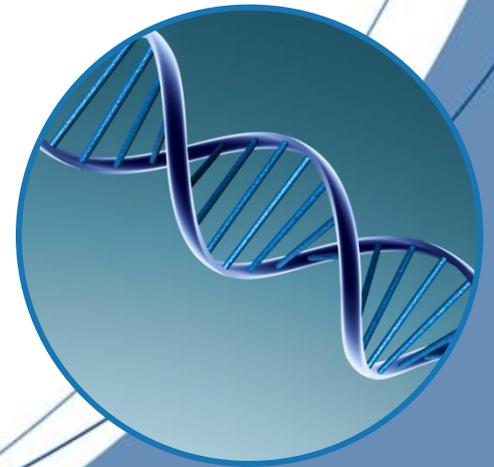


**DST and HSRC  
GOVERNMENT CLUSTER  
WORKSHOP: SUBSTANCE ABUSE  
HARM REDUCTION AND HARM  
PREVENTION**



# INDIVIDUAL, FAMILY, COMMUNITY & WORK-PLACE INTERVENTIONS

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# INTRODUCTION

- Cost of licit and illicit drug use is staggering (e.g. illicit drug use cost the US an estimated \$193 billion dollars in 2007, and excessive alcohol use cost the US \$223 billion in lost productivity, healthcare expenses, law enforcement and criminal justice costs)
- **GAP:** (a) in SA we need to ***‘develop a measure’ of the cost of substance abuse*** in order to develop new policies & revise existing ones, and (b) need to guide which sector needs to divert more resources towards substance abuse harm reduction & prevention

# INTRODUCTION cont...

- Adequate evidence has been generated locally and internationally to demonstrate the ***pervasive nature & effect of substance abuse*** on individuals, families, communities & the workplace
- Substance abuse harm reduction & prevention efforts at a systems level (i.e. individual, family, community & the work-place) have to be guided by and must influence policy, legislation, practices & programmes

# INTRODUCTION cont...

- ***Cost-effective & efficient interventions*** to reduce the effects of licit and illicit drugs, alcohol & tobacco have to assume a ***targeted approach aimed at specific sub-groups of the population (key populations) who are at risk***. Addiction is complex but treatable
- Real & potential risks for substance abuse among key populations such as adolescents & pregnant women, vulnerable families & communities, and specific types of paid work environments (such as shift work) need to be identified through ***'best-practice' methods*** such as ***informed screening strategies***

# IDENTIFYING the individual/collective abusing substances

- Prior to implementing an intervention, a **screen assessment to identify individuals, families & communities/institutions at risk** need to be conducted
- **Cut-off scores** for screening assessments that distinguish those who abuse substances from those who do not must conform to evidence-based national & international guidelines (e.g. AUDIT scores developed by the WHO for alcohol misuse, biomarker testing for illicit drug use & so on)
- **GAP: substance abuse that is not so easily detected due an absence of obvious signs** by the abuser or a lack of disclosure (e.g. overuse of prescription drugs)

# IDENTIFYING the individual/collective abusing substances ...

- ***Multi-sectoral involvement imperative during ‘identification stage’*** (e.g. health care facilities, traffic enforcement officers, educational institutions, industries, provincial authorities, local councils, sports organizations & so on)
- ***Identifying the individual who abuses***
  - ✦ use the evidence (existing & new) to establish target/vulnerable groups
  - ✦ vulnerable groups include:

# IDENTIFYING the individual/collective abusing substances ...

***pregnant women*** in certain communities known to consume illicit drugs & alcohol in excess (likely to access the local reproductive health services) ; ***scholars*** in ***selected junior & secondary schools*** that have been identified as a hub for drug abuse; ***employees*** in certain types of employment such as shift work and 'high pressured jobs'. Numerous other examples

- Identify existing **co-morbidity** with mental disorders (e.g. depression), infectious/communicable diseases (HIV, TB, hepatitis B & C) & other medical conditions (e.g. pain syndromes)

# IDENTIFYING the individual/collective abusing substances ...

- *Identifying families at risk*

- \*More complicated if they do not voluntarily seek help

- \*Use a **human rights-based approach** especially for the protection of children, the disabled and other vulnerable sub-groups of people

- \*Important, therefore, for **'front-line' workers** in health and other sectors to be trained to assess 'family risk' once an individual is identified as one who abuses substances

# IDENTIFYING the individual/collective abusing substances ...

- ***Identifying communities at risk***

- \*Assess which communities have a high substance abuse burden

- \*Usually associated with gangsterism, criminality and other social ills

- \*Analyse crime statistics (e.g. rates of incest, sexual assault, homicides, community & domestic violence)

- ***Identifying employees at risk in the work-place***

- \*Use behavioural indicators such as poor quality and /or poor quantity of work & poor attendance record

# A TARGETED APPROACH USING EVIDENCE-BASED INTERVENTIONS

## INTERVENTIONS TARGETING INDIVIDUALS

*(Screening) & Brief Interventions* [SBI]: using motivation and behaviour change strategies

**Example 1:** Brief Alcohol Screening & Intervention for College/University Students (BASICS): A Harm Reduction Approach

# A TARGETED APPROACH USING EVIDENCE-BASED INTERVENTIONS

**Combination treatment:** Medication together with behaviour change methods

**Non-traditional methods** such as harm reduction approaches for those unwilling or unable to stop using psycho-active drugs (e.g. safe needle-exchange programs which SA may or may not be ready for ?)

**Example:** Holistic Harm Reduction Program (HHRP+). *Effective for use with HIV positive injection drug users. HHRP+ is a 'group therapy' approach. Cost effective & aligned with public health principles*

# A TARGETED APPROACH USING EVIDENCE-BASED INTERVENTIONS

## INTERVENTIONS TARGETING FAMILIES

### **Example 1: Behavioural Couples (Marital) Therapy**

(outpatient treatment) *Appropriate for:* for adult poly-drug, alcohol & other illicit drug abusing men and women)

### **Example 2: Brief Strategic Family Therapy (BSFT)**

BSFT is a *family* systems *approach* which is based on the premise that all family members are interdependent (what affects one member affects other family members).

*Effectively used* with adolescent & adult substance abusers

# A TARGETED APPROACH USING EVIDENCE-BASED INTERVENTIONS

## **Example 3: Family Support Network for Adolescent Cannabis Users (FSN).**

*Most effective* for adolescents using marijuana as a primary drug of abuse. Outpatient treatment approach.

# A TARGETED APPROACH USING EVIDENCE-BASED INTERVENTIONS

## INTERVENTIONS TARGETING COMMUNITIES

\*Wide-scale substance abuse **harm reduction & prevention education campaigns** are essential in high burden areas. Focus on schools/industry-e.g. mining towns

\****Law enforcement must take on a human-rights approach*** and ensure that they do not increase the burden of substance abuse in these communities by criminalizing and stigmatizing abuse. **Offer solutions/resources** to people in the community

\****Create safe spaces*** for those directly affected by substance abuse (e.g. those suffering sexual & domestic violence, neglected children) to access legal resources

# A TARGETED APPROACH USING EVIDENCE-BASED INTERVENTIONS

## INTERVENTIONS TARGETING EMPLOYEES: 'WORKPLACE' INTERVENTIONS

\*A more **comprehensive approach** is needed. Need to be interventions for the individual (such as the **Screening & Brief Intervention approaches offered by the EAP**) & regular institution wide **harm reduction & prevention campaigns**

\*Employees should not be forced to use the EAP but also be given the opportunity to seek rehabilitative services from a practitioner or organization of their choice.

# CONCLUSION

- ***Interventions*** used for substance abuse harm reduction and prevention should be framed by a ***human-rights based approach*** given the fact that these ***interventions are mostly directed towards ‘at-risk’, vulnerable groups of individuals who need to be understood and protected***
- ***Research Gaps & Policy relevance***
  - \*SA needs a “*well-heeled*” *co-ordinated approach* to implement current policies & legislation
  - \*Effective & efficient substance abuse harm reduction & prevention interventions, programmes & strategies need to be tested & adapted for SA

THANK YOU