Curbing Psychoactive Substance Abuse in the African Region: The ASSIST Project to the rescue

** Ms Carina Ferreira-Borges*

Introduction

There is a growing recognition in the African Region that psychoactive substance use, which includes the use of licit drugs, such as alcohol, tobacco and tranquilizers, and of illicit drugs such as cannabis, cocaine or heroin, is a crucial public health issue. Faced with changes in lifestyles and in traditional values, and with unprecedented social and health problems, individuals, families and communities in the Region are at a greater vulnerability to psychoactive substance use and an increase in consumption, both of licit and illicit drugs.

Although there is increasing evidence that early cost-effective and preventive interventions exist and are available, potentially resulting in a positive benefit for health systems and economic and social development, psychoactive substance use is not adequately addressed at community level. This has resulted in increased risks, problems and costs to society.

In 2007, the WHO Regional Committee for Africa recognized that alcohol consumption in the Region needed to be addressed. Also in that year, participants from several countries participated in a workshop on prevention, management and treatment of alcohol and psychoactive substance use disorders in the African Region; they acknowledged the problem and requested technical support from WHO to address psychoactive substance use at community and primary health care level in order to respond to an increase in consumption.

Several countries—Burundi, Cape Verde, Central African Republic, Gabon, Ghana, Senegal, Tanzania, Uganda and Zimbabwe—developed one-year plans for implementing screening and brief interventions for substance use and requested technical support from the WHO Regional Office for Africa for the training of trainers in the use of this approach.

This article describes the importance and benefits for the Region of screening for substance use. It concentrates on a cost-effective tool, ASSIST, and other brief interventions.

The benefits of screening for substance use in Africa

In the Region, alcohol drinking patterns are conducive to fairly high degrees of hazard per litre of alcohol consumed. As reported to the Regional Committee in 2007, the estimates of total deaths attributable to alcohol consumption show an important burden of 2.1% in 2000 and 2.2% in 2002.

Regarding illicit drug consumption, cannabis is the main illicit drug of abuse in Africa. It is consumed by over 34 million people in the Region. The most common mode of consumption of cannabis is smoking, though in countries like Ghana, Nigeria and Zimbabwe its derivatives are also added to various foods as well as alcoholic and non-alcoholic beverages. In South Africa cannabis is also mixed with crushed

methaqualone tablets (known as "white pipe"), a practice that has also spread to Mozambique. In Cameroon, Ghana and Nigeria, cannabis is also smoked in a mixture with cocaine, crack cocaine or heroin.

The combination of different drugs to enhance the effect of psychoactive substances and abuse according to different occasions seem to be increasing. Although the use of illicit drugs, such as cocaine, heroin or amphetamines, is less prevalent and associated with lower rates of disease and death when compared to alcohol, these substances and their patterns of consumption pose significant threats to society.

In developing countries, substance use is strongly associated with poverty, social exclusion, unemployment and violence. Communicable diseases continue to cause substantial death and disability in Africa. Some evidence shows that people abusing psychoactive substances are at heightened risk of contracting HIV and other sexually-transmitted infections. Alcohol consumption is related to road traffic accidents and injuries, violence and crime.

The Region has scarce resources and services. Therefore, the best way to extend care to the population is through training and supervision by specialist staff (e.g. psychiatrists). Such specialists can support primary health care providers by enabling them to identify and intervene with people using psychoactive substances. Widening the repertoire of responses will not only benefit the individual but the community at large, thus making care easily available and affordable.

What is ASSIST?

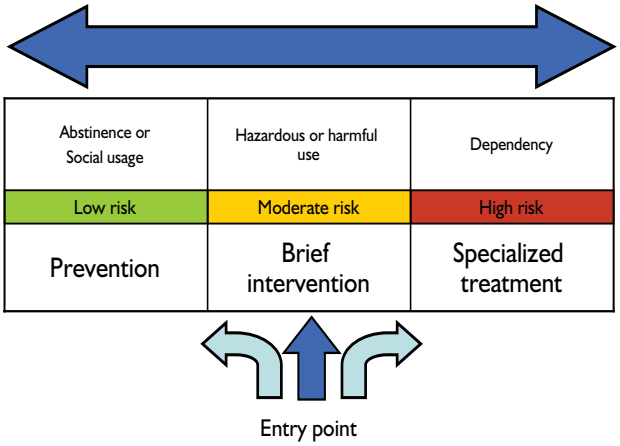
The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed in 1997 by the World Health Organization (WHO) and an international group of substance abuse researchers in response to this increasing public health burden. ASSIST is an interviewer-administered questionnaire that screens for all levels of problem or risky substance use. It consists of eight questions that can be answered by most patients in a very short time. The questions cover tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids and "other drugs".

A risk score is provided for each substance. Scores can be grouped into low risk, moderate risk or high risk and this determines the level of intervention required: prevention, brief intervention or referral for specialized treatment (see Figure 1).

Screening and brief interventions

There is evidence that if primary health care workers enquire about substance use risk factors then patients are more willing to talk about substance use problems and to consider the possibility of changing their behaviour. Primary health care workers

Figure 1: Risk intervention continuum



Source: Ferreira-Borges, C & Cunha Filho, H Intervenções Breves Climepsi, 2006

and community workers have the opportunity to screen a broad range of people for general lifestyle issues, thus increasing the likelihood of identifying individuals with a lower level of risky substance use who are more likely to respond well to an intervention.

Screening for problematic substance use provides an opportunity to educate patients about risks and can encourage them to reduce the risks associated with their substance use behaviour. When combined with brief intervention, screening is even more effective, allowing for the assessment of substance use and related risks and the motivation of patients to change their behaviour. Brief interventions can also be used to encourage those with more serious dependence to accept more intensive treatment within the primary care setting, or in a specialized unit.

Behaviour change does not happen in one step. People tend to progress through a series of five different stages (pre-contemplation, contemplation, preparation, action, maintenance) on their way to successful change (Figure 2). So, expecting behaviour change by simply telling someone, for example, who is still in the pre-contemplation stage that he or she must reduce consumption over a certain period of time may be counterproductive because the person may not be ready to change. Each stage of change has its characteristics, and, for each stage, a particular action is required.

During this process, individuals might relapse (return to old behaviours and abandon the new changes). In this case it is important to understand where this process has failed and orient the patient to restart the process of change.

Implementation and practice

Implementing a screening programme requires good planning, training, monitoring and evaluation. A clear and comprehensive plan needs to address questions such as how often patients will be screened, who will administer and interpret ASSIST results, what follow-up will be scheduled and what resources will help manage the screening programme.

Figure 2: Stages in behaviour change

Stage	Main characteristic	Main action
Pre-contemplation	Not yet acknowledging that there is problem behaviour that needs to be changed	Increase awareness of need to change
Contemplation	Acknowledging that there is a problem but not yet ready or sure of wanting to make a change	Motivate and increase confidence in ability to change
Preparation	Focused on the solution and getting ready to change	Negotiate a plan
Action	Putting into practice the established plan and changing behaviour	Reaffirm commitment and follow-up
Maintenance	Maintaining the behaviour change	Encourage active problem-solving

Training is also essential for the programme to be effective because recognition of substance use tends to be poor in primary health care settings. Administration of ASSIST and brief interventions and implementation procedures are important issues to be included in training sessions. Training provides opportunities to discuss roles and functions within teams; activities such as role-playing or supervised practice in administering ASSIST are helpful.

Monitoring and feedback are important to ensure that problems encountered during implementation are addressed as they arise. Good patient and programme records are also important.

For countries participating in this project, the most important factors are making sure that health care workers accept the opportunities for screening with ASSIST, and fitting the processes into the special circumstances of each community and primary health care practice. A one-year plan for implementing ASSIST in the African Region will be monitored and evaluated in 2008. The implementation schedule covers the training of trainers, provision of training at different levels of the health system and the creation of substance use databases at country level.

** Ms Ferreira-Borges works on substance abuse issues in the Mental Health programme at the WHO Regional Office for Africa.*