

Identifying Causes of Substance Use Disorder and Finding Systems of Reintegrating Patients
from Newlands Park Rehabilitation Centre.



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Science in Community and Development Studies, in the school of Built Environment and
Development Studies, University of KwaZulu Natal, Durban, South Africa.

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Declaration of Originality

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I declare that “Identifying Causes of Substance Use Disorder and Finding Systems of Reintegrating Patients from Newlands Park Rehabilitation Centre.” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Abstract

In South Africa, individuals with substance use disorder (SUD) have very limited options in accessing rehabilitation centres and those who have access face a great challenge of maintaining sobriety post rehabilitation, and this has implication for community development. Historically, more emphasis has been put into the scientific aspect of understanding the effects of drugs on the physical being but seeing that the number of substance abusers is increasing, perhaps understanding the causes of SUD and finding their solutions is mandatory. The rehabilitation centres that are under state supervision spend big sums of hard-earned tax payer's money in rehabilitating patients, however growing relapse rates which is detrimental to development indicates that something needs to be done to better reintegrate the patients back into society. Rehabilitation centres require a deeper inspection concerning the effectiveness of programmes preparing patients for post rehabilitation.

This study looked at the nature of SUD in Newlands West and what contributes towards the high rate of relapsing patients from the nearby Newlands Park Rehabilitation Centre. To do this, and to determine the implications there of community development, this study employed a qualitative method and it draws information gathered through in-depth semi-structured interviews that were conducted at Newlands West and Newlands Park Centre from February to March 2018. The goal was to identify the main causes of relapsing patients from Newlands Park Centre and to find solutions that will help to successfully integrate them back into their communities. The study also employed a thematic analysis method where conclusions were drawn from the following themes: General Causes of Substance Use Disorder (SUD); Main Factors Contributing towards SUD; The Community's Involvement in the Reintegration of Patients; and Overview of Community Participation and its value in SUD Alleviation Programmes.

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My Lord Jesus Christ for orchestrating every move of mine that led to this moment.

Abbreviations

DTSA	Drugs and Teen Substance Abuse
SUD	Substance Use Disorder
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
HIV	Human Immunodeficiency Virus
NIDA	National Institute on Drug Addiction
WHO	World Health Organization
ADR	Adverse Drug Reaction
DOC	Drug of Choice
NDC	National Drug Code
NDA	New Drug Application
AA	Alcohol Anonymous
DATC	Drug Addictions Treatments Centre

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Chapter One

1. Introduction

In the quest of identifying causes of Substance Use Disorder (SUD) and finding systems of reintegrating patients from Newlands Park Rehabilitation Centre, this chapter explains the compelling background that partly influenced this study. Furthermore, the researcher outlines the research problem through highlighting how there is an issue of SUD and relapsing of recovering patients in the study area. This chapter also outlines the important research questions that assisted in meeting the study aim and objectives which are also mentioned in this chapter. A brief synopsis on SUD and relapsing is unpacked as the central concepts of this study. The study rationale, data analysis method and a preliminary literature review from key scholars are also presented. Finally, the ethical issues concerning the collection of data containing sensitive social issues is also dealt with in this chapter.

1.1 Background

Drug dependence and the relapsing of patients is a social problem that is affecting many people in the global community (Ali et.al, 2011). Community development lies at the centre of the scope of the millennium development goals and substance use disorder hinders the community efforts aligned towards meeting their development goals (Singer, 2008). As community development entails community members mobilising each other to take collective action and generating solutions to common problems, the community can thus play a vital role in generating solutions for SUD alleviation and social reintegration (Cavaye, 2015). This dissertation argues that the global community needs to be more pro-active in addressing SUD as a social problem which could be a result of various underlying social issues. Ali et.al (2011) states that in Malaysia there were

400 reported cases of relapsing patients from 8 rehabilitation centres and this is seen as a case that requires serious intervention. Ibrahim (2009:37) also indicates that there were cases of over 90% relapses among heroin patients within the period of six months after they had been discharged from the Serenti rehabilitation centres. These findings show the magnitude of patients failing to maintain abstinence post their rehabilitation stage.

The problem of relapsing patients can also be identified in South Africa where health minister Aaron Motsoaledi announced that the relapsing rate of patients within the country ranges between 80% - 90% amongst all state-owned rehabilitation centres (Gomba, 2013). This is a social issue that is prevalent within the community of Newlands West where a state-run rehabilitation centre lies at the heart of the community. This dissertation thus argues that patients from Newlands Park Centre fail to maintain their abstinence from drugs post rehabilitation. This social issue doesn't only cost the state socially but financially as well hence it spends over R20 billion on rehabilitation per year (Gomba, 2013).

As indicated by Naidoo cited in Chetty (2011:2) at Jullo Rehabilitation Centre, a standout amongst the most often utilized treatment centres in the Durban region, patients relapse because they normally overlook and forget the reason they took the step towards being rehabilitated. The main aim of rehabilitation is to get service users to leave the recovery centres with the conviction that they can deal with their own issues independently and that they are ready for the world post rehabilitation (Chetty, 2011:3). This dissertation through its findings determines whether patients from Newlands Park Centre clearly understand the cause of their substance use disorder and if they have the necessary skills to substitute it.

The problem of relapsing stems from substance use disorder, and the rising dependence on drugs and liquor is seen by scholars as progressively turning into an overall way of life that is common in rich and poor communities (Ali et.al, 2011). Failing to address the issue of SUD may see the deterioration in the state of health and well-being of people's livelihoods. This may also be what continues the cycle of relapsing patients. Substance abuser's dependence on drugs is not only viewed as a noteworthy general wellbeing issue but also an issue that weighs heavily on the smooth functioning of society (Dewey, 2008). Addressing the issue of SUD in society will indirectly eliminate the issue of relapsing patients, which is a huge social and financial burden. Through analysis, each patient at Newlands Park Centre is subsidised for by the state an amount of R20 000 for their six-week program at the rehabilitation centre and with a relapse rate of over 80%, it shows the amount of money the state is losing (Gomba, 2013).

The United Nations International Day against Drug Abuse saw many South Africans being brought to attention to the negative impacts of drugs on society, as President Jacob Zuma appealed to the nation, especially the youth, to abstain from substance abuse (Gqirana, 2016). The issue of SUD is a topic which is sensitive to address but unless South Africans work together to combat it, it may continue to escalate. Drug misuse in South Africa is steadily turning into a major issue and as indicated by the South African Depression and Anxiety Group who found that illicit medication utilisation in South Africa is twice the world standard (Steven, 2013:31). This has prompted an expansion in deviant behaviour rates amongst South Africans. Through my observations, communities such as Newlands West continue to face issues of substance use disorder because policies and consequences of drug abuse may not be clearly highlighted for the community to understand.

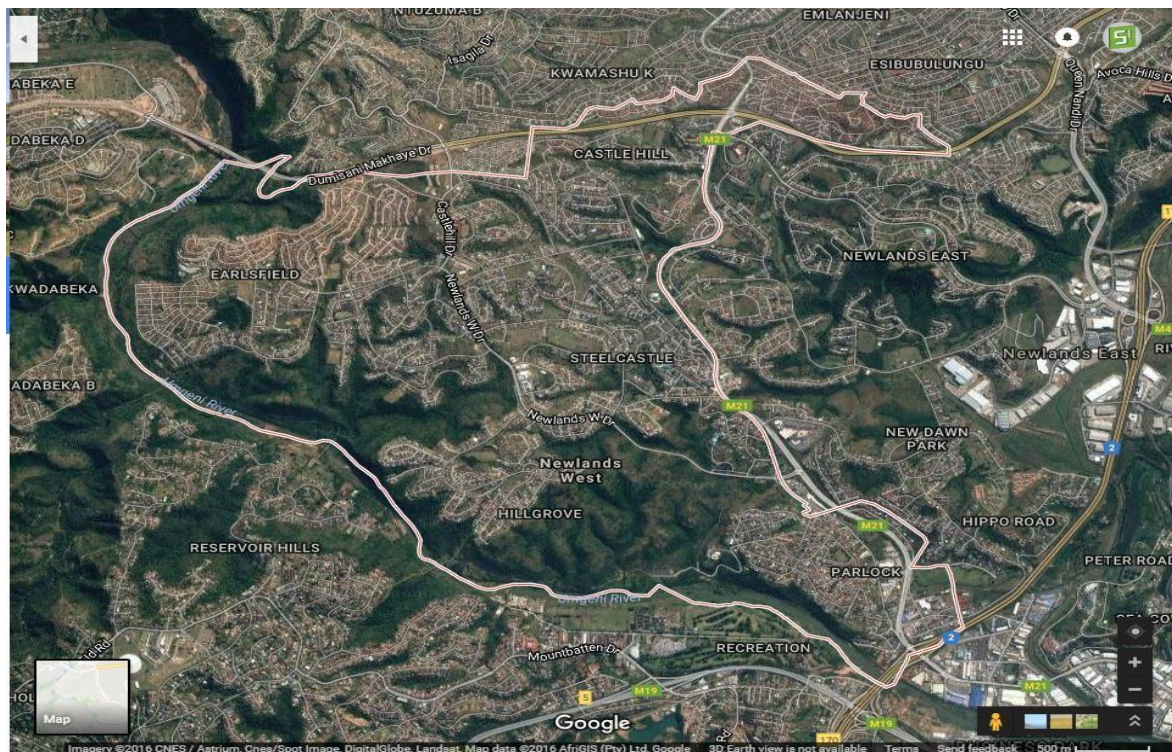
The Institute for Special Populations Research found that South Africa has the questionable qualification of having the biggest unlawful drug market in sub-Saharan Africa (Steven, 2013:33). These statistics alone should be motivational upon South African communities to act upon SUD as an urgent problem. Newlands West having one of the few state-run rehabilitation centres in the province of KwaZulu-Natal may be seen as a slow-paced response by the government in dealing with addiction as well as equipping the patients with means of sustaining their own livelihoods post rehabilitation.

As the growth rate of drug abuse in communities such as Newlands West escalates, the need for proper rehabilitation in Durban is required. Substance abuse is arguably one of the most urgent pressing burdens on the eThekweni Municipality to create more systems of rehabilitating patients and ensuring that they do not relapse. Speaking on the “*Qalakabusha Programme*” the then eThekweni Mayor James Nxumalo stated that a multidisciplinary approach with various departments including Social Development, Health, Justice, the police, and NGOs, would be adopted to help patients start their lives over (Mngoma, 2014). The process of rehabilitating patients can therefore be seen as a responsibility for everyone in society. Thus, this dissertation argues that programmes that are implemented in Newlands Park Centre and in Durban as a whole should prepare patients for life after being discharged from rehabilitation facilities.

Table 1: Map of Newlands West



Table 2: Aerial projection of Newlands West



1.2 Research Problem

South Africa is facing a crisis of increasing people with SUD within its communities and most evidently within its metropolis' such as Durban (CDA presentation to parliament of South Africa- 06 September 2011). In addressing this crisis, state owned rehabilitation centres are made available in communities within the metro-cities (CDA, 2011). Drug rehabilitation centres are seen as places of refuge and a new start by patients. However, the success of these rehabilitation centres is put into question hence according to the National Institute on Drug Addiction, three out of five patients relapses within three months of being released back into their communities (NIDA, 2012). Newlands Park Centre which is a rehabilitation centre in the heart of Newlands West is faced with such problems of relapsing patients post rehabilitation. These staggering statistics reveal that drug rehabilitation centres may be lacking in some regards because of the low sustainability of rehabilitated patients. The high rate of patients relapsing may be attributed to the service users not fully understanding the cause of their addictions and unidentified system of integrating them back into the community (Lutman *et.al*, 2015).

According to Census (2011) Newlands West is a community with a small population of 50 627. The people from the community of Newlands West face a challenge of having patients who relapse from the Newlands Park Centre post rehabilitation and also those who are from surrounding areas in Durban. One of the main goals of the rehabilitation centre is to return the rehabilitated participants back to productive functioning in the family, workplace, and community (NIDA, 2012). However, the relapsing patients from the rehabilitation centre make that goal unattainable and one can state that it is mainly due to a problem of not being psychologically equipped to stay sober post rehabilitation (Melemis, 2015).

According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning (NIDA, 2012). However due to the lack of support from their loved ones and close friends, the former patients feel alienated and out of place in their communities (Melemis, 2015) The candidates rather find comfort in going back to drug use and going back to rehabilitation where there is a community of people who can relate to their problem.

1.3 Research Question

What are the causes (and community development implications) of substance use disorder and continuous relapse rate of patients from Newlands Park Centre?

1.4 Sub-Research Questions

1. What are the main causes and community development implications of SUD in Newlands West?
2. What are the main causes and community development implications of relapsing patients from Newlands Park Centre?
3. What kind of support do patients need from communities and households at reintegration?
4. What would the patients prefer to gain from their rehabilitation process?
5. What would be the best way from a community development point of view for patients to maintain sobriety post rehabilitation?

1.5 Aim

To find causes of substance abuse disorder in Newlands West and solutions to reduce the relapse rate of patients from Newlands Park Centre

1.6 Objective

1. To find the causes of substance use disorder and relapses, and their community development implications, in Newlands West.
2. To identify post rehabilitation integration strategies with empowerment and/ developmental value, for patients.
3. To explain measures that can be adopted by the Newlands Park Centre to prepare patients for post rehabilitation.

1.7 Rational of the Study

Numerous studies that address SUD, rehabilitation and relapsing are limited to their focus on the patient's behaviour before and during the rehabilitation process. They are often silent about the implication that SUD has on community development. However, the nature of this research lies in finding the causes of substance use disorder, the implications this has on community development, and ways in which patients can prevent themselves from relapsing post rehabilitation. This will enable community development practitioners to focus more on understanding the support that the patients need from their communities and households post rehabilitation. As the goal of rehabilitation is to get patients to stay consistent in their sobriety, community development practitioners should find systems and solutions to effectively integrate them back into their communities.

Finding ways in which patients can maintain abstinence from substance abuse post rehabilitation requires an analysis of the patient's surroundings and relationships as it involves the family and the community at large in the process (NIDA, 2012). Having these parties positively involved in the post-rehabilitation process is the most important factor for the patients maintaining sobriety because most people rely on support to be able to stay committed to their sober course. My rationale for undertaking this study was to get a clear understanding of the main causes of substance use disorder within the community of Newlands Park and to find ways in which incidents of relapsing individuals can be reduced following key principles of community development. This study also provides an important platform for the debates surrounding the issue and value of community participation in rehabilitating patients as opposed to isolating them and treating the topic of drugs as taboo.

1.8 Research Methodology

The Qualitative constructivism methodology was used as best suitable in this study because it permitted the researcher to have a more extensive comprehension of literature as well as suitable approaches of collecting data from key participants. Furthermore, the researcher did examinations which were drawn from where distinctive understandings are generally essential in further supporting its ideas (Creswell, 2014).

It was vital for the researcher to find ways in which the general community can participate in the study and facilitate discussion in whether or not communities saw and understood the importance of their role in the rehabilitation of patients. It was also important to consider how the research participants were also treated in the process of data collection because substance use disorder is a sensitive topic for many people affected by it. The researcher received assistance from the

psychologists and occupational therapists from Newlands Park Centre who were present in the vicinity during the interviewing process. This was done to ensure that all proper measures are implored in handling such a sensitive issue. During the qualitative data collection process, the researcher abided by the code of ethics without compromising the quality of data collected by asking non-provocative questions. An intimate interaction with the participants also allows the researcher to abstract more in-depth information from the participants. Through the question and answer process, the participants get to express themselves more clearly (Creswell, 2014).

1.9 Research Design

In order to affect change and maintain abstinence in patients, it is crucial to understand the varying importance of substance use disorder issues to different groups, and to identify factors that impact decision-making and guide SUD behaviours (Mollen, 2011). Thus, this study used a qualitative approach which is a descriptive method used to extract data from personal experiences of the participant's (Denzin and Lincoln, 1998; Patton, 1988; Creswell, 2009). The significance of this approach in this study is that it allows the researcher to ask open ended questions where the respondents freely express themselves without limitations. Qualitative research also assisted the researcher to develop an in-depth understanding of the topic than can be obtained through quantitative research alone. The Qualitative research method that was used in conducting this study used methodologies such as focus groups, in-depth interviews, and direct observation so researchers can investigate the patient's preferences and personal struggles pertaining their SUD.

The qualitative research method helped the researcher to understand questions of why and how from the participants, bearing in mind the research topic (Mollen, 2011). The qualitative research

methods provided an opportunity for a systematic and in-depth evaluation of a question. Qualitative researchers always anticipate grounds that have not been covered in controversial and sensitive studies such as drug abuse (Mollen, 2011). One could further state that most research conducted through the quantitative method yields outcomes which have not yet been covered in other existing studies due to the flexibility of questions structured to get desired results. Past and present research findings in the study of SUD and rehabilitation are thus adequately challenged through new findings that come out of the researcher's use of the quantitative method (Mollen, 2011).

1.10 Preliminary literature review

In order to meet the first objective of this study the researcher consulted books, Journals and other existing literature in identifying the core underlying issues that involve causes of substance use disorder as well as relapsing patients which has an impact on community development .

Scholars such as Kranzler (2008) state that addiction can also be described as the dependence on a substance based on habitual behaviour. Authors such as Gardes (1995) define it as the total dependence on any drug or a medication that may or may not be prescribed to individuals. There are various studies that have been conducted on the theme of SUD, rehabilitation and relapsing, and those studies are important in approaching this study. Nagle (1999) studies on how substance use disorder can cause harm to the human mind and body has extensively done.

Existing studies serve as a foundation of understanding the loopholes that are not covered in this topic. The identification of post rehabilitation integration strategies with empowerment and developmental value for patients is identified through the existing literature that has been engaged by the researcher in the literature review. The unpacking of key concepts in this study assisted in understanding what integration strategies patients need. The National Institution for Drug

Addiction (2011) defines SUD as a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the affected individual and to those around him or her. The World Health Organisation (2011) and Campbell's (2010) define rehabilitation as the process of helping a person to readapt to society. Scholars such as Kornblum and Julian (2004), see SUD as a problem that belongs to the community as opposed to an individual's problem. This literature encourages a collaborative approach in combating SUD and preventing individuals from relapsing. Furthermore, scholars such as Marlatt and Wietkiwits (2005) agree that there are different approaches that society can introduce in dealing with relapses in their communities.

Authors such as Kornblum and Julian (2004) also believe that the solutions to solve social problems include building stronger movements in conflicted groups and then possibly engaging in negotiations to reach accommodations. Therefore, in bringing about solutions to the problem of relapsing and SUD, stronger movements are also seen a functionalist approach that could work. Vencatasawmy (2009) argues that the rising incidence of drugs may be the result of a combination of biosocial and psychological factors and that people use drugs for various reasons. There are various factors that Vencatasawmy considers in his arguments which he views as the primary causes of addiction for different individuals.

1.11 Dissertation structure

Chapter 1: This chapter consists of the introduction of the study which focus on varies aspects. The focus aspects are the Background, research problems, research question the aim of the study, objectives, research methodology, research design, research methods and lastly a summary of the literature review.

Chapter 2: This chapter contains studies written in different subjects that are researched with detailed understanding. This permits the literature to give an unmistakable debate on the issue of SUD and relapsing. This chapter also outlines the conceptual framework of the research. It defines key concepts such as addiction, substance use disorder, relapsing, rehabilitation, social reintegration, and harm reduction. This section is a consistent move of what has been specified in the first chapter. Substance use disorder is not a new phenomenon within the global community, including the African continent.

Chapter 3: This chapter explains in detail the approach and research methodology that is used to conduct this study. This chapter further identifies the area where the study was conducted while also explaining the tools that are used during data collection. Furthermore, the suitability of the method used to collect the data is analysed in this chapter and addressing its advantages and disadvantages. Lastly, this chapter gives an in-depth synopsis of the use of sampling method for this research study. .

Chapter 4: This chapter explores the different causes of SUD as gathered from the participants from Newlands Park Centre and the community members of Newlands West. The researcher further explored the causes of relapsing substance abusers in the community and investigated the solutions that can be used to reintegrate substance abusers to reduce the chances of relapsing. The data collected through the interview processes was analysed in this chapter through the thematic approach. The themes were derived from the research participants' responses

Chapter 5: This chapter aims to discuss specifically the conclusions and give recommendations considering the literature discussed in chapter two as well as the findings from the qualitative research method in chapter four.

Chapter Two

Literature Review

2.1 Introduction

This chapter contains studies written in different subjects that are researched with detailed understanding. This permits the literature to give an unmistakable debate on the issue of SUD and relapsing. This chapter also outlines the conceptual framework of the research. It defines key concepts such as addiction, substance use disorder, relapsing, rehabilitation, social reintegration, and harm reduction. This section is a consistent move of what has been specified in the first chapter. Substance use disorder is not a new phenomenon within the global community, including the African continent.

Hypothetical perspective of key ideas is examined in this section as the researcher investigates different focal meanings of what SUD is, whilst also looking into what relapsing is. Furthermore, within South Africa, there is a historical background on SUD which is reviewed in this chapter. As a study to the problem, the understanding of different perspectives held by scholars on SUD and relapsing is one of the key topics explored in this chapter. As researchers' have different definitions for the two terms, this chapter will also unpack their different perspectives on both substance use disorder and relapsing.

Drugs have been around for thousands of years and their usage has not always been negative to human lives but rather to sustain a healthy body. According to Drugs and Teen Substance Abuse (2000) a drug can be defined as any chemical substance that produces healing or non-healing effect in the body. The drug is a substance that could either be used to help in the therapeutic

process of the body or for illegal purposes which cause harm to the human body. For example, most drugs such as marijuana were initially used for medicinal purposes and to help children who suffered from seizures, however they are now consumed in ways that bring harm to human health (DTSA, 2000). The good in drug use is clearly identified within most scientific research but one could state the commonality in drugs having a negative connotation being associated with illegality and overuse. Historically, some drugs were not used for medical purposes until the 19th century because of the fear of addiction by the users (DTSA, 2000). South Africa is a country that has experienced a lot of calamity in most communities due to drug abuse and more research is required to assist those communities to mend the wounds opened by substance use disorder.

The regulation of drug use within South Africa became necessary because globally, drugs were used for non-medical purposes which has a negative impact on society (Drug Use and Drug Trafficking Act 140 of 1992). The act prohibits the use or possession of any substance which produces a dependency, however a few exceptions are made on the basis of prescribed drugs from medical practitioners. For communities in Durban such as Newlands West, it becomes highly important for them to strive to take a stand against the issue of SUD because it has a direct negative effect on the community. Different empirical research that has studied the nature of addiction and relapsing patients is highly taken into consideration in this study. As research findings and limitations of these studies are discussed.

2.2 Conceptual Framework

The conceptual framework for this thesis outlines and gives broad explanations of key terms that are used in this study such as addiction, substance use disorder, relapsing, rehabilitation, social reintegration and harm reduction that allows fostering a deeper understanding of the manifestation of rehabilitation for this study. Thus, this section aims to develop an understanding of the various concepts

as part of answering the objective of this study. Several attempts have been made to define the prevalence of substance use disorder in South Africa

2.2.1 Addiction

According to Peele (1985), addiction is defined by three concepts which are tolerance, withdrawal, and craving. He further states that addiction is mainly recognized by a person's heightened and habituated need for a substance and also by the intense suffering that comes from the discontinuation of using the particular drug. Robinson and Berridge (2003) on the other hand define addiction as dependence upon a substance that causes the human psychological and physical being to go through withdrawal symptoms. Dependence becomes one of the main factors in describing addiction (Robinson and Berridge, 2003)

Addiction can also be described as the dependence on a substance based on habitual behaviour (Kranzler, 2008). Addiction is non-preferable, however the substance or habit causes the human not to be able to function well without using in its use. According to the American Society of Addiction Medicine (2011), addiction is a primary, chronic disease of brain reward which is characterised by inability to consistently abstain, impairment in behavioural control, and craving, diminished recognition of significant problems with one's behaviours and interpersonal relationships, and a dysfunctional emotional response.

2.2.2 Substance Use Disorder

According to Gardes (1995), substance use disorder is the total dependence on any drug or a medication that may or may not be prescribed to individuals. In most cases it is illegal drugs that most individuals are dependent on. The National Institution for Drug Addiction (2011) defines

SUD as a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the illicit substance dependant individuals and to those around him or her. Singh and Gupta (2017) agree with NIDA's definition by also stating that it is a chronic relapsing brain disease.

When dependent on a substance, a person may not be able to control their substance intake and they may continue consuming the drug despite the harm it causes. Gardes (1995) further explains that SUD can cause an intense craving for the drug and not attending to that craving may cause pain to the addict. According to Nagle (1999), in 2012, an estimated 23.9 million young Americans aged 12 or older had used an illegal drug or abused a therapeutic medication. NIDA (2011) further states substance use disorder is a serious problem that can affect the person's body and mind, there are many factors that lead to addiction, and simple treatments to help a patient to recover and maintain sobriety.

According to Nagle, (1999), there are two types of addictions concerning drugs: psychological and physical. When a person is mentally dependent on a substance, they may be convinced that they need the drug in order to survive. A user gets attached to the drug thinking its normal during their daily routines. A user may associate certain actions or rituals with taking drugs (Nagle, 1999). NIDA (2011) agrees with Nagle (1999) stating that some individuals think it's necessary to get high before they carry out daily activities, which is attaching certain rituals with using drugs. For example, some may get high before eating a meal or before going to bed, they get a feeling of accomplishment as if they've done something good, the drug rewards their nerve system. Drug users alter the way their brain works by the constant use but if a person takes a drug often enough the brain changes, so it can handle all of the changes (Nagle 1999).

2.2.3 Rehabilitation

The World Health Organization (2011) defines rehabilitation as “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments”. Mauk (2013) agrees with WHO’s definition by stating that rehabilitation is a process that seeks to bring recovery to an individual suffering from a disabling or limiting condition. The process of rehabilitation process can be said to have a goal of getting patients back to functioning at their maximal ability.

Todd (2007) has a view that rehabilitation involves the medication of injured or temporary disabled individuals in order to recover to dull function ability. Campa et.al 2017 agrees with Todd as he states that medication such as methadone is important in ensuring that some patience recover and get fully rehabilitated. A distinction is sometimes made between rehabilitation, which aims to help those who acquire disabilities congenitally or early in life to develop maximal functioning; and rehabilitation, where those who have experienced a loss in function are assisted to regain maximal functioning (WHO, 2011). The programs that are rolled out during rehabilitation should be structured in a manner that will insure that those who seek rehabilitation are assisted accordingly.

Campbell’s (2010) describes rehabilitation as the process of helping a person to readapt to society or to restore someone to a former position or rank. Part of this study aims to find ways of reintegrating addicts back into the comment and deriving from Campbell’s definition, the rehabilitation fits that very process. More recently, educational, vocational, and psychologically based programs, as well as specialized services for specific problems, have typically been put forward as means to reform prisoners during their sentence (Campbell, 2010). All of the above-

mentioned rehabilitation programs and methods are to assist the addicts in rehabilitation centres to be successfully reinstated into society.

2.2.4 Relapsing

Relapsing is defined in literature as the deterioration of an individual from a position of improvement back to a position of despair (Larimer, 1999). Relapsing or returning to the disorderly use of drugs after a period of time of abstaining from the particular drug is something that happens in most patients' lives, especially when the environment of reintegration doesn't offer support. Mellimis (2015) states that relapsing is a gradual process with distinct stages the goal of treatment is to help individuals recognize the early stages, in which the chances of success are greatest; recovery being an important aspect it offers personal growth from the state of relapsing. Traditional SUD treatment approaches often conceptualize relapse as an end-state, a negative outcome equivalent to treatment failure (Larimer, 1999). That may not always be the case because relapses may also be caused by other external factors besides failure of treatment. Abstinence from illicit drug use is more of a mental decision that individuals have to take and commit to in their journey of sobriety.

Negative emotional states, such as anger, anxiety, depression, frustration, and boredom, which are also referred to as intrapersonal high-risk situations, are associated with the highest rate of relapse (Marlatt and Gordon 1996). The high risks situations referred to by Larimer (1999) can be seen as the situations that cause of more stress to the patients who are abstaining from their drug of choice and they may fall back into consuming that drug due to frustration and stress.

Situations that involve conflict are seen as interpersonal high-risk situations, particularly interpersonal conflict such as an argument with a family member, also result in negative emotions and can precipitate relapse (Marlatt's, 1996). Negative energy surrounding recovering individuals can spiral down to them finding refuge and comfort in drugs again. In fact, intrapersonal negative emotional states and interpersonal conflict situations served as triggers for more than one-half of all relapse cases in Marlatt's (1996) analysis. Social strain and pressure, including both direct verbal confrontations and nonverbal pressure, are said to be great contributors towards the percentage of relapse cases. On the other hand, positive emotional states such as parties and celebrations give addicts exposure to drug related stimuli or cues. For example, when a recovering individual sees the environments such as clubs and pubs where they previously engaged in illicit drug use, they may be tempted to start engaging in it again. These are all situations that test a recovering individual's personal control and nonspecific cravings (Marlatt and Gordon 1996).

2.2.5 Social Reintegration

Social reintegration is defined by (Lutman, 2015) as the act of reinstating patients back into society after a certain period abstaining from drugs and being rehabilitated. It is also defined by the European Monitoring Centre for Drugs and Drug Addiction (2012) as any social intervention with the aim of integrating recovering individuals into the community. Individuals with SUD are often labelled as dangerous, immoral, and unproductive members of society who engage in behaviours detrimental to themselves and others. This could be attributed to the fact that most recorded South African criminal offences are linked to SUD. United Nations Office for Drug and Crime (2006) agrees with the above definitions by stating that Social reintegration can be understood as the support given to offenders during re-entry into society following imprisonment. Imprisonment can be substituted by the word rehabilitation in the case of rehabilitees. Recovering patients often face

a great deal of difficulty with re-entry into society. Drug treatment facilities aim to help them to overcome their addiction as well as to ease stigmas.

The recovery process post rehabilitation is known to usually emphasize dealing with the relationship between the patient and drug use, social reintegration on the other hand is primarily focused on the position of the individual in broader society (EMCDDA, 2012). The alienation of former drug addicts could be seen as the reason why most community development practitioners believe that post rehabilitation and insuring that the addicts rebuild their relationships with others in society is highly important, especially within poor communities in South Africa. UNODC (2006) further affirms the above statement by stating that in the quest of avoiding relapses, building relationships with social structures such as the family, churches and the workplace is the right foundation for a sustainable journey of abstinence for the recovering individuals.

Other integration systems focus on the employment outcomes; however, one can simply argue that employment alone is not enough for reintegration and can only be seen as a means to an end (EMCDDA, 2012). Employment should be treated as one of the means of social integration as opposed to be the defining factor for social integration. Several factors, including psychological treatment are to be included in the entire process of insuring the full reintegration patients. According to EMCDDA (2012) non-work-related scopes of life, such as supportive structures and relationships with close relatives, are equally important, including the ability to live a life that is free from bad stigma and discrimination. Social reintegration is thus seen as the core foundation of drug rehabilitation as it incorporates all activities that aim to develop human, social, economic and institutional capital. Activities that promote social reintegration are ethical and should be integral to drug treatment (EMCDDA, 2012).

2.2.6 Harm Reduction

Heather (1993) cited in Sharmin (2015) defines harm reduction as an attempt to improve the adverse health, social or economic consequences of mood-altering substances without necessarily requiring a reduction in the consumption of these substances. The Ontario Public Health Standards (2018) agree with Heather's definition by stating that it is the process of reducing the impact and effects of SUD without stopping the recovering patients from using their drug of choice. Furthermore, Costigan et.al (2003) also in agreement with the above definitions refers to harm addiction as the prevention of adverse consequences of illicit drug use without necessarily reducing their consumption. The use of medication and safer substance consumption measures are some of the ways in which harm can be reduced without halting drug consumption (UNODC, 2009)

2.3 Theoretical Framework

This section of the study offers the theoretical framework. As concepts such as substance use disorder, rehabilitation and social reintegration have great complexity, this study thus uses two theories. The existential theory of drugs and the adaptation theory. In explaining SUD and the actions taken to assist recovering individuals, there is a need for theoretical approaches capable of fundamentally identifying the underlying causes and solutions for SUD and relapsing individuals. The existential theory of drugs explains the psychological aspect of the human being about SUD.

2.3.1 Existential Theory of Drug Use

According to Greaves (1974) existential theory deals mainly with the phenomenal and emotional state of individuals, with a person's experience of the quality and meaning of their life, and of means and methods of therapeutic intervention, both verbal and nonverbal, which can lead to an enhancement of an individual's life state. Historically, scholars such as Maslow (1954) cited in Greaves (1974) have found that within the framework of the theory, human beings existential are seen to be motivated primarily to sustain basic needs, to satisfy and fulfil certain aspirations.

Psychological perception of how other individuals view you in society based on achievements and failure has a big role in unpacking the existential theory. It influences questioning of meaning to life (Bering, 2002).

Sudraba et.al (2015) further elaborates that the standard of living and quality of life are some of the main issues that lead people to illicit drug use. When the people in society have a low standard of living, they resort to illicit drug use as a coping mechanism or for therapy purposes. Within the framework of existential theory, human beings are seen to be motivated primarily to satisfy and sustain basic needs and to fulfil certain aspirations (Maslow, 1954 cited in Winston, 2016). When people, especially the poor, aren't meeting their basic needs and aren't able to sustain their family's livelihoods, it causes an amount off stress upon them which they may believe can only be relieved by drugs. The result for such fulfilment and satisfaction is a feeling of individual wholeness and prosperity (Maslow, 1954 cited in Winston, 2016). In agreement with the above statement, Greaves (1974) states that the inability to secure basic needs and self-upgrading necessities prompts a feeling of sickness and hopelessness, which, thus, causes the human to resort to unfamiliar activities that may be both damaging and gainful to lessen the pain.

Greaves (1974) further explains that the existential theory represents an attempt to understand and account for destructive patterns of illicit drug use within the framework of existential psychology. There is a reason behind every decision made by individuals with SUD for excessively engaging in illicit drug use and Sudraba et.al (2015) in agreement with Greaves analysis of the existential theory finds that unfavourable life circumstances and the psychological deterioration of one's confidence as a result of not meeting basic needs motivates those decisions.

Historically, scientists and researchers studying SUD and drug-dysfunctional people have found that their uncontrollable personality patterns can have various classifications to describe their kind of personality disorders (Greaves 1974). In analysis of these findings it can be said that drug abuse encourages intoxicated individuals to behave in a manner that is sometimes outside of social norms and sometimes deviant. The deviance is what worries most people in society because it causes insecurities amongst people in communities and it can cause social anomaly.

Consensus amongst scholars such as Greaves (1974), Maslow (1954) cited in Winston (2016) and Sudraba et.al (2002) concerning this theory is that as a result of an unhealthy lifestyles, certain individuals show a high risk for drug dependency especially if they are exposed to certain psychological drugs. Silverman et.al (2012) shares the view that looking at the lifestyle that most people adhere to in poor communities such as partying regularly, causes a dependency on substance and thus further perpetuating the culture of illicit drug use. Drug dependency can therefore start from leisure activity and not necessarily from a point of pain and grief. Most young people are prone to SUD mainly because of experimenting with drugs in times of leisure. Gendreau and Gendreau (1970) believe that there are also systematic and identifiable personality factors which interact with the drug consumption behaviour that leads to dependency. The

activities that most individuals engage in that may be seen as deviant could be the starting point for most SUD cases. This apparent phenomenon has traditionally been called “addiction proneness” (Gendreau and Gendreau 1970).

Greave’s (1974) existential theory further argues that there is a commonality in the type of people who are usually found to be drug dependent. One could state that the type of people who end up in jails, hospitals, and rehabilitation centres are exactly those who have a higher incidence of abnormal personality traits. Shaw et.al (2007) shares the common view as the above scholars by stating that the communities which are characterized by poverty and low standards of living are seen as more vulnerable and prone to more individuals with SUD than communities with a high standard of living. The element of using drugs as a coping mechanism comes into play in trying to cope with the disparity of their life situation, which affirms Bering’s (2002) statement of perception and psychological element of existential theory having a role in people engaging in illicit substance abuse.

Spooner (2004) argues against Greave’s findings which by stating that social categories such as class may limit others access to drugs, however class has little contribution towards an individual’s choice to consume illicit substances. There are individuals who are from middle class communities that suffer from SUD as well. (Greaves 1974) states that middle-class adolescents who were drug dependent resembled other adolescents who were hospitalized in a psychiatric hospital but were very unlike their adolescent peers residing in the same city.

2.3.2 The Adaptation Theory

The second theory used in this study is the adaption theory which include the mental, environmental and social factors that influence addiction (Peele, 1985). According to Simonet (2010), the adaptation theory, refers to survival and an organism's ability to adapt to changes in its environment and adjust accordingly over time. Both above definitions of the adaptation theory are in agreement with the mental and environmental aspect of one adapting to regardless of the drastic changes. Tache (2003) cited in Simonet (2010) agrees with the psychological ability of human beings being able to adapt to changes.

The theory of adaptation reveals how mentally and physically individuals grow in addiction as illicit substance use becomes the norm for their bodies. Individuals who are in backing of such theories have dissected how desires and beliefs about the human body impacts the outcomes and practices connected with its utilization. Sadoff (2009) states that the theory acknowledges that any number of elements, for example, subjective enthusiastic encounters, and inner and outer signs, will add to potential addictive conduct. It emphasizes on the perspective that addiction includes enthusiastic and intellectual controls that are added to the past of an individual. The theory investigates the social and mental capacities performed by drug impacts.

Deriving from the above scholar's findings, one can state that the theory has more focus on how individuals respond to the drug effects and what impact it has on their mentality as well as them adapting to their environment. It focuses on the person's experience of the drug effect and the impact it has on their mental (Hopson and Steiker, 2008)

The author also argues that certain individuals indulge in illicit drug use as a coping mechanism to deal with their inability to meet their social needs and evolving social demands (Peele, 1985). Hopson and Steiker, (2008) stated in agreement with Peele that drug dependency is not only about the physical dependence but also a mental battle which is the mind's adaptation to the usage of drugs. Korpi (2015) affirms that view and understanding of SUD should be broadened into psychological understandings (Peele, 1985). Sudraba et.al (2015) writes that historical backgrounds of people, from childhood, may have a huge impact in individuals adapting to a lifestyle of illicit drug consumption to deal with the traumatic experience. For example, a child who grows up in an abusive family and under the care of parents who consumed illicit substances has a high chance of living the same lifestyle at a later stage in their lives.

Peele (1985) further states that the ability to tolerate traumatic experiences is one of the defining factors for drug consumption or using other mechanisms to cope with their struggles. In support of the Peele's argument, Sudraba et.al (2015) states that as drug addiction and adaptation is also a mental problem, the mind-set of an addict is one of the most important things to change from negative to positive in order to get them to a state of being successfully rehabilitated. Therefore, it is important for individuals not to treat drug addiction as a disease but also a state of dealing with depression and personal problems due to a negative mind-set. These factors play an influential role as to whether an individual will become dependent on drugs.

Peele (1985) mentions that the adaptation theory shows how an individual's environment and worldview can have an impact on how that deal with various life situations. However, one can counter argue the author's theory by revealing its limitations as it doesn't account for individuals who don't adapt to drugs because of illegal and depression purposes but rather for medical reasons.

For example, there are people who may be addicted to painkiller drugs if they suffer from a certain illness and that may have no relation to their mental strength or poor environment. Lastly one could also state that this theory also fails to introduce solutions to rehabilitate and reintegrate recovering patients.

2.4 Empirical Research

This section addresses previous and present research related to this study. The aim is to use previous research for purposes of enriching this study in several ways. Related research may provide useful data for this study on the bases of methodological aspects such as sampling, instruments of data collection, and sharpening items. Other benefits presented in this section, is identifying drawbacks to avoid in this study by learning from other researchers.

Marlo Jinadu's (2012) study on "Recovery from Drug Dependence Experience of Service Users in A Christian Faith-Based Agency According" offers an extensive look at how the community can participate in the process of rehabilitation through faith-based means. The study was carried out in Lagos. A sample of 35 participants was used in the data collection process where in-depth questions were asked. Findings from this study has contributed towards the wealth of knowledge concerning literature on SUD, social reintegration and rehabilitation. The study offered an example of how the community can be involved in the rehabilitation and reintegration of recovering patients.

The findings from Jinuda (2012) study were rich in detailing the causes of the commencement of drug consumption and also the factors that are associated with SUD. Peer pressure was found to be one of the main influences of using illicit drugs amongst social groups during times of

socialising. The findings in this study were strengthened by the in-depth responses by the participants who expressed how and why they started using illicit drugs. The participants also freely expressed that other factors causing their addiction to illicit drugs is the pleasure it offers and how religion is one of the only ways to get rehabilitated from a spiritual point.

Buckley's (2009) empirical study "Drug Addict Rehabilitation; A Burden on Society?" offers a broad understanding of how the process of rehabilitation for recovering patients should involve the community to actively participate. Buckley's findings agree with Jinuda's findings concerning community participation in the process of rehabilitating recovering individuals. The community participation may include the implementation of strategic programmes introduced by the community itself to help build a spiritual, social and psychological support structure for recovering individuals.

Kornblum and Julian (2004) offer a sociological perspective in identifying the causes of substance use disorder and their findings indicate that as society is marked by conflict due to inequalities in class, race, ethnicity, gender, age, and other divisions that produce conflicting ideas, most people use drugs to cope with such societal issue. In Kornblum and Julian's (2004) literature they mention that historically the global community has experienced tremendous bad implications of illicit drug use and that is evident mostly within developing countries.

In the South African context, the need for studies that are solution oriented is urgent because of the negative direct effect it has on society. Kornblum and Julian (2004) found that the causes of SUD and relapses in South Africa remain elusive to the understanding of the issue. As literature demonstrates desperation in finding the causes of SUD and relapsing, research findings in most studies such as Buckley (2009) and Jinuda (2012) based on the causes of SUD can be seen as very

bias, solemnly because most researchers have an external approach in understanding the issue. As scholars or community development practitioners, immersing one's self into the heart of the community affected by illicit drug use is important in abstracting accurate and unbiased data.

Harm reduction is a practical approach that employs a range of different strategies with the goal of minimising the harm caused by the substance on the body (UNODC, 2003)

United Nations Office of Drug and Crime (2003) affirms that harm on people with SUD varies from different communities because each community has challenges that are inherently different from the other. The negative consequences related with SUD differ due to the different environments as well as the different drugs used; the harm reduction process thus also differs as a way of rehabilitation.

Other empirical research conducted on this topic has tried to understand the causes of SUD, however they lacked in conducting rehabilitation centre research where they can get to understand the phenomenon from the patient's experience in rehabilitation facilities (Kornblum and Julian, 2004). Sharman (2013) argues that research shouldn't be limited to focusing on the causes and solutions of SUD but also other relevant issues that may be the implications on the recovering individual's life.

The sociological perspective on the study of SUD offered by Kornblum and Julian (2004) has found that newly discovered drugs such as morphine, laudanum, and cocaine were completely unregulated and prescribed freely by physicians for a wide variety of ailments. The use of such drugs grew increasingly in most of the communities, especially among young teens and one could further state that communities such as Newlands West fall victim to the lack of regulations put in

place to minimize drug abuse. Davies (2014) in analysis of Kornblum and Julians (2004) argues that the use of drugs within South African societies needs to have clearly outlined boundaries because some of the drugs are legal but may be used illegally. One could make an example of a medication such as cough syrup containing codeine which is highly addictive and can be harmful when overdosed (Shembe, 2013). Society will thus continue to face issues of SUD if access to drugs is not regulated and properly monitored.

Kornblum and Julian (2004) further mention that the conflict theory of social problems states that, society is marked by conflict due to inequalities in class, race, ethnicity, gender, age, and other divisions that produce conflicting ideas. Davies (2014) sociological perspective argues that in dealing with such societal issues most members of society may resort to drug use to cope, which may lead to SUD. Valdez (2007) suggests that low income and working-class communities such as Newlands West that experience high numbers of addiction can attributed it to social tension and stress. However, there are solutions to solve these social problems and those solutions may include building stronger movements and groups that will stand against those problems because they lead to greater problems such as SUD (Kornblum and Julian, 2004). When the social problems are not addressed by the community itself, the cycle of deviance may continue, thus community participation becomes obligatory (Anderson, 1998 cited in Davies 2014).

Gathering from the research by Kornblum and Julian (2004) South African communities face such problems on a regular basis and it should be an indication if to those in authority that it is time to act against SUD. Shembe (2013) states that South Africa is known to be one of the countries with the worst crime rates globally and drug abuse has a direct influence on criminal activities. Kornblum and Julian's (2004) research finds that drug-related crimes cause disruption in

neighbourhoods due to the violent nature among drug dealers which causes threats to residents. Also, a great number of homeless people have a substance use disorder problem within metro cities where there is a huge traffic of illicit drugs and this effect spirals down to the nearby townships like Durban and Newlands West (NIDA, 2005)

The pattern of harmful use of any substances for meditational, stress relief or mood-altering purposes is one that causes the human body to be dependent on the drug even when the desire is not there (DTSA, 2000). As culture and customs change, so do the major categories of illegal drugs. The most commonly consumed drugs in contemporary society are usually the most affordable ones and easily accessible (Shembe, 2013). One could argue that the reason why there is a high level of substance abuse disorder in lower income communities is because drugs are being watered down to a price that will accommodate their economic abilities. For example, in South African poor communities there are drugs and substances that are dominant such as alcohol, are marijuana and heroin that is watered down into *whoonga/nyaope* (Shembe, 2013). Most young addicts get the opportunity to experiment with this low cost of drugs and the habit of experimenting with the drugs leads to addiction. Teens use drugs for many reasons including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in with their peers (DTSA, 2000)

Furthermore, in analysis of the functionalist perspective of sociology, Kornblum and Julian (2004.) state that everyone in the society holds an important position for its smooth functioning. Each position held by individuals in society plays a distinct function in the whole body of society. These functions are characterized by certain behaviours that are required to perform particular tasks at hand, for example, society has families as the first institutions and within these institutions,

each member has a role to ensure that normal behaviour is maintained within in the structure. One can then argue that substance use disorder requires everyone in society to act within their roles to ensure that patients maintain abstinence (UNODC, 2016).

The Functionalist Perspective views at the way important social institutions such as the families, correctional services, the health-care system and courts or justice systems actually operate and sees those institutions as the basis of where the remedy for social ills such as SUD can come from (Kornblum and Julian, 2004). In order for these institutions that are needed to fulfil these roles and duties for the wellbeing of society, the roles and behaviours of community members need be cantered on the values of humanity and healing the social ills (Kornblum and Julian, 2004.) For example, a doctor is required to understand medical procedures that patients should undergo in their rehabilitation and detoxing phase.

2.5 Literature Review

This section of the study is divided into two sections. The first Section examines the Factors that Influence Service User Recovery. The Second Section looks at gives a critical review of literature organised into different subtopics from various scholars such as Jason (2014), Cournoyer (2007), Marlatt and Wietkiwits (2005) and Larimer (1999) that explore the different causes of relapsing patients as well as the factors that cause SUD. It also reviews literature from various scholars who have both written from observer perspectives on the behaviour of recovering individuals and why they deserve more empathy than discrimination.

2.5.1 Section A: Factors that Influence Service User Recovery.

2.5.1.1 Environmental Factor on Rehabilitation

According to Jason's (2014) literature on the causes of SUD and relapsing, common factors such as the environment in which the recovering patients are released into is highly important in ensuring the long-term success of rehabilitation treatment. Hopson and Steiker (2008) agree with Jason by stating that the condition of the environment is highly important in ensuring that the recovering individuals become moral active citizens in the community because it is one of the factors that influence recovery. Historic findings suggest that the environment has a direct influence on the decision making of an individual, thus making it important to ensure recovering individuals are in an environment that encourages abstinence (Bancroft, 2009). It is common to have relapsing individuals from an environment that doesn't provide the necessary support for them to sustain their abstinence. The lack of a support structure and positive mechanism that are offered in the rehabilitation centres to help patients are lacking in the communities; this leaves the recovering individuals in a toxic environment which is not conducive for their development.

Post the rehabilitation stage of the recovering patient's life, there is an assumption that the he/she will automatically adapt to life in their communities and positively contribute towards its development (Chetty, 2011). The lack of activity has also historically been a huge contributor towards recovering individuals relapsing. By integrating them into the communities without giving them activities for them to be preoccupied with, a gap for passiveness and using that time to resuscitate old bad habits is created.

2.5.1.2 Psychological Factor Rehabilitation

A study by Flanigan et.al (2015) argues that increasing evidence shows that postoperative recovery and rehabilitation are substantially influenced by patient choices and psychological traits. Furthermore, Jason's (2014) literature also argues that a significant number of drug relapse cases can also be traced back to a history of a psychological position of a service user. This is part of all the factors that ought to be considered when one is being released back into society. The main aim is to get the individual clean and contributing towards the development of the community. In recovery, even a slight reminder of the object of the addiction, such as seeing a portrayal of addictive behaviour on television, can lead to relapse (Janson, 2014). It may be impossible to avoid such reminders forever, however developing skills for managing any urges or cravings can aid in preventing relapse.

A well-studied relationship exists between a patient's level of psychological Flanigan et.al (2015) stress and overall physical and mental health as well as the ability to recover. While it may be difficult to avoid stress through the daily life activities of having to deal with daily life circumstances, making lifestyle, relationship, and priority changes can help the recovering addict to avoid situations that spark tension and other negative emotions associated with relapse (Jason, 2014). Furthermore, people and places that are connected to the addictive behaviour are also known to contribute towards a relapse. It is usually caused by being around people and places associated with one's addiction can often push a person to relapse (Jason, 2014). For example, spending time at the local bar as a recovering alcoholic may lead towards a relapse. It's better to avoid these temptations, especially in the early phases of recovery. Negative or Challenging Emotions: While negative emotions are a normal part of life, those struggling with addiction often

cite frustration, anger, anxiety, and loneliness, as triggers for relapse. Therefore, usually as a part of therapy, it's essential to develop effective ways of managing, these feelings

2.5.1.3 Social Reintegration System Factor of Rehabilitation

Motshekga (2014) argues that as a system of social reintegration, a skills development programme must be implemented in order to help the service users to substitute their drugs with productive work. Khoza cited in Motshekga (2014) agrees with this argument by stating that scarce skills development by rehabilitation institutions will help the patients to get jobs post rehabilitation thus reducing their risk of relapsing. In relation to Motshega's argument, UNODC (2018) found that most service users face significant social adaptation issues, which can include family and community stigmatization and ostracism, and the ensuing negative impact on their ability to find jobs or housing return to formal education or build (or rebuild) individual and social capital. A strong social support in the reintegration process is required to ensure that they do not relapse.

Section B

Substance use disorder and rehabilitation are subjects that various scholars such as Hendricks (2015), Flanigan et.al (2015) and Hetherington (2004) have conducted studies on and their findings have assisted in the formulation of solutions to deal with the Illicit drug use dependence. Most literature on drug abuse however has a narrow focus which only aims to encourage individuals to get into rehabilitation centres and neglects the process of integrating the candidates back into society Hetherington (2004). Although this literature covers a variety of topics about drug rehabilitation, this review will focus on three main topics that will arise repeatedly throughout the literature review. These themes include: Patient behaviour and drug rehabilitation programme, Relapse prevention for drugs problems and decreasing probability of relapse.

2.5.2 Patient Behaviour in Rehabilitation Programme

According to findings by Cournoyer (2007), the positive behaviour and response of recovering patients to rehabilitation and treatment is highly dependent on the treatment they receive from people in society. A support structure must be built around the recovering patients in order for them to gain confidence and successfully maintain sobriety Merwin (2003). Cournoyer (2007) further argues that recovering patients have a less chance of dropping out of rehabilitation or relapsing if their therapists are not only offering proper medical treatment but also positive moral support to the patient. Merwin (2003) states that the constant positive and therapeutic support gives the patients hope for a better future and a sense of inclusion in their society. The support offered to them should be offered beyond the time they spend in rehabilitation facilities because their true test comes when they are integrated back into society.

An increased risk of dropout and relapse is predicted when patients view themselves as less committed and perceive the therapist as less understanding and less involved Cournoyer (2007:7 et.al). Therefore, it is imperative that the patients are given moral support throughout the process of rehabilitation and thereafter as well because the success of each recovering patient is highly dependent on how they feel about themselves and how other people perceive them. Where there is more judgment and less support given to rehabilitated individuals, relapses are inevitable (Merwin, 2003). The response and behaviour of recovering patients would improve drastically if a holistic support system were to be introduced in society because evidently from the author's findings is the fact that without the support of society members, relapses can't be avoided.

2.5.3 Relapse Prevention for Drugs Problems

In this literature, Marlatt and Wietkiwits (2005) sought to find the main causes of relapses in drug abuse and to find solutions to help prevent relapses in communities. There a various solution that can be implemented to decrease the rate of relapses in communities because finding the main causes is priority. The causes of relapses commonly lie within the community of people surrounding the recovering individuals (Marlatt and Wietkiwits (2005). As opposed to treating it as a psychological problem, people in society treat it as an illness or disease, which makes the recovering individuals feel alienated for their addiction Flanigan et.al (2015). However, treating it as a psychological problem helps the solutions to be more motivational and focused on getting them to feel accepted back in their communities (Berridge and Robinson, 2003). Essentially when individuals seek to change their anomic behaviour, the pressure to gain back trust from the people in the community is high and some of the former rehabilitees fail to deal with that pressure (Marlatt and Wietkiwits 2005). The results of this is that they opt to go back to using drugs in order to deal with the pressure.

There are means that are used to prevent as well as combat the causes of relapsing. The environmental risk factor is one that also causes many relapses however Marlatt and Wietkiwits (2005) state that this can be prevented by placing the individuals in a conducive environment where they will be able to develop effective coping responses towards temptation. The Drug Abuse Management Strategies affirm by stating that strengthening of one's ability to abstain from illicit drug use is highly dependent on the environment (UNODC, 2016) (Table 2.5.5.1). Secondly, Marlatt and Wietkiwits (2005) state that the problem of viewing addiction as a disease can be reduced by educating the people in the communities about the importance of speaking positivity

into the lives of recovering individuals because it assists them to regain their confidence and it also makes them feel like worthy parts of the community.

2.5.4 Decreasing Probability of Relapses

In order to decrease the level of drug relapses in South African communities, Larimer (1999) encouraged the use of the Relapse Prevention Method also known as the RP Model. This model assists recovering individuals to be able to abstain from drugs even in the high relapse risk environments. The model firstly speaks about the effective coping response which is the stage where the confidence of the individual is built to such an extent that they are trusted to cope in areas that may pose temptation to them. Therefore, one can state that maintaining abstinence is dependent on a good integration system back into the community.

That integration system should incorporate all the aspects mentioned above, however an addition of creating work and skills development opportunities for them to stay occupied doing positive activities. When they are occupied with developing themselves, the time for going back to drug abuse is less available. Secondly educating community members and encouraging them to offer more support to the patients. When the community works together to get them to stay sober, it helps to eradicate drug abuse quicker and prevent relapses as well.

2.5.5 Harm Reduction Model

According to Talley (2012), the harm reduction model originated in Europe in the 1970s as a public health approach to addressing drug and alcohol misuse. The UNODC (2016) believes that harm reduction approaches should be implemented in order to reduce the chances of recovering patients abandoning the rehabilitation process due to painful withdrawal symptoms. This

compassionate and pragmatic way to reduce the harms associated with SUD can help the rehabilitation centres such as Newlands Park Centre to fully rehabilitating their service users.

Sharmin et.al (2013) argues that harm reduction is commonly misunderstood and misperceived as encouraging or ignoring substance use; and in the case of illicit drugs, encouraging violation of the law. However, The UNDOC (2016) agrees with Sharmin by stating that harm reduction is misunderstood as negligence, but it is rather a way to minimize the harmful consequences of personal drug use and associated high-risk behaviours, harm reduction is founded on a set of pragmatic principles and compassionate strategies designed. Some of the withdrawal symptoms faced by patients require the compassionate process of harm reduction model to avoid relapsing.

As part of the systems of reintegrating recovering patients, the harm reduction approach can progressively usher them back to sobriety and reducing their chances of relapsing. In response to harm reduction Diane Riley and Pat O'Hare cited in Sharmin et.al (2013) explained harm reduction as a policy which involves setting up of realistic and immediate goals to be achieved in steps on the way to risk-free use or if appropriate, abstinence. These realistic and immediate goals denounce the general assumption of rehabilitation that all patients would respond similarly to the same rehabilitation programme. Harm reduction approaches offer a progressive alternative. UNODC (2016) places harm reduction as part of the drug abuse management strategies (Table) which are essential in the fight against SUD.

2.5.5.1 Drug Abuse Management Strategies

Demand Reduction	Aim to reduce the desire to use drugs and reduce the initiation of drug use.
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Supply Reduction	To disrupt the supply and availability of drugs
Harm Reduction	Reducing the negative impact of drug use and drug related activities on individuals and communities.

2.5.6 Empathy and Support for Patients.

One writer who offers a different yet informative perspective on substance use disorder in ordinary people's lives as well as introducing ways of reconciliation and transformation is Gabor Mate. Encounters with the patients differ as each person has their own personal experiences that may have led to engaging in illicit drug use. Mate (2008) acknowledges the fact that the differences exist and thus in understanding addiction one should not have a pessimistic point of view of recovering individuals, however people should try to understand that some of them were prone to SUD.

As a physician at the Portland Hotel, Mate (2008) mentions that observing people with SUD has led him to feel more compassion for recovering patients rather than being judgmental towards them. Human beings have the general aspiration to be successful in their various areas of interest and sometimes unbearable life circumstances drive people to substance abuse. One individual with SUD cited by Mate (2008) states that the reason he uses drugs is so that he doesn't feel the same feeling of emptiness he feels when he is sober from drugs. In agreement with Mate, Merwin (2003) there are circumstances that lead to individuals to using drugs and thus drugs serve as a coping mechanism when stress becomes too overwhelming for them. Both Merwin and Mate believe in empathy being one of the ways to systematically get patients to commit to the course of sobriety. A more empathetic attitude towards patients is thus what people in society should have because

they may not have been through pleasant experiences in their lives. Mate's (2008) observed patient further mentions that he and his sibling were victims of verbal abuse from their father from a young age and that led to his brother committing suicide, while he resorted towards drugs to cope. Without understanding the situation of the observed individual, one would only judge him based on being a recovering individual and a deviant person instead of offering therapeutic support to them.

The judgmental attitude of people in society is what makes it difficult to reintegrate patients and bring true reconciliation between them and their close relatives. There is a psychological impact that drugs have on the human brain and when recovering individuals are not offered support, it enhances their post rehabilitation paranoia Merwin (2003). The community as well as close relatives should be educated on the importance of their attitudes towards recovering individuals because it could be the difference between them maintaining abstinence and relapsing. Similarly to any traumatic experience that people have endured, people ought to be very sensitive towards those people because the body may have gone through detox, but the mind takes longer to readjust to normal life. Dealing with pain is much simpler when one has a good support structure.

According to Mate (2008), some individuals are among the sickest, the neediest and the most neglected of any population anywhere. One can therefore understand why some patients have difficulty in their post rehabilitation because people do not perceive them as a part of the community that needs help but rather as bad people. The process of supported could start from getting shelter for some of the patients who may have been admitted at rehabilitation from the streets. Returning to such an environment would not be conducive for the patient's full rehabilitation. Mate's (2008) evaluation of a patient by the name of Stan was that his post

rehabilitation process is hindered by the fact that he still lives on the streets. Even giving patients medication like methadone post rehabilitation without securing a healthy environment and a support structure for them is futile effort.

2.5.7 Mutual-help groups

Mutual help groups are the institutions in society that serve to assist recovering individuals to stay sober and they are solid support structures (McKay, Carise et.al.2009; White, 2009). Families as well as close relatives are well known institutions that can form a stable support structure as they are well acquainted with them. The support that these mutual help groups offer is one that shows a great aspect of empathy, which is needed by recovering individuals who have various problems that they face which lead them to illicit substance use. The support is also achieved through the sharing of similar experiences amongst group members and social support. These support groups not only offer social support, but they also serve a purpose of empowering the recovering individuals to take ownership and responsibility for their addiction and find means of self-motivation in order to stay sober and productive in society (Center for Substance Abuse Treatment, 2008). The support and shared experiences bring about a sense of belonging to the community for substance abusers which also builds confidence in themselves (George, 2004).

Faces and Voices of Recovery; World Health Organization, 1993; Chappel and DuPont, 1999; Center for Substance Abuse Treatment, 2008) show that there are various approaches that are used by SUD support groups such as the mutual-help groups. One of these approaches that are used by the mutual-help support groups is to see themselves as spiritual beings who rely on their belief in a superior being to combat their social problems, which is why they are spiritual in their journey as recovering individuals. An example of these spiritual mutual-help groups is one that believes

that being “born again” and giving their lives to god will assist them to refocus their lives and stay away from drugs.

The other approach is of the group that don’t share spiritual beliefs, however they believed in scientific as well as researched methods of maintaining their soberness. Groups such as the AA meetings heavily rely on scientific methods of dealing with substance abusers of which at times lacks the spiritual aspect recognized in other mutual support groups. The use of drugs to integrate substance abusers is also well part of the recovery process in this approach. Faces and Voices of Recovery; Center for Substance Abuse Treatment (2008) states that drugs such as methadone become an essential aspect of their mutual-support groups.

As for adequacy of shared guide gatherings, numerous examinations assert that self-improvement ways to deal with treatment of substance reliance are successful. For instance, Kissin et al. (2003) analyzed the longitudinal connection between self-improvement gathering participation and levels and examples of utilization of liquor and different substances over a period of time of thirty months, as an example of people looking for treatment from substance abuse in an open treatment framework. Discoveries of this examination propose that self-improvement participation was related with lessened liquor and medications after some time; people who went to gatherings constantly announced lower levels of liquor and other medication use at follow-up than the individuals who either went to discontinuously or did not go to.

Moreover, the 76 Place for Substance Manhandle Treatment (2008) states that exploration on common help bunches demonstrates that dynamic inclusion in the gatherings altogether improves the probability of looking after restraint. What's more, forbearance rates increment with more prominent gathering investment and gathering participation was related with bring down levels

of liquor and medication related issues. Besides, White (2009) states that cooperation in common guide bunches enhances long haul recuperation rates, worldwide working and diminishes post recuperation costs. He additionally proposes that joining common guide with clinical treatment enhances results. Be that as it may, he noticed that individual reactions to recuperation are extraordinary.

2.5.8 Drugs are not the Primary Problem.

Carl Hart (2008), a neuroscientist who has studied substance use disorder and the human brain believes that the drugs themselves are not the problem but the individual's mental positioning in responding to pain and other issues. The suffering and pain that human beings go through is thus dealt with from a mental point of view in deciding how big the problem is and whether it is worth risking their health or not. Hart (2008) goes as far as stating that people continue using drugs not because the addiction to the substance is strong but because there are no alternatives to substitute that activity. When an individual is offered something that interests them more than what currently captures their attention, the attention moves toward what they are given as an alternative. Therefore, through repetition in time, the human body follows suite towards what the mind has decided to take as priority.

2.7 Conclusion

In conclusion, it is evident from the various studies conducted by scholars that there are many causes of substance use disorder and factors that perpetuate relapses in communities. From these studies it is also evident where the gaps in the literature are to be filled in insuring that drug individuals in the community do not engage in illegal drug activities as well as to ensure that former drug users maintain their sobriety. However, with the community working together with

drug rehabilitation centres in encouraging the rehabilitees, there will be less drug relapses in South African communities.

Chapter Three

Introduction

This chapter explains in detail the approach and research methodology that is used to conduct this study. This chapter will further identify the area where the study will be conducted while also explaining the tools that are used during data collection. Furthermore, the suitability of the method used to collect the data will be analysed in this chapter and also addressing its advantages and disadvantages. Lastly, this chapter will give an in-depth synopsis of the use of sampling method for this research study.

3.1 Research Methodology

Various techniques were employed by the researcher as a means of collecting and analysing this study.

3.1.1 Research Approach and Design

A constructivist approach was used to conduct this study. In this research study the researcher has used a qualitative approach to collect data. According to Denzin and Lincoln (2003: 23) Qualitative research normally consists of a set of explanatory material observations that reveal things about the world we seek to transform from the information received. Through the qualitative research method, the researcher was able to interact with the drug addicts at the Newlands Park Rehabilitation Centre as well as the members from the community who are indirectly affected by the drug addicts. This was done through an interview system whereby a tape recorder was used to capture the data from the interviewees (Creswell, 2014).

The subject of substance use disorder is viewed as a sensitive issue which can trigger different emotions from the participants (Schultz, 2016). The proper and necessary measures such as the inclusion of professionals were implored by the researcher during the interviewing process to ensure that they act on participants who raise uncomfortably during the interviews. The researcher requested the presence of psychologists and occupational therapists who are also part of the rehabilitation centre's staff during the interviews.

By recording the interviews with the substance abusers and the community members, the researcher was able to ensure that the data collected is more accurate because some information can be lost in verbal interviews that are not recorded. Even though the interviews system can be time consuming when the data is being translated from the interviewee's words into data that is presentable, it is still a suitable method which captured the valuable information needed for this study. The questions that were asked are both open and closed ended questions which offered the researcher a broader understanding of the causes of relapses and how they have affected the people in the community at large. The closed ended questions ensured that the researcher gathers minor personal details of the individuals and also give me information on their background.

The open-ended questions on the other handed were more thought provoking and they assisted in in getting in-depth information from recovering patients. Furthermore, these questions opened an opportunity for the researcher to enter discussions with the respondents on the issue of relapses in their community. By using both open and close ended questions during the interviews, the researcher was able to collect data that is sufficient for the study. Upon receiving all the responses from the respondents, the researcher processed them by transcribing, coding and compiled them to present them as findings.

3.1.2 Research settings

The location of the study is Newlands West which is a township within Durban, Kwa-Zulu Natal. The population of the location is 50627 location (Census, 2016). In the heart of the community of Newlands West is a state-owned drug rehabilitation Centre where the study was conducted from 25 February 2018 – 28 February 2018. The community of Newlands West is one of the communities striving in economic development under the eThekweni Municipality. However, through observation, the researcher had identified that the increasing number of illicit drug use cases in the location and other surrounding areas poses a threat to the development in the area. Individuals with SUD, especially concerning *whoonga*, resort to criminal activities in order sustain their addiction (Grelotti, 2014). This could be seen as the cause of increase in crime rate for the area of eThekweni and may have a negative impact in attracting investors.

3.2 Study Population

A study population is an integral aspect of being able to meet the study's objectives (Friedmand et.al, 2015). The study population is the total number of participants that are strategically selected to be included in a specific study (Friedmand et.al, 2015). This chapter focuses on the study population, the eligibility of the criteria, the sampling method and research methods. This study had a sample of 20 participants, which consisted of 10 substance abusers (4 females), and 10 community members (6 Females) as illustrated in (tables 4.3.1).

3.2.1 Eligibility Criteria

The eligibility criteria in this study assessed whether a member had the suitable characteristics to be part of the study population or not. In order for each member/ participant to be eligible for this study, they had to:

1. Be mentally sound.
2. Be a legal South African citizen.
3. A community participant from Newlands West or a patient from Newlands Park Centre
4. Be directly or indirectly affected by substance use disorder or relapsing patients.

3.3 Sampling

Sampling is defined by Latham (2007) as the selection of a small group of individual, participants or objects to represent the whole population in a study. This study was carried out using a non-probability sampling method whereby a portion of the population of interest was selected for the interviews.

The researcher targeted the patients at the rehabilitation centre as well as the Newlands West community members. The aim was to gain data from the people who are directly and indirectly affected by drug abuse hence the choice to include both the recovering patients and community members as part of the study. On the quest of finding solutions to the problem of substance use disorder and relapsing, there is a great need for the researcher to incorporate all parties involved in the problem in order to have a lasting solution to the problem (Blackstone, 2002). For example, the solutions to the problem of relapsing patients as well as substance use disorder may lie in the

community member's interaction with recovering individuals, therefore their involvement was highly important.

3.3.1 Purposive Sampling

In conducting the study, the researcher opted for a specific type of sampling method known as Purposive sampling. A purposive sample is selection of a sample based on the knowledge and understanding of the aim of their research (Babbie, 1997). In using the purposive sampling method, the sample will have to meet the specific requirements based on the aim of this study.

With the purposive sampling method as a form of non-probability sampling, the researcher was able to narrow the focus to a specific group of participants suitable for the study (Babbie 1997). By using a purposive sample, issues that are most fundamental in the strengthening of the study were addressed. This also included the inspection and seeking out of research participants who were able to cover those fundamental issues (Blackstone, 2002). This type of sampling was best suitable in this study because it assisted the researcher to select participants that were to assist in meeting the objectives of the study. The researcher's goal was to get participants who had experiences with substance abuse and addiction as well as community members were affected by the SUD problem. The screening of participants assisted in the selection participants who offered responses that were used in the study rather than having a wide range of participants who give irrelevant information (Blackstone, 2002). The main goal for the researcher however was to understand the topic at hand in as much depth as possible.

3.3.2 Sampling Criteria

The members of the sample are selected on the basis that:

1. They have had experiences with substance use disorder
2. They are Newlands West community participants who are affected by the substance use disorder
3. They are aged between 16 and 55.

3.4 Research Methods

3.4.1 Interviewing

Interviews were the main method of collecting data in this study. The researcher was able to ask questions that were relevant and allowing the respondents to express their full responses through a conversational setting. The interview outcomes gave an in-depth understanding of the study from the perspective of the drug addicts and the community members from Newlands West. The qualitative research interview seeks to describe and the meanings of central themes in the life world of the subjects, therefore the main task in interviewing is to understand the meaning of what the interviewees say (Kvale, 1996). In the quest of understanding the responses from the addicts and community members, it was highly important that the researcher uses means such as recorders in order to capture the data clearly for better translation in literature.

3.4.2 Advantages of Interviewing

Through this type of interviewing method, the interviewer got to experience the emotional aspect of responses from the addicts. For example, there was an advantage of capturing participant's tone of voice as well as body language. For this type of sensitive study, the body language was able to reveal the emotion of the respondent which was then translated into literature. The researcher also able to add more to the interview based on the direction of the interview in order to gain more

information (Opdenakker, 2006). For example, the researcher, was able to ask probing question that allowed the respondent to add more information. The value of the data gained from the interview was determined by the quality of the questions that the researcher asked the participants.

3.4.3 Disadvantages of Interviews

On the other hand, the researcher encountered minor challenges with the interviews as face to face interviews sometimes tend to be intimidating for some respondents at times (Opdenakker, 2006). In the case of the substance abusers, some were emotional as they revisited some of their past experiences. However, the interviewer ensured that the interview environment was brought back to calm and conduciveness for the participant. When the researcher guided the direction of the interview, the disadvantage was reduced by using interview protocol and by the awareness of the questions' effect (Opdenakker, 2006).

3.5 Secondary Data (Literature Review)

Secondary data analysis is another method to collect information and it is known as the studying of existing literature to inform ones understanding of their study (McCaston, 2005). Through the use of some existing data, the researcher was able to broaden understanding on the topic of substance use disorder and relapsing. Furthermore, it also assisted in discovering the untapped areas in the study.

3.5.1 Advantages of Secondary Data

1. This was a cost-effective method of collecting data
2. It also saved time as the researcher did not have to go to various fields to collect the data
3. It broadened the researcher's perspective on the topic at hand

4. It helped to compare the collected data with existing data

3.5.2 Disadvantages of Secondary Data

1. The data may be outdated and not relevant in contemporary period.
2. I don't have control over the quality of this data (McCaston, 2005).

3.6 Data Analysis

The standard procedure in conducting research normally requires data that has been collected to then be thoroughly analysed and interpreted in order processed understandable information. Creswell (2002) states that proper data analysis allows the reader to understand the presented information better instead of receiving it in its raw unprocessed form.

The phenomenon studied is more understandable after the data abstracted is processed. For example, the data collected from the interviews was analysed from question and answer form into literature which can be read and offer information. Creswell (2002) further mentions that qualitative data analysis has to go through four important steps namely interpretation which deals with interpreting the raw data. Secondly the data has to go through a reliability and validity test (Creswell, 2002). The reliability and validity test is to make sure that the data collected is accurate and is not fabricated information. Research needs to be information that can be trusted, hence the accuracy of the data is highly stressed I the validity and reliability test. Data that is collected through interviews in this study went through such a process to insure the accuracy in publishing information that will be of great assistance in dealing with such a sensitive social problem. Checking the credibility of the information was also another important part of the process that

Creswell (2002) mentions as part of qualitative data analysis. Lastly, qualitative data analysis requires expert evaluation.

3.6.1 Data preparation and Familiarization

Data preparation and familiarization for this study was done at the commencement phase in the proposal. The detailed literature review also ensured that the researcher is familiar with the data. The concepts and theories that are used by various scholars concerning this topic were addressed in the literature review, thus the researcher understood them more. Braun and Clarke (2006) argue that the researcher needs to have some prior knowledge of the data before analysis begins. The researcher immersed himself in previously explored data to ensure that there is no new and old important data concerning substance use disorder that is overlooked. After this phase the researcher started the process of transcribing and repetitively finding common themes within the responses by the participants,

3.6.2 Inducing and Coding Data Themes

All of the important themes that emerged from the data collected through research questions from the interview processes were coded by the researcher. The researcher also repeated the process of repeated listening during transcribing facilitating the identification of the identified themes. The researcher further induced the themes from the texts by using a several of means. These means included every sentence analysis, repetitively asking questions of the data in order to identify themes, similar phrases and contrasting phrases, and sequences of events. The lines and phrases that were repeated were highlighted as important and they were used as the basis for formulating my themes. Recurring word were also used as part of the thematic analysis of the data.

Through this coding process the researcher was able to identify and organise the data, which enabled opportunity for further analytical work, which was on-going throughout the process of analysis. The researcher was also able to draw conclusions from coded material.

3.6.4 Elaboration

In the process of elaboration, the researcher studied all the coded material and the themes that came out of the data collected. The researcher then re-organised the data by removing the irrelevant texts within the codes. This allowed the researcher to be able to elaborate and formulate conclusions based on refined and relevant data only. Each theme was thoroughly analysed and evaluated through existing data from the literature review to draw conclusions.

3.7 Ethic Consideration

Substance use disorder is a sensitive topic which is not usually confronted in most literatures because it provokes emotions (Resnik, 2015). Therefore, the researcher has followed all ethical procedures in conducting this study to ensure that all parties involved in the research are protected. Confidentiality of the participant's identity of the participants takes great priority because of the sensitivity of the topic.

Through an ethical form also known as the gatekeepers form the researcher has been able to get permission from Newlands Park Centre management and the Department of Social Development to conduct this study in the rehabilitation centre. Furthermore, a form of agreement between the researcher and the community participants was signed prior the interviews to ensure that the information is used solemnly for study purposes. The protection of participants through the informed consent process favours dignified communication between the researcher and the participant (Fritz, 2008). The participants respond to the researcher with more confidence when

they are certain that what their identities will be kept confidential when the research is being published.

3.8 Confidentiality

The participants need assurance that the information that is being shared during the interview will be confidential and only be used for research purposes (Resnik, 2015). The information that was received from the research participants in this study will therefore be used for research purposes only and the participants identities also kept confidential. It was very important that the Researcher ensured that the participants are well-informed about the purpose of the research they are partaking in to avoid any privacy infringements (Fritz, 2008). Honesty in explaining about the research to the participants takes high priority, especially in sensitive topics that have to do with people's behaviour and character such as drug addiction. Furthermore, the infringement on a person's human rights is another important thing that the researcher ought to ensure that he or she avoids (Fritz, 2008).

Conclusion

This chapter gave a clear description of the research design and the various methods that were adopted to carry out this study, including its limitations. It is acknowledged that the lessons to be learned from this research study are very specific ones, given the individual and contextual nature of substance use disorder, treatment and recovery, and given the specialist approach of the agency under investigation. However, the methodology used in the study is applicable in other contexts, and I believe too that the main themes of the findings are also of interest to both developing and developed world settings, as I will now go on to discuss

Chapter 4

4.1 Introduction

This chapter explores the different causes of SUD as gathered from the participants from Newlands Park Centre and the community members of Newlands West. The researcher further explored the causes of relapsing substance abusers in the community and looked into the solutions that can be used to reintegrate substance abusers to reduce the chances of relapsing. The data collected through the interview processes was analysed in this chapter through the thematic approach. The themes were derived from the research participants' responses.

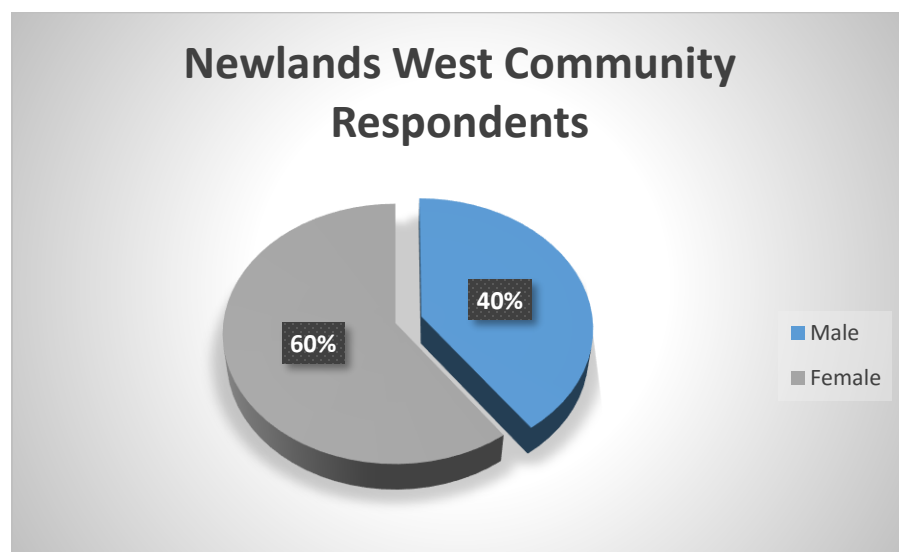
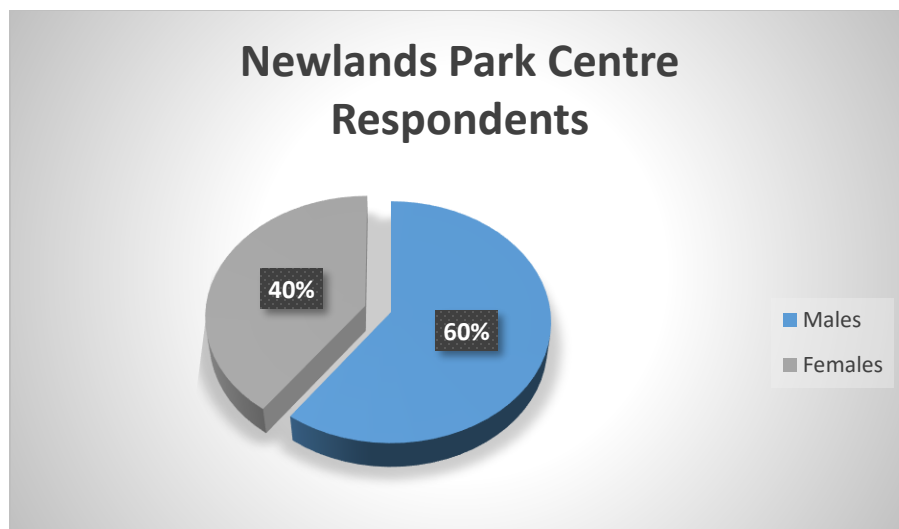
4.2 Research Participants

Having a clear understanding of the surroundings and environment that are associated with substance abuse is highly important in the rehabilitation process of recovering patients. This is affirmed by previous studies which argued that the condition of the environment is highly important in ensuring that the recovering individuals become moral active citizens in the community because it is one of the factors that influence recovery (Hopson and Steiker 2008, Jason 2014). The environment of the recovering individual usually has a direct relation on the commencement of substance use disorder. The age group of the recovering patients from Newlands Park Centre ranged from 17- 54 years and the community members ranged from 18- 48. This study had a sample of 20 participants, which consisted of 10 substance abusers (4 females), and 10 community members (6 Females) as illustrated in (tables 4.3.1) who were affected by SUD within their communities.

The participants also had different education backgrounds as all the participants revealed their highest level of education during the interview process. The levels of education from the

recovering patients ranging between high school education and tertiary education. Similarly, the community participants also had a varying educational background with most participants only possessing a matric qualification and some a tertiary education that allowed them to work as teachers, bank tellers and some having their own businesses. All the participants were South African citizens from different racial backgrounds.

Table 4.2.1 Overview of Study Participants



4.2.2 Criterion for Participants selection:

- Female Patients at Newlands Park Centre
- Male Patients from Newlands Park Centre
- Newlands West Youth
- Parents of Recovering Individuals.
- Law Enforcement Officers

The interviews were conducted using both isiZulu and English depending on the comfortability of the participant being interviewed. The participants from Newlands Park Centre had three common drugs of preference which were Whoonga/Nyaope, Marijuana and Alcohol. A study by Shembe (2013) Also states that whoonga is commonly preferred amongst South African drug addicts because it is cheap and highly addictive. A random selection of participants from different social classes was selected in the community.

This affirms previous studies by (Nagle 1999, Kornblum and Julian 2004) who stated that people are affected by SUD regardless of class, race, ethnicity, gender, age, and other divisions that produce conflicting ideas, most people use drugs to cope with such societal issue. The community members who also participated in the study agreed on the three drugs being the most commonly used, with whoonga being the most prevalent one. Out of the 10 recovering patients, 6 of them had been addicted for more than 5 years, including a 17-year-old young boy and the other 4 it has been less than 4 years.

4.2.3 Female Patients from Newlands Park Centre.

The researcher sampled 4 female recovering patients from Newlands Park Centre. The female participants offered a different perspective to the study as they were less reserved on speaking about their addiction. The sample of patients was interviewed separately from the males to create a platform where they would be willing to open up about their addictions and their journeys towards dealing with their addiction. The researcher also chose this category for the purpose of engaging with a female professional radio DJ from the female participants. This will assist the study to reveal how SUD not only effects the poor females but also the elite are also affected. This confirms that even prominent figures in our society are also exposed to the effects of SUD (Kornblum and Julian 2004). The Dj's perspective as a person of influence adds diversity to the study.

It was also important for the researcher to have a selection of qualified professionals and uneducated female participants as part of his sample in order to have a comparison in the commencement of drugs and how they approach rehabilitation from different worldviews. NIDA (2011) study proves that everyone in society is affected by substance use disorder. The researcher wanted to gain access to insightful views from the female participants who from females belonging to different social classes in order to have a balanced analysis.

Male Patients from Newlands Park Centre

This category of participants is identified in a study by Van Zyl (2011) as those who are most likely to succumb to SUD as masculinity is mostly associated to promoting a life of proving allegiance through using drugs. Males are those who are also mostly associated with gangs and criminal behaviour that is associated with drugs. This sample of participants consist of six men who share different perspectives on SUD and have different levels of literacy. Three of the male

participants are working or studying post matric. The other three male participants are high school dropouts who have been living back and forth between their homes and the streets where substance use disorder has led them to. The driving factors that caused them to end up living a resentful lifestyle of high drug consumption will help to inform this study as to how those factors can be countered to prevent of young people from being in situations that may lead them to being addicts as well (Becker and Hu 2008, Van Zyl 2011). The researcher chose this category of participants carefully to ensure that the objectives of the study are met. The interviews questions were able to accommodate both the educated and uneducated participants in this category as all participants clearly understood the questions and they responded to the best of their abilities.

The researcher has also identified this group for the study because they offer rich insight as to why men are seen as most likely to consume drugs from an earlier age in comparison to women who are generally late beginners in consuming drugs. Becker and Hu (2008) study shows how sex difference in addiction shows that men are most likely to become addicted to drugs than women. The male substance abusers at the Newlands Park Centre Rehabilitation come from different racial and social backgrounds which makes it interesting to get the root causes for their addictions because they stem from different situational backgrounds. The male addicts from Newlands West share a different motivational factor for using drugs to those from other surrounding areas in Durban. A study by (Greaves 1974, Ongwae 2016,) affirms that there may also be some commonalities in what causes addiction and that is what will help to inform the measures that ought to be used in helping the recovering patients to maintain their state of soberness post rehabilitation. There are more man in the rehabilitation facility than there are women, which shows that there is something that drives men in our societies to resort towards drug consumption

(Ongwae 2016). Those are the causes that the study aims to identify in order to prevent the rapid growth of SUD.

4.2.5 Newlands West Youth

Newlands West is one of South Africa's communities that are faced with a chronic challenge of youth unemployment (Moerane, 2016). This category of participants represent the percentage of unemployed youth in Newlands West's views on how unemployment has contributed towards young people in the community have resorted towards drug consumption. Two of the participants in this category are employed young people. The researcher chose five young participants who are unemployed and have either been directly or indirectly affected by the use of drugs primarily due to unemployment. A study by (Ayllón and Ferreira-Batisat, 2016) affirms that these young people who are highly marginalised in society give a strong perspective as to how substance use disorder starts in their community and what they think could be the community-based initiatives that can be implemented to fight the problem.

This category is central to the study as statistics show that the people most affected by substance use disorder in the global society are young people (Ayllón and Ferreira-Batisat, 2016). It was interesting to compare the views from the young people to those of the more senior citizens in the community. The older and senior people in the community may hold a different view that opposes that of the younger generation on the causes of SUD in Newlands West. Having studied on the effects of substance use disorder on young people from (EMCDDA 2003 And Ongwae 2016), the researcher saw it fit that the study includes this category.

4.2.6 Parents of Recovering Individuals.

This category represents the guardians and parents of recovering individuals in the community. A study by Choate (2015) affirms that parents have an important role in their children's lives as they are directly affected by their decisions to engage in illicit substance use. The researcher believes that their input is important for this study because the relationship that the parents have with their children has a huge impact on how these children turn out to be as they grow older. The morals and values that parents instil in their children are pivotal in whether they chose a rebellious lifestyle or not (Choate, 2015). The researcher also believes that the parents may also be able to contribute towards the solutions that can be implemented in reintegrating recovering patients back into the community, as they would have vast experience in handle children who are substance abusers.

The Researcher ensured that he chose parents from both poor and middle class families in order to have perspectives from both classes in the community. Velamen (2005) states that poor families face different challenges than the parents in middle class families who have their own challenges that may have contributed towards their children becoming engaging in drug use, however their involvement is pivotal. This category assisted the researcher to identify as to whether the reintegration of recovering individuals can be achieved without the parent's intervention and involvement. Scholars such as Velamen (2005) argue for the involvement of supportive structures such as family. Some relationships between the parents and recovering individuals are toxic due traumatic experiences from prior to patients being rehabilitated and this could trigger a relapse.

4.2.7 Law Enforcement Officers.

The researcher saw this category as important for various reasons that could assist in meeting the objectives of the study. Quadros and Yadav (2017) study on law enforcement's involvement with

recovering individuals argues that law enforcement officers are important in winning the fight against addiction. Police man in New Lands Park Centre deal with SUD related criminal offences daily and their understanding of SUD related behaviour from different people assisted the researcher to identifying what they deemed to be the main causes of people to end up consuming drugs. This group of participants is also better informed on the repercussions that individuals could face as a result of using drugs.

The researcher also sees the law enforcement offices as an important group for this study because they are part of the referral team that refers most drug addicts from the Department of correctional services to the rehabilitation centres (Quadros and Yadav 2017). Part of the police officer's training consists of psychological analysis and in their analysis of the state of most individuals consuming illicit substances researcher wants to see what they would identify as the main things to be aware of in reintegrating the addicts back into the community reducing their risk of relapsing.

4.3 Findings of the Study

The main findings of this study will be summaries in terms of the following categories:

- Causes of Substance Use Disorder.
- Main Factors Contributing Towards Substance Abuse.
- Community Participation in the Life of a Recovering Individual.
- Effective Rehabilitation and Post Rehabilitation Programmes.

As part of unpacking the data collected, it is important for the researcher to indicate that the interviewing process was flexible and thus some of the questions were not posed to the participants in the order seen in the list of questions. The questions were not put in order primarily because the

researcher could identify which questions could get the best responses out of each participant based on their personalities and their backgrounds. All the questions were conducted in English, of which all the participants were comfortable with except for some who needed minor word translations to vernacular languages. The depth of the questions in those minor translations was never lost none the less.

4.3.1 Causes of Substance Use Disorder

The research participants were all asked on what led them to engaging in drug use. The responses from the participants during the interviews stated that the main cause of substance use disorder stems from the surroundings and environmental influences from their communities. The Adaptation theory used in this study states that most individuals who consume drugs do so as an adaptation to their environment and surroundings (Peele, 1985). The participants also mentioned that SUD is also associated with peer pressure as well as to some extent some close relatives. Most of the participants all mentioned that they had no prior knowledge on drugs until they observed it as a common behaviour in their surroundings and they began using drugs to gain respect amongst peers and a sense of belonging. These participants also share a general sentiment on the drugs offering leisure at the beginning. The following quotes affirm the above findings:

“I started using drugs at high school because it was something that my friends did every lunch break, so I did it and I saw no harm in it at that time.” (Respondent 1)

“At home I grew up with an my brothers who smoked marijuana and drank alcohol so I started quite early to smoke because I never saw any wrong in it” (Respondent 2)

“At school I would occasionally smoke with my friends until it became a habit that led towards me using other stronger drugs such as Whoonga” (Respondent 3)

The above findings affirmed by scholars such as Hendricks (2015) and Jorge et.al (2018) who concluded that peer influence is one of the main causes of SUD. The participants who mentioned that they started using drugs in high school, were highly motivated by their friends and they started by smoking drugs such as cigarettes and dagga. They believed those drugs to be what made them look “cool” amongst each other as peers. The rest of the participants who are much older started using drugs due to influences in the community by their peers, colleagues as well as family members. Oketch, (1997) cited in Ongwae (2016) affirms the above findings through their previous study which showed consensus in the interest and expectation of the peer groups having an important bearing-on whether or not a person will try dependence or be lured to taking drugs. Friends from the community influenced two of the participants after they had finished their matric and whilst they were working to start using drugs.

One adult participant mentioned that even though drug consumption was something that came through influence, he continued consuming drugs do deal with personal problems. Therefore, the driving factor for his addiction was no longer peer pressure but rather a coping mechanism to deal with his personal problems. Mate (2008) and Peele (1985) affirms in previous that there are some individuals who start using drugs in order to forget about their everyday stressful lives.

These findings clearly indicate that there is a close relationship between the influence one gets from their friends and the commencement of drug use Hendricks (2015). Socializing in adult environments amongst one another as friends is the other common ground that leads to most individuals to start using drugs. Peele (1985) agrees with these findings as he states that most individuals who consume drugs do so as an adaptation to their environment and surroundings. One participant mentioned that even though they “started using drugs amongst his peers in high

school, the addiction only intensified when they started socializing in bars and shibeens” in the community where it was like being in a hub of drug trading. The 22-year-old revealed sense of belonging in a social environment is what presses him to continue using drugs, until it becomes a burden as opposed to means of facilitating leisure and socializing.

4.3.2 Main Factors Contributing Towards Substance Abuse.

The respondents were further asked on what they thought were factors that led to them being addicted to drugs from the point of just being introduced to them because individuals being introduced to drugs does not necessarily translate to substance use disorder. Aside from the peer pressure that some of the participants attribute their drug commencement to, there are factors that contributed towards their long-term addiction and continuous use of drugs. The following responses reveal the factors that contributed towards the continuous use of drugs by some of the users.

“Using whoonga gave me a thrill and a high that I had never felt before and this was the thrill that I kept on chasing when I became an addict. If Whoonga never had any negative effects on people, everyone would be smoking it”. (Respondent 1)

“There are certain things that I go through as young person and it is difficult to cope with them when I am sober so I would stay under the influence of marijuana in order to calm myself and forget about the painful life I live” (Respondent 2)

“When I and my friends smoked, we would immediately feel like we are untouchable and we would go out and rob people. Smoking whoonga gave us the mental to do whatever we wanted to do without fear. (Respondent 3)

“I believed that I was smarter at school when I smoked marijuana” (Respondent 4)

From the above responses, one can gather that there is a psychological aspect affirmed by Bering (2002) to being substance dependent that helps to drive substance abusers towards consuming more drugs continuously. The participants all saw drug consumption as rewarding and they believed that it helped them attain a certain level of calmness, which leads towards viewing themselves in a much more positive light than they would when they are sober. The driving factor thus for the addiction is the psychological benefit that it brings for the addict more than the commencement of using drugs. Greaves (1974) affirms these findings in his analysis of the existential theory of drugs. The fact that one of the recovering patients believes that he can cope better and forget about his problems when he is intoxicated shows how much the psychological benefits of drugs for the individual contribute towards the addiction as affirmed by Bering (2002). For a person with low self-esteem, fear and anxiety, I become more confident when I have consumed marijuana. Some individuals believe that they can achieve things that they can't when they are “high” because they view themselves in a different way when under the influence.

They may see a number of benefits in using drugs concerning their mentality and how they see themselves but none of them could dispute the fact that there were also intense negative psychological effects of using drugs. The high and excitement brought by the drugs only lasts shortly and when the mind grows a dependence on the substance that is when it becomes a burden. There was a common assertion by the respondents concerning the psychological effects of starting with “regular” and not so harmful drugs to using strong dangerous drugs. The pleasure brought by the first drug that some of the users started with was not enough to fulfil them. A 22-year-old female respondent from the rehabilitation stated that Marijuana gave her the high and pleasure she

needed when she needed to calm herself down but as time went on the marijuana wasn't strong enough to fulfil her psychological needs. She then started using *whoonga*, which is a stronger drug. Further responses by the respondents state that:

“As a smoker you are constantly in a state of yearning for more drugs not because of the good benefits and fun that it brought in the beginning but because stopping proves to be bad for your mind as the addiction is too strong. Hallucination is one of the results of trying to fight the addiction.” (Respondent 1)

“The only way I felt like I could save my mind from constantly wanting another hit is by deciding to go to rehab where I never knew what psychological help I could get but I knew I needed some change” (Respondent 2)

“Mfethu, using drugs in the early phases is an easy and fun thing for relaxing your mind and mentally you feel like you are in control of the drugs. However, there comes a time where your mind fails you and it gives in to the addiction.” (Respondent 3)

Studies by The DTSA (2000) affirm the above findings by stating that drugs used for meditational purposes and other reasons in the beginning may lead to dependence on the substance. Therefore, drug use in itself may sometimes not lead to addiction but abusing the drugs and taking it consistently is what leads most individuals to a mind state of addiction. A study by Sadoff (2009) finds that the human mentality gets used to the routine of taking a substance and failing to do so is what causes the drug addicts from Newlands West to have what is also known as psychological withdrawal symptoms.

There are more severe negative psychological impacts of using drugs than what the recovering individuals thought the drugs were beneficial to them for (Merwe, 2003). According to 17-year-old male respondent from the rehab, the craving for the drug is a very disempowering feeling that defeats the humans will: You live to fulfil the desires that you do not want. That is the mind being in conflict with itself because of consuming the drug. The addiction intensifies to such an extent whereby the drugs take over the individual's life and it is at that point, whereby most individuals see the need for rehabilitation. The findings show that most of the participants have a sense of misery and anxiety after not being high or intoxicated for a long time.

To the question (Appendix B) of whether people in the community of Newlands West are aware of the effects of drug abuse or not, the respondents had a similar response that revealed that community members are mostly ignorant concerning SUD disorder knowledge. This is one of the main contributing factors towards SUD in the community. The following quotes from the respondents reveal that.

“Abantu basemphakathini wethu bazi kancane ngobungozi bokusebenziswa kwezidakamizwa kodwa ulwazi lwabo alugxilile kakhulu njengoba intsha ilikho iyanda ekuzisebenziseni

(The people in my community have little knowledge about the negative effects of drug abuse and that is evident in how there is a growing number of young people who consume drugs) (Respondent 1)

“Looking at my situation, I would say that the group of people from my community know about the effects of drug abuse, but they are not reminded of the enough to prevent people from consuming drugs. If people here were constantly reminded about what drugs can do to you as a human being, they would not start using them” (Respondent 2)

“I don’t care, and I know the friends I smoked with didn’t care either about the effects of drugs. We know about them but the relief that the drug gives to us is more important to us than the effects. Until the drugs started taking control over my life. Cocaine became my enemy.” (Respondent 3)

Kornblum and Julian (2004) from the literature believe that as much as there is ignorance in communities about the effects of substance use disorder, there are other issues that cause people use drugs knowing the harm it causes. Communities in themselves have problems that are inherently theirs and the people in those communities such as Newlands West have their own ways of coping with their challenges. Drug use in those communities could just be one of the ways of reacting to the ills and stresses in society. When the people in the community are stressed and face strain, they tend to overlook the effects of what they use as a coping mechanism (Sudraba et.al, 2015). Therefore, the problem in Newlands may not be the ignorance but rather the social ills that drive the people, especially the young, to abusing drugs. For most people, the root cause of drug abuse in Newlands West far beyond the lack of knowledge and ignorance but leisure and strain relief is a much common factor.

Self- regulatory response is another common factor that three of the respondents mentioned as the reason for overlooking the effects of drugs and continue using them. Once the addict becomes dependent on the drug, they have little control over whether they stop using drugs or not. An 18-year-old male respondent from the rehabilitation says, “I tried stopping whoonga because I knew that it was destroying my health, but it was very difficult as I suffered from withdrawal symptoms and at that point I had no choice but to go back to using the drug in order to stop the pain.” What sustains the substance use disorder is not the lack of knowledge but rather the addiction itself.

4.3.3 Community Development Implications: Community Participation in Recovering Individual's Live's

The effects of substance use disorder have community development implication, and these are discussed here in terms of the nature of community participation in assisting the recovering individuals. There are qualified individuals who are important to the economic development of communities and they are being lost to the illicit drug use industry which counters positive economic development (UNODC, 2018). Community participation is thus pivotal in introducing solutions to assist recovering patients as they are also indirectly affected by SUD developmentally.

Both the Newlands West community member respondents as well as the rehabilitation centre respondents were asked about the importance of community participation in a recovering individual's life. Community participation is highly important in alleviating SUD in the community. Chavan et.al (2015) states that as an educational and empowering process whereby community members, identify their problems and needs and increasingly assume responsibilities to plan, manage and address it is mandatory in the fight against SUD. All the respondents agreed that recovering individuals need their families and the community to participate in their recovery and reintegration process. Community development is also hampered by substance use disorder patients who could be active in contributing towards the development of the community but are rather passive due to their substance dependence (UNODC, 2018). The following quotes from the study confirm the finding

“Jah...The community can help us to stay away from drugs by being supportive and not treating us like we do not belong emphakathini (Community)” (Respondent 1)

“Before I came here to rehab, I had committed a lot of crimes bra (Pause)...so it will be very difficult for the same people I had harmed to help me become a better person. I don’t think their hearts have healed yet.” (Respondent 2)

“As a mother of a child who almost died from smoking iwhoonga I believe the community should be more involved in an addict’s life...but me understanding an addict’s life, it’s very difficult to be patient with them because they lie a lot” (Respondent 3)

Mate (2004) affirms that recovering individuals need support from community members because SUD is a community problem more than an individual problem in Newlands West. In the case of recovering individuals being very difficult to be patient with, Mate (2004) believes that the community and close relatives should be cautious and empathetic towards them because they may have underlying problems that have led them to their addiction. It is evident from the 100% acknowledgement by the participants responses of needing community participation in their rehabilitation that they desire assistance, but the harm caused by substance abuse causes to rebel sometimes, which is where the patience and empathy is required from the community members. A study by Souza (2016) affirms that a reconciliation process between the community members and service users who have gone through rehabilitation is important in reintegration. Some respondents mention how they have committed crimes the people in the community and in order to gain community trust again, a proper reconciliation may be required.

When the Newlands West community respondents were asked if they participate in drug alleviation programmes, only 20% percent of them responded by saying they do. The two law enforcement officers from the community were the only ones who actively participated in programmes that help to reduce substance use disorder. Ellen (2013) states that investments and

development tends to be lower in environments where there's a growing number of individuals engaged in SUD. Which is why it is important for the community to work alongside with the law enforcement officers to create solutions that will combat SUD and patients relapsing. The following quotes confirm the finding.

"I do participate in drug prevention programmes and as a police officer I am obliged to do so because it is part of my job" (Respondent 1)

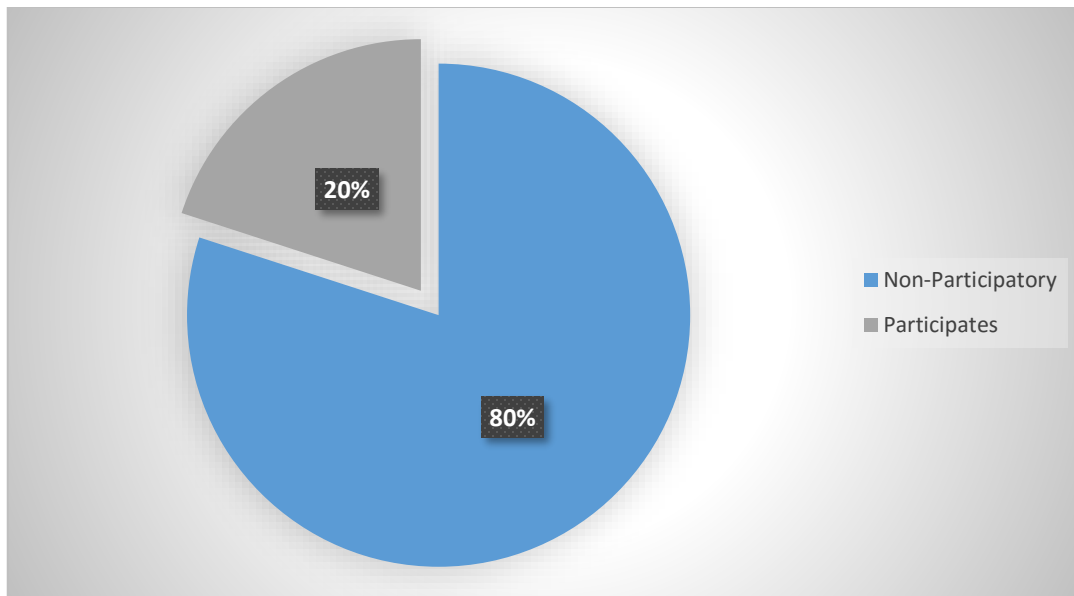
"Mntanami ngeke sithi siyakwenza loko ngoba azikho inhlangothi ezenza leyonto la emphakathini. Mangaba zikhona asizazi thina bantu abahlala la. Besingathanda kona ukusiza izingane zethu." (My child we do not do any of that here in this community because there are no organisations/programmes that promote drug abstinence. If there are any, we do not know about them. We would really love to help our children" (Respondent 2)

"There are no such programmes here at Newlands for us to participate in." (Respondent 3)

Gathering from what 80% the respondents from the community says, there is a general interest from the community to help in reducing drugs in the community and helping patients from rehabilitation centres to stop using drugs. It is difficult for the recovering individuals to work on rehabilitating themselves while they do not receive any support from the people in the community (Mate, 2004). There is a consensus from these respondents on the fact that programmes to keep addicts in the community are good to keep the substance abusers sober and to have the community members play a role in alleviating its own problems. The 20%, which does participate in drug alleviation, programmes and keeping recovering individuals sober are doing it as a priority stipulated in their job description as opposed to it being an idea that stems from within. Kumar

(2013) argues that if the community wants to help recovering individuals stay away from drugs prior and post rehabilitation, community participation programmes are required.

Table 4.3.4 Overview of Community Participation in Substance Use Disorder Alleviation Programmes



One parent's response corresponded with Jason (2014) who states that the environment and the manner in which the community members involve themselves in recovering individual's life can be the main determining factor for sobriety. The willingness of the people in Newlands West to help recovering individuals "creates a sense of belonging" for them. However, by showing less empathy and constantly reminding them of their past, you drive them to a point of relapsing, as Mate (2004) states in the literature. "It is difficult for me as a woman to get support from home and my community because a patriarchal society that demonises women for making the same mistake men make wont associate with me; the worst part is that I'm a famous person in my community which leaves very little empathy for me." This finding reveals that regardless of the

status of an individual in the community, the treatment of recovering individuals is the same treatment of alienation and of judgement by most of the community. Findings by (Johnson et.al 2007) state that recovering individuals can only be helped through a collective effort because by being supportive, the community reduces the dependency and chances of relapsing. As 100% of the patient respondents would want the support of the community in staying sober, it is of great importance to have the community engage with them in fighting relapsing and addiction.

The respondents from the community were asked how often recovering individuals relapse post rehabilitation. The responses were appalling as 100% of them generally said that every person with SUD that has been to the rehabilitation centre that they know of from their community has gone back to using drugs. The following quotes affirm these findings:

“Everyone who I know coming from Newlands Park Centre Rehab has gone back to using drugs”
(Respondent 1)

“My son has been to rehab twice and in both instances, we tried to give him the benefit of the doubt to see if he will really change” **(Respondent 2)**

“...Lezingane zimosha isikhathi nje ngokuya laphaya ngoba kuyefana zibuyela kuyo lewhoonga abayibhemayo. Umsebenzi welayandawo nje angiyiboni imiphumela yawo”
(These young addicts are wasting time by going to rehab because they come back to the community and continue smoking whoonga. I do not see the purpose of rehab because it does not yield positive results) **(Respondent 3)**

The above findings revealed that some community members are discouraged by the fact that Newlands Park Centre is not producing a positive return of results concerning the relapse rate of

addicts. The lack of participation in drug related programmes in the community could be attributed to the fact that even professional institutions are failing the recovering individuals in the quest to combat drugs. “How are we supposed to help addicts in this community when even the doctors and therapists in the rehabilitation centres are not getting them to stop?” All 100% of the community respondents share a deep sense of lost hope concerning rehabilitation centres because they feel that they have not helped to reduce the problem.

A 40-year-old respondent from the rehabilitation centre stated that “As much as drug use is the choice of an individual, stopping all boils down to me as an individual too. Based on that response, external help from the community and the rehabilitation centre can only do their level best to get substance abusers to stop but if it doesn’t stem from the individual, they won’t stop using drugs (National Addiction Workforce Development, 2016). In trying to find the number of times, the addicts at Newlands Park Centre Rehabilitation have tried to stop using drugs through self-help, community or close relative support, the following table shows the responses.

Table: 4.3.5

Substance Abusers	Self-Help	Community Participation	Close Relatives
Male	✓	X	✓
Male	✓	X	X
Male	✓	X	X
Male	✓	✓	✓
Male	X	✓	✓
Male	✓	X	✓
Female	✓	✓	✓
Female	✓	X	X

Female	✓	X	✓
Female	✓	X	✓

Results:

1. Self-Help = 90%
2. Community Participation = 30%
3. Close Relatives = 70%

The results reveal that 90 percent of the respondents have tried to stop using drugs on their own and 60 percent of them have done it simultaneously with support from their close relatives. A large number of the recovering individuals have taken the initiative to make their lives better and they have failed in doing so. Johnson et.al (2007) states that it is difficult for recovering individuals to achieve sobriety without the help of others such as being part mutual help groups as getting help from well as the community at large. Emotional, social and knowledge support from other people can help them to maintain abstinence more than isolation and trying to beat the problem alone (Galvani, 2015).

The community participating in addressing the issue of recovering individuals is evidently an urgent one as data show's it being at 30 percent. One of the male respondents' states, "I've never tried to stop using drugs by myself because I was lying to myself thinking that I still have things under control, until my family and the police who had me at correctional services tried to help me by sending me for rehabilitation more than once. Close relatives generally want no harm to happen to their relatives, which is evident in the data showing that 70 percent of the respondents received support from their families in trying to stop using drugs. Regardless of the above interventions,

these recovering individuals still relapsed and beyond what the community can do, is the programmes that are offered at the rehabilitation centres.

4.3.6 Effective Rehabilitation and Reintegration Programmes

The respondents were asked what programmes were offered at Newlands Park Centre Rehabilitation and whether they think those programmes work for them or not. The table below shows the responses by the rehabilitation centre respondents:

Table: 4.3.7

Substance Abusers	Occupational Therapy	Social Work Consultation	Basic Business Skills Classes	Medical Detox
Male	✓	✓	✓	✓
Male	X	✓	✓	✓
Male	X	✓	✓	✓
Male	✓	X	✓	✓
Male	X	X	✓	✓
Male	✓	X	X	✓
Female	✓	X	✓	✓
Female	X	X	✓	✓
Female	✓	X	✓	✓
Female	✓	✓	✓	✓

Results:

1. Occupational therapy Sessions = 60%
2. Social Worker Consultation = 40%
3. Basic Business Skills Classes = 90%

4. Medical Detox = 100%

4.3.8 Medical Detox

The percentages above represent the programme preferences by the rehabilitation centre respondents. The respondents are the best people to judge the effectiveness of the programmes offered at Newlands Park Centre Rehab, as they are the ones who go through them. 100% of the respondents mutually agreed that the medical detox program (phase) whereby the assigned doctor gives them medication to drain the drugs out of their body system is highly effective in their rehabilitation process. One of the respondents speaks of the experience at the detox phase as a very painful one as “arostor and withdrawal pains brought sleepless nights for almost two weeks”. However, “when you survive the detox phase you are half way through the difficulty of being at rehab”. The medication cleans out the drug, but it does not deal with the addict’s mental strength. One of the female respondents from the rehabilitation centre states that “even if usudlulile kwi-detox, kusakhona ukulangazelela ama-drug, futhi akwanele kukodwa ekusizeni ukuthi siyeke izidakamizwa” (Even if you have been through the detox phase, it is not enough on its own to get an addict to stop using drugs).

4.3.9 Harm Reduction

As part of the rehabilitation process, harm reduction is helpful in minimizing the harmful consequences of personal drug use and associated high-risk behaviours (Sharmin, 2013). Newlands Park Centre could achieve a better success rate in rehabilitating their service users if they minimize the use of drugs after detox, because some of the addicts go through painful withdrawal symptoms. The researcher acknowledges the effort by the rehabilitation centre through observing that the participants were still allowed to smoke cigarettes in the rehabilitation

centre. This is one of the ways that the harm of the more severe drug is reduced by substituting it with another. This is a less painful and more practical way for drug users, their families, and communities to combat addiction (Marlatt, 1998). Limiting the drug access and allowing the service users to smoke cigarettes allows the body to gradually adapt to the user's new lifestyle.

4.3.10 Occupational therapy

Occupational therapy sessions, as stated by the respondents, are one of the programs offered at Newlands Park Centre. 60% of the respondents believe that these sessions are highly effective and help them to stay sober even post their time at the rehabilitation centre. One respondent states, "The occupational therapy sessions are very helpful to us because they enable us to better our mental capacity through the activities we have". These activities at the rehabilitation centre allow the respondents to test their mental strength and decision-making ability hence most of the drugs influence the human brain.

However, one of the 40% respondents that do not see the effectiveness of the occupational therapy program states, "...mina ngiwumuntu osheshayo ukucasuka uma into ngingayazi so lamaklasi ayangicasula ngoba ayangicabangisa kakhulu ngigcine sengizizwa sengathi ngiwuhlanya". (I am a person with a very short temper when I do not understand something, and these classes require some thinking, which makes me feel like I am a retarded person). It is clear from the responses that some recovering patients do not appreciate mind exercises but the majority of them believe that occupational therapy prepares their minds for a time beyond their stay at the rehabilitation centre. A strong, healthy mentality and decisiveness is the primary purpose of this program.

4.3.11 Social Worker Consultation.

About the social worker consultations, the respondents from the rehabilitation had mixed responses that saw 40% of them stating that they benefited from the sessions they had with the social workers. One female respondent states that “the social workers helped in the process of dealing with personal issues” that may have been the cause of drug use. One male respondent said “After a while I could not deal with the death of my mother and I started to use drugs in order to cope with that but the sessions with my social worker have been good for me to heal that old wound”. The 60% majority of respondents who do not see these sessions as beneficial had a common view of discomfort on talking about personal matters. One male respondent says, “Ukukhuluma ngezinto ezibhlungu ngungibangela usizi, okuyikho okwangeza ngaqala ukusebenzisa izidakamizwa”. (Talking about painful personal situations brings sadness to me, which is why I started using drugs”. The inability to face problems and speak about them is evidently from the responses on of the main reasons why substance abuse is an issue and the reason why the social worker sessions are not seen as beneficial by most recovering individuals.

4.3.12 Basic Business Skills Classes

A great 90% of the respondents from the rehabilitation centre believes that the basic business skills classes are highly effective in the process of rehabilitation. The positive responses are revealed in the following quotes:

“Umsebenzi esiwenza kwama-buisness classes uzongisiza kakhulu ukuthi ngikwazi ukuqala elami ibhizinisi. Kunzima ukuthola umsebenzi uma usuke way ejele, ingakho ukufunda ngezamabizininisi kuyikho engikuthandile”. (The things we learn at the business classes will help me in starting my own business. It is difficult for me to find a job since I have been to jail, so that is why these business classes are the program I enjoy the most.) (*Respondent 1*)

“Ever since I’ve been here, the business classes are the most exciting program for me because it’s something practical that I will be able to use post my rehabilitation here” (Respondent 2)

“I already have a job as a merchandiser and I was only released to come to rehab. I will return once I’ve completed my rehabilitation, so I don’t think business classes are beneficial to me” (Respondent 3)

Majority of the rehabilitation respondents believe that the program on business skill will help the stay away from drugs when they are back in their community. In the reintegration of the drug addicts, by having such programs their general understanding is of having something to be preoccupied with instead of letting boredom drive them back to using drugs. Having a business is what the addicts see as a way out of both financial lack and substance abuse.

4.4 Summary

The findings in this chapter were analysed under the following topics: General Causes of Substance Use Disorder, Main Factors Contributing towards Substance Abuse, Community Participation and Recovering Individual’s Lives, Effective Rehabilitation and Post Rehabilitation Programmes.

One of the main factors that was attributed towards people starting to use drugs was the pressure that individuals receive from their peers. The findings show that some people are ignorant of the effects of using drugs in the community and the pressure from peers drives them to using drugs. Observing drug use around the community as a common activity is also what led some of the service users to use drugs. They may see a number of benefits in using drugs concerning their mentality and how they see themselves but none of them could dispute the fact that there were also

intense negative psychological effects of using drugs. The high and excitement brought by the drugs only lasts shortly and when the mind grows a dependence on the substance that is when it becomes a burden.

Self-regulatory response is another common factor that three of the respondents mentioned as the reason for overlooking the effects of drugs and continue using them. Once the individual becomes dependent on the drug, they have very little control over whether they chose to avoiding taking drugs because they know the effects and taking them because they have withdrawal symptoms if they stop. The findings in this study show that there is also an interest from the patients to have the community more involved in their rehabilitation and integration. There is a consensus from these respondents on the fact it is important to have community participation to have the recovering individuals maintain sobriety.

The findings on the effectiveness of the programs offered at Newlands Park Centre, the respondents had mixed responses. The findings do however show that there are measures and adjustments that ought to be done to ensure that recovering individuals stay sober. Apart from the medical detox program as well as the basic business skills classes, the other programs are found to be not as effective on helping to maintain abstinence as desired by the patients and the rehabilitation centre.

Chapter 5

Conclusion and Recommendations

5.1 Introduction

This chapter aims to discuss specifically the conclusions and give recommendations considering the literature discussed in chapter two as well as the findings from the qualitative research method in chapter four.

5.2 Findings

These are the findings that were concluded through analysis in chapter four and reviewing the literature in chapter two. From the respondent's responses, they showed that they were clear on what the causes of SUD are. The substance abusers from Newlands Park Centre were aware of the issues that caused them become drug addicts and on similarly the community respondents had their own understanding of how the environmental and social influence can cause community members to also suffer from SUD.

In view of the questions posed in chapter four, the research participants had various point of views on issues pertaining the commencement of using drugs as well as the process of rehabilitation to staying sober as a recovering patient. The community members also discovered through the interview processes that they have an important role in ensuring that is abolished in the community. The birth of effective rehabilitation programmes during rehabilitation and post rehabilitation are see in chapter four as mandatory in ensuring the soberness of recovering individuals. McKay, Carise et.al (2009) and White (2009) addresses substance use disorder by stating that community participation as a community development concept is one that is important in having the community work together with the addicts to help them stay sober. There are programmes that the

community members themselves can come up with to ensure that recovering individuals who have completed their rehabilitation stay become part of to help them in their recovery journey.

In looking at the different factors that have caused most of the recovering patients to start using drugs, the literature suggests that strain and stresses that people face in their everyday lives cause them to seek for a coping mechanism that will help them forget about their pain. The pain that is revealed in chapter four by most recovering patients who reveal various family and social problems that they have encountered in their lives which were too harsh to bare on a sober state of mind. Mate (2008) states that having empathy when one is dealing with recovering individuals is important when one takes into consideration the struggles and circumstances that have led some of them to start using drugs.

How the community members engage with the recovering individuals without being judgmental and aggressive in interacting with them is one way that could smoothen the process of helping them stay sober in their post rehabilitation phase. It could be a difficult process for recovering individuals to deal with the stress of having to be consistent in staying sober and motivated whilst having negative remarks from the people that surround them. A problem such as substance use disorder is one that belongs to the community and therefore the solutions and support from the community is of vital importance. The community should with the assistance of professionals participate introducing solutions to help drug addicts because in their soberness they can also contribute towards the development of the community. Johnson (et.al, 2007) believes that the community could implement programmes based a community participation model which focuses on community mobilization, environmental strategies and prevention education.

5.2.1 Community Participation Strategies

Community Mobilization

The first step as the community participation strategy is the mobilisation and discussions by community members and experts to ensure a clear outline of the programmes to be implemented in relation to SUD. Marko (2013) states that promoting active and representative participation towards enabling all community members to meaningfully influence the decisions that affect their lives is one of the ways the community can introduce good solutions to their problems. The reduction of substance use disorder and the reintegration of patients can be achieved better when the solutions come from experts as well as the community members themselves. Community mobilisation also ensures that there is community readiness regarding what their role is in assisting recovering individuals successfully reintegrate into the community. The crosspollination of ideas of programmes that would be best suitable for the community arise from this the meetings and strategising of community members and those who can offer expert assistance (Sibanda, 2011).

Environmental Strategies

Environmental strategies introduced by the community focus on creating an environment that is drug free and fertile for development (Miller et.al 2011). The community working in collaboration with various social education stakeholders can thus also created programmes that would result in a drug free community in Newlands West. The community can implore anti-drug norms which would be adapted by homes and schools in the community to see a successful intervention of the substance abusers. For example, the homes and schools should have educational programmes that serve to encourage a healthy lifestyle that clearly outlines that dangers of using drugs. Stronger regulations for pupils to access drugs in the community can be implemented.

Prevention Education

The education system and teachers are an essential part of the community's development (Kumar, 2013). Drug prevention education would not only assist those who are already substance abusers in the community but those who are not yet exposed to drugs. Community participation will thus ensure that the educational programmes in the schools also address the community problem of SUD (Kumar, 2013). Getting recovering individuals to educate people in community centres and schools about the harm that drugs can cause is one of the ways the community can intervene. Life skills programmes can be also be introduced in the school's programmes as well as the community at large to ensure that the community is well informed about SUD and its dangers.

The experts from rehabilitation are also a part of the community that is to be mobilised in creating solutions and introducing programmes that are effective in education and empowering substance abusers for reintegration. Productivity and good behaviour of recovering individuals is highly determined by the programmes that are put in place during their rehabilitation process (Howell, 2011). Having some programmes at rehabilitation that are failing reveals that there should be a readjustment of how the programmes are aligned with the life that the recovering patient will be faced with post their rehabilitation. Programmes such as the business development programmes that 90% of the recovering patients believed to be of high importance to them can also have community input in improving. Productivity is also birth out of a programme such as the business development programme. The following are factors that should be taken into consideration when looking at the programmes that can help patients stay productive after rehabilitation and maintain their soberness.

5.3 Recommendations

- The community should consider that some of the recovering individuals come from abusive backgrounds and introduce programmes that will deal with where the addicts can be placed post rehabilitation to stop the cycle of abuse that may trigger a relapse.
- Harm reduction should be a part of the rehabilitation programme as it will help the service users to reduce the harm of the substance. As affirmed in a study by Sharmin (2013), harm reduction enables drug use and entrenches addictive behaviour for those who are unwilling and unable to quit, relapse into drug use.
- Some of the recovering individuals through the need to sustain their addiction ended up being anomic in their communities and engaging in various criminal offenses. There should be a programme that helps to integrate them back to their communities considering the healing process that the community has to go through when its relationship with the substances abusers is being rebuilt. Reintroducing recovering individuals back in their community as recovering beings is not easy but is a process that requires the rehabilitation centres to constantly monitor their relations with their community.
- There are recovering patients who have been referred to the rehabilitation centre by the correctional service, which means they have criminal records and they may find difficulty in finding jobs. There should be programmes in place at the rehabilitation centre to deal with career development and finding occupations that would not necessarily require them to have certain qualification or work for someone else. Therefore, an amplification of programmes such as the business development classes which deal with skills development

is needed as it deals specifically with what the substance will be preoccupied with post rehabilitation.

- Evidently from chapter four findings, the common place for the commencement of drug use are schools. The community should thus in collaboration with the professional knowledge of the rehabilitation staff have drug educational programmes for the schools in the community. This will not only deal with the recovering individuals but it will also help those pupils who haven't engaged in drugs to know the consequences of using drugs. The message could be delivered by the substance abusers as well as part of their reintegration back into the community. The substance abusers giving testimonies and motivational talks to other people in their communities will help restore the trust of their family members as well as the community in them.

5.4 Conclusion

A bottom-up approach is known to be a pivotal part of community development and it helps the process of development to be more effective when the community members themselves come up with solutions to deal with their own community problems. Similarly, to substance abuse, there are various community participation methods that the communities can introduce in unity to create an environment that eradicates SUD.

To them. In order to keep people, especially the youth, from SUD and from relapsing, programmes that are there to develop them should be well known. In a neighbourhood that has a problem of addiction and relapsing recovering individuals should find activities in the community that will keep those affected by drugs away from environments that cause them to get involved in drugs.

One way to do this is to conduct a needs assessment in the community to get a clear understanding of what to address in the community pertaining to substance use disorder and relapsing substance abusers. It is critical for the community to invest in initiatives that get in the way of people using drugs in the community.

Appendix A: Questionnaire for the Community

General Background Information

1. Age:
2. Gender:
3. Period of stay in the community
4. Education level

Information on Drugs Abuse

1. Is substance use disorder a community problem?
2. Why is it a community problem?
3. Are you affected by substance use disorder and relapsing patients?
4. Is it necessary to act against relapsing addicts?
5. Why is it important?
6. How often do former patients from your community relapse post rehabilitation?
7. In your views, what role can the community play to combat substance use disorder and prevent patients from relapsing?

Rehabilitation and Support Systems

1. What knowledge do you have about rehabilitation?
2. What knowledge do you have about post rehabilitation support bases?
3. Can you give me examples of your knowledge?
4. Do you think rehabilitation centres are doing justice in preparing patients for their post rehabilitation period?

5. Do you think the community is well informed about how to support drug addicts post rehabilitation?

Participation

1. Do you participate in drug alleviation programmes in your Newlands West?
2. Do you think Newlands Park Centre Rehabilitation is collaboratively working with the community to deal with substance use disorder and relapsing?
3. What do you think could be the motivating factor for community members to support former drug addicts?

Appendix B: Questionnaire for the Newlands Park Centre Rehabilitation Patients

General Background Information

4. Age:
5. Gender:
6. Number of Rehabilitation admissions:
7. Education level

The Causes of Substance Use Disorder, Relapsing and the Need for Rehabilitation

1. What led you to using drugs
2. What are factors contributed to you being addicted to drugs
3. Do you view drugs as a coping mechanism?
4. What are the external influences of drug use in Newlands West?
5. Are people in your community well informed about the effects of substance use disorder
6. What led you towards deciding to go for rehabilitation?
7. Is rehabilitation the ideal place to deal with substance use disorder for you?
8. Have you ever relapsed?
9. If yes, what was the main cause of relapsing?

Rehabilitation Programmes and Post Rehabilitation

1. What programmes are offered at Newlands Park Centre
2. Do you think these programmes are beneficial to your full rehabilitation?

3. Will the programmes offered at Newlands Park Centre help you after you finish your rehabilitation programme?
4. What skills can you use in your post rehabilitation phase to insure drug abstinence
5. In your post rehabilitation phase, will you need more support from the community or what you gained from rehabilitation is sufficient to help you sustain your abstinence alone?

The rehabilitation patients and community members

1. Is there a need for the community members of Newlands West and Patients from Newlands Park Centre to work together in fighting substance use disorder?
2. What do you think the community in collaboration with the rehabilitation centre can do to ensure that patients who are in their post rehabilitation phase do not relapse?

Appendix C: Gatekeepers Letter



28 August 2017

Mr. Sibhayi
UKZN Masters Student
Mabel Palmer
King George V Ave,
Durban Cell: (+27) 73 616
4133

For attention:

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN REHABILITATION CENTER

Dear Miss Khaula

My name is Simthembele Njabulo Sibhayi, and I am a Community and Development Studies student at the University of KwaZulu Natal Durban. The research I wish to conduct for my Masters Programme dissertation involves **Identifying Causes of Substance Use Disorder and Finding**

Systems of Integrating Drug Addicts from the Newlands Park Rehabilitation Centre back into Society without

Relapsing. This project will be conducted under the supervision of Prof. T Xaba (UKZN, South Africa) and

I am hereby seeking your consent to conduct interviews on a number of the patients at the Newlands Park Rehabilitation Centre. The participation of the service users is highly important for the success of this study.

I have provided you with a copy of my dissertation proposal which includes copies of the measure and consent and assent forms to be used in the research process, as well as a copy of the approval letter which I received from the University of KwaZulu Natal Research Ethics Committee.

If you require any further information, please do not hesitate to contact me on 212560264@stu.ukzn.ac.za. Thank you for your time and consideration in this matter.

Yours sincerely,

Simthembile Njabulo Sibhayi

University of KwaZulu Natal

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