

ADDRESSING THE CHALLENGE OF NON-COMMUNICABLE DISEASE IN FREETOWN, SIERRA LEONE

DSAI Conference Galway,
28-29 November 2013



Context





NON-COMMUNICABLE DISEASE (NCD)

Non-Communicable Disease (NCD)



- **NCD:** disease which is non-infectious
- **The Big Four:** cardio-vascular disease, chronic respiratory disease, cancer, diabetes
- **‘Lifestyle disease’:** preventable, most commonly risk factors include tobacco and alcohol use, poor diet, physical inactivity, and the social determinants of health
- **Leading cause of mortality,** representing 63% of all deaths worldwide (36 million deaths a year) (WHO, 2012)
- No longer a disease of affluence, 80% of NCD occurs in low- and middle-income countries (WHO, 2008)
- By 2030 **NCD deaths in African nations** are projected to exceed the combined deaths from communicable diseases (CDs), nutritional diseases and maternal and perinatal deaths (WHO 2013)



Neuropsychiatric Conditions

- Of all the NCDs, **neuropsychiatric conditions contribute** the most to the **global burden of disease**, more than cardio-vascular disease or cancer
- 25% of the global burden of disease caused by neuropsychiatric conditions, mostly mental health disorders (unipolar and bipolar affective disorders, alcohol use/substance abuse disorders, schizophrenia, dementia)
- **Substance use is a risk factor for NCDs** (including mental health disorders)

NCD IN SIERRA LEONE



Sierra Leone Context

- Post-conflict Sierra Leone, already challenged by some of the **worst health indicators** in the world, combined with **a weak health care infrastructure**, is ill-equipped to deal with an increasing disease burden caused by CD and NCDs
- MoHS's National STEPS Survey in 2009 established the **high prevalence of risk factors** for NCDs among the adult population - 34% use tobacco, 17% use alcohol and around 90% consume inadequate diets and live sedentary lifestyles.
- **Risk factors for mental illnesses are high** and are neglected on the health care agenda
- With a young rising urban population the **abuse of substances** including alcohol, tobacco and drugs is an important behavioural **risk factor for a number of NCDs** amongst youth in Freetown - the socio-economically disadvantaged
- In 2008, it was estimated that about 90% of admissions to the SL Psychiatric Hospital were drug-related

Intervention

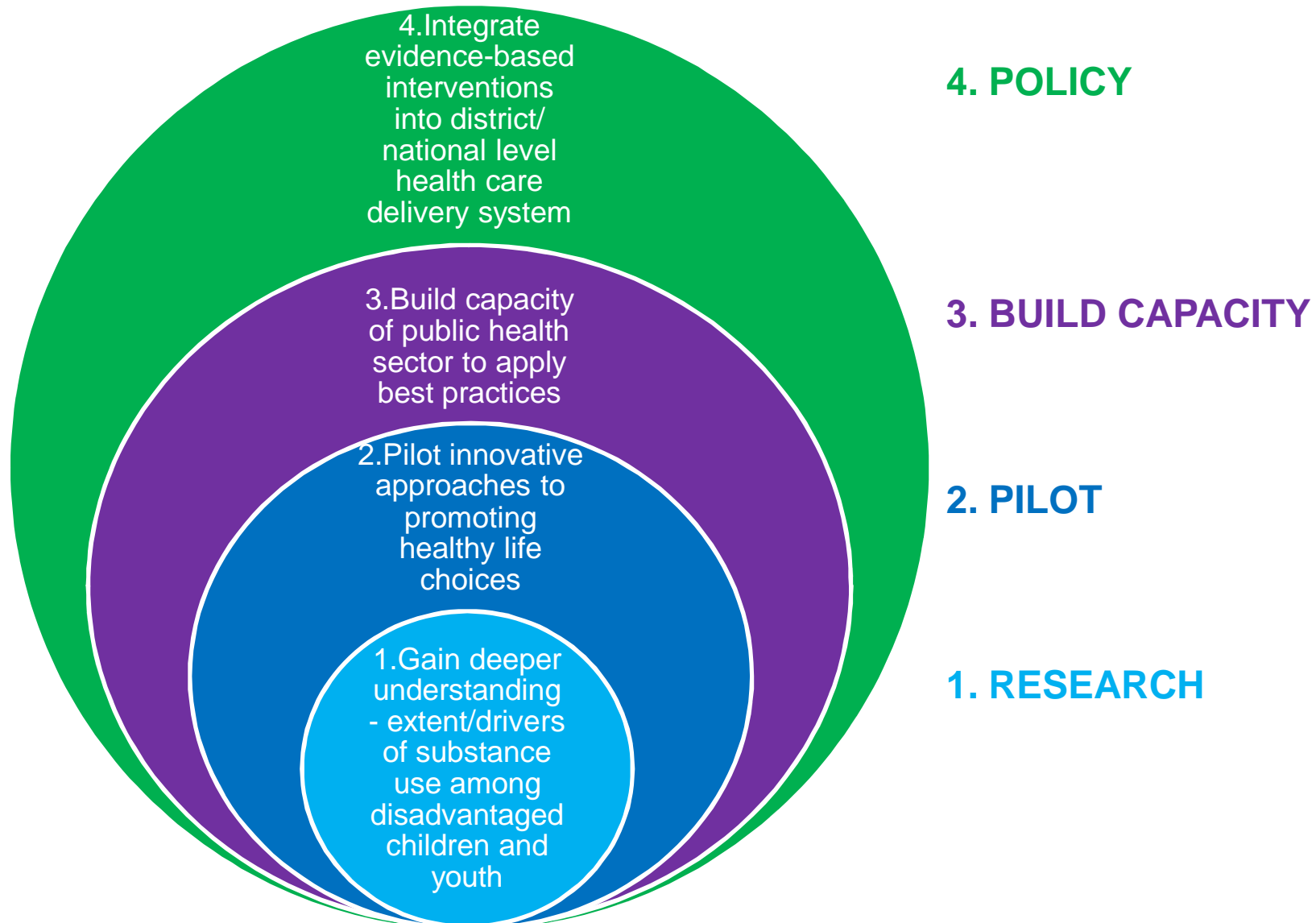


In 2011 GOAL Sierra Leone in partnership with the MoHS (through funding from EU and Irish Aid) elected to engage in a research and programme design process followed by implementation to tackle some of these issues around mental health and substance abuse

Overall Objective

“To reduce non-communicable diseases and other negative impacts of substance abuse (tobacco, alcohol, drugs) among children and youth in slum and disadvantaged communities of Freetown, Sierra Leone.”

Programme's Specific Objectives



Context for the Target Population



- 7440 young people aged 8-24 are estimated to be living on the streets of Freetown
- Rose by 50% during the war Many are ex child soldiers and are used for cheap labour or transactional sex.
- Stigmatised and isolated with little prospect of employment or education, live in group 'hideouts'.
- Often they are taken in by male and female adults known as '**bras**' and '**sissies**' - dual role of protection and exploitation.

THE RESEARCH

Research (June - August 2011)



- Two-stage cluster random sampling design
- Sampling unit: Hideout/Sex Worker location within 27 city sections in Freetown
- Representative sample of 805 individuals aged 8-24 years old
 - 328 8-14 years old and
 - 477 aged 15-24 years old
 - 72.5% males and 27.5% females
- 230 CSWs aged 8-24



Bone Suffer Hideout

Results - prevalence of substance use



- 48% of these young people use tobacco, (average age 13.3)
- 53% reported drinking alcohol (starting at an average age of 13.8)
- 68% abuse at least one type of illicit drug (Marijuana was the most frequently used drug reported by 66.8%, Diazepam 17%)

Results: Most commonly reported reasons for using substances



Reason for Using Substance	Alcohol %	Drugs %
Forget problems*	38.5	42.6
Relax/Reduce Stress*	36.4	41.6
Increase Feelings of Happiness*	35.9	40.1
Gain approval or Acceptance from friends**	70.7	79.5
Feel more outgoing**	64.8	76.0
Reduce Boredom**	57.7	65.7
Forced to Use**	38.3	35.4

Results: consequences of substance use

The most commonly reported consequences of substance use were:

- to act regrettably,
- sleep all day,
- get into trouble with the police,
- falling victim to robbery or theft,
- unprotected sex,
- engaging in a physical fight.
- Young people using drugs in Freetown are more vulnerable to involvement in criminal activity (such as gang warfare and drug dealing) and transactional sex.



Summary of findings

Overall the results of the research confirmed the anticipated high exposure to risk factors for NCDs among the target group and highlighted:

- the high levels of tobacco, alcohol and marijuana use (and the comparatively low level use of cocaine, heroin and inhalants);
- the association between substance use and risk behaviours;
- the strong influence of the peer group as a driver for substance use;
- the particular vulnerability of girls on the streets.

PILOTING INNOVATIVE APPROACHES



Pilot Approaches

1. Development of a health promotion brand – Fight Drugs
2. Fight Drugs Outreach Workers
3. Fight Drugs With Music
4. Fight Drugs With Work

Development of a health promotion brand

– Fight Drugs

- GOAL worked closely with the target group to develop a culturally-grounded, health promotion brand
- Representatives from each hideout were brought together to share their views, opinions on programme design and they proposed interventions;
- They contributed during consumer pre-testing of a health promotion brand;
- wrote slogans and taglines, recorded their voices for audio materials and modelled for visual materials.

NO FIGHT YOU COMPIN



FIGHT DRUGS



**DON'T BE DECEIVED,
DRUGS ARE THE
REAL ENEMY**

IEC materials

- Key message & brand development
- Photo shoots / design / pre-testing / MoHS endorsement
 - Brochures
 - Posters
 - Animated videos
 - Music videos
 - Condom wallets
 - Wristbands
 - T-shirts
 - Bags



Fight Drugs Outreach Workers



- 31 young male and female outreach workers - trained to take key messages to the Hideouts
- They visited each of the 99 hideouts once every two weeks for a period of five months;
- facilitate an outreach session and motivate & encourage young people to evaluate their own drug-related risks
- Social marketing of Condoms



Fight Drugs With Music



- Street-to-street talent search
- 'Star training'
- Semi-final & final competitions
- Community tour & schools' tour
- Audio & video production of winning song
- Production of Ambassador's Album
- Sign Africa & radio broadcasts
- Ambassadors' Album launching
- Child protection/ gender/ HIV mainstreaming





“MUSIC”

“I wouldn't speak
in front of boys”

“Community educators need to be a good example”

“Football”



Fight Drugs With Work



Emerged from Ambassador project – music highlighted lack of employment and skills.

- Small business training,
- support with business plan development, and
- a set amount of seed money to each Ambassador interested in starting their own business.

BUILDING CAPACITY OF THE PUBLIC HEALTH SECTOR



3. Build capacity

- A key component - building the **capacity of the public health sector** to apply best practices in the control of NCDs
- GOAL worked closely with the MoHS, national NGOs and civil society groups in the development of all the pilots,
- Linked directly with the Freetown District Health Management Team on the **training for frontline health care workers**, Community Health Officers in PHUs, community mental health workers, mental health staff at the Sierra Leone Psychiatric Hospital
- **Global expert** - a psychiatrist with a specialism in substance use trained the different cadres of health care workers using WHO Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST.)

CONTRIBUTE TO EVIDENCE-
BASED POLICY RELATING TO
NCDS



4. Policy Relating to NCDs

- Need for evidence-based policy relating to substance misuse in Sierra Leone was highlighted in research and in the training of the health care workers;
- Easy access to harmful substances and lack of controls (such as advertising bans, purchasing laws, or taxation) fail to protect the young and vulnerable;

Policy Relating to NCDs - achievements

- GOAL, MoHS, WHO, and local partners - **advocate** for evidence-based **policy that would restrict supply of substances**
- contributed to the development and launch of the national **tobacco control policy**, the **NCD policy** and strategic plan, - the first of its kind in Sierra Leone.
- The research put the need for **prevention of NCDs on the national agenda** - in particular, to prioritise mental health
- In 2012 the first national **mental health policy** was launched by the government with support from GOAL and other partners

PROGRAMME EVALUATION (OCT 2013)



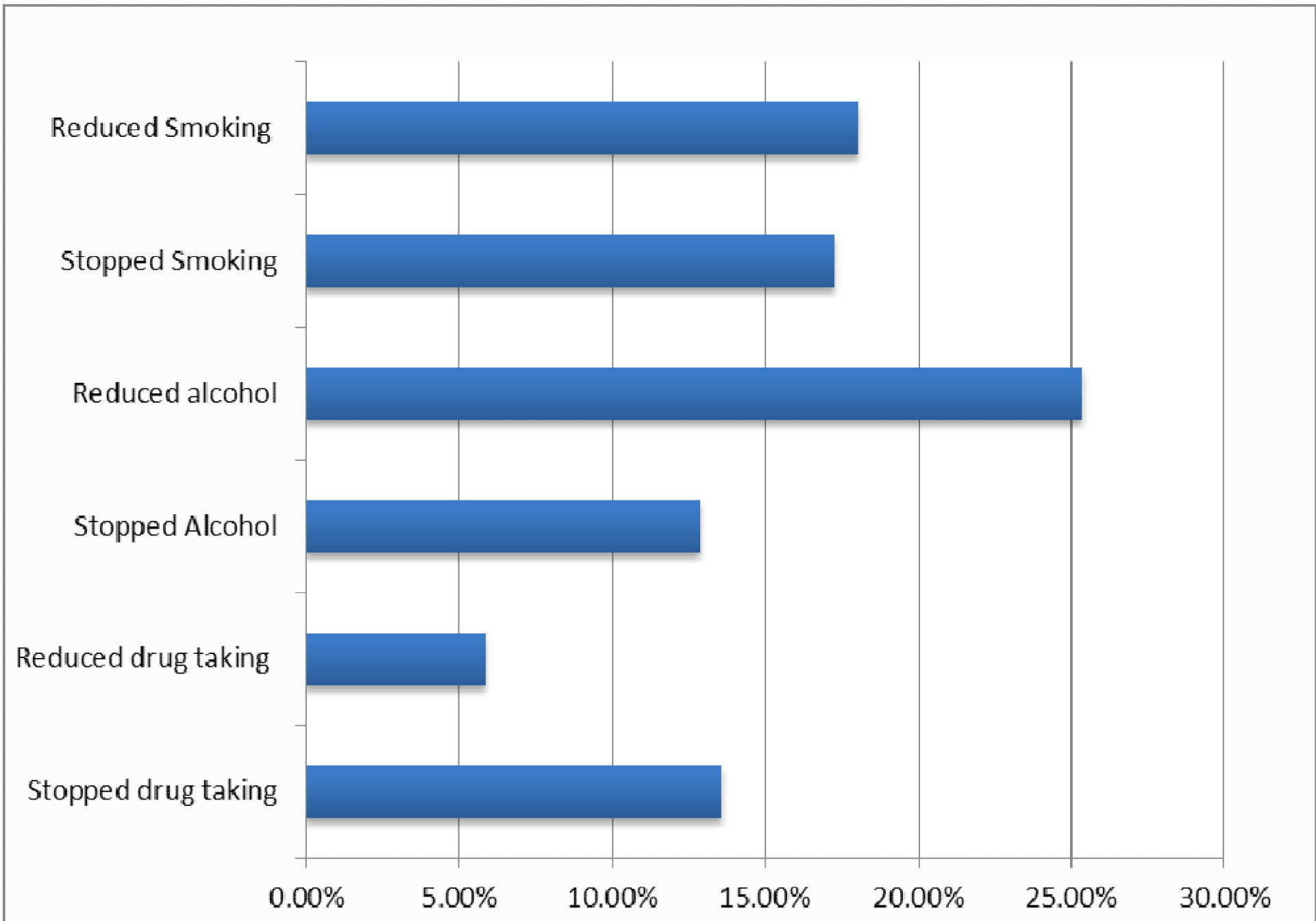
- Successfully generated a scientific research base for understanding substance use among children and youth living on the streets that has supported the development of various national policies.
- Evaluation found high level of brand recognition. Developing a culturally grounded highly colourful schemes, funky graphics, engaging health promotion brand was seen as been easy to interpret and recall.
- Using young ex substance users and community members, youth focused materials and music ensured a high level of health information and knowledge dissemination amongst the hideouts and communities.
- the FDWM Ambassador programme - way of meaningfully accessing communities most at risk from substance abuse related NCD and mental health deterioration.

Indicator	Child Baseline	Child Endline	Child Change	Youth Baseline	Youth Endline	Youth Change
% who have ever smoked	45%	40%	-5%	68%	60%	-8%
% who have ever tried alcohol	46%	33%	-13%	67%	64%	-3%
% who have ever used drugs	49%	20%	-29%	83%	63%	-20%
% of non-smokers who would like to start drinking	3%	3%	0%	3%	5%	-2%
% of non-drinkers who would like to start drinking	2%	4%	+2%	0%	6%	+6%
% of non users who would like to try drugs or other psychoactive substances	3%	3%	0%	0%	6%	+6%
% who reported smoking in the past 24 hours	39%	24%	-15%	61%	38%	-23%
% who engaged in binge drinking (5+ drinks in one occasion) in the past 30 days	23%	9%	-14%	45%	33%	-12%
% who have used drugs or other psychoactive substances in the past 30 days	43%	13%	-30%	84%	52%	-32%

G10

Not sure you need to dwell too much on this if you can use it maybe just for information when presneting the graph

Geraldine, 28/11/2013



WAY FORWARD

- Scientific evidence base is essential for Identifying the drivers and the influencing groups
- Participation of targeted groups and other peers in a local promotion brand is necessary to develop messages that are engaging and appropriate
- ASSIST works well in identifying low and med risk cases which could be responded to with counselling and other brief interventions but needs to be actioned at national level with training curriculums and role out strategies
- Policy developments are positive but need to be actioned via tangible changes – i.e. taxation of substances, law enforcement, structural changes that promote healthy lifestyles
- Challenge is high level of youth unemployment in country and lack of options for youth to be engaged in meaningful work.



**FIGHT
DRUGS**

Thank you