UNIVERSITY OF KWAZULU-NATAL ™

INYUVESI YAKWAZULU-NATALI

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


**December Mpanza**

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UKZN INSPIRING GREATNESS

# Global SUD Realities

- More than 27 million or **One out of 10 drug users suffer** from substance use disorder (SUD) in 2013.
- **Alcohol remains the leading** substance abused, followed by **cannabis** worldwide.
- **Substance abuse interventions** are limited and inadequate worldwide, however regional differences exist.

(WHO, 2014) (UNODC, 2015) (WHO, 2016)

# South Africa (SA) SUD Realities

SA statistics are disturbingly **inconsistent:**

- Estimated, **15% of South Africans (?)** have a drug problem" **Alcohol is a primary substance abused followed by Cannabis (dagga),** which is the most illicit drug used.
- Substance use varies from province to province and constitute a **burden of disease and crime (60%)**
- Only 27.6% of SUD clients are estimated to **access treatment services.** In addition, there is high relapse rate.
- In SA, limited studies determine **relapse rate**, however it estimated that between 70 to 90% of SUD clients relapses post treatment.

(Myers, Louw, & Pasche, 2010) (Bayever, 2012) (SAPS, 2015) (YADA, 2014)

# Rural SA Realities

- Approximately **43.6% of the South African** population lives in rural areas.
- Substance abuse services offered in South Africa remains **inadequate, poorly distributed geographically and poorly coordinated** between health and social welfare sectors.
- **Research has Focused** on commercial/prescription substances and **Neglected-Indigenous** substances and combination of substances, which have affected a large number of people, notably those in **rural and previously disadvantaged communities.**

(StatsSA, 2012a) (Parry 2005) (NDMP 2013-2017)

# KwaZulu-Natal (KZN) Province

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

(SACENDU, 2017) (Myers and Fakier, 2007)

# Northern KZN: UMkhanyakude District

- There is **a dearth of literature** about the state of substance abuse at a district level in particular, UMkhanyakude District.
- However, **anecdotal evidence from an unpublished survey** on substance abuse incidence done by Ophondweni Youth Development Initiative in 2009 among youth, indicated the following **leading substances**:

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

  The use of cocaine was not reported whilst glue was recorded at a very small percentage of 2%

Palm Wine Production

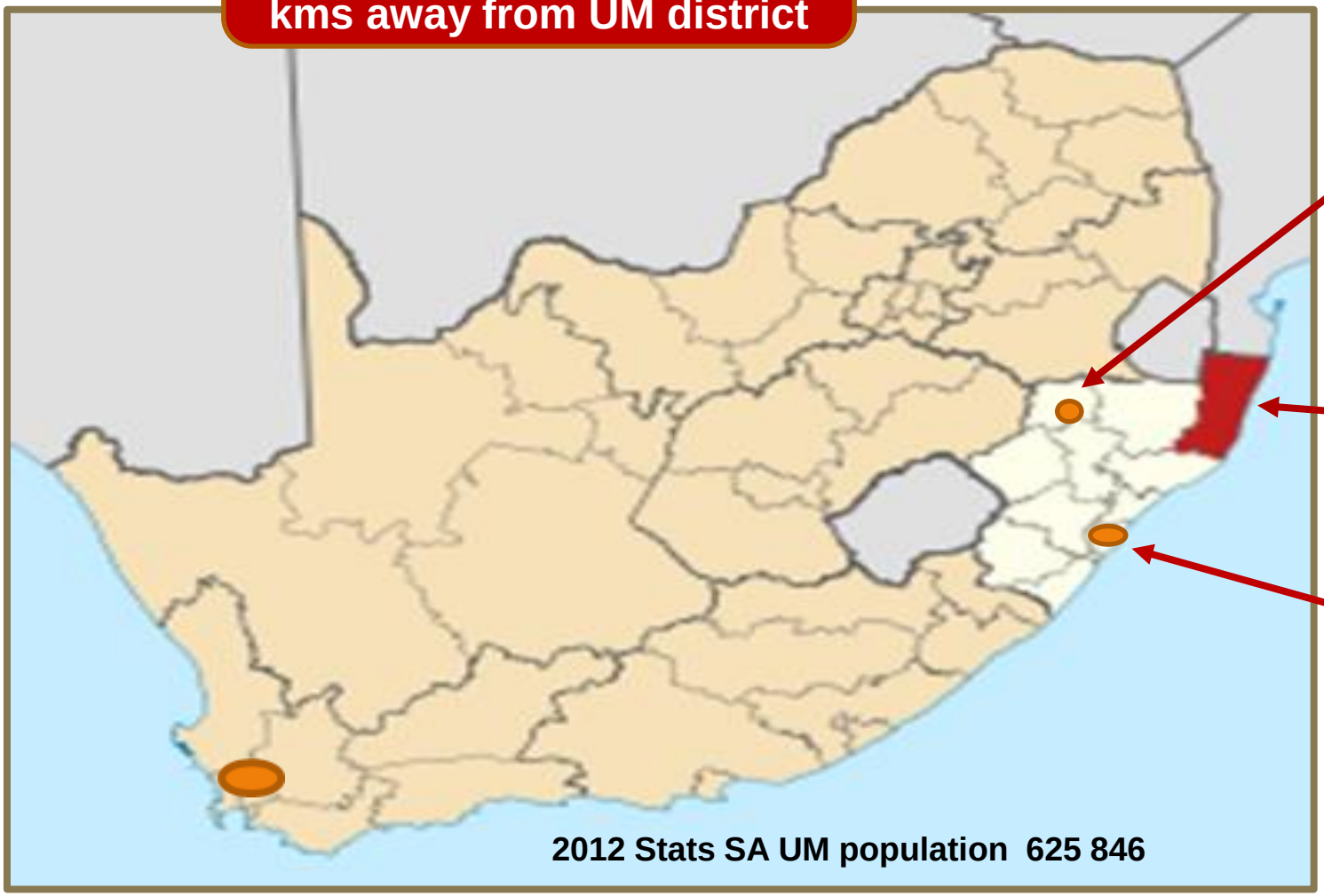
# Study Location: KwaZulu-Natal


**UMkhanyakude District Boarded by Mozambique and Swaziland**

Fifty five percent of KZN population lives in rural areas (Kok & Collinson, 2006).

# UMkhanyakude district → Study Location

**Rehabilitation centers are located cities more than 350 kms away from UM district**



# Overall Study Aim

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

# Methodology

**APPROACH** — Qualitative

**INSTRUMENT** — Focus Groups and Semi-structured interviews

**DATA ANALYSIS** — Thematic Analysis

**ETHICAL CLEARANCE** — UKZN HSSREC

# Study Population: 28 Service Providers

| Substance Abuse Stakeholders | Category | No. Participants |
|---|---|---|
| Department of Health (hospitals and district) | Fieldworkers | 10 **(3 OTs)** |
| | Managers | 3 **(1 OT)** |
| Department of Social Development | Fieldworkers | 6 |
| | Managers | 5 |
| Ophondweni Youth Development Initiative (NGO) | Fieldworkers | 3 |
| | Managers | 1 |
| **Total Number of Participants** | 19 Fieldworkers | 28 |
| | 9 Managers | |

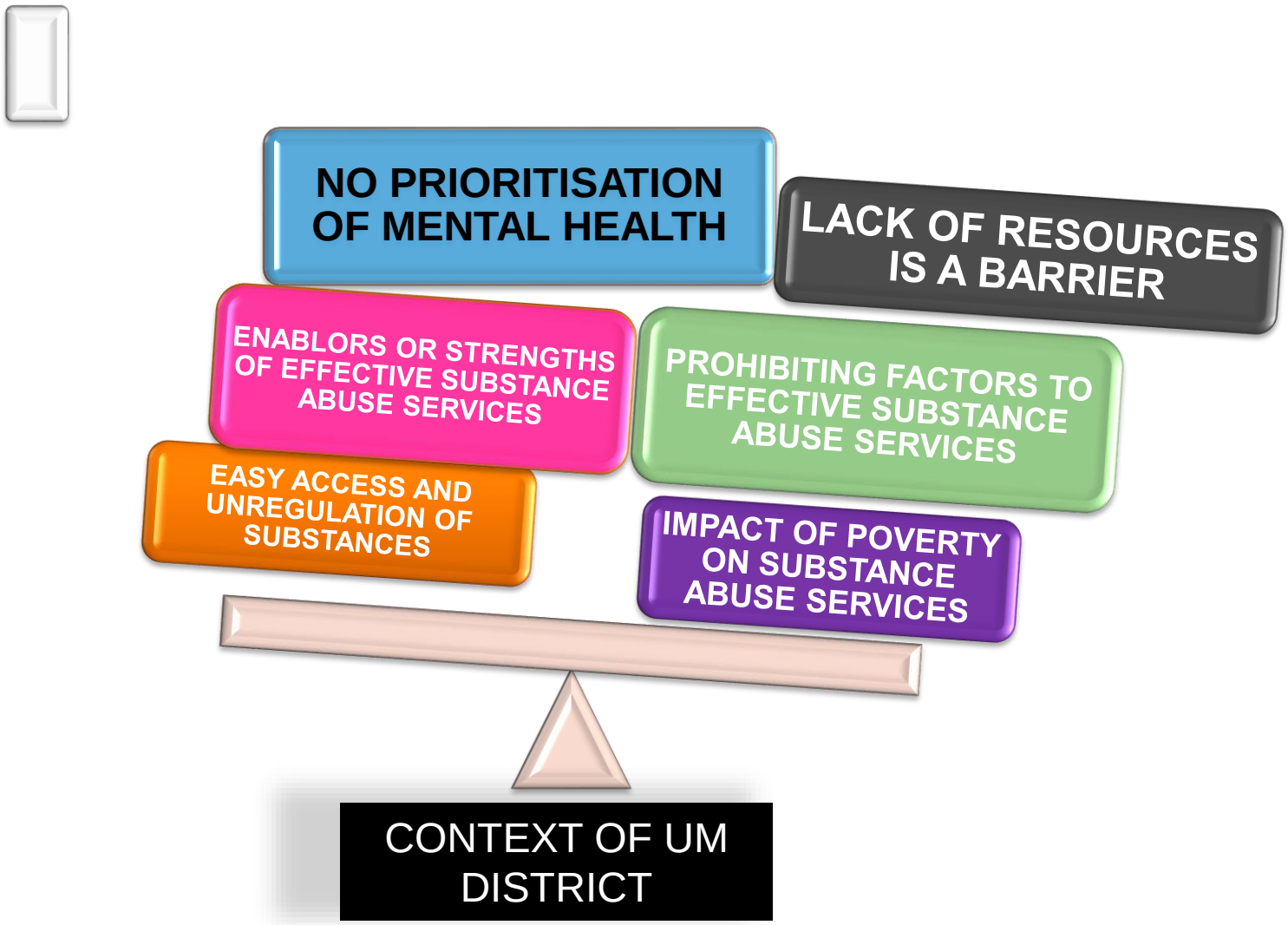
Two categories

# FINDINGS

## UM DISTRICT SUBSTANCE ABUSE REALITIES

PARTICIPANTS REGARD THEIR EXPERIENCE AS A CHALLENGE

# THEMES


NO PRIORITISATION OF MENTAL HEALTH
LACK OF RESOURCES IS A BARRIER
ENABLORS OR STRENGTHS OF EFFECTIVE SUBSTANCE ABUSE SERVICES
PROHIBITING FACTORS TO EFFECTIVE SUBSTANCE ABUSE SERVICES
EASY ACCESS AND UNREGULATION OF SUBSTANCES
IMPACT OF POVERTY ON SUBSTANCE ABUSE SERVICES
CONTEXT OF UM DISTRICT

# NORTHERN KZN REALITIES

BOARDER INFLUENCE

LOCAL SHOPS

UNCLASSIFIED SUBSTANCES

Ancestors ceremonies

CULTURE PROMOTES SUBSTANCE

Unregulated Amarula festival

**EASY ACCESS AND POOR REGULATION OF SUBSTANCES**

HOME BREWED SUBSTANCES

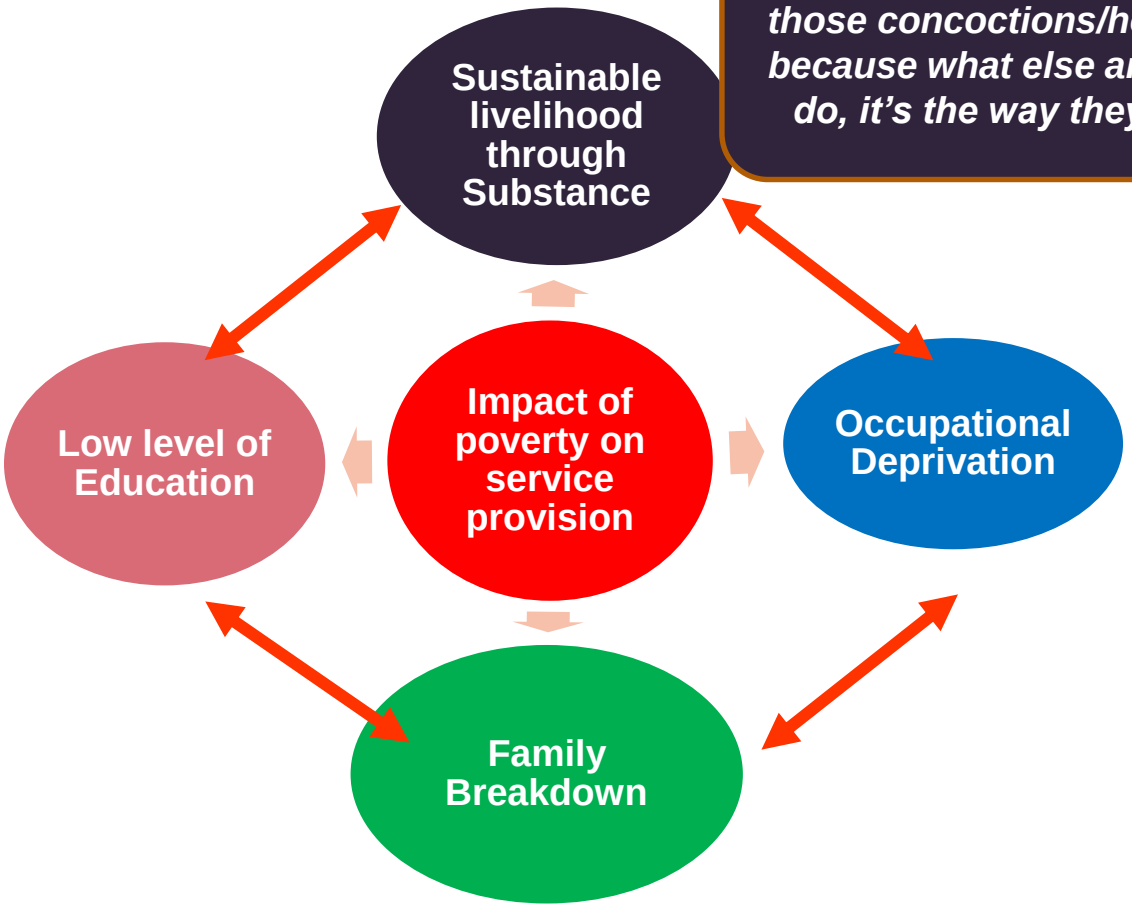
Isiqatha
Injemane (palm wine)
Qo
Isitambetambe
Isizulu
Amaganu (marula wine)
ETC

DAGGA READILY AVIALABLE

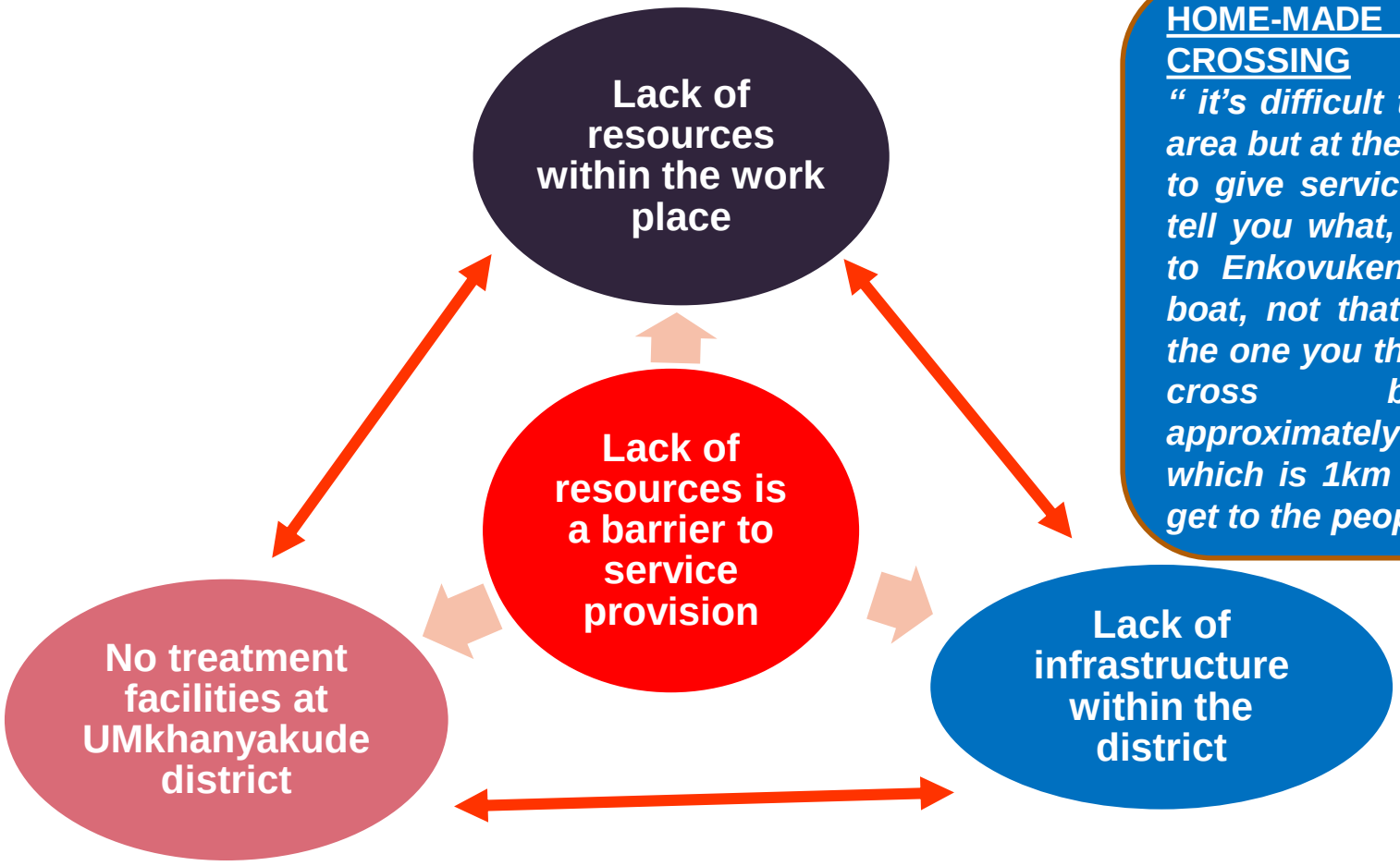
*"I as a social worker, sometimes when I am doing the home visits, I can see it is around their yard" P1*

# NORTHERN KZN REALITIES

*"So many of them are selling those concoctions/homebrewed because what else am I going to do, it's the way they live.", P2*




# NORTHERN KZN REALITIES

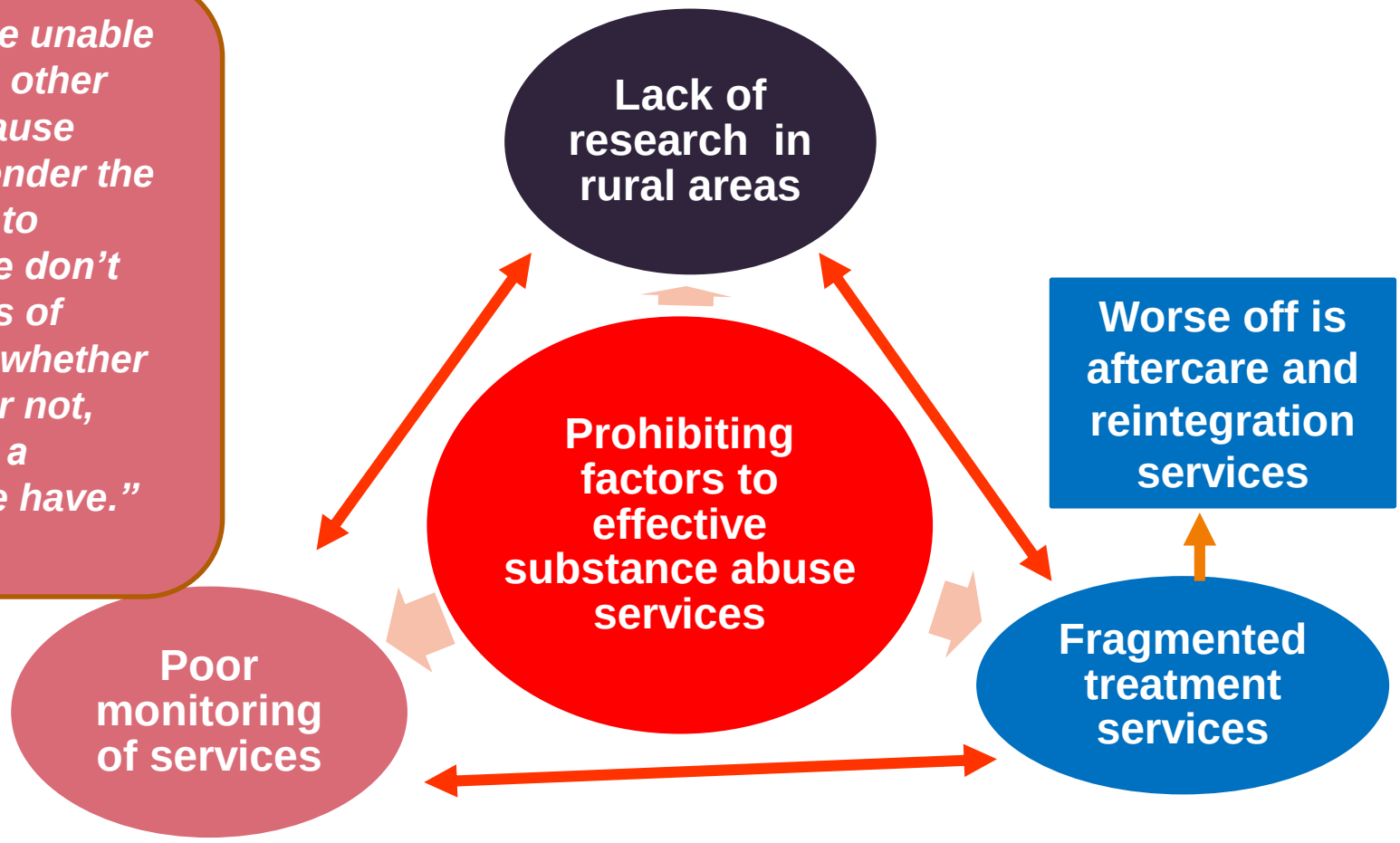



**HOME-MADE BOAT LAKE CROSSING**

***" it's difficult to get to that area but at the end we have to give service to them. I tell you what, when we go to Enkovukeni, we use a boat, not that boat maybe the one you thinking of, we cross by feet approximately to 1500m which is 1km and 500m to get to the people" P3***

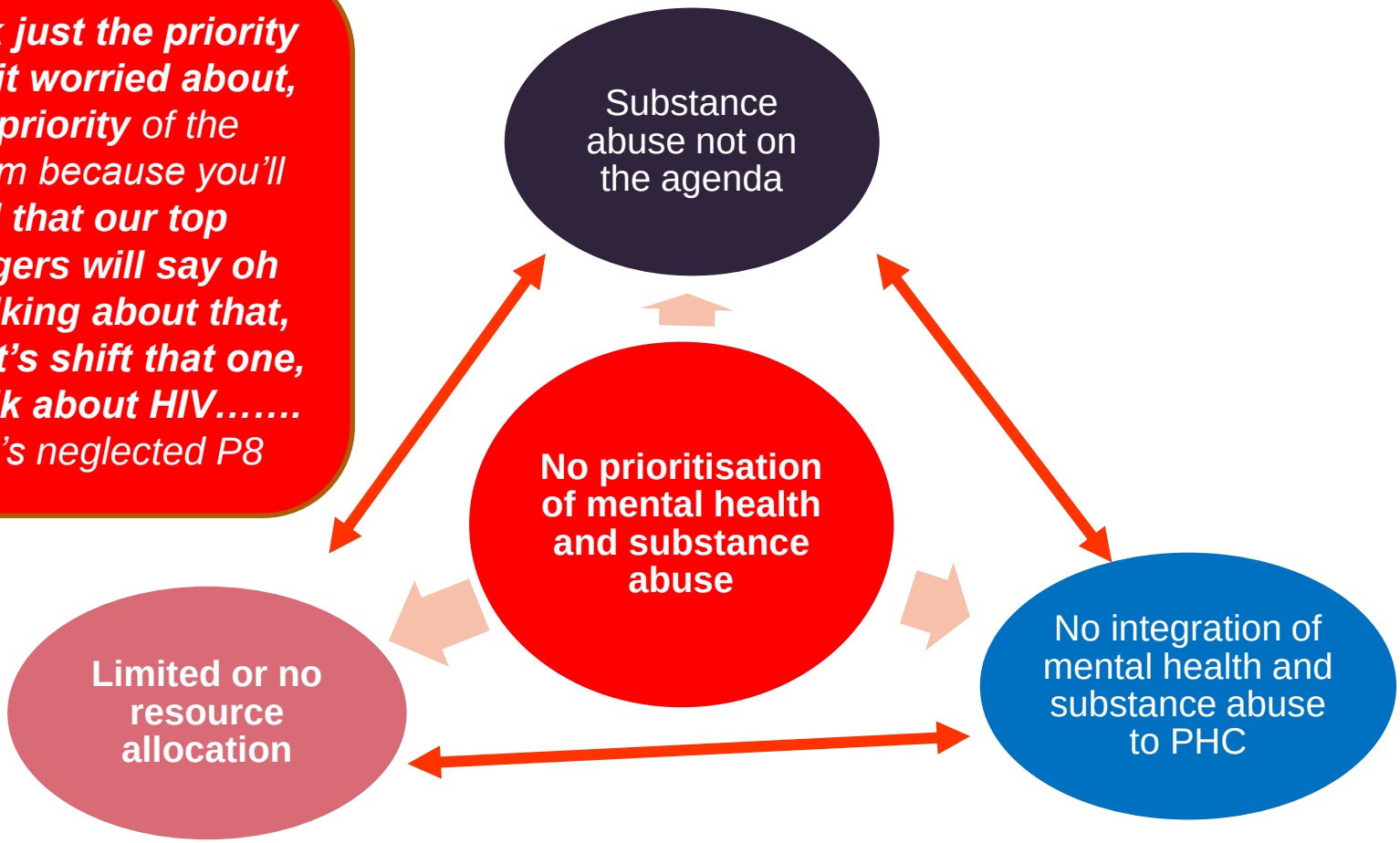
# NORTHERN KZN REALITIES

*"And we are unable to measure other things because when we render the prevention to schools, we don't have means of measuring whether it worked or not, yeah that's a problem we have." P7*



# NORTHERN KZN REALITIES

***"I think just the priority I'm a bit worried about, the priority*** *of the program because you'll find* ***that our top managers will say oh you talking about that, okay let's shift that one, let's talk about HIV…….*** *Yes it's neglected P8*



# INNOVATIVE STRATEGIES

Good inter-sectoral collaboration on prevention program

Enablers or strengths of substance abuse services at UM

Civil societies support action against Drug Abuse

Innovative strategies on drug abuse service delivery

**MAKING DEALS WITH SHEEBEN**

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

# CONCLUSIONS

# Conclusions: Challenges to the service

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

# Conclusions: Enablers for service

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

- Supported by a number of **enabling factors namely:**

  1. National Drug Master Plan resulted to local drug action committee
  2. **Strong support by civil societies (NGO, FBO, CBO)**
  3. Government through Operation Sukuma Sakhe and war-rooms
  4. Motivated substances abuse service providers through strategies.

# Service Delivery Recommendations

- There is a need for a **specific district and provincial standard** for substance abuse rehabilitation services in addition to improving **monitoring and evaluation** for quality improvement.
- There is also a need to respond to the gaps of **aftercare and hasten the shift to community based** or decentralised substance abuse services to improve rural services.

# What we can learn: “Connected in diversity”

- OT services and approaches should be carefully crafted to **respond to contextual and unique needs** of each community as oppose to generic and top down approach. **“Embrace Ubuntu-humanity”**
- Increase **inter-sectorial and inter-professional collaboration** especial in a resource constrained settings. **“OT, the glue that keeps them together”**
- **OT SUD aftercare and reintegration strategies** should consider the interplay of a number of factors such as poverty, level of education and cultural influences. **“positioned for impact”**

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# Thank-you

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## QUESTIONS?


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