Building cooperative learning to address alcohol and other drug abuse

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Building cooperative learning to address alcohol and other drug abuse in Mpumalanga, South Africa: a participatory action research process

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VAPAR Programme (1)

- **Verbal Autopsy (VA)** levels, causes and circumstances of deaths (*routine surveillance mortality data*)

- **Participatory Action Research (PAR)** local knowledge on avoidable mortality and action (*community engagement*)

- **Learning platforms**: Analyze, plan and act on evidence with range of stakeholders in government different levels and sections, NGOs and communities (*stakeholder engagement*)

Image credits: Byass et al, 2015; VAPAR 2015, 2018
VAPAR Programme (2)

Purpose and aims:
• To address exclusion from health systems by connecting service users and providers to generate and act on research evidence.
• To embed a system of knowledge production and exchange via partnerships approach

Process: Build collective dialogue and action through iterative reflection/action learning cycles:
1. Build community capacity and voice
2. Connect to decision making structures
3. Embed in community health systems
Cycle 1: Analyse/Plan

**Step 1 Engage/observe**

**Stakeholders**: 48 community stakeholders from 3 villages. Workshops facilitated by VAPAR research team.

**Mechanisms and outputs**: Weekly, village-based workshops to identify priority health issue(s); PAR tools (problem trees, Venn diagram, action pathways, Photovoice) to develop evidence on the problem and action to address it. VA data on levels and causes of mortality. Produced DoH brief for Step 2.
Half of the 216 adolescent deaths during 2012-2016 could have been avoided if there had been avoidance of AOD abuse.
Of 1,524 deaths >500 may have been due to/influenced by, AOD abuse.

<table>
<thead>
<tr>
<th>Deaths linked to drug/alcohol abuse (Agincourt HDSS 2014-15)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Road traffic accident</td>
<td>42***</td>
</tr>
<tr>
<td>Self-harm/suicide</td>
<td>22***</td>
</tr>
<tr>
<td>Assault</td>
<td>21***</td>
</tr>
<tr>
<td>HIV-related</td>
<td>185**</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>36**</td>
</tr>
<tr>
<td>Liver damage</td>
<td>24**</td>
</tr>
<tr>
<td>Other transport accident</td>
<td>17**</td>
</tr>
<tr>
<td>Other injury</td>
<td>4**</td>
</tr>
<tr>
<td>TB</td>
<td>104*</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>70*</td>
</tr>
<tr>
<td>Heart attack</td>
<td>47*</td>
</tr>
<tr>
<td>Heart disease</td>
<td>44*</td>
</tr>
<tr>
<td>TOTAL</td>
<td>513**</td>
</tr>
</tbody>
</table>

* May be related to substance abuse
** Likely to be linked to substance abuse
*** Very likely to be linked to substance abuse
Problem tree
Venn diagram (actors)
Overall goal: reduce rates of AOD abuse

Supply reduction
- Action: Reduce opening hours in taverns, ban sale of alcohol to children
  - Actor: Police
  - When: Daily
  - Monitoring: Taverns close earlier
- Action: Ensure drug dealers are arrested
  - Actor: Induna, Police and CDF
  - When: Weekly
  - Monitoring: Reports of people arrested
- Action: Give long sentences to drug dealers
  - Actor: Magistrates
  - When: Consistently and as necessary
  - Monitoring: Recorded sentences

Demand reduction
- Action: Organise awareness campaigns working with Induna
  - Actor: Councillor
  - When: Weekly
  - Monitoring: Improved relationships between leaders
- Action: Ensure children do not use AOD; strict house rules
  - Actor: Parents
  - When: Daily
  - Monitoring: Search school bags and rooms to make sure no AOD
- Action: Pray and teach word of God
  - Actor: Pastors
  - When: Every church service
  - Monitoring: Increased number of church goers
- Action: Develop curriculum on the dangers of AOD abuse
  - Actor: DoE / national
  - When: Before and 2018
  - Monitoring: Subject in the 2018 curriculum

Harm reduction
- Action: Offer recreational activities (drop-in centre)
  - Actor: DSD
  - When: Daily
  - Monitoring: Number of youth attending after school
- Action: Ensure counseling and rehabilitation for addicts/families
  - Actor: Social workers
  - When: Once or twice weekly
  - Monitoring: Behaviour change among addicts
- Action: Create sports facilities
  - Actor: Dept. Culture, Sports and Recreation
  - When: Before and 2018
  - Monitoring: Visible sports grounds
- Action: Issue seeds to residents to develop community gardens
  - Actor: DoE
  - When: Every season
  - Monitoring: Regular visits to community gardens
Photovoice

Photo credit: VAPAR participants
Drivers of AOD abuse

- **Taverns**: Large and increasing number of taverns with long opening hours (some 24 hours), gambling and dirty environments reported.
- **Poverty**: Multiple structural influences: poverty, poor education and low employment.
- **Modern culture**: Adult/elder participants noted TV, media and peer pressure as drivers.
- **Substance abuse**: Widespread use of marijuana, benzene and glue described. ‘Nyaupé’
- **Traditional practices**: Several reported e.g. traditional beer (Xipayoni).
- **Corruption**: drug dealers reportedly collaborate with police and community leaders.
- **Adults/elder distress and anxiety**: significant distress and anxiety due to behaviours related to AOD abuse, e.g. theft within the household, and sexual assault on relatives.
- **Lack of planning and leadership**: in households, communities and the authorities and lack of information, rehabilitation services and recreational facilities for youth.
Impacts of AOD abuse

• **Behavioural:** crime to support addiction, drunk driving, gambling, poor decision-making, risky behaviours, unsafe sex, prostitution, loss of dignity, poor medication compliance, violence, road traffic accidents, poor nutrition, self-care and crime.

• **Health:** assault (including sexual assault), cancer, disability, HIV/AIDS, injuries (including RTAs), malnutrition, mental health, overdose, stress, stroke, suicide, TB, heart, lung, liver and other vital organ conditions and unplanned pregnancy.

• **Social:** immediate and long-term impacts on education, employment and ability to lead healthy and productive lives, crime and prison.

• **Destroys future, destroys communities:** Considering the collective effects, AOD abuse described as wholly destructive of families and communities.
Actions recommended

➢ **Regulate taverns:** reduce opening hours, reduce numbers of taverns, enforce age restrictions, provide fewer youth attractions in taverns (e.g. pool tables), more police presence in taverns, regular inspections of taverns and community patrols, stronger community regulation of taverns including community police forum (CPF) involved in tavern regulation, Indunas to work with owners to improve relationships with communities.

➢ **Education and employment:** Registers to monitor attendance, searches and drug tests in schools, co-parenting between parents and educators. Improve opportunities after matric (e.g. bursaries). Significant employment opportunities via community education, rehabilitation and recreation, local garden farming initiatives etc. (see below). In other settings, NGOs and social enterprises address social needs via service provision delivered through “supported employment and volunteering” to break cycles of addiction and poverty.

➢ **Community rehab and drop-in:** improved referral to existing support services, and building of new rehab facilities, youth drop-in recreation centres with authorities (e.g. Depts. of Health, Education and Social Development, National Council SANCA) and NGOs.
Actions recommended (continued)

➢ **Community health education:** educating people on AOD abuse in schools and clinics critical. Youth reportedly engage in AOD due to lack of guidance/financial support. More teachers, social workers, emotional support, food aid and housing support for people living in poverty.

➢ **Community partnerships:** Indunas with more powers to head AOD action partnerships with ward committees, parents, CPF, community development forum (CDF), pastors, magistrates, community health workers, schools. Councillors to work effectively for community.

➢ **Research:** continuing to collaborate with Wits to understand the burden of avoidable mortality owing to AOD.
Conclusions

Significant willingness and capacity among community stakeholders to work in partnership with authorities to address community health concerns.

Participation can help raise and frame issues, which may help to better inform action and encourage shared responsibility.

Broader understandings of participation require reference to and ultimately transfer of power towards those most directly affected, developing community voice as continuous processes within social and political environments.
Supporting CHWs to connect with communities in rural South Africa during COVID-19

A conversation with: Lucia D’Ambrosio, Rhiann Twine, Denny Mabeta, Jennifer Hooe, Maria van der Merwe, Kathleen Kahr, Stephen Tollman, Sophie Witter

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Collective reflections on the first cycle of a collaborative learning platform to strengthen rural primary healthcare in Mpumalanga, South Africa

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