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Counseling Practices that Promote Behaviour Change: A Case of Drug and Alcohol Dependent Youths in Lusaka, Zambia

Stabile Namwai Ngambi[1], Daniel L. Mpolomoka[2,*], Rose Chikopela[3], Christine Mushibwe[4]

[1]School of Education, University of Zambia, Lusaka, Zambia
[2]School of Education, Humanities and Social Sciences, Unicaf University Zambia
[3]School of Education, Chalimbana University, Chongwe, Zambia
[4]Vice Chancellor, Unicaf University, Zambia
*Corresponding author: mpolomokadl@gmail.com

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Abstract This paper derives from findings of a study whose objectives were to: establish factors that influence youths to abuse drugs and alcohol, identify reasons why some youths shun counseling services, identify the counseling techniques mostly used by the Drug Enforcement Commission (DEC) during their counseling sessions, establish what works when it comes to drug and alcohol abuse preventions and lastly establish how effective counseling has been in alcohol and drug abuse prevention. A Phenomenological research design was used employing a case study approach. It targeted youths who abuse drugs and seek guidance and counselling services from the DEC. In-depth interviews and document review (counselling reports and inventories) formed the basis of the data collection instruments used. Data was analysed following patterns of similar and dissimilar findings and categorizing them into thematic sets. The findings show that effectiveness of counseling for drug and alcohol abusers is dependent on the person's willingness to change, the support of family and friends as well as the extent to which the person is dependent on drugs. The findings also reveal that youths shun counseling because of self and social stigmatization and discrimination that they face in a case of drug abuse. Other reasons for shunning counseling from DEC include fear of being arrested as well as fear of being vulnerable to a stranger (counselors). The findings also show that the counseling approaches at DEC are mainly behavioral therapies, which are usually the cognitive behavior therapy and motivational interviews. It is hereby recommended that DEC in partnership with key stakeholders should publish booklets about counselling, establish initiatives on how to deal with stigma, allocate more funding to counselling, reinforce skills training strategies in place, and partner with cooperating partners to implement counselling services in a more robust manner.

Keywords: *counselling, drug Enforcement Commission, drug abuse, therapy*

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1. Introduction

Alcohol and drug abuse are only second to depression and other mood disorders as the most frequent risk factors for suicidal behaviors (Centre for Disease Control and Prevention, 2010). Alcohol and some drugs can result in a loss of inhibition, may increase impulsive behavior, can lead to changes in the brain that result in depression over time, and can be disruptive to relationships resulting in alienation and a loss of social connection.

Drugs and alcohol abuse is a worldwide problem. It affects all sectors of society in all countries. In particular it affects the freedom and development of youth who are the world's most valuable asset. Recent years have seen Zambia turning from a transit point to a consumer nation of hard drugs as evidenced by the increased number of drug dependent persons attended to by the Commission [1,2].

In 1989, the Government of the Republic of Zambia recognized the prevalence of drug abuse among the youth in the country. To this effect the Drug Enforcement Commission (DEC) was formed under an Act of parliament, with the dual mandate of enforcing the drug law and educating the public on the dangers of drug and alcohol abuse [3].

The use of counseling as a way of responding to people in distress has grown rapidly in recent years. While it has proven popular with many people, the rapid growth of counseling has also generated some disquiet and numerous questions [4,5].

Drug abuse is confirmed by [6] as being on the increase unlike other disorders with a propensity to develop in the presence of certain genetic or environmental factors. Statistics indicate that the most widely abused drug is cannabis taken either alone or in combination with alcohol and/or other drugs. The age range of the abusers was between 11 and 36 years in 2011 and between 12 and 63 in 2012 [1].

In 2011, of the 291 persons attended to under counseling and rehabilitation 33 were referred to hospitals while 258 were counseled by officers under NECD. In 2012, out of the 340 persons attended to, 09 were referred to the hospitals while 330 were counseled by DEC officers.

As far as is known fact by the researchers, no study has been conducted to determine the impact of counseling on youth behavior change in relation to drugs and alcohol abuse. To this effect, it was necessary to conduct a study of this nature. It is hoped that the findings of this study will add to the body of knowledge on impact of counseling on youth behavior change in relation to drug and alcohol abuse. The problem is the limited counselling practices available in promoting behavioral change for the youths.

The objectives of the study were to:

1. Establish factors that influence youths to abuse drugs and alcohol.
2. Identify reasons some youths shun counseling services.
3. Explore the different counseling techniques mostly used by DEC during their counseling sessions.
4. Establish the most effective strategies in the prevention of drug and alcohol abuse.
5. Determine the role of counseling in helping drug and alcohol abusers

2. Literature Review

Here, a review of relevant literature on the impact of counseling on youth behaviour change is presented in line with the objectives of the study as follows: factors that influence youths to abuse drugs and alcohol; reasons why youths shun counseling; counseling technics used by DEC during counseling sessions; and lastly what works when it comes to drug and alcohol preventions.

2.1. Factors that Influence Youths to Abuse Drugs and Alcohol

The United Nations definition defines a 'youth as an individual between the ages of 15 and 24 years [7]. While this stage is fluid and best understood as transitionary from childhood to adulthood clad with passions and desires for pleasure, love and money, [8] confirms that use of drugs is likely to start at the age of 16-17 years. Reference [28] categorically adds, that youths tend to be curious, have difficulty controlling impulses and regulating behavior, are attention seekers etc. Such passions and desires are expected at this age, however, difficulty controlling urges can be problematic. Reference [9] concludes his research by confirming that youths are at a stage of experimenting hence the need for parents to monitor them. Reference [8] argues that factors such as stress, anxiety, peer pressure, poverty can be cause of drug abuse. This stand is equally accepted by [10] who further add that changing cultural values as well as economic stress as reason that tend to lend one into the substance use initiation.

However, the predisposition toward drug abuse is multifaceted. Factors that influence youths to abuse drugs and alcohol vary, most include notable reasons such as curiosity and imitation, peer influence, unemployment, broken homes and lack of parental guidance. Reference [11] reports that the need to fit in and engage in activities that their peers are involved in may consequently lead young people to abuse drugs, especially if their peers abuse drugs.

According to [12] 72.9% of the Zambian population lives in poverty. Most of these people living in poverty are mostly found in shanty townships in urban areas and rural areas. In rural areas, the overall poverty is 83.1% whilst in urban areas it is 56.3% [12]. These settlements are characterized by poor sanitation facilities, poor communication structures, unemployment, bad roads, pollution, lawlessness and lack of clean drinking water. Because of these challenges, there is increased abuse of alcohol and other drugs, crime, HIV and AIDS and prostitution.

Systems theory has drawn special attention to the influence of other family processes [13]. This theory views individuals' behavior as being determined and sustained by the dynamics and demands of the key people with whom they interact. Further, systems theory proposes that behaviors have functions within dynamic systems, even when the behaviors and their supporting systems cause problems for those involved. The theory draws attention to ways in which a substance user's family copes with and possibly reinforces substance use, and the implications for the family if the person changes his or her behavior. Systems theory proposes that families and other social networks develop "rules" of interaction that can sustain pathological behaviors, for example the family implicitly agrees never to plan family events on Friday nights because that is when father goes out to get drunk with his friends. Family members also assume roles, such as "enabler," "martyr" or "sick person," that maintain the homeostasis within the family.

2.2. Counseling Approaches / Techniques Mostly Used in Counseling Sessions

Cognitive-Behavioral Therapy (CBT) focuses on thoughts and thought processes in addition to behaviours. The patient and therapist decide together on the treatment goals and plan. CBT is based on social learning theory. This approach assumes that how a person initiates use and abuse of substances is how they learn to continue using. Therefore the therapist will teach skills and strategies that the individual can use after treatment to identify and avoid cues and modify their behavior through urge control techniques. Congnitive-Behavioral Therapy seeks to help patients recognize, avoid, and cope with situations in which they are most likely to abuse alcohol and other drugs [14].

Contingency Management (CM) is a systematic reinforcement of desired behaviors using incentives

(positive reinforcement) and sanctions (negative reinforcement). Positive consequences for abstinence may include vouchers that can be exchanged for access to additional services or privileges. Negative behaviors, such as unfavorable reports from parole officer, could result in withholding vouchers. Contingency Management can be used in variety of ways, including reinforcement of medication compliance and reinforcement of treatment attendance [14].

Motivational Interviewing (MI) is a directive client-centered counseling approach for eliciting behavior change by supporting clients to explore and resolve ambivalence. MI is more focused and goal directed than other counseling techniques. MI is most useful for individuals misusing and abusing substances rather than those already dependent. An analysis of 72 studies that examined the effect of motivational interviewing compared to "traditional advice" on a variety of health outcomes found that "MI had a significant and clinically relevant effect [14].

Multi Systemic Therapy (MST) "is an intensive family-based treatment for serious antisocial behavior in adolescents and their families. The primary goals of MST are to reduce rates of antisocial behavior in the adolescent, reduce the number of out of home placements, and empower families to resolve future difficulties." Research indicates MST reduces long-term rates of criminal activity, incarceration, and related costs [15].

2.3. Why Young People Shun Counseling

2.3.1. Behavior Change

In any aspect of life that is difficult to approach, changing lifestyles, or habits, or beliefs or self-image can be a difficult thing. Sometimes it may even seem impossible. Moreover, changing the way in which we do things, as a people, often takes a process especially in instances when one wishes to quit drugs and alcohol abuse.

There are steps that one should take in order to make lasting changes. To help make sense of this process, two alcoholic researchers, DiClemente and Prochaska, developed a model of change that they called "The Stages of Change." This model involves six stages that take a person from the beginning by learning to identify a problem to the end, and living without that problem. The Stages of Change model helps providers to understand addiction, and helps people with addiction learn to recognize their place in the change process as a means of striving towards recovery [16].

These Stages of Change are: Pre-contemplation, Contemplation, Determination, Action and Maintenance.

2.3.2. Pre-Contemplation

In this stage, an individual may not even recognize that she or he has a problem. People are not yet thinking about changing their behavior directly, and may believe that other people are overreacting to them and their behaviors. Reasons to be in pre-contemplation can be broken down into four categories: Reluctant; May not have enough information to identify the problem, Rebellious; Are so habituated to their behaviors that they become hostile or resistant. They do not perceive that they have choices and options and do perceive suggestions as "being told what to do.", Resigned; Believe in the inability to change and thus remain stuck and lastly Rationalizing: Take the time to think out their behaviors and justify their choices. The problems are someone else's.

2.3.3. Contemplation

This is the openness to consider that a problem exists, and that there may be a need to change one's behaviors in order to correct that problem. A commitment to change has not yet been made; there is not yet direct action although one may undertake to learn more about the nature of the problem.

2.3.4. Determination

The person has made a decision to stop engaging in maladaptive behaviour, to make a change. Sometimes this stage is referred to as preparation, as the person begins planning a course of action to initiate change in his or her life.

2.3.5. Action

The person recognizes and admits that a problem exists, and has developed a plan to make changes. One modifies one's behaviors, environment, relationships, and experiences to overcome the problem. The plan made in the Determination Stage is then put into action.

2.3.6. Maintenance

Change has been achieved - a pattern of addictive behaviors has been replaced with sobriety and strides into recovery. In Maintenance, the person recognizes the benefits of successful change; however, work must still be done as the risks remain for returning to old behaviors. It has been said that "Relapse is part of recovery" and as such, the person must be on guard against triggers to relapse. If a relapse does occur, the person is expected to re-enter a Stage such as Contemplation or Determination. In some cases, the person returns back to Pre-contemplation.

2.3.7. Social Stigma

Social stigma is defined as the fear that others will judge a person negatively if is sought for a problem [17]. The social stigma attached to seeking professional intervention such as counseling help has been conceptualized as one of the most significant barriers to treatment. This means that most people do not seek counseling because they fear being labeled words such as weak, unstable, crazy or being viewed as someone who cannot manage their own emotions. From this it can be noted that family and friends may usually not be willing to support people who are dependent on drugs because such individuals tend to be criminals and beyond help.

Reference [18] asserted that there are two separate types of stigma affecting an individual's decision to seek treatment. The first, public stigma is the perception held by others that an individual is socially unacceptable. The second, self-stigma, is the perception held by the individual that he or she is socially unacceptable, which can lead to a reduction in self-esteem or self-worth if the

person seeks psychological help [19]. In other words, the negative images expressed by society toward those who seek psychological services may be internalized and lead people to perceive themselves as inferior, inadequate, or weak. As a result, people higher in self-stigma may decide to forego psychological services to maintain a positive image of themselves.

2.4. What Works in Drug and Alcohol Abuse Prevention

The Mental Health Promotion and Policy (MHP) team in World Health Organization (WHO) Department of Mental Health has produced this definition of life skills: "Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights" [20].

Reference [21] defines life skills as "a behavior change or behavior development approach designed to address a balance of three areas: knowledge, attitude and skills". The UNICEF definition is based on research evidence that suggests that shifts in risk behavior are unlikely if knowledge, attitudinal and skills based competency are not addressed. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. Most development professionals agree that life skills are generally applied in the context of health and social events.

Life skill can be utilized in many content areas: prevention of drugs and alcohol abuse, sexual violence, teenage pregnancy, HIV/AIDS prevention and suicide prevention. In other words, life skills empower young people to take positive action to protect them and promote health and positive social relationships. UNICEF, UNESCO and WHO list the ten core life skill strategies and techniques as: problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions. Self-awareness, self-esteem and self-confidence are essential tools for understanding one's strengths and weaknesses.

The [20] categorizes life skills into the following three components:

Critical thinking skills/ Decision-making skills-include decision-making/ problem solving skills and information gathering skills. The individual must also be skilled at evaluating the future consequences of their present actions and the actions of others. They need to be able to determine alternative solutions and to analyze the influence of their own values and the values of those around them.

Interpersonal skills include verbal and non-verbal communication, active listening, and the ability to express feelings and give feedback. Also in this category, are negotiation/refusal skills and assertiveness skills that directly affect ones' ability to manage conflict. Empathy, which is the ability to listen and understand others' needs, is also a key interpersonal skill. Teamwork and the ability to cooperate include expressing respect for those around us. Development of this skill set enables the adolescent to be accepted in society. These skills result in the acceptance of social norms that provide the foundation for adult social behavior.

Coping and self-management skills - refer to skills to increase the internal locus of control, so that the individual believes that they can make a difference in the world and affect change. Self-esteem, self-awareness, self-evaluation skills and the ability to set goals are also part of the more general category of self-management skills. Anger, grief and anxiety must all be dealt with, and the individual learns to cope with loss or trauma. Stress and time management are key, as are positive thinking and relaxation techniques.

Reference [21] promotes the understanding that the life skills approach can be successful, if the following are undertaken together:

The Skills: -This involves a group of psychosocial and interpersonal skills which are interlinked with each other. For example, decision-making is likely to involve creative and critical thinking components and values analysis.

Content: To effectively influence behavior, skills must be utilized in a particular content area. "What are we making decisions about?" Learning about decision-making will be more meaningful if the content is relevant and remains constant. Such content areas as described could be drug use, HIV/AIDS/STI prevention, suicide prevention or sexual abuse. Whatever the content area, a balance of three elements needs to be considered: knowledge, attitudes and skills.

Methods: Skills-based education cannot occur when there is no interaction among participants. It relies on groups of people to be effective. Interpersonal and psychosocial skills cannot be learned from sitting alone and reading a book. If this approach is to be successful, all three components, life skills, content and method should be in place. This effectively means that life skills can be learnt through the use of certain methods and tools.

3. Methodology

This study used the phenomenological design which is exploratory in nature in order to uncover trends in thought and standpoint to generate an in-depth comprehensive understanding of the issue in real life context. The study population composed of DEC counselors, former drug abuser who were helped or being helped through counseling and DEC officers.

A total of 30 respondents formed the sample through the use of purposive sampling method. This included 20 workers from DEC, who are either counselors/officers from the education and counseling department and officers from the department of operations (arresting officers). A total of 10 youth clients that were currently undergoing counseling were sampled too. Purposive selection of particular units was based on interest to the study and known to have relevant information. Further still, the selected units for inclusion in the sample were based on the ease of access.

The researchers used a semi structured interview guide in order to get information through short interviews. A

once off interview was more appropriate for this research however verification of the collected data was done.

Data analysis is key to credible qualitative research as noted by [22]. Thematic analysis was used to analyze the collected data which involved identifying, analyzing and interpreting different emerging themes of meaning in the data. This research followed the steps of analysis as recommended by [22] that includes: becoming familiar with the data, generating initial codes, searching for themes, reviewing defining themes and finally naming them. Thematic analysis was chosen for its flexibility in interpreting the data.

4. Findings

These findings are presented according to the objectives. Further the findings were analyzed based on the themes that emerged from the findings of the study. The findings from the youth clients are presented first, followed by those from the DEC counselors and DEC Operations Officers.

4.1. What Factors Influence Drug and Alcohol Abuse among Youths?

4.1.1. Views of the Youth Clients

Concerning factors that influenced clients to abuse drugs, firstly, the researchers sought to establish the common drugs of abuse. To this effect the findings showed that majority of the respondents cited cannabis and alcohol as their drug of choice.

Secondly, the researchers sought to identify factors that influenced clients and other young people to abuse drugs and alcohol. The clients cited various factors that influenced them and other young people to abuse drugs and alcohol. These included: Trying to cope with stress, peer pressure, to feel good about themselves (pleasure of being high), to experiment, easy access to drugs, to cope with family problems and to fit in with friends. The environment was equally named as a contributing factor. This was true of youths from some particular compounds that are densely populated. These findings confirm the assertions of [9] and [28]. One youth in particular had this to say:

> *I live in a home where my father, uncles and elder brothers use drugs. This has made it difficult for me to keep away despite trying not to. My father says to be a man, I should smoke. My mother has been very good and is the reason I am here. However, what do you do when you are surrounded by users?*

4.1.2. Views from the DEC Counselors and DEC Officers

The DEC counselors and Officers gave a number of reasons that lead young people to abuse drugs and alcohol. These reasons include: curiosity, ignorance, unemployment, alienation (feelings of loneliness), media (coping what they see in movies), for fun or to be adventurous, to pass time, boredom, to deal with anxiety or depression, solace, peer pressure, bad parent-child relationship. As noted by the DEC counsellors and DEC officers above, these views are not any different from what the youths gave.

One DEC counselor pointed out saying "peer pressures coupled with low risk perception on part of the youths contribute to abuse of alcohol and drugs".

A DEC arresting officer also pointed out saying "changing social structures also contributes to abuse of drugs and alcohol among young people".

The researchers further sought to explore how drug and alcohol abuse affects the youths that the counselors and officers deal with. The responses included: most of them start to steal in order to maintain the habit, some become violent, others become socially excluded, perform poorly in academic work, some develop mental disorders, leads them to criminal behavior.

One officer from the Education and counseling division pointed out saying:

> *"drugs and alcohol abuse affect young people mainly in their performance in class, because they become dependent on drugs to function hence, most of the time they go out to look for money to buy drugs and alcohol, which in turn affects their performance in class".*

Another officer indicated:

> *Parents can also be to blame here. You know, it is their responsibility to teach the young people the dangers of drug abuse. Some parents have never found time to talk to their children. They wait until the child begins to abuse. Some children manage to hide the habit from parents that are busy with themselves and their jobs. Until the child is addicted and can no longer hide when they are aware.*

Parents are a crucial factor in the lives of the children. They need to warn children, guide them and not allow them to experiment. They are some youths that can experiment and manage to stop, others may not have that power.

4.2. Why Do Young People Shun Counseling Services?

4.2.1. Views from Clients

This question was crucial to this research. The researchers were firstly interested in finding out whether the clients had an understanding of what counseling was all about. The responses to this included: it is when someone is helping you to come up with positive options, helping someone to stop a bad habit, help someone to stop the problem.

One client said "*counseling is a process that involves the client to understand, cope and make good decisions"*

Another client answering the same question said "counseling is there to help me and educate me on the dangers of drugs"

Yet another client said*: I did not know about these services until I came here. But now I know it is about telling you how to stop drugs and all those things surrounding drugs*

From the researcher's observation the clients previously shunned counseling because of fear of being arrested by the DEC officers, while others feared the stigma that

comes with counseling and others did not see the need to change. This observation can be seen in the response to the question: what contributed to your coming for counseling? Which was posed to the clients and almost all answers seem to suggest that there was an element of force on the clients, for them to seek counseling. The responses included:

1. I was arrested and the court ordered me to come for counseling,
2. My parent or parents brought me,
3. I was expelled from school, the school sent me to achieve my goals.
4. My mother and the guidance teacher from school.

Below are the voices of the youth clients

I heard about these guys from my friends. They had said to be careful and avoid them. They have informants, you know, like the former addicts. One of my friends had said DEC are connected to the police. So, they get you and take you to the police where they start by beating you up or keep you in the cells until you are sober. Mmm, so when our neighbor told my father to call DEC, I cried. I kicked everyone who dared to touch me. I just thought, am gone. The police will beat me.

Another client said:

My mate said counseling is for weak and rich people especially the white people. You see this in movies. You know? I am not a weak person. In fact, the weak do not do drugs. They are afraid. And these DEC, my friends say they are meant for heavily addicted people. Me, am not bad. I just started using drugs. And then, they like threatening us with these experiences of heavily addicted people.

Here is another response:

I was dragged here by my uncles. My parents said it was a shame to the family. I had brought shame on the family to end up at the counseling center and because of drugs. (Buried his head in his hands). When he was probed further, if he was not getting help. He responded; I am and I appreciate. But the stigma will follow me. My parents may never trust me again for causing them the embarrassment.

Yet another youth client had this to say:

My mother was called to the school by the head teacher. When she came in the office, there I was in the corner. DEC officers were there too. I had been caught finally. DEC explained the importance of not reporting to the case to the police. I would end up with a police record. So to avoid that, my mother agreed for me to do counseling. The head teacher agreed but warned me severely and DEC agreed to report my attendance. The bad thing about this all is that it is being done in the school and now all of us involved are known by everyone.

Still another response revealed the following;

The people are so happy when they get you because you become their source of information. They even lie that if you give us information about the supplier, then we will help you unless you want the police to do that. My friend used to say if they do their test and find its morphine, you are gone. You can be arrested or go to the mental hospital. I like the help but from here, I am in trouble for speaking.

Such perceptions demonstrate clearly why some youth clients shun counseling. There is wrong information out there about the very reason for their existence. The youth, and their parents would like to keep face and at the same time get the help from DEC. Further still, the strategy DEC used to collect information about the suppliers may not be working to the best of the victim.

4.2.2. Views from the DEC Counselors and DEC Officers

The researchers asked the counselors and the officers share reasons why young people shun counseling. The responses included: Fear of being arrested, stigma (fear of being labeled), limited or lack of information, culture, mistake advice for counseling, fear of being known, upbringing.

One counselor pointed out saying *"most young people shun counseling because of stigma and lack of support from family and friends, this is mainly due to the wrong perception that people have about DEC"*

Another counselor was asked the same question and the answer was "people in general shun counseling because they have a wrong perception about counseling and fear being exposed once they start the process"

The findings here indicate that the major reasons why youths shun counseling offered by DEC is because of the first-hand information that most of them have about DEC, which is that that they only arrest once they discover that one is abusing an illegal drug. The other reason is that of self-stigma and social stigma.

4.3. What Counseling Techniques are Mostly Used by DEC

4.3.1. Views from the Counselors

This question was only targeted at those that were directly involved in the counseling of drug dependent youths (in this case the counselors), as they are the best people to know the techniques that are used during counseling sessions.

The researchers sought to establish the main techniques used during counseling sessions. The responses from the counselors included: cognitive behavior therapy, motivational interviewing, and brief intervention. Even though most of them mentioned cognitive behavior therapy as a technique that they use most of the time, they also indicated that, there was no single technique that was the "main one", because counseling techniques used are mainly dependent on the situation that the client is in.

In addition to talking about the counseling techniques, some counselors identified, applying skills like empathy,

statement formulation and paraphrasing as key ways they use during their counseling sessions to help the clients reach their goals.

4.4. What Works in Drug and Alcohol Abuse Preventions?

4.4.1. Views from the Clients

The researchers sought to find out from the clients, what they thought can be done in order to eradicate drug and alcohol abuse among young people. The following were the responses: talk to the youths about harmful effects of drug abuse on one's health, parents should talk to their children more, involving youths in drug and alcohol abuse prevention programmes, seeking help through counseling at DEC, provide a lot of education on drug abuse.

> One client alluded to the fact that one way of preventing drug and alcohol abuse among young people is *"having a positive mindset and doing positive things, for example playing sports and concentrating on education."*

Another client stated:

> *If my parents had told me, I would not be here. Parents sometimes are busy or they don't know what to do with children. It is like they are handicapped, afraid or ignorant of being a parent to youths. Me, I think they are afraid of being challenged. When my father says something and I ask, WHY? He gets angry. But how do I know the dangers if I don't ask. He keeps saying "listen you and keep quiet for once, why asking why, why, every time?" So when I was caught and he came, he was like, "Why?" You see, the same question.*

From the responses that came from the clients, it can be said that the findings seem to suggest that, one key way of preventing drug and alcohol abuse among youths, is simply talking to them about issues and dangers of drug and alcohol abuse. Waiting for them to engage in such vices and then speak to them can be too late for some.

4.4.2. Views from the Counselors and DEC Officers

The researchers sought for opinions from the counselors and DEC Officers about how to prevent drug and alcohol abuse among young people, their responses included: education and sensitization on drugs and alcohol abuse at all early stages in schools, giving young people practical examples about the dangers of abusing drugs, substances and alcohol, sensitization in rural areas where there is cultivation of cannabis, using all forms of media to educate people on drugs and alcohol abuse, getting involved in church activities, parents to monitor their children's where about.

> One officer from the education and counseling department said that one method of prevention is to *"introduce a law that will empower DEC officers to do random testing, because it would send a very positive message on how serious the issue of drug and substance abuse is to everyone"*

Still on the same question, one counselor stated that one way of prevention is through a multi-sectorial approach, meaning involving people from all sectors of society. He further mentioned that *"there is also need for networking among primary, secondary and tertiary levels of education.*"

Other responses included the one below:

> *Involving people in communities in drug and alcohol prevention programs as a way of empowering them to handle issues even at family level, others mentioned the fact that prevention should start at family level, in that people should have strong family ties, meaning parents should spend more time with their children.*

4.5. How Effective Has Counseling Been in Helping Drug and Alcohol Abusers?

4.5.1. Views from the Clients

Findings indicate that most clients found the counseling process to be effective, because it has helped them to make positive changes in their lives. The captured responses from the clients included: as a result of counseling some have set new goals for their life and counseling helped them develop the ability to understand themselves better, many also indicated the fact that they would recommend counseling to other people since they found it to be a positive thing themselves.

> *I appreciate the help. I would still be an addict. I had gone. I had sold all my belongings, stopped going to school and even moved to Chibolya (a compound known for drugs). My cousin came to my rescue. It has been hard but I will even be going back to school, a different school now. I can't stand the stigma.*

The findings further demonstrate that some of the clients have been clean from drugs for as long as seven months. This confirmed the effectiveness of counseling. Additionally, some were able to stop abusing drugs and alcohol for a good period of time. The findings from the client indicate that counseling was effective because when a closed ended question was asked as to whether they found the counseling offered to them was effective majority of them said yes it was and gave the rating 10 out of 10.

4.5.2. Views from the Counselors and DEC Officers

The researchers first sought to establish if the counseling services were easily accessible to the public. The findings show that services are very much known by the public because they are advertised in schools, communities, radio, social media and other forms of media. However, the issue of accessibility was noted as dependent on whether the client was able to find their way to the DEC offices to seek counseling. On the other hand, arguments from the counselors and DEC officers were that it is accessible because the counseling services offered are free of charge, so more people are free to come through without having to worry about paying any bills.

The researchers also sought to find out from both the counselors and DEC operations officers how their experience has been when dealing with young people. The response included: stressful at times, successful especially when families are actively involved, not difficult (passionate about work), some said it was motivating and an honor to be part and parcel of helping young people live better lives.

One officer from the education and counseling department mentioned that

> *"It is not easy at times, especially when dealing with the arrest of very young people because parents are required to be available, as this is according to the law (juvenile act) and the courts take this really seriously".*

The challenge here comes in when the parents do not want to be involved in the process of helping the child because they have had enough problems with them and do not see the situation improving.

The researchers asked an open ended question in an attempt to know whether the counseling services provided by DEC is effective, the answers to the question "Is counseling alone helpful when dealing with drug and alcohol abusers?" included: depends on the levels of addiction of the individual, others mentioned that counseling should be coupled with other interventions like medical help, others said there is need to also deal with social aspects, others said yes it is if the client only needs someone to talk.

> One of the officers from the department of education and counseling said *"no counseling alone is not enough because it is not holistic, it is just part of treatment because sometimes there is need to involve specialist for example medical doctors or psychiatrists"*

> Another officer mentioned that *"it is not enough because talking is meant to start from home."*

> One counselor mentioned that *"it is helpful, because it forms an integral approach, but may require medical assistance"*

> *An arresting officer from department of operations said "no to some extent counseling cannot be the solution, there is need to fuse in punishment especially for those that are deep in the act so that they can reform in prison"*

Further findings from the documents accessed from DEC reveal feedback from the clients as successful. The findings show that among those that rated counseling effectiveness high on a scale of 0-10, reasons were that most people reform after counseling and that it being free meant that people from different walks of life can access it. While among those that rated counseling low reasons were that the youths needed to be punished, others mentioned that fact that there is need to seek medical attention at times so counseling alone is not very effective, the other reason for rating counseling low was that DEC at the moment does not have proper counseling rooms and that DEC at the moment also does not have a rehabilitation center were the clients that are heavily dependent on drugs can be monitored.

5. Discussion

5.1. Factors that Influence Youths to Abuse Drugs and Alcohol

The clients indicated a number of factors that influenced them to abuse drugs and alcohol. Trying to cope with stress, peer pressure, to feel good about themselves, pleasure of being high, to experiment, easy access to drugs, to cope with family problems and to fit in with friends.

Chief among the reasons why most of the clients (youths) resorted to abusing drugs is because of peer pressure, to cope with family problems and the need to fit in. All these factors can be summed up to be social influence. Similarly, [23] mentions that social influence is the effect others have on individual and group attitudes and behavior. Direct and primary social influence is thought to occur mainly within individuals' proximal social context, which includes the family and peer groups. The experiences and the information young people gain in these settings shape their understanding of what is normative and acceptable behavior and train them in social relations.

In another similar study, [24] asserts that peer group affiliation becomes particularly important and influential during adolescence. Being a friend or part of a larger group, such as a clique, classroom, grade, school, club, or activity; or loosely affiliating with a fluid crowd with similar interests, for example (sports, music, drugs) provides great benefits of acceptance, friendship, and identity, but can also demand conformity. With this we can say that because of the need to fit in, some of the youths started abusing drugs and alcohol in order to conform to their peer group's norms.

The analysis of the findings indicates that the counselors and the DEC officers pointed out the fact that some of the youths abused drugs because of loneliness and feelings of alienation, which usually came from lack of proper relationship between the youths and their parents or guardians.

A study by [25] also conform to the findings, when they established that adolescents who spent more time socializing, who valued their friends more and who experienced low levels of parental monitoring had a greater chance of using substances. This means that children who have little or no positive communication with their parents are likely to engage in negative activities like abuse of drugs and alcohol.

5.2. Reasons why Some Youths Shun Counseling

According to the analysis of the findings, most of the clients did not go for counseling willingly; some of them went because the court had ordered them to do so while other went for counseling because their families or school

teachers and counselors had intervened. The reasons for shunning counseling services included; stigma, lack of support from family and friends and fear of being known.

The social stigma attached to seeking professional such as counseling help has been conceptualized as one of the most significant barriers to treatment. This means that most people do not seek counseling because they fear being labeled words such as weak, unstable, crazy or being viewed as someone who cannot manage their own emotions. From this we can also say that usually family and friends may not be willing to support people who are dependent on drugs because they usually view such people to be criminals and people that are beyond help.

Similarly, [18] and [19] in their studies indicate that there are two separate types of stigma affecting an individual's decision to seek treatment. The first, public stigma is the perception held by others that is by society that an individual is socially unacceptable. The second, self-stigma, is the perception held by the individual that he or she is socially unacceptable, which can lead to a reduction in self-esteem or self-worth if the person seeks psychological help. In other words, the negative images expressed by society toward those who seek psychological services may be internalized and lead people to perceive themselves as inferior, inadequate, or weak. As a result, people higher in self-stigma may decide to forego psychological services to maintain a positive image of themselves.

Seeking help from another person often involves strong emotions, and clients may fear having to experience painful emotions. The analysis of the findings in line with fear of being known, also show that the client not only fear being vulnerable because of painful emotions but also because they though once they had expressed themselves the information would be used against them by the DEC officers.

5.3. Counseling Techniques Mostly Used by DEC

During the analysis of the findings it was discovered that the counseling techniques used are mainly dependent on the client's situation, but even though this is the case most of the counselors mentioned the use of cognitive behavior therapy and motivational interviewing as some of the techniques they use during counseling sessions.

The use of cognitive behavior therapy has been known to be used widely in issues of substance and drug abuse. Therefore the therapist will teach skills and strategies that the individual can use after treatment to identify and avoid cues and modify their behavior through urge control techniques. CBT seeks to help patients recognize, avoid, and cope with situations in which they are most likely to abuse alcohol and other drugs.

Motivational Interviewing has been said to be a very valuable tool to use in a counseling session because it allows the client to express themselves with the help of the counselor. This is in line with [14] who defined motivational interviewing (MI) as a directive client-centered counseling approach for eliciting behavior change by supporting clients to explore and resolve ambivalence. MI is more focused and goal directed than other counseling techniques. MI is most useful for individuals misusing and abusing substances rather than those already dependent. An analysis of 72 studies that examined the effect of motivational interviewing compared to "traditional advice" on a variety of health outcomes found that "MI had a significant and clinically relevant effect.

Through the use of CBT and MI the clients are helped to set goals for the lives, this is mainly done by helping clients identify the reason for the abuse, then the counselor tries to show the clients how the abuse of drugs and alcohol is negatively affecting their lives. The use of CBT and MI is good for dealing with people that are dependent on drugs because these approaches are behavioral therapies, meaning they focus on modifying the negative behavior in more positive behaviors.

Additionally, [26] agree that behavioral therapy also referred to as "talk therapy," engages people in treatment, modifying their attitudes and behaviors related to alcohol and other drug problems and increasing their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for substances resulting in relapse. Moreover, behavioral therapies can enhance the effectiveness of medications and help individuals remain in treatment and maintain their sobriety longer.

5.4. What Works When it Comes to Drug and Alcohol Abuse Prevention

The question on what works when it comes to drug and alcohol prevention was intended to have an insight on what all the respondents thought would work or works in order to prevent the abuse of drugs and alcohol, some of the responses included; education and sensitization, counseling, families playing a key role in helping their children by talking to them and random drug testing.

When it comes to education [20,31,33] agrees that one of the most important education that can be provided to youths is life skills education because it is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights.

The analysis of the findings show that most people abuse drugs because of lack of knowledge about the dangers that can come with the abuse, with this said we can say that sensitization coupled with life skills education can yield positive results. This in line with [21,29,30] who defines life skills as a behavior change or behavior development approach designed to address a balance of three areas: knowledge, attitude and skills.

It was noticed during analysis of the finding that some DEC officers thought that punishment for drug abusers was appropriate in order to send a message to others, One DEC officer stated that one way of prevention and punishment was to conduct random drug testing. While drug testing is important for monitoring abstinence during and after treatment it is not equivalent to a diagnosis of substance abuse or addiction. Similarly, [27] confirms that random drug tests of probationers can determine if the conditions of probation have been upheld or violated. Frequent and random drug testing of probationers can also

enhance treatment adherence and protect public safety by preventing behaviors like driving under the influence of alcohol or other drugs.

5.5. Effectiveness of Counseling in Helping Drug and Alcohol Abusers

The analysis of the findings show that the clients indicated that counseling was helpful to them, because they had gone for long periods of time without using drugs. Though this was the case for the clients that were part of this research they are still other factors to consider, like some of the responses that came from the counselors and DEC officers. The analysis of the findings indicate that the counseling services are accessible mostly because they are free, the analysis of the findings also indicated that the DEC education and counseling department receives a lot of clients.

In 2011, of the 291 persons attended to under counseling and rehabilitation 33 were referred to hospitals while 258 were counseled by officers under NECD. In 2012, out of the 340 persons attended to, 09 were referred to the hospitals while 330 were counseled by DEC officers [1].

Similarly, the Education and counseling department Lusaka annual report for the year 2015, there was a significant increase in the number of people voluntarily seeking counseling for substance abuse conditions as well as those arrested for unlawful use and possession of Cannabis, and later referred to ECD for counseling by DEC Lusaka Province and Courts of Law. In all, two hundred and forty-seven (247) people; 243 males and 4 females were attended to for substance abuse related conditions' out of who two hundred and forty-six (246) were new Clients while one (1) was a Re-attendance. Four (4) other clients who were already captured in 2014 were carried over for continued counseling in 2015. From these numbers it is evident that counseling is perceived to be helpful in many cases especially where the client is not heavily dependent on abuse of drugs. This is in line with the analysis of findings that indicate that sometime some clients might need medical or psychiatric attention that the counselors might not be able to provide.

The analysis of findings also indicate that counseling can only be effective if the client is willing to change their behavior and see the need for change [30,31] [34-40]. This is consistent with two alcoholism researchers, [16] who developed a model of change that they called "The Stages of Change." This model involves six stages that take a person from the beginning learning to identify a problem to the end, living without that problem. The Stages of Change model helps providers to understand addiction, and helps people with addiction learn to recognize their place in the change process as a means of striving towards recovery.

6. Conclusion

In conclusion, the factors that play a role in one abusing drugs are social, economic and political in nature. The study has also shown that most people shun counseling because of self-stigma and social stigma, people also shun counseling from DEC because they fear being arrested, others shun counseling because of the fear of being known that is they are afraid to express or experience emotional pain in front of the counselors. The study also shows that culturally people do not want to seek counseling because they fear that their business will be in the open that is they have little faith in the aspect of confidentiality.

The study shows that counseling theories and techniques used during counseling are mainly dependent on the needs of the client and are mainly behavioral therapies in nature; but the theories used mainly are cognitive behavior therapy and motivational interviewing. The aim is modification of behavior from negative to positive behavior trends.

The study also shows that prevention of drug and alcohol abuse can be through various means, among these is life skills education and sensitization. It is not enough that people are taught about drugs and alcohol abuse there is need to impart them with skills to use in order to resist engaging into illicit behaviors. Parents and guardian also need to play a key role in prevention of drug and alcohol abuse by talking to their children and being non judge mental as well as monitor what their children are doing.

The study has shown that counseling can be helpful to drug dependents but it is mainly dependent on the stage of one's dependence, in that most people might need to seek psychiatric or medical attention that DEC Lusaka is not capable of doing at the moment because they lack proper facilities, the effectiveness of counseling is also dependent on the individual's willingness to change, the study has shown that most clients were helped through counseling a lone because they were willing to change and their family and people they were close to played an active role by supporting the clients to seek counseling and remain in the therapeutic process.

7. Recommendations

1. DEC should deal with the issues surrounding the shunning of counseling. This can be done by shading more light about what counseling is about, come up with youth friendly booklets that addresses myths about drug users, such myths as: drug users are criminals, addicts are beyond the point where they can be helped and that all drug users are addicts.
2. The Government, DEC and stakeholders should reenergize prevention of drug and alcohol abuse by focusing more on imparting youths with life skills, particularly focusing on critical thinking skills and motivation.
3. The Government and DEC's education and counseling department should prioritise operations and allocate more funding to approaches to treatment of drug abuse prevention like bio-psycho-social activities; and services that can deal with the biological, psychological and social aspects of drug abuse.
4. Government and DEC should continuously establish sustainable partnerships with various stakeholders; this should be especially with organizations that deal directly with youths.

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