REHABILITATED SUBSTANCE ABUSERS’ EXPERIENCE OF AFTERCARE FOLLOWING COMPLETION OF INPATIENT TREATMENT

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OUTLINE OF PRESENTATION

- BACKGROUND
- PURPOSE OF THE STUDY
- METHODOLOGY
- DISCUSSION OF FINDINGS
- LIMITATIONS AND RECOMMENDATION
- COMMENTS AND QUESTIONS
Substance abuse (SA) is a growing problem in South Africa (1).

South Africa has the largest market for illicit drug use in Sub-Saharan Africa (1).

Detrimental effects on the nation’s health and economy.

Linked to poverty; reduced productivity; unemployment; dysfunctional family life; escalation of chronic diseases; premature death (2).

Link between SA; risky sexual behaviour and HIV (3).

Further affects families, communities, businesses, private and government resources.
Western Cape (WC) has been identified as having an alarming rate of substance abuse (4).

The first South African Stress and Health Study (SASH) - found that WC had a significantly higher lifetime prevalence rate for substance abuse and dependence (18.5%) than the national average of 13.3% (5).

WC highest rates of Fetal Alcohol Spectrum Disorders (6).

SAPS stats indicated the WC highest rate of drug related crime - 52 000 cases in the 2008/2009.
- Child sexual offences 9.1%
- Domestic violence 67%
Various treatment services exist to assist in prevention and reduction of SA.

Relapse still concerning – place further demands on country’s resources (7)

Aftercare services (ACS) – assist recovering persons to maintain treatment gains and prevent relapse

A need for external resources to assist recovering users and support transitions back into the community (8)

Positive relationship between aftercare services and enhancing abstinence and reducing probability of relapse (9)
Researcher identified a dearth of literature on substance abuse

Identified data on SA/treatment which focuses on evaluating treatment programmes and identify predictors for treatment completion

Located few studies on aftercare services in South Africa and recovering users experiences thereof.
AIM

- To obtain an in-depth understanding of rehabilitated substance abusers’ experience of aftercare

OBJECTIVES

- Explore participants experience of aftercare
- Identify features of aftercare that participants perceived as beneficial in assisting them to maintain treatment gains
- Identify features of after that participants experienced as least helpful
Research design

- Qualitative approach which drew on an interpretive phenomenological analysis (IPA)
- Aims to explain the ways people come to understand and account for issues, events and behaviours in their lives (10)
- IPA – explore in detail how participants make sense of their personal and social world (11)
- Appropriate theoretical framework - allowing participants to provide their accounts of lived experiences through their own subjective lenses
- Researcher actively involved
Registered, non-profit, government subsidised in-patient substance abuse treatment facility in CT

29 males; 11 females over 18 years from CT and surrounding areas

Referrals from OPD and voluntary admissions

8 week in-patient followed by 6 month outpatient/aftercare service

Tested upon admission; two weekends leave

MDT – individual, group and family tx. DBT; social skills training; physical training; arts & crafts
Participants

- Sample of 8 (2 female and 6 male)
- Purposely selected with assistance of the Aftercare Coordinator
- Inclusion criteria:
  - 18 years old
  - completion of 8 week inpatient treatment
  - attendance of aftercare on Saturdays for at least 4 sessions
- Pseudonyms
Data collection

- In-depth interviewing
- Semi-structured to ensure certain areas were covered but also allowed for probing in response to participants interests/concerns
- Private room at the facility
- Recorded and transcribed verbatim by the researcher
- Data collected and handled with strict confidentiality
Procedure

- Ethical clearance from Higher degrees committee at the University of the Western Cape
- Permission obtained from the CEO at tx facility
- Aftercare Programme Coordinator assisted
- Selection criteria and indicated voluntary participation
- Participants telephonically contacted by researcher and suitable times set up for interview
- Information sheets incl. aims of study; participants rights; possible risks and benefits and assistance if needed
- Written informed consent obtained
- Interviews on Saturdays before and after Aftercare
Data analysis

- IPA – 2 stage analysis i.e. 1 - participants attempt to make sense of their world and experiences
- 2 – researcher attempts to make sense of participants accounts of their experiences
- Identify themes in text and connecting those
- Thorough reading of transcripts to identify links, themes and discrepancies
- Researcher attempts to make sense of the connections between emerging themes
Rigor: reliability and validity

- Guba and Lincoln’s four criteria for establishing the trustworthiness of qualitative data

- Credibility: ensuring the study measures what it was intended to
  - Informing relevant persons at facility and providing info about the study and sample criteria – ensure suitability of participants
  - Participants responses conveyed in italics and researcher maintained a reflective commentary
- **Transferability:** extent to which the study can be applied to other situations
  - Providing detailed descriptions of the phenomenon - readers compare instances of the phenomenon described in the research with other literature/situations

- **Dependability:** whether the study will yield similar results if it were repeated using same methods and context.
  - Methodology provided - allows future researchers to repeat/conduct research in the area
- **Confirmability: concerns the objectivity of the researcher**
  - Remain cognisant of factors such as personal background, race and gender which might or could have influenced the interview process.
  - Attempted to identify and remain cognisant of her own preconceived biases which were taken into account while analysing data.
  - The researcher maintained a reflexive journal to facilitate this process.
DISCUSSION

- Participants perceptions of factors contributing to their substance abuse
- Motivating factors to seek and enter treatment
  - Participants experience of aftercare
  - Perceived benefits
- Features experienced as least helpful
Reasons for using substances

- **Family dynamics**
  - Conflictual relationships and drug use within the family
  - Difficult emotions rising from conflict
  - Coping mechanism to distance self from difficult family dynamics
  - Supported by previous literature i.e. family disruption, instability; ineffective supervision, parental rejection; family drug abuse – linked to substance abuse (13)
Normality and availability

- NB factor in initial use and maintenance of SA
- SA is an everyday occurrence – almost unavoidable
- Literature highlights that legal and illegal drugs easily available in SA (14)
- Availability and normalising of drugs increases drug use – TV, billboards (15)

Peer pressure

- NB factor in initial use, maintenance and determinant for relapse
- Internal pressure to stay connected to the group instead of losing support and social status
- In South Africa most individuals start using with friends (16)
Sense of belonging

- Fundamental human drive
- Lack of belonging can lead to a variety of detrimental behaviours (17)
- To feel connected with others and feel part of something

Difficult emotions

- Inability to cope and healthily self-soothe
- Anxiety, frustration and anger experienced as unbearable – “the need to escape” “numb”
- ++Negative states increases risk of using drugs/alcohol as a coping mechanism
- Negative affective states produced by withdrawals NB factor in continued drug use (18)
**Motivation for seeking and entering treatment**

**Relationships**

- Relationship dynamics linked to substance abuse in various ways
- Realisation of how relationships have been affected and damaged; disappointment from loved ones; family pressure; withdrawal of support from family
- Pressure from romantic partners an important determinant in seeking treatment - women more vulnerable than men to the influence of their partners (19)
Impact on health

- Substance abuse closely linked to the development of serious illnesses
- In South Africa links exists between TB; STD’s and HIV (20)
- Negative health consequences from substance abuse motivated participants to seek help

Employment

- Positive relationship between work-related pressures and entering treatment - more likely for men - better treatment outcomes (21)
- Threat of job loss; decreased productivity; several warnings and inability to find suitable employment
Participants felt connected through the sharing of similar experiences and feelings they encountered in and out of treatment.

- Reduced feelings of isolation and loneliness.
- Defined as a “family” “being part of”.
- Experienced a greater sense of understanding from fellow recovering addicts than from their own family.
Support and encouragement

- Protective factor – care and concern from others
- Motivating factor to maintain sobriety
- Shared support to deal with challenges
- Main or only source of support for many

Structure

- Previously disorganized and neglected responsibilities
- Difficult to adjust to structure in treatment
- Continued experience of structure in aftercare
- Common to use on Saturdays – time now filled with aftercare and other support groups
- Lives felt more organised
- Structure facilitated participation
Coping with relationship challenges

- Aftercare to address the restoration of family relationships
- Several broken relationships before and as a result of substance use
- Participants learnt skills during treatment to manage/cope with relationships
- Persistent difficult dynamics upon discharge
- Aftercare useful in terms of assisting participants to cope and explore ways to manage the relationships
Convenience and accessibility

- Location, time and day
- Accessibility to support (sponsors and group) outside of aftercare due to relationships formed in the group
- Accessibility encourage attendance
Perceived benefits of aftercare

- **Skills and coping strategies**
  - Equipped with skills during inpatient tx
  - Reinforcement of skills - participants were influenced to implement and maintain skills
  - Learnt new skills and strategies through sharing

- **Positive role models**
  - Witness other’s progress – learn from experiences
  - Influenced own beliefs about self
  - Maintain treatment gains
Recommendations from participants

- **Sponsorship**
  - Lack of personal funds could impact on regular attendance
  - Inconsistent attendance and concern about recovery

- **Professional Input**
  - Value input from group members and facilitator
  - Nature of members difficulties could require more professional input
  - Could enrich the aftercare experience
LIMITATIONS AND RECOMMENDATION

- Small sample – one treatment facility
  - Bigger sample
  - Different facilities

- Gender representative? Possibly different experience and needs
  - Equal sample size i.t.o. gender

- Participants bias? Unable to identify features that were least helpful
THANK YOU

QUESTIONS???

COMMENTS