



HOPE AND BEYOND

Centre of Excellence for Addiction Services

TREATMENT CAMP FOR ALCOHOL AND DRUG USE DISORDER HELD

REPORT



Dates: 18th – 23rd February 2019

Venue: Kisigula Health centre II, Mutundwe in Wakiso district

Sponsored by: FORUT

ACKNOWLEDGEMENT

The treatment camp for Alcohol and Substance Use Disorders, probably the first in Makindye Sabagabo would not have been a reality if it was not for the support of various individuals and institutions. Great thanks to FORUT – Germany for the financial contribution and to Dietmar and Ulrike Khahn (Chairperson and vice respectively) who spared their time to witness and support us in the execution of this camp. In the same light we appreciate M/s. Hope Mafaranga, and Mr. Joseph Nsobya, Cornerstone Community Church (Bunamwaya) and all other individuals and other institutions who offered monetary and moral support towards this project.

Secondly, we are grateful to the local leaders starting with the Local Council 1 Chairman of Kisigula village; Haji Kibirige Musisi who received us very well and introduced us to the management of Kisigula Health Centre II. Special gratitude goes to the Town Clerk and the political leadership of Bunnamwaya Division headed by Mr. Ssemwanga Godfrey Kabuzi and Mr. Angello Muwanga for the support they accorded the camp.

We are also grateful to the Health administrators of Bunnamwaya Division for their outstanding role. Dr. Kisuze Godfrey, the In-charge of Ndejje Hospital granted us permission to carry out this work, offered us a staff in our planning meeting and visited us on the fourth day of the camp. More so, we are indebted to the In-charge of Kisigula Health center II, M/s. Prossy Nalugwa, the staff and management committee for not only receiving us enthusiastically but also supporting us in mobilizing and execution of the camp.

A big thank you to the indispensable role played by the spiritual leaders in both mobilization and actual implementation of the camp. We are thankful to the religious leaders especially of St Gyaviira Catholic Parish, (Bunnamwaya), Kamanya II Matyres Church of Uganda, the Mosques of Kisigula and Bunamwaya and Glorious Ministries of Christ church (Bunnamwaya), Cornerstone Community Church, for the platform given to us to talk to their followers. Thank you Rev Fr. Masiira Boneventure, Pr. Aloysius Ntege, Rev. Samuel Kibuuka, Imam Abdu Karim Kiwewa and Imam Twaibu for the spiritual enrichment given to our camp attendants. Special recognition also goes out to the Missionaries Sisters of Our Lady of Africa for allowing one of their staff to participate in the camp activities.

Our hearty appreciation to the volunteers especially Mr. Yiga Richard (Chief mobiliser), Sr. Teopista Mbabazi Nakamya (Psychologist), Patrick, Abby and Brenda who together with the Hope and Beyond staff exhibited high level commitment and teamwork during this exercise. Finally our gratitude goes to the general population that embraced this program and brought their loved ones and the clients who were brave enough to accept embarking on the journey of recovery.

May the almighty God richly bless you and reward you.

Dr. David Kalema, PhD., ICAP 1
Executive Director

EXECUTIVE SUMMARY

Harmful substances hinder development as they adversely affect individuals, families, communities and societies' wellbeing. Uganda is ranked among the highest alcohol consuming countries, faces worst alcohol related consequences globally but *treatment is scarce. To fill the treatment and knowledge gap*, Hope and Beyond (HaB) initiated a free Camp treatment for substance users. The first camp was held on 18th – 23rd February 2019 at Kisigula Health centre II, Mutundwe in Wakiso district. Camp activities included; Mobilization and mass sensitization, psycho education, detoxification, counseling and Prayers and spiritual support: and addiction workshop for health professionals.

In total 53 clients (50 Males were and 3 females) were admitted for treatment. 30 patients were admitted on residential program while the 23 patients on an outpatient's basis. Most of the clients were in company of their helper(s). Majority of the patients 47% were Catholics followed by Anglicans 21%, Muslims 15%, Seventh Day Adventist 9% and Born Again Christians 8%. Most participants were from Kisigula and surrounding areas but many clients trekked hundreds of miles to attend the camp. Majority were from Wakiso district 58% followed by Kampala district 34% while 4% hailed from Kasese and the other 4% from Mayuge and Busembatya districts. Clients reported to be using alcohol, marijuana and tobacco products. *Several patients had co-occurring disorders. Besides SUD, some patients were also suffering other mental illness (like bipolar and schizophrenia), and complained of Asthma, HIV/AIDS, Cough, Hypertension, fever and Poor Vision.* In terms of age, the youngest client 17 years was while the oldest was 64 years and the mean age of the camp participants was 40 years.

In terms of treatment for Alcohol and Substance Use, the camp turn-up far exceeded the expectations of the organisers as 53 clients reported which was more than 100% increase in the earlier planned number of 20 clients. It is estimated that our awareness messages reached at least 100,000 people. The camp was also well reported in the media including Uganda's leading daily (See New vision story on 21st February 2019) and a significant part of the resources (977,800/=) were raised through mobilizing the local community.

Although successful, organizers faced several challenges ranging from high turn-up to the logistical limitations. Many clients were low on motivation for treatment yet other clients were in severe physical and mental condition that the initial sedation dose could not work with them yet some clients did not have caretakers all the time. Owing to the success of the camp it was recommended that it is replicated in other areas. Lessons learnt and recommendations included planning for at least 50 clients for each subsequent camp, studying its effectiveness, and engaging more political and religious leadership and other local benefactors such as Rotary for resource mobilization.

BACKGROUND

Harmful substances (alcohol and other drugs) hinder development as they adversely affect individuals, families, communities and societies' wellbeing. Uganda is ranked among the highest alcohol consuming countries in Africa and facing worst alcohol related consequences (such as diseases, poverty, domestic violence, accidents among others), globally. A major cause and effect of addiction is mental illness. In Uganda, 7% of the population i.e. about 3 million people are considered to have mental health problems. *Although Uganda is ranked by WHO among the top six countries with highest number of mental health problems, treatment is still scarce due to stigma attached to the service and generally very few services.* Many of Uganda's health and social service providers are not empowered to provide the needed specialized treatment for substance use. Even the detoxification interventions and addiction counseling rarely reach the low social economic status people and yet they are the ones most at risk. Besides, there is a general lack of information on alcohol/drug use problems and the disease nature of addiction. Use of alcohol and some other common drugs like nicotine is not perceived as a problem since it is widespread, legally accepted and many don't even know that addiction is treatable.

Established in 2012, **Hope and Beyond (HaB)** is a registered allied medical facility which promotes an alcohol and drug free lifestyle through evidence based treatment, awareness raising, policy advocacy, professional training/mentorship and capacity building. HaB's major program is treatment and rehabilitation for people with addictions but this is hampered by lack of resources.

Camp treatment is geared towards provision of treatment and rehabilitation services to alcohol and drug users who cannot afford paid treatment. The first camp was held on 18th – 23rd February 2019 at Kisigula Health centre II, Mutundwe in Wakiso district. *The camp treatment initiative is premised in the fact that even the poorest deserve the dignity of equal human rights and opportunity to improve their wellbeing.* Considering that addiction is a chronic relapsing disorder, camp treatment is not an end in itself but a beginning of the support given towards recovery of substance users. Due to the short treatment span, instant cessation of substance use is not always anticipated from camp participants. Increase in awareness of substance harm, reduction in substance use and potential improvement in the social economic wellbeing are potential outcomes of the camp treatment. Overall it is expected that these outcomes would have a positive bearing not only on the individuals and their families but benefit the communities at large as productivity is expected to improve and criminal activities decline.

Team: The treatment was conducted by a team of 15 professional from Hope and Beyond and Kisigula Health Centre II under the supervision of Dr. David Kalema. The medical/psychiatric team was composed of Moses Wakabi (Psychiatric Clinical Officer), Justine Nabukenya (Clinical Officer) and the staff of Kisigula Health Centre II. Counselors included; Naome Atwine, Sr. Theopista Mbabazi Nakamya, Nasanga Margaret and Anne Wakudumila. Other team members included Peter Minjo (Co-ordinator), Yiga Richard (Mobiliser) Abby Kawooya (Security), Patrick

and Joan (Volunteers). *The team held together several preparatory meetings and assembled one more time at the end of the camp to evaluate the proceedings and receive certificates.* The camp was also visited by several people who offered moral support to the participants. These included Dr. Kisuze and team and officials from the Ndejje division offices.



Picture 1: Some of the team members during one of the the preparatory meetings

CAMP ACTIVITIES

Mobilization and mass sensitization: The general population was mobilized through regular HaB media channels (Radio Maria, Online (Facebook and website) and direct contact with the residents, local political and religious leaders of Bunamwaya area. *The mobilization team conducted awareness visits to the alcohol and drug users' hubs of Naava, Namugongo and Lost City and talked directly to the potential camp beneficiaries.* Announcements were made on Kisigula village radio, and in several places of worship. Our team made public addresses on Friday and Sunday religious services, printed posters and issued out leaflets all to promote the information relating to this camp. In all we talked in seven Catholic Churches including Kisigula, Bunamwaya Central, Ngobe, Naava, Kitebi, Nankinga; two Church of Uganda communities, two Mosques and two Born again church. Camp beneficiaries were encouraged to register in advance.



Pic 2: The Executive Director of HaB., Dr David Kalema speaking at Bunamwaya Mosque after Juma Prayers on 8th February 2019

Admissions: This treatment camp was considered as a life-saving strategy providing alternatives of recovery among the impoverished populations. In total 53 clients (50 Males were and 3 females) were admitted for treatment. 30 patients were admitted on residential program while the 23 patients considered to have mild addiction problems and those that could manage accommodation in the nearby places were handled on an outpatient's basis. Most of the clients were in company of their helper(s). All patients and their caretakers were given free services including meals. Majority of the patients (n=25, 47%) were Catholics followed by Anglicans (n=11, 21%), Muslims (n=8, 15%), Seventh Day Adventist (n=5, 9%) and Born Again Christians (n=4, 8%). Most participants were from Kisigula and surrounding areas but many clients trekked hundreds of miles to attend the camp. Of the registered clients 31 (58%) come from Bumamwaya area in Wakiso district while 18 (34%) come from various parts of Kampala district while 2 (4%) from Kasese and the other 2 (4%) hailed from Mayuge and Busembatya districts. Clients reported to be using alcohol, marijuana and tobacco products. *Several patients had co-occurring disorders. Besides SUD, some patients were also suffering other mental illness (like bipolar and schizophrenia), and complained of Asthma, HIV/AIDS, Cough, Hypertension, fever and Poor Vision.* In terms of age, the youngest client 17 years was while the oldest was 64 years and the mean age of the camp participants was 40 years. Most of the clients were in the age range 25 – 34 years. For details, please see the table below:

Table 1 showing the age range of the camp clients

AGE RANGE	NUMBER OF CLIENTS	PERCENTAGE
15 - 24	11	21
25 - 34	20	38
35 - 44	13	25
45 - 54	05	9
55 - 64	04	7
Grand total	53	100

Treatment: Treatment commenced with screening for substance use and assessment of addiction severity and was immediately followed by detoxification protocols. Daily ward rounds were conducted by the professional staff to assess the patients' health status and plan for their treatment. Patients were accorded individual and group therapies together with their family members to help them identify the predisposing factors to their addiction and possible recovery strategies. Patients with severe addiction symptoms were referred to other health facilities for more attention. All camp attendants were advised to continue with follow up activities by reporting to Hope and Beyond on a weekly basis for the following six months.



Pic 3: The President and Vice president of FORUT together with the Executive Director of Hope and Beyond address camp attendats during the official opening of the camp on 18th February, 2019

Prayers and spiritual support: Considering the crucial role of spirituality in recovery, spiritual leaders were encouraged to visit the camp and conduct prayers and spiritual counseling with the camp participants. For example Imam Twaibu, Pr. Aloysius Ntege, Rev Samuel Kibuuka, Rev. Fr. Masiira Boneventure, Imam Abdu Karim Kiwewa visited the camp and offered prayers and encouragement to the participants.



Pic 4: Rev. Fr. Masiira Boneventure talking to Camp participants after conducting morning prayers on 19th February 2019

Psycho-Education: Several individual and group psycho education workshops were held on addiction. With the support of the management of Kisigula Health Centre II, medical centres in Kanaala, Kisigula, Bunamwaya central, Wabiyinja, Ngobe and Busingili-Nyanama were contacted to attend the camp for training on basic prevention and management of addictive illness. In all 15 professionals/volunteers from the nearby health centers were trained. Also, recovery coaches were invited to inspire hope among the clients and educative movies were shown to the clients during their free time.



Pic 5: Some of the Camp participants during a Psycho Education Session

Evaluation: An evaluation was held a week after the camp where several matters shortfalls and recommendations were discussed. It is hoped that this will in future improve the effectiveness and efficiency of the camp treatment. In this evaluation it was noted that the camp was highly effective and the outcomes of the camp superseded the objectives of the organisers.



Pic 5: Some of the Camp facilitators with their Certificates of recognition for the mission well accomplished

Finances

A. Income: We raised 8,637,300/= towards this camp as below:

Institution	Monetary contribution or equivalent
FORUT (1,000 Euros)	4,183,530
Hope and Beyond	1,795,430
Dietmar and Ulrike Klahn	1,649,140
Hope Mafaranga	337,800
Mr. Joseph Nsohya	200,000
Bunamwaya Division (50Kgs of Rice)	200,000
St Gyaviira Bunnamwaya Catholic Parishioners Church	140,000
Antji Klahn	131,400
Ps Aloysius	100,000
Total	8,637,300

B. Expenditure

Details	Amount
Preparatory meetings	
Transport costs	180,000
A box of water	20,000
Mobilization	150,000
Vehicle servicing/maintenance	200,000
	550,000
Awareness creation and mass mobilization	
Outreach transport to mosques and churches	557,000
Communication in form of airtime	30,000
Fuel	400,000
	987,000
Treatment camp costs	
Detoxification and other medicine	1,230,500
Feeding	1,079,800
Allowances for the staff members and volunteers	1,515,000
Transport costs	546,000
Hire of beds/Mattresses/Blankets/ Chairs etc	1,427,000
Stationery and other materials	394,000
Media costs	52,000
Venue	379,000
	6,623,300
Post camp expenses	
Treatment Camp evaluation meeting	277,000
Reporting and follow - Up expenses	200,000
	477,000
Grand total	8,637,300

ACHIEVEMENTS

In terms of treatment for Alcohol and Substance Use, the camp turn-up far exceeded the expectations of the organisers as 53 clients reported which was more than 100% increase in the earlier planned number of 20 clients. Although some patients were in extreme poor health condition, no mortalities were registered. All that turned up were served yet 10 clients were retained at Hope and Beyond rehabilitation centre while the rest were referred to Butabika Psychiatric Hospital for further management. The high turn up is attributed to good mobilization and is a testimony to the extensive challenges related to alcohol/Substance use in the communities. It is estimated that our awareness messages reached at least 100,000 people. The camp was also well reported in the media including Uganda's leading daily (See New vision story on 21st February 2019). We are glad that a significant part of the resources (977,800/=) were raised through mobilizing the local community which indicated relevancy of this subject to the people.



Picture 4: A story in New vision on 21st February 2019 reporting about the treatment camp

CHALLENGES

Although successful, we faced several challenges ranging from high turn-up to the logistical limitations. We had prepared everything (meals, beds, therapists...) for not greater than 20 clients, but on our surprise we admitted over 53 clients which constrained a lot our resources. Secondly, many clients were forced into the camp by their relatives and were hence not cooperative and agitated to leave the camp prematurely yet other clients were in severe physical and mental condition that the initial sedation dose could not work with them. This was worsened by the fact that some clients did not have caretakers all the time. Although meals were only planned for the clients, caretakers were always the first on line and some clients even lacked transport to return to their homes. Some service providers did not live to the organisers' expectations and hence disrupted our program. Due to constraint in time and human resources, we could not accomplish all we had planned to do. For instance we were not able to fulfill our promise to talk to the school communities of Verona High school and Uganda Young Christian centre.

RECOMMENDATIONS

The camp treatment was appreciated by the different stakeholders a creative way of increasing access of SUD services in the population as it brings services closer to the common person. It was suggested that in future we plan for at least 50 camp attendants. As many people approached us with indication that they had missed the camp, and due to the high need expressed by the people, we propose to hold this camp on an annual basis. We also need to replicate this camp to other areas. It is also important the follow up the participants and assess how they are doing after six months. Members suggested engaging more the political and religious leadership and other local benefactors such as Rotary to see that such more camps are organized.