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.
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"
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.

Dr Mohamed Belhocine
Director, Division of Non-Communicable Diseases
WHO Regional Office for Africa
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.

Dr Shekhar Saxena
Coordinator, Mental Health: Evidence and Research
WHO, Geneva, Switzerland
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Secretariat
Mrs Mwansa Nkowane WHO, Geneva
Dr Shekhar Saxena WHO, Geneva
Ms Giovanna Campello UNDCP, Vienna
Ms Tecla Butau WHO, AFRO

Text: Mrs Mwansa Nkowane
Layout and design: Ms Annemarie Booyens
Copy-editing: Ms Ina Stahmer

Contact address: Mrs Mwansa Nkowane, Department of Mental Health and Substance Dependence, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland
Tel: +41 22 791 4314; Fax: +41 22 791 4160
Project website: http://www.who.int/substance_abuse/UNDCP_WHO_initiative

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Section 1

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.