Rural Realities in Service Provision for Substance Abuse: A qualitative study in UMkhanyakude District, KZN, South Africa

December Mpanza
BOCTH, MOT, PhD Fellow (UKZN)
17th WFOT, 21-25 May 2018, Cape Town, South Africa
Global SUD Realities

• More than 27 million or One out of 10 drug users suffer from substance use disorder (SUD) in 2013.

• Alcohol remains the leading substance abused, followed by cannabis worldwide.

• Substance abuse interventions are limited and inadequate worldwide, however regional differences exist.

SA statistics are disturbingly inconsistent:

- Estimated, **15% of South Africans (?)** have a drug problem”
  Alcohol is a primary substance abused followed by Cannabis (dagga), which is the most illicit drug used.

- Substance use varies from province to province and constitute a **burden of disease and crime (60%)**

- Only **27.6%** of SUD clients are estimated to **access treatment services**. In addition, there is high relapse rate.

- In SA, limited studies determine **relapse rate**, however it estimated that between **70 to 90%** of SUD clients relapses post treatment.

Rural SA Realities

• Approximately **43.6% of the South African** population lives in rural areas.

• Substance abuse services offered in South Africa remains **inadequate, poorly distributed geographically and poorly coordinated** between health and social welfare sectors.

• **Research has Focused** on commercial/prescription substances and **Neglected-Indigenous** substances and combination of substances, which have affected a large number of people, notably those in **rural and previously disadvantaged communities**.

The primary substance abused in KZN is alcohol (34%), followed by Cannabis (32%),
Thirdly, heroin (10%) which is mixed with other substances namely Nyawope/whoonga/sugars.
In addition to primary substance abuse, poly substance abuse is reportedly 54% among SUD clients.
The length of waiting lists in KZN remains very long (3 to 6 months) at non-profit and state facilities.

(SACENDU, 2017) (Myers and Fakier, 2007)
There is a dearth of literature about the state of substance abuse at a district level in particular, UMkhanyakude District.

However, anecdotal evidence from an unpublished survey on substance abuse incidence done by Ophondweni Youth Development Initiative in 2009 among youth, indicated the following leading substances:

1. Alcohol
2. Tobacco
3. Traditional Beer
4. Cannabis/Dagga

The use of cocaine was not reported whilst glue was recorded at a very small percentage of 2%.
Fifty five percent of KZN population lives in rural areas (Kok & Collinson, 2006).
Rehabilitation centers are located cities more than 350 kms away from UM district.
Overall Study Aim

The study explored the experiences and perceptions of substance abuse service providers in northern KZN in order to identify potential challenges/barriers and strengths so as to inform policies and guidelines for service delivery in rural areas of South Africa.
Methodology

Approach: Qualitative

Instrument:
- Focus Groups and Semi-structured interviews
- Thematic Analysis

Data Analysis: UKZN HSSREC

Ethical Clearance: UKZN HSSREC
# Study Population: 28 Service Providers

<table>
<thead>
<tr>
<th>Substance Abuse Stakeholders</th>
<th>Category</th>
<th>No. Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health (hospitals and district)</td>
<td>Fieldworkers</td>
<td>10 (3 OTs)</td>
</tr>
<tr>
<td></td>
<td>Managers</td>
<td>3 (1 OT)</td>
</tr>
<tr>
<td>Department of Social Development</td>
<td>Fieldworkers</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Managers</td>
<td>5</td>
</tr>
<tr>
<td>Ophondweni Youth Development Initiative (NGO)</td>
<td>Fieldworkers</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Managers</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Number of Participants</strong></td>
<td><strong>19 Fieldworkers</strong></td>
<td><strong>28</strong></td>
</tr>
<tr>
<td></td>
<td><strong>9 Managers</strong></td>
<td></td>
</tr>
</tbody>
</table>

Two categories
FINDINGS

UM DISTRICT SUBSTANCE ABUSE REALITIES

PARTICIPANTS REGARD THEIR EXPERIENCE AS A CHALLENGE
THEMES

- No Prioritisation of Mental Health
- Lack of Resources Is a Barrier
- Enablors or Strengths of Effective Substance Abuse Services
- Prohibiting Factors to Effective Substance Abuse Services
- Easy Access and Unregulation of Substances
- Impact of Poverty on Substance Abuse Services

Context of Um District
“I as a social worker, sometimes when I am doing the home visits, I can see it is around their yard” P1

Isiqatha
Injemane (palm wine)
Qo
Isitambetambe
Isizulu
Amaganu (marula wine)
ETC

Unregulated Amarula festival

Ancestors ceremonies

CULTURE PROMOTES SUBSTANCE

LOCAL SHOPS

BOARDER INFLUENCE

UNCLASSIFIED SUBSTANCES

EASY ACCESS AND POOR REGULATION OF SUBSTANCES

HOME BREWED SUBSTANCES

DAGGA READILY AVAILABLE

UKZN INSPIRING GREATNESS
“So many of them are selling those concoctions/homebrewed because what else am I going to do, it’s the way they live.”, P2
Lack of resources within the workplace is a barrier to service provision. No treatment facilities at UMkhanyakude district. Lack of infrastructure within the district.

It’s difficult to get to that area but at the end we have to give service to them. I tell you what, when we go to Enkovukeni, we use a boat, not that boat maybe the one you thinking of, we cross by feet approximately to 1500m which is 1km and 500m to get to the people.” P3
Prohibiting factors to effective substance abuse services

Lack of research in rural areas

Worse off is aftercare and reintegration services

Fragmented treatment services

Poor monitoring of services

“And we are unable to measure other things because when we render the prevention to schools, we don’t have means of measuring whether it worked or not, yeah that’s a problem we have.”
P7
No prioritisation of mental health and substance abuse

Substance abuse not on the agenda

Limited or no resource allocation

No integration of mental health and substance abuse to PHC

“I think just the priority I’m a bit worried about, the priority of the program because you’ll find that our top managers will say oh you talking about that, okay let’s shift that one, let’s talk about HIV…… Yes it’s neglected P8
Civil societies support action against Drug Abuse

Good inter-sectoral collaboration on prevention program

Enablers or strengths of substance abuse services at UM

Innovative strategies on drug abuse service delivery

MAKING DEALS WITH SHEEBEN
“clients who are getting a grant, maybe like a psych patient or any gogo who is getting a grant but then all monies are going to that particular…so we have to go to that household to say you must restrict this old person” p14

INNOVATIVE STRATEGIES
Conclusions: Challenges to the service

- **Alcohol, Cannabis and home brewed substances** are leading substances at UMkhanyakude District.
- **Factors exacerbating substance abuse** (culture, high level of poverty, easy access, poor regulation and unemployment).
- **Factors compounded** by the lack of resources, *geographical isolation*, lack of rural research and no prioritization of mental health/substance abuse results to poor substance abuse service delivery.
- **Lack of substance abuse treatment**: service is characterized by poor monitoring, no aftercare, community based programs and uncoordinated interventions by stakeholders.
Conclusions: Enablers for service

- **District’s strengths/advantages** include prevention programs and strong inter-sectoral collaboration.

- **Supported by a number of enabling factors namely:**
  1. National Drug Master Plan resulted to local drug action committee
  2. **Strong support by civil societies** (NGO, FBO, CBO)
  3. Government through Operation Sukuma Sakhe and war-rooms
  4. Motivated substances abuse service providers through strategies.
Service Delivery Recommendations

- There is a need for a specific district and provincial standard for substance abuse rehabilitation services in addition to improving monitoring and evaluation for quality improvement.

- There is also a need to respond to the gaps of aftercare and hasten the shift to community based or decentralised substance abuse services to improve rural services.
What we can learn: “Connected in diversity”

• OT services and approaches should be carefully crafted to respond to contextual and unique needs of each community as oppose to generic and top down approach. “Embrace Ubuntu-humanity”

• Increase inter-sectorial and inter-professional collaboration especial in a resource constrained settings. “OT, the glue that keeps them together”

• OT SUD aftercare and reintegration strategies should consider the interplay of a number of factors such as poverty, level of education and cultural influences. “positioned for impact”
References

Thank-you

ACKNOWLEDGEMENTS

- My Research Supervisor
  - Prof P Govender

- My family
  - Ms Zakithi (wife), Uya (niece) Dumisa (son) and Hlelo (son)

- UKZN-College of Health Sciences Funds

- UMkhanyakude District
  All stakeholders and Substance Abuse Service Providers who participated.

For more information, link to the article:
http://dx.doi.org/10.1080/20786190.2016.1272232

QUESTIONS?

EMAIL: Mpanzad@ukzn.ac.za
+27828442938 OR +27312608375