

REPUBLIC OF ZAMBIA



## 4.1 Site description

The two adjacent townships of Kanyama and Chinika, in the capital city of Lusaka, were selected for the baseline assessment in Zambia. At the time of the study, the population of Kanyama totalled 200 000 and that of Chinika 700. The findings for the two sites are discussed jointly.

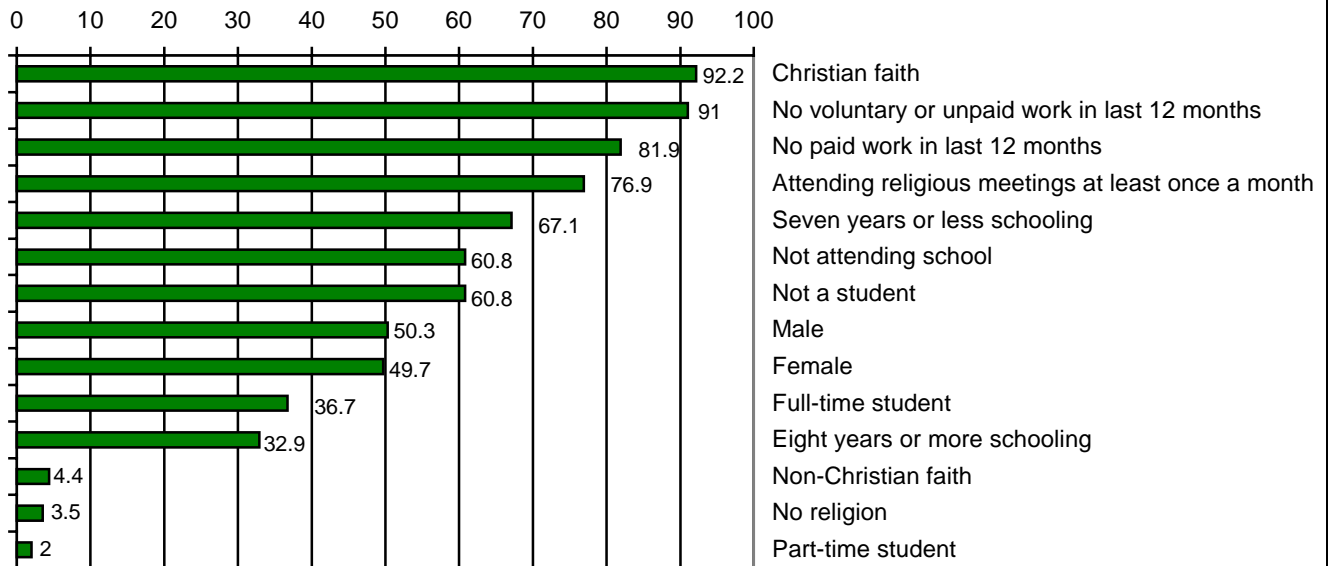
## 4.2 Demographic findings

Table 1 and Figures 1 and 2 present the key demographic findings of the adult and youth survey. Of the 398 youths who participated in the survey, 147 were aged 10-15 years and 251 were aged 16-21 years. Sixty-four percent (64%) had 1 to 7 years of schooling; 31.9% had 8 to 12 years; 1.0% had 13 to 14 years; and 2.8% had not attended school. Nearly all the young people interviewed regarded themselves as Christians (92.2%). Although the respondents were of school-going age (10-21 years), the majority (60.8%) did not attend school. Of those who attended school, only 36.7% reported themselves as being full-time students. In addition, 81.9% had not worked on a paid job during the previous 12 months. This shows the high level of unemployment - “non-engagement in constructive activity” among the young people.

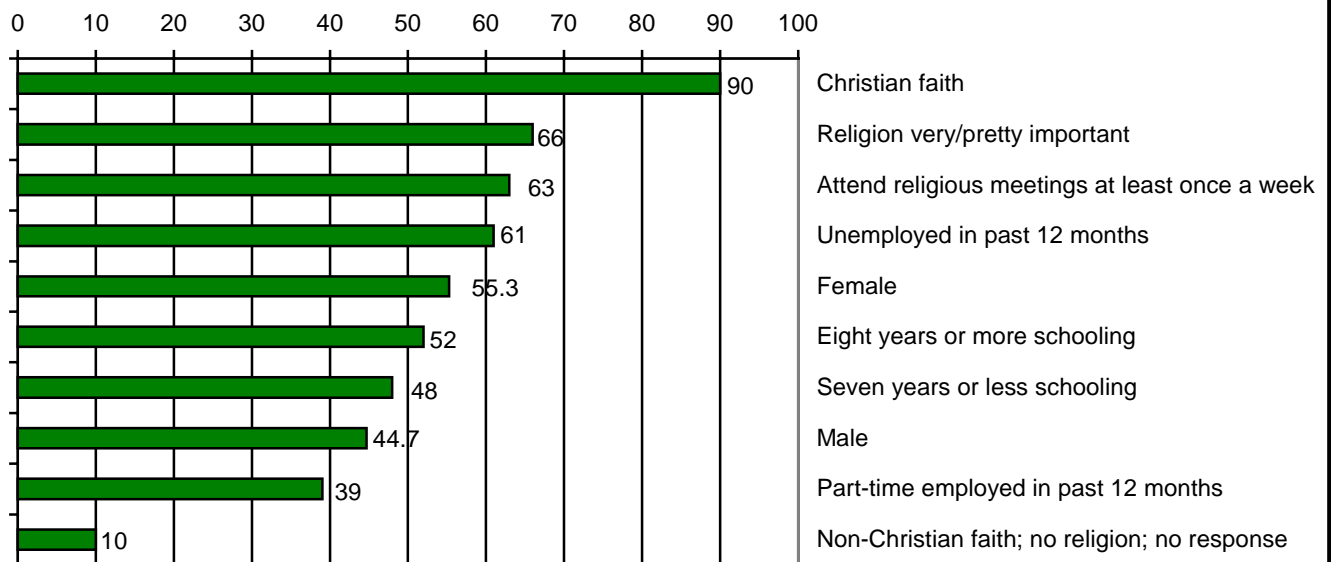
**Table 1: Demographic profiles of adult and youth KAP study participants**

Variable	Kanyama and Chinika	
	Adult (N=150)	Youth (N=398)
<b>Sex distribution</b>		
1. Male .....	44.7%	50.3%
2. Female .....	55.3%	49.7%
<b>Religion</b>		
1. Christian.....	90.0%	92.2%
2. Other and none.....	10.0%	7.1%
Religion considered important .....	66.0%	97.0%
<b>Employment/school attendance</b>		
Full time .....	0.0%	36.7%
Part time .....	39.0%	2.0%
Unemployed/not a student.....	61.0%	60.8%
Non-response.....	0.0%	0.5%
<b>Years of formal education</b>		
1. None.....	0.0%	2.8%
2. 1-7 years .....	48.0%	64.3%
3. 8+ years .....	52.0%	32.9%

**Figure 1: Respondents in Youth KAP Survey (N=398)-(%)**



**Figure 2: Respondents in Adult KAP Survey (N=150)-(%)**



## 4.3 Knowledge, attitudes and practices

### 4.3.1 Substance use among youth

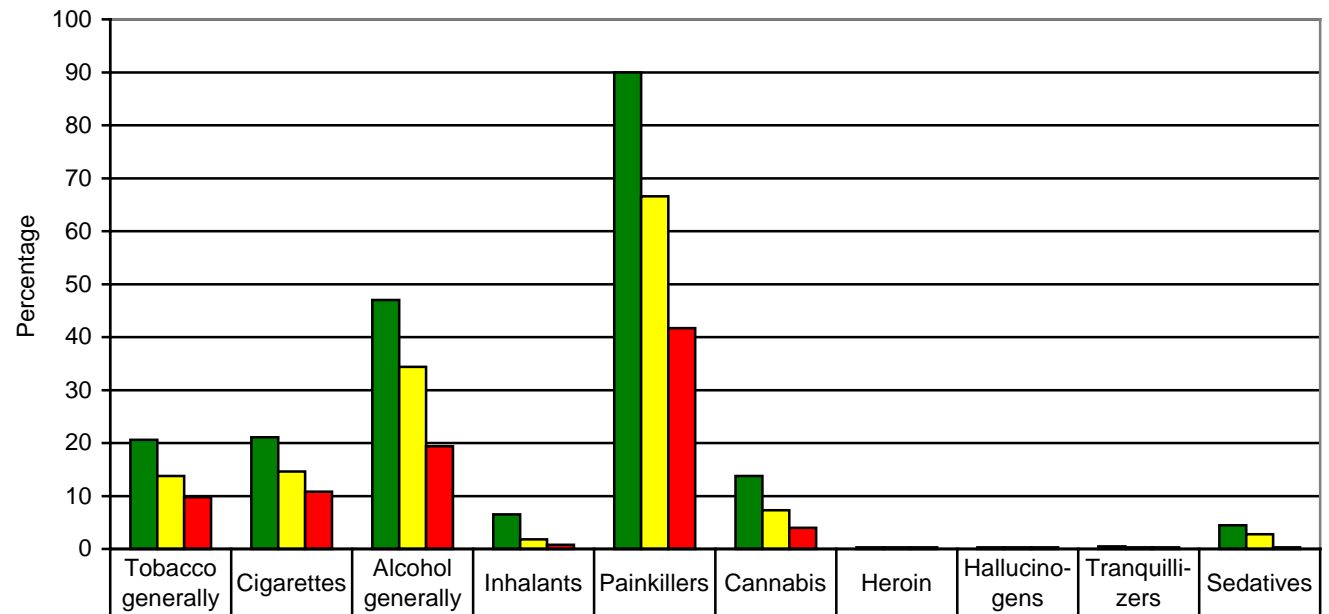
#### a) *Patterns of substance use*

Patterns of substance use are presented in Tables 2 and 3 and Figure 3. Substance use was largely restricted to licit substances, tended towards long-term use and was predominantly a male and older youth phenomenon. Painkillers were the commonest substance used, with lifetime use of 90.0% and current use (past 30 days' use) of 41.7%, with no difference between males and females on a lifetime basis. On a past 12 months' basis and to a lesser extent past 30 days' basis males predominated. Reported current use of cigarettes and alcohol was 10.8% and 19.4% respectively.

**Table 2: Use of tobacco and alcohol in the Youth KAP Survey (N=398)**

Age and gender by substance	Lifetime use (%)	Past 12 months' use (%)	Past 30 days' use (%)
<b>Tobacco</b>			
10-15 years .....	3.5 .....	1.8 .....	0.8 .....
16-21 years .....	17.1 .....	12.0 .....	9.0 .....
Male.....	16.8 .....	11.8 .....	8.5 .....
Female .....	3.8 .....	2.0 .....	1.3 .....
<b>Cigarettes</b>			
10-15 years .....	3.8 .....	2.5 .....	1.5 .....
16-21 years .....	17.3 .....	12.1 .....	9.3 .....
Male.....	17.6 .....	12.8 .....	9.6 .....
Female .....	3.5 .....	1.8 .....	1.2 .....
<b>Alcohol</b>			
10-15.....	11.6 .....	8.8 .....	3.3 .....
16-21.....	35.4 .....	25.6 .....	16.1 .....
Male.....	27.6 .....	20.4 .....	13.8 .....
Female .....	19.4 .....	14.0 .....	5.5 .....

**Figure 3: Substance use in the Youth KAP Survey (N=398)-(%)**



■ Lifetime use	20.6	21.1	47	6.5	90	13.8	0.3	0.3	0.5	4.5
■ Past 12 months' use	13.8	14.6	34.4	1.8	66.6	7.3	0.3	0.3	0.3	2.8
■ Past 30 days' use	9.8	10.8	19.4	0.8	41.7	4	0.3	0.3	0.3	0.3

**Table 3: Use of cannabis, inhalants and painkillers in the Youth KAP Survey (N=398)**

Age and gender by substance	Lifetime use (%)	Past 12 months' use (%)	Past 30 days' use (%)
<b>Cannabis</b>			
10-15.....	1.8.....	1.0.....	0.3.....
16-21.....	12.0.....	6.3.....	3.7.....
Male.....	10.6.....	5.8.....	3.5.....
Female.....	3.2.....	1.5.....	0.5.....
<b>Inhalants</b>			
10-15.....	1.5.....	0.3.....	0.3.....
16-21.....	5.0.....	1.5.....	0.5.....
Male.....	5.5.....	1.5.....	0.8.....
Female.....	1.0.....	0.3.....	-.....
<b>Painkillers</b>			
10-15.....	31.9.....	23.9.....	14.6.....
16-21.....	58.1.....	42.7.....	27.1.....
Male.....	45.3.....	30.9.....	20.1.....
Female.....	44.7.....	35.7.....	21.6.....

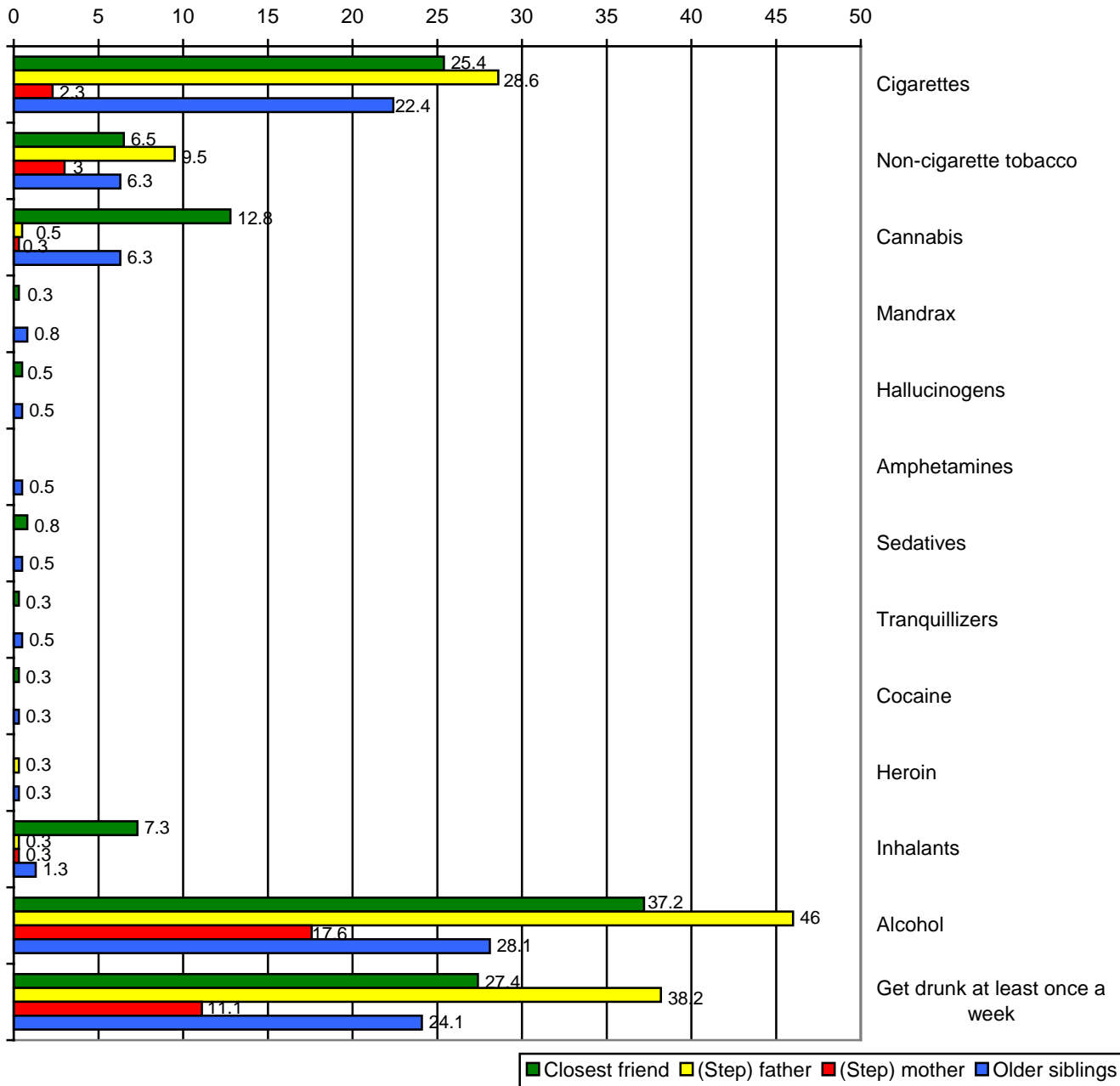
*b) Context of substance use*

The context of substance use is presented in Table 4 and Figure 4. Onset of substance use tended to be in mid-adolescence, with male youngsters starting earlier than female youngsters (except in the case of tobacco). Social acceptance, enjoyment and curiosity were the typical reasons for first use. Group use and drinking at public places of entertainment were the norm among past 12 months' users of alcohol and tobacco, with groups mostly comprising friends. Among past 12 months' users of tobacco, smoking at secluded places (e.g. open spaces or under a bridge/bush) was particularly common. Significant others in the youngsters' lives set an example of substance use, even "heavy" use, (step) fathers with regard to drinking and smoking (cigarettes/other tobacco) and closest friends in respect of cannabis use (Figure 4).

**Table 4: Context of first/past 12 months' use of substances and reasons for use among the youth**

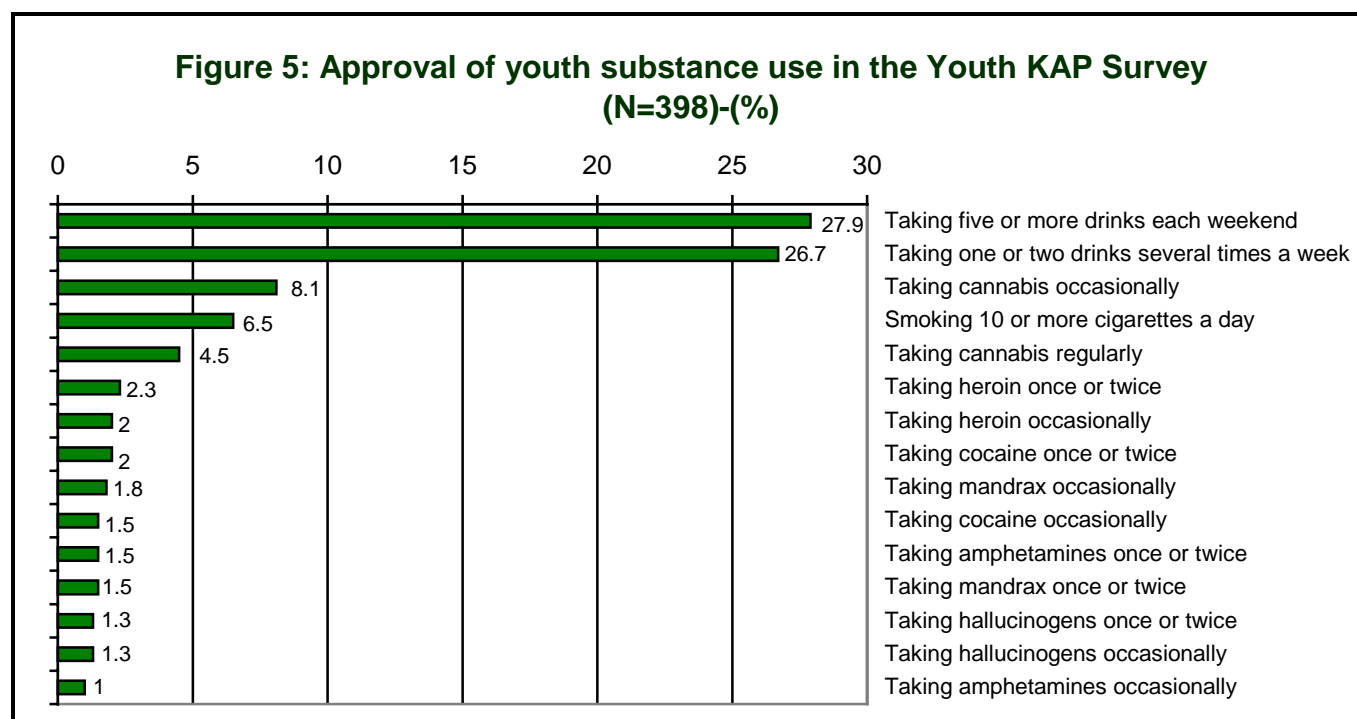
Context	Tobacco (%)			Alcohol (%)			Illicit substances (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Age at 1<sup>st</sup> use</b>									
≤10-12 years	6.5	1.5	4.0	12.5	10.2	11.3	1.0	-	0.5
13-14 years	4.0	-	2.0	10.5	4.5	7.5	3.0	0.5	1.8
15-16 years	8.5	3.0	5.8	16.0	9.6	12.8	2.5	1.0	1.8
17-18 years	10.0	0.5	5.3	10.5	7.1	8.8	2.0	0.5	1.3
≥19 years	1.5	0.5	1.0	2.5	6.1	4.3	1.0	-	0.5
Total (N)	200	198	398	200	198	398	200	198	398
<b>Reason for 1<sup>st</sup> use</b>									
To be accepted by others		3.8			7.3				
To be sociable		2.5			4.0				
Enjoyment		5.0			18.6				
Curiosity		4.3			9.5				
Total (N)		398			398				398
<b>Provider of 1<sup>st</sup> substance</b>									
Family		0.8			8.3				
Acquaintance		1.8			3.8				
Friend		13.8			29.4				
Total (N)		398			398				398
<b>Past 12 months' use: place of use</b>									
Home or other family's house		3.0			11.3				
Friend's house		2.5			5.5				
School/college/work		2.5			0.8				
Public place		2.8			14.3				
In open		3.3			1.8				
Total (N)		398			398				398
<b>Past 12 months' use: company</b>									
Acquaintances		1.0			1.0				
School/college mates		-			-				
Friends		10.8			10.8				
Family		1.0			1.0				
Alone		1.5			1.5				
<b>Total (N)</b>		<b>398</b>			<b>398</b>				<b>398</b>

**Figure 4: Substance use among significant others in the Youth KAP Survey (N=398)-(%)**



(c) Attitudes towards substance use among youth

The youth expressed some approval of their own age group’s engagement in regular/heavy drinking or smoking and occasional cannabis use (Figure 5).



d) Consequences of substance use

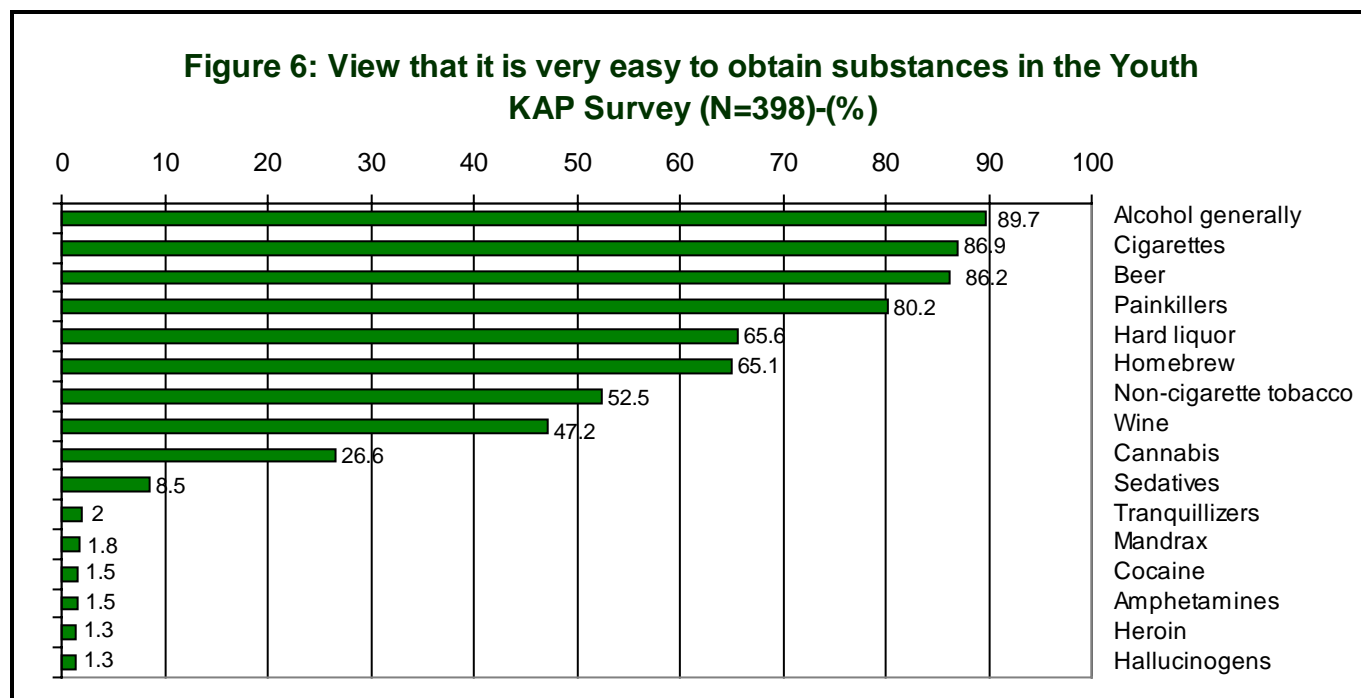
The consequences of substance use are presented in Table 5. The highest figures were reported for fights and arguments.

**Table 5: Consequences of substance use in the Youth KAP Survey (N=398)**

Consequences	Almost daily (%)	Weekly (%)	Monthly (%)	Less than monthly (%)
Absent/poor performance .....	0.3	0.5	0.5	3.5
Suspended/expelled from school.....	-	0.3	-	1.3
Drunken driving .....	0.3	-	0.5	0.8
Drunk while operating a machine .....	-	0.5	1.3	0.5
Arrested for disorderly conduct.....	0.5	0.3	0.3	2.3
Fights/arguments.....	0.5	1.8	3.3	4.0

(e) *Ease of access to substances*

Many youngsters believed that it was easy to obtain cigarettes, alcohol (especially beer), painkillers, and to a lesser extent cannabis and sedatives (Figure 6).

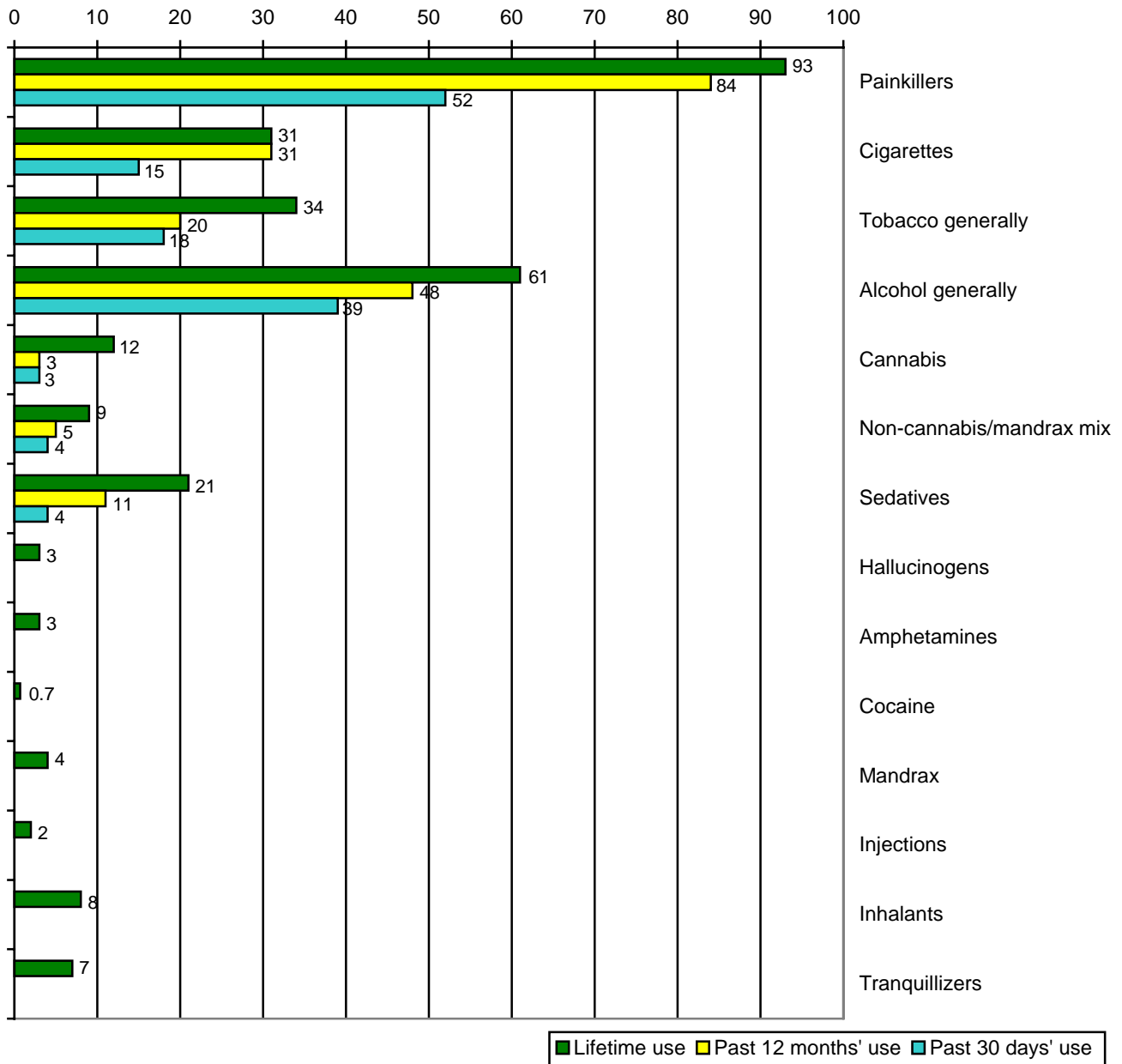


**4.3.2 Substance use among adults**

(a) *Patterns of substance use*

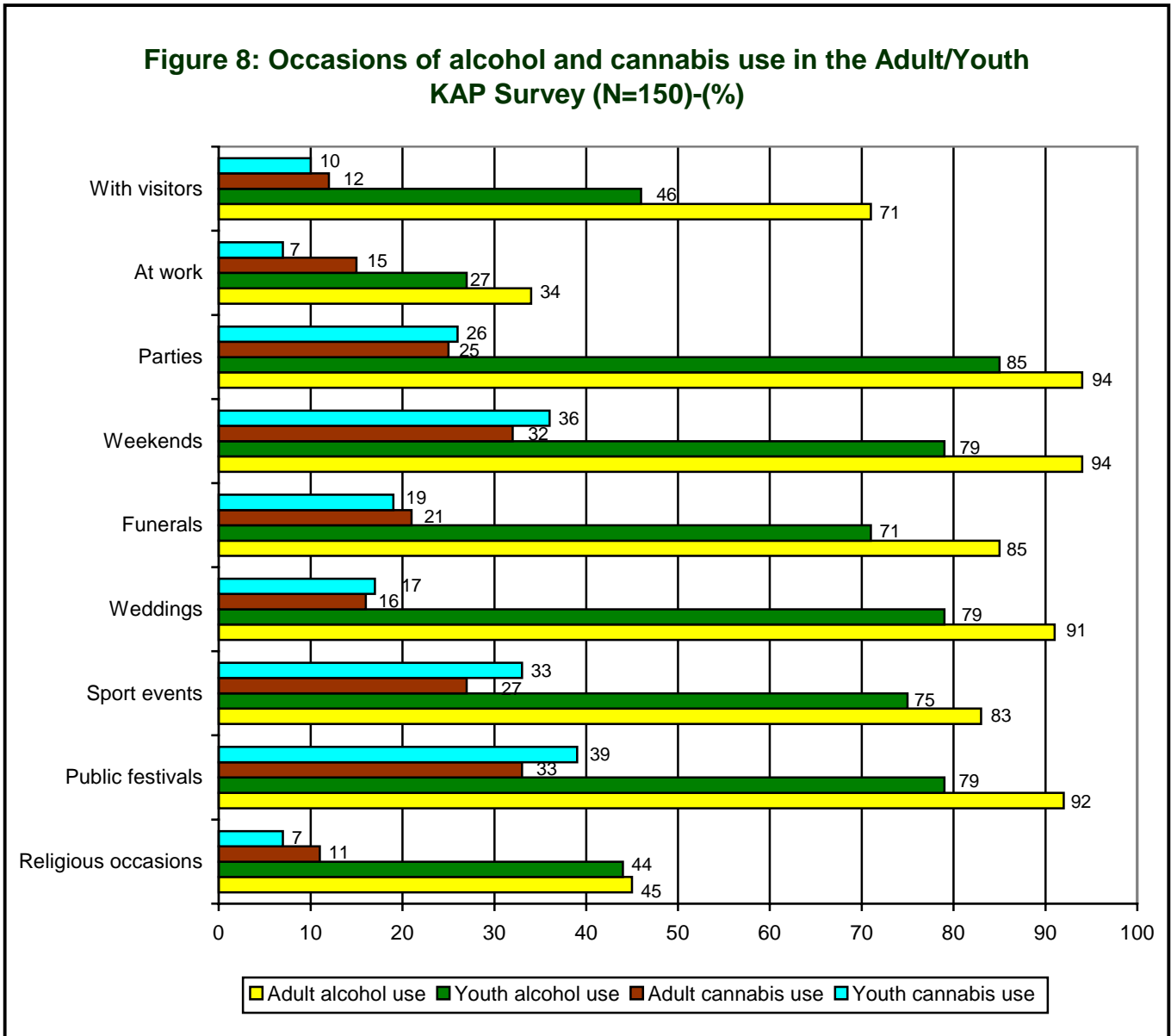
The patterns of substance use among the adults in the KAP survey are presented in Figure 7. Painkillers were the most common reported substance of lifetime use (93%). Alcohol use was next at 61% and cigarettes at 31%. In the previous 30 days 52%, 39% and 15% of the respondents used respectively painkillers, alcohol and cigarettes.

**Figure 7: Substance use in the Adult KAP Survey (N=150)-(%)**



(b) Context of substance use

The context of alcohol and cannabis use among adults and youth is presented in Figure 8. Social events such as public festivals, weddings, parties and weekends were the commonest occasions for alcohol use among over 79% of both the youth and the adults. Youth cannabis use was commonest at public festivals (39%), over weekends (36%) and at sport events (33%); the patterns were similar for the adults, though the reported use was lower.



(c) *Ease of access to substances*

Table 6 shows the reported ease of obtaining substances. Alcohol, cigarettes and hard liquor were the most easy to obtain (86%, 79% and 59% respectively).

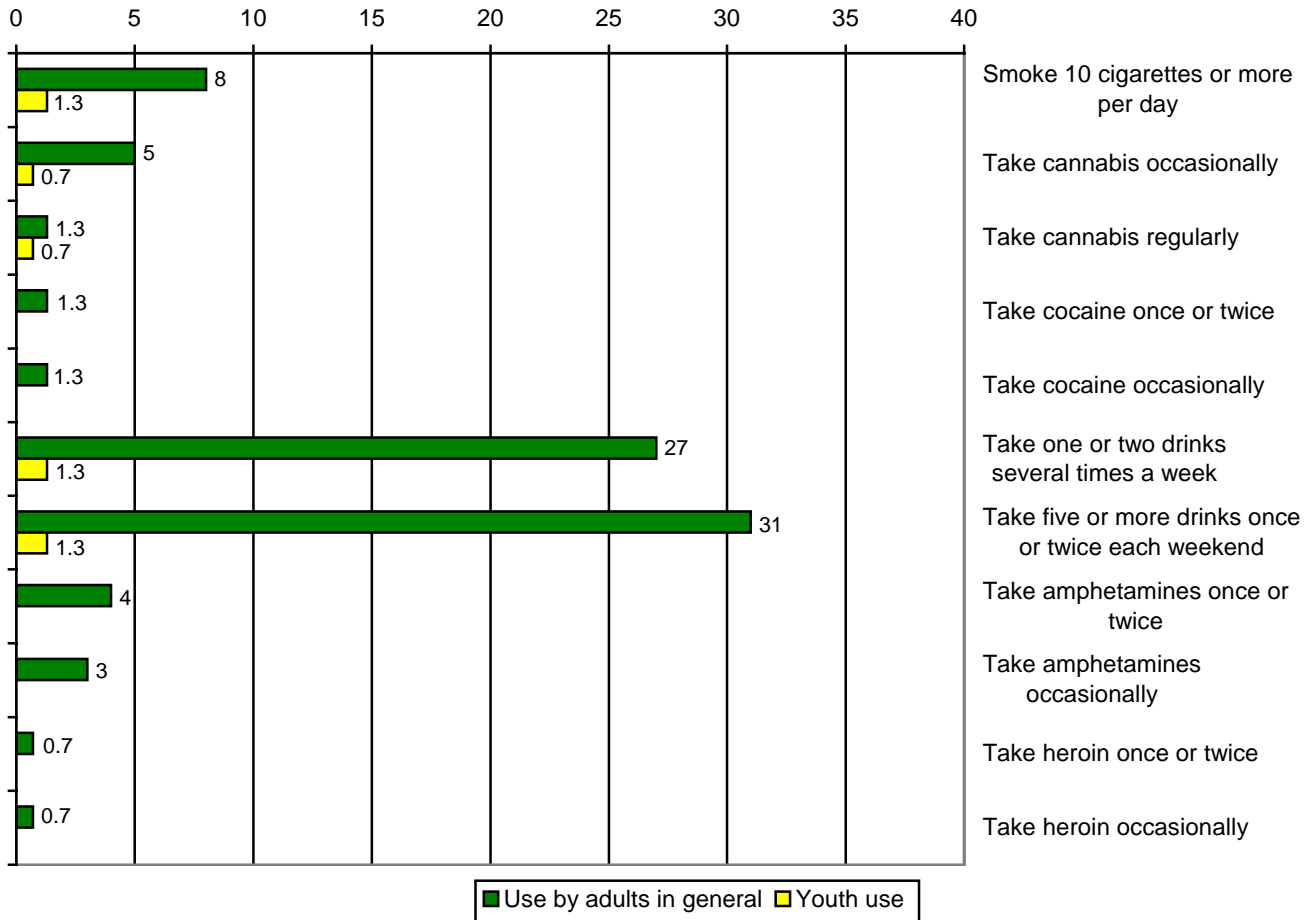
**Table 6: View that it is very easy to obtain selected substances in the Adult KAP Survey (N=150)**

Substance	Very easy		Very difficult	
	%	Total N	%	Total N
Cigarettes.....	79.0	118	7.0	10
Non-cigarette tobacco .....	48.0	72	12.0	18
Cannabis.....	13.0	20	48.0	72
Cocaine/crack.....	2.0	3	45.0	68
Alcohol in general .....	86.0	129	5.0	8
Hard liquor .....	59.0	89	13.0	20
Beer .....	83.0	124	5.0	8
Wine.....	44.0	66	21.0	32
Homebrews.....	65.0	97	16.0	24
Heroin.....	2.0	3	36.0	50
Hallucinogens.....	2.0	3	31.0	47
Amphetamines.....	2.0	3	33.0	49
Sedatives.....	8.0	12	34.0	51
Tranquillizers .....	3.0	4	33.0	50

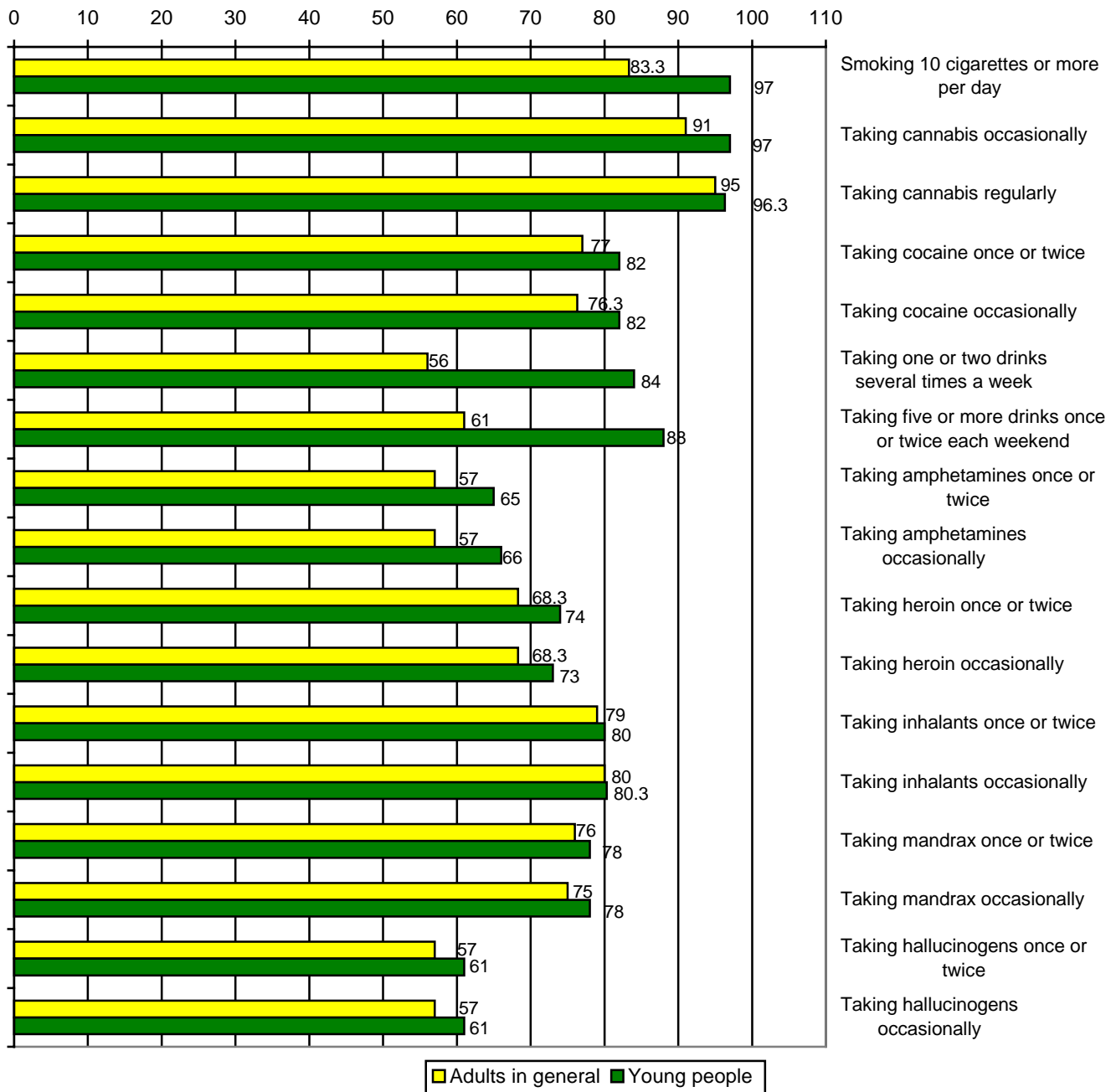
(d) *Attitudes to substance use*

Figures 9 and 10 present the attitudes to substance use and risk perception among adults. Most of the adults did not approve of substance use. Only 27% approved regular alcohol use, 8% approved smoking and 5% approved the use of cannabis (Figure 9). Over 61% of the respondents indicated that they considered all substances harmful for the youth. Overall, over 80% of the adults considered youth use of substances a moderate or great risk.

**Figure 9: (Strong) approval of substance use in the Adult KAP Survey (N=150)-(%)**



**Figure 10: View that substance use is a moderate or great risk in the Adult KAP Survey (N=150)-(%)**



e) *Substance use dependency and consequences*

The consequences of substance use and alcohol dependence are presented in Table 7. Twelve percent (12%) of the adult respondents reported using tobacco daily and 16% reported once- or twice-weekly use of alcohol. Thirteen percent (13%) reported having had adverse consequences such as failure to fulfill responsibilities, 15% reported drinking-related injuries and 20% reported that community members had expressed concern about their alcohol use.

**Table 7: Regular/heavy licit substance use and dependent drinking in the Adult KAP Survey (N=150)**

Type of substance use	%
Taking painkillers at least once a week in the 12 months before the Adult KAP Survey .....	8.0
Taking tobacco daily in the 12 months before the Adult KAP Survey .....	12.0
Taking alcohol at least once a week in the 12 months before the Adult KAP Survey .....	16.0
Taking five or more drinks in a row in the two weeks before the Adult KAP Survey.....	11.0
Inability to stop drinking .....	11.0
Failure to fulfil responsibilities because of drinking.....	13.0
(Almost) daily early morning drinking.....	5.0
Guilt/remorse after drinking.....	23.0
Drinking-related injuries .....	15.0
Expressions of concern from community members about respondents' drinking .....	20.0

#### 4.4 Community Profile 1: Organizational/institutional and cultural context

The social and organized units' understanding of substance use is presented in Figure 11. A wide range of substances was available, including inhalants, which were frequently used by the youth. The availability of alcohol and indiscriminate dispensing of prescription drugs promoted use. Community leaders were aware that substance use among the youth had reached alarming proportions. As regards community commitment to addressing substance use problems, there was only one community-based NGO that was involved in youth-related work. There were no specific programmes related to substance use. However, community leaders were willing to support any programmes for tackling substance use among the youth.

**Table 8: Organized social units' understanding of substance use**

<p><u>Types of substances commonly used</u></p> <ul style="list-style-type: none"> <li>• Alcohol (e.g. illicit homebrews with a high absolute alcohol content such as “kachasu”)</li> <li>• Cigarettes, cannabis, inhalants (e.g. Bolstick (glue), petrol)</li> </ul> <p><u>Substance use patterns/trends</u></p> <ul style="list-style-type: none"> <li>• Men and young people, especially orphans and youngsters from broken homes</li> </ul> <p><u>Contributors to substance use</u></p> <ul style="list-style-type: none"> <li>• Broader socioeconomic conditions: poverty, high unemployment, limited recreational facilities/diversion; availability of alcohol and tobacco; small-group conditions: family/peer support of drug use, limited parental guidance/care; indiscriminate dispensing of prescription medicine at pharmacies</li> </ul> <p><u>Consequences of substance use</u></p> <ul style="list-style-type: none"> <li>• Lawlessness/criminal activity (e.g. theft)</li> </ul> <p><u>Community resources</u></p> <ul style="list-style-type: none"> <li>• Community leaders aware of importance of addressing substance use among the youth</li> <li>• Existing community structures: Kanyama Youth Programme Trust, Kanyama Health Centre, ward political leaders (ward councillors)</li> <li>• Residents willing to support initiatives shown to be to their benefit</li> </ul>
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## 4.5 Community Profile 2: Societal structures and processes

The wider societal picture was drawn from a review of secondary data and a survey of the structures in the community (Tables 7, 8, 9). The majority of residents lived below the national poverty line (an estimated 86.0% between 1987 and 1997). Employment opportunities were few in the assessment sites. Basic amenities were limited. Water was not necessarily close by or safe, and not free; no formal sewage and waste removal existed; roads were defective; and health care was only available in neighbouring districts. Diseases such as tuberculosis, HIV infection and AIDS, and malaria were common. (The prevalence for tuberculosis was 488 per 100 000 and for malaria 37 500 per 100,000, and the HIV seroprevalence rates among 15-24 year olds were estimated at 17% for males and 8% for females.) Crime was common and on the rise. The 1994 reported arrest rates per 100 000 of the population were 141.8 for burglary, 35.7 for robbery, 15.2 for homicide and 3.7 for rape. Substance use-related offences were rising. Alcohol and tobacco trade outlets were widespread, with the government participating in the production and distribution of alcoholic beverages. Indiscriminate dispensing of prescription medicine was

customary at pharmacies. The Drug Enforcement and Control Agency was the main institution involved in substance use counter activities. However, except for enforcing legal statutes it was not involved in prevention initiatives.

**Table 9: Retail alcohol and tobacco outlets**

Residential area	“Kachasu” (illicit homebrew)	Other alcohol	Tobacco
Chinika .....	8 .....	4 .....	14
Old Kanyama.....	3 .....	8 .....	21
Section A.....	5 .....	7 .....	19
Section B.....	10.....	13.....	24
Section C.....	11.....	7.....	14
Section D.....	3.....	4.....	17
Section E.....	13.....	6.....	33
Section F.....	6.....	5.....	10
Section G.....	5.....	8.....	24
Section H.....	7.....	8.....	16

**Table 10: Amount (kilogram) of substances seized by Zambian police (1995-1997)**

Type of drug seized	Amount (kilogram) seized		
	1995	1996	1997
Cannabis herb.....	4,291.0.....	7,794.0.....	11,176.0
Cocaine (base & salts).....	1.8.....	4.4.....	6.5
Heroin.....	152.6.....	0.940.....	No report
Morphine.....	0.5.....	No report.....	No report
Opium (raw and prepared).....	0.2.....	2.3.....	0.1
Synthetic narcotics.....	No report.....	No report.....	0.9
Psychotropic substances (depressants excluding methaqualone).....	0.5.....	0.8.....	No report
Methaqualone (mandarx).....	19,550.0.....	2.8.....	0.0
Stimulants.....	282.3.....	0.1.....	0.1
Khat.....	39,888.8.....	No report.....	40.1

**Table 11: Broader societal context of substance use prevention—Zambian sites**

Type of units	Main services	Primary prevention programmes/projects, objectives, targets, strategies, resources, level of commitment
<p><u>Government</u></p> <ul style="list-style-type: none"> <li>• Dept of Health, Dept of Education (e.g. basic schools), Police</li> </ul> <p><u>Non-government</u></p> <ul style="list-style-type: none"> <li>• Kanyama Youth Programme Trust</li> <li>• Political parties’ offices/ward councillors/chairpersons</li> <li>• Churches, neighbourhood (health) committees</li> <li>• Residents’ development committees</li> <li>• Mother support groups, peer education groups</li> </ul> <p><u>Networks</u></p> <ul style="list-style-type: none"> <li>• The government body, Drug Enforcement Commission, operates as the main/overarching agency for the prevention/control of psychoactive substance use</li> <li>• Community activism is rare, although residents occasionally mobilize concerted action, e.g. to support orphaned children, and the provision of water and housing to residents</li> </ul>	<p><u>Government</u></p> <ul style="list-style-type: none"> <li>• Health-related services through community health workers and health promotion services</li> <li>• Substance education programmes</li> <li>• Drug Enforcement Commission (control/prevention of psychoactive substance use and related harm)</li> </ul> <p><u>Non-government</u></p> <ul style="list-style-type: none"> <li>• Substance-related awareness/ education programmes</li> </ul>	<p><u>Overall objectives:</u> No information available on programme priorities for prevention of substance use; strategies are non-specific and part of general health promotion/education; peer counselling and supply reduction –no information available</p> <p><u>Programme/project resources, efficacy and sustainability</u></p> <p>Constraints</p> <ul style="list-style-type: none"> <li>• Limited advocacy/organized protest</li> <li>• Limited psychoactive substance-related prevention</li> <li>• Lax law enforcement with regard to prescription medicine</li> <li>• Limited community support of government initiatives to reduce/regulate trade in homebrews, as the latter is a means of economic survival</li> </ul>

## 4.6 Intervention development

### 4.6.1 Key concerns

The baseline findings suggest the key intervention concerns listed below.

#### **Key concerns: Community Profile 1**

- Use and approval of alcohol, cigarettes and to a lesser extent cannabis, especially among men
- Dependent drinking
- Adult belief that it is very easy to obtain licit substances and to some extent cannabis
- Constraints in mobilizing and sustaining substance-related prevention services

#### **Key concerns: Community Profile 2**

- Few employment opportunities for young people
- Illnesses such as tuberculosis and HIV/AIDS, and difficulty to obtain health care
- Few basic amenities
- Extreme poverty
- Crime such as robbery/burglary and rising substance-related offences
- Many liquor/tobacco trade outlets
- Indiscriminate pharmacy dispensing of prescription medicine

#### **Key concerns: Youth KAP Survey**

- Male use of alcohol, tobacco and to some extent cannabis, and female use of painkillers, especially among 15-16 year olds
- Long-term use of licit substances
- Initiating substance use for social acceptance, enjoyment and curiosity
- Group use/pressure to use substances, especially at public places of entertainment in the case of drinking and in secluded places in the case of tobacco

- Substance use among close associates, i.e. drinking/smoking among (step) fathers, and cannabis use among close friends
- Substance-related incidents, especially fights/arguments
- Approval of heavy drinking/smoking and occasional cannabis use
- Belief that it is easy to obtain licit substances and to some extent cannabis and sedatives

#### 4.6.2 Intervention priorities

The listed concerns and the preferences expressed by community leaders suggest the following intervention priorities in which young people should participate:

- Programmes that facilitate socioeconomic development and especially employment opportunities for young people, strengthen substance-related prevention services, reduce the availability of especially licit substances, and increase non-approval of use,
- through mobilizing coordinated community groups within existing structures, educational campaigns (e.g. via theatre/drama) and motivational peer education, and
- insist on outcomes such as
  - improved infrastructure,
  - increased youth educational, employment and substance-free recreational opportunities
  - increase in and integration of substance-related services
  - reduced number of liquor/tobacco trade outlets, reduced youth access to liquor/tobacco trade outlets, and increased deterrence of trade in illicit substances and of illicit trade in prescription medicine
  - increased opposition to substance use, and reduced youth substance use, especially among male youths and 15-16 year olds.

