interest,

“taking the time out and telling learners that they matter, start believing that learners are worth something”.

SC6 felt strongly that educators have to have the best interests of the learners at heart, even the learners who are challenged, more especially, as they need more support.

CO4 provided a description of the support programmes in place. Individuals who are in need of substance-abuse treatment often are not able to access treatment centres, either as a result of finances, long waiting lists, or the lack of treatment centre availability. CO4 offers support to individuals waiting to be accommodated at treatment centres,

“We will place you on a list at the different substance centres, abuse treatment centres and then for that we will refer you to our support group programme in relation to you waiting for entry into that because we cannot currently financially sustain this three-month programme”

Individuals who have been successfully placed and graduate from treatment centres are supported through career-planning programmes. Where individuals have dropped out of school as a result of substance abuse, on exiting treatment, they are encouraged to complete their schooling. CO4 described it as:

“Based on your goals and then we will always look at job opportunities for those that do not have the zest or the ability to go there. And a lot of students also then went back to school to complete their National Certificate. So that is also a plus for

us”

The support provided to learners who have dropped out of school is extended beyond the substance-abuse aftercare and support and includes academic support as well:

“For those, we will have then after hours’ sessions at the premises where we get the maths expert or someone who availed him or herself. Guys that also studied here but are brilliant in maths, they will help them in that(maths) and also, then science and whatever. So they will be assisting there and then we will get educators that are also at home that will help”

CO4 emphasised that this service was not part of the formal programme and was offered in conjunction with individuals with whom they have established a relationship that were willing to offer their services on a voluntary basis.

CO1 shared the experience of his own sobriety and the importance of providing aftercare and support. He states that in the aftercare programme offered they *“do not discriminate between the perpetrator and the victim”*. He goes on to explain that part of the support programme is *“restitution and forgiveness”*. Assisted by a clinical psychologist and a professional counsellor, individuals who attend the support group are taken through a *“process of healing and understanding of forgiveness”*. The service is open to everybody that wants to attend the aftercare programme, which is the support group that happens once a week, every Tuesday evening, at a community centre. Learners and parents who participate in the school substance-abuse awareness and prevention programme are invited to attend the aftercare and support group as well.

CO4 initiated a support group which started informally with a group of community members, parents and families gathering to talk about the challenges they were facing. It was only when **CO4** partnered with a social worker based at the local day hospital that the programme became more structured. The support programme was initially targeted at the youth in the community and school dropouts. The support programme was eventually held at the day hospital and opened to other individuals attending the day hospital for substance-abuse assessment. The programme is held once a week, starts in the morning and lasts for three hours; there are two types of support groups, family and individual groups.

Similarly, **CO2** works on a referral basis where individuals are referred to treatment centres. The support group is offered to families of the young people whom they refer.

“We want you, your parents to be here and when we approach them, we ask them to come. But we haven’t been successful in the families coming. We’re trying to do that. We also tried going into homes and where we worked with the client”

Although the success rate in working with families has not been ideal, **CO2** continues to make inroads. Much of the support provided by community organisations seems to go beyond formal support, as organisations provide emotional support and encouragement to young people where there is no other support available. **CO1**, 3, 4, and 5 provide examples of the “love and support” given to young people.

5.4 Factors that influenced the sustainability of school-based substance abuse prevention programmes

An essential part of the sustainability of a programme is to determine the scope and nature of the issues to be addressed, examining existing and needed resources and identifying barriers to implementation and sustainability (Glider, 2010). However, this being said, arriving at a conclusion on the sustainability of programmes was a challenge as it requires a longitudinal approach. Although not all programmes are meant to be sustainable, programmes that meet local needs are more likely to be sustained over the long term. Through the process of coding, 3 categories were identified which included community and learner needs, partnership and capacity. These categories are discussed as they relate to the sustainability of school-based substance-abuse prevention programmes.

Table 5.4 Factors that influenced the sustainability of school based substance abuse prevention programmes

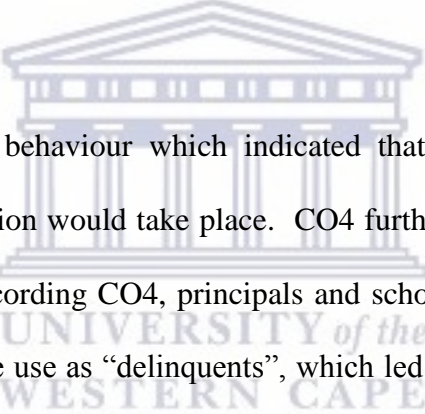
Category	Sub-category	Theme
<i>Community and Learner Needs</i>	<i>Community School Learner Family</i>	Sustainability
<i>Partnerships</i>	<i>Networks Relationships</i>	
<i>Capacity</i>	<i>Peer Support</i>	

5.4.1 Community and learner needs

School and community organisation participants shared experiences of the needs within

their respective communities. CO4 provided a description of the research that was conducted to establish who was most vulnerable within the community. The initial research suggested that the age group was between 14 and 35 years old. However, as a result of their continuous engagement in communities, they discovered that children as young as 9 were influenced by substance abuse. Findings such as this prompted CO4 in stating the following:

“We started an interactive prevention programme at primary school level ... looking at behaviour challenges”



For learners who presented behaviour which indicated that they had already initiated substance use, early intervention would take place. CO4 further identified the high school dropout rate of learners. According CO4, principals and school governing bodies viewed learners affected by substance use as “delinquents”, which led to learners eventually being removed from schools because of disciplinary measures. CO4 described cases where parents in the community were substance abusers themselves and the impact of this could be seen through children “who become a statistic of the educational system”. An outcome of this is seen in the increase in the number of young people “standing on corners, becoming gang members, or robbing people of their money and cellphones” to support their habit of use.

Understanding the needs of the community and the social challenges were highlighted as critical, and CO4 stated:

“We started our research and that was not educational research being done, research done with no intellect in that directive but in relation to what we thought was important ... not to be a hit and run organisation but to really look at the challenges of young people and children in our communities”

It was then that it was discovered that

“many young people need personal development, love and support”

The community needs identified by CO4 are similar to other community organisations and schools who shared their experience. CO1, CO2, CO4 and CO5 similarly found a high dropout rate of learners from school. CO5 suggests:

“There is nothing they do, so it will trigger them to be engaging in substance or alcohol-related abuse; there is no programme for them to keep going”

CO1 realised the need for awareness, prevention and early intervention programmes, partly because of his own personal experience and the impact it had on his own family as well as recognising those similarities in the community. Being engaged in a community support group provided insight into the needs of families and communities, described as “brokenness, destruction and pain, I could relate to”; this eventually culminated in school programmes. Learners who have exited the system and find themselves having to sustain

their habit through prostitution, drug peddling, household robbery and theft are often “victims of the system”. CO1 reported that learners experienced trauma and high exposure to substance abuse, which impacted their behaviour negatively. Preventing them from being “drawn into gangsterism and prostitution” requires developing a relationship with young people to provide them with alternatives. Being involved in schools to share information relating to awareness and prevention and the outcome of continued substance abuse is explained. CO7 suggested that keeping learners’ time occupied during high-risk periods, such as breaks at school, could alleviate substance use at school. A reading programme and quiz was introduced during lunch time periods, which kept learners from buying drugs at the school periphery, using drugs in the toilets, or getting involved in gang activity. The reading programme not only occupies time but “*establishes an inner strength within learners themselves*”

CO4 started out as a contact for families who after exhausting all avenues, including various government support structures, would request assistance. Acknowledging that formal research had not been conducted, the increase in the number of clients requesting help, the decrease in age of clients and the reoccurrence of a particular illicit substance indicated the need for intervention. The needs of the community as well of those of learners seem to have informed the programmes delivered within schools and in communities. Many of the community organisations are located in communities and close to schools that are severely impacted. In providing a description of schools, CO4 noted that schools resembled “*prison yards*” with grids on windows, doors, and high fencing. On the outside

learners are faced with *“gang graffiti on walls”*.

Schools reported on the challenges faced on a daily basis and the lack of human resources available to help schools cope with the problem. As SC2 suggested, the resources provided by the Department of Education were not intended to deal with the large scale of the substance abuse challenges that schools face. In this regard, learners “fall through the cracks” as they can only be seen once every second month. SC2 shared an example of learners as “undiagnosed Foetal Alcohol Syndrome as a result of the mothers drinking during pregnancy”. Learners are exposed to high levels of substance abuse in their homes, families and surrounding communities and come to school affected by incidences that occur in their homes. Schools (SC2 and SC6) reported that educators and principals were left to deal with children that *“parents no longer have control over”*. SC3 felt that educators were not equipped to deal with the kinds of challenges, most of the

“time denying that there is a problem in the first place”

SC2 described

*“educators and everybody feels quite overwhelmed in terms of what’s happening”.
Many learners present with academic problems partly because they are affected by FASD, while others have to deal with personal, familial issues”*

SC3 recommended that for educators to deal with the challenge of substance abuse,

“resilience and dealing with self is critical”. Educators need to learn to “be kind, caring and generous with praise, there has to be self-mastery”.

SC6 referred to “educators as being uncaring and unfeeling, even though they have children themselves”. But educators need support themselves (SC3), having to deal with the social and emotional problems of learners.

5.4.2 Partnerships

Partnerships were described by schools and community organisation participants as critical to sustainability. The types of partnerships suggest that working together goes beyond formal agreements and those partnerships are meaningful engagements with various assets with similar visions and aspirations for the community in which the work is done. Developing partnerships in the light of dwindling resources and lack of capacity was seen as an option to provide much needed services.

CO4 developed a network of partners that consisted of formalised community organisations that offered well-resourced and evidence-based programmes within the community. An example of this was the partnership between SANCA and a faith-based organisation. SANCA provided the training to volunteers (members of the local community) to offer the programme managed by CO4. Ensuring that there would be buy-in, CO4 worked through the structures of the church to access community members and engage community

members in formalising its own structure to become a registered NPO. In doing so the constitution of the NPO was not developed individually, but rather by the community it would serve. Community members, through participation in this process, became “*champions*” of the programme as well as the vision and mission of the newly registered NPO. Other organisations which formed a part of the support network were educational institutions such as FET colleges that provided career counselling to youth as part of the intervention programme and Early Childhood centres which became recipients of the programmes offered by partners.

Other community organisation participants shared similar experiences. CO1, CO2 and CO4 developed active ongoing partnerships with other community organisations, in terms of providing one another with support, information and resources, and were able to identify assets within the community that could help sustain programmes. When capacity is not available, CO1 refers young people to other community organisations that are able to offer the necessary support.

Volunteers, who are both professionals and non-professional community members, make a considerable contribution to the sustainability of organisations. As CO4 suggested,

“people volunteer their time because they believe in what we doing”.

Community organisations’ programmes are made more sustainable with the support of volunteers who provide the necessary capacity. CO7 developed a partnership with a

publishing company to provide books for the reading programme, through the donation of books which eventually become a part of the school library.

Schools share similar experiences of partnerships with community organisations and volunteers. Many schools have partnered with NGOs to provide resistance programmes to learners, while others invite community organisations to offer awareness programmes. A partnership between CO1 and SC6 led to learners who were disruptive, instead of being placed outside the classroom and left on their own, being sent to a particular class to engage in other non-academic activities. Although the partnership between the school and the community organisation was not formalised, the CO provided a necessary support service to educators and learners.

Various examples of partnerships between government institutions such as local clinics and higher education institutions have been noted as critical. The nature of the partnerships was largely dependent on the individuals at these institutions rather than on the institutions. This is the case as explained by CO4, who developed a partnership with the social worker at a local clinic who was prepared to work alongside the NGO. The same can be said for the partnership established with the South African Police Service (SAPS). SAPS provided a space for the NGO to work from and for members of the public to gain access to the service offered.

CO4, SC4 and SC5 had established a partnership with a well-established international organisation. The educators and learners on the programme are trained free of charge and

schools and community organisations participating in the programme form part of a broader network that meets on a regular basis to share experiences, and in some instances, resources as well. The organisation provides the training material and schools are capacitated to run and manage the programme. Schools have also partnered with universities, where service-learning programmes are available to make use of the expertise of students under the supervision of the academic staff. Exploring community engagement opportunities such as these could have tremendous benefits for schools and communities and provide graduate students with much needed experience.

More importantly, schools expressed the need to develop closer partnerships and relationships with parents of learners. Schools experience parents as being in opposition to the disciplining of learners who are disruptive. There has to be a closer working relationship between schools and parents.

It would seem that even though there are various partnerships in place, community organisations and schools have developed deeper relationships and goodwill. There seems to be a sincere appreciation for the work conducted by each and the realisation that more can be achieved when organisations come together as a collective. Where those relationships are not in place, as described by SC2, the likelihood of collaboration is diminished. SC2 shared an example of a well-known organisation that was given permission to use the facilities of the school as well as the use of a spare classroom, on condition that the school would be supported. As the terms and conditions were not

formalised, the agreement was not upheld when a new counsellor came on board. Currently, the school does not enjoy the benefit of having the organisation hosted on the school premises.

5.4.3 Capacity

Capacity has been outlined in all its dimensions as it relates to community organisations, schools and research participants. Understanding capacity takes into consideration a wide range of aspects that includes the individual, school and community involvement, leadership, skills, resources, sense of community, community power, community values, critical reflection and type of environment.

CO4 opened the description by stating:

“We need to get the generation that is hungry and equip them, so that they can set the record or set a standard.”

Schools, communities and organisations have to be actively involved in meaningful engagement in school-based substance abuse prevention. As established earlier in this chapter, organisational and individual capacity is important for effective implementation and sustainability of programmes. As is evident, participants in this study have shown to have the necessary capacity to implement programmes. However, where more skills specialised are required and when the capacity does not exist within the individual or organisations, partnerships and collaboration has been useful.

As CO4 explains, there is “*more political noise*”, implying that engagement is superficial and does not result in significant outcomes. Community organisations and schools through their own partnerships and connections interacted with other organisations that could provide them with the necessary skills and knowledge to implement programmes. CO2 explained,

“I feel that if I have the know-how and the training and all that kind of thing, be professional, I would try and draw in the communities especially in the community that we are living in.”

An example was shared by CO1, CO2, CO4, CO4, CO5, CO8, CO7, and SC3, who all participated in the substance-abuse community-training project offered at the University of the Western Cape. The knowledge and skills acquired enabled organisations to implement substance-abuse programmes and to become reflective practitioners. It further created a network of organisations that provided support and resource input through collaboration and shared resources. However, the personal experience of educators, principals and community organisation workers provided knowledge capacity that was contextual, creating an affiliation with the community.

More importantly, there is a sense of agency among both community organisations and schools, which compels them into leadership roles. CO4 realised that change needed to take place because of what was experienced in communities:

“We saw, listened ... things need revival, I became passionate, I did research.”

Realising that the only information about the community was in the form of crime statistics with SAPS and the City of Cape Town housing statistics, CO4 interviewed “*older people in the community*” to establish the historical background of the community. It is this recognition that led to a deeper understanding of the community needs. Taking it further by getting buy-in from church and community leaders was important to support the programmes and to keep the broader community informed through formal structures in the community of the resources available.

SC2 and SC3, as leaders in the school, identified the need to be self-reflective as educators and to become aware of practices and how they may impact learners. SC2 shared incidences of responsiveness to learner, parent and educator requests for assistance and found the necessary external support to develop capacity. Currently, the school has a support team in place; when support is no longer possible within the school structure, and parental support is not forthcoming, learners are referred to district support. SC2, in conjunction with an NGO, invited unemployed parents to attend a programme at the school to strengthen personal skills, but found that “*parents are not always motivated*”. The response to the programme was not good, but the programme went ahead with the few parents that arrived. SC3 came to the realisation that removing learners from school was not benefiting the learners at all. Responding aggressively to disruptive behaviour of learners created further tension between the learners and teaching staff. SC3 drew the analogy between an educator with a substance abuse problem and a learner:

“The school must come out of denial that they mustn’t see substance abuse as a curse on your school. If an educator has a drinking problem, if a school decides to get rid of the educator, head office will turn it down. We must get help for the help, the educator is sick. You can’t just do what you like, by saying you must get out.”

As a leader in the classroom or of the school, the school has to find ways of to help learners who are experiencing behavioural challenges as outlines in the DBE (2013) policy mandate. Developing the capacity of educators and educators to deal with the challenges that they face is critical, as removing learners from the classroom and the school only moves the problem further along.

“Schools are not empowered to deal with the problem ... developing the capacity of educators is essential.” As SC6 stated, “I think educators must be educated; just because you have a degree doesn’t make you an educator.”

Interestingly, when asked about resources, most community organisations received little to no funding but managed to offer the programmes at great sacrifice. CO4 described it as “*running on fumes*”, while receiving R1500 per month from a church organisation and a private sponsorship of R500 monthly, but it is the “*passion that drives the organisation*”. CO5 suggested that funding was not necessary, because the resources were available in the community; human resources with the required skills and expertise were needed. “*So as a community I think that we have major resources, such as the community has a multi-purpose hall and chairs, so just to get the right team that can be able to facilitate a programme here is important.*” CO4 highlighted an example where a government

institution received funding for a Youth at Risk Programme, having the infrastructure in place to offer the programme but not necessarily the human resources or the programme content. Government and non-governmental organisations have to work together to align programmes and collaborate in community initiatives. Where the infrastructure resources are available, community organisations are prevented from making use of the facilities for fear of vandalism (CO4). CO1 shared a similar experience of:

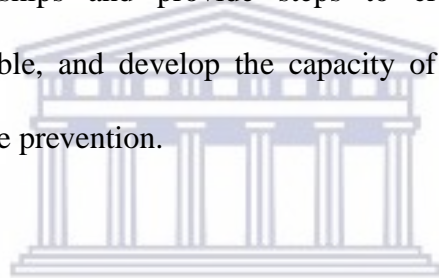
“community centres standing empty all the time because the people that are in the community centres want to keep the community centre clean”.

CO1 stated that funding did not necessarily have to be in the form of money, but could include shared tools, researchers and programmes. Schools that offer programmes share a similar fate. SC4 and SC5 that manage a peer educator programme where learners are taken on youth camps often cannot access venues and facilities because of the lack of finance. There are occasion when schools are allowed to use the cultural centres to host such events.

5.5 Chapter summary

This chapter reflected on the systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes. It was found that schools remain well placed to provide substance abuse prevention programmes. This chapter discussed the systemic factors that influenced the development, implementation and sustainability of programmes and compared to relevant literature. The school-based substance-abuse prevention programmes implemented were designed to delay the onset of

substance abuse among learners. An important outcome in this chapter was the mobilisation of community assets for the sustainability of programmes. This highlighted the resourcefulness found within schools and communities. It was found that substance-abuse prevention should go beyond the classroom, by promoting a school culture which places emphasis on the learner's overall wellbeing and developing resilience and resistance skills towards substance abuse (Fletcher, Bonell, & Hargreaves, 2008). The next chapter focus on developing a local model of school-based substance-abuse prevention based on the findings of this study. The model will assist schools and community organisations to strengthen existing partnerships and provide steps to create programmes that are implementable and sustainable, and develop the capacity of all individuals involved in school-based substance-abuse prevention.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 6

A Grounded Theory on the Development, Implementation and Sustainability of School-Based Substance-Abuse Prevention Programmes

6.1 Overview of chapter

This chapter focuses on the development of a grounded theory for the systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes. In Chapter 5, the data was presented and emergent themes identified as suggested by Bryant and Charmaz (2011). Lempert (2007) explains that the process of developing grounded theory requires an intense engagement with data to be able to transform the data into findings.

The findings of this grounded theory study are discussed here along with the relevant literature (Sbaraini, Carter, Evans & Blinkhorn, 2011). Given that the theory is based on context, the representation here may not be considered final as it is open to further research and other interpretation.

The aim of this analysis was to propose a theory grounded in local data presenting opportunities for further research (Charmaz, 2014). The adoption of an interpretive approach assisted in understanding the actions of participants and how they constructed meaning.

Bryant and Charmaz (2011) provided a summary of interpretive theory as:

- Conceptualise the studied phenomenon to understand it in abstract terms.
- Articulate theoretical claims pertaining to scope, depth, power and relevance of a given analysis.
- Acknowledge subjectivity in theorising and hence recognise the role of experience, standpoints and interactions including that of the researcher.
- Offer an imaginative theoretical interpretation that makes sense of the studied phenomenon (p. 231).

More importantly, the significance of a grounded theory approach to the systemic influences on the development, implementation and sustainability of school-based substance abuse prevention programmes offered a situational approach by addressing the issues of “voice”, discourse, texts and the materiality of power (Denzin, 2007, p. 454). It is through the commencement of a deeper engagement with the emerging themes that this grounded theory emerged which describes the systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes.

Revisiting the research questions which guided this research project:

1. Identifying the systemic factors that influenced the development of school-based substance- abuse prevention programmes?
2. Exploring how these systemic factors influenced the implementation of school-based substance-abuse prevention programmes?
3. Examining which factors hindered or facilitated the sustainability of prevention programmes in schools?

The grounded theory put forward in this chapter brings together the systemic influences which emerged from this study and the emergent theories as related to the development, implementation and sustainability of school-based substance-abuse prevention programmes. By combining these factors, a grounded theory emerged which provides an entry point for further research into school-based substance-abuse prevention programmes. Furthermore, it provides insightful information into school and community organisation practices which previously has not been fully explored.

6.1.1 Grounded theory on systemic influences on the development of school-based substance-abuse prevention programmes and related literature

The theory which has been developed based on the findings of this study provides a grounded approach to the development of school-based substance abuse prevention

programmes in the Cape Metropolitan region. While previous research has been conducted in the area of substance abuse prevention, this research is unique in that it focussed on the influencing systemic factors located within schools and communities in the Cape Metropolitan region influencing the development, implementation and sustainability of school-based substance abuse prevention programmes.

The findings suggest that the development of substance abuse prevention programmes have been influenced by a number of systemic factors which are depicted in Figure 6.1. In response to question one, which focused on the systemic influences on the development of school-based substance-abuse prevention programmes the following were identified; personal influences, environmental influences, relationship influences and global influences (See Figure 6.1).

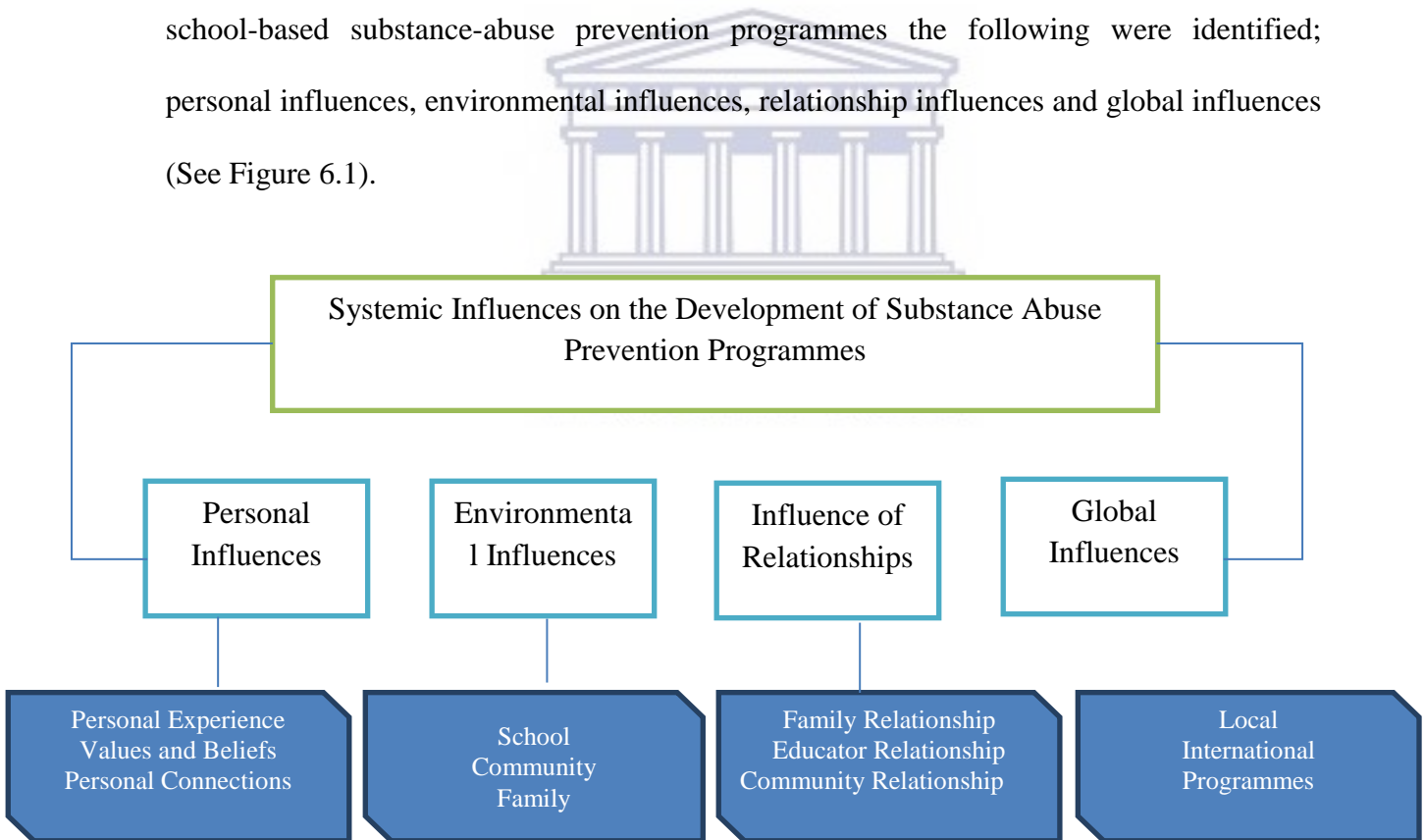


Figure 6.1 Systemic Influences on the Development of Substance-Abuse Prevention Programmes

Personal influences such as: personal experience, values and beliefs, and a personal connection to the community lead to the development of school-based substance abuse prevention programmes. Perhaps the most compelling finding is the personal experience of participants that was a strong influencing systemic factor in the development of the programmes. The personal experiences shared by research participants included, personal substance abuse and addiction, the violent death of an adult child, fear for the safety of self, family and others, a deep love and sense of connection to the community and finally research participants' own spirituality. These personal experiences served as a motivating factor, which lead to what research participants described as their unwavering commitment toward providing substance abuse prevention programmes at schools.

The personal experiences identified of research participants placed them in a unique position to not only identify and understand the challenges faced by schools, communities and families but it seemed to have developed a deep sense of empathy and compassion which compelled participants to get involved. Similarly, Cottrell (1976) identified personal experience as important to community capacity, which he originally referred to as "competent community". Components of Cottrell's (1976) community competency resonate with the findings of this study which include: 1) commitment, 2) community understanding of its own and others' issues, 3) being able to articulate the community needs, 4) effectiveness in communicating information and achieving consensus within a community, and 5) management of relations within the community, including the use of outside resources. This study showed that the personal experiences of individuals

combined with their commitment and connection to the community developed into powerful community networks. Adelman & Taylor (2008) confirmed that a sense of commitment and knowledge of community resources enabled powerful community networks to share resources and expertise. Examples of these have been shared throughout the study, where the sharing of resources and the management of relations between various stakeholders such as schools, community organisations and communities led to powerful collaborative partnerships. Research participants expressed their own sense of commitment and belonging to their respective communities, which compelled them to get involved. Educators, principals and community organisation participants have been able to mobilise the community assets as a result of personal networks that have been created over time (Mannarini, & Fedi, 2009). Although it needs to be said, having such experiences do not have to occur for the development of school-based substance abuse prevention programmes to take place, as is the case in this study.

The personal experience of school educators, principals and community organisation participants was advanced by their inherent personal values and beliefs (Bartlett, Brown, Shattell, Wright, & Lewallen, 2013). The findings suggest that the values and beliefs of participants influenced their behaviour. The values identified included that of compassion, empathy, respect, and love of others. Phillips and Bourne (2008) suggests the values and beliefs of individuals working in the area of substance abuse are likely to affect the outcomes of substance abuse programmes. The findings of this study are corroborated by the work of Schwartz (1992) who argued that attitudes and behaviour are determined by an

internal value system which determines how individuals conduct their lives. Solomon and Fataar (2011) suggest that the fluidity of values allows for subjective and varying interpretations which guide individual behaviours. In this study it was found that the values of participants played a significant role in shaping behaviour and, as a consequence, resulted in the development of substance abuse programmes.

The participant values which emerged were compared to the theory of basic values purported by Schwartz (1992, 2012). The values of participants, which included, care, love, compassion, empathy and deep commitment toward the community was evident in the impassioned behaviour toward learners affected by substance abuse. Educators, principals and community organisation participants shared their deep seated feelings towards individuals who are affected by substance abuse despite the negative attitudes of others. The imbued values of research participants was reflected in the actions taken which moved them toward the goal of providing help and support to others. Despite the overall negative attitude within communities and families toward substance abusing learners, actions of research participants were directed toward assisting others. Research participants, despite resistance experienced were guided by their own values. Research participants have prioritised the value to assist learners struggling with substance abuse. The values of the research participants influenced the ability to act giving consideration to the context resulting in personal engagement. Similarly, Schwartz(1992, 2012, p. 3-4) suggested that values are beliefs linked indistinguishably to affect. When values are activated, they become infused with feelings and serve as a motivator in setting goals. Schwartz posits

that personal values assist in making judgments and influences actions. In accordance with Schwarts(1992) theory, the current findings demonstrated that personal influences developed a sense of personal agency within research participants which has been described by Barnes (2000, p. 25) as follows: “For an individual to possess agency is for him/her to possess internal powers and capacities, which, through their exercise, make him/her an active entity constantly intervening in the course of events ongoing around her.”

The findings show that having a personal connection to the community led participants to actively seek to bring about change in their respective schools and communities. This personal connection to the community created a sense of belonging and knowing in research participants. This allowed them to capitalise on the existing resources and networks in communities to develop school-based substance abuse prevention programmes. This study concurs with Nowell and Boyd (2014), who proposed a four-factor model of sense of community. Research participants identified specific needs within the school and broader community that needed to be fulfilled; their own experience which is shared by others created a sense of membership and influence. Through these shared experiences, it created an emotional connection. Nowell and Boyd (2014) suggest that these factors are primary principles which underlie a sense of community, which was evident in this research. It is this sense of connection to the community that led to the development of school-based substance- abuse programmes.

As indicated previously a personal connection was strengthened by the belief that individuals can make a difference, but more importantly that communities needed to act as a collective to bring about change. Collective action through community organization develops a sense of community by creating a sense of membership and belonging, increased influence, and a shared emotional connection (Chavis & Wandersman, 1990). Collective action also brings about a greater sense of control through the power of large numbers of community residents working together to change their environment and holding larger institutions accountable for providing them with the resources and services they need to be viable and healthy. While there are unfortunately many poor individuals and families, there are not really any poor communities.

The pooled economic and other resources of communities with low-income persons are actually quite large. Through collective action, these economic and other resources can be used to increase the cash available to residents and their ability to manage and invest cash over the long-term. Chavis and Wandersman (1990) referred to a “sense of community”; when individuals are able to identify with others in the community who have similar experiences it creates a sense of affiliation and a sense of belonging (Nowell & Boyd, 2014). They argued that a sense of affiliation and community belonging is central to the actions that individuals undertake. They argued that it is this very sense of community and affiliation that empowers people to act as a community and not as individuals to make a difference in the lives of others.

Another systemic factor identified by participants were the various environmental factors which influenced (Figure 6.1) the development of school-based substance-abuse prevention programmes. The environmental factors included the school, community and family environments. The findings suggest that learners were highly exposed to substance abuse in families, schools and communities and that this posed a significant risk to the learners. This high exposure confirmed that the focus on risk and protective factors (Center for Substance Abuse Prevention, 2000) has to be central to substance-abuse prevention. Research participants in this study identified what they considered to be environmental risk factors and protective factors in families, schools and communities. This is consistent with the finding of the Society for Prevention Research (2011) indicating that identifying risk and protective factors could assist in identifying the processes that lead to positive and negative health behaviours and outcomes.

The development of prevention programmes in this study focused on environmental influences as opposed to only individual behaviour. This is corroborated by the research of Rhodes and Simic (2006, p. 220), who contend “the risk environment comprises risk factors exogenous to the individual”. The aim of school-based substance-abuse prevention programmes was to minimise the individual-level risk factors and enhance the individual-level protective factors by strengthening the resolve to resist environmental risk factors. This is aligned to the idea proposed by Fisher (1998), that prevention consider environmental strategies premised by the perspective that substance use is “influenced by a complex set of factors in the environment”, such as institutional rules, community norms,

mass media messages and the accessibility of the substances.

The findings of this study are consistent with the findings of Feinberg, 2012; Feinberg, Ridenour, & Greenberg, 2007; Hawkins, Van Horn, & Arthur, 2004, who suggest that communities, families and schools have developed new norms and rules as the prevalence of substance abuse escalates and illicit substances become more easily accessible in the various environments. This finding is aligned with that of sociological theories that focus on the meaning of drugs and alcohol, norms and patterns regarding the use of illicit substances, and the context in which it takes place (Anderson, 1998). Recognising the similarities between psychological theories and sociological theories, the latter focus on factors external to the users and how they affect use (Hanson et al., 2009), such as families, lifestyles, peer groups, schools, neighbourhoods and communities where users reside. This was evident in this study as participants suggested that families and communities become more tolerant of substance abuse. In some instances the sale of illicit substances was encouraged by families as it became a source of income. Risk factors such as poverty, lack of parental supervision, easy access to drugs, high crime, gangsterism and unemployment within communities, which was highlighted in this research, has been the central interest of prevention programmes. Assessing the risk and protective factors are important because they are an indicator of points of intervention, which has been prioritised by schools and community and included in the implementation of programmes.

Harker et al. (2008) argue that addressing the factors that place young people at risk and focusing on protective factors are essential in substance-abuse prevention. It is evident that various substance-abuse theories have been incorporated into the prevention work being developed, whether intended or not. By considering the environmental and relationship influences, participants displayed an understanding that social theory and social structure within schools, community and family may influence the behaviour of learners.

The results of this study are consistent with those of Griffin and Botvin (2010), who identified the modelling of behaviours and attitudes towards substance abuse as a central risk factor within families. The research revealed that intergenerational substance use was a significant risk factor, which could be linked to social learning theory (Bandura, 1977). Social learning theory suggests that as human beings we live in a social and cognitive world. Our thoughts affect our behaviour and likewise our behaviour affects our thoughts. This is referred to as reciprocal determinism (Niaura, 2000), which helps understand the development of substance abuse and dependent behaviour because it emphasises active cognitive processing and, more important, conscious reasoning and decision making in using drugs, quitting drugs and relapsing to drug use.

The study suggests that parental practices can affect substance use both directly and indirectly by influencing established precursors of substance use such as aggressive behaviour and other conduct problems. In particular, harsh disciplinary practices, poor parental monitoring, low levels of family bonding, and high levels of family conflict

contribute to both internalising and externalising behaviours, including substance use and abuse. Intergenerational substance abuse in shared household described in this study normalised substance abuse behaviour which research participants suggested was difficult to overcome as a practice. However, it has to be noted that family and parenting factors can play a key beneficial or protective role in preventing adolescent substance use. Examples of protective parenting practices include firm and consistent boundary setting, careful monitoring, nurturing, and open communication patterns with children.

The influence of relationships (Figure 6.1) were identified as; relationships between family members, extended family and friends living in the same household; relationship with educators and learners; relationship between educators and parents; schools and the relationship between communities; and schools and community organisations. In the struggle to cope with the impact of substance abuse, some families opt not to take responsibility or abdicate the responsibility of parenting by passing it on to schools, community organisations or social workers. Similarly, the Center for Substance Abuse Treatment (CSAT, 2004) found that the impact of substance abuse stretches beyond the immediate or nuclear family. Relationship damage results as family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. The findings of this study show that in some instances families do not have the capacity or skills to deal with the complexity of substance abuse or have the knowledge to handle behaviour related to substance abuse and in such cases need support. The role of the family in the in substance abuse prevention is very often central in research and theory

development (e.g., Hirschi, 1969; Jessor & Jessor, 1977; Patterson, DeBaryshe, & Ramsey, 1989; Steinberg, 1987). In this study family relationship was a central focus of programme development.

Family structure and cohesion have been highlighted as a significant determinant in youth substance-abuse risk, as schools and community organisations mentioned the “breakdown in family relationships”. Learners are provided with the opportunity to explore these influences and how they may impact on them both negatively and positively. All the prevention programmes developed aimed to develop refusal and resistance skills of learners, starting with Grade R through to Grade 12. The findings suggest that learners who are excluded from school and family relationships are absorbed in some instances into gangs, who embrace vulnerable learners. The results of this study are in keeping with the findings of Carvajal, Hanson, Romero, and Coyle (2002), who contend that when young people feel disengaged from their communities or feel unsafe in their neighbourhoods, not only is this associated with greater substance use, but it also creates greater levels of community disorganisation. The belief of research participants was to maintain youth involvement in school and enhance the protective factor by providing supportive relationships.

Therefore the aim of the prevention programmes was to engender positive behaviour, strengthen relationships, and increase learner wellbeing by creating caring, inclusive learning environments. This practice is closely linked to relational cultural theory as

proposed by Hartling (2003), who suggests that prevention should focus on relationship connections. A focus on relationships helps to understand the complex relational disruptions and violations such as family dysfunction and abuse, which may trigger or exacerbate substance abuse. In addition, relational cultural theory suggests that relationships characterised by mutual empathy, mutual empowerment, and mutuality can enhance one's resistance and resilience to the adversities that often precipitate the development of substance abuse-related problems or addictions (Hartling, 2003).

Negative relationships with school and the degree of bonding with conventional institutions were associated with higher risk of adolescent substance use. The exclusionary disciplinary approaches of educators may be attributed to learners who are not engaged in school, fail to develop or maintain relationships with their educators; those who fail academically are more likely to engage in substance use. As educators and principals feel less equipped and overwhelmed by the challenging behaviour of learners, the lack of capacity and resources to deal with the problem results in learners being excluded from the school system.

Global programmes seemed to be greatly influenced the development of substance abuse prevention programmes. The findings revealed that substance abuse prevention programmes developed strongly relied on existing local and international programmes. School principals, educators and community organisation participants adopted local and or international programmes and contextualised the programmes to the needs of the learners and the context in which the programmes were delivered. All of the programme research

participants indicated that they had received technical training to adapt and implement the programme. The substance abuse prevention programmes focused on areas of risk at the various developmental stages of the learners (Appendix. H). Consideration therefore was given the age appropriateness of the programmes and the levels of information provided in conjunction with suitable methods of implementation. Learners were provided with the necessary skills such as resistance and refusal skills to protect themselves in overcoming the challenges and the pressures of substance use. The development of the programmes considered the age of the learners, the developmental tasks along with the environmental risks. Programmes developed were ecological and relational in approach, focused on the interactions between learners and the environments in which they interact along with the individuals, community systems, values and norms.

This developmental approach of this study is similar to the developmental focus described by the Society of Prevention Research (2011b) where the aim of prevention programmes is to assist learners achieve developmental tasks with appropriately timed prevention programmes. The Society labels prevention as transactional ecological when individuals, family, school, community and the larger socio-political and physical environments are considered which is similar to the substance abuse prevention programmes in this study. These range from interactions between genetic and other biological processes and dynamics of social relationships, within the context of environmental factors. Within this overall framework, prevention science draws from a wide range of theories that explain dynamics of human development and behaviour.

The findings of this study were comparable to the characteristics proposed by Durlak and DuPre (2008). They suggested that substance-abuse prevention programmes should speak to a need, include knowledge, social and life skills, and refusal skills, which hold the potential to produce a significant reduction in substance use (Tobler, 2000; Durlak & DuPre, 2008).

6.1.2 Grounded theory on the implementation of school-based substance-abuse prevention programmes

Implementation of substance abuse programmes have been extensively researched and well documented. The findings of this study highlighted several systemic factors that influenced the implementation of school-based substance abuse prevention programmes (Figure 6.2). A fundamental systemic factor central to the implementation of programmes was the needs of the intended audience. The content of the programmes were adapted to suits the needs of learners based on developmental level, age, and challenges that are faced during the life stages. This was an important finding as programmes were not only adapted to the learner needs but contextualised to the individual, familial, relationship and environmental factors. Programme adaptation is therefore critical to successful implementation.

The prevention programmes provided the skills to deal with various challenges, this included resistance and refusal skills. Interestingly, programmes were not only based on opinion, as programmes implemented were adopted and adapted to the context in which it was implemented. Learner exposure at an earlier age required earlier intervention. This

concur with the findings of Harker et al (2008) who indicated that learners are exposed to substance use at an earlier age and should be exposed to prevention programmes earlier as well. Programmes were targeted at learners in Grade R–4 (age 6–10) and Grade 8–12 (age 13–18). The age of substance use onset decreased and learners as young as 8 and 9 experimented with illicit substances, for this reason, prevention programmes were introduced in Grade R.

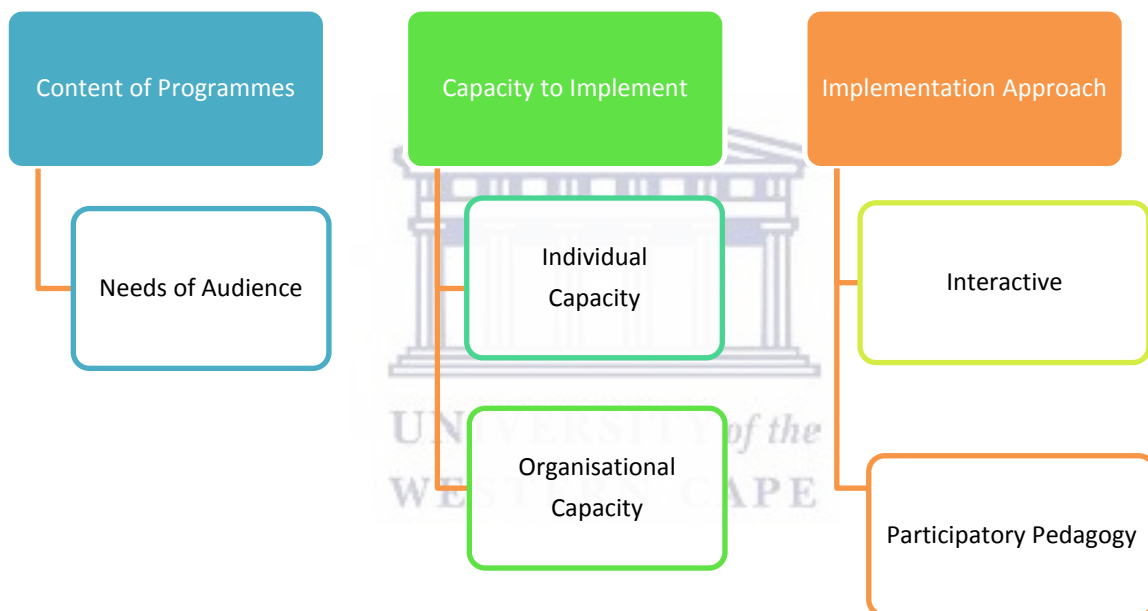


Figure 6.2 Implementation and Delivery of School-Based Substance-Abuse Prevention Programme

While age itself does not place learners at risk, the combination of age with environmental factors increases learners’ vulnerability. This is confirmed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2008) who suggests that the association

between several risk and protective factors and problematic substance use among young people is not necessarily causal. Identifying vulnerable groups of young people does not establish hard-and-fast prediction of substance use, but rather facilitates an important entry point for policies and interventions. Implementing awareness programmes at an early stage would assist young learners to resist the pressure of initiating substance use.

Programmes that were implemented focused on content, delivery, frequency and target audience. Awareness programmes implemented at primary and high school were considered to be universal programmes in that they sought to reach all children and youth irrelevant of level of risk exposure (IOM, 2012). The programme offering was implemented aside from the school curriculum, with the outcome of developing resistance and refusal skills. A recent report from a task force of the CDC supports the efficacy of universal school-based models for preventing substance abuse and violence (Hahn, Fuqua-Whitley, Wethington, Lowy, Crosby, Fullilove, Johnson, Liberman, Moscicki, Price, Snyder, Tuma, Stone, Mukhopadhaya, Chattopadhyay, & Dahlberg, 2007).

Substance-abuse prevention programmes not only focussed on creating awareness; they provided learners with the necessary resistance and refusal skills to cope under pressure and to make the right decisions. Griffin and Botvin (2010) suggest that interventions of this nature aim to increase awareness of the various social influences that support substance use. Teaching specific skills for effectively resisting both peer and family and community pressures to smoke, drink, or use drugs is referred to a social resistance skills(Griffin et al,

2010). Resistance skills training programmes teach adolescents ways to recognise situations where they are likely to experience peer pressure to smoke, drink, or use drugs. Learners learn ways to avoid or otherwise effectively deal with these high-risk situations, such as effectively responding to direct pressure to engage in substance use by knowing what to say (i.e., the specific content of a refusal message) and how to deliver what they say in the most effective way possible. Resistance skills programmes also include content to increase learners' awareness of the techniques used by advertisers to promote the sale of tobacco products or alcoholic beverages. Learners are taught techniques for formulating counter arguments to the appealing but misleading messages used by advertisers (Griffin & Botvin, 2010; Wandersman & Florin, 2003).

Capacity surfaced as an important systemic influence for the implementation of school-based substance abuse prevention programme. It was established that the programmes developed and implemented were largely based on existing local and international programmes. The individual capacity of research participants was improved through the technical training provided to implement the programmes. However individual capacity goes beyond programme knowledge to include aspects related to individual awareness of the community, skills to implement, self-efficacy and belief, and the motivation to implement substance abuse prevention programmes. Notably, as suggested by participants, the individual capacity to show empathy, care and love was as important in implementing programmes at school.

Durlak and DuPre (2008) similarly found four provider characteristics most consistently related to implementation which involved the following:

- identifying the need for substance-abuse prevention,
- the potential benefits of a programme to meet the need,
- self-efficacy, and
- skill proficiency.

Providers who were trained felt more empowered, recognised a specific need within the community, believed that the programme was able to produce the desired benefits, and felt more confident in their ability to do what was expected (self-efficacy), and those with the requisite skills were more likely to implement a programme (Barr, Tubman, Montgomery, & Soza-Vento, 2002). The capacity of individuals was extended by the personal knowledge of community systems and extended networks. The individual's experience and knowledge of the community challenges assisted in the development and implementation of programmes.

Another important finding was that of organisational capacity. While organisations may not have been well resourced, in terms of limited infrastructure and human and financial resources it was not considered a hugely limiting factor. Apart from the schools, community organisations operated from either home offices or spaces made available by community centres, faith-based organisations or schools. Where organisational capacity

was lacking community organisations were able to mobilise partnerships and external resources to implement programmes. A type of community economy developed in which schools and community organisations were able to share resources and infrastructure so that it could be mutually beneficial to the stakeholders involved. The ability of organisations to recognise the need for prevention programmes and to be able to identify potential collaborative partnerships to successfully implement adds to the capacity of organisations. It therefore may be argued that all the needed skills do not necessarily have to reside within the organisation, but rather the ability to identify where to find the assistance is more important. The implication of this is far reaching for organisations seeking to implement substance abuse prevention programmes. Developing collaborative partnerships will extend the capacity of organisations to effectively implement programmes. This could mean finding the resources or capacity within the community being served which should lead to shared ownership.

Durlak and DuPre (2008) suggest that an important organisational practice necessary for implementation is collaboration, community involvement or participation, local input, and local ownership. A situation in which shared decision-making occurs among providers, researchers, administrators, and community members has consistently led to better implementation. It can be said that the lack of organisational capacity may in fact be a strength which encourages organisations to work collaboratively and take collective ownerships and responsibility to the implementation of programmes in schools.

Finally, the implementation approach was highly interactive pedagogies which engaged students in problem solving, critical thinking, decision making, and related issues, and assist students to relate their learning to real-life situations (Dusenbury & Falco, 1997). Kreitzer and Jou (2010, p. 80) aptly describe such AVP pedagogy as “a dynamic blend of deep and honest sharing on difficult subjects and fun games that enable the participants to laugh together”. For this reason, implementation of the programmes was community and learner centred and promoted self-efficacy and skill proficiency in learners.

The programme approach was more participatory, learners were actively involved in the programme and challenged to participate by bringing their own experiences and understanding into the learning process. Freire (1996) participatory pedagogy asserts that students need to critically think in ways that do not limit their opportunities to apply information to understand their own realities. Constraining critical thinking and application of knowledge impedes students’ ability to transform knowledge into creative solutions and actions. Collins, Keys, Mihelicova, Ma, Quintana, Sunnquist & Whipple (2016) describes this pedagogy as redefining the student’s role from a passive listener and optional discussant to an active participant in the teaching and learning process. It encourages thinking deeply and critically, reflecting on and sharing experiences and prior knowledge, solving problems and actively applying new knowledge gained through course content.

It is argued that substance abuse prevention programmes should therefore equip young people with the necessary skills and information to resist social influences and to be aware

of the adverse health consequences of substance use. This can be better achieved if sessions of prevention are done through the use of a student-centred methodology. These techniques do not only allow space for the development of communication skills, decision-making skills, assertive skills and other social skills, but locate the information about drugs in a realistic context. It was evident from the responses that research participants were clear about the implementation of substance abuse prevention programmes and the methods of delivery. Demonstrating an understanding of the programme characteristics in terms of whether the programme was appropriate for the intended audience, the types of programmes to offer the method of delivery, the frequency of delivery, and the importance of capacity to implement successfully (Figure 6.2).

Durlak and DuPre (2008) suggest that programme champions, especially those who hold high office within an organisation and have the respect of other staff, can do much to facilitate the programme through the entire implementation process. Lastly, training and funding are essential components for successful implementation and prepare organisations so that there is a common mission and vision with regard to implementation (Flaspohler, Lesesne, Puddy, Smith, & Wandersman, 2012).

6.1.3 Grounded theory on the sustainability of substance-abuse prevention programmes and related literature

The implementation of school-based substance abuse prevention programmes was not without many challenges. One of the challenges that schools and community organisations have to deal is the sustainability of programmes. This research revealed some basic criteria for substance-abuse prevention programmes that were considered sustainable: 1) programmes addressed a need within the given community, 2) developed support structures that enabled the programmes to be delivered effectively, 3) developed capacity within the school community for programme implementation in the form of support(Figure 6.3). Likewise, Johnson et al (2004) defined sustainability as the continued ability of a programme to meet the needs of the stakeholders. According to SAMHSA (2012), an important aspect of substance-abuse prevention is to clarify community needs by assessing the problems and challenges present, the impact on community members, the factors that contribute to the problem, and finding the resources to address the problem.

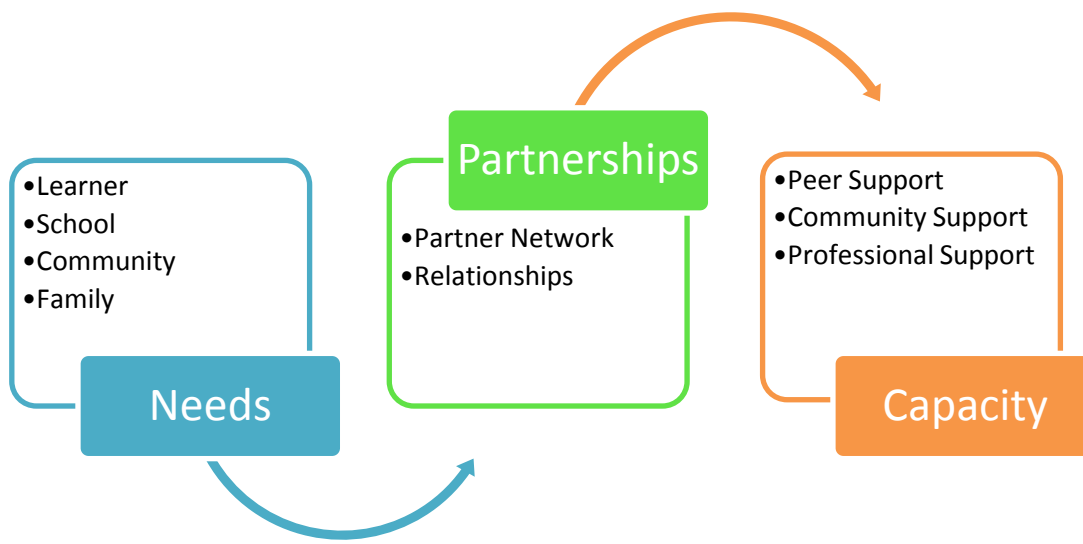
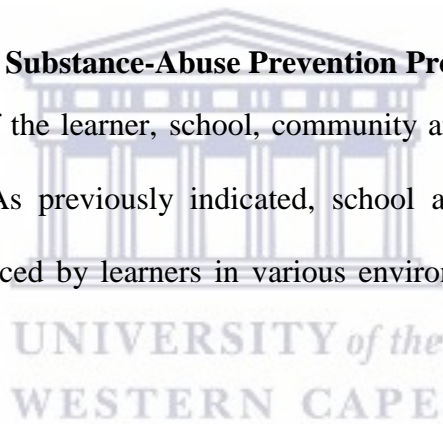


Figure 6.3 Sustainability of Substance-Abuse Prevention Programmes

In this research the needs of the learner, school, community and family was factored into programme sustainability. As previously indicated, school and community participants articulated the challenges faced by learners in various environments, which included the various systemic factors.



Many programmes were adopted, adapted and implemented with the outcome of not only preventing substance abuse but assisting learners in developing the necessary life skills to deal with the developmental life stage pressures. Similarly, sustainability was defined by Johnson, Hays, Center, and Daley (2004) as having effective systems in place to achieve and maintain the desired long-term results. More importantly, attempts have been made by schools and community participants to include the community and families through support group and information sessions. Although not well attended, the needs of the extended

community beyond school has been considered but not well supported.

Even though this research project cannot claim that substance-abuse programmes were sustainable over the long term, the findings revealed that systems were developed that promoted and supported the delivery of school-based substance-abuse prevention programmes for it to be sustained. A key finding of this research was the partnerships and collaboration established between schools, community organisations and other stakeholders. Byran and Henry (2012) found that when such collaborations take place, deficits in programme development are decreased. In this study, while informal and formal partnerships were found with community organisations and schools, programme partnerships seemed to be ad hoc, except for a few more well-established partnerships.

Adelman and Taylor (2014) suggest that this seems to be the characteristic of substance-abuse prevention programmes offered by schools and community organisations. Where the school-based programme/partnership has been integrated into the school and is part of the school policy, the chances of sustainability seemed greater. Adelman and Taylor (2003, 2014) argue that prevention programmes should be a natural part of the school curriculum and be reflected in the overall organisation, practices and climate of the school. Furthermore they suggest that were this to be the approach, the terminology 'prevention programme' would not be suitable and should not be seen as a separate entity. Rather promoting positive personal and social developments would become the primary goal, including academic development and intellectual growth. Whether it is through the creation

of formal or informal partnerships and/or networks, schools and community organisations are collaborating to try to overcome the challenges posed by substance abuse. An example of this could be seen in the AVP, where the school culture is determined by the learners who establish their own code of conduct and hold each other accountable which renders the project more sustainable in the long term as it is owned by the learners themselves.

According to the CDC (2011), sustainability is more than just about funding but rather about creating and maintaining momentum through optimally using community assets and resources. It is further suggested that for programmes to be maintained, policies and practices have to be institutionalised within schools and community organisations. What this means is that for sustainability to be achieved, an approach is required that from the onset is focused on the development of a network of individuals, leaders, community organisations, schools, government and community practitioners that understand and have a common vision to make a change within a community (Adelman & Taylor, 2003). This section discussed the themes that emerged from the in-depth interviews which took place with schools and community organisations. It highlighted the multiplicity of stakeholders that work together and the impact of sustainability of the programmes that have been offered. More especially the inclusion of peers, community and professional individuals as stakeholders are offered support and ensuring programmes remain sustainable.

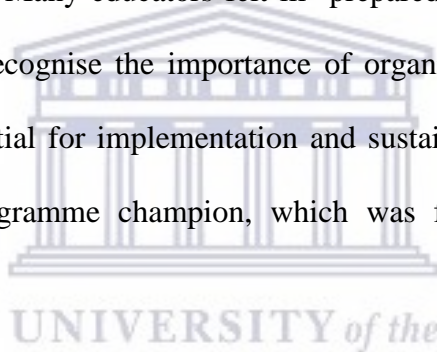
The findings of this study suggest that individual capacity (Figure 6.5) exists both within community organisations and schools, through the establishment of support programmes

where individuals are trained to participate in the implementation of the programme. Community organisation participants developed the capacity not only through their own personal experience but by attending training programmes which provided them with the required knowledge to develop, implement and sustain programmes. An example of such a programme was discussed previously. The combined capacity developed through the lived experience and the training provided community organisations with the unique ability to understand families and communities, and the factors that influence young people on a daily basis.

The UNDP (2008) supports the need for individual level capacity, which relates to the skills and knowledge that are found in people (individuals, communities, groups, and teams). The UNDP found that each person is endowed with a mix of capabilities that allows them to perform, whether at home, at work, or in society at large. The capacities have been acquired through formal and informal education, training, experiential learning or practical experience, and increasingly through coaching and mentoring, networks, communities of practice, and platform mechanisms. In schools, learners were trained as peer facilitators who provided support and actively participated in the implementation of the programme. This allowed learners to take ownership of the programme and to train other learners to become peer facilitators.

Community support was considered an important system needed for the sustainability of school-based substance abuse prevention programmes. Even though community and parent

support and capacity was not always in place, to deal effectively with substance-abusing young people, the support of community and parents was needed to sustain substance abuse prevention efforts. Attempts have been made by schools and community organisations to develop capacity through programmes such as parent strengthening skills and support groups, although parent involvement continues to be difficult. Ideas for greater parent engagement included programmes to strengthen the role of fathers in respect of unemployed men in the community. Schools indicated the need to develop the capacity to deal with school discipline issues and to challenge one's own biases and beliefs about substance-abusing learners. Many educators felt ill-prepared to deal with the challenge. Durlak and DuPre (2008) recognise the importance of organisational capacity, of which effective leadership is essential for implementation and sustainability. They suggest that there needs to be one programme champion, which was found in both schools and community organisations.



Schools further reported that continued professional development of educators' capacity development was available as wellness, support and continuing education programmes, and stated as most helpful. However, even though there are policies in place for managing substance abuse, they have not translated well into practice. In particular, schools highlighted the need for development in prevention strategies for working with learners. Similarly, even though community organisations have developed prevention strategies as a result of informal training or experience, a need was expressed for training and research into evidence-based contextualised programmes that could be implemented.

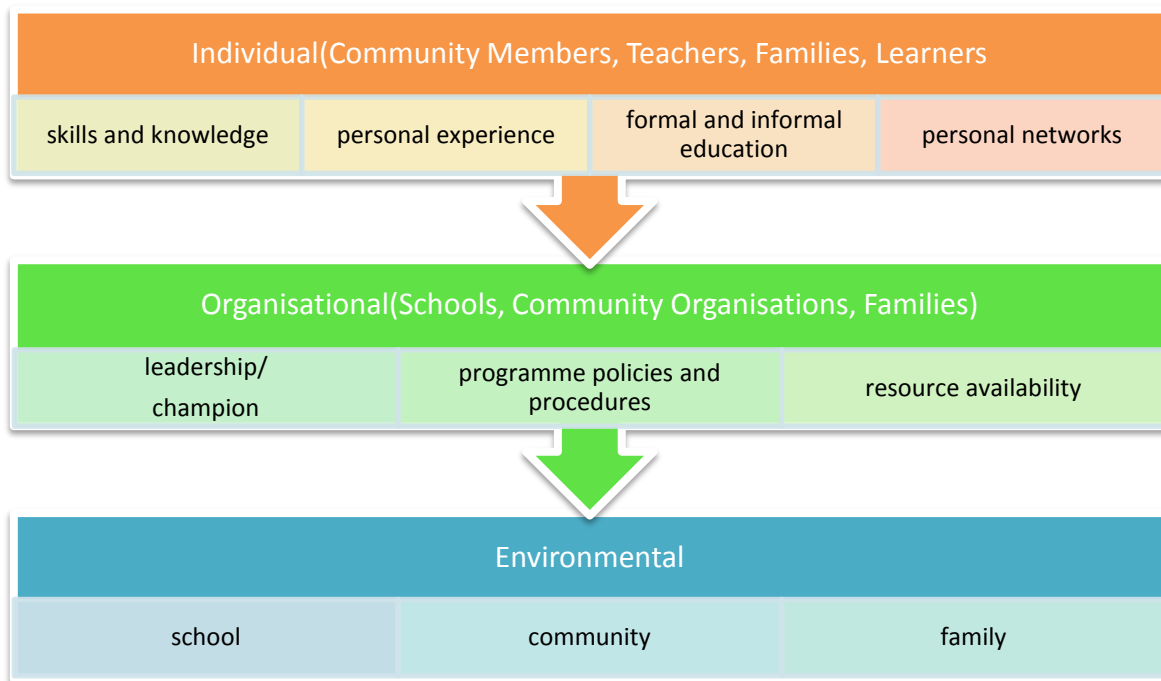


Figure 6.4 Capacity Development

The organisational level of capacity pertains to the internal policies, systems and strategies, arrangements, procedures and frameworks that allow an organisation to operate and deliver on its mandate and that enable the coming together of individual capacities to work together and achieve goals. If these exist, are well resourced and well aligned, the capability of an organisation to perform will be greater than that of the sum of its parts (UNDP, 2008).

Programmes that are well structured and administratively managed seem to have had longer-term success. The schools that have implemented the AVP programme, which is an evidence-based programme integrated into the vision and mission of the school and championed by a specific staff member or peers, has been sustainable. Programmes that

are not well structured without administrative support or financial and human resources are more difficult to sustain. Capacity at the level of the organisation includes leadership, the organisation's ability to engage, to produce results, and to manage change. A need to engage with policy and procedural guidelines and the practicability of policy implementation are essential. A number of policies are in place to support and assist schools and community organisations with the structure and requisites for the management of substance abuse; however, much of the policy does not seem to have translated well into practice. Integrating policy into routine practice (Johnson et al., 2004) and the system requires further capacity development of schools and community organisations. An alignment of practice to mission and vision statements and policy should be prioritised (Durlak & DuPre, 2008). Furthermore, addressing the problem of substance abuse requires a collective response which means that the seat of power should be shifted to a joint response and collective decision making. Domitrovich et al. (2008) suggest that in doing so, resistance to implementing substance abuse programmes decreases as school and community members' are included in the collective allowing educators to integrate interventions into the context of the existing educational programme.

Resource availability has been described as both enabling and constricting. Funding remains a challenge for schools and community organisations and inhibits programme development and reach. Even in the presence of available resources, human capacity is often lacking for the delivery of programmes. Johnson et al. (2004) identified resources as an important factor in the sustainability of prevention and early intervention programmes;

funding being only one of the resources, efforts have to focus on the human, physical, technological and informational resources as well. Developing the capacity to identify and effectively utilise the current resources and expand on others is essential for the sustainability of programmes and interventions.

Environmental factors pertain to the broader system within which individuals and organisations function that can either enhance or constrain the existence and performance of organisations. This level determines the “community rules”, whether school, family or community, for how a society operates, including the interaction between and among organisations and government units, and with the private sector and civil society (Domitrovich et al., 2008; UNDP, 2008). Capacity at the level of the enabling environment relates to policies, legislation, institutional arrangements, leadership, and political environment. The conundrum that schools and community organisations face is the mixed messages that are communicated to learners on a daily basis. As programmes are targeted at awareness, prevention and early intervention for learners, communities display widespread use, and an illicit drug economy which is well embedded into the daily life of neighbourhoods (Adelman & Taylor, 2003).

As discussed earlier, many families who have a history of substance use within the family unit make it extremely difficult to implement prevention and early intervention programmes at schools when learners are faced with regular substance abuse outside of the school environment. Understanding this dichotomous environment from a school, family

and community climate perspective provides insight into the challenge of substance-abuse prevention and early intervention. Furthermore it has been reported in this study through various examples that schools and communities are not necessarily responsive, positive environments that encourage learners. While policy recommends a restorative justice approach to dealing with learners (DBE, 2013), the opposite has been found in terms of learners being dealt with punitively and eventually removed from school. Adelman and Taylor (2014) suggest that in order to make a difference in the lives of young people, schools, community organisations and families requires vision and cohesive policy as well as basic reforms within various systems which looks at alternatives to the punitive measures that seek to remove learners from schools.

One such approach is the development of a positive behaviour approach in schools, communities and families. This approach is underpinned by the principles that positive behaviour is acquired and that environments can be changed to support effective teaching and learning for every learner. It is supported by the belief that schools and early childhood education organisations have a significant role to play in promoting wellbeing and creating safe healthy communities (Sugai & Horner, 2009). A holistic approach is required which concentrates on a change in attitudes, beliefs, direction, and priorities, and a corresponding reallocation of resources – one which recognises that a positive school climate is the foundation for building safe, high-performing, and thriving school communities.

Researchers such as Sugai and Horner (2009) report that researchers and educators looking for keys to educational success have increasingly focused on the importance of the social–emotional climate of a school, and have found that a positive climate is achieved through:

- alignment of vision and mission with shared leadership;
- discipline policies and practices that restorative rather than punitive;
- staff members who are unbiased asset builders; and,
- learners who are engaged and empowered to be contributors rather than just recipients.

Developing the capacity of schools, community organisations, communities and families to create a positive climate has been shown to develop strong connectedness. A sense of connectedness to school has been shown to be a strong mitigating factor with regard to the risks that learners are exposed to on a daily basis (Adelman & Taylor, 2003; CDC, 2012). Learners' feeling welcome, safe and included (e.g. where their developmental needs for safety and belonging are met) was found to be the strongest protector against substance use, school absenteeism, early sexual initiation and violence.

Schools and community organisations have mobilised to form partnerships through which to manage the challenge of substance abuse. Formal and informal networks and partnerships are arranged, based on the needs of the school. Identifying and utilising assets located within the community help in supporting, and mobilising existing community resources and capacities for the purpose of creating and achieving a shared vision.

Adelman and Taylor (2003) concede that long-term implementation of programmes is less likely when substance-abuse programmes are implemented as projects, rather than incorporated into the culture of the school. Furthermore they argue that for long-term sustainability, buy-in from learners, families and communities is necessary. Adelman and Taylor (2003, 2014) argue that prevention programmes should be incorporated into the thinking of schools, community organisations, and policy makers, by creating and maintaining a positive social climate. While schools through curricula and co-curricular activities deal with aspects of substance abuse awareness and community organisations offer their own activities, integrating the programmes and aligning them to the vision and mission statements of both institutions is important.

Finding ways of working together in a more integrated manner, taking into consideration the policy guidelines to implement programmes for long-term gain (August et al., 2010) through interactive partnerships between schools, community organisations and families, is a necessity. Furthermore, to identify the assets, skills and resources located within organisations and how to best maximise these is required to successfully implement programmes in an integrated manner. Lastly, in respect of institutionalisation or sustainability of programmes as noted by Valli, Stefanski, and Jacobson (2016), they suggest that programmes should be fully integrated into schools which would enhance responsiveness and accessibility to services needed by learners. Vallie et al. (2016) further argue that this approach would do away with the current fragmented approach. Bryan and Henry (2012) noted that partnership is one of the hardest aspects to maintain. They suggest

that sustainability should be a key consideration for long-term maintenance and partner participation and the benefits accrued should be sustained over time



UNIVERSITY *of the*
WESTERN CAPE

6.2 Chapter summary

This chapter presented a holistic overview of the findings of this research and presented it here as a substantive theory in comparison with research and theories or models previously developed. The next chapter concludes with a summary, limitations of the research, and recommendations for further research, as well as the contribution and significance of this study to the local field of substance-abuse prevention.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 7

Summary of Research

7.1 Overview of chapter

The challenge of substance abuse in schools, communities and families remains a major concern because of the impact that it has on society. This chapter presents a summary of the main findings of this study, its limitations, and recommendation, further research opportunities and concludes with the contribution of this research project. While there are no readily available solutions for development, implementation and sustainability of substance-abuse prevention programmes, developing a community-centred approach to the work that is being implemented and developing the capacity of individuals located within the community contributes to the sustainability.

7.2 Systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes

A number of systemic factors have been highlighted in the development, implementation and sustainability of school-based substance-abuse prevention programmes which is depicted in Figure 7.1. The findings of this study established that Personal Influences on the research participants was a highly significant systemic influence on the development of school-based substance-abuse prevention and a key reason for being engaged. Among the

personal influences cited was the personal experience of participants, which included personal trauma and loss, fear for own safety and that of others, and a love for community.



UNIVERSITY *of the*
WESTERN CAPE

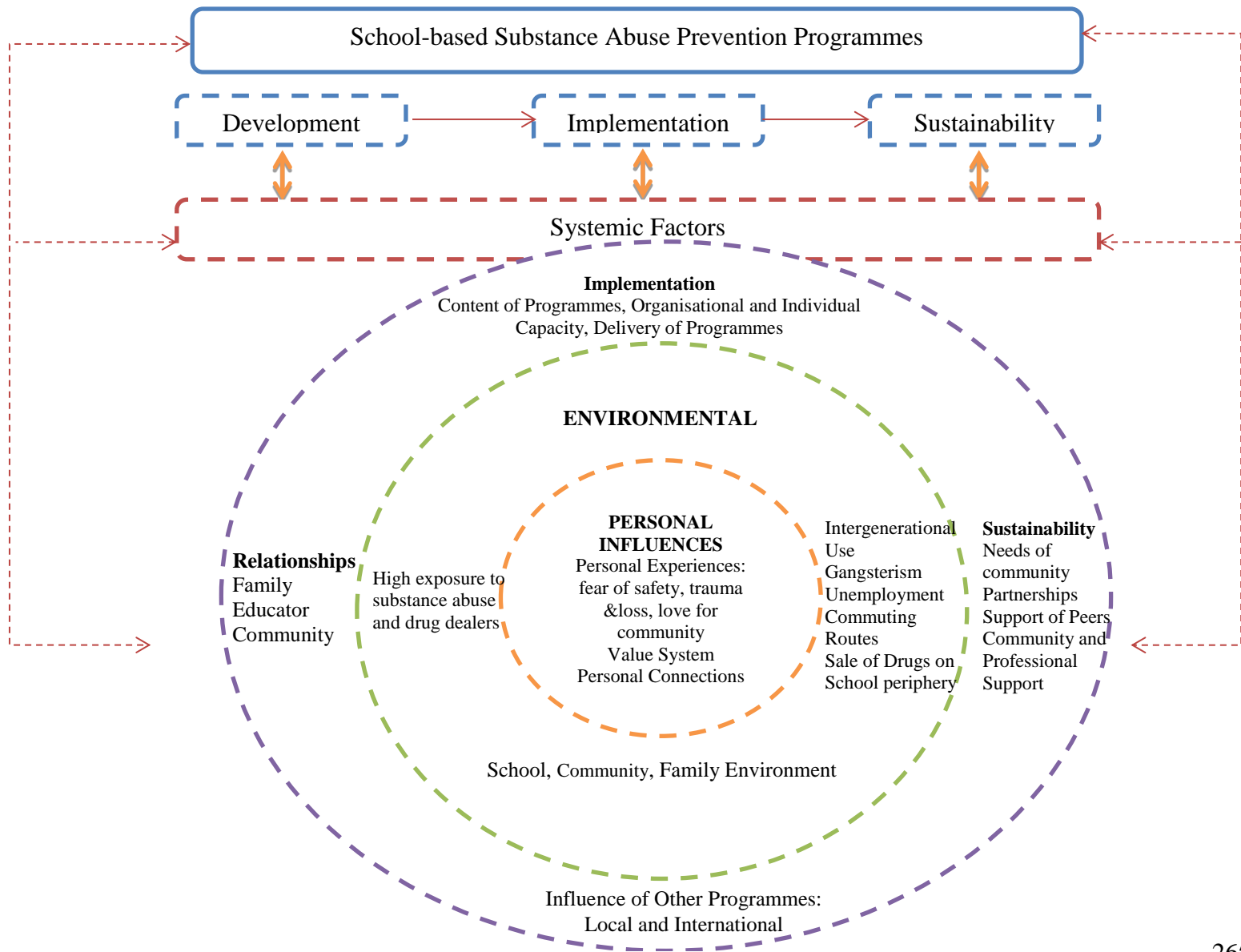


Figure 7.1 Systemic influences on the development, implementation and sustainability of school-based substance-abuse prevention programmes

The personal influences, which included the personal experience of research participants such as: fear of safety for self and others, personal trauma, loss of a family member or close friend and a love for community, were consistently highlighted by participants. This theme created a sense of belonging to a community and connection to others who were having similar experiences. While not all participants resided within these communities (educators and principals), the daily exposure resulted in the involvement in substance abuse prevention. This sense of belonging and connection resulted in educators, principals and community organisation representative taking action, resulting in the development of school-based substance abuse programmes. It is argued that the personal influences and experiences lead to a commitment to the community; understanding community issues because of personal experiences; being able to identify community needs; being able to communicate more effectively with the community and the ability to manage relations within the community. While the reasons provided were deeply personal to the individual research participants, their experiences, combined with their own values and attitudes, led to the development of school-based substance-abuse prevention programmes.

The values and attitudes could be linked back to personal experiences and spiritual beliefs and connections. The value system of the research participants could be inexplicably linked to feelings toward the community and individuals affected by substance abuse which resulted in a strong driver for action. Participant values moved participants toward the goal of providing help and support to others. The help and support was offered in the form of various school-based substance abuse programmes in schools. Personal value system

assisted research participants in making judgments which directed their behaviour and helped and influenced the ability to act and be personally engaged.

Environmental Influences were considered integral to the development, implementation and sustainability of school-based substance-abuse prevention programmes. Environmental influences included risk and protective factors which were found in schools, communities and families. High exposure to substance abuse across these environments posed a particular risk to learners. Environmental influences were considered to be fairly fluid as the exposure was not only contained in these specific environments, but environments in which learners had to pass through. Amongst the fluid environments were commuting to school via public transport (taxis, trains and busses) as well as walking through areas where there is a high incidence of substance abuse and drug dealers. The evidence from the findings suggests that biological, psychological and social environmental risk factors increase the vulnerability of learners. In schools, exposure to peers who encourage substance use, the sale of illicit substances on the periphery of the school fence and learners who are drug dealers themselves were considered an important environmental influence. For this reason, programmes were developed focused on individual level protective factors by develop personal life skills, refusal and resistance skills. In families, intergenerational substance abuse, where there is a history of substance abuse, posed a further risk to learners. In some instances it has been suggested that this predisposes learners to substance use, especially in the case of Foetal Alcohol Syndrome Disorder, where there is a biological disposition. It has also been suggested that in some families the sale of illicit substances is

encourage to support the family financially, where there is unemployment. In community environment, where there is a high incidence of gangsterism, substance abuse and unemployment the risk to learners are increased. Community challenges highlighted in this study included the risk factors for youth, such as poverty, lack of supervised be easy access to drugs, gangsterism and the community capacity to deal with the problem. Assessing the risk and protective factors is important because they are an indication of points of intervention that should be prioritised by schools and community and could be modified through collective action.

However, research participants' experience and perceptions of the environmental influences involved a measure of judgement with regard to the challenges within the community, family and school environment as contributory systemic influences. All participants identified positive and negative environmental influences in the lives of learners and recognised the need to support learners. Judgements were made about the degree to which the environment or a specific aspect of the environment was positive or negative to the individual. These aspects were discussed previously. Substance abuse prevention strategies have to focus on individual factors as well as environmental influences and pressures to use illicit substances.

A number of issues emerged from the findings with regard to the influence of relationships. Relationships within the school, community and family remained a substantial influencing factor in the development implementation and sustainability of school-based substance-

abuse prevention. The focus on relationships was highly significant, as placing relationships at the centre of substance-abuse prevention provides a lens with which to review existing strategies and formulate new, more effective approaches to prevention.

Family relationships are a learner's closest social circle; however peers, educators, and other close relationships also contribute to the range of experiences that influenced their behaviour. Strong bonds and relationships with educators and peers at school serve as a protective factor against antisocial behaviours and substance use (Bond, Butler, Thomas, Carlin, Glover, Bowes, & Patton, 2007). While schools are guided by the prescribed policies and procedures, the management of substance abuse in schools remains challenging. Schools continue to struggle with the dropout rate resulting from substance abuse, Ward (2012) noted that with this comes an increased risk of delinquency and crime. The capacity and commitment of staff are important factors in developing programmes. Exploring alternative programmes that deal with disruptive behaviour, other than exclusionary and aversive strategies, would assist in retaining learners. School and the support offered through programmes could very well mitigate the risk factors that learners are exposed to in families and surrounding communities. Global programmes greatly influenced the development, implementation and sustainability of school-based substance abuse programmes. The programmes adopted were contextualised to suit the needs of the community and the context in which it was implemented.

For the success of programme implementation, consideration was given to the community context/factors that can be aligned to the Quality Implementation Framework (QIF) developed by Meyers, Durlak, and Wandersman (2012). As in this study, they reported that implementation has an impact on the outcome of a programme and proposed very specific steps to follow for implementation. An important first step of implementation is to conduct a needs assessment to establish the community context or factors such the needs, awareness and policy guidelines or frameworks in which to work. While there are several policy guidelines that have been identified, implementation looks beyond just an awareness of policy but seeks to actively find ways for successful implementation. This finding is similar to the first phase as proposed by Meyers et al. (2012) and Glider (2010) that initial considerations include conducting a needs analysis and resources assessment, as well as a fit assessment and capacity/readiness assessment. Understanding the climate, such as school attitudes towards the implementation of prevention or interventions is important for successful implementation, along with the necessary resources, for example, funding, to deliver the programme.

Implementation stands to be influenced by provider features/characteristics as the findings of this study suggest. This includes the provider's belief in the programme's benefits and outcomes, its alignment with vision and mission statements, and self-belief and internally motivated individuals with the necessary skills required to implement the programme.

Meyers et al. (2012), Flaspohler et al. (2012), and Durlak and DuPre (2008) note that consideration has to be given to adaptation of programmes to suit the community context and tailor made to the needs of the intended audience; further they suggest that individual and organisational capacity are essential requirements to ensure that programmes are effectively implemented and that there is explicit buy-in from critical stakeholders to foster a supportive community. More importantly, having the right capacity and sufficiently trained staff are as important for effective implementation (Durlak & DuPre, 2008).

Coupled with programme content, schools and community organisations reported that programmes needed to be age appropriate and implementation and delivery needed to be adjusted to suit the stage the learner is at, which influenced the nature and content of the programme. This is comparable to the findings of Wandersman et al. (2008) and Durlak and DuPre (2008), who state that there has to be contextual appropriateness or a match between the programme and the needs of the target audience. Interventions have to fit with an organisation's mission, priorities, and values. In the case of external programmes, there has to be a measure of adaptability, which is the extent to which the proposed programme can be modified to fit provider preferences, organisational practices, and community needs, values, and cultural norms. The prevention implementation is related to the capacity of schools and community organisations. The capacity held by both schools and community organisations extends to aspects of shared vision, decisions and collective goal setting. With a shared vision and agreement on what has to be implemented, the necessary skills may be apportioned for effective delivery to take place. Furthermore, having a positive

climate in which to operate is necessary; this can only occur when there is buy-in from stakeholders who are expected to participate in the programme. This is similar to the suggestions of Chinman et al. (2012) and Durlak and DuPre (2008), who suggest that the greater the level of capacity in terms of skills and knowledge, the better the performance. This would include developing the capacity of practitioners, educators, and volunteers, as well as peer educators. Leadership and having a programme champion are important in many respects, for example, in terms of setting priorities, establishing consensus, offering incentives, and managing the overall process of implementation and delivery. This result is consistent with social cognitive theories of behavioural change (Ajzen & Fishbein, 1977; Bandura, 1977), in which knowledge (of schools and community organisations) is a precondition for those practitioners to make behavioural changes in their performance of prevention.

A key element for the development of capacity is a support system in the form of training and technical assistance. Wandersman et al. (2008); Durlak and DuPre (2008); and Glider (2010) all agree that while organisational structure is necessary and responsible for guiding the implementation of a new programme, capacity development for its successful implementation is a necessity. Areas of capacity highlighted in this study relate to further skills development and the necessary funding for programme delivery. To sustain programmes and coalitions, an infrastructure must be in place to support them (Durlak & DuPre, 2008). Developing or strengthening the capacity of organisations develops self-efficacy and the belief necessary to implement programmes successfully. Wandersman et

al. (2008) state that sustainability of programmes is largely dependent on schools and community organisations or coalition leaders and members being trained in the essential programme elements or strategies. Furthermore, when schools develop the capacity of staff and community organisation members, long-term sustainability is secured even if there is a turnover in key staff or leadership positions. A paper trail, such as manuals and ongoing documentation of programme processes, also ensures that programmes are sustained. It is also helpful to keep a written record of collaborators and the roles they have played. If transitions are needed from one collaborator (individual or organisation) to another, this position can be filled (Flaspohler et al., 2012).

Reflecting on the third question of this research that focused on the sustainability of prevention the findings suggest that this is largely dependent on whether programmes relate to the needs of the individual or community, long-term sustainable partnerships and the development of capacity of all stakeholders engaged in the delivery of the programme. It became evident through discussion with schools and community organisations that sustainability is not just linked to funding, but is also about delivering programmes that are impactful and make a difference in the lives of individuals and communities, based on needs. It's about creating and building momentum to maintain community-wide change by organising and maximising community assets and resources. Emerging research suggests that overcoming barriers to sustainability may require both general (infrastructure, aspects of overall organisational functioning such as effective communication and establishing relationships with key community partners) and programme-specific (specific to prevention

or intervention) (Flaspohler et al., 2008) capacity development focused on sustainability as a distinct outcome (Johnson et al., 2004, 2011). The findings of this study are similar to those of Tibbits et al. (2010), who found that sustainability is more likely to be achieved when there is a support system in place for schools and community organisations and technical training or assistance for programme implementation. An important aspect highlighted in this study as having an impact on sustainability is establishing partnerships. Partnerships that have aligned vision and mission statements along with the necessary values and shared goals contribute toward sustainable programmes. In a resource-diminished environment, working from a strength-based perspective, and identifying the assets and strengths within organisations that work together, is key to sustainable partnerships – a finding similar to that of Rhoades, Bumbarger, and Moore (2012).

Capacity development was identified as fundamental to the sustainability of prevention. At an individual level, developing the necessary skills and knowledge, and personal experience, whether through formal or informal education or through the development of personal networks, were important. It is also important to develop capacity within organisations through leadership training or by identifying a programme champion to drive the programme – this was critical to sustainability (Domitrovich et al., 2008; UNDP, 2008).

7.3 Summary of research

“If we keep on doing what we have been doing, we are going to keep on getting what we have been getting” (Wandersman et al., 2008).

The main aim of this research project was to gain an in-depth understanding of the systemic factors that influenced the development, implementation and sustainability of school-based substance abuse-prevention programmes. While there is a plethora of literature on research-based substance-abuse prevention and programmes, this research highlighted the community approach currently implemented by educators, principals and community organisation workers. The study found that the development of substance abuse prevention programmes was influenced by various systemic factors which included personal experience, values, attitudes and environmental influences.

The research revealed that the personal experience of research participants developed a sense of commitment toward developing and offering school-based substance abuse prevention programmes. The commitment was evident in the expressed values of research participants. These values directed the behaviour of participants, even when contrary to popular beliefs norms and standards to be involved and engaged in prevention programmes.

It was found that research participants because of the close connection to communities and having experienced the effects of substance abuse, displayed a unique understanding of the substance abuse challenges within communities and this created a sense of connection and

sense of belonging. Participants personal experience, combined with their values and attitudes, led to an affiliation with the school community where learners were having similar experiences. Through this affiliation and shared experience, a sense of community and belonging was created. It has been suggested in this study that this sense of community and connection is what compelled educators, principals and community organisation participants to be personally engaged in offering programmes that would assist the community.

The sense of community and connection provided participants with an insider's perspective of the needs located within the various environments. Interestingly, the focus was not only on learners but on the other environments which could positively or negatively influence the learners' decision making. Important issues were raised about the school, community and family environments.

In the school environment learners were faced with various pressures to not only use drugs, but in some instances to sell drugs, by family members or gangs. Schools were identified as the one environment which was positioned to provide substance-abuse prevention programmes, but the capacity of educators needed to be developed to adequately deal with learners using illicit substances. Schools were considered at times to be a hostile environment towards learners who have behavioural challenges relating to substance abuse. In some instances, this results in learners being removed from school through the educational system, by expulsion or dropping out. Learners who do not conform are

removed from classes; when this happens the risk to learners increases as gangs prey on learners who are vulnerable by offering support and care, but at a price. Learners are recruited by gang members to sell drugs or become runners.

The same scenario was identified in the family environment. Many families were headed by either single parents or grandparents and in a few instances by children. Where there was dysfunction in families, the risks related to substance use increased. Intergenerational substance use was highlighted as a major issue within families as a new normal is created. In families that have a history of substance use, where it is a norm in the family, more tolerant attitudes were developed toward illicit substance.

In terms of responding to the first research question, the above systemic factors influenced the development of school-based substance-abuse prevention programmes. The systemic factors developed a community competency which included: 1) commitment, 2) community understanding of its own and others' issues, 3) being able to articulate the community needs, 4) effectiveness in communicating information and achieving consensus within a community, and 5) management of relations within the community, including the use of outside resources. This suggests that community competency exists within the researched community and that personal influences were not only a strong systemic influence in the development of substance abuse programmes, but that participants have developed competence within the field of prevention.

In response to the second question relating to the implementation of school-based substance-abuse programmes, the study revealed the systemic requirements for implementation which focused on the appropriateness of the content, the facilitation approach and working collaboratively with other to strengthen the capacity to implement school-based substance abuse programmes. It has been argued that the programmes implemented have to be community centred, based on the needs of the community. Being community-centred research has not informed practice; rather it is suggested that practice should inform research.

School-based substance-abuse prevention programmes were implemented in Grade R to Grade 12. The early implementation was in response to learners initiating substance use as early as eight years old as suggested by the research participants. The programmes were highly interactive and the delivery was age appropriate and engaging to learners. Programmes implemented considered a host of systemic factors which sought not only to raise awareness of substance abuse but to provide learners, educators, community organisation workers, parents and caregivers with the necessary skills to make appropriate choices. Life skills programmes, in conjunction with resistance and refusal skills, were incorporated in the programme as well as an awareness of environmental influences. The findings of this research have shown that the approach to implementation was significant and providers needed a positive, non-judgemental attitude.

The study shows that for programme development, consideration had to be given to the factors that impact the individual, family, community, school, and government. Programmes developed around the specific needs or requirements in accordance with policy and guideline implementation and sustainability have a greater opportunity for success. Furthermore it was found that substance-abuse prevention programmes were considered sustainable when the following three criteria had been met: 1) programmes address a need within the given community, 2) developing support structures through partnerships enabled the programmes to be delivered, and 3) developing the capacity within the community was necessary for programme implementation.

A significant finding was the resourcefulness located within individuals and communities when it came to sustaining programmes. Even though funding was considered a serious problem to the sustainability of programme implementation, networks within the community were available to help sustain programmes. The networks extended to finding human resources, physical resources, such as venues, and other community assets to ensure that programmes were delivered.

7.4 Limitations of the study

The findings of this research have been limited to the schools and community organisation research participants who were included in this study and who delivered school-based prevention programmes at schools. While the research did not set out to test the efficacy of

programmes currently implemented, it was limited to investigating the systemic factors schools and community organisations in relation to the development, implementation and sustainability of substance-abuse prevention programmes in the Cape Metropolitan region. A further limitation of this study was that it did not focus on the explicit capacities located within schools and community organisations, but rather of the process followed during the development, implementation and sustainability of programmes. While the findings of this research may be comparable to other research and models developed previously, the applicability of the research findings are location based and therefore applicable to the communities in which this research occurred. It is for this reason that a number of recommendations are proposed, based on the limitations identified here.

7.5 Further research possibility

This research highlighted the need for further studies into school-based substance- abuse prevention programmes. The extent of the substance-abuse challenge in schools requires a multifaceted approach which focuses on environmental influences and how they might impact learners. As school educators and principals are increasingly faced with the pressure of social challenges, finding ways to deal with the problem through shared resources and partnerships is critical. The following recommendations are made for future studies:

- Further research into the nature of the problems and challenges that schools and communities are faced with on a daily basis is important as it will provide critical

information in terms of support and resources required.

- Future studies could evaluate the disciplinary practices of educators and how learners who present with substance abuse challenges are supported by the educational system. Identifying the disciplinary measures taken against learners and the nature of the problems presented will enable the Department of Education to apply the necessary interventions to prevent learners from becoming dropout statistics.
- Research is needed to determine the effects that substance abuse has on teaching and learning and how it affects classroom management.
- Further research is required to identify the current resource capacity in schools with regard to support needs and the frequency of support received would provide a greater understanding of the dropout rate of learners. Research into the skills required of educators who are in need of capacity development and support. Capacity development to provide the “in-time” support and counselling to learners, rather than having to wait for a social worker or district psychologist, which often takes a long time.
- Research into the school climate and the educator/staff morale and the impact it has on the implementation of substance-abuse prevention programmes.
- Research that focuses on the current practices of community organisations that offer services to schools and the nature of the services offered. A database of this nature could be made available to schools, along with the services offered, the audience targeted, implementation plans and the duration of the programme. A database would provide useful information to schools and community organisations.

- Explore the community assets and community competency that make substance- abuse prevention programmes more sustainable in communities.
- Further research is required to investigate the learner drop-out rates and the impact of substance abuse.

7.6 Contributions and recommendations of this study

The main aim of this research project was to explore the systemic factors' influence on the development, implementation and sustainability of school-based substance-abuse prevention programmes using a grounded theory approach. The contribution of this study has been to add to the existing body of knowledge on substance abuse prevention a contextualised perspective to the systemic influencing factors on the development, implementation and sustainability of school-based prevention programmes. The study illustrates how schools and community organisation have mobilised to offer programmes despite the lack of resources and provides insight into the current practices within schools and local communities. As many local prevention programmes remain under researched, the outcomes of this study provides additional evidence for policy makers and government to assist with the interventions that are being developed, implemented and sustained by schools and community organisations. The grounded theory generated here provides a framework for researchers, government, policymakers, NGOs, community organisations and schools to utilise when planning, organising, implementing and managing school-based

substance abuse programmes. Finally, an important by-product of this research is contained in the recommendations to community organisations and schools that are faced with the challenge of substance abuse on a daily basis.

7.7 Recommendations of this study

Glaser and Strauss (2008) suggested that theory has to fit the field for which it was intended. Having considered this, the study makes recommendations for government and policy makers, schools and community organisations. This study set out to determine the systemic factors that influenced the development, implementation and sustainability of school-based substance abuse prevention. The following recommendations are put forward:

- It has been acknowledged that there is a plethora of policies and guiding frameworks relating to substance abuse prevention and implementation for schools. While endeavours have been made to prevent substance abuse in schools, educators and principals are overwhelmed by the number and extent of the problem at schools. It is recommended that educator training be extended beyond the formal school curriculum to include training on substance abuse awareness and prevention, knowledge and resources. Substance abuse prevention training should include aspects relating to the systemic influences on substance abuse prevention to assist schools in developing, implementing and sustaining programmes. A platform for ongoing advice and support for educators and principals to be capacitated to implement programmes are critical.

- This research extends our knowledge of systemic influences on the development, implementation and sustainability of school-based substance abuse prevention programmes. A reasonable approach to tackle the issue of substance abuse in schools is to apply the theory to identify the systemic influences that are evident in their own environments. By identifying the systemic influences, programme development could be targeted at the challenging and problematic areas.
- The theory that emerged is grounded in the schools and communities who participated in this study. The community-centred grounded approach reflects the realities of substance abuse in schools. It is recommended that schools, community organisations and policy makers who wish to apply the theory are able to develop and expand on the already existing individual and organisational knowledge by applying the concepts that have emerged in this study to their own context.
- The application of the theory which has emerged may be used as a general guide to multiple conditions and applicable to changing conditions. In keeping with recommendation, the theory is flexible within the theoretical model which could be adapted to various contexts and communities. While the themes that emerged were specific to the educator, principals and community organisations who participated in this research, the theory could be applied as an analytical framework for further research investigations.

- Another important practical implication for the implementation of schools-based substance abuse prevention is to ensure that the programme content is applicable to the needs of the intended audience. The implementation approach should be interactive and engaging allowing active participation.
- The findings of this study have a number of important implications for future practice with regards to individual and organisational capacity. Where capacity is lacking it is recommended that collaborative partnerships be established to successfully implement and sustain programmes.
- It is recommended that the needs of the community has to be a central consideration for sustainability of programmes, bolstered by collaborative partnerships and supported by internal stakeholders such as peer facilitators.

Lastly, a fundamental consideration in the development of the grounded theory was the applicability of the theory by schools and community organisations working in the area of school-based substance abuse prevention. It was important that sufficient control in the applicability of the theory for schools and community organisations be inherent in the theory for the implementation thereof (Flaspohler et al., 2008; Glaser & Strauss, 2008). In other words, there are levels of control within the substantive theory that must extend to the person who applies the theory the ability to understand and analyse the ongoing situational

realities. To produce and predict change in them and to predict and control consequences both for object of change and for other parts of the total situation that will be affected. There has to be sufficient flexibility to revise approach to application and revising the theory if necessary. The theory relating to the development, implementation and sustainability of school-based substance abuse prevention is in no way prescriptive. It provides a guideline to communities of practice to implement and adapt to their own context depending of which aspects of theory is applicable in their own context.

7.8 Final conclusion

In the final analysis, the theory developed through the use of a grounded theory approach in this research project provides a framework by which schools and community organisations are able to develop, implement and sustain school-based substance-abuse prevention programmes. It has been an enlightening process to work with school representatives and community organisations by reflecting on the challenges that educators and community organisations are faced with on a daily basis. The purpose of this investigation was to reflect on the influence of systemic factors on the development, implementation and sustainability of school-based substance abuse prevention programmes. What has emerged, even though located within specific schools and community organisations, has broad applicability to other schools and community organisations that find themselves in a similar position. Furthermore, this research thesis provides policy makers and other interested stakeholders with insight into the daily challenges that might be barriers to implementation.

Remaining faithful to the constructivist approach (Charmaz, 2014) has allowed for a deeper interaction with research participants. Through the application of a grounded theory approach, this study has revealed the challenge presented by substance abuse in the school environment along with the attempts that are being made to overcome these challenges. Being a part of the process that explored the realities of schools and community organisations working in the substantive area of substance abuse challenged me to think of what is required to create better societies. Charmaz (2014) and Glaser and Strauss (2008) suggest exploring tensions between complicity and consciousness, choice and constraint, indifference and compassion, inclusion and exclusion, poverty and privilege, and barriers and opportunities will assist in such endeavours. While this study by no means proposes solutions to substance abuse, it does highlight the capacities within communities who are bold enough despite the lack of resources to make a difference.

In conclusion, using the words of Charmaz (2014, p. 321), “We stand within our research process rather than above, before or outside it.”

Bibliography

- Abadinsky, H. (2010). *Drug use and abuse: A comprehensive introduction* (7th Ed.). Belmont, CA: Wadsworth.
- Adelman, H. S., & Taylor, L. (2003). On sustainability of project innovations as systemic change. *Journal of Educational and Psychological Consultation*, 14 (1), 1–25.
- Adelman, H. S., & Taylor, L. (2008). *Rebuilding for learning: Addressing barriers to learning and teaching, and re-engaging students*. New York, NY: Scholastic.
- Adelman, H. S., & Taylor, L. (2014). Addressing student and schooling problems: Not another project! Child safety should be embedded in the missions of schools. *Child Abuse & Neglect*, 38 (2), 160–169.
- Adrian, M. (2003). How can sociological theory help our understanding of addictions? *Substance Use & Misuse*, 38 (10), 1385–1423.
- Agnew, R. (1985). A revised strain theory of delinquency. *Social Forces*, 64 (1), 151–167.
- Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30 (1), 47–88.
- Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Bulletin*, 84 (5), 888–918.
- Akers, R. L. (1992). *Drugs, alcohol, and society: Social structure, process, and policy*. Belmont, CA: Wadsworth.
- Akers, R. L. & Sellers, C. S. (2004). *Criminological theories: Introduction, evaluation, and application* (4th ed.). Los Angeles, CA: Roxbury.
- Akers, R. L., & Silverman, A. L. (2004). Toward a social learning model of violence and terrorism. In M. A. Zahn, H. H. Brownstein & S. L. Jackson (Eds.), *Violence: From theory to research* (pp. 19–35). Newark, NJ: LexisNexis Anderson.
- Alam, K. (2013). *Report on independent evaluation capacity for disaster reduction initiative (CADRI): 2007–2012*. Dhaka: United Nations Development Programme.
- Aldiabat, K. M., & Le Navenec, C. (2011). Philosophical roots of classical grounded

theory: Its foundations in symbolic interactionism. *Qualitative Report*, 16 (4), 1063–1080.

American Psychiatric Association. 2000. *Diagnostic and statistical manual-text revision (DSM-IV-TRim, 2000)* (4th ed.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington, VA, American Psychiatric Association.

American Psychological Association. (2010). American Psychological Association ethical principles of psychologists and code of conduct. Retrieved from <http://www.apa.org/ethics/code/index.aspx>

Anderson, K., Towvim, L., Repetti, J., Carney, N., & Blaber, C. (2013). *Substance abuse prevention: Snapshots from the Safe Schools/Healthy Students Initiative*. Washington, DC: National Research Center for Mental Health Promotion and Youth Violence Prevention.

Anderson, T. L. (1993). Types of identity transformation in drug-using and recovery careers. *Sociological Focus*, 26 (2), 133–145.

Anderson, T. L. (1998). A cultural-identity theory of drug abuse. *Sociology of Crime, Law, and Deviance*, 1, 233–262.

Anderson, T. L. (Ed.). (2014). *Understanding deviance: Connecting classical and contemporary perspectives*. New York, NY: Routledge.

Appleton, J. V., & King, L. (2002). Journeying from the philosophical contemplation of constructivism to the methodological pragmatics of health services research. *Journal of Advanced Nursing*, 40 (6), 641–648.

Ashton, H., & Golding, J. F. (1989). Tranquillisers: Prevalence, predictors and possible consequences. Data from a large United Kingdom survey. *British Journal of Addiction*, 84 (5), 541–546.

Atkinson, S., Cohn, A., Ducci, M. E., & Gideon, J. (2005). Implementation of promotion and prevention activities in decentralized health systems: Comparative case studies from Chile and Brazil. *Health Promotion International*, 20 (2), 167–175.

- August, G.J., Gewirtz, A., & Realmuto, G. M. (2010). Moving the field of prevention from science to service: Integrating evidence-based preventive interventions into community practice through adapted and adaptive models. *Applied and Preventive Psychology, 14* (1–4), 72–85.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84* (2), 191-215. doi:10.1037/0033-295X.84.2.191
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Barnes, B. (2000). *Understanding agency: Social theory and responsible action*. London: Sage.
- Barnett, D. (2012). Constructing new theory for identifying students with emotional disturbance: A constructivist approach to grounded theory. *Grounded Theory Review, 11* (1), 47–58.
- Barr, J. E., Tubman, J. G., Montgomery, M. J., & Soza-Vento, R. M. (2002). Amenability and implementation in secondary school antitobacco programs. *American Journal of Health Behavior, 26* (1), 3–15.
- Bartlett, R., Brown, L., Shattell, M., Wright, T., & Lewallen, L. (2013). Harm reduction: Compassionate care of persons with addictions. *Medsurg Nursing : Official Journal of the Academy of Medical-Surgical Nurses, 22* (6), 349–358.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *Qualitative Report, 13* (4), 544–559.
- Bebell, D., & Stemler, S. (2013). *The school mission statement: Values, goals, and identities in American education*. New York, NY: Routledge.
- Beenstock, M., & Rahav, G. (2002). Testing Gateway Theory: Do cigarette prices affect illicit drug use? *Journal of Health Economics, 21* (4), 679–698.
- Bejerot, N. (1965). Intravenous drug abuse among the clients of the Stockholm police. *Läkartidningen, 62* (27), 2143–2146.
- Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide* (2nd ed.). London: Sage.
- Blumer, H. (1969). Fashion: From class differentiation to collective selection. *Sociological*

Quarterly, 10 (3), 275–291.

- Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theories and methods* (5th ed.). Boston, MA: Pearson.
- Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., & Patton, G. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *Journal of Adolescent Health*, 40(4), 357-e9.
- Botvin, G. J., & Griffin, K. W. (2003). Drug abuse prevention in schools. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention: Theory, science, and practice* (pp. 45–74). New York, NY: Kluwer Academic/Plenum.
- Botvin, G. J., & Griffin, K. W. (2007). School-based programmes to prevent alcohol, tobacco and other drug use. *International Review of Psychiatry*, 19 (6), 607–615.
- Botvin, G. J., Griffin, K. W., & Williams, C. (2015). Preventing daily substance use among high school students using a cognitive-behavioral competence enhancement approach. *World Journal of Preventive Medicine*, 3 (3), 48–53.
- Boyce, C., & Neale, P. (2006). *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input*. Watertown, MA: Pathfinder International.
- Breckenridge, J. P., Jones, D., Elliott, I., & Nicol, M. (2012). Choosing a methodological path: Reflections on the constructivist turn. *Grounded Theory Review*, 11 (1), 64–71.
- Bretteville-Jensen, A. L. (2011). Illegal drug use and the economic recession—What can we learn from the existing research? *International Journal of Drug Policy*, 22 (5), 353–359.
- Bronfenbrenner, U. (1979). *The ecology of human development: experiments in nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22 (6), 723–742.
- Bronfenbrenner, U. (1988). Interacting systems in human development. Research paradigms: Present and future. In N. Bolger, A. Caspi, G. Downey, & M.

- Moorehousem (Eds.), *Persons in context: Developmental processes* (pp. 25–49). Cambridge: Cambridge University Press.
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of Child Development*, 6, 187–249. Greenwich, CT: JAI Press.
- Bronfenbrenner, U. (1993). The ecology of cognitive development: Research models and fugitive findings. In R. H. Wozniak, & K. W. Fischer (Eds.), *Development in context: Acting and thinking in specific environments* (pp. 3–44). Hillsdale, NJ: Lawrence Erlbaum.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husén, & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2nd ed.), Vol. 3, pp. 1643–1647). Oxford: Pergamon Press.
- Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, K. Lüscher, & U. Bronfenbrenner (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). Washington, DC: American Psychological Association.
- Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational models. In S. L. Friedman, & T. D. Wachs. (Eds.), *Measuring environment across the life span: Merging methods and concepts* (pp. 3–28). Washington, DC: American Psychological Association.
- Bronfenbrenner, U. (2005). The bio-ecological theory of human development (2001). In U. Bronfenbrenner. (Ed.) (2001). *Making human beings human: Bioecological perspectives on human development* (pp. 3–15). Thousand Oaks, CA: Sage.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bio-ecological model of human development. In W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology, Vol. 1: Theoretical models of human development* (6th ed., pp. 793–828). New York, NY: John Wiley.
- Brook, D. W., Rubenstone, E., Zhang, C., Morojele, N. K., & Brook, J. S. (2011). Environmental stressors, low well-being, smoking, and alcohol use among South African adolescents. *Social Science & Medicine*, 72 (9), 1447–1453.
- Brook, J. S., Morojele, N. K., Pahl, K., & Brook, D. W. (2006). Predictors of drug use among South African adolescents. *Journal of Adolescent Health*, 38 (1), 26–34.
- Brooks-Gunn, J., Berlin, L. J., & Fuligni, A. S. (2000). Early childhood intervention

- programs: What about the family? In J. P. Shonkoff, & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 549–588). Cambridge: Cambridge University Press.
- Brown, S. C., Stevens, R. J., Troiano, P. F., & Schneider, M. K. (2002). Exploring complex phenomena: Grounded theory in student affairs research. *Journal of College Student Development, 43* (2), 173–183.
- Bryan, J., & Henry, L. (2008). Strengths-based partnerships: A school–family–community partnership approach to empowering students. *Professional School Counseling, 12* (2), 149–156.
- Bryan, J. & Henry, L. (2012). A model for building school–family–community partnerships: Principles and process. *Journal of Counseling & Development, 90* (4), 408–420.
- Bryant, A., & K. Charmaz, K. (Eds.).(2007). *Sage handbook of grounded theory* (pp. 454–471). London: Sage.
- Bryant, A., & Charmaz, K. (Eds.). (2011). *Sage handbook of grounded theory*. London: Sage.
- Bukoski, W. J. (1991). A definition of drug abuse prevention research. In L. Donohew, H. E. Sypher, & W. J. Bukoski (Eds.), *Persuasive communication and drug abuse prevention* (pp. 3–21). Hillsdale, NJ: Lawrence Erlbaum.
- Burnhams, N., Myers, B., & Parry, C. (2009). To what extent do youth-focused prevention programmes reflect evidence-based practices? Findings from an audit of alcohol and other drug prevention programmes in Cape Town, South Africa. *African Journal of Drug and Alcohol Studies, 8* (1), 1–8.
- Canadian Centre on Substance Abuse. (2010a). *Building on our strengths: Canadian standards for school-based youth substance abuse prevention (version 2.0)*. Ottawa, ON: Canadian Centre on Substance Abuse.
- Canadian Centre on Substance Abuse. (2010b). *Strengthening our skills: Canadian guidelines for family skills programs to prevent youth substance abuse* [preliminary release]. Ottawa, ON: Canadian Centre on Substance Abuse.
- Canadian Centre on Substance Abuse. (2010c). *Stronger together: Canadian standards for community-based youth substance abuse prevention*. Ottawa, ON: Canadian Centre

on Substance Abuse.

- Carcary, M. (2009). The research audit trail – enhancing trustworthiness in qualitative inquiry. *Electronic Journal of Business Research Methods*, 7 (1), 11–24.
- Carney, T., & Myers, B. (2012). Effectiveness of early interventions for substance-using adolescents: Findings from a systematic review and meta-analysis. *Substance Abuse Treatment, Prevention and Policy*, 7:25. doi: 10.1186/1747-597X-7-25
- Carney, T., Myers, B. J., Louw, J., Lombard, C., & Flisher, A. J. (2013). The relationship between substance use and delinquency among high-school students in Cape Town, South Africa. *Journal of Adolescence*, 36 (3), 447–455.
- Carvajal, S. C., Hanson, C. E., Romero, A. J., & Coyle, K. K. (2002). Behavioural risk factors and protective factors in adolescents: A comparison of Latinos and non-Latino whites. *Ethnicity and Health*, 7 (3), 181–193.
- Castro, F. G., Barrera, M., & Martinez, C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*, 5 (1), 41–45.
- Center for Substance Abuse Prevention (2000). *Prevention works through community partnerships: Findings from SAMHSA/CSAP's national evaluation*. (SAMHSA Monograph). Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- Center for Substance Abuse Prevention (2006). *Identifying and selecting evidence-based interventions*. Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program. HHS Pub. No. (SMA) 09-4205. Rockville, MD: Centre for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.
- Center for Substance Abuse Treatment. 2004. *Substance abuse treatment and family therapy*. Rockville, MD: Substance Abuse and Mental Health Services Administration (US). (Treatment Improvement Protocol (TIP) Series, No. 39.) *Chapter 2: Impact of substance abuse on families*. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK64258/>
- Center for Substance Abuse Treatment. 2005. *Substance abuse treatment for persons with co-occurring disorders*. Rockville, MD: Substance Abuse and Mental Health Services Administration (US); 2005. (Treatment Improvement Protocol (TIP)

Series, No. 42.) 3 keys to successful programming. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK64185/>

Centers for Disease Control and Prevention. (2011). *A sustainability planning guide for healthy communities*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Central Drug Authority. (2006). *Draft National Drug Master Plan for the period 2005–2009*. Pretoria: Department of Social Development, CDA.

Central Drug Authority. (2011). *Draft National Drug Master Plan for the period 2012–2016*. Pretoria: Department of Social Development, CDA.

Central Drug Authority. (2013). *National Drug Master Plan for the period 2013–2017*. Pretoria: Department of Social Development, CDA.

Centre for Addiction and Mental Health. (1999). *Alcohol and drug prevention programs for youth: What works? (Best advice)*. Toronto, ON: Centre for Addiction and Mental Health.

Centre for Addictions Research of BC. (2006). *Following the evidence: Preventing harms from substance use in BC*. Victoria, BC: British Columbia Ministry of Health.

Chavis, D. M., & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. *American journal of community psychology*, 18(1), 55-81.

Charmaz, K. (1983). Loss of self: A fundamental form of suffering in the chronically ill. *Sociology of Health & Illness*, 5 (2), 168–195.

Charmaz, K. (2000). Experiencing chronic illness. In G. L. Albrecht, R. Fitzpatrick, & S. C. Scrimshaw (Eds.), *Sage handbook of social studies in health & medicine* (pp. 277–292). Thousand Oaks, CA: Sage.

Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (2nd ed., pp. 249–291). Thousand Oaks, CA: Sage

- Charmaz, K. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. London: Sage.
- Charmaz, K. (2014). *Constructing grounded theory*. (2nd ed.). London: Sage.
- Chavis, D. M., & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. *American Journal of Community Psychology*, 18 (1) 55–81.
- Chenitz, W. C., & Swanson, J. M. (1986). *From practice to grounded theory: Qualitative research in nursing*. Menlo Park, CA: Addison-Wesley.
- Chinman, M., Acosta, J., Ebener, P., Burkhart, Q., Clifford, M., Corsello, M., . . . Tellett-Royce, N. (2012). Establishing and evaluating the key functions of an interactive systems framework using an assets-getting to outcomes intervention. *American Journal of Community Psychology*, 50 (3–4), 295–310.
- Chinman, M., Hannah, G., Wandersman, A., Ebener, P., Hunter, S. B., Imm, P., & Sheldon, J. (2005). Developing a community science research agenda for building community capacity for effective preventive interventions. *American Journal of Community Psychology*, 35 (3–4), 143–157. doi:10.1007/s10464-005-3390-6
- City of Cape Town. (2013). *Prevention of Alcohol and Other Drugs Use Policy: Draft Policy*. Cape Town: City of Cape Town.
- Coleman, G., & O'Connor, R. (2008). Investigating software process in practice: A grounded theory perspective. *Journal of Systems and Software*, 81(5), 772-784.
- Collins, K., Keys, C., Mihelicova, M., Ma, K., Quintana, J. R., Sunnquist, M., ... & Whipple, C. (2016). Addressing the Community Psychology Competency Dialectic through Participatory Pedagogy By Kelly Collins¹, Christopher Keys¹, Martina Mihelicova¹, Kris Ma¹, Nicole Colón-Quintana¹, Jordan Reed¹, Madison Sunnquist¹, Carolyn Turek¹, Christopher Whipple¹. *Global Journal of Community Psychology Practice*, 7(4).
- Community Anti-Drug Coalitions of America. (2009). *Handbook for community coalitions*. Alexandria, VA: CADCA, National Coalition Institute.
- Cooney, A. (2011). Rigour and grounded theory. *Nurse Researcher*, 18 (4), 17–22.
- Corbin, J. M. (1998). The Corbin and Strauss Chronic Illness Trajectory Model: An update.

Scholarly Inquiry for Nursing Practice, 12 (1), 33–41.

- Corbin, J., & Strauss, A. L. (1988). *Unending work and care: Managing chronic illness at home*. San Francisco, CA: Jossey-Bass.
- Cottrell, L. S. (1976). The competent community. In B. H. Kaplan, R. N. Wilson, & A. H. Leighton (Eds.), *Further Explorations In Social Psychiatry* (pp. 195–209). New York, NY: Basic Books.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Boston, MA: Pearson Education.
- Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. (4th ed.). London :Sage.
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Plano Clark, V. L. (2011) *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage.
- Cuijpers, P. (2002). Effective ingredients of school-based drug prevention programs: A systematic review. *Addictive Behaviors*, 27 (6), 1009–1023.
- Dada, S., Burhams, N. H., Parry, C., Bhana, A., Timol, F., Wilford, A., . . . Johnson, K. (2014). Monitoring alcohol and drug abuse trends in South Africa (July 1996– June 2013). *SACENDU Research Brief*, 16 (2), 1–16.
- Dada, S., Harker, B., Williams, Y., Erasmus, J., Parry, C., Bhana, A., . . . Fourie, D. (2015). *South African Community Epidemiology Network on Drug Use (SACENDU): Monitoring Alcohol and Drug Abuse Treatment Admissions in South Africa*. Johannesburg: SACENDU.
- Dada, S., Plüddemann, A., & Williams, Y. (2012). *South African Community Epidemiology Network on Drug Use (SACENDU): Monitoring alcohol and drug abuse treatment admissions in South Africa*. Johannesburg: SACENDU.
- Degenhardt, L., Dierker, L., Chiu, W. T., Medina-Mora, M. E., Neumark, Y., Sampson, N., . . . Kessler, R. C. (2010). Evaluating the drug use “gateway” theory using cross-

national data: Consistency and associations of the order of initiation of drug use among participants in the WHO World Mental Health Surveys. *Drug and Alcohol Dependence*, 108 (1–2), 84–97.

- Dell, C. A., Duncan, C. R., DesRoches, A., Bendig, M., Steeves, M., Turner, H., . . . Enns, B. (2013). Back to the basics: Identifying positive youth development as the theoretical framework for a youth drug prevention program in rural Saskatchewan, Canada amidst a program evaluation. *Substance Abuse Treatment, Prevention, and Policy*, 8:36. doi: 10.1186/1747-597X-8-36.
- Denzin, N. K. (2007). Grounded theory and the politics of interpretation. In A. Bryant & K. Charmaz (Eds.), *Sage handbook of grounded theory* (pp. 454–471). London: Sage.
- Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (2011). *Sage handbook of qualitative research* (4th ed.). Thousand Oaks, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (2013) Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research* (4th ed.) (pp 1–42). Thousand Oaks, CA: Sage.
- Department of Education. (2003). *National Curriculum Statement Grades 10–12 (General): Life Orientation*. Pretoria: Department of Education.
- Department of Basic Education. (2010a). *Action plan to 2014: Towards the realisation of schooling 2025*. Pretoria: Department of Basic Education.
- Department of Basic Education (2010b). *Conceptual framework: Care and support for teaching and learning in South Africa*. Pretoria: Department of Basic Education.
- Department of Basic Education (2011). *Implementation protocol (In terms of the Intergovernmental Relations Framework Act, 2005 (Act No. 13 of 2005) between the Department of Basic Education and the South African Police Service on prevention of crime and violence in all schools*. Pretoria: Department of Basic Education.
- Department of Basic Education (2013). *National strategy for the prevention and management of alcohol and drug use amongst learners in schools*. Pretoria: Department of Basic Education.

- Department of Education. (2001a). *Education White Paper 6: Special needs education: Building an inclusive education and training system*. Pretoria: Department of Education.
- Department of Education. (2001b). South African Schools Act: Regulations for safety measures at public schools. *Government Gazette*, 436 (22754), General Notice 1040, 12 October.
- Department of Education. (2002a). *National guidelines for the management and prevention of drug use and abuse in all public schools and further education and training institutions*. Pretoria: Department of Education.
- Department of Education. (2002b). Policy framework on the management of drug abuse by learners in schools and in public further education and training institutions. *Government Gazette*, 450 (24172), General Notice 3427, 13 December.
- Department of Education. (2003). *National Curriculum Statement Grades 10-12 (General). Life Orientation*. Pretoria: Department of Education.
- Department of Education. (2008). South African Schools Act 84 of 1996. Devices to be used for drug testing and the procedure to be followed. *Government Gazette*, 519 (31417), Notice No. 1140, 19 September
- Department of Health. (2001). *Policy guidelines for youth and adolescent health*. Pretoria: Department of Health.
- Department of Health. (2002). *National school health policy and implementation guidelines*. Pretoria: Department of Health.
- Department of Health. (2008). Tobacco Products Control Amendment Bill. *Government Gazette*, 512 (30824), 29 February.
- Department of Health, Medical Research Council, & Orc Macro. (2007). *South African demographic and health survey: 2003*. Pretoria: Department of Health.
- Department of Justice and Constitutional Development. (2009). Child Justice Act, No. 75 of 2008. *Government Gazette*, 527 (32225), 11 May.
- Department of Social Development. (2010). *Strategic plan: 2010–2015*. Pretoria: Department of Social Development.

- Department of Social Development. (2012). *2nd Biennial Anti-Substance Abuse Summit report*. Pretoria: Department of Social Development.
- Department of Social Development. (2013). *National drug master plan: 2013–2017*. Pretoria: Department of Social Development.
- Diaz, T., Dusenbury, L., Botvin, G. J., & Farmer-Huselid, R. (1997). Factors associated with drug use among youth living in homeless shelters. In G. J. Botvin & S. Schinke (Ed.), *The etiology and prevention of drug abuse among minority youth* (pp. 91–110). New York, NY: Routledge.
- Domitrovich, C. E., Bradshaw, C. P., Poduska, J., Hoagwood, K., Buckley, J., Olin, S. . . . Ialongo, N. S. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Mental Health Promotion: Training and Practice, Research and Policy*, 1 (3), 6–28.
- Domitrovich, C. E., Bradshaw, C. P., Greenberg, M. T., Embry, D., Poduska, J. M., & Ialongo, N. S. (2010). Integrated models of school-based prevention: Logic and theory. *Psychology in the Schools*, 47 (1), 71–88.
- Dotson-Blake, K. P. (2010). Learning from each other: A portrait of family-school-community partnerships in the United States and Mexico. *Professional School Counseling*, 14 (1), 101–114.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41 (3–4), 327–350. doi: 10.1007/s10464-008-9165-0.
- Dusenbury, L. (2000). Family-based drug abuse prevention programs: A review. *Journal of Primary Prevention*, 20 (4), 337–352.
- Dusenbury, L., & Falco, M. (1997). School-based drug abuse prevention strategies: From research to policy and practice. In R. P. Weissberg, T. P. Gullotta, R. L. Hampton, B. A. Ryan, & G. R. Adams (Eds.). *Enhancing children's wellness* (pp. 47–75). Thousand Oaks, CA: Sage.
- Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health Education Research*, 18 (2), 237–256

- Dusenbury, L., Brannigan, R., Hansen, W. B., Walsh, J., & Falco, M. (2005). Quality of Implementation: Developing measures crucial to understanding the diffusion of preventive interventions. *Health Education Research*, 20 (3), 308–313.
- Eaves, Y. D. (2001). A synthesis technique for grounded theory data analysis. *Journal of Advanced Nursing*, 35(5), 654–663. doi:10.1046/j.1365-2648.2001.01897.x
- Eisner, E. W. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. Toronto: Collier Macmillan Canada.
- Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5 (1), 47–53.
- Elliott, N., & Lazenbatt, A. (2005). How to recognise a 'quality' grounded theory research study. *Australian Journal of Advanced Nursing*, 22 (3), 48–52.
- Ellis, G. F. R., Stein, D. J., Thomas, K. G. F., & Meintjies, E. M. (2012). *Substance use and abuse in South Africa: Insights from brain and behavioural sciences*. Cape Town: UCT Press.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). (2008). Annual Report 2008: the state of the drugs problem in Europe. Lisbon.
- Eysenck, M. W., & Flanagan, C. (2001). *Psychology for A2 level*. Hove: Psychology Press.
- Farrar, H. C., & Kearns, G. L. (1989). Cocaine: Clinical pharmacology and toxicology. *Journal of Pediatrics*, 115 (5, Part 1), 665–675.
- Feinberg, M. E. (2012). Community epidemiology of risk and adolescent substance use: Practical questions for enhancing prevention. *American Journal of Public Health*, 102 (3), 457–468.
- Feinberg, M. E., Chilenski, S. M., Greenberg, M. T., Spoth, R. L., & Redmond C. (2007). Community and team member factors that influence the operations phase of local prevention teams: The PROSPER project. *Prevention Science*, 8 (3), 214–226. 10.1007/s11121-007-0069-2.
- Feinberg, M. E., Ridenour, T. A., & Greenberg, M. T. (2007). Aggregated indices of risk and protection for adolescent behavior problems: The communities that care youth survey. *Journal of Adolescent Health*, 40 (6), 506–513.

- Feinstein, E. C., Richter, L., & Foster, S. E. (2012). Addressing the critical health problem of adolescent substance use through health care, research, and public policy. *Journal of Adolescent Health, 50* (5), 431–436.
- Ferguson, S. G., & Shiffman, S. (2009). The relevance and treatment of cue-induced cravings in tobacco dependence. *Journal of Substance Abuse Treatment, 36* (3), 235–243.
- Firesheets, E. K., Francis, M., Barnum, A., & Rolf, L. (2012). Community-based prevention support: Using the interactive systems framework to facilitate grassroots evidenced-based substance abuse prevention. *American Journal of Community Psychology, 50* (3–4), 347–356. doi:10.1007/s10464-012-9506-x.
- Fisher, D. (1998). Environmental Strategies for Substance Abuse Prevention: Analysis of the Effectiveness of Policies To Reduce Alcohol, Tobacco, and Illicit Drug Problems.
- Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. A. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology, 41* (3–4), 182–196.
- Flaspohler, P., Lesesne, C., Puddy, R. W., Smith, E., & Wandersman, A. (2012). Advances in bridging research and practice: Introduction to the second special issue on the interactive system framework for dissemination and implementation. *American Journal of Community Psychology, 50* (3–4), 271–281.
- Flay, B. R. (2000). Approaches to substance use prevention utilizing school curriculum plus social environment change. *Addictive Behaviors, 25* (6), 861–885.
- Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., . . . & Ji, P. (2005). Standards of evidence: Criteria for efficacy, effectiveness and dissemination. *Prevention Science, 6* (3), 151–175.
- Fletcher, A., Bonell, C., & Hargreaves, J. (2008). School effects on young people's drug use: a systematic review of intervention and observational studies. *Journal of Adolescent Health, 42*(3), 209-220.
- Fisher, A. J., Mathews, C., Mukoma, W., & Lombard, C. F. (2006). Secular trends in risk behaviour of Cape Town Grade 8 students. *South African Medical Journal, 96* (9, Part 2), 982–987.

- Flisher, A. J., Parry, C. D. H., Evans, J., Lombard, C., & Muller M. (1998). *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 (PSYSSA), Cape Town, 11 September.
- Flisher, A. J., Ziervogel, C. F., Chalton, D. O., Leger, P. H., & Robertson, B. A. (1993). Risk- taking behaviour of Cape Peninsula high school students. Part IV: Alcohol use. *South African Medical Journal*, 83 (7), 480–482.
- Florin, P. R., & Wandersman, A. (1984). Cognitive social learning and participation in community development: A comparison of standard and cognitive social learning variables. *American Journal of Community Psychology*, 12 (6), 689–708.
- Florin, P., Friend, K. B., Buka, S., Egan, C., Barovier, L., & Amodei, B. (2012). The interactive systems framework applied to the strategic prevention framework: The Rhode Island experience. *American Journal of Community Psychology*, 50 (3–4), 402–414.
- Freire, P. (1996). *Pedagogy of the oppressed (revised)*. New York: Continuum.
- Gardner, A., McCutcheon, H., & Fedoruk, M. (2012). Discovering constructivist grounded theory's fit and relevance to researching contemporary mental health nursing practice. *Australian Journal of Advanced Nursing*, 30 (2)2, 66–74.
- Gardner, M. A. (2015). *Social learning theory: Skills are essential in treating addictive disorders*. Presentation at the Faculty Research Day, School of Education, University of Bridgeport, Connecticut.
- Geertz, C. (1973). *The interpretation of cultures: Selected essays* New York, NY: Basic Books.
- Gifford, E., & Humphreys, K. (2007). The psychological science of addiction. *Addiction*, 102 (3), 352–361.
- Gil, A. G., Wagner, E. F., & Tubman, J. G. (2004). Culturally sensitive substance abuse intervention for Hispanic and African American adolescents: Empirical examples from the Alcohol Treatment Targeting Adolescents In Need (ATTAIN) Project. *Addiction*, 99 (Suppl. 2), 140–150.
- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, 204 (6),

291–295.

- Giovazolias, T., & Themeli, O. (2014). Social learning conceptualization for substance abuse: Implications for therapeutic interventions. *European Journal of Counselling Psychology*, 3 (1), 69–88. doi:10.5964/ejcop.v3i1.23.
- Glanz, K., Rimer, B. K., & Viswanath K. (Eds.). (2008). *Health behavior and health education: Theory, research, and practice* (4th ed.). San Francisco, CA: Jossey-Bass.
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA.: Sociology Press.
- Glaser, B. G. (1992). *Emergence vs forcing: Basics of grounded theory analysis: Emergence vs. forcing*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (2002). Constructivist grounded theory? *Qualitative Social Research*, 3 (3), Article 3. Retrieved from: <http://www.qualitative-research.net/index.php/fqs/article/view/825/1792>.
- Glaser, B. G. (2003). *The grounded theory perspective: Conceptualization contrasted with description*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (2006). *Doing formal grounded theory: A proposal*. Mill Valley, CA: Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Glaser, B. G., & Strauss, A. L. (2008). *The discovery of grounded theory: Strategies for qualitative research*. Piscataway, NJ: Transaction Publishers.
- Glider, P. (2010). *Sustainability: Building program and coalition support*. Newton, MA: Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention.
- Goga, K. (2014). *The drug trade and governance in Cape Town*. Pretoria: Institute for

- Gomez, B. J., Greenberg, M. T., & Feinberg, M. E. (2005). Sustainability of community coalitions: An evaluation of communities that care. *Prevention Science*, 6 (3), 199–202.
- González-López, G. (2011). Mindful ethics: Comments on informant-centered practices in sociological research. *Qualitative Sociology*, 34 (3), 447–461. doi:10.1007/s11133-011-9199-8.
- Goode, W. J. (Ed.). (2011). *The dynamics of modern society*. Piscataway, NJ: Transaction Publishers.
- Goodman, R. M., Speers, M. A., Mcleroy, K., Fawcett, S., Kegler, M., Parker, E., . . . Wallerstein, N. (1999). Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Education & Behavior*, 25 (3), 258–278.
- Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford, CA: Stanford University Press.
- Gottfredson, D. C., & Wilson, D. B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science*, 4 (1), 27–38.
- Greenberg, M. T. (2004). Current and future challenges in school-based prevention: The researcher perspective. *Prevention Science*, 5 (1), 5–13.
- Greenberg, M. T., Feinberg, M. E., Gomez, B. J., & Osgood, D. W. (2005). Testing a community prevention focused model of coalition functioning and sustainability: A comprehensive study of communities that care in Pennsylvania. In T. Stockwell, P. J. Gruenewald, J. W. Toumbourou, & W. Loxley (Eds.), *Preventing harmful substance use: The evidence base for policy and practice* (pp. 129–142). Chichester: Wiley.
- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 19 (3), 505–526. doi.org/10.1016/j.chc.2010.03.005.
- Guba, E. G. & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluence. In N. K. Denzin & Y. S. Lincoln (Eds.), *Sage handbook of qualitative research* (3rd ed., pp. 191–215). Thousand Oaks, CA: Sage.

- Guerra, N. G., & Bradshaw, C. P. (2008). Linking the prevention of problem behaviors and positive youth development: Core competencies for positive youth development. *New Directions in Child and Adolescent Development*, 122, 1–17.
- Guerrero, E. G. (2010). Managerial capacity and adoption of culturally competent practices in outpatient substance abuse treatment organizations. *Journal of Substance Abuse Treatment*, 39 (4), 329–339. <http://doi.org/10.1016/j.jsat.2010.07.004>
- Haggerty, K. P., & Shapiro, V. B. (2013). Science-based prevention through communities that care: A model of social work practice for public health. *Social Work in Public Health*, 28 (3–4), 349–365. doi.org/10.1080/19371918.2013.774812.
- Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J. Crosby, A., Fullilove, M. P. H., . . . Dahlberg, L. (2007). Effectiveness of universal school-based programs to prevent violent and aggressive behavior: A systematic review. *American Journal of Preventive Medicine*, 33 (Suppl. 2), S114–S129.
- Hallfors, D., & Van Dorn, R. (2002). Strengthening the role of two key institutions in the prevention of adolescent substance abuse. *Journal of Adolescent Health*, 30 (1), 17–28.
- Hammersley, M. (2006). Theoretical sampling. In V. Jupp (Ed.), *Sage dictionary of social research methods* (pp. 299–300). London: Sage. Retrieved from: <http://srmo.sagepub.com/view/the-sage-dictionary-of-social-research-methods/SAGE.xml>.
- Hanson, G., Venturelli, P. J., & Fleckenstein, A. E. (2009). *Drugs and society*. Sudbury, MA: Jones and Bartlett.
- Harker, N., Myers, B., & Parry, C. (2008). *Audit of prevention programmes targeting substance use among young people in the greater Cape Town Metropole: Technical report*. Cape Town: Alcohol and Drug Research Unit, South African Medical Research Council.
- Hartling, L. M. (2003). *Prevention through connection: A collaborative approach to women's substance abuse*. Work in Progress, No. 103. Stone Center Working Paper Series, Wellesley College, Wellesley, MA.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications

- for substance abuse prevention. *Psychological Bulletin*, 112 (1), 64–105.
- Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatric and Adolescent Medicine*, 153 (3), 226–234.
- Hawkins, J. D., Oesterle, S., Brown, E. C., Monahan, K. C., Abbott, R. D., Arthur, M. W., & Catalano, R. F. (2012). Sustained decreases in risk exposure and youth problem behaviors after installation of the communities that care prevention system in a randomized trial. *Archives of Pediatrics & Adolescent Medicine*, 166 (2), 141–148. doi.org/10.1001/archpediatrics.2011.183.
- Hawkins, J. D., Van Horn, M. L., & Arthur, M. W. (2004). Community variation in risk and protective factors and substance use outcomes. *Prevention Science*, 5 (4), 213–220.
- Health Foundation of Greater Cincinnati. (2010). *Supporting community-based substance abuse prevention*. Cincinnati, OH: Health Foundation of Greater Cincinnati.
- Heather, N., & Robertson, I. (1997). *Problem drinking* (3rd ed.). Oxford: Oxford University Press.
- Hesse-Biber, S. N. (2008a). Innovation in research methods design and analysis. In S. N. Hesse-Biber, & P. Leavy (Eds.), *Handbook of emergent methods* (pp. 359–362). New York, NY: Guilford Press.
- Hesse-Biber, S. N., & Leavy, P. (Eds.). (2008b). *Handbook of emergent methods*. New York, NY: Guilford Press.
- Heydari, A., Dashtgard, A., & Moghadam, Z. E. (2014). The effect of Bandura's social cognitive theory implementation on addiction quitting of clients referred to addiction quitting clinics. *Iranian Journal of Nursing and Midwifery Research*, 19 (1), 19–23.
- Higgins, S. T., Heil, S. H., & Lussier, J. P. (2004). Clinical implications of reinforcement as a determinant of substance use disorders. *Annual Review of Psychology*, 55, 431–461.
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley, CA: University of California Press.
- Howard, M. O., Bowen, S. E., Garland, E. L., Perron, B. E., & Vaughn, M. G. (2011).

- Inhalant use and inhalant use disorders in the United States. *Addiction Science and Clinical Practice*, 6 (1), 18–31.
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. *Educational Researcher*, 17 (8), 10–16.
- Howell, D. (2009). Occupational therapy students in the process of interprofessional collaborative learning: A grounded theory study. *Journal of Interprofessional Care*, 23 (1), 67–80. doi:10.1080/13561820802413281
- Hunter, A. (1975). The loss of community: An empirical test through replication. *American Sociological Review*, 40 (3), 537–552.
- Hunter, S. V. (2010). Analysing and representing narrative data: The long and winding road. *Current Narratives*, 1 (2), 44–54.
- Institute of Medicine (IOM). 2012. *An integrated framework for assessing the value of community-based prevention*. Washington, DC: National Academies Press.
- IOWA Consortium For Substance Abuse Research And Evaluation (2003). *Evidence-based practices: An implementation guide for community-based substance abuse treatment agencies*. Iowa City, IA: IOWA Consortium, University of Iowa.
- Israel, M. & Hay. I. (2006). *Research ethics for social scientists: Between ethical conduct and regulatory compliance*. London: Sage.
- Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, 17 (42), Article 6, 10 pp. Retrieved from: <http://www.nova.edu/ssss/QR/QR17/jacob.pdf>
- Jacobs, A. (2011). Life Orientation as experienced by learners: A qualitative study in North-West Province. *South African Journal of Education*, 31 (2), 212–223.
- Jeon, Y. (2004). The application of grounded theory and symbolic interactionism. *Scandinavian Journal Of Caring Sciences*, 18 (3), 249–256. doi:10.1111/J.1471-6712.2004.00287.X
- Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. New York, NY: Academic Press.
- Johnson, K., Collins, D., & Wandersman, A. (2013). Sustaining innovations in community

- prevention systems: A data-informed sustainability strategy. *Journal of Community Psychology*, 41 (3), 322–340.
- Johnson, K., Hays, C., Center, H., & Daley, C. (2004). Building capacity and sustainable prevention innovations: A sustainability planning model. *Evaluation and Program Planning*, 27 (2), 135–149.
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33 (7), 14–26.
- Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1 (2), 112–133.
- Kandel, D. (1975). Stages in adolescent involvement in drug use. *Science*, 190 (4217), 912–914.
- Kandel, D. B., Yamaguchi, K., & Chen, K. (1992). Stages of progression in drug involvement from adolescence to adulthood: Further evidence for the gateway theory. *Journal of Studies on Alcohol*, 53 (5), 447–457.
- Kaplan, R. M., Sallis, J. F., & Patterson, T. L. (1993). *Health and human behavior*. New York, NY: McGraw-Hill.
- Kegler, M. C., & Swan, D. W. (2011). Advancing coalition theory: The effect of coalition factors on community capacity mediated by member engagement. *Health Education Research*, 27 (4), 572–584
- Kelly, J. G., Ryan, A. M., Altman, B. E., & Stelzner, S. P. (2000). Understanding and changing social systems: An ecological view. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 133–159). New York, NY: Springer.
- Khan, S. N. (2014). Qualitative research method: Grounded theory. *International Journal of Business and Management*, 9 (11), 224–233.
- Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. *Harvard Review of Psychiatry*, 4 (5), 231–244.
- Kolb, S. M. (2012). Grounded theory and the constant comparative method: Valid research strategies for educators. *Journal of Emerging Trends in Educational Research and*

Policy Studies, 3 (1), 83–86.

- Kreitzer, L. M., & Jou, M. K. (2010). Social work with victims of genocide: The Alternatives to Violence Project (AVP) in Rwanda. *International Social Work*, 53 (1), 73–86.
- Kumpfer, K. L. (2014). Family-based interventions for the prevention of substance abuse and other impulse control disorders in girls. *ISRN Addiction*, 2014, Article ID 308789, 23 pp. doi:10.1155/2014/308789.
- Kumpfer, K. L., Pinyuchon, M., Texeira de Melo, A. T., & Whiteside, H. O. (2008). Cultural adaptation process for international dissemination of the strengthening families program. *Evaluation & The Health Professions*, 31 (2), 226–239.
- Labuschagne, A. (2003). Qualitative research: Airy fairy or fundamental? *The Qualitative Report*, 8(1), Article 7.
- Lee, T. Y. (2011). Construction of an integrated positive youth development conceptual framework for the prevention of the use of psychotropic drugs among adolescents. *The Scientific World Journal*, 11, 2403–2417. doi.org/10.1100/2011/315870/
- Lempert, L. (2007). Asking questions of the data: Memo writing in the grounded theory tradition. In A. Bryant & K. Charmaz (Eds.), *Sage handbook of grounded theory* (pp. 245–264). London: Sage.
- Levers, M. J. D. (2013). Philosophical paradigms, grounded theory and perspectives on emergence. *Sage Open*, October–December 2013, 1–6. DOI: 10.1177/2158244013517243
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Sage.
- Lindesmith, A. (1938). A sociological theory of drug addiction. *American Journal of Sociology*, 43 (4), 593–613.
- Lipperman-Kreda, S., Mair, C., Bersamin, M., Gruenewald, P. J., & Grube, J. W. (2015). Who drinks where: Youth selection of drinking contexts. *Alcoholism, Clinical and Experimental Research*, 39 (4), 716–723.
- Lo, L. (2009) Familial And Socioeconomic Influences On Substance Abuse: An Ecological Model. *Sentience: The University of Minnesota Undergraduate Journal of Psychology*, 2, 5–10.

- Lynch, T. (2014). *Writing up your PHD (qualitative research)*. English Language Teaching Centre, University of Edinburgh.
- MacCoun, R., & Reuter, P. (2001). Evaluating alternative cannabis regimes. *British Journal of Psychiatry*, *178* (2), 123–128.
- Mannarini, T., & Fedi, A. (2009). Multiple senses of community: The experience and meaning of community. *Journal of Community Psychology*, *37* (2), 211–227.
- Masitsa, M. G. (2011). Exploring safety in township secondary schools in the Free State province. *South African Journal of Education*, *31*(2), 163-174.
- McMurran, M. (1997). *The psychology of addiction*. London: Taylor & Francis.
- McMurran, M. (2007). The relationships between alcohol-aggression proneness, general alcohol expectancies, hazardous drinking, and alcohol-related violence in adult male prisoners. *Psychology, Crime & Law*, *13* (3), 275–284.
- Medina-Mora, M. E. (2005). Prevention of substance abuse: A brief overview. *World Psychiatry*, *4* (1), 25–30.
- Meyers, D. C., Durlak, J. A., & Wandersman, A. (2012). The quality implementation framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*, *50* (3–4), 462–480.
- Mills, J., Bonner, A., & Francis, K. (2006a). Adopting a constructivist approach to grounded theory: Implications for research design. *International Journal of Nursing Practice*, *12* (1), 8–13.
- Mills, J., Bonner, A., & Francis, K. (2006b). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, *5* (1), 25–35.
- Minkler, M., Vásquez, V. B., Tajik, M., & Petersen, D. (2008). Promoting environmental justice through community-based participatory research: The role of community and partnership capacity. *Health Education & Behavior*, *35* (1), 119–137.
- Montgomery, P., & Bailey, P. H. (2007). Field notes and theoretical memos in grounded theory. *Western Journal of Nursing Research*, *29* (1), 65–79.
- Moore-Thomas, C., & Day-Vines, N. L. (2010). Culturally competent collaboration: School

- counselor collaboration with African American families and communities. *Professional School Counseling*, 14(1), 53–63.
- Morojele, N., Knott, R., Myburg, H., & Finkelstein, N. (1999). Audit of school-based substance abuse prevention programmes in Cape Town. *MRC Urban Health & Development Bulletin*, 2 (1), 46–57.
- Morojele, N., Myers, B., Townsend, L., Lombard, C., Plüddemann, A., Carney, T., . . . Nkosi, S. (2013). *Survey on substance use, risk behaviour and mental health among grade 8–10 learners in schools in the Western Cape province, 2011*. Cape Town: South African Medical Research Council.
- Morojele, N. K., Parry, C.D.H., & Brook, J. (2009) Substance abuse and the young: Taking action. *MRC Research Brief*, 6, 1–4.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52 (2), 250–260.
- Mrazek, P. J., & Haggerty, R. J. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.
- Mudavanhu, N., & Schenck, R. (2014). Substance abuse amongst the youth in Grabouw Western Cape: Voices from the community. *Social Work* , 50 (3), 370–392.
- Myers, B., & Fakier, N. (2007). *Audit of substance abuse treatment facilities in KwaZulu-Natal and Gauteng, 2006–2007*. Cape Town: South African Medical Research Council.
- Myers, B., & Fakier, N. (2009). Provision of mental health services in South African substance abuse treatment facilities. *International Journal of Mental Health and Addiction*, 7 (3), 441–449.
- Myers, B., Fakier, N., & Louw J. (2009). Stigma, treatment beliefs, and substance abuse treatment use in historically disadvantaged communities. *African Journal of Psychiatry*, 12 (3), 218–222.
- Myers, B., Harker, N., Fakier, N., Kader, R., & Mazok, C. (2008). *A review of evidence based interventions for the prevention and treatment of substance use disorders*. Cape Town: South African Medical Research Council.
- Myers B., Louw, J., & Pasche, S. C. (2010). Inequitable access to substance abuse treatment services in Cape Town, South Africa. *Substance Abuse Treatment*,

Prevention, and Policy, 5, 28–38.

- Myers, L. L. (2013). Substance use among rural African American adolescents: Identifying risk and protective factors. *Child & Adolescent Social Work Journal*, 30 (1), 79–93. doi:10.1007/S10560-012-0280-2
- National Institute on Drug Abuse (NIDA). (1991). *Drug abuse prevention intervention research: Methodological issues* (Vol. 2). Rockville, MD: US Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute in Drug Abuse.
- National Institute on Drug Abuse (NIDA). (1997). *Preventing drug use among children and adolescents: a research-based guide*. Rockville, MD: US Department of Health and Human Services.
- National Institute on Drug Abuse (NIDA). (2003). *Preventing drug use among children and adolescents: a research-based guide for parents, educators, and community leaders* (2nd ed.). Bethesda, MD: US Department of Health and Human Services; National Institute On Drug Abuse.
- National Institute on Drug Abuse (NIDA). (2006). *National youth anti-drug media campaign*. Washington, DC: WESTAT Inc.
- National Institute on Drug Abuse (NIDA). (2007). *Research update from the National Institute on Drug Abuse—Drug abuse is a preventable behavior*. Bethesda, MD: NIDA. Retrieved from: <https://www.drugabuse.gov/publications/drugfacts/lessons-prevention-research>
- National Institute on Drug Abuse (NIDA). (2010). *Drugs, brains, and behavior: The science of addiction*. Rockville, MD: NIDA. NIH Pub. No. 10-5605. Retrieved from: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface>
- National Institute on Drug Abuse (NIDA). (2011). *Physical activity may prevent substance abuse*. Retrieved from: <https://www.drugabuse.gov/news-events/nida-notes/2011/03/physical-activity-may-prevent-substance-abuse>
- National Institute on Drug Abuse (NIDA). (2014). *Drugs, brains and behavior: The science of addiction* (3rd ed.). (NIH Pub No. 14-5605). Rockville, MD: NIH; NIDA.
- National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and*

- possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults: Research Advances and Promising Interventions. In M. E. O'Connell, T. Boat, & K. E. Warner (Eds.). Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academies Press.
- Nelson, K., & Tom, N. (2011). Evaluation of a substance abuse, HIV and hepatitis prevention initiative for urban native Americans: The Native Voices Program. *Journal of Psychoactive Drugs*, 43 (4), 349–354.
- Niaura, R. (2000). Cognitive social learning and related perspectives on drug craving. *Addiction*, 95 (Suppl. 2), S155–S163.
- Norman, E., & Turner, S. (1993). Adolescent substance abuse prevention programs: Theories, models, and research in the encouraging 80's. *Journal of Primary Prevention*, 14 (1), 3–20.
- Nowell, B., & Boyd, N. M. (2014). Sense of community responsibility in community collaboratives: Advancing a theory of community as resource and responsibility. *American Journal of Community Psychology*, 54 (3–4), 229–242.
- Nowell, B., & Foster-Fishman, P. (2011). Examining multi-sector community collaboratives as vehicles for building organizational capacity. *American Journal of Community Psychology*, 48 (3-4), 193–207.
- Ogborne, A. C. (2004). Theories of addiction and implications for counselling. In S. Harrison & V. Carver (Eds.), *Alcohol & drug problems: A practical guide for counsellors* (3rd ed, pp. 3–21). Toronto: Addiction Research Foundation.
- Okamoto, S. K., Helm, S., Pel, S., McClain, L. L., Hill, A. P., & Hayashida, J. K. (2014). Developing empirically based, culturally grounded drug prevention interventions for indigenous youth populations. *Journal of Behavioral Health Services & Research*, 41 (1), 8–19.
- Oklahoma State. (2014). *Sustainability planning in Oklahoma's prevention system: A workbook*.
<https://www.ok.gov/odmhsas/documents/OK%20Sustainability%20Planning%20Workbook.pdf>
- Pandit, N. R. (1996). The creation of theory: A recent application of the grounded theory method. *Qualitative Report*, 2 (4), 1–15.

- Parry, C. D. H. (1998). *Substance abuse in South Africa: Country report focussing on young persons*. Prepared For the WHO/UNDCP Regional Consultation – Global Initiative on Primary Prevention of Substance Abuse among Young People, Harare, Zimbabwe, 24–26 February 1998.
- Parry, C. D. H. (2005). South Africa: Alcohol today. *Addiction*, *100* (4), 426–429.
- Parry, C. D. H. (2008). *Review of evidence based (& other) policies to reduce the alcohol burden in South Africa*. Paper presented at the Soul City Seminar Programme on Alcohol and the Policy and Legislative Implications to Addressing Violence and HIV, Johannesburg, 18 April 2008.
- Parry, C. D. H., Myers, B., & Plüddermann, A. (2004) Drug policy for methamphetamine use urgently needed. *South African Medical Journal*, *94* (12), 964–965.
- Parry, C. D. H., Plüddemann, A., & Bhana, A. (2009). Monitoring alcohol and drug abuse trends in South Africa via SACENDU (1996–2006): Reflections on treatment demand trends over the past 10 years and the project’s impact on policy and other domains. *Contemporary Drug Problems*, *36* (Fall–Winter), 685–703.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, *44* (2), 329–335.
- Pentz, M. A. (1998). Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention. In W. J. Bukoski & R. I. Evans (Eds.), *Cost-benefit/cost-effectiveness research of drug abuse prevention: Implications for programming and policy* (pp. 111–129). NIDA Research Monograph No. 176. Rockville, MD: NIDA.
- Pentz, M. A. (2000). Institutionalizing community-based prevention through policy change. *Journal Of Community Psychology*, *28* (3), 257–270.
- Pentz, M. A. (2003). Evidence-based prevention: Characteristics, impact, and future direction. *Journal Of Psychoactive Drugs*, *35* (Suppl. 1), 143–152.
- Petersen, T. (Ed.). (2005). *Working with substance misusers: A guide to theory and practice*. London: Routledge.
- Phillips, R., & Bourne, H. (2008). The impact of worker values on client outcomes within a drug treatment service. *International Journal of Drug Policy*, *19*(1), 33–41.

- Plüddemann, A., Dada, S., Williams, Y., Bhana, A., Pereira, T., Carelsen, A., . . . Fourie, D. (2009). Monitoring alcohol and drug abuse trends in South Africa. *Proceedings of SACENDU Report Back Meetings*, October 2008: January – June 2008 (Phase 24). Parow: Medical Research Council.
- Plüddemann, A., Flisher, A. J., Mcketin, R., Parry, C. D., & Lombard, C. J. (2010). A prospective study of methamphetamine use as a predictor of high school non-attendance in Cape Town, South Africa. *Substance Abuse Treatment, Prevention & Policy*, 5:25. doi: 10.1186/1747-597X-5-25
- Plüddemann, A., Myers, B. J., & Parry, C. D. H. (2008). Surge in treatment admissions related to methamphetamine use in Cape Town, South Africa: Implications for public health. *Drug & Alcohol Review*, 27 (2), 185–189.
- Potenza, M. N. (2013). Biological contributions to addictions in adolescents and adults: Prevention, treatment, and policy implications. *Journal of Adolescent Health*, 52 (2, Suppl. 2), S22–S32.
- Prinsloo, E. (2007). Implementation of life orientation programmes in the new curriculum in South African schools: Perceptions of principals and life orientation educators. *South African Journal of Education*, 27 (1), 155–170.
- Provincial Government Western Cape. (2010). *Modernisation programme: Blueprint: Workstream in the prevention and treatment of harmful alcohol and drug use*. Cape Town: Provincial Government Western Cape.
- Pudney, S. (2003). The road to ruin? Sequences of initiation to drugs and crime in Britain. *Economic Journal*, 113 (486), C182–C198.
- Punch, S. (1998) *Negotiating Independence: Children and Young People Growing Up in Rural Bolivia*. University of Leeds: Ph.D Thesis.
- Punch. K. F. (2005). *Introduction to social research: Quantitative and qualitative approach* (2nd ed.). London: Sage.
- Pycroft, A. (Ed.). (2010). *Understanding and working with substance misusers*. London: Sage.
- Reddy, S. P., Panday, S., Swart, D., Jinabhai, C. C., Amosun, S. L., James, S., . . . Van den Borne, H. W. (2003). *Umthenthe uhlaba usamila: The 1st South African youth risk behaviour survey 2002*. Cape Town: South African Medical Research Council.

- Reddy, S. P., James, S., Sewpaul, R., Koopman, F., Funani, N. I., Sifunda, S., . . . Omdardien, R. G. (2010). *Umthente uhlaba usamila: The 2nd South African national youth risk behaviour survey 2008*. Cape Town: South African Medical Research Council.
- Rendall-Mkosi, K., London, L., Adnams, C., Morojele, N., McLoughlin, J. A., & Goldstone, C. (2008). *Fetal alcohol spectrum disorder in South Africa: Situational and gap analysis*. Pretoria: UNICEF.
- Republic of South Africa. (1996a). South African Schools Act, No. 84 of 1996. *Government Gazette*, 377 (17579), 15 November.
- Republic of South Africa. (1996b). Constitution of the Republic of South Africa, Act No. 108 of 1996. *Government Gazette*, 378(17678), 18 December.
- Republic of South Africa. (2006). *Draft Children's Amendment Bill, Section 76*. Pretoria: Department of Social Development.
- Republic of South Africa. (2009). Prevention of and Treatment for Substance Abuse, Act No. 70 of 2008. *Government Gazette*, 526 (32150), 21 April.
- Rhoades, B. L., Bumbarger, B. K., & Moore, J. E. (2012). The role of a state-level prevention support system in promoting high-quality implementation and sustainability of evidence-based programs. *American Journal of Community Psychology*, 50 (3–4), 386–401.
- Rhodes, T., & Simic, M. (2006) Transition and the HIV risk environment. *British Medical Journal*, 331 (7510), 220–223.
- Ritzer, G. (2011). *Sociological theory* (8th ed.). New York, NY: McGraw-Hill.
- Rohwer, C. (2013). *Tik-babies: Addicted at birth*. Retrieved from: <http://www.health24.com/Parenting/Child/Body/Tik-Babies-Addicted-At-Birth-20130210>.
- Saldaña, J. (2011). *Fundamentals of qualitative research*. New York, NY: Oxford University Press.
- Saldaña, L., & Chamberlain, P. (2012). Supporting implementation: The role of community

- development teams to build infrastructure. *American Journal of Community Psychology*, 50 (3–4), 334–346. doi: 10.1007/s10464-012-9503-0
- Sanders, M. G. (2003). Community involvement in schools from concept to practice. *Education and Urban Society*, 35 (2), 161–180.
- Sbaraini, A., Carter, S. M., Evans, R. W., & Blinkhorn, A. (2011). How to do a grounded theory study: A worked example of a study of dental practices. *BMC Medical Research Methodology*, 11:128 doi: 10.1186/1471-2288-11-128.
- Scheier, L. M., Botvin, G. J., & Griffin, K. W. (2001). Preventive intervention effects on developmental progression in drug use: Structural equation modeling analyses using longitudinal data. *Prevention Science*, 2 (2), 91–112.
- Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in experimental social psychology*, 25, 1-65.
- Schwartz, S. H. (2012). An Overview of the Schwartz Theory of Basic Values. *Online Readings in Psychology and Culture*, 2(1). <http://dx.doi.org/10.9707/2307-0919.1116>
- Scott, K. W. (2004). Relating the categories in grounded theory analysis: Using a conditional relationship guide and reflective coding matrix. *Qualitative Report*, 9 (1), 113–126.
- Scott, K. W., & Howell, D. (2008). Clarifying analysis and interpretation in grounded theory: Using a conditional relationship guide and reflective coding matrix. *International Journal of Qualitative Methods*, 7 (2), 1–15.
- Seggie, J. (2012). Alcohol and South Africa's youth. *South African Medical Journal*, 102 (7), 587.
- Simons, H. (1981). Conversation piece: The practice of interviewing in case study research. *Uttering, muttering*, 27-50.
- Sloboda, Z. & Bukoski, W. (Eds.). (2006). *Handbook of drug abuse prevention: Theory, science and practice*. New York, NY: Springer.
- Sloboda, Z., Glantz, M. D., & Tarter, R. E. (2012). Revisiting the concepts of risk and protective factors for understanding the etiology and development of substance use

- and substance use disorders: Implications for prevention. *Substance Use & Misuse*, 47 (8–9), 944–962.
- Sloboda, Z., Stephens, P., Pyakuryal, A., Teasdale, B., Stephens, R. C., Hawthorne, R. D., ... Williams, J. E. (2009). Implementation fidelity: The experience of the Adolescent Substance Abuse Prevention Study. *Health Education Research*, 24 (3), 394–406
- Society For Prevention Research. (2011a). *A case for braided prevention research and service funding*. Fairfax, VA: Society for Prevention Research. <http://www.preventionresearch.org/BraidedFunding.pdf>
- Society For Prevention Research. (2011b). *Standards of knowledge for the science of prevention*. Fairfax, VA: Society for Prevention Research. <http://www.preventionresearch.org/Society%20for%20Prevention%20Research%20Standards%20of%20Knowledge.pdf>
- Solomons, Inez, & Fataar, Aslam. (2011). A conceptual exploration of values education in the context of schooling in South Africa. *South African Journal of Education*, 31(2), 224-232. Retrieved November 09, 2016, from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-01002011000200006&lng=en&tlng=en.
- Soole, D. W., Mazerolle, L., & Rombouts, S. (2005). *School-based drug prevention: A systematic review of the effectiveness on illicit drug use*. Monograph No. 07. Fitzroy, VIC: Turning Point Alcohol and Drug Centre. <https://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/DPMP%20MONO%207.pdf>
- Soole, D. W., Mazerolle, L., & Rombouts, S. (2008). School-based drug prevention programs: A review of what works. *Australian and New Zealand Journal of Criminology*, 41 (2), 259–286.
- South African Council for Educators. (2012) *Annual report: 1 April 2011–31 March 2012*. Centurion: South African Council for Educators.
- South African Police Service. (2014). *Crime situation in South Africa. RSA: April to March 2004–2014: Crime categories figures and ratios*. http://www.saps.gov.za/resource_centre/publications/statistics/crimestats/2014/crime_stats.php
- South African Police Service. (2015). *South African Police Service annual report: 2014/2015*. Pretoria: SAPS.

- South African Schools Act, 1996. No. 84 of 1996. (1996, November 15). Cape Town. (Government Gazette, no.1867).
- Spoth, R., Gyll, M., & Day, S. X. (2002). Universal family-focused interventions in alcohol-use disorder prevention: Cost-effectiveness and cost-benefit analysis of two interventions. *Journal of Studies on Alcohol*, 63 (2), 219–228.
- Spoth, R., Redmond, C., Shin, C., Greenberg, M., Feinberg, M., & Schainker, L. (2013). PROSPER community-university partnership delivery system effects on substance misuse through 6½ years past baseline from a cluster randomized controlled intervention trial. *Preventive Medicine*, 56 (3–4), 190–196.
- Springer, F., & Phillips, J. L. (2006). The IOM model: A tool for prevention planning and implementation. *Prevention Tactics*, 8 (13), 1–8.
- Stagner, M. W., & Lansing, J. (2009). Progress toward a prevention perspective. *Future Child*, 19 (2), 19–38.
- Steinberg, L. (1987). Impact of puberty on family relations: Effects of pubertal status and pubertal timing. *Developmental Psychology*, 23 (3), 451–460.
- Stemler, S., & Bebell, D. (1999). *An empirical approach to understanding and analyzing the mission statements of selected educational institutions*. Paper presented at the Annual Meeting of the New England Educational Research Organization (NEERO), Portsmouth, NH, 9 April. ERIC Document Reproduction Service No. 442202.
- Stevenson, J. F., & Mitchell, R. E. (2003). Community-level collaboration for substance abuse prevention. *Journal of Primary Prevention*, 23 (3), 371–404.
- St Pierre, T. L. (2001). Strategies for community/school collaborations to prevent youth substance abuse. *Journal of Primary Prevention*, 21 (3), 381–398.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Strauss, A. L., & Corbin, J. M. (1990). *Basics of qualitative research: grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and*

procedures for developing grounded theory, 2nd ed. Thousand Oaks, CA: Sage.

Strøm, A., & Fagermoen, M. S. (2012). Systematic data integration—A method for combined analyses of field notes and interview texts. *International Journal of Qualitative Methods*, 11 (5), 534–546.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Results from the 2009 national survey on drug use and health* (Vol. I). *Summary of national findings*. Rockville, MD: SAMHSA.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *Planning for sustainability*. <http://www.samhsa.gov/capt/tools-learning-resources/planning-sustainability>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2015, November 23). *Prevention of substance abuse and mental illness*. Retrieved from: <http://www.samhsa.gov/prevention>

Sugai, G., & Horner, R. H. (2009). Responsiveness-to-intervention and school-wide positive behavior supports: Integration of multi-tiered system approaches. *Exceptionality*, 17 (4), 223–237.

Sussman, S. Y., & Ames, S. L. (2008). *drug abuse: concepts, prevention and cessation*. Cambridge: Cambridge University Press.

Taylor, S. J., Bogdan, R., & DeVault, M. (2015). *Introduction to qualitative research methods: A guidebook and resource* (4th ed.). Hoboken, NJ: John Wiley.

Thanh, N. C., & Thanh, T. T. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science*, 1 (2), 24–27.

Thomas, H., Micucci, S., Ciliska, D., & Mirza, M. (2005). *Effectiveness of school-based interventions in reducing adolescent risk behaviour: A systematic review of reviews*. http://www.ehph.ca/PDF/2005_Reduce%20Adolescent%20Risk%20Behav.pdf

Thomas, P. Y. 2010. *Towards developing a web-based blended learning environment at the University of Botswana*. (Unpublished D.Ed. thesis). University of South Africa, Pretoria.

- Thombs, D. L. (2006). *Introduction to addictive behaviors* (3rd ed.). New York, NY: Guilford Press.
- Thompson, B., & Kinne, S. (1999). Social change theory: Applications to community health. In N. F. Bracht (Ed.). *Health promotion at the community level: New advances* (2nd ed., pp. 29–59). Thousand Oaks, CA: Sage.
- Tibbits, M. K., Bumbarger, B. K., Kyler, S. J., & Perkins, D. F. (2010). Sustaining evidence-based interventions under real-world conditions: Results from a large-scale diffusion project. *Prevention Science, 11* (3), 252–262.
- Tobler, N. S. (2000). Lessons learned. *Journal of Primary Prevention, 20* (4), 261–274.
- Tobler, N. S., & Stratton, H. H. (1997). Effectiveness of school-based drug education prevention programs: A meta-analysis of the research. *Journal of Primary Prevention, 18* (1), 71–128.
- Tshitangano, T., & Tosin, O. (2016). Substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors. *African Journal Of Primary Health Care & Family Medicine, 8*(2), 6 pages. doi:10.4102/phcfm.v8i2.934
- Tustin, D. H., Goetz, M., De Jongh, P., Basson, A., Zulu, G., Leriba, N. (2012). *Drug use and alcohol consumption among secondary school learners in Gauteng*. Pretoria: Youth Research Unit, Bureau of Market Research, College of Economic and Management Sciences, UNISA.
- United Nations Development Programme. (2008). *Capacity assessment methodology: User's guide*. Capacity Development Group, Bureau for Development Policy, November 2008. http://content-ext.undp.org/aplaws_publications/1670209/UNDP%20Capacity%20Assessment%20Users%20Guide.pdf.
- United Nations. Economic Commission for Africa. (2015) *Capacity development strategy*. http://www.uneca.org/sites/default/files/PublicationFiles/capacity_development_strategy.pdf
- United Nations. (2004). *World youth report 2003: The global situation of young people*. New York, NY: United Nations.
- United Nations. (2007). *World youth report 2007: Young people's transition to adulthood*:

progress and challenges. New York, NY: United Nations.

United Nations Office for Drug Control and Crime Prevention. (2000). *World drug report 2000*. Oxford: Oxford University Press.

United Nations Office for Drug Control and Crime Prevention. (2002). *Lessons learned in drug abuse prevention: A global review*. New York, NY: United Nations.

United Nations Office on Drugs and Crime. (2004a). *Conducting effective substance abuse prevention work among the youth in South Africa*. Pretoria: United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime. (2004b). *World drug report 2004*. Vienna: United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime. (2008). *Amphetamines and ecstasy: 2008 global ATS assessment*. Geneva: United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime. (2009). *World drug report 2009*. Vienna: United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime. (2010). *World drug report 2010*. Vienna: United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime. (2011). *World drug report 2011*. Vienna: United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime. (2015). *World drug report 2015*. Vienna: United Nations Office on Drugs and Crime.

Valli, L., Stefanski, A., & Jacobson, R. (2016). Typologizing school–community partnerships: A framework for analysis and action. *Urban Education, 51* (7), 719–747.

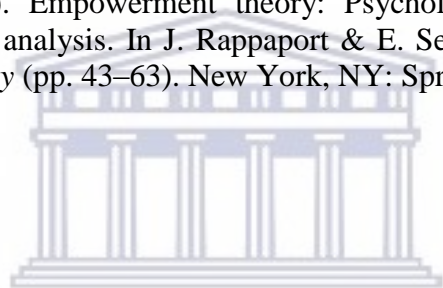
Van der Waal, C. J., Powell, L. M., Terry-McElrath, Y. M., Bao, Y., Flay, B. R. (2005). Community and school drug prevention strategy prevalence: Differential effects by setting and substance. *Journal of Primary Prevention, 26* (4):299–320.

Vuchinich, R. E., & Heather, N. (Eds.). (2003). *Choice, behavioral economics, and addiction*. Amsterdam: Pergamon.

- Vulliamy, G. (2004). The impact of globalisation on qualitative research in comparative and international education. *Compare*, 34 (3), 261–284.
- Walker, D., & Myrick, F. (2006). Grounded theory: An exploration of process and procedure. *Qualitative Health Research*, 16 (4), 547–559.
- Wallerstein, N., Minkler, M., Carter-Edwards, L., Avila, M., & Sánchez, V. (2015). Improving health through community engagement, community organization, and community building. In K. Glanz, B. K. Rimer & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (5th ed., pp. 277–300). San Francisco, CA: Jossey-Bass.
- Walsham, G. (1993). *Interpreting information systems in organizations*. Chichester: John Wiley.
- Walters, H. (2007). *Capacity development, institutional change and theory of change: What do we mean and where are the linkages: A conceptual background paper*. Preparatory paper for the Seminar, “Scrutinizing Success and Failure In Development”, Wageningen University, The Netherlands. http://portals.wi.wur.nl/files/docs/successfailuredevelopment/Walters_CapacityDevelopmentConceptPaperFIN.pdf
- Wandersman, A., & Florin, P. (2003). Community interventions and effective prevention. *American Psychologist*, 58 (6–7), 441–448.
- Wanderson, A., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., Blachman, M., . . . Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal Community Psychology*, 41, 71–181.
- Ward, C. L. (2012). Interpersonal violence in South Africa and substance abuse: Connections and approaches to prevention (pp. 143–155). In G. F. R. Ellis, D. J. Stein, K. G. F. Thomas & E. M. Meintjies (Eds.), *Substance use and abuse in South Africa: Insights from brain and behavioural sciences*. Cape Town: UCT Press.
- Watson, J., White, A., Taplin, S., & Huntsman, L. (2005). *Prevention and early intervention: Literature review*. Sydney: New South Wales Centre for Parenting and Research, Department of Community Services.
- Wegner, L., Flisher, A. J., Caldwell, L. L., Vergnani, T., & Smith, E. A. (2008).

- HealthWise South Africa: Cultural adaptation of a school-based risk prevention programme. *Health Education Research*, 23(6), 1085–1096.
- Weinberg, D. (2011). Sociological perspectives on addiction. *Sociology Compass*, 5 (4), 298–310.
- West, R. (2007). The P.R.I.M.E. theory of motivation as a possible foundation for addiction treatment. In J. E. Henningfield, P. B. Santora & W. K. Bickel (Eds.), *Addiction treatment in the 21st century: Science and policy issues* (pp. 24–34). Baltimore, MD: John's Hopkins University Press.
- West, R., & Brown, J. (2013). *Theory of addiction* (2nd ed.). Chichester: Wiley Blackwell.
- White, W. (2011). *A chronology of moderation societies and related controversies*. Retrieved from: <http://williamwhitepapers.com>
- Whiteside, M., Mills, J., & McCalman, J. (2012). Using secondary data for grounded theory analysis. *Australian Social Work*, 65 (4), 504–516. doi:10.1080/0312407X.2011.645165
- Williams, L. R., Ayers, S., Baldwin, A., & Marsiglia, F. F. (2016). Delaying Youth Substance-Use Initiation: A Cluster Randomized Controlled Trial Of Complementary Youth And Parenting Interventions. *Journal Of The Society For Social Work And Research*, 7(1), 177-200.
- Willis, J. (1995). Recursive, reflective instructional design model based on constructivist-interpretivist theory. *Educational Technology*, 35 (6), 5–23.
- Winger, G., Woods, J. H., Galuska, C. M., & Wade-Galuska, T. (2005). Behavioral perspectives on the neuroscience of drug addiction. *Journal of the Experimental Analysis of Behavior*, 84 (3), 667–681. <http://doi.org/10.1901/jeab.2005.101-04>
- Woolf, N. (2012). A little structure in your codes will make your research a lot easier. Retrieved from: http://atlasti.com/wp-content/uploads/2014/05/Woolf_2007-07_13.pdf
- World Health Organization. (1993). *National drug and alcohol treatment responses in 23 countries. Results of a key informant survey*. Geneva: WHO.
- World Health Organization. (2002). *Prevention and promotion in mental health*. Geneva: WHO.

- World Health Organization. (2006). *The health of the people: The African regional health report*. Brazzaville: WHO Regional Office For Africa.
- World Health Organization. (2009). *Global health risks: Mortality and burden of disease attributable to selected major risks*. Geneva: WHO.
- World Health Organization. (2011). *Global status report on alcohol and health: 2011*. Geneva: WHO. Retrieved from: http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprfiles.pdf
- Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2006). *Screening and assessment for family engagement, retention, and recovery (SAFERR)*. DHHS Pub. No. 06-0000. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 43–63). New York, NY: Springer.



UNIVERSITY of the
WESTERN CAPE

Appendix A

Interview Schedule

Organisation			Date
CO1	AA	Community Organisation	09 September 2014
CO2	ZT	Community Organisation	27 July 2015
CO3	NL	Community Organisation	3 August 2015
CO4	HY	Community Organisation	11 August 2015
CO5	BC	Community Organisation	11 August 2015
CO6	CW	Community Organisation	21 August 2015
CO7	RWS	Community Organisation	31 August 2015
SC1	BPS	School	09 September 2014
SC2	DPS	School	19 August 2015
SC3	HPS	School	26 August 2015
SC4	MHS	School	01 September 2015
SC5	OMS	School	01 September 2015
SC6	PHS	School	2 September 2015

Appendix B

Head of Department

Western Cape Department of Education

Lower Parliament Street

Cape Town

8000

17 June 2014

Dear Dr. Wyngaard

Request to conduct research: SCHOOL-BASED i SUBSTANCE-ABUSE PREVENTION:
A GROUNDED THEORY APPROACH

I hereby wish to request permission to conduct research at various schools in the Cape metropolitan region. The aim of this study is to develop a comprehensive perspective on school-based substance-abuse prevention initiatives in the Cape metropolitane using a grounded-theory approach. This research is designed to help organisations, government, policy makers, and other stakeholders in the field of substance-abuse prevention to gain a greater understanding of the organisations involved in providing school-based substance-abuse prevention programmes in partnership with community organisations. All ethical considerations as stipulated by the University of the Western Cape have been adhered to and the necessary consent will be requested from participating schools and organisations.

I trust that this will meet your favourable approval.

Sincerely,

Xena Cupido

Appendix C



Directorate: Research

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20140701-32196

ENQUIRIES: Dr A T Wyngaard

Mrs Xena Cupido
PO Box 15874
Panorama
7506



UNIVERSITY of the
WESTERN CAPE

Dear Mrs Xena Cupido

**RESEARCH PROPOSAL: AN EXPLORATION OF SCHOOL-BASED
SUBSTANCE ABUSE PREVENTION PROGRAMMES IN PARTNERSHIP WITH
COMMUNITY ORGANISATIONS IN THE CAPE METROPOLITAN REGION**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

Principals, educators and learners are under no obligation to assist you in your investigation.

Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.

You make all the arrangements concerning your investigation.

Educators' programmes are not to be interrupted.

The Study is to be conducted from **21 July 2014 till 30 September 2014**

No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).

Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?

A photocopy of this letter is submitted to the principal where the intended research is to be conducted.

Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.

A brief summary of the content, findings and recommendations is provided to the Director: Research Services.

The Department receives a copy of the completed report/dissertation/thesis addressed to:

The Director: Research Services

Western Cape Education Department

Private Bag X9114

CAPE TOWN

8000



UNIVERSITY of the
WESTERN CAPE

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 01 July 2014

Appendix D

CONSENT FORM

Title of Research Project: An EXPLORATION OF SCHOOL-BASED SUBSTANCE-ABUSE PREVENTION PROGRAMMES IN THE CAPE METROPOLITAN REGION

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name:

Participant's signature: _____ Date: _____

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Ms Xena Cupido

Tel: 021 9596040

Email: cupidox@cput.ac.za

Appendix E

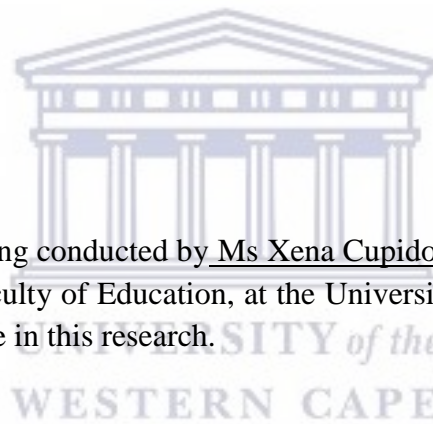
INFORMATION SHEET

Project Title: An EXPLORATION OF SCHOOL-BASED SUBSTANCE-ABUSE PREVENTION PROGRAMMES IN THE CAPE METROPOLITAN REGION

Dear Prospective Participant

What is this study about?

This is a research project being conducted by Ms Xena Cupido as a PhD research project in Educational Psychology, Faculty of Education, at the University of the Western Cape. We are inviting you to participate in this research.



The aim of this project is to develop a comprehensive perspective on school-based substance-abuse prevention initiatives in partnership with community organisations in the Cape metropole using a grounded-theory approach.

What will I be asked to do if I agree to participate?

You will be asked to be interviewed, which will take approximately 60 minutes of your time.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, we will employ locked filing cabinets and storage areas, using identification codes only on data forms, and using password-protected computer files. This will be conducted in the following manner:

- (1) Your name will not be included on the surveys and other collected data.
- (2) A code will be placed on the survey and other collected data.
- (3) Through the use of an identification key, the researcher will be able to link your survey to your identity.
- (4) Only the researcher will have access to the identification key.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

There are no known risks associated with participating in this research project.

What are the benefits of this research?

This research is designed to help you and other organisations and individuals, government and policy makers, and other stakeholders in the field of substance abuse to gain a greater understanding of the organisations involved in providing school-based substance-abuse prevention programmes in partnership with community organisations.

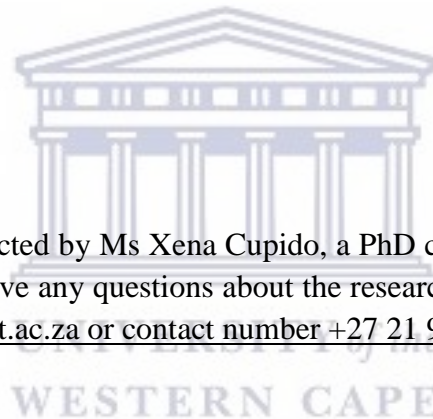
It will provide information on local models of school-based substance-abuse prevention programmes and the impact of these activities on students' decisions to engage in health professional activities in communities.

Do I have to participate in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Ms Xena Cupido, a PhD candidate at the University of the Western Cape. If you have any questions about the research study itself, please contact Ms Cupido at: cupidox@cput.ac.za or contact number +27 21 959 6040



Appendix F

Interview Protocol: Guideline

<p>Introduction Key Components</p>	<p>The following used as part of the introduction prior to the interview commencing:</p> <ul style="list-style-type: none"> ➤ Thank participant, for agreeing to participate ➤ Introduction (if needed) <ul style="list-style-type: none"> • Your name • Purpose • Confidentiality • Duration • How interview will be conducted ➤ Opportunity for questions ➤ Signature of consent form
<p>Semi-Structured Focused Questions</p> <ul style="list-style-type: none"> ➤ No more than 7 open-ended questions ➤ Allow participants to speak freely ➤ Use probes as needed for participants to clarify, explain, provide more detail 	<ol style="list-style-type: none"> 1. Reflect on the current phenomena of substance abuse in schools and communities 2. How have you reacted to this phenomenon? 3. How has substance abuse impacted on you as an individual? 4. How has substance abuse impacted on the community? 5. What are the factors that influenced the development of the programme? 6. What are the factors that influence the implementation of the programme? 7. What makes the current programmes sustainable?
<p>Closing Key Components:</p>	<ul style="list-style-type: none"> ➤ Additional participants if there are any other additional comments ➤ Explain the next steps ➤ Thank participants



UNIVERSITY *of the*
WESTERN CAPE

Appendix G

School Primary Document Family			Community School Document Family		
CO1	AA	Community Organisation	SC1	BPS	School
CO2	ZT	Community Organisation	SC2	DPS	School
CO3	NL	Community Organisation	SC3	HPS	School
CO4	HY	Community Organisation	SC4	MHS	School
CO5	BC	Community Organisation	SC5	OMS	School
CO6	CW	Community Organisation	SC6	PHS	School
CO7	RWS	Community Organisation			



Appendix H

<i>Programme Type</i>	<i>Awareness and Life Skills Training</i>	<i>Alternative to Violence</i>	<i>Extramural – Sports, Reading Programmes</i>
<i>Audience</i>	Grade R–4 Age 6–10	Grade 8–12 Age 13–18	All Learners in primary and high school
<i>Providers</i>	Educators and principals Community organisation participants	Educators and principals, community organisation participants peer learners	Educators and principals Community organisation participants
<i>Provider Training</i>	Teachers and community organisation participants were trained (support system) in a three-day workshop in which they taught to make the puppets themselves and how to implement the programme. The first phase focused on empowering teachers in understanding child abuse and the Western Cape Education Department protocol. In this initial phase, dealing with the fears that teachers may have in dealing with learner disclosure and assisting with safety precaution are given priority. In the second phase, caregivers are empowered to	Level One workshop seeks to build self-esteem, to empower participants, and to build trust and co-operation. Participants then explore methods of communication and learn about creative resolution of conflicts. Level Two workshops focus on the underlying causes of violence, such as fear, anger, stereotyping, power and powerlessness. Then they take a deeper look at ways of resolving conflicts,	Training not provided. Guest speakers are invited. External organisation brings in own volunteers who are trained in helping learners to read.

	<p>communicate effectively with learners and children. As part of this phase, attention is given to:</p> <ul style="list-style-type: none"> ● Effective listening ● Applying natural and logical consequences ● Looking at the difference between praise and encouragement ● The major difference between punishment and logical consequences ● Selecting the appropriate approach. <p>In phase three the focus is on creating awareness among learners with regard to child abuse.</p>	<p>including communication and forgiveness.</p> <p>Some people go on to train as facilitators by doing a third workshop. This involves a deeper exploration of specific topics such as fear, anger, prejudice, and hatred. Facilitators have to learn a different style of leadership in which the participants' knowledge is just as important as theirs. Some prison inmates have become facilitators and have gone on to enable others to learn the skills of nonviolence.</p>	
<i>Goals</i>	Prevent substance use and other forms of abuse and violence by targeting multiple-risk and protective factors and providing skills training in substance abuse refusal and resistance skills, decision making and choices, and	Prevent violence-related behaviours and other problem behaviours by addressing motivation factors (i.e., students' attitudes, beliefs, expectations, and	Motivate students not to participate in substance use but rather to occupy time with other activities

	<p>related consequences, personal self-management and social competence skills in order to build resilience and help youth navigate developmental tasks by the time they have reached adolescence.</p>	<p>desires regarding substance use); skills (social, self-control, and coping skills); and decision making (i.e., how to make decisions that lead to peace-promoting behaviours).</p> <p>Peace club established at schools – learners develop their own vision and mission statement along with agreed code of conduct.</p>	
<i>Materials</i>	<p>Teachers are trained to make puppets and use puppets in storytelling.</p> <p>Learners are given colouring pages to share their own stories through pictures.</p>	<p>Facilitator manual, student workbooks.</p>	<p>No materials are required for sports programmes.</p> <p>Reading that is of interest to learners; newspapers, magazines are used in the programme.</p>
<i>Sessions</i>	<p>Offered on a yearly basis at school.</p>	<p>Training takes place once a year.</p> <p>Programme offered on a weekly basis at</p>	<p>Awareness Week - 1/year.</p>

		school by peer learners.	Reading programme 1/week.
<i>Teaching Methods</i>	Facilitated discussion, structured small-group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills; interactive session with learners.	Programme sessions are highly participatory and interactive. The sessions provide opportunities for interactions among learners and between learners and teachers.	Interactive and participatory.



UNIVERSITY *of the*
WESTERN CAPE