



High on Life Resource Kit





NATIONAL STRATEGY FOR THE PREVENTION AND MANAGEMENT OF DRUG USE AMONGST LEARNERS IN SCHOOLS









ARE YOU GAME?

CHANGE YOUR LIFE:

YOUR THINKING

YOUR BELIEFS

YOUR ATTITUDE

YOUR ACTIONS

YOUR HABITS

YOUR LIFE





INTRODUCTION

Substance use is a global challenge, which has effects on the health, wealth and security of nations (UNODC, 2010).

The Inter-Ministerial Committee on Combating Alcohol and Drug Abuse, together with the Interdepartmental Technical Task Team were set up in 2011 to ensure collective responsibility and concerted action on both alcohol and drug abuse through the development of an Anti-Substance Abuse Programme of Action.







NOTE TO SELF



YOUR BIG OPPORTUNITY MAY BE WHERE YOU ARE RIGHT

NOW Napoleon Hill





PURPOSE

To provide a strategy to guide the DBE and Provinces

- •The Education delivery agreement 2025 to improve schooling and the Action plan to 2014
- •Goal 25 'Use the school as a location to promote access amongst children to the full range of public health and poverty reduction interventions' (DBE,2010).

Key Goals

- Learner Retention
- Providing quality Early Childhood Development
- •Effective In-Service Teacher Development
- Support & Accountability

Part of the broader CSTL framework/ NDMP





WHO SHOULD USE THE STRATEGY?

Provincial and District Coordinators who deal with substance abuse

Other government departments

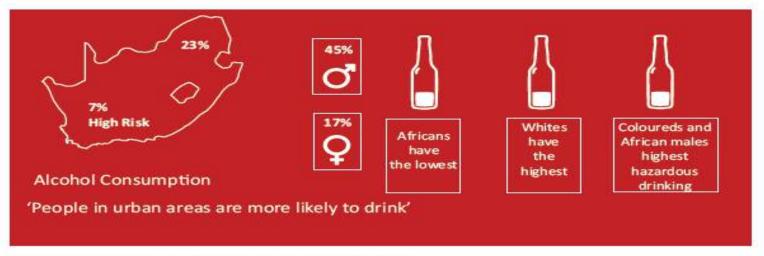
NGOs

DBE - Senior management





'people in urban areas are more likely to smoke' 'Africans smoke less than other races'



25% females Exceed recommended levels over the weekend
21% of males and 7% of females have experienced drink problems during their lifetime.
Western Cape, Northern Cape and North West highest % of high risk drinkers.
Alcohol problems highest among those with lowest education, Coloured people and in the North West.

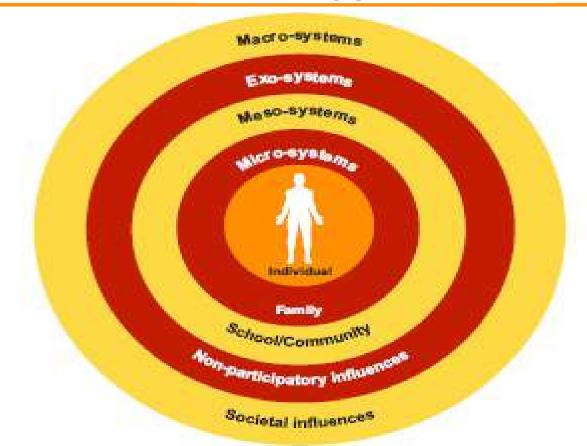


Cannabis is the most common substance at 2%. Higher among adolescents, White and Coloured groups and in urban areas.

Cocaine 0.3% Sedatives 0.3% Amphetamines 0.2% Inhalants, hallucinogens, and opiates 0.1%



FACTORS LEADING TO SUBSTANCE ABUSE





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|--------------------|---|--|--|--|--|
| RISK FACTORS | Delinquency Peer Pressure Rebelliousness Rejecting parental authority Sensation seeking Impulsiveness Aggression Poor sense of well-being | Parental drug use Family conflict Poverty / Affluence Family Context/ Structure and Cohesion Low Expectation | Deviant peer affiliation Skipping school Availability of alcohol and other drugs in or around school premises Low academic aspirations Poor school performance | Exposure to public drunkenness Neighbourhood affirmation of substance use Few job opportunities Abundance of free, unstructured time Ease of access to alcohol and other drugs | Advertising that promotes drug use Moral and Social Degeneration |
| PROTECTIVE FACTORS | Self confidence High self esteem Good relationships | Good relationship between caregiver & child Good communication between caregiver & child Parental monitoring (e.g. setting rules) | School policy on substance use Code of Conduct Quality of Educational Experience | Community disapproval of substance use Access to positive leisure activities | Taxation Controlling availability and access to substances Increasing minimum legal age of alcohol consumption Effective policy implementation |

School

Societal

Community

Individual

Family



CONTENT OF THE PROGRAMME

- FOCUS ON PROTECTIVE FACTORS
- REDRESSING THE NORM
- LEGAL AND ILLEGAL SUBSTANCES
- INTERACTIVE METHODS
- AVOID EXCLUSIVELY INFORMATION BASED PROGRAMMES
- CLARIFY VALUES WITH LEARNERS
- AVOID SCARE TACTICS







Enabling Environment



Primary

Prevention

Early Detection



Treatment, Care and Support

Policy

- Develop Integrated policies
- Allow for regular review of policy and legislation
- Implement policies in schools

Institutional

- Engender political support
- Establish support teams in schools
- Make available human & financial resources
- Advocate for more age-appropriate services and greater funding
- Keep accurate records of alcohol and drug use in schools
- Ensure that relevant research is disseminated
- Monitor and evaluate programmes

Partnerships

- Coordinate mutti-sectoral and inter-institutional responses
- Participate in lobby groups in the community

Curricular

 Implement school-based alcohol and drug use prevention programmes including life skills training as part of life skills / orientation subject

Co-curricular

- Implement information & awareness campaigns
- Implement co-curricular activities and safety interventions such as peer education clubs
- Implement drug free sport programmes
- involve families & communities

- Partake in early warning systems
- Train educators & parents to identify warning signs
- Train educators & district officials to conduct drug festing
- Implement drug testing in schools where there is reasonable suspidion that learners are using drugs

- Establish strong referral systems to access treatment, care & support
- Create awareness of treatment and counselling services.
- Address barriers that limit access to treatment amongst learners (e.g. transport, cost, stigma)
- Set up systems to ensure continuation of education during freatment







ROLE PLAYERS

- DBE
- PROVINCIAL DBE
- DISTRICT BASED SUPPORT
- SBST





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