

Children, Substance Abuse and the Role of Social Work

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Abstract

The study determined children's experiences of and views on substance abuse, and the role of social work practice. It adopted a quantitative approach using a descriptive survey design. Data were collected using structured questionnaires with a total of 100 randomly selected students from the Tshwaragano Junior Secondary School in Botswana. The data were coded and quantitatively analysed using SPSS. A research permit and permission to enter the school were obtained from the Institutional Review Board of the University of Botswana, and the Ministry of Education and Skills Development. Furthermore, parental or guardian informed consent was obtained before the data collection. The findings reveal that various illegal substances widely used by students manifested in psychosocial issues. Moreover, it was also affirmed that despite government programme interventions designed to end substance use in schools, the situation remained unabated. This paper recommends that social workers contribute to this area in order to play a greater role in advocating for their clientele to receive the most effective interventions so that they can fight substance abuse. The paper concludes that generating reliable empirical data will increase awareness on the subject with the aim of making schools a conducive and better environment for students.

Keywords: substance abuse/use; children; social work; Botswana

Introduction

There is consensus in the literature that substance use, abuse, and addiction are among the leading causes of adolescent deaths worldwide (Ratts and Hutchins 2009). A compendium of studies in Botswana (Letamo, Bowelo, and Majelantle 2016; Moitlakgola and Amone-P'Olak 2015; Morutwa and Platter 2014) has been conducted highlighting substance use among young people, especially those in high school and tertiary education institutions. From the foregoing, substance use is recognised as a growing problem in Botswana and it appears to have a greater impact on school-age children.

This paper relates to previous work on substance use and abuse conducted in Botswana as there has been a concerted effort to develop effective preventive approaches for implementation in schools. Although considerable progress has been made towards identifying effective prevention approaches, and documenting the consequences of substance use in schools, there is a large gap that has been identified by previous studies. There has never been any study in Botswana linking substance abuse in secondary schools with a social work perspective. The present study sought to fill an existing gap in the literature in Botswana and elsewhere around the globe on substance abuse by students from such a perspective. Noticeably, Gotsang, Mashalla, and Seloilwe (2017) conducted a study entitled “perceptions of school going adolescents about substance abuse in Ramotswa, Botswana”. However, the research did not comprehensively try to understand the roles social workers can play in relation to the fight against substance use by students in schools. As a result, a gap has been noted for further study to establish how social workers can contribute to this research area in order to play a greater role in advocating for students to receive the most effective interventions in both junior and senior secondary schools with regard to substance abuse.

The problem statement of this paper is that it is evident that substance abuse is still a problem in secondary schools in Botswana despite various measures to stop it. Therefore, this paper is designed to fill a gap in the current approaches to deal with substance abuse in the school system. It advocates for social workers to be placed in schools to help students who experience many psychosocial problems emanating from substance use. The term substance abuse has been used throughout to refer to the harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs.

Literature Review

Social Work Interventions for Clients Abusing Substances

According to Peltzer, Ramlagan and Satekge (2012) people use substances for a range of positive and negative reasons. They further stated that usually the use of alcohol and other drugs does little or no harm, but excessive use of substances can cause harm both

to the individual and those around them. Accordingly, responding to such harm has been seen as the responsibility of health and criminal justice agencies in the United States of America (Miller and Plant 2004). As a result, better recognition of the harm problematic substance use can cause to children, young people, families, and a community has been high on the political agenda. Moreover, social workers have been seen as crucial professionals on the front line in response to the social harm and provision of supportive interventions to protect and safeguard children (Galvani and Forrester 2011). The interventions as set out below have been identified in reviewing the literature on social work and substance abuse.

Screening

Screening is the first step in the Screening Brief Intervention and Referral to Treatment (SBIRT) process (Babor 2011). Sabatino, Pricher, and Alvarez (2012) share Babor's (2011) sentiments that screening begins with its introduction of systematic actions into the normal routine at medical facilities and other community settings where persons with substance use disorders are likely to be found. Along the same lines, Fisher and Harrison (2008) state that screening is well known because it is the first intervention approach that an individual is introduced to at medical facilities in order to check for substance use disorders. Moreover, Hodge, Jackson and Vaughn (2012) argue that it is important to note that screening is different from assessment and is intended to simply identify clients with alcohol and drug use problems. Hence, a social worker begins screening with the use of a standardised instrument. The result of the screening will dictate one of three clinical responses, which are no intervention, brief intervention, or treatment (Hodge, Jackson, and Vaughn 2012).

Social Work Education and Training

Social workers practice in a number of specialist areas including working with children and families, older people, people with mental ill health, people with disabilities, and the youth (Hepworth et al. 2015). However, in Botswana and with regard to social work practice, it appears that little attention has been given to substance use, its problematic nature, and the negative consequences it has on the individual, family, community, and nation at large. Prevalence research on substance use among specific social work service user groups seems to be limited. Nevertheless, there is a great deal of evidence globally that substance use coexists with the type of health and social problems social workers encounter. These include experiences of inadequate parenting, a child being raised by parents who abuse substances, and, as a result, copying their behaviour and in turn abusing alcohol and drugs (Moodley, Matjila and Moosa 2012). Forrester and Harwin (2008) found that a third of children involved in substance use do so because one or both of their parents abuse alcohol and/or other substances. As a result, these young people are in need of social work intervention.

For more than 30 years there has been debate about social work's engagement with issues of alcohol and drugs and the extent to which social work professionals should be

trained to intervene (Galvani and Forrester 2011). It is the argument of this paper that, in Botswana, anecdotal evidence indicates that social workers are poorly prepared for working with drug and alcohol issues and that they are provided with little training in the area. Evidence suggests that social work education has not fully engaged in the debate about whether or not substance use should be part of its qualifying programmes (Diraditsile and Mabote 2017). In the United Kingdom (UK), Galvani and Forrester (2011) argue that social work education has persistently failed to equip its social workers with the knowledge to work effectively with people with alcohol and drug problems. In spite of continuing criticism of the profession's unwillingness or inability to engage with substance use issues, social work education has failed to respond to the calls for better training on this subject, even when specific guidance has been issued about course content (Galvani 2007). As a result, this has caused many social workers to graduate without the knowledge to respond appropriately to people with alcohol and drug problems. Even in Botswana, evidence abounds suggesting that social workers are often painfully aware of this gap in knowledge and skills, and feel frustrated that they have not been equipped to respond in a manner that would have positive outcomes.

A study conducted in the UK by Galvani and Forrester (2011) to assess the willingness of social workers to work with people on alcohol and drugs found that alcohol and drug problems were the areas where social workers felt that they were most ill-prepared. Furthermore this lack of preparedness was influenced by a third of the social workers who said that they had received no input on substance use, half had received input for a day or less, and only 18 per cent had 3 or more days of input. Similarly, there is a lack of school social work in Botswana which makes it more difficult for social workers to attend to students problems. Maundeni and Ntseane (2004) and Diraditsile (2018) argue that social workers are needed in schools in Botswana to help students deal with psychological problems that hinder effective learning.

Theoretical Framework

This study adopted the social learning theory, which explains how behaviours are learned in the context of reciprocal determinism or the interaction between observed behaviour, cognitive factors, and external environments (Payne 2005). These interactions affect self-efficacy by either encouraging or discouraging the performance of a particular behaviour. The social learning theory emphasises an observational learning and modelling process based on reciprocal determinism. According to Bandura (1986), reciprocal determinism is a model composed of three factors that influence behaviour: the environment, the individual, and the behaviour itself. Essentially, Bandura believes that an individual's behaviour influences and is influenced by both the social world and personal characteristics. This explains the behaviour and the use of alcohol and other substances among students.

Based on the above, it is assumed that students might abuse substances when raised by either one or both parents who do so. It may be concluded that the students observe the behaviour of their parents in the home, paying attention to what their parents do with

regard to substance use. Thus, the behaviour is learned, ultimately leading students to model such behaviour. Moreover, as students gain knowledge through observing their parents' substance abuse they would continue to do so. Social learning theorists assert that children who observe someone display certain behaviours are more likely to repeat or rehearse similar behaviours (Kokkinaki 2007). Furthermore, the amount of exposure and consistency with the behaviour that is modelled will affect the likelihood that the behaviour will be replicated.

Method

Design and Sample

The study was quantitative in nature, and it adopted a cross-sectional descriptive research design. Information was obtained from the Botswana Ministry of Education and Skills Development, which indicated a total of five junior secondary schools in Maun village. Taking into consideration that generally it is not possible to study the entire population, the researchers relied on simple random sampling to acquire a section of the schools to observe. The names of the five schools were written on small pieces of a paper and placed in a basket where they were mixed thoroughly. One piece of paper was picked randomly and the name of the selected school was Tshwaragano.

The total population of students in Tshwaragano School was 850, hence researchers also had to utilise probability sampling to select 100 participants out of a total of 850. In selecting the 100 study participants, a list of classes from forms one to three was considered and 10 classes were selected randomly from each grade. From the chosen 10 classes, 10 participants were selected using systematic random sampling. In the context of Botswana's education system, there are seven years of primary education commonly known as elementary education in other parts of the world, followed by three years of junior secondary and two years of senior secondary education before students can proceed to the tertiary education level.

Procedure and Ethics

This study was approved by the Institutional Review Board of the University of Botswana and a permit was also sought from and granted by the Ministry of Education and Skills Development in order to gain access to the school. Prior to the survey, the purpose of the study was explained to the school management and the participants. Informed consent from the parents or guardians was sought to include their children as study participants. Only children whose parents consented were handed a questionnaire to complete. Moreover, they were requested not to include any identifying information on their personal details on the questionnaire to guarantee anonymity. They were also informed that the information obtained would be treated with the utmost confidentiality. The students took 25–30 minutes to fill in the questionnaire and the researchers were always on standby to clarify any item on the questionnaire.

Measures

The instrument for this study comprised four parts: an inventory of demographic characteristics, substance use among students, identification of social work intervention, and perceived effectiveness of anti-alcohol approaches in schools. Examples of the questions asked included: Is substance use a problem in your school? Do you live with your parents that abuse substances? Do you smoke cigarettes? Do you drink alcohol? To these questions the participants responded “yes” coded as “1” and “no” coded as “2”. For frequency of use of these substances, the following questions were asked: How often do you smoke? How often do you consume alcoholic drinks? Responses to these questions were categorised as “never: 1”, “daily: 2”, “once a week: 3”, “every weekend: 4”, and “once a month: 5”.

Data Analysis

The data were analysed using SPSS. Descriptive statistics were used to compute the demographic characteristics of the participants and the patterns of reported substance use. Accordingly, all responses to research questions were analysed through the use of frequencies, percentages, and charts. Furthermore, the social learning theory was used in the data analysis for interpretation of the study results.

Results

Demographic Characteristics

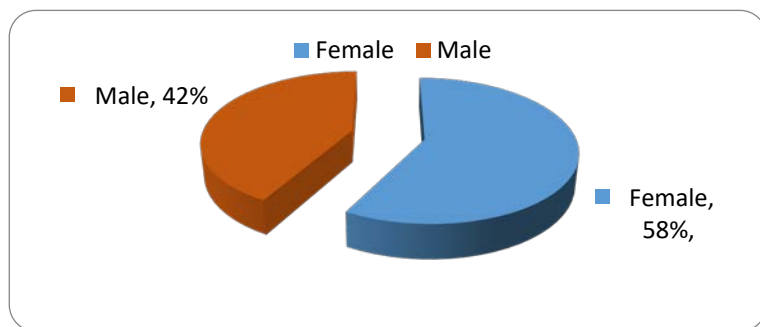


Figure 1: Gender

The study sought to identify the gender composition of the students who participated in the research. Figure 1 shows that 58 per cent of the participants were female while males accounted for only 42 per cent of the total number.

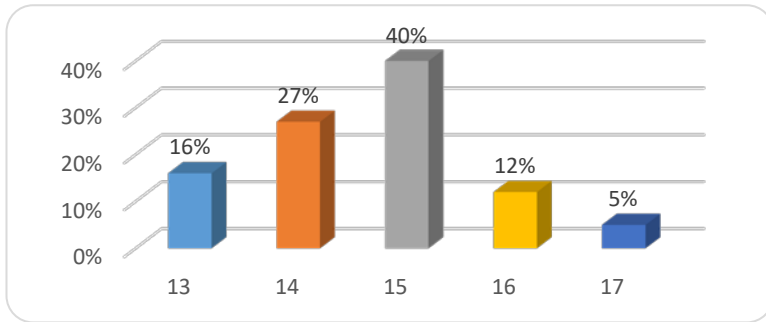


Figure 2: Age

The study established the age distribution of the participants. The majority (40%) of the participants was aged 15 years, followed by 27 per cent comprising those aged 14 years. Those aged 16 constituted 12 per cent and the smallest sector, 5 per cent, constituted those aged 17 years. The age distribution of the participants is a true reflection of the current Botswana Education Policy which states that a child should enter primary school aged 6 to 7 and then spend almost 10 years in basic education.

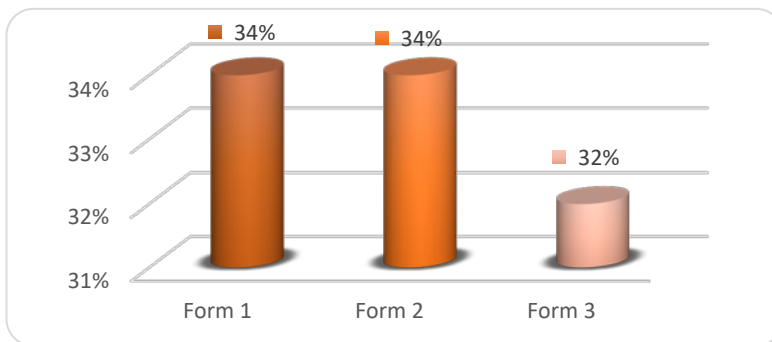


Figure 3: Level of education

The study also sought to establish the level of education of the participants. The findings revealed that form one and two were each represented by 34 per cent followed by form three constituting 32 per cent.

Most Prominent Effects of Substance Abuse on Students

Table 1: Most prominent effects

<i>Impact</i>	<i>Percentage</i>
Poor performance	45
Aggressive behaviour	28
Withdrawal syndrome	16
Vandalism	11
Total	100

The findings showed that 45 per cent of the participants believed that substance abuse causes poor academic performance, followed by 28 per cent who agreed that their colleagues who abuse substances develop aggressive behaviour. Furthermore, 16 per cent indicated that substance abuse leads to withdrawal syndrome as these students do not interact with others, while 11 per cent believed that substance abuse contributed to vandalism of school property. See Table 1.

Factors Influencing Students to Use Substances

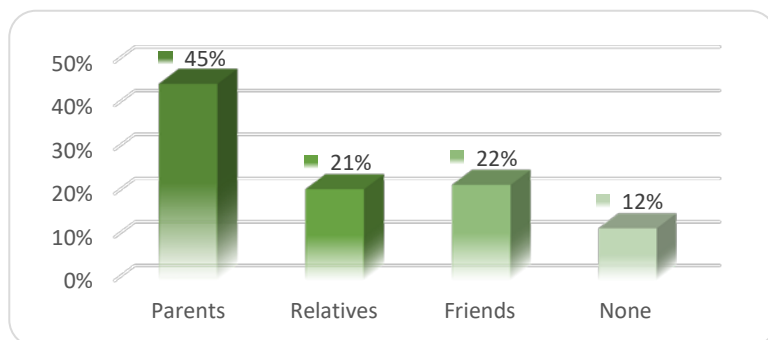


Figure 4: Prominent influential factors

It was noted that there are a number of prominent factors contributing to students indulging in substance use. As indicated in Figure 4, the majority (represented by 44%) stated that parents influence school-age children to substance use, followed by 23 per cent who indicated that friends were influential in this regard. Those who indicated that relatives had an impact constituted 21 per cent while a lack of influence from anyone was represented by 12 per cent.

Students' Knowledge regarding Social Work Interventions

Table 2: Participants' awareness of social workers

<i>Gender</i>	<i>Do you know about social workers?</i>		<i>Total</i>
	<i>Yes</i>	<i>No</i>	
Male	24	18	42
Female	45	13	58
Total	69	31	100

The findings in Table 2 indicate the numbers of participants rather than the percentages. It shows that 24 male and 45 female students were aware of the social workers' services. On the other hand, 18 male students and 13 female students were not aware of such services.

Table 3: Gender and social work visits

<i>Gender</i>	<i>Have you visited a social worker for an alcohol and substance use problem?</i>		<i>Total</i>
	<i>Yes</i>	<i>No</i>	
Male	0	42	42
Female	10	48	58
Total	10	90	100

Table 3 illustrates the gender of participants who had visited social workers regarding alcohol- and other substance-related problems. It shows that none of the male students had visited a social worker while 10 female students out of a total of 58 admitted having done so. On the other hand, the findings show that all male and 48 female participants had never visited a social worker with regard to an alcohol-related problem.

Table 4: Social work intervention and substance abuse

<i>Interventions</i>	<i>Percentage</i>	<i>Cumulative percentage</i>
Screening	26.0	26.0
Brief intervention	1.0	7.0
Brief treatment	4.0	11.0
Referral treatment	3.0	14.0
None	62.0	96.0
Others	4.0	100.0
Total	100.0	

Table 4 indicates that 26 per cent of the participants knew screening as an intervention; 1 per cent knew about brief intervention, 4 per cent knew about brief treatment, 3 per cent knew of referral treatment, and 62 per cent did not know of any social work intervention for students who abused alcohol and other substances.

Table 5: Children’s views of social workers’ inability to assist in substance use

<i>Social workers’ inability to assist</i>	<i>Percentage</i>	<i>Cumulative percentage</i>
Social workers are not situated in schools	52.0	52.0
Social workers are unwilling to work with student who abuse alcohol	17.0	69.0
Do not know	31.0	100.0
Total	100.0	

Table 5 indicates the students’ views on the inability of social workers to assist those involved in substance use. The data show that 52 per cent of the participants indicated that social workers are not situated in schools, 17 per cent think social workers are unwilling to work with students who abuse alcohol and other substances, while 31 per cent of the participants did not know of social workers’ inability to assist students who abuse substances.

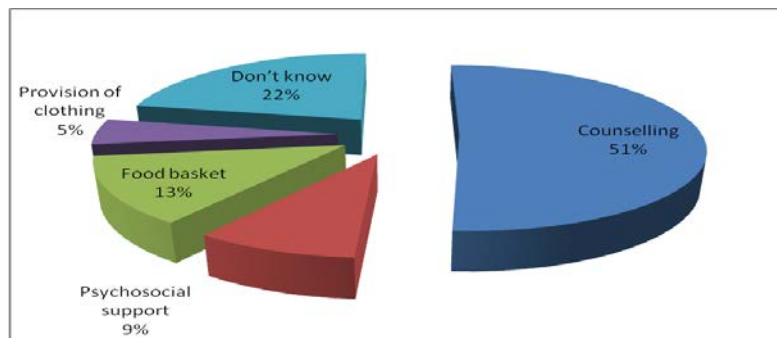


Figure 5: Different social work interventions

On establishing the students’ knowledge with regard to social work intervention in dealing with substance abuse, the data revealed that 51 per cent of the participants are aware of counselling as a social work service for those who abuse substances; followed by the knowledge of the provision of a food basket (represented by 13%); while psychosocial support and provision of clothing were acknowledged by 9 per cent and 5 per cent respectively. It is apparent that many students do not have an idea of the role of social workers in such situations as a significant minority represented by 22 per cent

of participants indicated that they are not aware of any social work intervention in the arena of substance abuse.

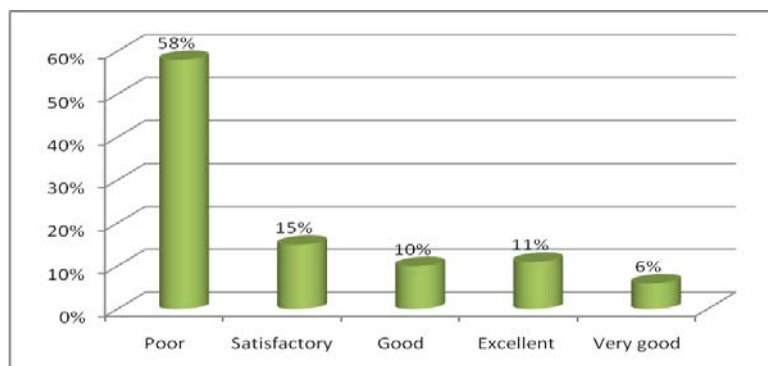


Figure 6: Effectiveness of anti-substance use strategies

Figure 6 indicates that the majority of the participants represented by 58 per cent felt that the effectiveness of forming anti-alcohol and drugs groups in schools is poor, 15 per cent indicated satisfactory, followed by 10 per cent who said it is good, 6 per cent indicated very good, while 11 per cent said it is excellent.

Discussion

Substance Use among Students

The study findings show that a majority of alcohol users are form one students. This is supported by Gil, Wagner, and Tubman's (2004) study on Hispanic and African American adolescents, which showed that 38 per cent of eighth graders (form one) had been drunk in their lifetime. This might indicate that form one students are more prone to alcohol abuse because they are new to the school environment, and as a result, exploring new phenomena could be appealing compared to their seniors who had been in school for a longer period. It can be deduced from the study results that, if the status quo continues where there are no social work interventions in schools, students who are non-drinkers are likely to be classically conditioned, as the emotional response may force them to take alcohol and drugs. This would be caused by a belief that such behaviour has pleasant results for their peers and friends.

Factors Influencing Students to Use Substances

Data from the study have shown that most students confirmed that their parents had influenced them to take alcohol and other substances. Therefore, it is reasonable to conclude that parents and relatives are major factors contributing to school-age children using substances. This is in agreement with Kokkinaki (2007) who stated that family is the most influential social group that causes adolescents to engage in substance use. There is also a compendium of studies (Campbell 2003; Peltzer, Ramlagan, and

Gliksman 2006; Pitso 2011) documenting that children raised in families where their parents abuse substances observe their behaviour and then do the same. This is also in agreement with the social learning theory which states that individuals learn behaviours from one another through observation, imitation, and modelling.

A further finding from the present study was that friends also play a role with regard to influencing factors. This is in agreement with Njeri and Ngesu (2014) that peer pressure and curiosity among schoolchildren contribute significantly to drug and substance use. Based on the foregoing, this paper reiterates the fact that family and peer pressure are major contributory factors to substance use among students.

Perceived Effects of Substance Abuse on Students

The effects of substance abuse on educational behavioural variables are well-documented with many reviews and meta-analyses providing evidence that substance use has an impact on and/or affects student behaviour (Babor 2011). It appears that students cannot pay attention to their studies and/or interact with fellow classmates and teachers in a positive manner if involved in substance use and abuse. The findings seem to concur with those of Morutwa and Platter (2014) that substance abuse has become a stumbling block to students' learning behaviour which is an essential element in the educational process.

Social Work Interventions regarding Alcohol and Other Substance Use

Data from this present study showed that most students had knowledge or rather an awareness of social workers and only a minority did not have any knowledge. It can also be seen from the study that, out of a total of 100 participants, a significant minority knew of screening by social workers as an intervention with people who abuse alcohol and other substances. The findings are in agreement with those of Babor (2011) who viewed screening as the first step in the SBIRT programme. Babor (2011) further argued that screening is well known because it is the first intervention that an individual is introduced to at medical facilities or in medical community settings in order to check for substance use disorders. In addition, some female participants confirmed that they had visited a social worker for alcohol and substance use problems. This might give credence to the Tswana perception that females are generally more willing to share their issues, when they have a problem they seek help more freely than their male counterparts who do not easily share their predicaments when they are experiencing difficulties in their lives.

The social learning theory is based on reciprocal determinism comprising three components which play a pivotal role in influencing behaviour. These are the environment, the individual, and the behaviour itself (Kokkinaki 2007). Thus, it is the contention of this paper that, in order for the behaviour, the individual, and the environment to be changed and monitored, there is a need for a close convenient location for the social worker and the student to meet and discuss related issues.

Diraditsile and Mabote (2017) also argue that, when social workers are conveniently located to assist clients with alcohol and substance use problems, excellent results, like clients reducing or giving up alcohol use, are possible. This is supported by a few participants of the current study who rated social workers' effectiveness of anti-substance abuse to be excellent. However, the majority of the participants stated that the effectiveness of anti-substance abuse counselling by social workers is poor. This might imply that the presence of social workers in schools will best deal with substance use as they will be closely working with students on a day-to-day basis.

The study findings have indicated that a significant minority of participants are not aware or do not know of the inability of social workers when it comes to dealing with substance abuse. Along the same lines, Galvani and Forrester (2011) stated that social work education has not fully debated whether or not substance use should be part of its qualifying programmes. To this end, many social workers are not fully equipped with the knowledge and skills to respond appropriately to people with related problems. This paper argues that social workers must be equipped with knowledge and skills regarding substance use and/or abuse to help those who are involved in a negative manner.

Moreover, a feature that was also highlighted by participants was that social workers are unable to assist clients with alcohol problems as they appear to be unwilling to do so. This is in agreement with Galvani's (2007) study which assessed the willingness of social workers to work with people in such circumstances and which found an unwillingness to do so. The present study findings further showed that most participants felt that social workers were unable to assist in a school setting because they are not situated in a school on a full-time basis.

Effective and Efficient Social Work Interventions

The study showed that students view social workers' effectiveness of anti-substance abuse as poor. Similarly, Njeri and Ngesu (2014) argue that information dissemination is an important school programme because it helps in preventing or delaying the student's initiation into psychotropic substances, and reduces their chances of taking drugs. Fisher and Harrison (2008) further state that their effectiveness and efficiency is enhanced by providing normative information about the prevalence of drug use among students and prevailing attitudes to drugs. Therefore this suggests that social workers should provide information on the impact of alcohol and drugs through presentations, pamphlets, and most importantly, providing information that deals with the attitudes and norms of the students regarding alcohol and drugs.

Prospects of Social Work in Substance Abuse in Schools

Social work as a profession seeks to assess, support, and care for people who need a helping hand. For some this is a brief moment in their lives, for others the care needed is sporadic or for a longer term. Importantly, the Botswana National Association of Social Workers (NASW) states that social work practice is in a unique position to

influence the delivery of services to clients with substance use problems (NASW 2013). Based on the findings of the present study and literature that connects social work and substance abuse, this section argues that a conscious and robust programme of school social workers should be developed. It is the contention of this paper that the enormity of substance use confronting Botswana in secondary schools requires the social work profession to adopt transformative and activist approaches if it is to meaningfully discharge its mandate. This paper acknowledges previous studies that had recommended the placement of social workers in schools in Botswana (Diraditsile 2018; Maundeni and Ntseane 2004; Ratsatsi 2000). However, these studies did not comprehensively deal with concerns of substance abuse in schools. Their argument is premised on the fact that schoolgoing children face psychosocial problems that affect their well-being and teachers are not able to cope with the situation on the grounds that they are not professionals who can deal with behavioural and emotional issues. Therefore, social workers would be better placed to deal directly with substance abuse and/or use by students in schools because they will be able to identify possible underlying issues and help children and the youth as required.

Implications for Research

Future research needs to be conducted on a wider scale covering larger geographical areas in Botswana, in order to explore how social workers can be better placed in the school system to deal directly with substance abuse. There is also a need for ongoing monitoring and evaluation of social workers' proficiency in working with problematic substance use in general, not necessary only in the school system. Accordingly, there is a need for periodic evaluations of the effectiveness of evidence-based substance use interventions and/or programmes currently in place, to determine their effectiveness. To this end, social workers need a good understanding of the research base relating to substance use interventions, the robustness of the evidence and gaps in the information.

Limitation of the Study

The study findings should be cautiously interpreted owing to some limitations. The study population may not be representative of the child substance abuse in Botswana, taking into consideration that a majority of the study participants were from one area of the country and based in Maun. A major limitation was that social workers were not interviewed, hence the study relied on the knowledge and views of the students in relation to the role of social work practice in substance abuse interventions. We also recognise some limitations in the design of the questionnaire, particularly those questions that should have permitted multiple responses and not restricted participants to marking only one answer (for example, the questions informing Figures 4 and 5).

Conclusion

Evidently, substance abuse is a problem among students in secondary schools in Botswana. Noticeably, almost all students are aware of its consequences, although some

of them continue with the substance abuse. The study findings aim to contribute to a greater and deeper exploration of how social workers can be used to deal with substance abuse in schools. The results of the study indicate that there is a crucial need to deal with substance abuse and related problems affecting students in secondary schools. To this end, it is imperative that social workers contribute to this research area and be aware of the dynamics and/or modalities of related treatment. In this regard, they will be able to play a greater role in advocating for their clients to receive the most effective interventions.

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