SUBJECT: Social Work, C-course

SUPERVISOR: Mats Blid

SUMMARY: Research conducted in USA says that drug prevention is a successful method against chemical dependency and should be a part of the curriculum in all schools. The need for evidence based methods is increasing. Little research has been done on the subject in South Africa and other third world countries, hence the need for this research. There is unquestionably substance abuse amongst South African students. The organisation SANCA provides a school based prevention program called T.A.D.A. A quantitative study was made where questionnaires were used to collect data from 4 schools in Port Elizabeth, South Africa to see, if T.A.D.A was effective. The results of the study were not sufficient enough to draw any conclusions about the efficiency of the T.A.D.A program. However an overview was given on the substance use amongst adolescents.

KEY WORDS: Drugs, Abuse, T.A.D.A program, Prevention, Adolescents, South Africa

TITEL: A comparison in substance use among learners in four schools in Port Elizabeth, South Africa – T.A.D.A vs. non-T.A.D.A.

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1. Introduction

In South Africa the rate of people suffering from abuse of drugs or alcohol is relatively high. The fact that South Africa is a country suffering from crime, rape and violence with a horrifying brutality is well known. This can be seen as a consequence of the high use of illegal substances. There have been reports of a highly increased use of harmful substances amongst teenagers (Utrikespolitiska institutet, 2009).

We witnessed this during the second semester 2008 when we both studied at the South African University of Fort Hare, as exchange students. For the spring 2009 one of us, Frida, stayed in South Africa for her internship. The internship period was located in Port Elizabeth at the organization South African National Council on Drug and Alcohol Abuse (SANCA) which is a Non Government Organization (NGO) that cares for addicts of every kind. One of the programs they provide is a school-based prevention program called Teenagers Against Drug Abuse (T.A.D.A) where certain students are handpicked and taught skills to provide their peers with knowledge and skills to say no to drugs.

When Frida was working with this program she learnt that the program was used in the whole country, she became curious whether effects of the program had been proved or research had been done to evaluate it. When discovered that it was not, we found the need for such a research.

1.1 Problem formulation

The use of substance among adolescents can have negative effects on well-being and health for the individual. This includes a risk for injuries and death from interpersonal violence, drowning and accidents involving motor vehicles (Parry, 2004). A lot of research results in the area of drug use shows that adolescents engage in risk-full sexual behavior (Neo, 2006. & Parry, et al., 2004, 2008.; Wechsberg, 2008. & Wong, 2008). South Africa has a high HIV infection rate. Studies show that HIV infection has an indirect relate link to usage of drugs (Neo, 2006).

Adolescent’s use of alcohol and illegal substances has been associated with difficulties in school with failure in their academic results, absenteeism and dropping out of school. Studies also show that there is a high rate of alcohol and drug usage among juvenile offenders (Parry, 2004) and involvement in and use of drugs has increased during recent years (Neo, 2006).
South Africa has in the past decade had high recorded levels of violence and property crime. The country has consistently had among the highest homicide rates in the world. During the second half of the year 2000 almost every second person arrested for murder (also attempted), rape or family violence tested positive for at least one out of six types of drugs (Parry, 2004). South African adolescents are generally living in environments where they are surrounded by crimes and robbery, unemployment and poverty (Plüddeman, 2004).

Resnicow (2008) says in his research about smoking prevention in South African schools that there are few tobacco and or drug prevention programs that has been evaluated in a developing country context. Most of the large number of programs available have been developed and evaluated in USA or internationally. But it cannot be assumed that with consideration of cultural differences such programs would be effective.

1.2. Purpose

The purpose is to provide a knowledgebase concerning previous research conducted in the area of drug prevention to show that alcohol and drug abuse is a significant problem in South Africa. Therefore prevention against abuse is needed. Through the conducting of a survey based research we want to increase our knowledge regarding adolescents knowledge about T.A.D.A as well as habits and attitudes towards drugs and other harmful substances in schools in Port Elizabeth. The results of the study can contribute to the discussion concerning evidence based on prevention programs adjusted for a school environment and give a hint if the T.A.D.A program is efficient.

- What are the habits and attitudes towards drugs and other substances amongst adolescents in Port Elizabeth?

- What is the adolescent’s knowledge about the T.A.D.A program?

- Is there any difference between T.A.D.A schools compared to non-T.A.D.A schools in attitudes and habits for usage of substances?
2. Previous research

Substance abuse brings along a multitude of risk factors such as delinquency, violence, risky sexual behaviors, school misbehavior, and dropping out of school which leads to social, behavioral, physical and mental problems (Hawkins, 2002; Scaife, 2009). These risk factors can exist in various domains of the adolescent’s everyday life. The risk factors can be identified in the family, the community, the peer-group or in certain influential individuals. Adolescents who were exposed to multiple risk factors during their development have a substantially higher risk of gaining behavior and health problems (Hawkins, 2002). A common misunderstanding, or a myth, has been located in the field of substance abuse care, that there is nothing to do in order to help the abuser if the abuser has not decided that he wants help to change his abusive behavior. This misbelief can cause that the wrong actions are taken in order to help young abusers, and these actions are not changed when they fail to show effect (Scaife, 2009).

2.1 School-based prevention

School-based prevention programs are potentially effective in reducing alcohol and drug abuse (Cuijpers, 2002). Most prevention programs have however proven to be ineffective. It is not yet decided upon what the most effective components of a prevention program are, even though a large number of studies have been conducted on the topic (ibid.). There are some well conducted studies that have proven certain programs to be effective. These programs however are adjusted for use in the United States and it is not clear how effective they would be in a different context and culture (Cuijpers, 2002, Sloboda, 2008). There is also proof that well designed programs can accomplish significant reduction in the use of substances, although this reduction lasts only for a couple of years (Cuijpers, 2002). The risk of abuse and dependency of a substance is shown to be decreasing if the initiation is postponed; therefore the aim for many prevention programs that has shown to be effective is to delay the first initial contact with substances (Hawkins, 2002).

Drug prevention are a part of the education in most of the schools in the western world and it is highly prioritized because of the increasing problem of substance abuse in adolescence (Cuijpers, 2002; Botwin, 2007; Nordengren, 1997; Von Greiff, 2008). Some countries have a law that indicates how prevention must be a part of the curriculum. This shows that the political system takes a considerable interest in assessing the problem. But an issue with these
programs is that they develop in a research setting and might not be easy to adapt in a school setting. In order to implement a specific prevention program, there should be evidence that they prove to be effective. Every program needs a well-designed scientific investigation which clearly presents the specific effects of the program. Most drug prevention programs have proved not to live up to expectations of effectiveness (Cuijpers, 2002). There is a large amount of research that has focused on comparison between drug prevention programs and their effectiveness. Some conclusions can be drawn as to which characteristics may potentially cause reduction of use. Most researchers agree that interactive programs including a social influence approach have a higher effect than non-interactive programs. Many studies also compared different factors such as adult or peer-led programs and if the program offers booster sessions. It has also shown that school-based prevention programs may change students attitudes towards substance abuse and increase their knowledge about substances (Cuijpers, 2002). Research shows that peer-led programs are marginally more effective than adult-led programs in a short term perspective. The differences were no longer noticeable one year after the time of intervention (Cuijpers, 2002; Hobson, 2009).

2.2 Previous research conducted in South Africa

The South African Community Epidemiology Network on Drug Use (SACENDU) is a network of practitioners, researchers and policy makers that collect information regarding trends in individual’s use of alcohol and drugs. These statistics are presented twice a year and cover information such as gender, age, race, area of residency and choice of drugs. The statistics are based on individuals seeking treatment, from hospital or from rehabilitation centers, both private and governmental institutions. Articles are using statistics from SACENDU in three big cities or areas. They show that the use of alcohol and drugs is increasing among the adolescents. In Cape Town the proportion of youth under the age of 20 years in need of treatment increased from 5.5 percent to 24.1 percent during the period December 1997 to December 2001. During the same period, the same group of youth in Durban increased from 7.0 percent to 22.0 percent (Parry et al. 2004, 2008).

National surveys on adolescent’s use of these substances were the most common way of collecting facts. The authors claim that it is crucial to know where these problems exist and the prevalence of them. National surveys have many limitations if they are conducted on their own. If for instance one substance is not so commonly used, it might lead to a limited ability to estimate the prevalence of it, especially if the sample size is small (Parry, 2004). It is also
important to understand the factors behind the high rate of crime in South Africa. Studies have been conducted to show the link between alcohol and crime but there has been a paucity of research on the relation between alcohol and drugs (Parry, 2004). But statistics show that there is a high rate of abuse among offenders (Parry et al. 2004, 2008).

Despite minor differences in the drug of choice in these cities and areas the most common substance is alcohol. Marijuana is the most common illicit drug of abuse. This is shown in statistics from adolescents seeking treatment, arrestees for positive cannabis-tests and trauma patients testing positive for cannabis. The second most common choice of drug differs over the country. In Cape Town the drug methaqualone (commonly called mandrax) is the second most frequently reported primary substance of abuse for adolescents. In others places, drugs such as inhalants, Ecstasy and crack cocaine are also common as a second choice (Parry, 2004). Statistics for Eastern Cape, where Port Elizabeth is located, shows that the primary substance of choice for youth under age of 20 years is alcohol and the secondary choice is cannabis. These choices have been constant over the past four years (SACENDU, 2009).

A resent problem in South Africa is use of methamphetamine (commonly called tik). This drug is popular especially amongst adolescents. Andreas Plüddemann is a researcher at the Medical Research Council's (MRC) Alcohol and Drug Abuse Research Group and a PhD student in UCT's Department of Mental Health and Psychiatry. He claims that "nowhere else in the world has tik taken off in the way we are finding in these specific communities". (Plüddeman, 2005) Statistics from SACENDU shows that treatment for abuse of Tik for youngsters under the age of 20 has increased from 6 percent in 1996 to 24 percent in 2004 (SACENDU, 2009).

3. SANCA

South African National Council on Drug and Alcohol Abuse was founded in 1956 in Johannesburg. Marty Mann, the legendary female leader of National Council on Alcoholism, USA, was giving lectures about alcoholism all over South Africa. This culminated with social workers who were active in working with these questions starting the South African council on alcoholism and drug dependency, SANCA. This initiative was never meant as a replacement for AA but as a compliment of their work. Therefore it is written in the organizational description for SANCA that good relations with AA always should be taken into consideration and something the organization should strive towards (SANCA, 2008).
SANCA is an umbrella organization with 36 offices all over South Africa. There is a variation in the services provided by the different 36 offices but they all serve the same purpose, which is to provide treatment and or prevention within the area of alcohol and drug abuse. Every office works independently from each other but all of them are a branch under the head office which is based in Johannesburg. Every office is an organization on its own and with separate economy and methods. Part of SANCA is a non-governmental organization, NGO, although that SANCA is supported by the government with the salaries for their social workers. All other expenses are funded by SANCA itself. (ibid.)

SANCA Port Elizabeth (P.E.) was founded in 1960 with the purpose to prevent substance abuse by spreading information in the society. The responsibility for the treatment part was taken care of by other institutions, but the pressure on these institutions was too high and the first social worker was hired by SANCA P.E. in 1978 to handle treatment. The services provided by the organization have been broadened and since the mid 90’s they offer, amongst other things, detoxification by trained nurses. This is to help strung out clients with problems of abstinence. (ibid.)

SANCA's vision is to fight abuse of alcohol and drugs by being accessible, offer high quality treatment and prevention programs presented by a caring and competent staff. They also wish to be active in the development of the community by offering elaborated and relevant programs. The preventions interventions is based on information by staff from SANCA presented in offices, schools and other organizations who are interested in questions regarding alcohol and drugs. On top of this, the organization offers a multitude of programs targeting different groups such as parents, professionals and youth. One of the programs directed to youth is Teenagers Against Drug Abuse (T.A.D.A)

3.1 T.A.D.A

The T.A.D.A-program was initiated by Adele Searle in August 1986. She was working with conducting campaigns against drug abuse. She was also a mother of a recovering drug addict. During one of her campaigns she addressed Durban Girls College, which had an outcome of an established Drug Action Group in the school. This group was established and maintained by the learners themselves. The learners in the school requested training from SANCA which led to a number of anti-drug campaigns, such as a special parent education and spreading the information to other school in their area. This drug action group led to the forming of
T.A.D.A and has developed into a school-based abuse prevention program that is implemented by SANCA in almost every province in South Africa (SANCA, 2008).

3.2 Implementation of T.A.D.A

The program is based on the belief that teenagers reach teenagers in a different way than adults. Members of a T.A.D.A group experience the same pressure and know how it is like to be young in the South African society. This makes it easier for other students to relate to the T.A.D.A members, as drug-free role models (SANCA, 2008). The program offers the students in the T.A.D.A group life skills learning that enhances personal growth, gain knowledge about substances and their effects, pro-active skills, organizational skills that enhances self confidence, increased responsibility and skills to constructively help peers. This is implemented by the teaching from SANCA on basic information regarding substances and abuse, how to make responsible decisions regarding life challenges, how to handle peer pressure situations, communication, listening and public speaking skills, alternative alternatives to substance use (ibid.).

When a school decides to start a T.A.D.A program, certain steps are followed. First, the head office of the school and the life orientation teacher have a meeting where approximately 10-15 students are selected to form a T.A.D.A group that will serve as informants and try to change the attitudes in their peers. Their task is also to act as a support for peers that suffer from an abuse among own family members. There are certain requirements that must be obtained in order to become a member and representative of T.A.D.A. The T.A.D.A member must attend grade 9-11 and avoid all forms of substance use, smoking or visiting pubs and taverns. The member shall be enthusiastically committed to the program with a genuine interest and will to attend and complete the required training. They must also be prepared that it will be required of them to organize anti-drug projects at their school. Further they decide on how to meet the goals of TADA and stop the issue of substance abuse within the school. Next step is the forming of a committee and providing training for the committee members. This training is conducted by SANCA who also acts as supervisors for future anti-drug projects. There also has to be a teacher within the school supervising the program and communicating with SANCA. After this planning and implementation of projects, evaluating and monitoring the effects and adjustments are made to define the perfect program and then sustaining it (ibid.).
The tasks of the committee are to set goals for the Action Group. It contains members with the responsibility to plan and look to that projects run by the Action Group are implemented. These members need to feel passionate about empowering others to make informed decisions regarding substances. The Action Group contains 10-15 students especially chosen to learn certain skills in order to have the ability to change attitudes regarding substance abuse in their peers. The skills that are learnt are assertiveness and how to recognize and handle conflicts and peer pressure. They also learn how to speak in public and do effective presentations, facilitation skills and project planning (ibid.).

4. Method

4.1 Research design

Firstly we completed a study over previous research regarding prevention and the situation with abuse in South Africa, to overview the knowledge and motivate the necessity of this study. We wanted to make the material as generalizeable and objective as possible; therefore we have chosen a quantitative research method. The quantitative research was dominating the scene for strategies used to conduct social research until the mid-70’s when the influence of qualitative research increased. Quantitative research offers quantification, a way to measure the quantity of occurring phenomena (Bryman, 2008). This method is less time consuming than a qualitative method (Eriksson, 2008) and we are able to reach more respondents using a quantitative method.

4.2 Data collection and data quality

Most studies use both primary and secondary data. Primary data is new data that has never been collected before and secondary data is what other researchers have written before (Halvorsen, 2006). This study has a review of secondary data in the chapter of previous research and the actual study is based on primary data collected by the authors.

In order to make a study showing the cause of a phenomenon, a dynamic study would be submitted, with results from several moments in a time span (Halvorsen, 2006). This study however is not looking for a cause but an overview of a condition. Therefore a survey was conducted to show the occurrence of a behavior for this particular moment of time.
4.2.1. Design of questionnaire

The questionnaire contains 24 closed questions, this leads to more specific answers and increases the reliability because the respondents share the same references (Converse, 1986 & Bryman, 2008). The questionnaire starts with 3 questions about the respondents gender, age and which year in school they are attending, To minimize the violation of their integrity and because it is of no interest for the study, no further questions of that kind will be asked.

The questionnaire continues with 3 questions regarding the respondents knowledge about the T.A.D.A program followed by 2 questions about who they would turn to for help with problems. The rest of the questions are about substance use habits. Question number 11 is one control-question included in the design of the questionnaire, to measure the internal reliability (See Appendix 1). Most questions are about specific substances, which are well defined by definition itself, but to increase the inner validity the questionnaires were examined by the staff at SANCA to make sure they are understandable in a South African context.

The questionnaire contains different types of questions whereas most are nominal and ordinal variables. Some questions are also given an option where the respondent can specify in excess of the given options.

4.2.1.1 Correlation

To check the reliability a test was done to see the correlation between two questions- alcohol which is the most used substance. Correlations between the two questions “have you tried any of the following substances” and “how often do you use alcohol” was therefore studied. Spearman Rho was used as to measure the correlation. The correlation coefficient is 0.559 (p<0.001). Thus, there is a high correlation between the answers of these two questions which could be interpreted as support for internal reliability on these questions.

4.3 Population and sample

The theoretical population of interest is all high school students in Port Elizabeth that attends schools that are using the T.A.D.A program and all high school students in Port Elizabeth who are attending schools that are not using T.A.D.A and then compare these to see if there is any difference.
The selection of respondents is a convenient selection of 4 different schools, where 2 of them are using T.A.D.A and the other 2 are not using T.A.D.A. In both T.A.D.A schools the program is recently implemented, it started approximately 6 months ago. The 1st T.A.D.A school is a private, catholic school in an area that is considered to be a nice area in Port Elizabeth. It is a mixed school with both boys and girls, unlike the 2nd T.A.D.A school which is a government girl-school in an area known amongst people to have much criminality and violence. Both of the non-T.A.D.A schools are government based and mixed with boys and girls. The 2nd non T.A.D.A school is in the same criminal area as 2nd T.A.D.A school. The ages of the respondents differ from 13 to 19 and the respondents are attending classes from grade 8 up until grade 10.

The total amount of respondents in the study was 307. In the 1st non-TADA-school the number of respondents was 57 and the questionnaires was given to students attending grade 8 and 9. In the 2nd non-T.A.D.A.-school there are respondents from grade 8, 9 and 10 and the number of respondents was 82. In the 1st T.A.D.A.-school the number of respondents was 82 and they are in grade 9 and 10. The respondents from the 2nd TADA-school was in grade 8 and 10 and the number of respondents was 86.

4.4 Data analysis

Due to circumstances such as exams, respondents from different grades in different schools were available for completion of the questionnaire. Further the grades that completed the questionnaire in one school were not the same grades that completed the questionnaire in another school.

When presenting the data, it is interesting to compare the respondents from the same gender to each other, and further to look at the differences in the same age span. This has been done for one of the genders, that being girls. Due to the fact that the 2nd T.A.D.A school is a girl’s school, there were not enough boys that participated in the study, so the differences of age can not be taken into consideration on the male side without the study being inaccurate. Therefore the results regarding the males will be presented in a table showing the differences between males in the different schools and the results regarding the females will be presented in a table showing the differences between the younger and the older girls from the different schools.
Marijuana will not be presented together with the other illegal drugs. Previous research shows that Marijuana is the first drug of choice in South Africa (Parry, 2004). It is relatively commonly used and our personal experience is that there is a mentality that considers marijuana not to be a “real drug”. Marijuana will therefore be presented in a separate column. Data regarding other drugs will be presented in count rather than in percentage because of the very small amount of usage.

4.5 Challenges

Critics often question this type of research method because the respondents might answer the questionnaire in a way, which does not reflect on their everyday life. There is no way to know that the respondents are putting similar values and understandings into each question and there is no way of measuring if they answered according to how they act and react in life (Bryman, 2008).

A problem that occurred was that the schools we initially approached rejected the request for us to come and hand out the questionnaires due to the final exams. The schools that did say yes to the request has just started their T.A.D.A training. This might lead to the results not showing any effects from the T.A.D.A program.

Several of the respondents had just finished writing a two hour exam and were most likely very tired. This could have affected the result.

4.6 Ethics

SANCA was active in the choice of schools and the idea of this research was formulated together with SANCA based on their interest to improve the program. According to Halvorsen (2006) the respondents should be informed about the study and have a chance to give their consent. The principals of the schools, agreed to cooperate. All of the students were not been asked for their consent in advance. But the students were informed at the time of handing out the questionnaires and they were then given the option of not participating. One student chose not to participate after reading the questions.

We had no control on the information given to the students from each principal before we had the opportunity of handing out the questionnaires. The researchers however addressed each class of respondents before the questionnaires was handed out so all classes at that time got
the same information. Also the researchers made sure to attend the classes in the morning before lunch so the circumstances were similar for all classes.

Another ethic issue is that the area that we are asking about can intrude on the respondents integrity since there are questions asking about the occurrence of an illegal activity. To avoid harm for the respondents it was carefully, before the distribution, highlighted that the questionnaires are anonymous with an impersonal design. The questionnaire does not include any questions that can identify the respondent.

### 4.7 Division of labor

Since Frida did her internship in Port Elizabeth we gained from the network she had built up. The schools where selected together with staff from the organization SANCA. She contacted the schools in August when she was back in Sweden. For practical reasons the contacts with each school and SANCA has therefore been handled by Frida.

The previous research was divided into two parts, a general and a South African overview on drug prevention. Sofie searched articles on the general prevention while Frida searched on previous South African research. Designing the questionnaire, collecting data, analyzing the data and writing the result was done together.

### 5. Results

#### 5.1 Habits and attitudes towards substances.

##### 5.1.1 Interest in Substances

As a measure of trying to find out the attitudes of adolescents in Port Elizabeth on substances, the respondents was asked if they would be interested in trying any of the following substances? The findings of the study are illustrated in the table below.

Table 1 shows that 1st T.A.D.A-school has a majority of 36.6 percent in SEVERAL ANSWERS, which means that the respondents answered that they are interested in trying drugs combined with alcohol and or tobacco. In the rest of the schools the majority of the respondents answered to be NOT INTERESTED in trying any drugs.
Table 1
Interest in trying substances

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOBACCO</td>
<td>0 %</td>
<td>0 %</td>
<td>1,2 %</td>
<td>0 %</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>6,9 %</td>
<td>24,4 %</td>
<td>25,6 %</td>
<td>11,6 %</td>
</tr>
<tr>
<td>DRUGS</td>
<td>15,4 %</td>
<td>7,3 %</td>
<td>2,4 %</td>
<td>3,5 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>1,7 %</td>
<td>0 %</td>
<td>0 %</td>
<td>0 %</td>
</tr>
<tr>
<td>NOT INTERESTED</td>
<td>79,3 %</td>
<td>31,7 %</td>
<td>25,0 %</td>
<td>35,0 %</td>
</tr>
<tr>
<td>SEVERAL ANSWERS</td>
<td>6,9 %</td>
<td>36,6 %</td>
<td>22,0 %</td>
<td>10,0 %</td>
</tr>
</tbody>
</table>

Interesting findings are that the 2nd non T.A.D.A school and the 1st T.A.D.A school had approximately 25 percent respondents that wanted to try alcohol. The 1st non-T.A.D.A school and the 2nd T.A.D.A school had less than 12 percent respondents for interest in trying ALCOHOL.

5.1.2 Peer pressure

Peer pressure can be defined as negative or positive influence from those of the same age realm. Since the program T.A.D.A emphasizes on learning how to stand up against negative peer pressure, it is of interest to see if the respondents experience peer pressure within the schools.

Table 2
Peer pressure

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>41,4 %</td>
<td>17,1 %</td>
<td>25,9 %</td>
<td>25,6 %</td>
</tr>
<tr>
<td>NO</td>
<td>34,5 %</td>
<td>59,8 %</td>
<td>28,0 %</td>
<td>39,3 %</td>
</tr>
<tr>
<td>I DON'T KNOW</td>
<td>17,2 %</td>
<td>22 %</td>
<td>37,8 %</td>
<td>27,9 %</td>
</tr>
</tbody>
</table>

This chart shows that the 1st T.A.D.A school claims to have the least of peer pressure in their school, with 60 percent of the students answering NO. The 2nd non-T.A.D.A and 2nd T.A.D.A schools, located in the same area, have the same rate of 25,6 percent answering YES. What is noticeable is the high percentage of respondents from all 4 schools claiming that they do not know if there is peer pressure in their schools.
5.1.3 Use

The use of substances is being used as a yard stick to measure the differences between T.A.D.A and non T.A.D.A schools.

Below is a overview of all the respondents from all the schools.

Table 3
Usage of substances for all

<table>
<thead>
<tr>
<th>Substance</th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOBACCO</td>
<td>18,5 %</td>
<td>36,3 %</td>
<td>16,2 %</td>
<td>9,9 %</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>33,9 %</td>
<td>73,2 %</td>
<td>45,0 %</td>
<td>39,8 %</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>3,6 %</td>
<td>23,2 %</td>
<td>3,8 %</td>
<td>5,9 %</td>
</tr>
<tr>
<td>INHALANTS</td>
<td>0,0 %</td>
<td>13,6 %</td>
<td>1,2 %</td>
<td>2,4 %</td>
</tr>
</tbody>
</table>

It is noticeable that the respondents from the 1st T.A.D.A school has a significant higher use of tobacco, alcohol, marijuana and inhalants than the other three schools.

Table 4
Usage of substances for girls

<table>
<thead>
<tr>
<th>Substance</th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOBACCO</td>
<td>13,6%</td>
<td>0,0 %</td>
<td>26,3 %</td>
<td>38,0 %</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>36,4%</td>
<td>66,7 %</td>
<td>52,6 %</td>
<td>83,3 %</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>0,0 %</td>
<td>0,0 %</td>
<td>21,1 %</td>
<td>19,4 %</td>
</tr>
<tr>
<td>INHALANTS</td>
<td>0,0 %</td>
<td>0,0 %</td>
<td>15,8 %</td>
<td>19,4 %</td>
</tr>
</tbody>
</table>

Table 4 shows that when all the girls are compared, the school that stands out is still 1st T.A.D.A school. It is higher than the other schools in every age group with every activity of usage of the substances presented.

It can also be noticed that the usage of alcohol is above 50 percent amongst older girls in 3 of the schools. Consequent trough the whole table 4 is that the older respondents shows a higher use of all substances except in the 1st non-T.A.D.A school where 13 percentage of the
respondents in the younger age group use tobacco whilst no respondents from the older age group uses it. Also in the 1st T.A.D.A school the percentage of respondents using marijuana is slightly higher in the younger age group than the older.

Table 5
Usage of substances for boys

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOBACCO</td>
<td>24,1 %</td>
<td>40,0 %</td>
<td>21,2 %</td>
<td>-</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>29,0 %</td>
<td>74,1 %</td>
<td>45,9 %</td>
<td>-</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>14,3 %</td>
<td>29,6 %</td>
<td>8,1 %</td>
<td>-</td>
</tr>
<tr>
<td>INHALANTS</td>
<td>0,0 %</td>
<td>3,8 %</td>
<td>2,6 %</td>
<td>-</td>
</tr>
</tbody>
</table>

The usage of alcohol amongst boys is relatively high for all the 3 schools in table 6, especially in 1st T.A.D.A school. Similarly to the results presented in previous tables 4 o 5, the 1st T.A.D.A school shows a significant higher use of all the substances presented above.

5.1.3.5 Other illicit drugs

Less than 10 respondents in the whole study in all four schools have a use of each of the following drugs, therefore these statistics will be presented as count number and not as percentage.

Table 6
Usage of substances for all

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECSTASY</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>TIK</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>LSD</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CRACK COCAINE</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>MANDRAX</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HEROIN</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ANABOLA STEROIDER</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Even though the numbers of users for any of these drugs are very low it is interesting that they are mostly represented in the 2nd T.A.D.A school. This is remarkable since this school is
generally low in any other use. But because of the low rate this will not be further elaborated on.

5.1.4 Accessibility

This concept can be defined as how easy it is to acquire the drugs or how accessible they are.

Table 7
Accessibility

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>5.2 %</td>
<td>28.0 %</td>
<td>9.8 %</td>
<td>8.1 %</td>
</tr>
<tr>
<td>NO</td>
<td>63.8 %</td>
<td>22.0 %</td>
<td>31.7 %</td>
<td>29.1 %</td>
</tr>
<tr>
<td>I DON'T KNOW</td>
<td>20.7 %</td>
<td>47.6 %</td>
<td>46.3 %</td>
<td>48.8 %</td>
</tr>
</tbody>
</table>

In the question regarding the possibility to buy drugs approximately 28 percent in the 1st T.A.D.A school answered that drugs are to their knowledge available to buy-, i.e. much higher percentage compared to the remaining 3 schools (all below 10 percent). It should be pointed out is that in 1st T.A.D.A, 2nd T.A.D.A and 2nd non T.A.D.A almost 50 percent answered that they didn’t know – which does not necessarily imply that drugs are not accessible, only that they don’t know.

5.2 Awareness of the T.A.D.A. program

In trying to verify if T.A.D.A is effective as a drug prevention program, it is of paramount importance to take in to consideration, how aware the teenagers are of the program.

Table 8
Awareness of the T.A.D.A program

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>8.6 %</td>
<td>89.9 %</td>
<td>18.3 %</td>
<td>36.0 %</td>
</tr>
<tr>
<td>NO</td>
<td>77.6 %</td>
<td>7.3 %</td>
<td>58.5 %</td>
<td>39.5 %</td>
</tr>
<tr>
<td>I DON'T KNOW</td>
<td>13.8 %</td>
<td>3.7 %</td>
<td>22.0 %</td>
<td>23.3 %</td>
</tr>
</tbody>
</table>

As shown in table 2 the 1st T.A.D.A school presents a strong majority where 89 percent of the respondents are familiar with the T.A.D.A program. Only 36 percent of the respondents in the 2nd T.A.D.A school claimed to be familiar with the program.
As expected the majority of the respondents in the non T.A.D.A schools are not familiar with the T.A.D.A program. Despite this approximately 15 percent of the respondents in both non T.A.D.A schools claims to know a T.A.D.A member.

5.3 Who to preferably talk to

Since T.A.D.A is peer-to-peer-based, it is of interest to see if the respondents prefer to talk to a peer or any significant other about drug related issues. When asked who they would talk to about tobacco, alcohol or drug related issues as many as 57 percent in all the schools answered that they prefer to talk to a friend.

Table 9
Who to preferably talk to about drug related issues

<table>
<thead>
<tr>
<th></th>
<th>1 NON T.A.D.A</th>
<th>1 T.A.D.A</th>
<th>2 NON T.A.D.A</th>
<th>2 T.A.D.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENTS</td>
<td>6,9 %</td>
<td>22,0 %</td>
<td>28,4 %</td>
<td>12,8 %</td>
</tr>
<tr>
<td>SIBLINGS</td>
<td>5,2 %</td>
<td>3,7 %</td>
<td>1,2 %</td>
<td>7,0 %</td>
</tr>
<tr>
<td>FRIEND</td>
<td>36,2 %</td>
<td>57,3 %</td>
<td>37,0 %</td>
<td>48,8 %</td>
</tr>
<tr>
<td>TEACHER</td>
<td>6,9 %</td>
<td>2,4 %</td>
<td>3,7 %</td>
<td>4,7 %</td>
</tr>
<tr>
<td>MEDICAL PERSON</td>
<td>0,0 %</td>
<td>0,0 %</td>
<td>1,2 %</td>
<td>1,2 %</td>
</tr>
<tr>
<td>NO ONE</td>
<td>10,3 %</td>
<td>6,1 %</td>
<td>4,9 %</td>
<td>8,1 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>0,0 %</td>
<td>0,0 %</td>
<td>0,0 %</td>
<td>1,2 %</td>
</tr>
<tr>
<td>SEVERAL ANSWERS</td>
<td>15,5 %</td>
<td>8,5 %</td>
<td>12,3 %</td>
<td>11,6 %</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>19,0 %</td>
<td>0,0 %</td>
<td>11,1 %</td>
<td>4,7 %</td>
</tr>
</tbody>
</table>

5.3.1 Who do you turn to

When asked: Who do you turn to if you, a family member or anyone around you have a drug related problem? More than 29 percent in 3 of the schools answered that they would prefer talking to their PARENT, however the respondents in the 1st T.A.D.A school who answered PARENT was almost equal to the respondents who answered turning to a FRIEND. 34,1 percent of the respondents in the 1st T.A.D.A school answered that they would prefer turning to a FRIEND and 32,9 percent has answered that they would prefer turning to a PARENT. In the 2nd T.A.D.A school with a percentage of 18 percent talking to NO ONE was the second most ticked alternative. It has to be taken into consideration that for the alternative of several
answers one of the alternatives is a FRIEND. Therefore the percentage for that alternative can be higher.

6. Discussion

The research implicates that there are no significant similarities between the T.A.D.A schools that can be considered to derive from the school having the T.A.D.A program.

The 1st T.A.D.A school showed a significant difference when generally compared to the other three schools which were quite similar to each other. The 1st T.A.D.A school was the one that showed the highest use of tobacco, alcohol, marijuana and inhalants regardless gender or age. The other three schools had nearly no responses for girls using marijuana and inhalants whilst 1st T.A.D.A school had nearly 20 percent usage of both substances in both age groups. In the table regarding boys it is shown marijuana is used in all 3 schools, but with a larger amount of usage in 1st T.A.D.A school. Almost no boys use inhalants, in any of the schools. One can only speculate on the reasons why the girls in 1st T.A.D.A school smokes marijuana, when the girls in the other schools don’t. Besides marijuana there are girls in this school that use inhalants which the boys don’t.

The 1st T.A.D.A school had most students with knowledge on how to buy drugs at their school and also the highest frequency of respondents aware of the T.A.D.A program. The same school had the least amount of respondents who experienced peer pressure. Reasons for this could be many, the 1st T.A.D.A school can have promoted the T.A.D.A program more intensively but any effect is not yet shown, since both of the T.A.D.A schools in this study have recently started their T.A.D.A projects. Socio-economic relationships, the area of location and accessibility probably plays an important role in this case, since this school differs very much from the others in all these aspects. It is also interesting to consider the fact that the respondents shows very small if no use of any illegal substance except marijuana, the other substances used in the school are legal for adults above 18 years and inhalants are legal to posses for any one. The reason for this can also only be speculated upon. This may reflect that the respondents are viewing marijuana as a less dangerous drug than the other drugs, the cause could also be that it is the only drug available for these young people, or it could be a new fashionable thing in this school to smoke marijuana and use inhalants such as benzin or nail polish remover.
It is not possible to make a comparative study on efficiency since there are no longitudinal data to show a change in attitude and behaviors. What are measured are the attitudes and habits at one specific time. Since the two T.A.D.A schools just began their programs, the data from this study could be used as a baseline data for comparison with future studies made when the programs have operated for some years.

Even if the study is unable to measure any effects of the T.A.D.A program the need for an effective prevention program, especially in the 1st T.A.D.A school is clear. The efficiency can only be shown by making a dynamic study that measures changes during a period of time. Even if a T.A.D.A school shows a higher level of usage the usage could still have decreased from an even higher level, something that this study can not prove.

Regarding the question about interest in trying new substances it is noticeable that the interest for tobacco is very low whilst the results for usage of tobacco are much higher in all of the schools. On the other hand the statistics show that the amount of respondents that are interested in alcohol is similar to the amount of respondents using alcohol. The reason for this can be that the question is formulated to measure the interest in trying new substances and not the interest for substances already used.

Alcohol seems to be the most frequent used substance overall, although with different frequencies. The statistic from the alcohol use are in line with the statistic presented by SANCA in SACENDU where the first drug of choice for people under 20 years old is alcohol. One explanation for the high amount of alcohol use was given by a teacher in one of the schools. Unaware of the results he explained that one reason is that there is an alcohol culture in some of the areas around Port Elizabeth and that many parents therefore allow their children to drink. Alcohol is considered not to be as bad or dangerous as other substances hence the reason why it is accepted. Of course this statement needs to be further investigated but it can help to reach an understanding.

Table 4 shows that reoccurring in most cases the older girls have a higher usage of the substances investigated, as expected. In the 1st non-T.A.D.A school only the young girls use tobacco and in the 1st T.A.D.A school the usage of marijuana is slightly higher in the younger age group.
Previous research shows that there is an increasing use of methamphetamine amongst youth in South Africa, this was not shown in our study. The majority of the small amount of users in the category “other drugs” comes from the 2nd T.A.D.A school. This means that the school overall has a low rate of persons taking any substances but, on the other hand, some who do use are trying the illegal substances.

6.1 T.A.D.A

A number of students from both non-T.A.D.A schools claim to know a T.A.D.A member. This can indicate that the program reaches outside the school, but to what extent and with what effect is hard to comprehend. Many times friends are not just within the school and peer pressure can be manifested from peers outside the school. Or it could be a simple misunderstanding of the question asked.

The option FRIEND was most selected when asked who the respondents would prefer to talk to about tobacco, alcohol and drug related issues. On the question who the respondents would rather talk to if themselves or anyone in their closest environment suffered from drug related problems, most respondents answered PARENTS. In these areas in Port Elizabeth it seems as the adolescents turn to their peers if they are curious and interested in trying substances, therefore it can be speculated upon if the T.A.D.A concept should be a good idea for prevention here. An idea that aims for those peers to be educated and could insist in taking informed decisions in these matters. The use of substances does not only harm the body but can lead to a number of consequences such as injuries from recklessness, increased violent behaviour or car accidents. Informed decisions and knowledge about the effects of the substance of choice can also reduce the harmful effects that can follow with experimenting with substances. It seems as if parents play a big role for the respondents. That aspect is not considered in the T.A.D.A program.

As written above when it came to facing a problem, a parent was the person most respondents would speak to. It can be interpreted that using a school based prevention program alone, is not the most effective way to battle substance use. This problem has to be faced in all different areas in the society such as the family, working places and schools. It can be of interest to mention that SANCA offers different programs where one has parents as its target group.
6.2 The value of the study

Very little research has been conducted in the third world and we hope that this study will open up for researchers to look more closely on effective substance use prevention for South African youth. One thing that was noticed during data analyses is that the two schools in the same area had more similar answers than the two T.A.D.A schools. This could mean that a future more thorough research could be of interest, including the impact of socioeconomic, social factors, gender- and class differences, which are still very prevalent in South Africa due to the historical experience of apartheid.

Additionally future research could investigate how the students in T.A.D.A schools experience being helped, trough a number of qualitative interview case studies. Since the program talk about how to say no and take well informed decisions one way of evaluating could be to see the result for individuals.

Since Cuijpers (2002) claims that peer-to-peer-prevention is more effective in a short term perspective, it would therefore be of interest to see if the effects last longer for the T.A.D.A members in the action group than for the rest of the students, since they get more information and training.

A follow up study could be suggested where a dynamic study is made to see, after a period of time, if the T.A.D.A program changed the attitudes and usage of substances in the schools visited- and in doing soothe present study may serve as baseline for these particular schools.

We hope that the study will open up for further discussions and reflections amongst the staff and volunteers working actively with the T.A.D.A program and for social workers all over South Africa to critically choose effective methods of working.
Printed Sources:


Unprinted sources:

Date: 2009-11-07

Date: 2009-11-05