

Alcohol and Substance Use Prevention in Africa: Systematic Scoping Review

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BACKGROUND

Alcohol and substance use has been a long-standing public health challenge across the globe¹, Africa inclusive². The harmful use of alcohol and other substances has been reported to cause overwhelming effects on individuals, families and societies¹. These include diseases, psychological, social and economic burden in societies, and many other physical harms like road traffic accidents³. The World Health Organization (WHO) has thus urged member states to interrupt this growing destructive trend, and reduce its related harms through prioritizing substance use prevention measures and programmes⁴. This call by WHO necessitates that effective substance use prevention research be conducted⁵. The aim of this scoping review was to systematically appraise existing research evidence on prevention of drug and substance use in Africa.

STUDY OBJECTIVES

To systematically map literature on prevention of alcohol and substance use in Africa using scoping review to:

- Identify drugs and substances used across Africa
- Identify risk and protective factors that contribute to alcohol and substance use as a public health problem in Africa
- Classify prevention strategies used in preventing alcohol and substance use in Africa
- Provide direction for future research priorities on alcohol and substance use prevention on the continent

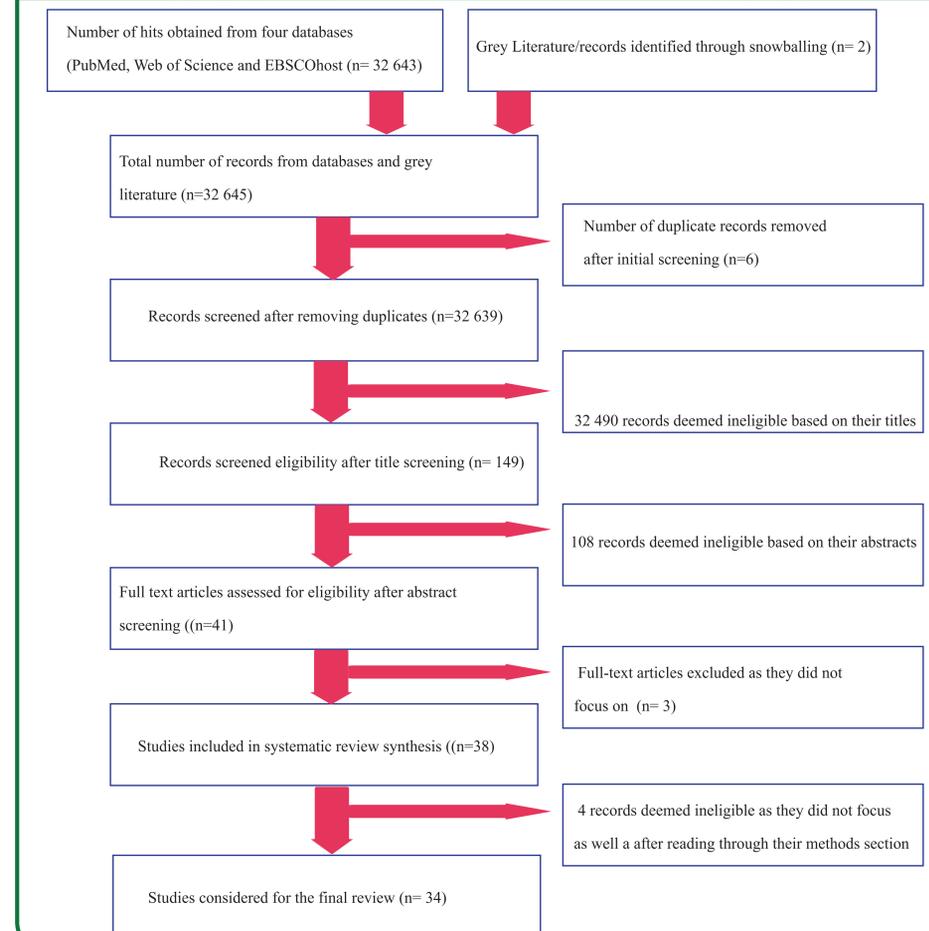
METHODOLOGY

The scoping review evaluated peer reviewed research papers published on alcohol and substance use prevention between 2008 and 2018 in African countries. Peer reviewed studies were searched from PubMed (the National Library of Medicine), EBSCOhost and Web of Science databases. The study employed Arksey and O'Malley scoping review framework⁶. Search terms included those relevant to prevention of drug and substance use. We assessed all studies retrieved against a standardized data abstraction questionnaire. Abstracted data was synthesized, thematically analysed and presented in a narrative format. Search terms used are shown in Table 1 below. PRISMA diagram as shown in Figure 1 below outlines the steps followed as part of the search strategy of the scoping review process.

Keywords	Synonyms		
Drug and substance abuse	Substance-related disorder, substance use, substance use disorder*, substance use, substance dependence, substance addiction Drug use, drug use disorder, drug use, drug dependence, drug addiction		
Prevention	Prevention, control, intervention, inhibition, interception, circumvention.		
Africa	<table border="1"> <tr> <td>Africa, South of the Sahara, Sub-Saharan Africa, Central Africa, Eastern Africa, Southern Africa, Western Africa, SADC countries, SACU countries, North Africa, Central Africa, Southern Africa, ECOWAS</td> <td>Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African, Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Eswatini, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.</td> </tr> </table>	Africa, South of the Sahara, Sub-Saharan Africa, Central Africa, Eastern Africa, Southern Africa, Western Africa, SADC countries, SACU countries, North Africa, Central Africa, Southern Africa, ECOWAS	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African, Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Eswatini, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.
Africa, South of the Sahara, Sub-Saharan Africa, Central Africa, Eastern Africa, Southern Africa, Western Africa, SADC countries, SACU countries, North Africa, Central Africa, Southern Africa, ECOWAS	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African, Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Eswatini, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.		

Filters: 2008- 2018, English language, Human research

Figure 1: PRISMA Diagram



Results

Of the Thirty-four articles reviewed papers, eleven were from Southern Africa, six were from North Africa, two from West Africa, nine from East Africa. Six papers were from several African countries, while there were no articles from Central Africa.

Commonly used drugs and substances across Africa

The results indicate alcohol as the most predominantly used substance in most of the countries, seconded by cigarette smoking. Other reportedly used substances in reviewed papers were methamphetamine, amphetamine-type stimulants (ATS), heroin, cocaine, crack cocaine, tobacco, cannabis, methaqualone, ecstasy, marijuana, snuff, chewing tobacco and cigars..

Identified risk and protective factors

A wide spectrum of factors that were both risk and protective were reported in the studies ranging from age, gender, level of education, marital status, area of residence, occupation, employment status, alcohol use screening, mental health, psychological factors, accessibility and availability of alcohol and substances, participants' place of origin, adults drug users and dealers, ethnicity, race, socio economic status to attitudes and perceptions. Peculiar risk factors identified ranged from antisocial behavior among adults in the community, incomplete adherence to medication, high risk sexual behaviors, scarcity of counselling skills, lack of clarity for PHCW regarding guidelines on alcohol use when on ART misinformation, lack of religious affiliation to self-esteem.

Identified prevention strategies

The reported prevention interventions fall into various broad categories such as individual, family, school, workplace, environmental, media as well as community based prevention interventions. Prevention interventions shown in this scoping review include use of Primary Health Care Settings, more specifically targeting general practitioners, training and empowerment of PHCW. Other interventions include life skills training, use of Community Popular Opinion Leaders (CPOL) community-based intervention, individual level counselling strategies, address misinformation through improved levels of information dissemination to target groups, generation of public and policy makers awareness on effects of substance use using various media platforms such as social media and text messages to target groups. Additionally, enforcement of Fiscal (Price and Tax) and Trade Policies on tobacco products as well as prevention interventions to influence attitudes and perceptions.

Discussions and Conclusion

Our findings indicate the existence of a wide range of risk factors for substance use throughout the African continent. Additionally, there exists a diversity of substance use vulnerable population groups requiring demographic specific prevention interventions to ensure their effectiveness. While a variety of other targeted prevention interventions have been implemented in the African continent, their effectiveness remains to be further elucidated, explored and tested.

Suggested future direction

Future studies could focus on using randomly selected large number of study participants in longitudinal studies as a way of testing the effectiveness of selected individual based or community based prevention intervention strategies in both rural and urban study settings throughout the African continent.

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