Setting up an Epidemiological Alcohol and Drug Abuse Surveillance System

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Introduction

The global burden of disease caused by harmful use of alcohol and drugs is enormous. Substance abuse which is inclusive of alcohol abuse is one of the leading risk factors for detrimental population health worldwide [1]. Alcohol and drug abuse are among the major contributors to the burden of disease in over 200 health conditions. This exceeds those caused by many other risk factors and diseases high on the global health agenda. Alcohol and drug abuse is linked to many non-communicable diseases like cardiovascular diseases, road traffic injuries, violence and suicide[2], diseases associated with risky sexual behaviours[1], and poor mental health [3]. People of younger ages were disproportionately affected by alcohol compared to older persons, and 13.5% of all deaths among those aged 20–39 years of age is attributed to alcohol [4].

Although the highest levels of alcohol consumption are in Europe, Africa bears the heaviest burden of disease and injury attributed to alcohol. Alcohol per capita consumption per year in litres of pure alcohol is one of two indicators for SDG health target 3.5. According to the 2018 Global status report on Alcohol and health, the total Alcohol per capita for Uganda in

Key Findings

1. The commonest substance of abuse was Alcohol (51.9%) across all the ten facilities in a period of 8 months (November2019 to June 2020).

2. The biggest percentage of clients obtained their primary substances of abuse from street dealers (51.8%) as well as friends (37.2%).

3. 91.4% of the clients used the primary substance of abuse on a daily basis.

4. The biggest percentage of the clients were unemployed (28.5%), single (57.3%), between 25-34 years (45.1%) and had attained secondary level of education (55.1%).

5. 71.3% and 13.1% of the clients had tested for HIV/AIDS and Hepatitis C virus in the past 12 months respectively.

6. 10.3% of the clients reported a positive test result for HIV/AIDS.

the year 2016 was 9.5 compared to 6.3 for the whole Africa region (WHO, 2019).

Half of the admissions in the Ugandan National Mental Referral Hospital are young people with alcohol and substance use disorders [5]. Alcohol and Drug use despite their health impacts are on the rise in Uganda especially among young people[3].

Alcohol use is among the top 10 risk factors that contribute to the country's burden of disease[6]. Despite its significance to the public health burden in Uganda, these key risk factors have been largely neglected. These observations should compel major interest in the prevention of alcohol and drug abuse in Uganda but it does not get the attention it deserves. In addition the magnitude of the alcohol and drug abuse problem is unknown. A drugs and alcohol surveillance system has the potential to establish the magnitude of the problem in order to advise policy development, guide local training and resource allocation decisions, mobilise researchers and attract new research initiatives.

This research brief presents data on; Establishing the most suitable tools for the surveillance system through engagement with key stakeholders, Developing a database for integration of alcohol and drug abuse data from source files into the surveillance system, Training staff from the treatment facilities and those affiliated to the alcohol and drugs research Centre (ADARC) on the use and maintaining the surveillance system and determining patterns and trends of alcohol and drug abuse in Kampala Metropolitan Area.

Ten facts about Alcohol and Drug Abuse among clients of rehabilitation facilities in Kampala Metropolitan Area

Fact one: A high proportion of the clients (52%) use alcohol as their primary substance.

In all the 8 months under study (November 2019 to June 2020), the commonest primary drug abused was alcohol (51.9%) followed by cannabis (19.3%), crack cocaine (12.9%), Heroin (8.3%) other substances (7.7%).

In each of the months, Alcohol abuse remained high with significantly high percentages recorded in the months of January and February 2020 (58.7% and 57.6%) and November 2019 (56.8%). Generally primary drugs abused varied by months.
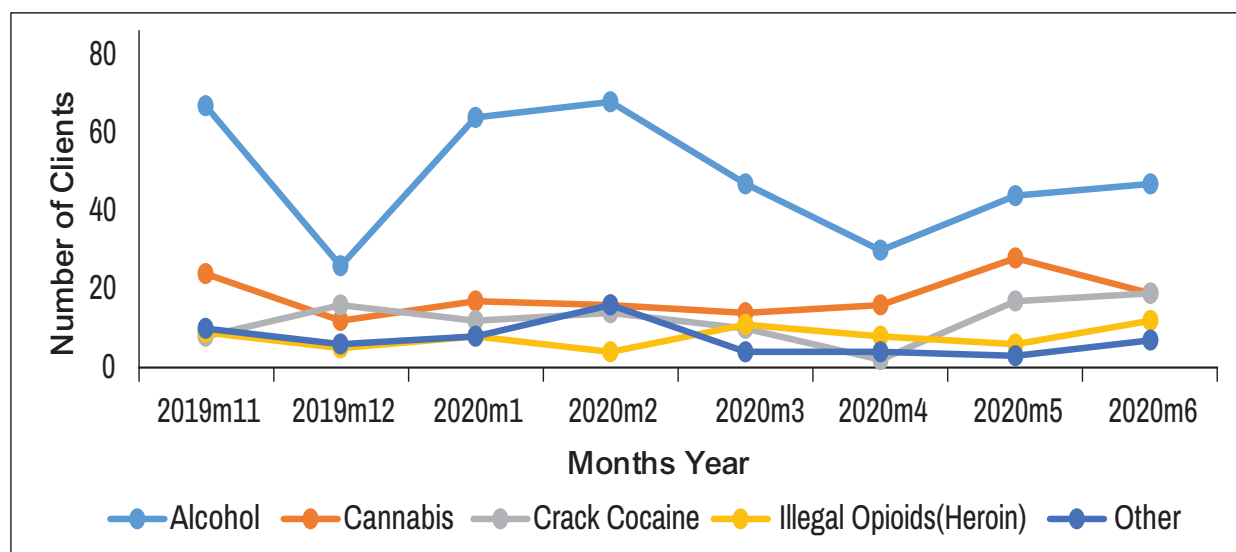

Figure 1: Number of clients that visited the facilities by month and by the primary drug used

Fact Two: Majority of the clients (87.3%) in rehabilitation facilities are aged 25 years and above.

47.3% of the clients aged 35 years and above abused alcohol as a primary drug compared to those who were between 25-34 (40.0%) and 15-24 years (12.7%) while 50.0% of clients aged 25-34 abused cannabis compared to those between 15-24 (42.5%). 57.1% of the clients aged 25-34 abused heroin compared those 35 years and above (25.4%)

Fact Three: Most of the clients (84.6%) who abuse alcohol and drugs have attained at least secondary education.

Clients with secondary education level (43.9%) abused alcohol compared to those with tertiary (40.7%), Primary (8.9%) and those with no education (6.7%). Additionally, clients with secondary education highly abused cannabis (62.0%) compared those with tertiary, Primary and no education (19.4%, 12.4% and 6.2%) respectively. 69.8% of the clients with secondary education abuse heroin compared to 12.7%, 11.1% and 6.4% for primary, tertiary and no education.

Fact Four: A high proportion of the clients obtain their alcohol and drugs from street dealers (52%) or friends (37%).

The commonest source of primary drugs across all the eight months was street dealers (51.8%) followed by friends (37.2%), other sources (8.2%) and lastly prescription/ pharmacy (2.8%). The source of primary drugs varied in each of the months although it consistently remained high for street dealers and friends compared to other categories.

Fact Five: Majority of the clients (91%) use their primary drugs daily.

Overall, majority of the primary drugs were used on a daily basis (91.4%). Alcohol, cannabis, crack cocaine, heroin, and other substances use on a daily basis was 92.4% 86.8%, 98.4, 88.9 and 86.4% respectively.

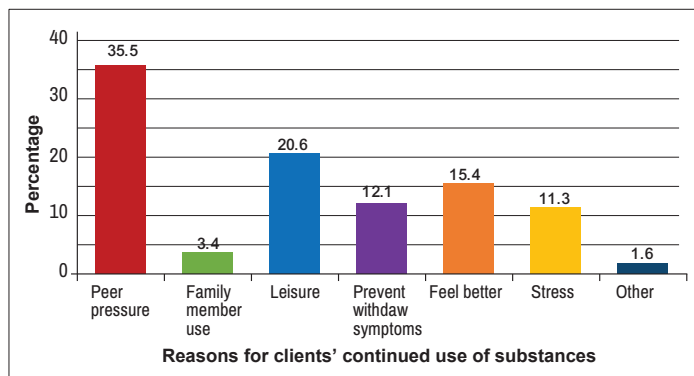**Fact Six: A high proportion of the clients (36%) continue to use alcohol and drugs due to peer pressure.**

Figure 2: Reasons for clients' continued use of substances

Fact Seven: Most of the clients (78%) have received treatment for alcohol or drug dependence between 1 - 2 times.
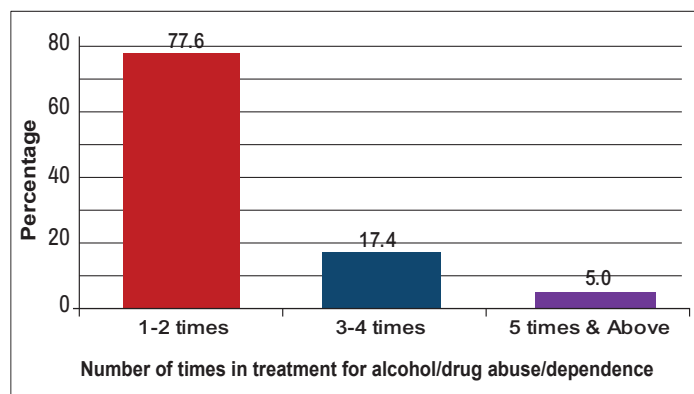

Figure 3: Number of times in treatment for alcohol/drug abuse/dependence

Fact Eight: Most of the clients' treatment and rehabilitation for alcohol and drugs was made by family/ friends.
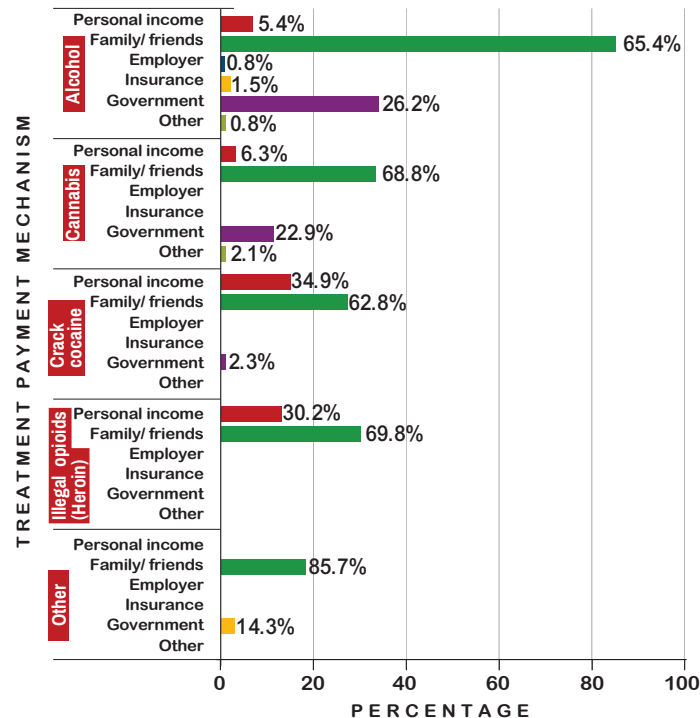

Figure 4: Source of payment for treatment of alcohol/drug abuse

Fact Nine: The HIV prevalence in among clients (10%) is higher than the national prevalence (6.2%)

Fact Ten: Age at first use of primary drugs is lowest among those taking Cannabis (enjaga) compared other substances.
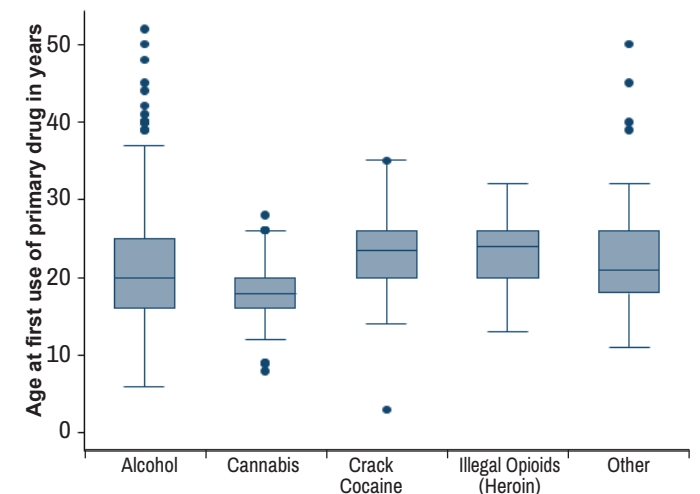

Figure 5: Age at first use of particular primary drugs

Conclusions

- Alcohol and drug use disorders are increasingly becoming a public health problem in Uganda as shown by increasing numbers of alcohol and drug abuse victims in treatment centres.

- Most of the alcohol and drug abuse victims are young and single thus likely to waste their most productive stages of life.

- Furthermore, majority of the bills for treatment especially in private treatment centres are paid by families/friends thereby presenting a bigger financial burden to the families/friends of the victims in a country struggling with high poverty levels.

- Majority of the victims in the facilities use alcohol and drugs daily for reasons like peer pressure, leisure as well as feeling better.

- The treatment and rehabilitation services mostly serve the urban population leaving out the rural populace.

- A number of negatives consequences do exist to both the clients and their families.

- HIV prevalence among alcohol and drug abuse victims is relatively high (10.3%) compared to the national average of 6.2%.

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Acknowledgment

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