

Adopting a community-based approach to mitigate shortcomings when rendering substance use treatment services in rural communities: A qualitative study in King Cetshwayo District, KwaZulu Natal, South Africa

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Abstract: Substance use, misuse, and abuse is a major global challenge. This problem has contributed immensely to high morbidity and mortality. In South Africa, the scourge of substance abuse has become so rampant that large numbers of dedicated users have emerged in a short period of time. In light of the high wave of substance abuse, treatment is currently the most widely recognised approach to curb the phenomenon. However, service users do not benefit from treatment due to the lack of resources and poor infrastructure, leading to many rural community substance users to struggle with recovery. Consequently, they relapse. Data was collected using a combination of key informant interviews (n=5) and in-depth interviews with 11 youth participants selected using purposive and snowball sampling. This article discusses the significance of a community-based approach as a mechanism to address the problems of providing substance use treatment services in rural communities. The findings stem from a qualitative explanatory phenomenological study conducted in the King Cetshwayo district of northern KwaZulu-Natal, South Africa. The findings state that there is a lack of quality services for rural community users. Further, the findings attribute the challenge to a lack of aftercare as post-treatment support, lack of reintegration of users, poor socioeconomic conditions, poly-dependency, and dual addictions as conditions that have led to substance abuse treatment being ineffective for rural community users. This paper concludes that given the failure of current treatment options for rural communities, there is a need to adopt community-based care programmes as mechanisms to improve the delivery of supportive treatment services to rural communities.

Keywords: Community-based approach, Substance use, Service users, Failed abstinence and treatment.

Introduction

Like many countries around the world, South Africa faces an unsolved, enormous problem of substance abuse. Despite this high prevalence in substance abuse, the use of treatment options is extremely low (Nyashanu & Visser, 2022). Generally, alcohol, cannabis and whoonga are the most misused substances among youth and the adolescents in South African townships and peri-urban areas (Mkhize and Gutura, 2020). Addiction to substances such as whoonga has contributed to an increase in the emergence and prevalence of a new population of streets dwellers called Amaphara, which is an identity that is attached to substance users. Recently, the abnormal use of alcohol, marijuana and whoonga increased lethally among adults, youth, and adolescents in rural South African communities post-COVID-19. (Sinclair et al., 2021). The changes in social functioning and socioeconomic status after the COVID-19 pandemic caused stress and anxiety for many people in South Africa. For many people, the subsequent changes in lifestyle and loss of income eventually resulted in urban to rural migration to adapt, and achieve stability (Godley et al., 2022). In contrast, because of unresolved stress and anxiety, the use of alcohol and other substances as a coping mechanism increased (Khumalo et al., 2019). After 1994, the registration of private treatment

facilities increased dramatically. However, these facilities are still not accessible to users, particularly those from rural communities. The dominant treatment and psychosocial support services provided by organisations such as the South African Council on Alcoholism remain widely centralised, mostly in cities and other urban settings (Mpanza & Govender, 2017). Consequently, attempts to reach rural clientele are slow. In this paper, the authors theorise that the introduction of a community-based treatment approach constitutes an important mechanism to mitigate deficiencies in the provision of treatment services in rural communities. In this paper, the focus is on the impact of substance abuse in rural communities, and the consequences of the lack of quality treatment services from the perspective of users and communities. The goal is to understand substance abuse and the mechanisms to alleviate it.

Method

The discussion in this article is based on the findings from a qualitative phenomenological study conducted to explore the various relapse prevention measures post-substance abuse treatment for the youth in King Cetshwayo District, in KwaZulu-Natal, South Africa. The study sample comprised 16 participants that were selected using a combination of purposive and snowball sampling. These were five social work practitioners (key informants), and 11 youths, respectively. The key informants provided the names of youth who failed to adhere to treatment after inpatient or outpatient treatment. Data was collected using in-depth interviews with youth participants and key informant interviews with social work practitioners. Two different interview guides were used. Sampling continued until data saturation and redundancy were reached. While the sample size for key informants was predetermined because there are few social workers working with substance abuse service user, data saturation among youth participants was reached during the seventh interview. However, sampling continued until the 11th interview to ensure that no new information was forthcoming. The study was conducted after approval was granted by the institution's research and ethics committee (UZREC/S1229/16). The necessary principles and ethical standards, including obtaining gatekeeper permission, informed consent, voluntary participation, the right to withdraw from the study, anonymity and confidentiality, were observed throughout the study. Appropriate arrangements were made with the nearest mental health facility for debriefing and counselling for those participants that would have required counselling services following their participation. However, there were no participants who requested to be referred. Data were analysed using thematic data analysis as described by Braun and Clarke (2006). These authors propose six steps in conducting thematic analysis, which are familiarizing, coding, constructing themes, reviewing themes, defining themes, and writing a thematic analysis.

Results and discussion

Study findings project broad views shared by the study participants in relation to their experiences of predictors of failed substance use abstinence among youth after involuntary treatment in the King Cetshwayo District, in KwaZulu-Natal. In this section, the four main themes addressing the challenges experienced by the participants are presented. Data analysis yielded four themes, which are understanding and adherence to treatment process, the importance of self-motives in reducing post-treatment relapse, service users' attitude towards the treatment process and the role of social work practitioners in preventing relapses among involuntary service users. Within the themes, the sub-themes of lack of aftercare services and stigma and neglect after treatment are discussed using verbatim quotes from direct participants. Distance and crime, and lack of resources are also discussed.

Sub-theme 1: post-treatment stigmatisation

When participants were asked about the level of motivation after treatment, and the desire to change behaviour, all the youth participants explained that their lives changed, and was characterized by an unexpected struggle of neglect and isolation. The stigma came from the fact that the participants were not accepted by their families and the broader community. As a result, they felt neglected and isolated, which culminated in high stress levels. Most participants were unable to cope with the stigma, hence they failed to abstain from substance use, and relapsed. One of the participants' sentiments were quoted as follows:

I was subjected to emotional exploitation after treatment. It was difficult to change. I battled to have someone who could understand me and give me the support that I needed. I was often criticised based on the things that I did prior to treatment by both family and community members (UserX08).

Service users belong to families, and the family is a cornerstone of the broader community (Mkhize & Gutura, 2021). The experiences of isolation, exploitation and name calling start from the family and extend to the community. In many instances, families as places of belonging are excluded from the treatment process (Mkhize & Gutura, 2020). Arguably, the provision of after treatment care and reintegration of service users can be a sustainable mechanism to curb post-treatment stigmatisation. Adopting a community-based approach in the treatment context may help to close

the gap by incorporating the family, which constitutes an important support system in the treatment process (Godley et al, 2022). An effective support system plays a significant role in mending the broken relationships emanating from substance use. In this way, the family as a social institution is likely to positively turn into a safe space for recovery post-treatment, thereby retaining the social functioning of service users.

A similar view was shared by another participant, stating that:

I received many discouraging words from my relatives and community members about my recovery journey. Unfortunately, this happened in such a way that it instilled a sense of failure in me, especially because I was treated on a court committal basis (UserX02).

These findings relate to one of the studies conducted by the World Health Organization (WHO) on substance abuse after treatment re-adjustment challenges (WHO, 2020). In that study, intrapersonal conditions related to families and the society at large were also identified as the notable relapse predictors such as limited support, loving relationships deficiency, and maltreatment by families and community members. In the Participants in the current study reiterated that discouragement and mistreatment were common, which could have played a role in the relapse of involuntary service users. According to Crome and Baldacchino (2020), recovery is a difficult process that requires a multifaceted approach that must include working with the service users' immediate systems. These efforts lay the foundation upon which service users can be supported with the relevant resources and psychosocial support to meet the complex recovery challenges.

Stigmatisation, neglect and isolation by friends, family and the community members in general were found to be common among all the substance users who participated in the study. Most participants believed that stigma, neglect and isolation were perpetuated because the treatment did not include either family members or significant others. The participants emphasized that if their families were involved in treatment, they could have provided the relevant support accordingly, and they could have felt accepted after treatment. They also felt that acceptance would have strengthened their understanding of their recovery process (Mkhize and Gutura, 2021). Further, the participants envisaged that society's judgmental attitudes would have been reduced.

Similarly, in a study conducted by Yang et al. (2015) on the predictors of relapse in Malaysia, it was found that the service users' post-treatment living conditions had a strong bearing on a abstinence. For example, such challenges as unfavorable socioeconomic conditions, the lack of family or social support, interpersonal conflicts, stigma, and discrimination all kept the service users away from mainstream society. Further, the participants in this study reported relapse triggers such as negative feelings, interpersonal conflicts, and stressful events evoked by the challenges that characterised the users' lives.

Sub-theme 2: Distance and crime

All the key informants indicated that the long distances travelled by users and service providers was one of the epic problems. They were mostly concerned about the scourge of increasing crime, which affected the delivery of treatment services in rural areas. For example, the key informants indicated that there were cases where state vehicles on supervision visits were hijacked. One participant was quoted saying:

Most of my cases have not progressed that much; my clients miss sessions because they can't afford transport money to travel to sessions (SwPX09).

Clearly, financial constraints have contributed to the host of challenges encountered in managing substance abuse cases. This leaves the social work practitioner with a backlog of outstanding sessions. Barriers of this nature create a backlog of sessions, and practitioners find themselves making no progress (Nyashanu & Visser, 2022). Thus, adopting a community-based approach would help to take the services to where they are needed the most, which will mitigate the challenges associated with missing sessions due to financial constraints.

In the narratives shared by the participants, crime emerged as a dominant barrier in the provision of substance abuse intervention services. One participant said:

Working with rural communities is a serious challenge. Most of social workers (myself included) have fallen victim to robbery while on duty in rural communities, and this has contributed towards the high number of social worker practitioners who are dealing with post-trauma issues (SwPX04).

Crime is one of the leading social ills in South Africa (Khumalo et al, 2019). The negative impact of crime on efforts to enhance human social functioning cannot be overemphasized (Mkhize and Gutura, 2021). Applying a community-based approach under these circumstances will help to promote proper planning, preliminary identification of barriers in the community that are likely to distort the rendering of intended services, the identification of relevant role players or community stakeholders such as the police and security agencies to serve as partners in the provision of services. This approach would emphasize working with the community gatekeepers who can play a valuable role of providing support and guidance.

Sub-theme 3: Lack of resources

All the key informants indicated that they encountered challenges of not having enough resources such as relevant clinical assessment tools, and treatment guide manuals designed for involuntary service users. These constraints prevented them from rendering services effectively. One of the participants said:

The area of substance dependency lacks appropriate understanding in terms of clinical treatment roles in conjunction with traditional social work roles, case management systems, quality controls and research. This has caused us not to be sure about the relevancy of the help that we provide to our clients (SwPX01).

Similarly, another participant reiterated the importance of relevant resources. The following was said:

Firstly, substance abuse needs to be understood as a critical area of social work service provision. Because of this, I believe, we should not lack resources such as proper assessment tools, especially digitized assessment tools and the other tools of trade such as clinical motive building manuals designed for social workers working with service users presenting with substance use disorders (SwPX2).

In addition, some participants alluded to the critical concern regarding the availability of work tools. One participant said:

Apart from the lack of such infrastructure as treatment facilities, we do not have relevant assessment tools, and other appropriate clinical instruments. The currently used SWS2-intake and SWS5-assessment instrument are too generic for use in substance abuse cases (SwPX4).

The lack of resources such as assessment tools and clinical intervention guiding tools seem to be causing intervention gaps, and ultimately compromise quality and adequacy in the intervention process. Because of this, some of the cases get referred to inpatient treatment facilities without thorough intervention.

The participant mentioned the following:

I have never done any assessment in almost all cases of substance dependency that were assigned to me. I only did intake, investigated their authenticity, and then referred them for in-patient treatment (SwPX01).

The challenge of poor human resources seems to be an age-old problem in the delivery of substance abuse treatment services in South Africa. The high workload and ineffective case management were identified as the underlying cause of poor adherence and return to substances after treatment. One of the participants said:

I have never done proper assessment in all the cases I have dealt with. There was this one case that I was not able to attend thoroughly since I was reassigned to coordinate other programmes. After about 7-8 months, the client (the service user's mother) came to the office again, and from then, I started the process of placing the service user. I have no idea of the outcomes of the process, but I believe who ever took over the case had handled everything accordingly (SwPX03).

Due to the twin challenges of unemployment and poverty, many service users return from treatment lacking the requisite means to sustain their livelihoods (Cook and Laslet, 2022). Through post-treatment support services and service user reintegration initiatives, service users should be linked to appropriate programmes to help them survive. However, it is difficult to provide this level of support in a context of low resource allocation. Therefore, the public facilities and non-profit organisations rendering services to substance abusing service users must address the issue of resources constraints. They must work collaboratively with the institutions of higher learning, particularly the experts in the field of substance use and treatment to help with the designing of tools. Submissions should be made to relevant programmes funders for more funds to enable effective service provision.

Responses from social worker participants indicated that the social work profession plays a valuable role in reducing the prevalence of substance use in rural areas. However, there are certain challenges that make it difficult to successfully treat substance users in resource constrained rural settings. The participants cited lack of resources, long distances, and crime. Further, they cited the lack of aftercare services leading to neglect, stigma, and exploitation of service users after treatment as some of the greatest difficulties in trying to reduce substance use in rural areas.

The increase in *Amaphara* whoonga or substance users should not be taken as a by-the-way issues. It should be prioritised and be integrated within treatment strategies because (i) substance addiction is a warfare against the youth, hence it is the collective responsibility of various stakeholders to rehabilitate them from the harsh dependency on substances, (ii) society must be protected from addicts that are rising with varying tactics of criminal behaviour patterns because of addiction, (iii) most parents are not empowered to rehabilitate their children and that (iv) ensuring that society is free from substance abuse is a moral imperative. The Organization for Economic Cooperation and Development (2019) notes that service delivery in rural areas is costlier and more difficult than in urban areas, which is a major challenge for governments at all levels. Further, rural districts also face these high costs challenges, resulting in relatively high budget for prevention and treatment interventions (Kosec & Wantchekon, 2020). It is important that appropriate turnaround strategies are formulated. These transition strategies and ideas should consider the importance of community-level end users as a key service delivery system within the community (Khumalo et al., 2019). Considering the above, a community-based approach is an appropriate mechanism to stem the tide of multifaceted challenges in the delivery of substance abuse treatment services in resource constrained rural communities. A community-based approach promotes consolidation of services by concentrating service recipients in a small number of service sites. In this regard, a community-based approach is an alternative for service delivery because it helps to bring the service closer to the user.

Conclusions

Despite the various prevention interventions and psychoeducation programmes related to substance use disorders, this study found inadequacies in the provision of treatment services for substance users. These include socioeconomic difficulties, post-treatment stigma, poor access to resources (including treatment facilities), poor service user reintegration and support, and lack of abstinence after treatment. This research used a phenomenological approach to gain deep insights into the barriers and deficiencies in the delivery of substance abuse treatment in rural communities in a selected rural setting in KwaZulu-Natal, South Africa. The qualitative findings presented here may not be generalised, but they can serve as a guide to the importance of the community-based approach as an appropriate model for mitigating barriers and deficiencies in treatment service delivery in resource constrained rural settings. This paper focused primarily on treatment deficits in rural communities and included post-treatment stigma that leads to the exploitation of service users. In this regard, this paper contributes to a community-based treatment approach that helps to address these deficits by implementing a holistic aftercare programme that extensively involves service users' families as a support system. The community-based treatment approach plays a valuable role in the reintegration of service users. Distance and crime, as well as the lack of resources, are the main barriers to service delivery in rural areas. These barriers are a culmination of centralisation of services. In addressing this, the introduction of community-based interventions would help decentralise service delivery and bring services closer to the beneficiaries. In the King Cetshwayo District, effective prevention programmes such as "Kemoja" (prevention and early intervention for drug abuse) and "wake-up call" (prevention and treatment programme designed for children for children) have been implemented by the social development sector, but these interventions lack in terms of monitoring and case management. We also recommend extensive empirical research around the use of medicinal plants/ethnomedicine to locate integrated community-based treatment to detox and rehabilitation users.

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