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Community awareness and engagement to prevent alcohol-related harm: Stakeholder priorities in West Africa

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Abstract

Aims: West Africa is disproportionately harmed by alcohol consumption. However, limited information is available about the alcohol prevention strategies used by stakeholders in West Africa. In addition, there is scant awareness of health consequences from alcohol use among the communities with which stakeholders engage in alcohol prevention.

Design/Setting/Participants: A cross-sectional survey was distributed in 2020 by the West African Alcohol Policy Alliance to their member alliances and stakeholders across nine countries. Analyses were computed based on 171 persons/organizations completing the survey.

Measures: The West Africa Alcohol Policy Alliance Capacity Assessment Survey (WAAPACAS) included questions about programs and service delivery, alcohol prevention strategies used, and community knowledge of alcohol as a risk factor for a range of health concerns.

Results: In terms of addressing alcohol-related harm, non-governmental organizations (NGOs) and community-based organizations (CBOs) across West Africa engage primarily in community outreach and health promotion activities. Even so, awareness of alcohol as a risk factor for key health conditions remains relatively low, and varies by country and acute versus longer term consequences.

Conclusion: Leveraging the outreach and engagement by NGOs/CBOs will be critically important for addressing alcohol-related harm in West Africa. However, NGOs/CBOs will need additional capacity and information to convey that alcohol is a key risk factor for several health outcomes to ensure communities are more informed about the range of alcohol-related harms.

Introduction

The harmful use of alcohol accounts for 5.1% of all deaths in the African Region (World Health Organization [WHO], 2018a; WHO, 2023). While the African Region has a high level of lifetime abstainers (57.5%), those who drink alcohol tend to consume high volumes, with detrimental effects to themselves and society (WHO, 2018a). In 2016, even though aged-standardized alcohol-attributable burden of disease and injury was highest in the WHO African region with 70.6 deaths per 100 000 people, resources to prevent and address alcohol harm are very limited (WHO, 2018a; Shield, 2020). Therefore, intensifying efforts to prevent and reduce alcohol-related harm is a public health and development priority. Reducing alcohol-related harm contributes directly to achieving Sustainable Development Goal (SDG) target 3.5, and indirectly to achieving 12 out of 17 SDGs and targets (Movendi International, 2020).

The community is the primary locus for policies, actions, and efforts to prevent alcohol-related problems occurring (Room, 2017). In a bibliometric analysis of alcohol and substance use prevention research in Africa, Tapera and colleagues reported a significant increase in alcohol and substance use prevention research in the past decade (Tapera et al., 2022). In a recent systematic scoping review of alcohol and substance use prevention in Africa, Mupara and colleagues categorized prevention efforts as individual, family, school, workplace, environmental, media, as well as community-based prevention interventions, and suggested that there is no singular approach to alcohol prevention (Mupara et al., 2022).

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Awareness of alcohol-related harm and related socio-economic problems, and the need for collective action is needed in communities (Setlalentoa et al, 2015). However, little information is known about the strategies used by those engaged in prevention work across West Africa. Only two out the 34 articles analyzed by Tapera and colleagues in the bibliometric study on alcohol and substance use prevention in Africa were from West Africa (Tapera et al, 2022).

Non-governmental organizations (NGOs) and community-based organizations (CBOs) play a unique role in communities in preventing alcohol-related harm. They may serve communities directly with alcohol prevention programs and also advocate for the development and implementation of national alcohol policies and strategic plans (Morojele et al, 2021). While NGOs and CBOs are often the frontline advocates for preventing and reducing alcohol-related harm, much of their experience is not documented or researched. As such, the current project sought to identify (1) available services and programs and the prevention strategies stakeholders use; and (2) knowledge about alcohol as a risk factor for specific health concerns by the communities the stakeholders serve across nine countries in West Africa to further elevate and leverage the work by NGOs and CBOs.

Methods

A brief cross-sectional online survey was conducted with stakeholders engaged in alcohol harm-related prevention, outreach, and policy development in collaboration with the West African Alcohol Policy Alliance (WAAPA) during August and September 2020. The project is titled the West African Alcohol Policy Alliance Capacity Assessment Survey (WAAPACAS). The goals of the online survey were to assess the stakeholders' readiness to assess alcohol-related harm, their organizational structure, their operational and strategic priorities, target population, perceptions of alcohol-related concerns in their local communities, familiarity with the WHO SAFER initiative, research capacity needs and overall readiness for addressing alcohol-related harm (WHO, 2018b). The available services and programs, and the prevention strategies stakeholders use, refer to the operational strategies and priorities of stakeholders in alcohol-related prevention in their operational communities. Since the survey targeted stakeholders, their perception about alcohol-related concerns in the communities is used as a proxy for community knowledge about alcohol as a risk factor for specific health concerns, and knowledge gaps to prevent alcohol-related in communities.

Details of this survey administered in West Africa as well as the one in East Africa have been described previously (Balenger et al.,2021; Swahn, Balenger, Tumwesigye et al., 2023; Swahn, Balenger, Umenze, Aneja et al., 2022; Swahn, Balenger, Umenze, Dumbili et al., 2022; Swahn, Balenger, Umenze, Dumbili, Jalloh, et al., 2022; Swahn, Robow, Balenger et al., 2022; Swahn, Robow, Umenze et al., 2022). We used a snowball participant recruitment strategy where survey invitations were distributed to those affiliated with WAAPA via email and on social media platforms (i.e., WhatsApp and Facebook) to complete the anonymous Qualtrics online survey. Participants did not receive any compensation for taking the survey, and participants were free to invite others. Among the 140 participants in the survey, most participants worked at either NGOs (56%) or CBOs (24%).

Because of the survey distribution approach, a response rate cannot be computed. We are using data from 140 responses for these analyses. The survey was comprised of organizations in the following nine countries: Sierra Leone (24%), Nigeria (22%), Gambia (12%), Liberia (11%), Ghana (9%), Senegal (9%), Burkina Faso (6%), Benin (1%) and Guinea Bissau (1%). The survey was conducted during August and September 2020. Most of the respondents represented NGOs (57%) and CBOs (24%). The remaining respondents included representatives from research institutes, universities, and an international organization. The survey was deemed exempt from United States human participant protection federal regulations, and protection of human subjects and approved by the Georgia State University Institutional Review Board (H21075).

Results

In total, 89% of respondents reported that the enforcement of alcohol policies was not sufficient to prevent alcohol-related harm in communities across the reported countries. Similarly, 88% of respondents reported that the implementation of alcohol policies in the surveyed countries was significantly insufficient to prevent alcohol-related harm. Non-governmental organizations and CBOs have specific alcohol programs or services to prevent alcohol-related harm in their countries (See Table 1). Among those, the proportion of programs and services comprised the following: 27% community outreach; 20% health promotion; 20% alcohol education; 18% counseling; 10% rehabilitation; and 4% alcohol screening. Regarding specific strategies to prevent alcohol misuse in the surveyed countries, responses comprised the following: 20% advertising of alcohol prevention messages; 17% risk for HIV, violence, injuries and birth defects; 12% restricting of alcohol to adolescents and youth; 9% enforcing a minimum legal drinking age; 9% restricting sales of alcohol; 8% increasing prices to make alcohol more expensive; 7% eliminating illegal or non-commercial alcohol production; 5% increasing the minimum legal drinking age, and 5% regulating packaging – eliminating small sachets of spirits favored by adolescents and youth.

When asked about the recommended strategies for reaching communities with prevention messages related to alcohol-related harm in the surveyed countries, participants' responses were as follows: 11% use of social media campaign; 11% use of peer to peer education; 10% prevention outreach; 10% use of advocacy with community leaders and key stakeholders; 10% use of folk media, including drama, songs, and storytelling; 9% use of town hall meetings with key community leaders; 9% use of radio campaigns; 9% billboard usage; 7% television; 6% telephone counseling; 5% newspaper advertisements, and finally, 5% alcohol screening (See Table 1).

Table 1

Community Input on Available Programs and Services and Recommended Strategies for Alcohol Prevention in West Africa in the WAAPCAAS Survey

Specific Alcohol Programs and Services Available	Responses	Proportion
Health Promotion	47	20%
Alcohol Screening	9	4%
Counseling	45	18%
Rehabilitation	24	10%
Alcohol Education	48	20%
Community Outreach	64	27%
Interventions Provided by Participating Organizations		
Mass Advertising	44	20%
Enforcing Drinking Age	20	9%
Restricting Sales	21	9%
Increasing Price	18	8%
Eliminating illegal production	16	7%
Enacting laws	9	4%
Restricting hours of sale	9	4%
Restricting alcohol to youth	27	12%
Increasing drinking age	11	5%
Highlighting risk for HIV	39	17%
Regulating packaging	11	5%
Recommended Strategies		
Screening	25	4%
Prevention	62	10%
Newspaper	31	5%
Radio	57	9%
Telephone Counseling	39	6%
Social media	67	11%
Billboards	57	9%
Television	42	7%
Peer to Peer	73	11%
Folk Media	62	10%
Town Hall	58	9%
Advocacy	63	10%

Participants were also asked if there is need for alcohol counter-marketing intervention in communities to which 98% responded in the affirmative. In response to the follow-up questions in terms of what approach should be used by an alcohol counter-marketing intervention, these were the strategies endorsed:13% radio advertisements; 13% use of customized posters; 12% use of television advertisements; 9% outdoor billboards; 8% newspaper advertisements; 7% alcohol-free logo-branded products; 7% alcohol-free sponsored events or shows; 7% outdoor vehicle city drives; 6% celebrity endorsements; 6% provision of free non-alcoholic drinks, and 5% use of telephone hotline counseling.

Participants were asked about their understanding of what communities know about the range of alcohol-related health conditions (i.e., liver disease, violence, injuries, traffic crashes, HIV transmission, breast cancer, other cancers, and birth defects; see Figure 1). Responses varied by country and acute versus longer term consequences. The top three health concerns included violence, traffic accidents and injuries for all countries. Stakeholders were least aware about health concerns such as breast cancer, other cancers, and birth defects.

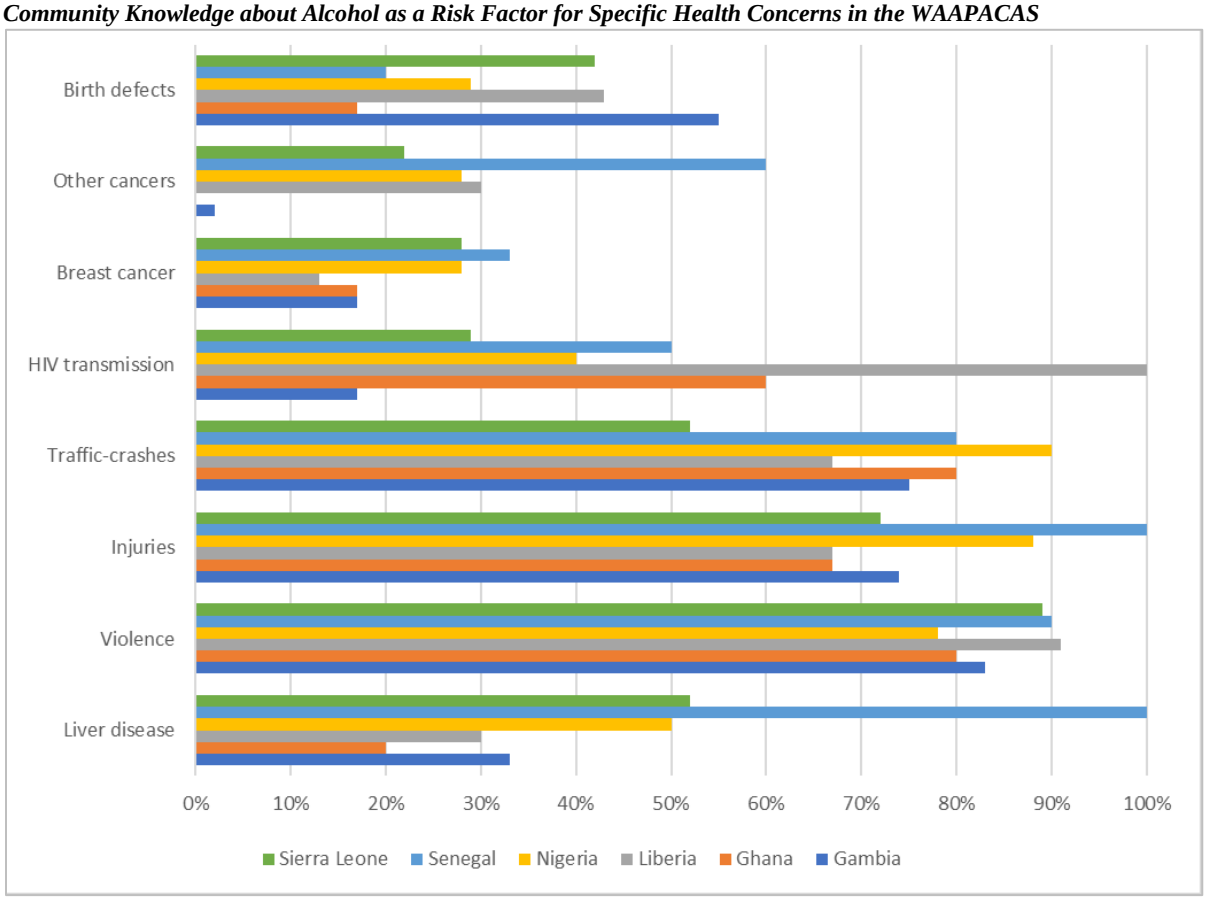
Discussion

This project sought to document and understand the available alcohol-related services and programs, preferred prevention strategies, as well as knowledge about alcohol as a risk factor for specific health concerns by stakeholders across nine countries in West Africa. In terms of the types of specific alcohol programs or services available to communities, the findings show that the highest proportion comprised community outreach (27%) followed by health promotion (20%). The 2018 Global Status Report on Alcohol and Health reported that funding sources probably influenced countries' choices of awareness-raising topics, because the most reported topics were also those most often funded by NGOs or CBOs and the alcohol industry (WHO, 2018a). The majority of the countries responding to the global survey (77%) that reported awareness-raising activities, also reported that they received NGO funding for these activities (WHO, 2018a).

Despite community outreach and health promotion, awareness of alcohol as a risk factor for a range of health concerns was relatively low across countries. These findings underscore the need to consider the specific country context in the prevention and implementation of new strategies. Setlalentoa and colleagues (2015) emphasized the need for an alcohol-reduction strategy that is relevant and appropriate for communities. Babor and colleagues noted the need to incorporate more than one strategy (Babor et al., 2023). There was very low awareness of alcohol as a risk factor for liver disease (outside of Gambia), birth defects, cancers, and HIV transmission (outside of Liberia). In general, across countries, there was more awareness of alcohol as a risk factor for acute consequences such as violence, injuries, and traffic crashes, indicating an urgent need to focus on the longer-term consequences of alcohol use.

This research notes several limitations including, the sample size of respondents (n = 140) limits the generalizability of the results. Additionally, the research included responses from all organizations in the results because of the small number of participants from organizations outside of NGOs or CBOs. Also, WAAPA circulated the survey questionnaire to affiliated alliances and stakeholders across nine countries, so key stakeholders unaffiliated to the WAAPA, may have been omitted from this survey in Togo, Mali, Guinea, Niger, Cape Verde, Cote d'Ivoire, and Mauritania. Moreover, due to the snowball participant recruitment strategy, we were unable to compute a response rate. Lastly, the research did not focus on the efficacy of the strategies being used for comprehensive community-based programs. While we acknowledge these limitations, our findings do not imply precision, but rather general themes for further discussion on recommended alcohol prevention strategies in West Africa.

Figure 1
Community Knowledge about Alcohol as a Risk Factor for Specific Health Concerns in the WAAPACAS



Conclusion

Leveraging the outreach and engagement by NGOs and CBOs is critically important to address alcohol-related harm in West Africa. It is also essential to influence alcohol policy implementation and law enforcement. Both are additional essential requirements that should prevent and reduce alcohol-related harm in communities. However, to ensure communities are more informed about the risk factors and the range of alcohol-related harms, NGOs and CBOs need additional capacity and information to disseminate information across West Africa. Across the nine countries NGOs and CBOs will need to adopt evidence-based strategies that are applicable in their respective local contexts to curb alcohol-related harms in West Africa.

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