



# Drug Abuse Prevention Efforts- A case of Uganda

By Kasirye Rogers

Executive Director, UYDEL

Email: [kasiryer@yahoo.com](mailto:kasiryer@yahoo.com)

# Funding Acknowledgement

- WFAD
- Mentor Foundation
- UNODC
- IOGT-NTO Sweden
- ECPAT France
- Comic Relief/Plan International
- Swiss Philanthropy

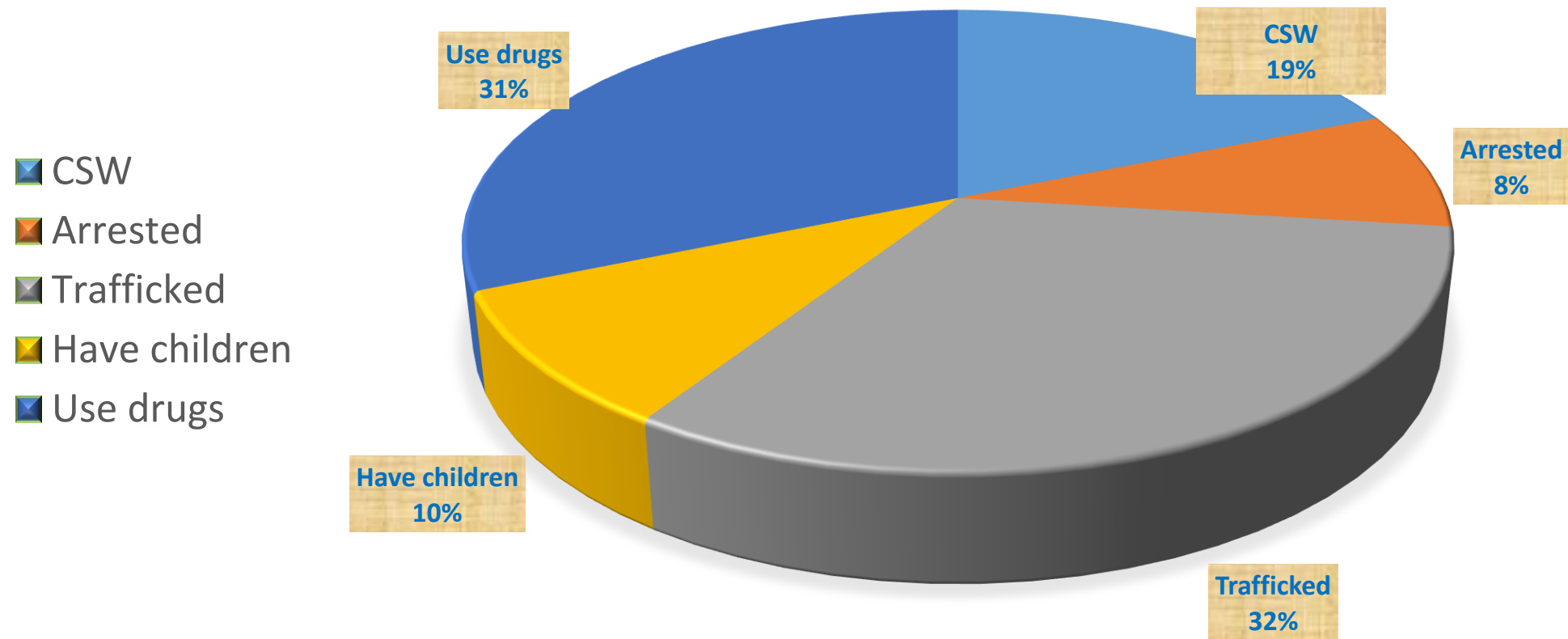


# UYDEL: Serving the Community

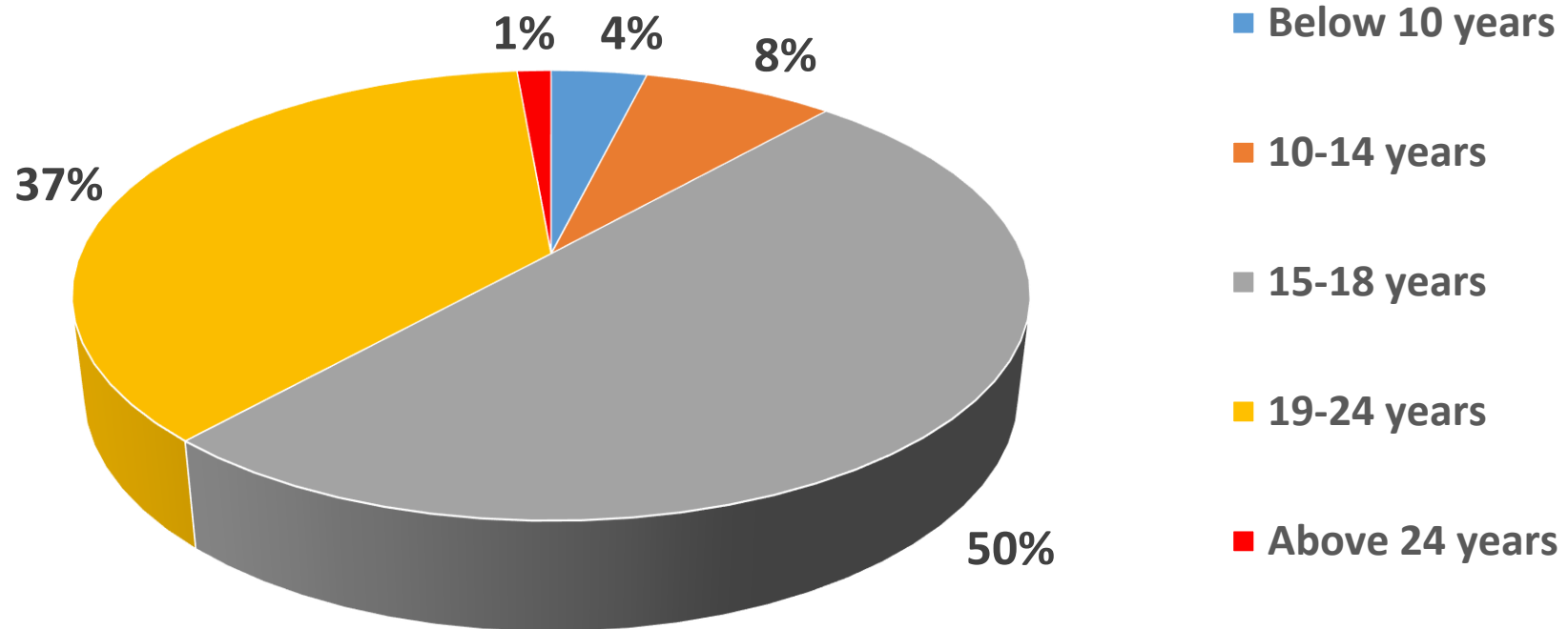
- Providing services to youth:
  - Skills/vocational training
  - Mental health/substance use counseling
  - Health clinic referral and screening
- Serving as advocates for youth
- Conducting Research
- An Example: <http://www.youtube.com/watch?v=bxH03m7ijPM>



## RISK CATEGORIES OF UYDEL BENEFICIARIES (1,529 YOUNG PEOPLE)



## AGE CATEGORIES OF YOUNG PEOPLE



# Street and Slum Youth: Context

- Vulnerable to a range of health concerns, health-risk behaviors and unmet needs
- These youth face:
  - Poverty
  - Lack of food, clothing, shelter and insecurity
  - Homelessness, exploitative labour, prostitution, juvenile crime
  - Lack of adequate support from family
  - Limited access to schooling and sports facilities
  - High-risk environment that includes sexual behaviors, alcohol and drug use, victimizations and HIV/AIDS/STDs
  - Problems of hygiene, mental health, violence, law enforcement organs.
  - High trauma and stress levels



# The problem of drug abuse

- Alcohol, cannabis , aviation fuel, bits of heroin and tobacco.
- Mainly driven by peer influence and territorial dominion to fit in group
- Majority parents have large families, sleeping in single rooms, high levels of poverty, violent and alcohol problems and no connections with children.
- UYDEL helps to build relationships with children by inviting parents for meetings and formation of parent support groups in the slums.



# Multiple Interventions in community

- Share activity reports with local leaders at various levels
- Formulated local committees which include police, faith based, local and cultural leaders
- Spearheaded formulation of local ordinances and referral.
- Trained in prevention and international standards, tools and Motivational Interviewing.



# What is prevention science?

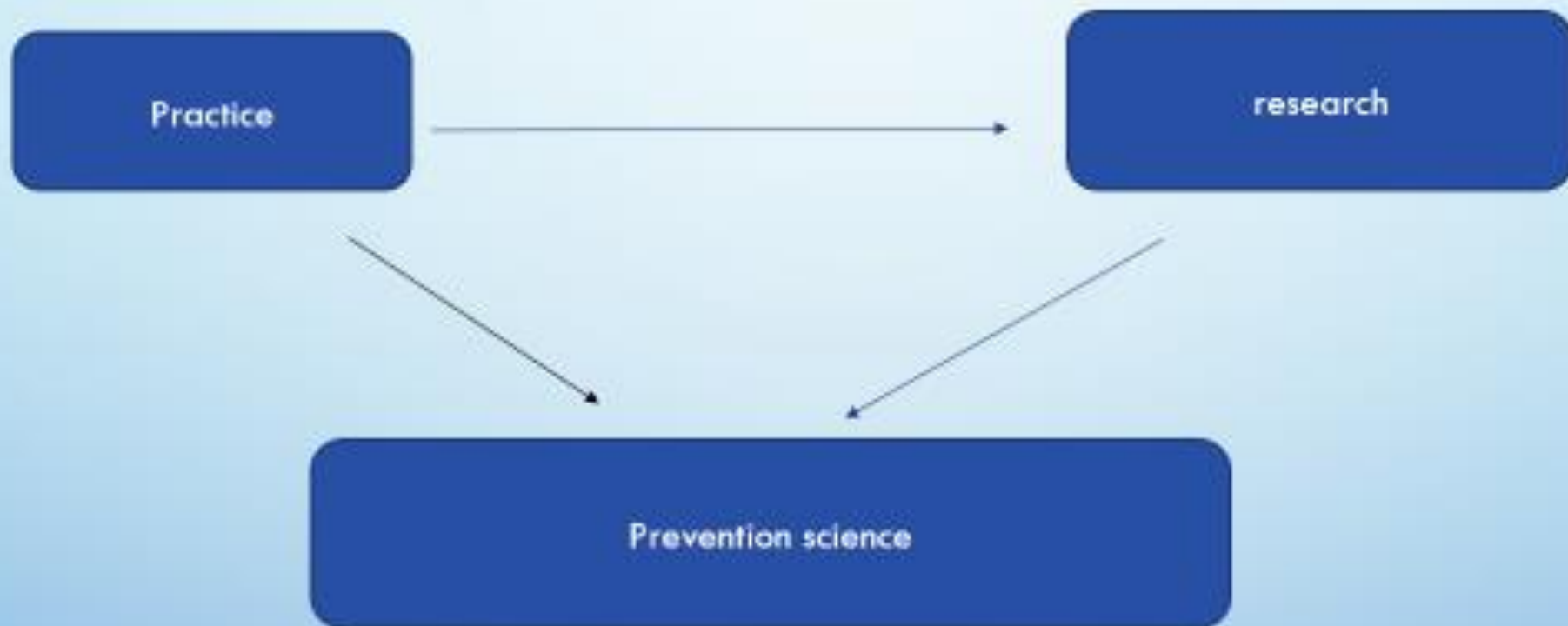
Is trans disciplinary

It is includes

- ☐ broad domain of epidemiology,
- ☐ Intervention development and implementation,
- ☐ Research design and statistical methods.



# PREVENTION SCIENCE AND RESEARCH



# Theories explain the mechanism of Prevention process related to

- Specifying intervention targets.
- Identifying prevention activities to address targets,
- Determining the most appropriate design
- Measurements and
- Analyses to evaluate process.

# Interventions efforts

- Often challenged by individuals and groups.
- On timing
- Location
- Gender appropriateness
- Benefits/opportunities

# Vulnerability for negative and unhealthy behaviours.

- Individuals are embedded /entrenched in more proximal and distal ecological domains.(e.g. the family, school, peer network, community, slum) this indicate that,
- Success of prevention efforts is also moderated by environmental factors.

# Prevention views individuals

- From a human agency perspective,
- Individuals are not just influenced by environmental toxins, But importantly interact with environment based on their
- Motivation( incentives and aspiration)
- Intentions (aims and intents)and
- Self efficacy.(usefulness and effectiveness)



# Best practices /EBIs

- Results based on evidence is still needed.
- Good practices transfer acceleration in our region.
- Regular activity not a one off activity.
- Interact with end users to assess effectiveness and efficacy still low.
- New ideas emerging from field -easily captured as well.
- Promote professional networking not dominance by NGOs or government.
- Share opportunities and donor support.



# Barriers and interference

- Donor influences and interference on EBIs known to work e.g. US republican condom model ABC/.
- Political changes, corruption
- Political allocation and determining deliverables.
- Curative bias and shortage of skills.
- Parallel dissemination/ duplication.
- Terrain and context also keeps shifting. Even when new systems and capacities take root, fresh challenges emerge.
- Religious and cultural biases.
- Motivational issues of staff, turnover and brain drain.

# Lessons learnt

- Develop a networking system to make it easier for diffusion of interventions/good practices/EBIs.
- A lot of trials, lack of commitment and eventual abandoning of good practices/EBIs exists.
- Donor influence.
- Technical skills are still underdeveloped
- ATCC centers be brought close
- Update EBIs and increase interaction with key stakeholders and people in field.
- Regular feedback and evaluation of EBIs



# Diffusion of EBIs.

- Africa is virgin ground we need to take advantage scale up Diffusion of EBIs.
- Costs sometimes are prohibitive for some EBIs.
- Follow and feedback of end users is key.
- Cultural sensitivity – one size fit all not applicable.
- Bring regional hubs closer and build capacity within countries.
- Multi-disciplinary approach in DOI-best practices is a key.
- Assessment on the types on knowledge transfer quality and content.
- Easy to do cost effective.



# Knowledge Transfer-KT

- KT should be divided into three core areas:
- Plan designs and increase access to Interventions,
- Systems development and country hubs
- Actual knowledge transfer skills ( Africa Needs more of this)
- Deal with political will and commitment to allocate resources.
- Evaluation of intervention throughout.
- Standards are key issues.



# Prevention science training for NGOs



- SKIP

# Results of the interventions

- Reduction in drug use by the youths
- Increased participation of youths in vocational skills training, sports, and daily attendance at centers.
- Less youths need referral for treatment.
- Consistency in training in vocational skills and being employed.
- Follow up shows children are trustworthy and keeping their jobs.
- Youths are doing more discussion about drug abuse prevention.
- Parents increasing frequency of visits to drop in centers .

# Lessons Learnt

- Information and awareness on drugs is needed among all stakeholders.
- Application of international standards help staff deliver appropriate messages to different stakeholders.
- Stopping using drugs is gradual and helps to deal with stress
- All stakeholders in at all levels need to work together.
- Once prevention messages have been promoted, communities discuss in groups and prevent more children from engaging in drugs and do early referral before problems go out of hand.


# Promotion of sports Activities



# Peer education materials

**Peer To Peer  
User Guide**

Drug and Alcohol Peer to Peer Prevention Program




**UYDEL**  
Uganda Youth Development Link

Sir Apollo Kagwa Road, Bifro House Opposite MBI  
P.O. Box 12659,  
Kampala, Uganda  
Phone : +256 (0)414-530 353  
Mobile : +256 (0)772-470 190  
E-mail : kasiryer@yahoo.com  
Website : www.uydel.org

**Mentor**  
Prevention • Opportunity • Protection  
www.mentorfoundation.org

Not For Sale

**"Sports"**



an alternative to **Drugs**  
& **Substance Abuse!**

**UYDEL** **Partners. Prevention** **Mentor**  
Prevention • Opportunity • Protection  
www.mentorfoundation.org

**"Michezo"**



Ni fadhali badili ya kutumia  
**Vidawa vya Kulevya**

**UYDEL** **Partners. Prevention** **Mentor**  
Prevention • Opportunity • Protection  
www.mentorfoundation.org

# Peer Educators at the Centre



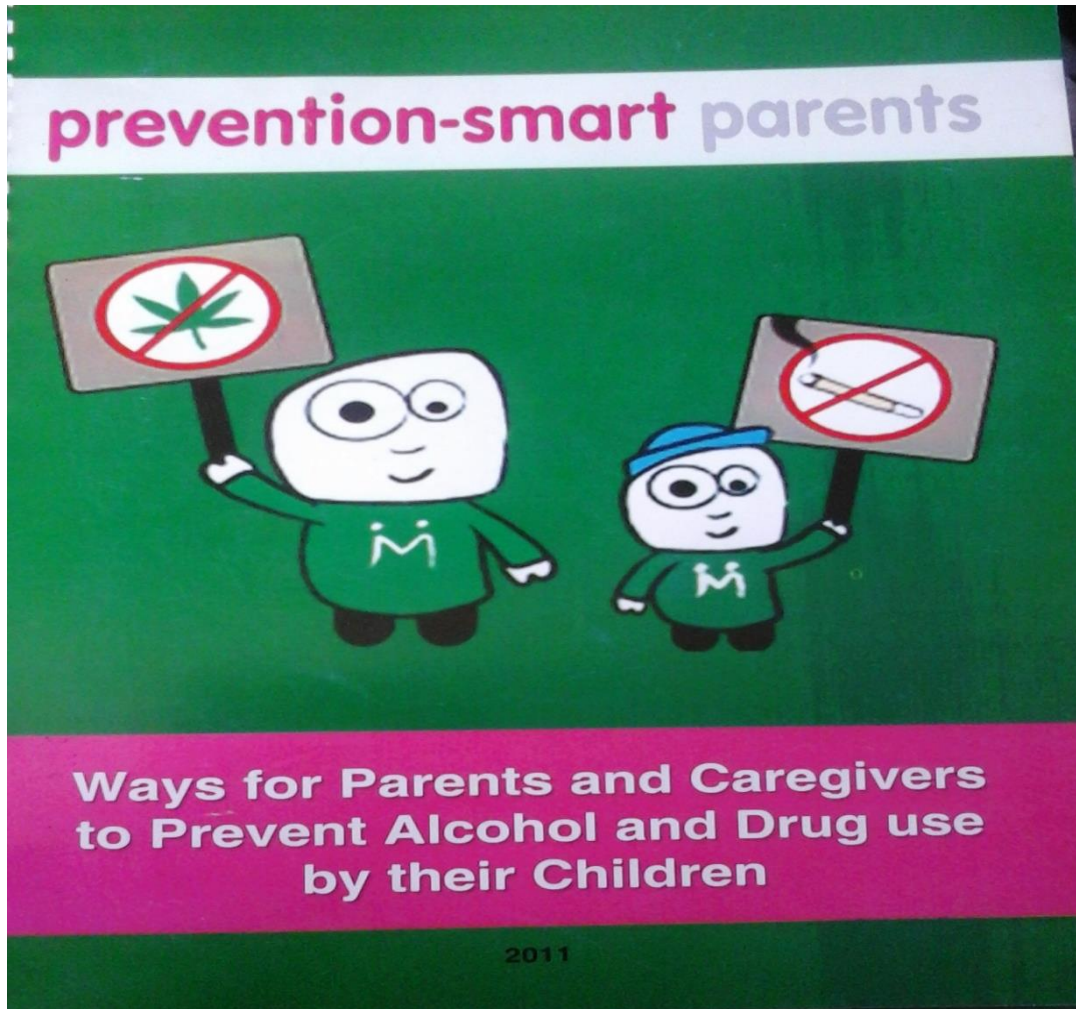
# Prevention trainings in East Africa



# Collaboration with Uganda Olympic Committee



# Parents session on drug abuse prevention



# Boys served by the center



# Group therapy session



# Life skills education sessions



# Graduation of the youths



# Music dance and drama sessions



# Girls and boys at the shelter



# Center at present day





Thank You so much for listening

**[www.uydel.org](http://www.uydel.org)**