
Section 5

DISCUSSION AND CONCLUSION

Discussion

The objective of the Global Initiative is to prevent and reduce the use of psychoactive substances among young people through involvement of the communities they live in. The results of the baseline assessment in the participating sites in Southern Africa confirm that young people are vulnerable on many fronts. The living conditions, especially in Zambia and to a lesser extent in the urban South African sites were such that they typically had limited access to basic amenities; were at risk of being affected by HIV/AIDS; and had limited employment prospects. Additional factors that increased vulnerability included their living in single-parent or guardian households and the general decline of socioeconomic status of the communities. The surveys in the participating sites showed that both adult and youth substance use was common, especially among males, and age of first use was as low as 10 years. In general, even among the youth in all sites, there was widespread use of alcohol and tobacco and a generally high level of adult tolerance of alcohol and tobacco use among the youth. Significant others and social groups also played an important role in the initiation of all types of substance use, in particular alcohol and tobacco. The range of other psychoactive substances was wide and included injectable substances, although they were not used in significant amounts. Cannabis and painkillers were apparently used very commonly among both urban and rural youth. A large number of youths reported that their first contact with psychoactive substances was actually through supplies provided by health workers. The commonest substances used were easy to obtain and youngsters commonly used substances at places where there was little or no censure. Zanzibar had the widest range of substances used by youngsters. These included mandrax, heroin and cocaine. In Zambia indiscriminate distribution of prescription medication such as painkillers and sedatives was widespread. Dependence and other adverse alcohol effects were only reported among adults and was a cause of concern. As regards resources for prevention in the communities surveyed, the rural/high-density areas in Zambia had limited resources and services for prevention. In the urban settings, only South Africa showed a significant level of commitment to the fight against substance use, with specific programmes targeting the youth. In the other sites, very few organizations or networks worked directly on substance use prevention. In all sites, community factors conducive for intervention included the recognition by adults and key opinion leaders of the importance of prevention and the willingness to support such efforts. Some of the sites also had strong religious prescriptions against substance use and grassroots organizations that provide social services focusing on the youth.

Conclusion

The baseline findings on the participating sites call for broad-based interventions that give equal weight to supply and demand reduction; target young people as well as their associates; improve young people's living conditions; and ensure that community agencies and young people mobilize towards preventive action. The broad categories of interventions tailored to each site should include strategies to reduce the availability of substances; mobilize communities against substance use; provide peer education to prevent taking up substance use; enhance behaviour change; strengthen existing networks of organizations that support youth-related activities and engage in substance use prevention activities; and provide community resources including funding for programmes on substance use prevention.

Bibliography

This report represents a summary of the baseline assessments conducted in the three African countries. The more detailed information will be made available on the WHO website. The bigger baseline report contains other studies. The research institutions participating in the studies carried out literature reviews before the primary data were collected. The bibliography below is a compilation of some key documents and articles used in the literature review and referenced in the bigger baseline report.

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