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Investigating the Implementation of the Ke-Moja Substance Abuse Prevention Programme in South Africa's Gauteng Province

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Abstract

Internationally and locally, substance abuse by primary and secondary school learners is a major public health issue. In an attempt to curb this problem, the South African government introduced the "Ke Moja I'm fine without drugs" substance abuse prevention programme. The "Ke Moja" programme was launched in 2003 and was rolled out to schools in all the five regions of South Africa's Gauteng Province. This paper analyses documents which guided the implementation of the "Ke Moja I'm fine without drugs" programme as well as the National Drug Master Plan. Thematic content analysis was also used to analyse an in-depth interview with the director of Africa Youth Development Fund (AYDF) organization which administers the "Ke Moja" programme in order to establish how the programme was implemented within the Gauteng schools. Although the study established that there was a lack of consistency in terms of the implementation of the programme across schools within the five regions in Gauteng Province, the "Ke Moja" programme was found to be well received by learners and out of school youth.

Keywords

Substance Abuse, School Children, Youth, Prevention Strategies, "Ke Moja" Programme, South Africa

1. Introduction

Substance abuse among youth is a global issue (Burnett & Hollander, 2016; Burke, 2009; Sussman, Skara & Ames, 2008; Hawkins, Catalano & Miller, 1992) [1]. In South Africa specifically, substance abuse by primary and secondary school learners is of growing concern and is the main contributor to school

crime, violence, intentional and unintentional injuries together with other social and health problems such as teenage pregnancy and HIV and AIDS (Burke, 2009) [2]. It is believed that adolescents' drug and alcohol abuse can be attributed to a number of factors emanating from the family, school, community, society and individuals. In respond to this issue, targeting mainly primary and secondary school learners, the South African government through the Department of Social Development launched the "Ke Moja, I'm fine without drugs" programme as a preventative measure to substance abuse within South African schools. This programme was launched in 2003 and was rolled out to all schools in South Africa. However, there seems to be a lack of tangible evidence on whether the programme has been successful in trying to prevent substance abuse among school children. Therefore, this paper investigates the implementation of the "Ke Moja, I'm fine without drugs" substance abuse programme in Gauteng schools in South Africa. The paper begins by providing a background to the launch of the "Ke-Moja" programme and a description of how the programme was rolled out to all five regions of Gauteng Province. The paper also presents an overview of substance abuse among adolescents including commonly used drugs. Legislative frameworks and an analysis of documents which guided the implementation of the "Ke Moja" programme are also outlined in this paper. In addition, challenges which were experienced during the implementation of the programme are highlighted. The paper concludes by outlining recommendations for strengthening the programme in order to prevent substance abuse among school going children and adolescents.

2. Conceptual Framework

2.1. The "Ke Moja" Programme

Substance abuse threatens citizens' right to life; freedom and security in that alcohol and drug use are associated with an increase in school violence, risky behaviours amongst youth and other social or health related problems in South Africa (Burke, 2009). Hence, substance abuse prevention strategies such as "Ke Moja, I'm fine without drugs" programme are of paramount importance. "Ke Moja, I'm fine without drugs" is a brand name for the Government of South Africa's drugs and substance abuse prevention programme. In Sesotho, one of South Africa's eleven official languages, "Ke" means "I" while "moja" means "Fine" (Department of Social Development, 2008) [3]. The programme is aimed at the prevention of drug dependency; provision of information to the community on drug abuse; education of youth regarding drug abuse and the establishment of registered treatment centres. The main targeted groups to benefit from the programme are children and youth. According to the Department of Social Development's Ke-Moja Integrated Strategy, the intention of the programme is "to curb the supply and prevent the new use of illicit drugs". The focus of "Ke Moja" programme is on using a variety of activities as tools to educate, empower and develop awareness of the harmful effects of substance abuse. This pro-

gramme also strives to encourage communities to be pro-active in promoting their well-being and in taking "pro-health decisions."

South Africa uses an interdisciplinary approach in substance abuse prevention. For example, the social development, health and education sectors of government, together with the non-governmental organisations play an active role in dealing with the scourge which affects South African youth in particular. In Gauteng Province, the Department of Social Development, in collaboration with the Gauteng Department of Education (GDE), Africa Youth Development Fund (AYDF) and the South African National Council of Alcoholism (SANCA) are implementing the "Ke Moja" programme (Burnett & Hollander, 2016). The programme is administered by AYDF and includes the training of co-ordinators and coaches, and the monitoring of progress made with the implementation of the programme in schools. SANCA appoints coaches from the community and provides support where needed (Burnett & Hollander, 2016). The coaches are mainly young people who matriculated, but were not able to further their studies in tertiary institutions or could find employment. Therefore, the programme is also one strategy for creating employment amongst youth.

The coaches are required to be role models to young people when implementing the programme by demonstrating specific values such as honesty, empathy, integrity and respect for self and others. Since the programme is aimed at disseminating information and instilling social skills it includes a range of modules which encompass teaching learners how to set their own personal goals, understand who they are, learn to live a healthy lifestyle and most importantly learn facts about drugs and alcohol. Learners are also taught about different drugs-both legal and illegal ones-the effects of drug use and the dangers associated with prescription and over the counter drugs (AYDF Facilitators Manual 1, 2013) [4]. Although learners are taught about the consequences of substance abuse, there is no module which covers how they can avoid being involved in drug use because there are a number of factors which contribute to young people abusing substances. It should be noted that the facilitators work collaboratively with social workers in identifying learners who might be abusing substances or who have relatives abusing substances. Social workers are expected to work with the identified individuals and their families in providing counselling or referring them to rehabilitation centres.

2.2. Legislative Frameworks

The "Ke Moja" programme is guided by various legislative frameworks, both nationally and internationally. The United Nations Commission on Narcotic Drugs Political Declaration (2014) [5] states that "drugs affect all sections of the society in all countries; in particular, drug abuse affects the freedom and the development of young people who are the world's most valuable asset. Drugs are a grave threat to the health and wellbeing of human kind. Sections 10 to 12 of Chapter 2 of the Constitution of the Republic of South Africa (Act 108 of 1996)

[6], grant citizens the right to have their dignity respected and protected, the right to life, and the right to freedom and security. Substance abuse threatens' citizens right to life, freedom and security in that alcohol and drug use are associated with an increase in the crime rate in South Africa. Hence, substance abuse prevention strategies such as "Ke-Moja" are of paramount importance.

Section 6 of the Prevention and Treatment of Drug Dependency Act (Act no 20 of 1992) [7] calls on the Minister of Social Development to establish a programme which is aimed at the prevention of drug dependency; provision of information to the community on drug abuse; education of the youth regarding drug abuse and the establishment of registered treatment centres. The South African Institute for Drug Free Sport (Act No 14 of 1997) [8] aims, amongst other things, to establish educational programmes that will increase the skills and knowledge base of stakeholders with regard to drugs in relation to sport. Both the aforementioned acts are key legislative guidelines for the "Ke-Moja" programme in that they reinforce information provision to youth as a preventative strategy, skills development amongst youth and highlight a need for collaborative efforts by different stakeholders as outlined in the NDMP. Thus, the National Drug Master Plan (NDMP, 2006-2011) [9] encourages departments to work together in a collaborative and partnership manner in fighting against drug abuse. For example, the Department of Social Development conducts awareness campaigns on substance abuse and its consequences in communities and schools, targeting youth and families. The department further advises on available resources for rehabilitation, while the Department of Sport addresses the use and implications of drugs and alcohol in sports activities. The Departments of Health and Education collaborate with the Department of Social Development in strengthening the educational campaigns.

3. Literature Review

3.1. Substance Abuse

Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested in a 12-month period by at least one of four criteria: 1) recurrent substance use resulting in failure to fulfil major obligations at work, school, or home such as poor performance at school or work, neglect of children or younger siblings; 2) recurrent substance use in hazardous situations including driving while intoxicated; 3) recurrent substance-related legal problems; and 4) continued substance use despite having recurrent interpersonal problems related to substance use such as arguments or physical fights with family members about consequences of intoxication (American Psychiatric Association cited in Burke, 2009 p. 322). In this paper, substance abuse is defined as the overindulgence of substances such as drugs and alcohol amongst primary and secondary school learners in such a way that their functioning is affected and consequently results in various social and health problems.

Substance abuse is a pervasive problem in South Africa, cutting across racial, socio-economic, geographic and generational lines. The former minister of Social Development, Dr Zola Skweyiya, in an address on the 26th of June 2003, highlighted the fact that the scourge of substance abuse continues to ravage communities, families and particularly youth (Department of Social Development, 2008) [10]. Substance abuse goes hand in hand with poverty, crime, reduced productivity, unemployment and dysfunctional family life (National Drug Master Plan [NDMP], 2012-2016) [11]. It mainly affects those who are vulnerable, such as primary and secondary school learners because the transition from adolescence to young adulthood is a critical period in which experimentation with illicit drugs in many cases begins. Drugs may have a strong appeal to young people who are beginning their struggle for independence as they search for identity.

3.2. Substance Abuse Prevention Strategies

Sussman, Skara and Ames (2008) [12] view prevention strategies as approaches used to end substance abuse and encourage adoption of new and healthy behaviour. They argue that the main focus of prevention should be on antecedents of the behaviour, to anticipate and prevent future negative consequences from occurring while cessation often addresses psychological dependence on and physiological withdrawal from a drug. Thus, the choice between using a cessation or prevention approach is not always clear. As such, they recommend that cessation activities be used in conjunction with prevention activities in order maximize programme effectiveness. Hawkins, Catalano and Miller (1992) [13] contend that prevention strategies should range from self-help to aversive counter conditioning. These authors found that many studies have demonstrated how abstinence/cessation can be achieved, but long-term maintenance of abstinence has proved to be more difficult especially if there is a lack of a motivation forum for individuals to participate in or adequate support structures.

Initially, the strategies for alcohol and drug abuse prevention in South Africa were based on scare tactics and information dissemination. The scare tactics were meant to send a message that drugs are dangerous while dissemination of information was based on the assumption that people abuse drugs because they are not aware of the negative effects or consequences of drug use (UNODC, 2004) [14]. However, due to the ineffectiveness of these strategies in the prevention of drug abuse, a holistic approach was required. Hence the government introduced several programmes to deal with alcohol and drug abuse with "Ke Moja" programme being one of them. "Ke Moja" emphasizes information dissemination and also provides life skills development. The programme's vision is to create an environment which is free from drugs wherein youth enjoy their freedom and are able to develop in all spheres of life. The main aim of the programme is to "promote behaviour change towards drugs and substance abuse and to educate, empower and develop awareness of the harmful effects of substance abuse among young people in South Africa" (AYDF, 2013) [15].

3.3. Substance Abuse among Adolescents: An Overview

Globally, substance use among adolescents is of increasing concern. Children as young as nine years are experimenting with drugs and alcohol and the majority of them cannot cope with the withdrawal symptoms which can lead to their deaths (Masombuka 2013) [16]. Alcohol is one of the legal substances that can be used by people aged 18 years and above in South Africa, but in many cases, children start experimenting with drinking alcohol before the age of 18. According to Whiteford *et al.* (2010) [17], more than 60% of teenagers aged 18 regularly drink alcohol. What is of particular concern is that 30% of teenager's drink alcohol when they should be in school. One problem with abusing alcohol during one's teenage years is that it increases the likelihood of developing alcohol dependency later in life (Whiteford *et al*., 2010; Burke, 2009).

A survey of drug and alcohol use in the Cape Town metropolitan area in 2002 found that one-fifth of primary school children had tried drugs, and 12.1 years emerged as the average age of first using drugs among children (Fisher, 2002). Furthermore, Fisher (2002) [18] states that within the high school setting, 45% of the learners had tried at least one drug and 32% were still using drugs. Also, according to research conducted in 2002 regarding grade 7, 10 and 11 learners from 35 secondary schools in Pretoria, more than one quarter of the respondents had witnessed illegal drugs being sold on their school grounds, while 42% had personally seen illegal drugs being sold in their neighbourhood (Neser, *et al*., 2001) [19]. The same survey revealed that when asked whether they knew a friend or classmate who had been using illegal drugs, the majority of respondents confirmed that they did (Neser, *et al*., 2001). However, anecdotal evidence shows that there are different drugs that are also used in different contexts and settings.

A nationwide survey carried out by Shisana *et al.* (2009) [20] in South Africa; found that 2.3% of the urban population and 1% of the rural population use cannabis.. South Africans addicted to cannabis account for 19.9% of all patients undergoing treatment at drug rehabilitation centres. Figures from the Youth Risk and Behaviour Survey (YRBS) also reveal that 9% of school-age children use cannabis (Shisana, *et al*., 2009). Cocaine is another widely used drug in South Africa with figures from the Central Drug Authority showing that cocaine use increased by 20% between 2006 and 2008 (UNODC, 2015). Figures from the YRBS show that the number of teenagers who abuse prescription drugs stands at 16% while a further 0.2% to 11.1% abuse inhalants (UNODC, 2015). "Nyaope" is also one of the commonly used drugs amongst youth in South Africa. This is a new drug on the market and it is highly addictive. However, it has different street names depending on the area. For example, it is referred to as "Nyaope" in Pretoria but in some areas in Gauteng it is known as "Whoonga". This drug has major physical and psychological effects on the addicts because it contains many poisonous ingredients including some found in ARVS and rat poison. According to Maughan and Eliseev (cited in Masombuka 2013), a number of deaths in Gauteng province have been caused by this drug. Based on the statistics on sub-

stance abuse in South Africa prior to the implementation of the "Ke-Moja" programme, it appears that substance abuse among teenagers has spiralled out of control, with one in two school children having already experimented with drugs and alcohol. It is for this reason that the UNODC and the Department of Social Development as the lead partner, adopted "Ke Moja" as a national drug awareness and prevention programme which aims to mobilise young people against drug and alcohol abuse.

4. Research Methodology

A qualitative research approach was adopted in this study. According to Greenstein, Roberts & Sitas (2003) [21], qualitative research is a broad approach in social research that is based upon the need to understand human and social interaction from the perspective of insiders and participants in the interaction. The director of Africa Youth Development Fund (AYDF) organisation which administers the "Ke Moja" programme, including the training of co-ordinators and coaches, and monitors the progress made with the implementation of the programme in schools, served as the key informant in this study. Two in-depth interviews were conducted using open-ended questions to obtain detailed information about the implementation and roll-out of the programme in Gauteng schools. The questions were as follows:

1) What are your views regarding the implementation of KeMoja programme within Gauteng schools?

2) As a trainer of this program, what are your experiences especially in training managers, how are you guys received?

3) But in terms of implementation of this program, what challenges have you observed?

4) Are you seeing the impact of this program over the years it has been implemented?

This method of data collection afforded the interviewee an opportunity to respond freely and extensively. Thematic content analysis was used to analyse qualitative responses to the open-ended questions. Documents which included the AYDF Facilitators Manual 1 & 2, AYDF 2014-15 Progress Report, AYDF Narrative Report 2013/2014 together with the National Drug Master Plan were an additional data source used for triangulation purposes. Ethical considerations, specifically the avoidance of harm, informed consent, non-violation of research participants' privacy, as well as anonymity and confidentiality, were taken into account (Babbie & Mouton, 2010) [22].

5. Presentation of Results and Discussion

5.1. Views on the Implementation of the "Ke Moja" Programme

Reach of the "Ke Moja" Programme

Findings, from both the document analysis and the interview with the key informant revealed that the "Ke Moja" programme has reached learners in a large

number of Gauteng schools. For example, the 2012-2013 Annual Report from the Gauteng Department of Social Development (GDSD) reported that 44184 school going children and youth had been reached through the "Ke Moja" substance abuse prevention programme. The GDSD exceeded its target by 18214 due to an intensified roll out of the programme which yielded an increase in the number of learners attending "Ke Moja" events. The key informant said:

"… *Our first year of implementation was in the year of* 2013-2014. *The department's target was* 78 *percent and it was a first time they set a target. In the second year target was at* 514 *percent … Which I think is something good because it shows that there is now a capacity on the ground … Otherwise the project is going well itself*…"

The fact that the programme has been exceeding its targets in the 2012-2013 and 2013-2014 financial years is an indication that the implementation is going well, as reflected in the quotation above.

To illustrate the fact that the "Ke Moja" programme is reaching many young people in Gauteng, Table 1 shows the target and actual figures of children and youth reached from 2013 to 2015.

It is evident in the table that during the 2013/14 and 2014/15 period, many children were reached through the "Ke Moja" programme with an increase in percentage above initial estimate from 178% in 2013/14 to a whopping 514% in the 2014/15 period. Within the youth category, in 2013/14 period the set target was not reached and there was a deficit of 16,988. However, during the 2014/15 period, the initial estimate was exceeded.

5.2. "Ke Moja" Programme Reaching Youth beyond the Classroom

It was highlighted in the 2012-2013 Annual Report from the Gauteng Department of Social Development (GDSD) that in order to curb high figures of substance abuse, the "Ke Moja" programme was rolled out to approximately 967 platforms; of which, 469 were schools reached within the Gauteng Province, and 478 out-of-school platforms which included churches and youth clubs among others (AYDF-3rd Annual General Meeting, 2014-2015) [23].

Table 1. Ke Moja programme implementation and performance indicators.

Performance Indicator	2013/14 Target	2013/14 Actual	Deviation	2013/14 Actual % Achieved	2014/15 Target	2014/15 Actual	Deviation	2014/15 Actual % Achieved
Number of children reached through Ke-Moja drug prevention programme	79,075	140,724	61,649	178%	79,075	406,511	327,436	514%
Number of youth (19 - 35) reached through Ke-Moja drug prevention programme	40,356	23,368	16,988	57%	40,356	112,680	72,324	279%

According to the key informant:

"*Even though our primary focus is on schools, we have extended the programme to reach out for young people in churches and youth clubs across the Gauteng province, and this has enjoyed a positive response from these out of school platforms*".

The report further highlights that 215 master trainers, those who are responsible for training coaches in different regions within the Gauteng province, were trained together with 604 Ke Moja coaches to assist in the implementation of the programme. There were also partnership workshops between the Gauteng Department of Social Development and the Gauteng Department of Education and this resulted in an increase in the number of children and youth reached through the programme. In addition, the programme has resulted in coaches gaining knowledge and skills that have helped them to secure better jobs within schools and other organisations. The key informant also revealed that:

"*I think that in terms of our volunteers and coaches, the 'Ke Moja' programme has helped them to develop confidence and to expand their skills and knowledge base in terms of substance abuse prevention measures amongst young people. For example, there are a number of them who have gotten employed in good jobs; others take positions at schools because when a vacancy arises in a particular school, the school gives that opportunity to our coaches. Also, others have gone back to school to further hone their knowledge on substance abuse, and all this is through the implementation of the 'Ke Moja' programme*".

Although the programme exceeded its targets and the coaches who are the main implementers of the "Ke Moja" programme were excited about the programme, they viewed the programme as being characterized by too much administrative work. This finding was however not explicitly indicated in the documents that were analysed, it was brought up by the key informant during the interview and it was seen as key in understanding some of the challenges that are associated with the implementation of the "Ke Moja" programme. Both in-school and out-of-school platform coaches complained about too much administrative work and this led to some platforms criticising the implementation process. The key informant said:

"*One of the negative views about the implementation of the 'Ke Moja' programme is that volunteers* (*Amavolunteers-in local language*) *are not happy with the administrative work. Like all implementers, they enjoy implementing the programme but then now when it comes to administering the questionnaire and consolidation of the results, it is not an interesting part*".

The above quote suggests that even though the "Ke Moja" programme enjoyed positive implementation outcomes, those involved in running it were critical of aspects of the implementation process. Burnett and Hollander (2016) also found that "Ke Moja" coaches identified administration and management related activities as key challenges in their day-to-day execution of the pro-

gramme.

5.3. Monitoring and Evaluation of the "Ke Moja" Programme

Both school and out of school platform personnel were resistant during the first year (2013) of the introduction of the independent monitoring and evaluation of the "Ke Moja" programme by the Africa Youth Development Fund (AYDF). NGOs such as SANCA and schools did not fully cooperate due to the fact that these platforms had been enjoying receiving funds from the GDSD for almost 10 years without any monitoring and accountability measures. According to the key informant:

"*Since* 2003 *there were no strict monitoring systems in place and we just came in* 2013, *while the programme has been going on for full* 10 *years. When we came in, we experienced resistance because NGOs felt that we were intruding into their space, and we were met with resistance because in the past they got the money and there were no such review systems for monitoring*".

And

"*Currently, we introduced the systems in which we monitor NGOs at least twice a month. We do this in two visits, the first visit is for quality assurance of monitoring data. This means that we go through each and every sheet, to check for accuracy, signatures and to check if everything is in order and if there are things that are missing, we tell coaches to go back to schools. So there was a lot of resistance …*"

In the second year of the monitoring of the implementation of the "Ke Moja" programme, a paradigm shift was observed within both school and out of school platforms. NGOs were now responsive and cooperative, and this resulted in the formation of partnerships between them and the independent monitors contracted by the GDSD, which in this case is AYDF. The partnership saw them moving forward driven by one goal of seeing the "Ke Moja" programme being implemented in different platforms and yielding results related to the curbing of substance abuse in Gauteng schools. This was highlighted by the key informant when he said:

"*… but what I can tell you is that in the second year, resistance went down and if you can check the results, are an indication of systems working together and not against each other*".

And

"*So, in the first year we started functioning at probably* 30% *to* 40% *and right now we are at about* 65 *percent. We still experience some resistance as we still have some NGOs who are looking at us with suspicion. However, we are working on this and hopefully we will have* 100% *partnerships in the near future*".

5.4. Challenges Regarding the Implementation of the "Ke Moja" Programme

Challenges highlighted by the key informant regarding the implementation of

the programme included lack of ownership and low morale. It is the authors' general view that community members tend to take ownership of community projects that follow a bottom-up approach as compared to a top-down approach because they want to be actively involved or viewed as partners from the inception of the projects. However, if this is not the case, challenges with regard to ownership might crop out. To support this, the key informant said that:

"*The major challenge that one can speak of is that because of monetary problems NPOs sometimes do not take ownership, they felt like this is GDSD programme and they felt that it is not their programme. Or they would say it is AYDF programme, so that is a major issue because it has serious implications, especially when the leadership of an NPO does not view the programme as theirs*".

In addition to lack of ownership, the key informant identified low morale as another challenge. The low morale mainly emanated from the stipend received by the coaches. While some of the coaches felt that the stipend was insufficient for their needs and was not equivalent to the amount of work they are doing, others were able to manage with what they received. For instance, the key informant reported that one of the coaches saved money and paid for her tertiary education as illustrated in the quote below:

"*I am so proud of her and you can imagine, this is a person who has been getting R*1250 *per month, actually by* 2010 *she was getting nothing. At least we managed to get funding from NYDA* [National Youth Development Agency], *she is paid better now because we are giving her about R*4200 *and she is also funding herself*."

Another challenge associated with low morale is the fact that some of the coaches lacked dedication to their work. This was captured when the key informant said:

"*The other challenge is general discipline and dedication of other coaches in terms of diligence, honesty and doing work with minimum monitoring and supervision*".

Even though the implementation of the "Ke Moja" programme was reported to be mostly successful, as highlighted in Burnett and Hollander (2016), the findings of this paper suggest that there were also challenges in the implementation process.

6. Conclusion and Recommendations

In conclusion, the "Ke Moja" programme is mainly targeted at school going children and youth, however many communities seem to benefit from this programme as well, especially in areas where other out-of-school platforms like churches have been reached. Although there has been an increase in awareness and number of children and youth reached in Gauteng schools, as indicated in Table 1 in the presentation and discussion of the findings section, what is not highlighted is whether there had been reduction in the use of substances at

Gauteng schools. Therefore, the authors recommend that further research needs to be conducted on the correlation between the implementation of the "Ke Moja" programme and reduction of substance abuse. When NPOs recruit coaches, remuneration needs to be discussed upfront to avoid misunderstandings with regard stipend. Furthermore, there is a need to strengthen relationships between the key stakeholders, namely; NPOs, the AYDF and the GDSD in order to enhance community participation, ownership and partnership. Strategies to minimise administrative workload for coaches and clear monitoring systems need to be considered when implementing the programme.

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