



World Health Organization

SUBSTANCE USE IN SOUTHERN AFRICA

Knowledge, Attitudes,
Practices and
Opportunities for
Intervention

As part of the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO) project on the Global Initiative on Primary Prevention of Substance Abuse, baseline assessments were conducted during 2001 in participating sites in South Africa, the United Republic of Tanzania and Zambia. The assessments examined the status of substance use, the resources in the community and interventions that could be used to address the problem. The findings from the assessments show that substance use was common in all sites, with alcohol, tobacco and painkillers being the commonest substances. However, the range of substances was wide and included substances taken by injection. Use was particularly widespread in settings where trade in substances offered a means of survival and where commitment and institutional resources for preventing substance use were limited. The social circles within which young people lived also promoted substance use. These were characterized by the availability of substances, substance use by older persons and peers, and general approval by the community of the use of alcohol, tobacco and sometimes cannabis. Young people reported taking substances at places where there was little censure, such as in taverns, secluded places and in the company of friends. These findings suggest the need for interventions that give equal weight to (a) supply and demand reduction (b) target young people as well as their peers and seniors (c) improve young people's living conditions and (d) ensure that community members including young people, participate in preventive action.

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Substance Use in Southern Africa

Knowledge, Attitudes, Practices and Opportunities for Intervention

Summary of baseline assessments in the Republic of South Africa, the United Republic of Tanzania and the Republic of Zambia

WHO/UNDCP Global Initiative on Primary Prevention of Substance Abuse "Global Initiative"



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FOREWORD

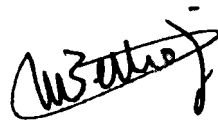
Due to the rapid pace of change in the economic and social sphere and prevailing political instability in many African countries, alcohol and other psychoactive substance use and related problems are becoming major public health concerns. Research indicates that substance use begins in youth, that it can be prevented and that various prevention programmes exist. However, there are gaps in knowledge about the applicability of these programmes to the African context.

The World Health Organization African Regional Office (WHO/AFRO) is pleased to have three countries in Southern Africa involved in the WHO/UNDCP Global Initiative on Primary Prevention of Substance Abuse. The initiative aims at developing model community-based projects. As an evidence-based approach to the implementation of projects at local level is essential, we opted for situation assessments to create information for use in prevention efforts.

This document summarizes the baseline assessments in the three countries that are participating in the project. A local research institution conducted the assessment of the pre-intervention conditions in each country. This baseline assessment will be compared with the post-intervention assessment in order to evaluate the effects of the interventions.

This publication points to the need for a comprehensive approach to primary prevention of substance use. It is also an important step towards documenting activities of the initiative in the three countries involved. In addition it provides a sound empirical basis for policy and programme development in the participating countries.

It is hoped that this document will assist in raising awareness about not only substance use among youth, but also the importance of multilevel assessments of the local situation before interventions are developed and implemented.



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PREFACE

In 1997, the World Health Organization (WHO) and United Nations International Drug Control Programme (UNDCP) jointly initiated a project on the primary prevention of substance abuse among young people with a view to mobilizing communities for prevention work and developing model projects for adaptation or replication wherever feasible. Problems related to substance use among young people are linked to and often precipitated by adverse socioeconomic factors. Thus, in many developing countries prevention services are limited, in particular at the point of first contact with health care providers. The major constraints are lack of trained personnel, lack of information on effective strategies for prevention and lack of successful programmes that can be replicated. To date, most information on primary prevention projects and their cost effectiveness comes from developed countries. However, as they have been devised for different cultural conditions, the effective interventions cannot adequately be replicated in developing countries.

Through the WHO/UNDCP Global Initiative local partners in the Republic of South Africa, the United Republic of Tanzania and the Republic of Zambia are receiving support on planning and implementing evidence-based prevention strategies. The foundation of good primary prevention initiatives depends on a well thought out strategic project plan with monitoring and evaluation components. The baseline assessments carried out by local research institutions at two sites in each participating country provide reference points for impact assessments.

To permit easier access to information for a broad reader audience, only summaries of the findings are presented. However, detailed research information can be obtained at the project web-site cited in this document. It is my sincere hope that the information presented in this document can contribute towards greater awareness and a more efficient response to the problem of substance use among young people in Africa.

Finally, this project prides itself in sound collaborative efforts among all key players, namely the Government of Norway (the funding agent), the WHO and UNDCP headquarters and regional and country offices, local research institutions, non-governmental organizations (NGOs) and other United Nations (UN) agencies.



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TABLE OF CONTENTS

<u>ACKNOWLEDGEMENTS</u>	xi
<u>Section 1: BACKGROUND</u>	1
<u>1.1</u> <u>Introduction</u>	2
<u>1.2</u> <u>Methodology of baseline assessments</u>	2
<u>1.2.1</u> <u>Site selection</u>	2
<u>1.2.2</u> <u>Research participants and variables studied</u>	3
<u>Section 2: REPUBLIC OF SOUTH AFRICA</u>	5
<u>2.1</u> <u>Site description</u>	6
<u>2.2</u> <u>Demographic findings</u>	6
<u>2.3</u> <u>Knowledge, attitudes and practices</u>	7
<u>2.3.1</u> <u>Substance use among adults</u>	7
<u>2.3.2</u> <u>Substance use among youth</u>	12
<u>2.3.2</u> <u>Substance use among youth</u>	13
<u>2.4</u> <u>Community Profile 1: Organizational and cultural context</u>	22
<u>2.5</u> <u>Community Profile 2: Societal structures and processes</u>	24
<u>2.6</u> <u>Intervention development</u>	27
<u>2.6.1</u> <u>Key concerns</u>	27
<u>2.6.2</u> <u>Intervention priorities</u>	28

<u>Section 3: UNITED REPUBLIC OF TANZANIA</u>	29
<u>3.1 Site description</u>	30
<u>3.2 Demographic findings</u>	30
<u>3.3 Knowledge, attitudes and practices</u>	31
<u>3.3.1 Substance use among adults</u>	31
<u>3.3.2 Substance use among youth</u>	33
<u>3.4 Community Profile 1: Organizational and cultural context</u>	41
<u>3.5 Community Profile 2: Societal structures and processes</u>	41
<u>3.6 Intervention development</u>	46
<u>3.6.1 Key concerns</u>	46
<u>3.6.2 Intervention priorities</u>	47
<u>Section 4: REPUBLIC OF ZAMBIA</u>	49
<u>4.1 Site description</u>	50
<u>4.2 Demographic findings</u>	50
<u>4.3 Knowledge, attitudes and practices</u>	52
<u>4.3.1 Substance use among youth</u>	52
<u>4.3.2 Substance use among adults</u>	58
<u>4.4 Community Profile 1: Organizational/institutional and cultural context</u>	64
<u>4.5 Community Profile 2: Societal structures and processes</u>	65
<u>4.6 Intervention development</u>	68
<u>4.6.1 Key concerns</u>	68
<u>4.6.2 Intervention priorities</u>	69
<u>Section 5: DISCUSSION AND CONCLUSION</u>	71
<u>Discussion</u>	72
<u>Conclusion</u>	73
<u>Bibliography</u>	74

LIST OF TABLES

Section 2 REPUBLIC OF SOUTH AFRICA

Table 1:	Demographic profile of participating sites (1996 census)	6
Table 2:	Demographic profiles of adult and youth KAP study participants	7
Table 3:	Intense cigarette and alcohol use in the Adult KAP Survey	8
Table 4:	Place of drinking in the Adult KAP Survey	9
Table 5:	Consequences of substance use in the Adult KAP Survey	10
Table 6:	Lifetime substance use by gender and age in the Youth KAP Survey.....	13
Table 7:	Intense cigarette and alcohol use in the Youth KAP Survey	13
Table 8:	Consequences of substance use in the Youth KAP Survey	15
Table 9 (a-b):	Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey	17-18
Table 10:	Community resources for the prevention of substance use-related problems.....	23
Table 11:	Organized social units' understanding of substance use.....	25
Table 12:	Status of trade in substances	26

Section 3 UNITED REPUBLIC OF TANZANIA

Table 1:	Demographic profiles of adult and youth KAP survey participants	30
Table 2:	Context of first/past 12 months' use of alcohol and tobacco and reasons for onset in the Youth KAP Survey (N=303).....	36
Table 3:	Place and company for first/past 12 months' use of alcohol and tobacco and reasons for onset in the Youth KAP Survey (N=303)—Old Stone Town	37
Table 4:	Context of first/past 12 months' use of other substances and reasons for onset in the Youth KAP Survey (N=303)—Old Stone Town	38
Table 5:	Place and company of first/past 12 months' use of other substances and reasons for onset in the Youth KAP Survey (N=303)—Old Stone Town	39
Table 6:	Organized social units' understanding of substance use.....	42
Table 7:	Community resources for the prevention of substance use-related problems.....	43
Table 8:	Status of trade in substances	45

Section 4 REPUBLIC OF ZAMBIA

Table 1:	Demographic profiles of adult and youth KAP study participants	50
Table 2:	Use of tobacco and alcohol in the Youth KAP Survey (N=398)	52
Table 3:	Use of cannabis, inhalants and painkillers in the Youth KAP Survey (N=398).....	54
Table 4:	Context of first/past 12 months' use of substances and reasons for use among the youth	55
Table 5:	Consequences of substance use in the Youth KAP Survey (N=398).....	57
Table 6:	View that it is very easy to obtain selected substances in the Adult KAP Survey (N=150).....	61
Table 7:	Regular/heavy licit substance use and dependent drinking in the Adult KAP Survey (N=150).....	64
Table 8:	Organized social units' understanding of substance use	65
Table 9:	Retail alcohol and tobacco outlets	66
Table 10:	Amount (kilogram) of substances seized by Zambian police (1995-1997)	66
Table 11:	Broader societal context of substance use prevention—Zambian sites	67

LIST OF FIGURES

Section 2 REPUBLIC OF SOUTH AFRICA

Figure 1: Lifetime substance use in the Adult KAP Survey.....	8
Figure 2: (Strong) approval of “heavy” smoking/drinking in the Adult KAP Survey.....	10
Figure 3: Substance use entails no or a slight risk in the Adult KAP Survey.....	11
Figure 4: View that substances are (very) easy to obtain in the Adult KAP Survey.....	12
Figure 5: Psychoactive substance use in the Youth KAP Survey (Bela-Bela: N=109; Greater Pretoria: N=193).....	14
Figure 6: Substance use among significant others in the Youth KAP Survey—Greater Pretoria (N=193).....	16
Figure 7: Substance use among significant others in the Youth KAP Survey—Bela-Bela (N=109)....	16
Figure 8: (Strong) approval of youth substance use in the Youth KAP Survey.....	19
Figure 9: Youth substance use viewed as no or a slight risk in the Youth KAP Survey.....	20
Figure 10: (Very) easy to obtain substances in the Youth KAP Survey.....	21

Section 3 UNITED REPUBLIC OF TANZANIA

Figure 1: Past 30 days’ substance use in the Adult KAP Survey (N=100).....	31
Figure 2: Lifetime substance use in Old Stone Town Youth KAP Survey (N=303).....	33
Figure 3: Use of selected substances in the Old Stone Town Youth KAP Survey (N=303).....	34
Figure 4: Knowledge of someone using substances in the Old Stone Town Youth KAP Survey (N=303).....	35
Figure 5: View that substances are fairly or very easy to obtain in the Old Stone Town Youth KAP Survey (N=303).....	40

Section 4 REPUBLIC OF ZAMBIA

Figure 1: Respondents in the Youth KAP Survey (N=398)	51
Figure 2: Respondents in the Adult KAP Survey (N=150)	51
Figure 3: Substance use in the Youth KAP Survey (N=398)	53
Figure 4: Substance use among significant others in the Youth KAP Survey (N=398).....	56
Figure 5: Approval of youth substance use in the Youth KAP Survey (N=398)	57
Figure 6: View that it is very easy to obtain substances in the Youth KAP Survey (N=398).....	58
Figure 7: Substance use in the Adult KAP Survey (N=150)	59
Figure 8: Occasions of alcohol and cannabis use in the Adult/Youth KAP Survey (N=150).....	60
Figure 9: (Strong) approval of substance use in the Adult KAP Survey (N=150).....	62
Figure 10: View that substance use is a moderate or great risk in the Adult KAP Survey (N=150)	63

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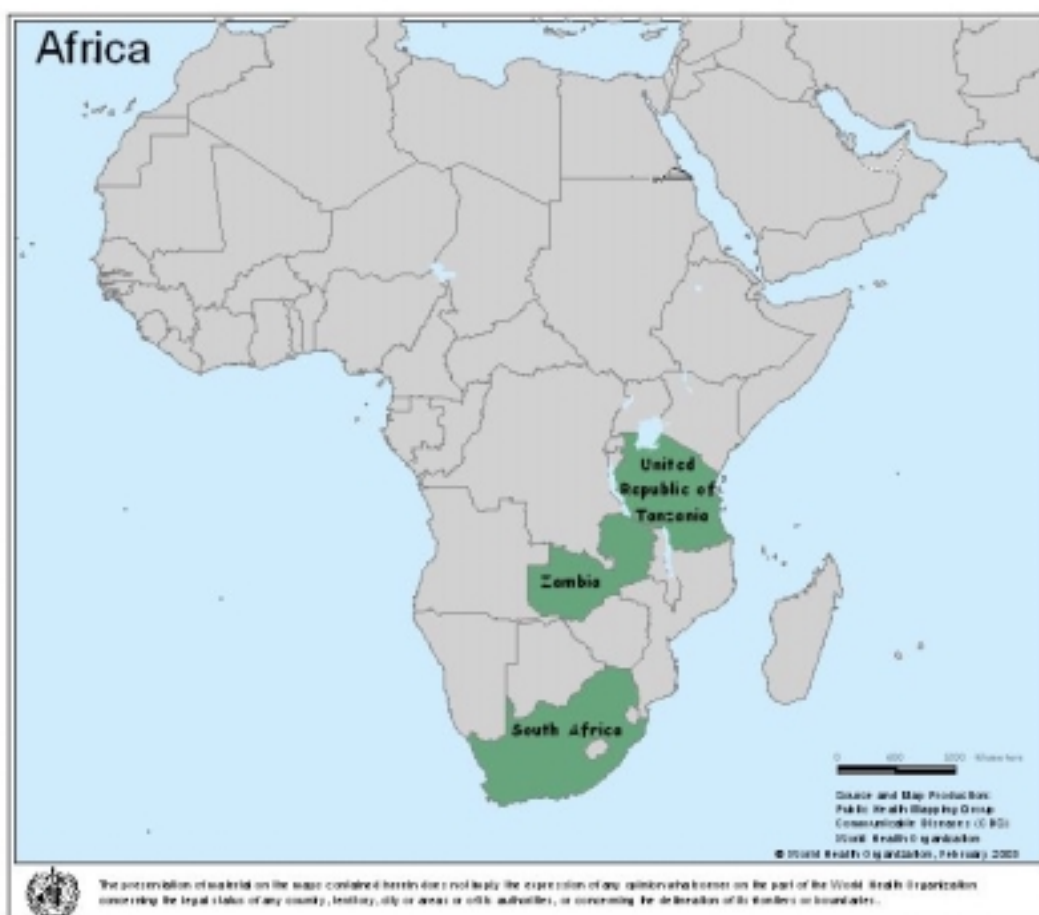
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BACKGROUND



1.1 Introduction

The Global Initiative on Primary Prevention of Substance Abuse (Global Initiative) is a project jointly executed by the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO). Implementation commenced in June 1997 and will be concluded at the end of 2003. The Global Initiative aims to prevent the use of psychoactive substances by young people. The project is implemented in selected communities in eight countries in three regions of the world where rapid/dramatic social change is in progress. The regions are Southern Africa, Southeast Asia and Central and Eastern Europe. Prevention activities of the project are based on the mobilization of local communities. The project comprises five sets of interrelated activities: (1) baseline assessment; (2) training of local partners; (3) public health interventions; (4) monitoring of activities; and (5) post-intervention assessment. Local partners are involved in these activities with a view to motivating them to mobilize their communities to respond to substance use among young people. The evaluation of the activities will lead to the identification of best practices that can be adopted by other communities who wish to address the problem of substance use among the youth. The terms “psychoactive substance use” and “substance use” are used interchangeably in this report. The World Health Organization defines a psychoactive substance as any substance that, when taken by a person, modifies perception, mood, cognition, behaviour or motor functions and includes illicit and licit substances, whether or not their use brings about dependence problems in the individual, and whether or not people consider them harmful.

This report provides a summary of the baseline research findings of 2001 extracted from the reports on South Africa, the United Republic of Tanzania and Zambia respectively and the integrated regional report compiled by Ms Lee Rocha-Silva. The report also presents interventions proposed by each of the countries. This information provides a basis for determining the effectiveness of interventions adopted by local partners in participating sites at the conclusion of the Global Initiative.

1.2 Methodology of baseline assessments

1.2.1 Site selection

Two sites were selected in each participating country. They had to be neither too small nor too big and it had to be possible to define them in such a way that they would have formally demarcated geographical boundaries and substance use problems, urban/rural location and viable community structures for carrying out primary prevention activities. Key issues investigated included extent of substance use among young people, socioeconomic status, feasibility of primary prevention, ethnicity and population growth/change. Although only two intervention sites per country were selected for baseline assessments, primary prevention activities are taking place in several other sites in each of the selected countries. The two sites provide a basis for a systematic comparison of the situation once prevention activities have been completed.

1.2.2 Research participants and variables studied

The baseline assessments covered three main areas:

- 1) Community Profile 1 provided information on community commitment to the issue of substance use with special emphasis on young people. Variables studied included level of understanding, attitudes, norms, community situation assessment, ongoing intervention projects, programmes and networks.
- 2) Community Profile 2 provided information on aspects of the community and wider societal contexts that are relevant to the intervention. Values included legal, economic, political, health, social and demographic factors.
- 3) Youth (10-21 years) and adult knowledge, attitudes and practices (KAP) studies provided insight on substance use among the youth and adults at the community level.

Information was collected by means of a review of secondary data (bibliography-p74), focus group discussions, key informant interviews and surveys that used an interview-administered structured questionnaire (the KAP studies). Basic descriptive analyses of data were performed using frequency distributions. Key findings from focus group discussions were summarized and data from secondary sources was also collated and tabulated.

