Substance abuse treatment: Ordeal for the previously disadvantaged rural communities in the Ramotshere Moiloa Municipality, North West Province of South Africa

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PRESENTATION OUTLINE

- Introduction
- Purpose
- Theoretical Framework
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- Findings
- Conclusion and Recommendation

INTRODUCTION

Substance abuse is a global phenomenon affecting people throughout the World (United Nations Office on Drugs and Crime, 2017). South African scholars (Ederis, 2017; Mohasoa & Mokoena, 2017; Mothibi, 2014; Setlalentoa, 2015) also noted the high rate of substance abuse and its negative effect among adolescents in rural areas as a serious concern. That underscores a need to prevent and treat adolescents abusing substances before the problem escalates further and destroy their lives. Various countries acknowledged the call by the United Nations Office on Drugs and Crime (2018) and established substance abuse treatment facilities.

PURPOSE

Investigate challenges facing rural adolescents' communities in accessing substance abuse treatment facilities. The research question that guided this study is: what are challenges encountered by adolescents from rural communities in accessing substance abuse treatment?

THEORETICAL FRAMEWORK

Western and African theoretical perspectives regarding access to substance abuse treatment and comparison of substance abuse prevention strategies of various countries.

METHODOLOGY

Qualitative research approach was considered to explore the barriers to accessing substance abuse treatment among a rural community in the Ramotshere Moiloa Municipality, North West Province of South Africa (De Vos, Strydom, Fouche, & Delport, 2011; Creswell, 2014). Ethical considerations included request for permission to conduct the study from the University of South Africa, Department of Basic Education, Health, and Social Development. Since adolescents participating in this study were minors, permission was also requested from their parents. Other ethical considerations included briefing sessions, informed consent in writing, confidentiality, and anonymity of data (Berg, 2009; Cho & Lee, 2014; Creswell, 2014; De Vos et al, 2011; Hennink, Hutter, & Bailey, 2011; Hiriscau, Stingelin-Giles, Wasserman, Reiter-Theil, 2016; Li et al, 2013; Segrott et al, 2014).

METHODOLOGY CONT…

Purposive sampling was considered and the sample consisted of 35 African black participants, inclusive of 24 adolescents, 4 educators, 1 social worker, 1 mental health nurse, 1 clinical psychologist, 1 traditional healer, and 1 traditional leader. Data were collected from the participants using face-to-face unstructured interviews with a research guide and document analysis (Cho & Lee, 2014; Willig, 2009). Thematic analysis was used to analyse data (Creswell, 2014; De Vos et al, 2011; Mohasoa & Mokoena, 2017). Trustworthiness and credibility of the findings were ensured through triangulation of data sources, sharing individual interview transcripts with participants, presenting findings through rich, thick, and detailed descriptions of quotes extracted from participants' transcripts and documents analysed. Peers were considered to review data collection and analysis processes (Cho & Lee, 2014; Marshall & Rossman, 2011; Patton, 2015; Roller, 2014; Sutton & Austin, 2015; Tonkin-Crine, 2016).

FINDINGS AND DISCUSSIONS

Four themes emerged from the findings of this study, and these included: (i) referral procedures and waiting periods for substance abuse treatment, (ii) Geographical barriers and limited access to available substance abuse treatment facilities, (iii) substance abuse treatment, (iv) lack of aftercare support.

Referral procedures and waiting periods for substance abuse treatment

Consistent with previous studies (Centre for Behavioral Health Statistics and Quality, 2013; Dada et al., 2016; International Centre for the Prevention of Crime, 2015), participants in this study revealed that referrals to substance abuse treatment was done by the family, schools, and social workers: *As their mentor, as soon as I receive information about learners abusing substances, I will notify parents and the social worker allocated to our school. The social worker will then have a session with the learner and the parents. If the learner requires rehabilitation, the social worker will assist in referring such learners to the rehabilitation centre (Educator)*; *We normally refer learners to rehabilitation centres. This is based on self-referral by learners themselves; educators in collaboration with parents or guardian (Social worker).* However, none of the participants mentioned referrals by community organisations, alcohol or substance abuse care providers, other health care providers, as well as through statutory and the criminal justice system.

FINDINGS AND DISCUSSIONS CONT

Geographical barriers and limited access to available substance abuse treatment

One of the professionals identified the following geographical barriers to treatment: *The two centres where we normally refer our learners are Sunpark, situated in Klerksdorp and Witrand, situated in Potchefstroom. These organisations are private institutions funded by Department of Social Development (DSD). DSD has a Memorandum of Understanding with these rehabilitation centres (Social worker)*. These extracts suggested that those who required treatment for substance abuse and were referred to Sunpark, travelled about 175 kilometres from Dinokana to Klerksdorp; while those referred to Witrand travelled 184 kilometres from Dinokana to Potchefstroom. These extracts further suggested that those treatment centres were nine kilometres apart from each other; meaning that community members in Potchefstroom and Klerksdorp had easy access to the two treatment centres. Whereas in the Ramotshere Moiloa Local Municipality, there was no substance abuse rehabilitation centre and those who required the service had to travel long distances to access treatment. These findings are consistent with United States Department of Health and Human Services (2010), Myers et al. (2010), as well as Pullen and Oser (2014) who argued that sizeable rural health populations had greater shortages of mental health providers and fewer facilities to provide treatment services.

FINDINGS AND DISCUSSIONS CONT…

Limited substance abuse treatment facilities and admission period

Findings pointed to limited beds allocated and limited admission periods as reported by one of the professionals: *Department of Social Development is allocated ten beds per month and once the application is approved; the patient is admitted for 3-4 weeks (Social worker)*. These extracts implied that the treatment service was not accessible to other adolescents requiring inpatient treatment as only 10 beds were allocated per month. Furthermore, these extracts suggested that after three to four weeks those admitted were discharged. This is consistent with Buddy (2018), Prevention of and Treatment of Substance Abuse Act (2008), and World Health Organisation (2013) that there were short term substance abuse treatment programmes lasting for 30 days. These extracts also corroborated with the findings of the previous studies, which established that substance abuse treatment far exceeded supply (Bower et al., 2015; Myers et al., 2010; Isobell, 2013). This was in contravention to the provisions of The Prevention of and Treatment for Substance Abuse Prevention Act (2008); that treatment centres needed to ensure that their services were available and accessible to all service users. These extracts also contradicted the recommendations of Brody (2013) that treatment needed to be offered continuously for as long as the individual required it, including aftercare. According to the National Institute on Drug Abuse (2009), relapse was a possibility, and failure to comply with treatment weakened the chances for successful recovery.

FINDINGS AND DISCUSSIONS CONT…

Relapse and lack of aftercare support

Relapse and lack of aftercare support was noted with concerns by some of the professionals in this study: *Due to proximity challenges to the centre, there is no aftercare support once a person is discharged from the centre; The problem is that after three weeks, there is no support provided to them. They are not able to attend aftercare support groups because the hospital is far*. These findings pointed to the lack of aftercare and contravened the Prevention of and Treatment for Substance Abuse Prevention Act (2008); which advocated for the provision of aftercare services in treatment centres. Furthermore, previous studies reported that if aftercare support was not provided, it meant that those recovering from substance abuse would not be equipped with additional skills to maintain their treatment gains, sobriety and avoid relapse (National Institute on Drug Abuse, 2009). Furthermore, aftercare support was recommended in substance abuse prevention strategies of other countries (International Centre for the Prevention of Crime, 2015). One of the professionals acknowledged that aftercare support was not provided because Ramotshere Moiloa Local Municipality was huge and that made it impossible for social workers to reach out to all the villages and provide required aftercare support to discharged patients: *The vastness of the Ramotshere Municipality makes it difficult for social workers to provide aftercare support to discharged patients*.

CONCLUSION

Challenges to accessing substance abuse treatment points to prevention, rather than treatment as the best possible strategy for addressing the burden of substance abuse as is recommended by Beardslee, Chien, and Bell (2011). There is a need to review protocols when referring adolescents for substance abuse treatment. Limited number of substance abuse treatment centers points to a need to increase the number of available substance abuse treatment centers for the adolescents from the rural areas in the Ramotshere Moiloa Municipality. After care support need to be strengthened to reduce relapse. The establishment of a rehabilitation centre in the Ramotshere Moiloa Local Municipality is required to address challenges experienced with substance abuse problems, ensure availability and easy access to the rehabilitation services for the previously disadvantaged rural communities in the Ramotshere Moiloa Local Municipality. The Department of Social Development and Department of Health need to identify, acknowledge and support religious or spiritual rehabilitation centres and traditional healers within the municipality who may be offering rehabilitative services for substance abuse (Prevention of and Treatment for Substance Abuse Act, 2008; Traditional Healers Act, 2004). They should also provide information about the processes to be followed to register a rehabilitation centre.

Thank you

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