

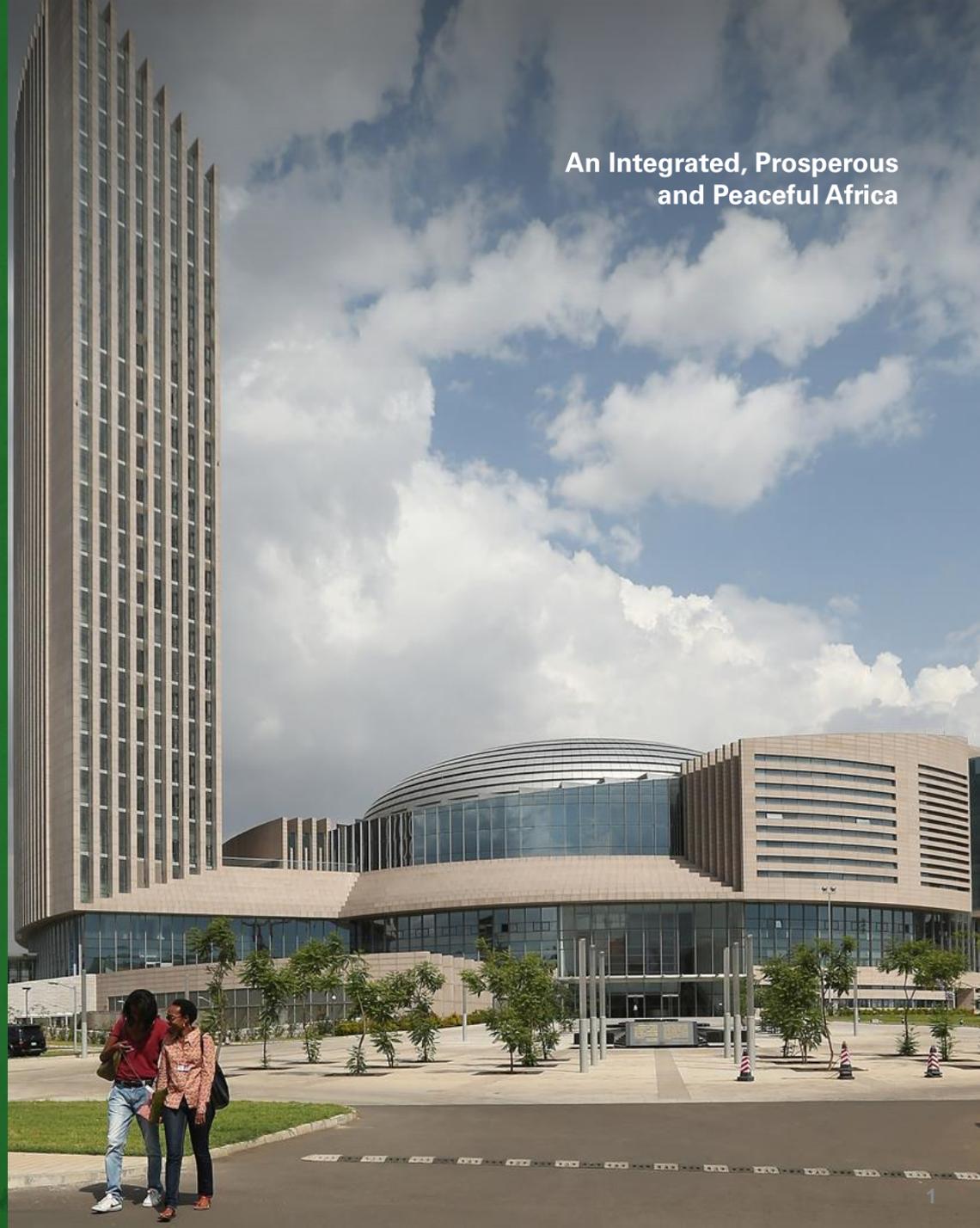


Global Need for Workforce Development in Addictions Treatment and Prevention.

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An Integrated, Prosperous
and Peaceful Africa



1. Introduction
2. Addictions Problem in Africa
3. Treatment and Prevention Status and Challenges
4. Need for Workforce Development in Addictions in Africa
5. Conclusions

- Workforce development in addictions treatment and prevention cornerstone to improving addiction care and health outcomes.
- Addiction a public health issue requiring trained professionals.
- Principles of care: equality, availability, accessibility, attractiveness and appropriateness, underpinned by good clinical governance.
- Investments in appropriate prevention and treatment can lead to economic and social benefits far in excess of the resources invested.
- Huge unmet treatment gap. Only 6% needing, receive it.

- 35 years+ in addressing prevention and treatment of drug abuse, yet still far from reversing trends.
- Context of bulging youth population. 68% of Africa's population estimated to be under 30 years.
- Youth mostly affected- with inadequate care, eroding demographic dividend.
- Critical agents for positive socioeconomic change- appropriate investments in their rights to education, employment and health.
- Unleash their power to innovate and become productive citizens.

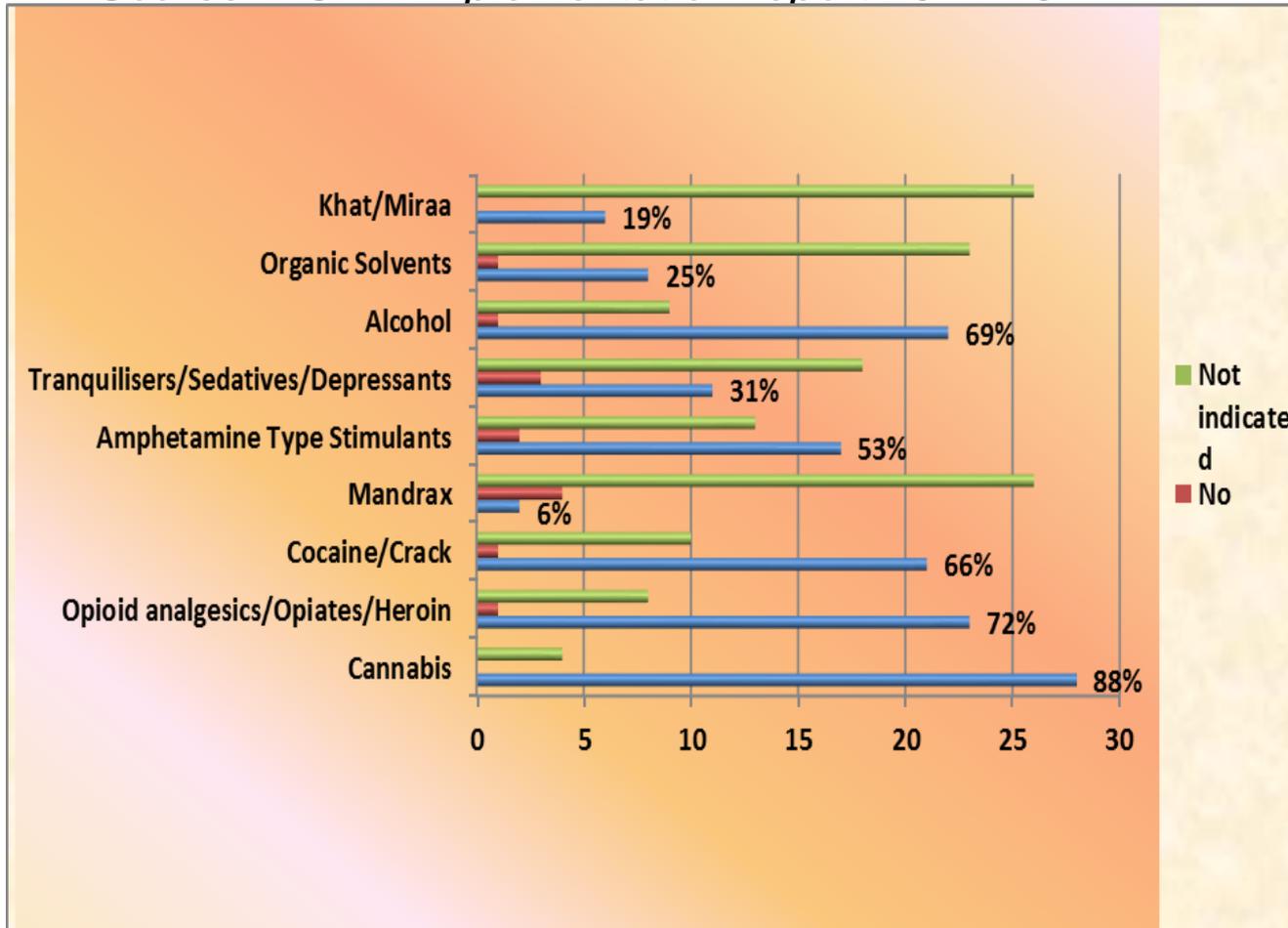
- Systematic and strategic investments in health important in realization of Africa's development goals.
- *Agenda 2063* - AUs development blue print for inclusive growth and sustainable development for the socio-economic transformation.

“ending poverty, addressing youth unemployment, developing Africa's human and social potential and expanding access to health care services, especially for girls and women”.

Complex and changing phase of addiction

- Major problem is alcohol and *Cannabis*, and the traditional drugs (heroin, cocaine etc.)

Source: AUPA Implementation report 2014-16



- Increased use of tramadol also reports
- Practitioners struggling to address new challenges and new forms of addictions, e.g. NPS.
- Several countries identified a number of them, and the numbers are growing (33 in Mauritius, mostly synthetic cannabinoids)
- Only symptomatic treatment available for the acute phase with follow-up psychosocial support.

Treatment and Prevention status

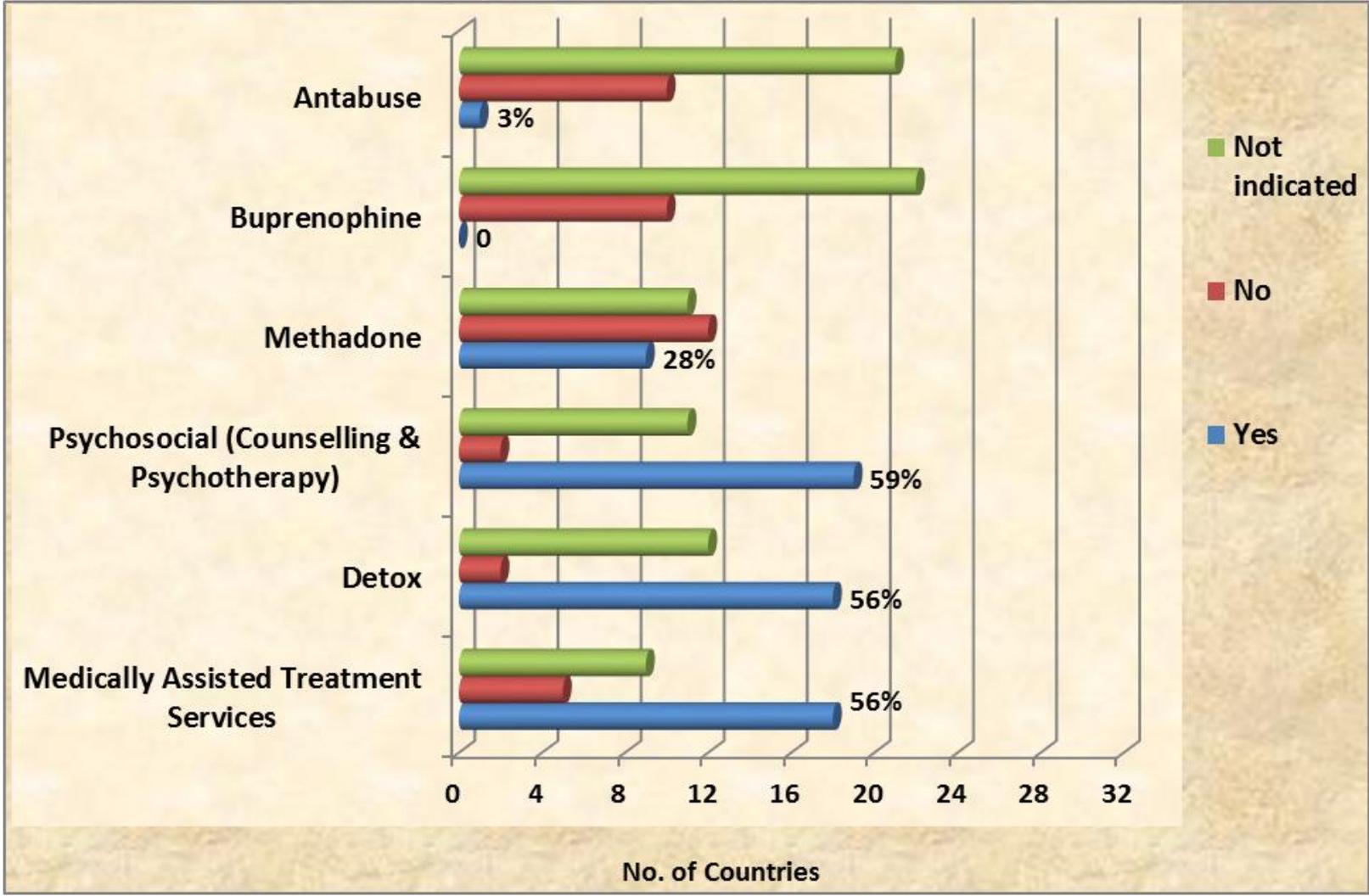
- Prevention remains a far cry behind, sketchy, mostly not evidence based and countries are not investing enough to scale up on pilots.
- Measure of success in treatment in few countries which have invested considerable resources.
- Regional and country variations in levels of sophistication.
- Many countries lack dedicated treatment and rehabilitation facilities- even most basic drug-related health and treatment services are scarce.

- Available facilities poorly funded, don't have adequate numbers of personnel with skills and experience in managing substance use disorders.
 - Psychiatric clinics and general hospitals - overcrowded and may not have specialized drug dependence services;
 - Traditional and religious healing sites-some methods not scientifically sound
 - Self-help groups such as Narcotics Anonymous using the Minnesota 12-step model

Treatment and Prevention status

- Bulk of treatment provided is psycho-social and detoxification only.

Source: AUPA Implementation report 2014-16



4. Treatment and Prevention Challenges

- Limited infrastructure/expertise for prevention, detection and treatment.

Treatment available mostly inadequate:

- Few dedicated professional facilities run by well-trained and qualified staff.
- Poor rate of recovery
- Where they are available coverage and scale is an issue.
- Treatment often very costly affair in few existing private upmarket facilities (mainly in SA) - (Expanded credible workforce potential to seriously bring costs down)

Need for Global workforce

- Current initiatives far below the critical threshold mass needed to effectively respond to treatment demand for DUDs.
- Current efforts to professionalize treatment is laudable.
- Attention on tailoring training needs- effective/ low threshold but of good quality, both content and context specific.
- Explore balance between highly sophisticated approaches in which countries will never find sufficient resources to invest versus low threshold methods which are evidence-based, simple to implement and yield results fairly in the short term, vis avis workforce development.

- STC-HPDC-2- Growing political commitment to preventing an upsurge in illicit drug use and dependence- golden opportunity to pursue the correct way to do it-
- Investment in workforce development (training and credentialing and accreditation of services) directly beneficial to communities
- Investing in drug treatment cuts crime, saves money, promotes better public health outcomes as the aim of treatment is to help individuals achieve stable, long-term recovery and become productive members of society, and to eliminate the public health, public safety, and economic consequences associated with addiction.
- Biggest challenge remains for countries to invest sufficiently and scale up both reach and impact.

Thank You