

A Substance Use Prevention Programme Focusing on Resilience as a Protective Factor for Adolescents in the North West Province of South Africa

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ABSTRACT Adolescents' substance use needs to be identified and addressed as soon as possible and substance use among adolescents needs to be prevented. The purpose of this study was to develop a substance use prevention programme focusing on resilience as a protective factor for adolescents in the North West Province of South Africa. The programme was developed based on the results of systematic review and qualitative, exploratory, descriptive and contextual research. A conceptual framework was used to guide the researcher to link the results of systematic review and qualitative research with the programme. The survey list of the Practice Oriented Theory was used as a guide for development of a conceptual framework and the programme. The findings of this study confirmed the content of the programme, and indicated that the programme to prevent substance use among adolescents should focus on strengthening adolescents' resilience and on mobilizing protective factors.

INTRODUCTION

Considerable research has been devoted on prevention of substance use among adolescents. This include prevention of illegal substances such as tobacco, heroin, cocaine, alcohol, glue, nyaope, and marijuana. Substance use often starts among a small percentage of youth during early adolescence, and the percentage continues to increase throughout adolescence. These elevations in substance use among adolescents have serious implications for their health and well-being. For example, adolescent substance use has been linked to maladaptive behaviour such as delinquency, school drop-out, and high risk sexual behaviour (Van Zynin et al. 2016). Carney et al. (2016) add that substance use among adolescents have been associated with poor physical health, mental health and academic outcomes as well as engagement in other risk behaviours all of which may negatively impact on future well-being. This information highlight the gap that more research is needed to develop effective substance use prevention programme for adolescents at early stages of substance use (Sean et al. 2016).

Harrop and Catalano (2016) add that effective prevention programmes for substance use among adolescents should focus on resilience as a protective factor. These programmes can be

delivered in different settings such as schools, families, and community settings, and they include such things as school curricula for the promotion of social and emotional competence, parenting programmes, mentoring programmes, normative change campaigns, and policy development (Harrop and Catalano 2016).

No documented substance use prevention programmes focusing on resilience as a protective factor currently available for adolescents in the NWP of SA. The above information therefore highlights the reasons why it is important to develop a substance use prevention programme focusing on resilience as a protective factor for adolescent. The present study fills this gap. The following research question was asked to answer this concern: "What should a substance use prevention programme focusing on resilience as a protective factor for adolescents in the NWP of SA entail?" The main aim of this study was therefore to develop a substance use prevention programme focusing on resilience as a protective factor for adolescents in the North West Province of South Africa.

METHODOLOGY

The programme was developed based on the results of a systematic review and qualitative,

exploratory, descriptive and contextual research, a conceptual framework and literature control. A systematic review was conducted to explore and describe current evidence on substance use prevention programmes focusing on resilience as a protective factor for adolescents (Sehularo et al. 2016).

A qualitative, exploratory, descriptive, contextual research was followed to explore and describe stakeholders understanding of resilience as a protective factor in a substance use prevention programme for adolescents and their perceptions of how substance use can be prevented among adolescents through focusing on resilience as a protective factor.

The population in a qualitative, exploratory, descriptive and contextual research included the professional nurses from two public psychiatric hospitals and teachers, parents and adolescents from four public high schools who met the selection criteria in the NWP of SA. A purposive sampling technique was used to select all stakeholders for inclusion in the study. Focus group discussions and field notes were used to collect data. Data was analysed by the researcher and the co-coder following Tesch's method of qualitative data analysis (Creswell 2009).

Ethical Considerations

Permission to embark on this study was granted by the Research Ethics Committee of the North-West University, North-West Provincial Department of Health and of Education. The study was conducted under the guidance of three fundamental ethical principles namely, respect for persons, beneficence and justice.

Trustworthiness

Trustworthiness was ensured by following Lincoln and Guba's framework (Holloway and Wheeler 2010). Credibility was ensured by conducting this study under the supervision of experts in programme development. Triangulation was done through the use of data from different sources as well as literature control. Dependability was achieved through detailed description of the research methodology that was followed to develop the programme. Confirmability was achieved through the use of recording tape and field notes in a qualitative phase in order to ensure that the data represented the

information that participants provided. To ensure transferability, the research methodology which was used to develop the programme is described in detail so that the programme can be transferred or applied in other contexts or other provinces of SA.

RESULTS

The results of systematic review can be divided into two main themes: (1) features of a prevention programme and (2) protective factors relevant to a prevention programme. Sub-themes for features of a prevention programme indicated that prevention programme should be brief and attractive and to the point, programme activities should include pictures, videos, comic strips, the programme should also include specific theme in each session and it should be delivered in multiple languages. Sub-themes for protective factors relevant to a prevention programme included peer, parent, family, community and school-related protective factors (Sehularo et al. 2016).

The qualitative results from the focus group discussions can be divided into the following five main themes: (1) peer, (2) parent, (3) school, (4) community as well as (5) government-related activities. The following three sub-themes emerged from the peer-related activities: positive peer relationships, peer education as and forming or joining support groups. The following six sub-themes emerged from the parent-related activities: parental education, parental supervision, parental monitoring, parental support, parents as role models as well as constructive communication with parents. The following five sub-themes emerged from the school-related activities: conducting awareness campaigns, continuous random body searches of learners by the teachers and police, arranging rehabilitation center visits for adolescents, stricter laws at schools and offering Facebook platforms to communicate illegal substance use education. The following five sub-themes emerged from the community-related activities: participation in constructive activities, community involvement, community prayers, community meetings and respect for elderly people. The following four sub-themes emerged from government-related activities: raising the age of accessing alcohol, stringent penalties on foreigners, banning of alcohol advertisements and collaboration among

stakeholders. These results were combined in a conceptual framework to develop the proposed programme. From the above findings of a systematic review and qualitative research, the survey list of the Practice Oriented Theory of Dickoff et al. (1968) as well as Mouton and Marais' (1996) characteristics of precursive theoretical models were used as a guide for deducing the conceptual framework. The programme was developed through integrating and synthesizing the results of a systematic review and qualitative research and related literature, and ultimately using the conceptual framework as a guide and structure. A substance use prevention programme for adolescents focusing on resilience as a protective factor is given in the following discussion.

DISCUSSION

The description of the programme is presented according to the structure of the conceptual framework.

Terminus or Purpose of the Programme (What is the End Point of the Programme?)

The purpose of this programme is to prevent substance use among adolescents in the NWP of SA through focusing on the resilience of adolescents as a protective factor. The expectation is that when adolescents participate in this programme, they avoid or stop using substances.

Agents of the Programme (Who or What Performs the Programme?)

Effective prevention of substance use among adolescents needs the collaboration of all stakeholders (agents) including governmental and non-governmental organizations. Stakeholders (agents) in this programme should thus include agents that strengthen and mobilize available protective factors namely health workers like school health nurses, mental health nurses, social workers and registered counselors, police officers, life orientation teachers, pastors, community policing forums, community members, former substance users, parents, adolescents, friends and the government.

Parents should build on resilience as a protective factor such as acting as role models, supervising, monitoring and supporting adoles-

cents at all times. Parents should start by creating a warm and favorable environment to avoid stressors that may push adolescents into substances.

School health and mental health nurses should coordinate the programme but other stakeholders might also be leaders of the programme in their respective contexts. For example, parents leading the programme at home. School health and mental health nurses should educate other stakeholders such as adolescents, teachers, parents and the community members about the negative effects of adolescents' substance use. They should also make the different agents aware of the programme and its benefits, and guide the different agents to collaborate and initiate such a programme.

Social workers should build on resilience as a protective factor such as doing home visits and intervening appropriately where there is a need because some of the adolescents use substances because of social problems. When social workers do home visits, they should also make parents, adolescents and community members aware of this programme and its benefits.

Registered counselors should be employed in all schools. They should work closely with other stakeholders such as school health and mental health nurses at local mental health care institutions in their efforts to prevent substance use among adolescents. They should also focus on resilience as a protective factor such as doing continuous counseling and education about the dangers or effects of substance use among adolescents.

Police officers should work together with other stakeholders such as community members, community policing forums, different government departments such as the department of health, social development, justice and education.

Life orientation teachers should build on resilience as a protective factor through educating adolescents about the negative effects of substances. They should continuously conduct awareness campaigns in schools to make adolescents aware of the dangers of adolescent substance use. They should arrange visits for school learners (adolescents) to go and see mental health care users who are suffering from the negative effects of substance use.

Pastors, as moral and spiritual leaders, should participate in preventing substance use among adolescents. They should build on resilience as a protective factor such as counselling, educating and praying for adolescents. This is because

of their belief that prayer brings hope and with God everything is possible.

Community policing forums should be established and made viable in every community. These stakeholders should build on resilience as a protective factor such as working together with the local police stations and other community organizations. They should patrol the communities and report adolescents' who use substances to the police and the community leaders.

Community members should focus on activities that build resilience such as conduction of community meetings where community members can be able to share information on any substance related issue. They should also use their spirituality to influence adolescents and hence stop substance use in their community meetings.

Former substance users should have a talk with adolescents, inform them about the dangers or effects of substance use because it seems likely that adolescents understand better when they hear about the dangers of substance use from the people who have experience of using substances.

Adolescents and friends, because they share almost everything most of the times, should educate each other about the effects of substance use. Adolescents should also choose friends who are like themselves, who do not use substances.

Government should speed up the process of constitutionally raising the age of legal alcohol consumption from the present 18 to 21. They ought to build on resilience as a protective factor by banning or limiting alcohol advertisements because adolescents use substances such as alcohol when they see the glamorous advertisements on television or they heard about the hyped effects of such substances on the radio.

Recipients of the Programme (Who or What is the Recipient of the Programme?)

The recipients of this programme are adolescents aged between 10 and 19 years and this includes substance users and non-users. When the recipients (adolescents) participate in such a programme, they are assisted to terminate (substance users) or prevent the onset of substance use in NWP of SA.

Context of the Programme (In What Context is the Programme Performed?)

This programme should be performed in different contexts such as adolescents' homes,

schools, communities, youth centers and community health centers where they are at high risk of accessing and using various substances and where there is a need to initiate such a programme. The programme can also be advertised in virtual contexts such as in Facebook pages and websites.

Procedure of the Programme (What is the Guiding Procedure, Technique or Protocol of the Programme?)

The guiding procedure, technique or protocol of the programme involves two steps. The first step focuses on strengthening adolescents' resilience and the second step focuses on mobilization of protective factors related to resilience to prevent adolescent substance use. These two steps are discussed below.

Step 1: Strengthening Adolescents' Resilience as a Protective Factor

Adolescents' resilience should be strengthened by focusing on their resilience characteristics and capabilities. When participating in the programme, adolescents should display characteristics of resilient individuals such as goal-directedness, assertiveness, self-awareness and self-discipline. Additionally, when adolescents participate in the programme, they eventually increase their knowledge of what is more or less effective, particularly regarding substance use and subsequently get protected from using substances. With regards to their capabilities, when adolescents participate in the programme, they should be guided to display capabilities of resilient individuals such as the ability to bounce back from life challenges, ability to resist pressure and bad influences and the ability to make informed independent decisions.

Adolescents' resilience characteristics and capabilities should be strengthened by all stakeholders. For example, stakeholders should start by praising adolescents when they start showing these characteristics and capabilities. Again, to develop resilience, adolescents need to be cared for and supported by adults in school, at home, and in the community. All stakeholders mentioned under agents above should be actively involved. The school health or mental health nurse should teach adolescents how to be assertive without being aggressive, particularly at school where adolescents sometimes become aggressive due to substance use. School

health nurses should also teach other stakeholders communication skills such as making use of eye contact, questioning, listening, paraphrasing, reflecting and summarizing so that these adolescents can be able to communicate effectively with parents and draw their attention. After participating in the programme, the school health nurse should assess whether adolescents' resilience has improved. Possible ways of assessing adolescents' resilience includes one-on-one interviews and formal reports from the life orientation teachers about adolescents. The school health nurse can also get progress reports about the identified adolescents from their parents.

***Step 2: Mobilizing Protective Factors
Related to resilience to Prevent Substance use***

The programme aims at mobilizing protective factors through peer, parental, school, community and government-related activities. The following paragraphs explain how these activities should be mobilized to prevent adolescents' substance use in the NWP of SA.

**Mobilization of Protective Factors
Through Peer-related Activities**

Peer-related activities by different stakeholders involve teaching adolescents to form positive peer relationships. Stakeholders, in their unique contexts, should provide adolescents with accurate information about their peers. That is, adolescents are educated about the influence of peers on substance use, and a variety of refusal skills are taught to aid the adolescents' ability to abstain from use. Stakeholders should also encourage adolescents to use peer education when they prevent substance use because adolescents are more likely to discuss their issues openly with their peers than with adults whom they regard as authority figures. Stakeholders should also encourage adolescents to form or join support groups either at school or in the community.

**Mobilisation of Protective Factors Through
Parent-related Activities**

Parents should start by being role models for adolescents and creating a warm and favourable environment to avoid stressors that may push the adolescents into substances. For example, they should not use substances such as

alcohol in front of adolescents. Secondly, there should be constructive communication between parents and adolescents. For instance, parents should always strive to talk to adolescents respectfully and constructively, because this makes their message clear and trustworthy to the adolescents. Parents should also educate adolescents about substances and how to resist outside pressures. Parents should also monitor and supervise adolescents. Parents should be less strict and more supportive on adolescents so that they are free to share everything with them at all times.

**Mobilisation of Protective Factors
Through School-related Activities**

School-related protective factors should be mobilised through appointment of school health nurses in all schools in the NWP of SA. Schools are thus an appropriate and convenient "platform" from which to launch substance prevention efforts because programmes delivered during school hours are relatively easy to implement. School health nurses should work together with other stakeholders such as the mental health nurses, adolescents, life orientation teachers and community members to prevent substance use in schools. They should strengthen school-family partnership intervention and train life orientation teachers about the benefits of this programme. School health nurses should train life orientation teachers and principals how to conduct substance use awareness campaigns. The school principal, his or her delegate may also, at random, search any group of learners, or the property of a group of learners, for the substances, if a fair and "reasonable suspicion" has been established. Thereafter, they should discipline adolescents who possess, use or distribute substances in their schools. Both the school health nurses and the life orientation teachers should arrange rehabilitation centre visits for the learners so that they can see people suffering from the negative effects of substance use. Schools should use social networks such as a Facebook and what's up groups to communicate substance use education.

**Mobilisation of Protective Factors Through
Community-related Activities**

Community-related activities should be initiated by the school health nurses through teaching community members about the pro-

gramme and by encouraging them to participate actively in the fight against substance use in their own communities. Community involvement including conduction of meetings in substance prevention can be effective where it is well designed using strategies that reduce either substance use behaviour, the underlying influences that lead to this behaviour or factors that result in substance-related harm. Community members can also pray for the adolescents to terminate substance use. Adolescents should be encouraged to participate in constructive activities in their communities.

Mobilisation of Protective Factors Through Government-related Activities

Government-related activities should be initiated by the school health nurses when they encourage different stakeholders and the government to collaborate in their efforts to prevent substance use. School health and mental health nurses should mobilise the government to speed up the process of increasing the age of alcohol use from the present 18 to 21 as well as ban or limit alcohol advertisements in the whole country. School health nurses should also encourage the government to apply stringent penalties on people who possess, use or distribute substances to the adolescents.

Dynamics of the Programme (What is the Energy Source for the Programme?)

The programme should be based on the values related to resilience as a protective factor through peer, parental, school, community and government-related activities. This programme is brief and attractive and to the point. The programme includes interactive activities and it will be delivered in an engaging and interesting fashion. The programme should also include a specific theme in various sessions, meetings and interactions with adolescents, covering a variety of issues such as smoking, drinking, safe sex, and HIV/AIDS. The programme will be delivered in multiple languages to reach a broader audience. The specific programme will be delivered in multiple languages that are commonly used in the NWP of SA such as English, Setswana and Xhosa. This programme will be advertised in different contexts such as in adoles-

cents' homes, schools, community organizations such as youth centers and community health centers, online or in public transport. Networks such as a Facebook will also be used to communicate substance use education. Effective collaboration will sustain the programme. There is also a need for all stakeholders to develop good working relationships so that each of them knows exactly what he/she must do and how to do it when preventing substance use among adolescents in the NWP of SA. Again, it is clear that this programme is not a once-off 'event', but rather an on-going, comprehensive, community-wide approach to prevention. Thus, multiple agents are involved, with multiple entry points into the programme, and multiple 'levels'. The different agents will focus on different aspects, and that there is a need for a 'champion' who will create awareness and drive the initiative. Based on the current context, school health nurses are currently best to initiate the programme, but that this is not cast in stone, and that further research and validation is needed to identify a champion and starting point.

CONCLUSION

The programme was developed based on the results of systematic review and qualitative research. The findings of the study confirm the content of the programme, and indicate that the programme should focus on strengthening adolescents' resilience and on mobilizing protective factors. This unique programme adds important knowledge to the field of psychiatry and mental health. Recommendations were made for implementation of the programme.

RECOMMENDATIONS

This programme should be implemented in various contexts such as in families, schools and communities. There is a need to create awareness, educate, train and prepare stakeholders about this programme, so that they can also be thoroughly informed about what to do when preventing substance use among adolescents in NWP of SA. There is a need to use various approaches such as quantitative and mixed method approaches when conducting research related to prevention of substance use among adolescents. It is also recommended that other re-

searchers and policy makers focus on using resilience as a protective factor when developing effective substance use prevention programmes for adolescents.

LIMITATIONS OF THE STUDY

The programme was limited to only one province, that is, NWP, out of nine provinces of SA. Therefore, the programme cannot be generalized, but it can be transferred or applied in other provinces, contexts or settings. But it is described in detail so that people interested in applying it in their contexts are thoroughly informed.

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