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Community voices on alcohol harm in Sierra Leone: Perceptions of prevention needs

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ABSTRACT

Objective: The research purpose is to determine alcohol prevention needs in Sierra Leone.
Methods: We analyzed a cross-sectional survey from fall 2020, distributed by the West African Alcohol Policy Alliance to their partners across nine West African countries. The survey included questions on perceptions of alcohol harm, research priorities, and capacity and reach of the organizations represented. Only participants from Sierra Leone were included ($n = 33$).
Results: When asked if they thought measures taken to prevent alcohol-related harm in their country have been adequate, 66% answered inadequate ($n = 32$). Asked if heavy drinking of commercial alcohol is a concern in their community, 96% said yes ($n = 25$), and 92% said heavy drinking of traditional brew or distilled spirits is a concern in their community ($n = 24$). Finally, 91% said that their organization would be interested in implementing an alcohol counter-marketing campaign ($n = 23$).
Conclusions: Based on the perception of survey participants, efforts to prevent alcohol-related harm thus far are inadequate in Sierra Leone where heavy drinking is a critical concern. CBOs and NGOs already engaged in alcohol harm prevention are eager to support and adopt new strategies.
Innovation: This is the first research to seek direct input from CBOS and NGOs about alcohol harm prevention in Sierra Leone.

1. Introduction

In Sub-Saharan Africa, where the age-adjusted alcohol-attributable burden of disease is the highest, alcohol consumption causes disproportionate harm [1]. Yet, in many, if not most, countries across Sub-Saharan Africa, resources to prevent and address alcohol harm are limited [1]. This research focuses on Sierra Leone, a country in the southwest coast of West Africa with a population of about 8 million, where 76% live in poverty based on the lower middle income class poverty line, and 43% based on the international poverty line [2]. In Sierra Leone, harmful alcohol use contributes significantly to morbidity and mortality, as evidenced by the high alcohol-attributable fractions for liver cirrhosis (61.8% for males and 35.7% for females), road traffic injuries (26.9% for males and 18.7% for females), and cancer (7.2% for males and 2.5% for females), among many other health conditions linked to alcohol consumption [1]. Despite this tremendous burden of alcohol harm, empirical research on this topic in Sierra Leone is scarce.

Although we could not find any published research studies on

Abbreviations: CBO, Community-based organization; CCYA, the Centre for Coordination of Youth Activities; CODaP, Creating Opportunities for Disadvantaged persons; FoRUT, Foundation for Rural and Urban Transformation; NGO, Non-governmental organizations; SAFER, Refers to the five WHO strategies, including (1) Strengthening restrictions on alcohol availability, (2) Advancing and enforcing drink-driving counter-measures, (3) Facilitating access to screening, brief interventions, and treatment, (4) Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion, and (5) Raising prices on alcohol through excise taxes and pricing policies; RAP-CM, Readiness assessment for the prevention of child maltreatment; SLAPA, Sierra Leone Alcohol Policy Alliance; TYPE, Talented Young People Everywhere; WAAPA, West African Alcohol Policy Alliance; WAAPACAS, West African Alcohol Policy Alliance Capacity Assessment Survey; WHO, World Health Organization.

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alcohol use or harm specifically in Sierra Leone other than the alcohol-related surveillance from the World Health Organization mentioned above, some research to date has analyzed mental health systems in Sierra Leone. Fitts and colleagues [3] for example, noted the impact on the healthcare system from the country's Civil War (1991–2001) and the 2014 Ebola outbreak, which together "*damaged formal infrastructure, disrupted support systems and traditions that promote well-being and had long-term impacts on individual wellness*" (p. 658). Some researchers have acknowledged substance use more generally, such as among former child soldiers of the Civil War and survivors of Ebola. Song et al. [4] examined mental health concerns among former child soldiers involved in the Civil War, and substance abuse emerged as a top priority. Child soldiers were often forced to take drugs, often leading to addiction as adults [4,5]. Similarly, another study in neighboring Guinea assessed depressive symptoms among survivors of the Ebola virus disease, noting that of the 256 survivors in the study, 15% indicated depressive symptoms, including addictive behaviors (alcohol and cannabis) [6].

Sierra Leone's main policy to address alcohol, the Liquor Ordinance of 1924, is outdated and does not address the current realities nor reflect the global agenda for controlling harm from alcohol [7]. Although other laws such as the Palm Wine Act of 1927, the Liquor Licensing Act of 1960, the Public Order Act of 1965, and the Road Traffic Act of 2007 mention elements of alcohol control, they are insufficient to address the scope of alcohol harm [7]. In addition, even though alcohol control measures are integrated in the Non-Communicable Diseases Policy and Strategic Plan, this action is not enough to drive legal reforms against alcohol harm [8]. Although not comprehensive, this report still makes useful recommendations, including to develop the population intervention of "mass media messages concerning use of tobacco and alcohol" [8].

With these scattered policies to date, Sierra Leone lacks a formal national policy on alcohol. Government and non-governmental leaders convened this year to begin the formulation of an alcohol policy [7]. At the regional meeting to kick off the policy development, participants discussed potential measures to include in the policy, such as restrictions on alcohol availability, alcohol pricing and taxation, drunk-driving counter-measures, limits on alcohol advertising and promotion, and other community-based prevention efforts [7]. These prevention strategies align with the WHO SAFER priorities, the five "best buy" strategies to address the harmful use of alcohol, including: (1) Strengthening restrictions on alcohol availability; (2) Advancing and enforcing drink-driving counter-measures; (3) Facilitating access to screening, brief interventions, and treatment; (4) Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; and (5) Raising prices on alcohol through excise taxes and pricing policies [9]. With this policy development in the beginning stages, research on alcohol harm and prevention in Sierra Leone is critical to understand how to best incorporate the WHO SAFER priorities into the national strategy.

Within this context, we conducted an online survey in August and September 2020 to invite input from stakeholders predominantly from community-based organizations (CBOs) and non-governmental organizations (NGOs) on how to best address alcohol-related harm in Sierra Leone. The 33 respondents from Sierra Leone are already involved in addressing alcohol harm, so findings from our survey can help inform the harm reduction and prevention strategies to incorporate into the new national policy. In this paper, we summarize the perceptions and recommendations from the Sierra Leonean participants.

2. Methods

We conducted a brief cross-sectional online survey titled the West African Alcohol Policy Alliance Capacity Assessment Survey (WAAPACAS) across nine countries (Benin, Burkina Faso, Gambia, Ghana, Guinea Bissau, Liberia, Nigeria, Senegal, and Sierra Leone) in collaboration with the West African Alcohol Policy Alliance (WAAPA) during August and September 2020. The WAAPACAS included questions about perceptions of alcohol harm, familiarity with the WHO SAFER initiative, priorities for alcohol-related research, and capacity and reach of the organizations represented. The survey questions were either developed by the research team or adapted from the World Health Organization's readiness assessment for the prevention of child maltreatment (RAP-CM) [10]. We provide more in-depth information on the adaptation of this tool in another paper [11],

For the adapted survey questions, the research team replaced "child maltreatment" terms with "alcohol-related harm" and made only minimal wording edits otherwise. The RAP-CM instrument was previously tested in low and middle-income countries to assess how "ready" a country, region, or community is to implement prevention programs for child maltreatment [12]. Questions adapted from this instrument assessed attitudes, perceptions, and knowledge of alcohol-related harm, availability of data on alcohol-related harm, willingness to take action, and the legal, policy, human, and technical resources available for prevention.

Participants received an invite via email or on social media (WhatsApp and Facebook) to respond to the online Qualtrics survey. In total, 140 participants completed the survey, and Sierra Leone had the most participants, with 33 respondents. Although the survey was anonymous, participants could choose to provide the name of their organization that they worked for and an email address for future dissemination of the research. In Sierra Leone, the Sierra Leone Alcohol Policy Alliance (SLAPA) helped to distribute the survey to collaborators working to reduce alcohol harm in West Africa, and recipients forwarded the survey to additional connections and colleagues. Respondents from Sierra Leone represented 20 organizations, such as the Centre for Coordination of Youth Activities (CCYA), Creating Opportunities for Disadvantaged persons (CODaP), Focus 1000, Foundation for Rural and Urban Transformation (FoRUT), Liberating the Depressed Foundation, the Pikin-to-Pikin Movement Sierra Leone, Talented Young People Everywhere (TYPE) Sierra Leone, and SLAPA.

Participants received no compensation for taking the survey. Note that not all 33 Sierra Leonean respondents answered every question in the survey, so that the sample size is less than 33 for some questions. Due to the snowball sampling, a response rate cannot be computed. The survey was deemed exempt and approved by the Georgia State University Institutional Review Board (H21075). The researchers conducted descriptive and graphical analyses based on the 33 responses.

3. Results

Among the participants from Sierra Leone, when asked if they thought measures taken so far to prevent alcohol-related harm in their country have been adequate, 66% answered inadequate, and the remaining 34% responded neither adequate nor inadequate ($n = 32$). Overall, 91% of respondents did not think that the number of professionals specializing in alcohol-related harm is adequate for large-scale implementation of alcohol-related harm prevention programs ($n = 22$). Asked if heavy drinking of commercial alcohol is a concern in their community, 96% said yes ($n = 25$), and 92% also said heavy drinking of traditional brew or distilled spirits is a concern in their community ($n = 24$). Most Sierra Leonean respondents agreed that enforcement of existing alcohol-related policies and the Liquor Ordinance was insufficient in their communities (90%) and in their country (86%) ($n = 21$). Finally, 100% rated communication efforts concerning alcohol-related harm in their country as moderate (70%) or weak (30%) ($n = 27$).

The main types of alcohol-related harm in Sierra Leone reported by survey participants included gender-based violence, other forms of violence, injuries, and child maltreatment (Chart 1). The most frequently cited risk factors for alcohol-related harm included limited enforcement of alcohol-related policies, limited knowledge of alcohol harm, cheap alcohol, and unemployment (Chart 2). Only 12 respondents

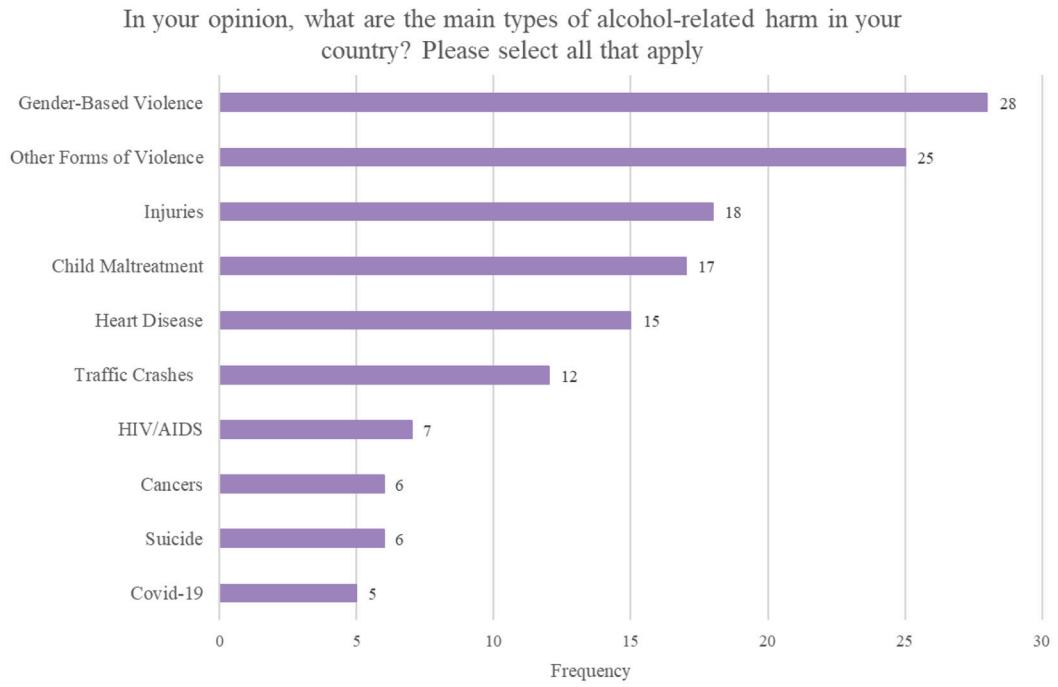

Chart 1. Main types of alcohol-related harm in Sierra Leone.

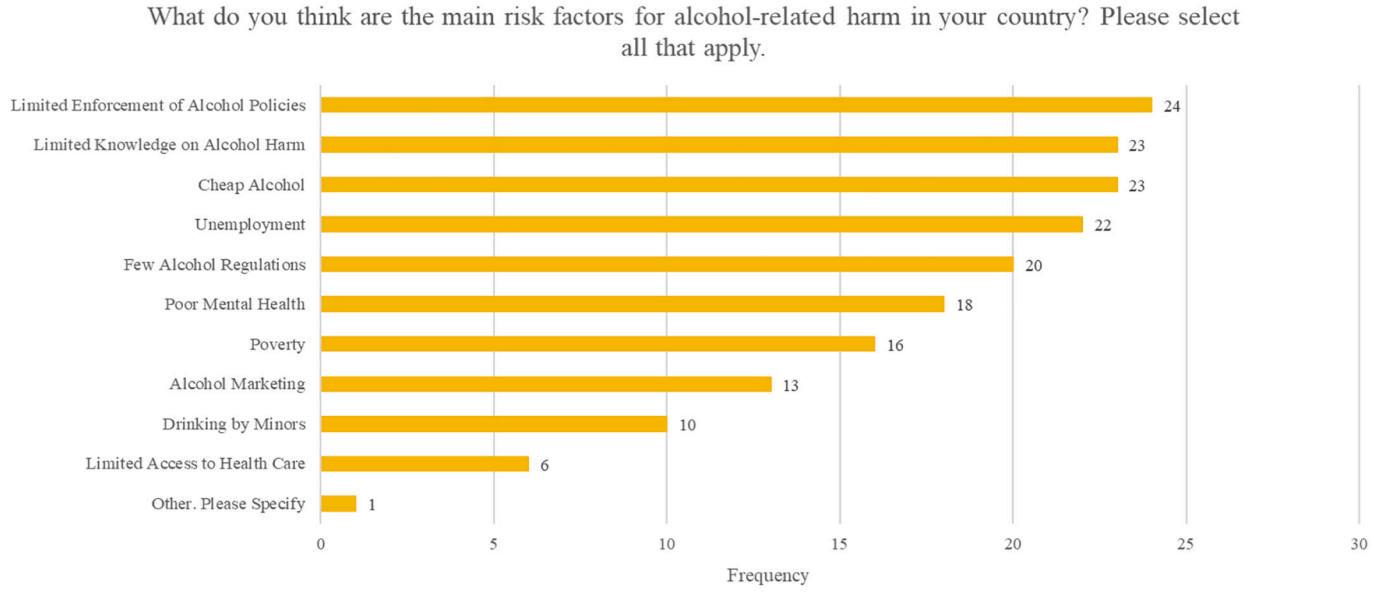

Chart 2. Main risk factors for alcohol-related harm in Sierra Leone.

(57% of the 21 individuals who answered this question) indicated that they were familiar with the WHO SAFER initiative. When asked about which SAFER priorities require more research, "strengthening restrictions on alcohol availability" received the most votes, with 55% of respondents. The other priorities followed: "enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion" (45%); "advancing and enforcing drink-driving countermeasures" (42%); "facilitating access to alcohol screening, brief interventions and treatment" (42%); and "raising prices on alcohol through excise taxes and pricing policies" (39%).

In terms of research activities, human-subjects research, focus groups and other data collection methods, and monitoring and evaluation emerged as areas with the greatest capacity, as evidenced in Table 1 and

Table 1
General research capacity for Sierra Leone.

Question	% Yes (N = 20)
Does your organization have the capacity to carry out ethically approved (human subjects) health-related research in your community?	85%
Has your organization conducted research with a university or a research institution?	45%
Has your organization conducted health-related research such as focus group discussions, surveys, monitoring and evaluation?	81%

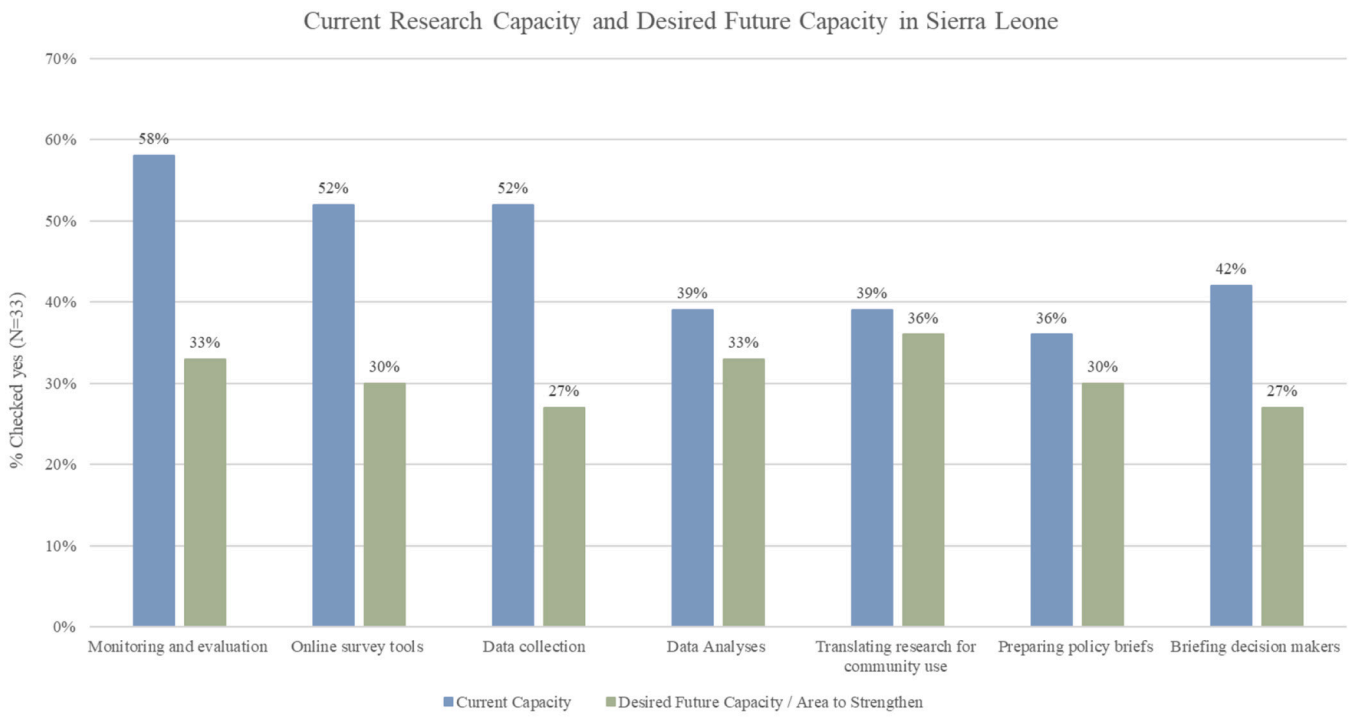

Chart 3. Current research capacity and desired future capacity in Sierra Leone (N = 33).

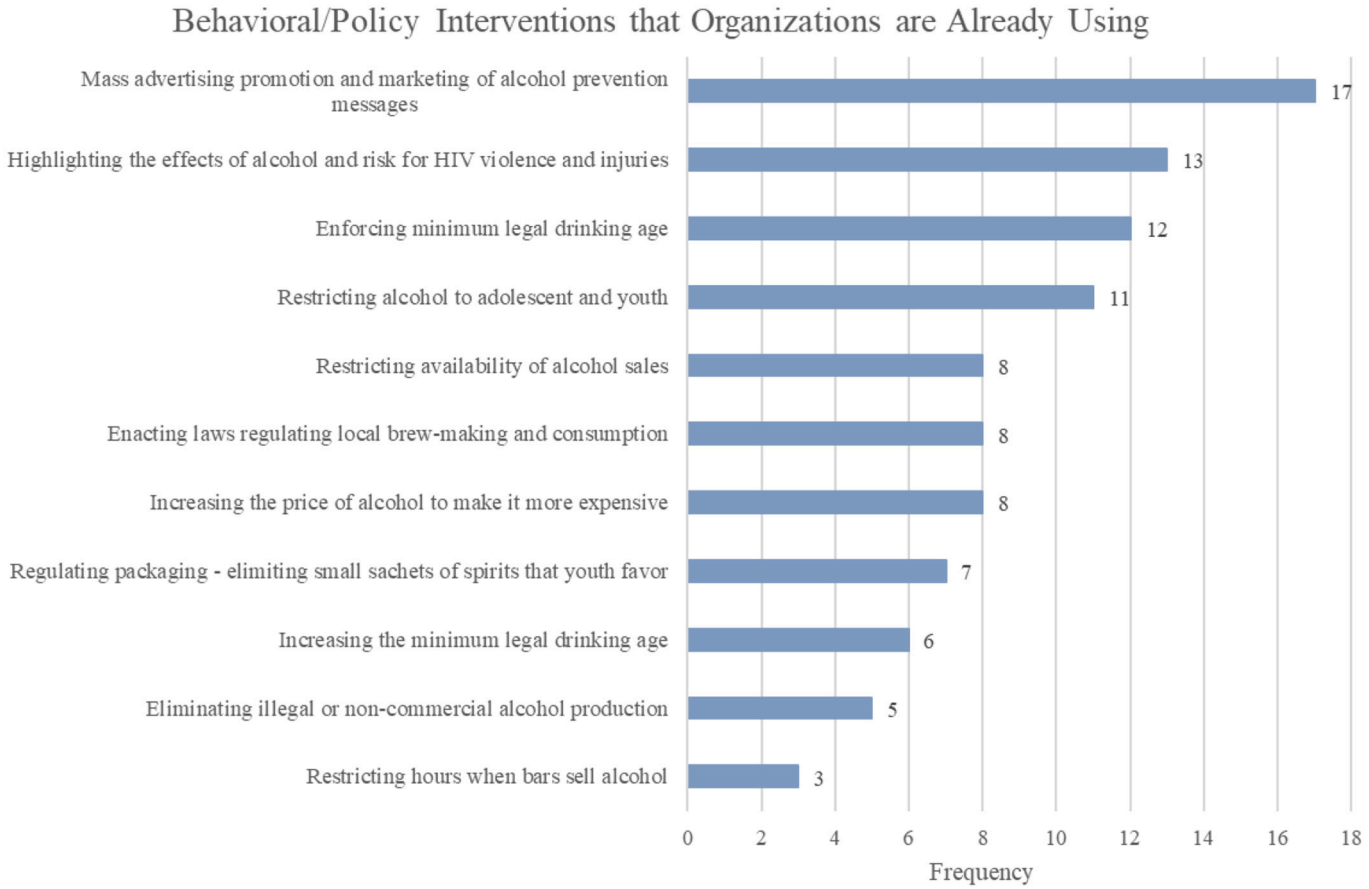

Chart 4. Behavioral and policy interventions that Sierra Leonean respondents' organizations or initiatives are using or promoting.

Chart 3. Less than half of participants (45%), however, indicated that their organization has conducted research with a university or research institution. Other activities with a weak response (less than 40% of respondents checking that they have current capacity for) include data analyses, translating research for community use, preparing policy briefs, and briefing decision makers (Chart 3). Current capacity for all research activities exceeded any desire to grow future capacity (Chart 3), although the area with the most desire to strengthen in the future is translating research for community use.

Outside of research, the organizations represented are already involved in and/or are promoting evidence-based prevention of alcohol misuse, as displayed in Chart 4. The most frequently cited intervention from Sierra Leoneans was mass advertising and promotion and marketing of alcohol prevention messages. Participants unanimously agreed that there is a need for alcohol counter-marketing interventions in their community, and 91% said that their organization would be interested in implementing an alcohol counter-marketing campaign ($n = 23$). Respondents endorsed radio ads (20 votes), posters (15 votes), TV ads (13 votes), alcohol free sponsored events/shows (13 votes), free non-alcoholic drinks (12 votes), and outdoor billboards (12 votes) for the alcohol counter-marketing strategy. Participants from Sierra Leone conveyed their perception of community support for strategies to address alcohol-related harm, as shown in Table 2. Based on these respondents, the majority (95%) agreed that their community would support teaching communities how to change unsafe behaviors and norms related to alcohol harm, closely followed by 87% for increasing enforcement of existing alcohol-related laws and 86% for educating people about the consequences of alcohol use.

Lastly, the survey asked participants to list names of any institutions currently involved in alcohol-related harm. Two most frequently named responses were SLAPA (18 mentions) FoRUT (11 mentions).

4. Discussion and conclusion

4.1. Discussion

In this study, we aggregated community voices reflecting on the perceptions and recommendations to mitigate alcohol use and harm in Sierra Leone, a country with scarce research on alcohol. Based on the perceptions of survey participants, heavy drinking of both commercial alcohol and traditional brew or distilled spirits is a concern in their communities, and insufficient measures and policies exist to prevent this harm. This is not a concern unique to Sierra Leone, but may be exacerbated given the limited health infrastructure noted by previous researchers [3]. With a national policy on alcohol in the beginning development phase, this research is particularly timely. Participants mentioned limited enforcement of existing alcohol-related policies, such as the Liquor Ordinance, as the most frequent risk factor for alcohol-related harm in Sierra Leone in our survey. While limited enforcement is a problem, the policies would be insufficient even if fully enforced. As such, developing a comprehensive, standalone alcohol policy, enacting a new alcohol control law, and providing national institutions and communities with sufficient resources to enforce and monitor compliance with those policies through a national framework is a critical opportunity.

Improving familiarity with SAFER is another key priority. Only 57% of Sierra Leonean participants were familiar with the SAFER priorities in our survey. This percentage is slightly higher than the percentage of participants who were familiar with the SAFER priorities across all countries included in the survey (48%) [13]. However, if individuals already working to prevent alcohol-related harm in Sierra Leone, such as those who responded to our survey, are not familiar with SAFER priorities, then these "best buy" strategies have not gained enough traction in Sierra Leone. While it is promising that the leaders charged with driving the development of Sierra Leone's national alcohol policy aim to incorporate the SAFER priorities, increasing familiarity with the SAFER priorities is a prerequisite to gain support for these policies, particularly among individuals working in the alcohol prevention space like our survey respondents.

Respondents more frequently named the acute, shorter-term consequences of alcohol, including violence and injuries, as the main types of alcohol-related harm. In contrast, fewer participants selected longer-term consequences of alcohol, such as HIV/AIDS and cancers. This finding is in line with results from other West African countries included in the survey as well [14]. The Sierra Leone Non-Communicable Diseases and Injuries Poverty Commission's [8] recommendation to create mass media messages on the harmful use of alcohol is one strategy to highlight the long-term health consequences of alcohol. "Limited knowledge of alcohol harm" appeared as the second-most cited risk factor for alcohol-related harm in Sierra Leone following "limited enforcement of alcohol policies." With almost all survey respondents agreeing that their community would support teaching community members how to change unsafe behaviors, increasing knowledge on the health consequences of alcohol makes sense as a priority moving forward.

Based on these findings, a path emerges to address at least some of this harm. In fact, participants in our survey reported commitment and willingness to act. All the respondents from Sierra Leone agreed on the need for an alcohol counter-marketing campaign, and 91% stated that their organization would be interested in participating in such a campaign if it was to move forward. As such, this step is a clear priority to address alcohol-related harm and involve these community organizations. These organizations are committed to making a difference and can provide insight into strategies that may be most applicable in their low-resource settings. Their specific recommendations include disseminating messages related to alcohol harm through radio, community posters, and TV. These recommendations could be directly applied in the mass media campaigns suggested by the Sierra Leone Non-Communicable Diseases and Injuries Poverty Commission [8].

While counter-advertising is well-studied in the tobacco context, researchers have also started to document the effectiveness of alcohol counter-marketing campaigns. Wakefield and colleagues [15] conducted an experiment exposing Australian adults to television ads about either the short or long-term effects of alcohol consumption and found both effective, with participants intending to avoid or reduce alcohol consumption the following week. Promoting guidelines on drinking may also strengthen the advertisements [15]. Researchers have found that advertisements focused on the negative, harmful effects of alcohol, such as graphic imagery or the disingenuous tactics of industry players, are most effective [16]. Another Australian study of a mass media campaign (TV advertisements and print materials) highlighting the link between alcohol and cancer resulted in a higher proportion of women who drink intending to reduce alcohol consumption, although they did not find any significant behavior changes post-intervention [17]. Although these represent different contexts, lessons learned from these marketing interventions could translate into a similar campaign in Sierra Leone.

Table 2
Perceptions of community support for the following strategies to address alcohol-related harm.

Strategy	Support	Oppose	Neither
Teach communities how to change unsafe behaviors and norms related to alcohol harm ($n = 20$)	95%	0%	5%
Increase enforcement of existing alcohol-related laws ($n = 23$)	87%	4%	9%
Educate people about the consequences of alcohol use ($n = 21$)	86%	0%	14%
Increase community awareness of the problems and costs associated with alcohol use (n = 20)	80%	5%	15%
Enact new laws to address alcohol-related harm (n = 20)	80%	5%	15%

The lax restrictions on marketing by the alcohol industry, who in many settings are allowed to regulate themselves and their marketing practices, reinforce the need for an alcohol counter-marketing campaign to mitigate the alcohol harm in vulnerable low-resource settings. Other researchers have noted the sophisticated marketing tactics by the alcohol industry in neighboring West African countries. For example, Obot [18] concluded that the alcohol industry has imbued their marketing and promotion with the "*paraphernalia of culture and tradition*" in West African countries such as Ghana and Nigeria (p. 1371). Another study examined the impact of alcohol's portrayal in film and television shows viewed among Nigerian undergraduate students, finding that alcohol consumption is often linked to social status, economic independence, and gender equality [19]. In a review of alcohol harm, policy, and industry activities in Sub-Saharan Africa, Morojele and colleagues [20] underscored the unregulated marketing by the alcohol industry, often targeting non-drinkers, women, and youth. Considering this landscape, introducing a new narrative emphasizing the short and long-term adverse health outcomes caused by alcohol becomes even more urgent in a country such as Sierra Leone.

Finally, strengthening the research capacity of organizations involved in alcohol harm prevention is a longer-term strategy to reduce alcohol harm in Sierra Leone. With only 45% of respondents affiliated with organizations who have conducted research with a university or a research institution, initiating more partnerships between universities/research institutions and community-based organizations could be one avenue to increase research output on alcohol-related harm relevant to local communities. Respondents indicated relatively low desire to grow future research capacity at their own organizations, especially compared to other countries included in this survey [13]. As such, creating more partnerships with research institutions could help to fill the gap in research on alcohol.

While this paper draws upon a limited sample of stakeholders in Sierra Leone and is not intended to represent Sierra Leone as a whole, respondents of this survey are closely attuned to the challenges and priorities related to alcohol in their communities. So, despite the snowball sampling and small sample size, this research brief is meant to provide direction on future strategies to address alcohol-related harm, particularly given the current push to develop a national policy on alcohol. The community voices reflected in our survey are critically important in developing next steps for alcohol prevention and harm reduction in Sierra Leone. Collaborating with partners ingrained in their communities will make the interventions more relevant and targeted appropriately, and we hope that both the Sierra Leone Non-Communicable Diseases and Injuries Poverty Commission and the working group for the national policy on alcohol take note and build on our approach to collect more community input. Participants frequently cited both SLAPA and FoRUT as institutions involved in alcohol-related harm prevention in their country. Engaging with the organizations represented in this survey, including both SLAPA and FoRUT, strategizing on an alcohol counter-marketing campaign, and conducting more research on the nuances of alcohol harm to inform the national policy on alcohol, are clear next steps.

4.2. Innovation

Our research is the first to date to examine NGOs' and CBOs' perceptions of alcohol harm in Sierra Leone. This research is innovative because of the lack of research on alcohol harm prevention in Sierra Leone more broadly, and because the survey participants consist of community stakeholders in alcohol harm prevention, who often are not engaged in this type of research. Lastly, this research not only identifies core problems related to alcohol harm, such as drinking of both commercial alcohol and traditional brew, but also seeks to find short-term and long-term strategies to begin to address and prevent this alcohol harm, based on the opinions of these community participants.

4.3. Conclusion

Based on responses from 33 Sierra Leoneans, efforts to prevent alcohol-related harm thus far are inadequate, heavy drinking is a critical concern, and enforcement of existing policies is lacking at both the community and country level. CBOs and NGOs already engaged in alcohol harm prevention are eager to support and adopt new strategies, including an alcohol counter-marketing campaign. Perceptions of community support for education on the consequences of alcohol and how to change unsafe behaviors and norms related to alcohol translate into a timely opportunity for this intervention. We urge for continued community engagement, particularly in the ongoing development of the national policy on alcohol, and a greater research focus on alcohol in Sierra Leone and West Africa more broadly.

Author contributions

A.B. and M.S. wrote the main manuscript text, and A.B. prepared the tables and charts. M.S. created the survey tool. B.J. and E.D. provided context, feedback, and direction for the paper. All authors reviewed the manuscript.

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Declaration of Competing Interest

The authors declare no conflict of interest.

Data availability

The dataset analyzed for this study is available from the corresponding author on reasonable request.

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