ARTICLE

An Exploration of Aftercare Services for Female Drug Users

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ABSTRACT

The number of female drug users has been on the rise in South Africa, with statistics reflecting a rise in the number of women who attend treatment centres annually. This article presents empirical data from a broader qualitative study which aimed to explore perceptions concerning the effectiveness of aftercare programmes for female recovering drug users. The main data source was transcripts of in-depth interviews and focus groups with both service users and service providers from a designated rehabilitation centre in Gauteng, South Africa. Framed within a biopsychosocial-spiritual model, this article explores the perceptions and meanings which the female recovering drug users and the service providers attach to aftercare programmes. The findings of the research outlined the range of factors promoting recovery, alongside noteworthy suggestions for improvement in aftercare services. While acknowledging multiple influences on behaviour, this article highlights the significance of these findings in planning and implementing holistic aftercare programmes.

Keywords: addiction; aftercare services; substance abuse; recovery; treatment; women

Introduction

The dominant ideologies of masculinity and femininity have shaped how we view substance abuse. Traditionally, substance abuse was strongly associated with men's

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unrestricted power to indulge in pleasurable pursuits and risky behaviour, while women were viewed as a fragile group occupied with caretaking responsibilities. Owing to various factors such as globalisation and a general change of culture in South Africa, substance abuse (defined as the misuse and abuse of legal or licit substances such as nicotine, alcohol, over-the-counter and prescription medication, alcohol concoctions, indigenous plants, solvents and inhalants, as well as the use of illegal or illicit substances (Department of Social Development 2013–2017, 18)) is now also an enormous social challenge to women (Stein et al. 2012).

This article focuses on this development of increased substance abuse among women with specific reference to aftercare and reintegration services. Aftercare is defined as an ongoing professional support to a service user after a formal treatment episode has ended to enable the user to maintain sobriety or abstinence, personal growth and to enhance self-reliance and proper social functioning (South Africa 2008).

Background and Motivation

According to Stein et al. (2012), men were traditionally believed to have a high prevalence of substance abuse while women had high mood and anxiety disorders, a trend that has now changed as stated earlier. SANCA highlights this increase in the number of women attending treatment from the year 2005 to 2009 with 1 577 women receiving treatment in 2005 and 1 972 in 2009 (SANCA 2009). According to Dada (2013), 21 per cent of people who were injecting drugs in South Africa were women. Morojele et al. (2012) also argue that there has been an increase in the range and availability of illegal drugs in South Africa since 1994. However, not all literature or statistics point to an increased use among women. For example, the study conducted by Peltzer et al. (2010) found that the number of women in substance abuse treatment in South Africa was less than the ones who might have needed treatment. Myers, Fakier and Louw (2009) explain that this is perhaps owing to women being scared to seek treatment because of reasons such as stigma.

With reference to treatment and relapse, Maehira et al. (2013) found that in Bangladesh, relapse was more common among women than men after a three-month drug treatment programme. This begs the question: what constitutes good treatment and aftercare leading to recovery and preventing relapse? Gossop, Stewart and Marsden (2007) also found that clients who attended Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings after inpatient drug addiction treatment were more likely than non-attenders to be abstinent from opiates at follow-up. Perkinson (2008, 269) referring to aftercare argues that "this is where the rubber hits the road and it's where most addiction programs fall short". This was owing to clients only attending a few aftercare sessions and then stopping, which leads to relapse, a concern that provided the motivation for the research study on which this article is based.

The research site used was in Gauteng, South Africa. At the site, prior to aftercare, the female recovering drug users had to attend a 28-day inpatient treatment programme or a 9-week outpatient treatment programme. Treatment focused on medical and psychosocial care programmes, and limited spiritual education. Aftercare included the provision of medication, individual counselling, group sessions, family therapy and random drug tests. The aftercare programme was less intensive than the treatment programme. A multidisciplinary team comprising nurses, social workers, psychologists and psychiatrists was involved in the aftercare service.

Research Aim and Objectives

The aim of the research was to gain insight into the perceptions of female drug users and service providers about aftercare programmes. The study sought to understand the role played by environmental and biopsychosocial-spiritual factors in recovery during aftercare. The study also sought recommendations for the improvement of aftercare programmes.

Research Methods

The qualitative research approach was used to obtain in-depth information and to secure thick descriptions. This approach concerns securing an “insider” perspective and gives voice to a topic about which not enough is known, hence its relevance to the study of female drug users in aftercare. Within this paradigm, a descriptive research design was employed to richly describe detail (Rubin and Babbie 2013) pertaining to the experience of aftercare among female drug users. The aftercare programme that was offered to female drug users in recovery was described systematically (Rubin and Babbie 2013) using the biopsychosocial-spiritual model that framed the study. For the purpose of triangulation, two samples were used through purposive and availability sampling. Purposive sampling was used to access a specific group of participants needed for a desired research output (Denscombe 2007; Nieuwenhuis 2007; Schutt 2012). Availability sampling was also used to access female recovering drug users and social workers involved in the aftercare; accessing this sample differently would have proved to be challenging and cost extensive (Bless, Higson-Smith and Kagee 2006).

Six female recovering drug users attending aftercare were available for the study. They were invited and informed of the study by social workers at a treatment centre accessible to the researcher. The researcher found that after six interviews, data saturation was reached. The criterion stipulated for participation in the study was that drug users had to be between the ages of 18 and 35 as this is the age range for experimenting with drug use (Stein et al. 2012). The aftercare period in the study was considered to range from 0–2 years after completing treatment, as in this time, participants remember their experiences from the beginning of aftercare fairly easily.

Five social workers from the same research site in Gauteng formed the second sample. The social workers had worked at the organisation for not less than three months in order that they provided expert information. Semi-structured interviews were used with the six female recovering drug users, thus allowing the interviewer to probe for more information while also assisting in attaining data saturation. A focus group discussion was conducted with the five social workers, this number being determined by availability.

There was rigorous exploration of the themes through the use of the aforementioned research instruments. A thematic data analysis was then employed to analyse the rich data (Carey 2009; Kelly 2006; Whittaker 2012). The researcher followed the analysis steps of familiarisation, creating codes, grouping codes into themes, reviewing the themes, and defining and refining themes to carefully describe findings in the research report. The study was conducted paying particular attention to the values of trustworthiness. Issues pertaining to credibility, transferability, dependability and confirmability were all provided due attention. Credibility was secured through thorough engagement with all the participants and sample triangulation. Transferability was achieved through providing thick descriptions that thoroughly explained the research process, in order to allow for replication. Dependability and confirmability for validation purposes were obtained through dense descriptions of the setting and process. Reflexivity, supervision and consultation with supervisors also permitted these dimensions of trustworthiness to be respected.

Ethical considerations of honesty and integrity, beneficence, utility and futility, non-maleficence and informed consent were integral to the study, owing to the sensitive nature of the study and the disclosure of personal information. As the drug users themselves also formed part of the sample, the researcher was careful to ensure that iterative consent (Hugman 2013) was promoted. Hence throughout the interview process, there was checking and rechecking to assess comfort at continuing the interview and offering ongoing services by way of on-site assistance or referral. The ethical clearance committee of the University of KwaZulu-Natal and also the treatment centre provided consent for the study.

Findings and Discussion

There were diverse perceptions concerning aftercare and recovery in general and the effectiveness of aftercare programmes. Both samples offered corroborating evidence regarding factors promoting recovery and how the services can be improved. A biopsychosocial-spiritual theory frame was used to organise the findings.

Biological Factors Affecting Aftercare

At the organisation (location of study) addiction is considered a disease, and thus deemed to need psychosocial and spiritual methods, as well as biological interventions. Addiction being a chronic disease also entails the need for long-term treatment and

aftercare programmes that respect these biopsychosocial-spiritual dimensions. In this regard, it was interesting that service providers viewed genetics as playing a key role in addiction as evidenced in the following quote by a social worker:

> We can get for example a patient who at one point we treated the father, brother and we treated the uncle. So yes, addiction is biological.

Female drug users too perceived biological family ties as contributing to addiction as discussed by Van Wormer and Davis (2008), Miller, Forcehimes and Zweben (2011), and SANCA Vaal (2015). However, users accepted the contribution of social learning in families and across generations. Social workers too conceded that the trauma, coping and non-coping skills of a person in addition to genetic factors contribute to drug addiction. Herein, both biological and social-psychological factors play a role in addiction, as noted in the biopsychosocial theory where there is no discrete categorisation of factors, but rather an interplay and overlap of several contributing influences (Zittel, Lawrence, and Wodarski 2002). The need thus remains clear for recovering drug users to be equipped with coping skills to mitigate the many psychosocial influences assailing them.

A biological appreciation of the problem is also evident when cravings were discussed, especially as cravings are severe during the early stages of recovery as discussed in the following quote by a recovering drug user:

> I no longer experience so much cravings anymore. Next week I will be nine months clean so I am kind of past that stage of craving, I don't find myself thinking about it [drugs] that much.

So this suggests the need for more careful attention during the early stages of recovery. Van Wormer and Davis (2008) too argue that it is these cravings that make a recovering drug user relapse. Female recovering drug users also experienced physical ailments which they linked to drug addiction ranging from bladder and liver problems to problems with their joints, and that are further evidence of the biological factors associated with addiction and recovery. The following quote by a recovering drug user reflects this:

> I don't have a gall bladder. My gall bladder was removed. It's more than likely due to drug abuse because I didn't have stones, it's just my gall bladder was sick.

This finding points to the need for effective biological treatment during aftercare. Despite these concerns, female recovering drug users reported being satisfied with the provision of medical services received, describing the medical staff as caring and nurturing. This contradicts literature pointing to medical staff being viewed as judgemental (Stanbrook 2012). Satisfaction regarding services is probably area- and locale-specific, hence there can be no generalisation attached to this finding.

Psychological Factors Affecting Aftercare

During the focus group discussion; psychological factors were cited as some of the challenges that have a negative impact on the success of the aftercare services for the female drug users. The social workers mentioned that many female drug users had often experienced trauma such as childhood trauma, rape, abusive relationships, miscarriages and abortion, sometimes leading to suicide attempts. These psychological factors also involve social issues such as social acceptance of female abuse, and need to be viewed accordingly in line with the overlap across the intersecting circles within the biopsychosocial-spiritual theory frame. The following quote by a social worker refers:

> The patients that I have assessed experienced a lot of childhood trauma, in terms of abuse at home and then marrying into an abusive relationship, then going on to be raped at the end of the day, with all of that and having a miscarriage.

The need is clear for long-term therapeutic services to assist with such trauma and at a developmental level, and for services to be accordingly targeted. The severity and intensity of trauma among users and hence work with drug users may likely lead to burnout, hence the need for employee assistance programmes. Psychologically, the female drug users perceived themselves as stronger and more positive, having more self-worth and "purpose". They referred to the resilience skills acquired and were generally more optimistic after treatment. This suggests effectiveness of aftercare programmes in helping recovering users with a strong and resilient mindset toward future temptation. Notwithstanding this finding, recovering drug users also reported continued negative psychological experiences such as depression and mood swings as follows:

> I struggle with my moods, today I am in a good mood and tomorrow I may not. Maybe it's because of having to face reality now. With drugs I was always high but now I have to face my challenges while sober.

This finding suggests room for improvement in services to accommodate this concern.

Another interesting finding under psychological factors was how recovering drug users' thought processes contributed to relapse. These were varied and are consistent with findings of Marlatt and Witkiewitz (2005), as illustrated in this quote by a recovering drug user:

> If I'm sitting alone in my room just for example and the TV is on and somebody in that movie is using, then that thought of a memory will like kick back on what I used and who I was using with and then it gives me, it's like a bad feeling on the inside.

Dreaming about drugs and seeing people using drugs in movies are key triggers. Though some participants have had dreams about reusing drugs, upon awakening they realised they had not used drugs and were relieved and happy. This suggests an unconscious

weakness which could well be dealt with during psychological services offered at aftercare.

Social Factors during Aftercare

During the interviews with recovering drug users and during the focus group discussions with the social workers, social factors ranging from environmental, familial and relationship factors (under the social component of the biopsychosocial-spiritual theory frame) were cited as the challenges during aftercare. These challenges are captured in the following quote by a social worker:

> There are many challenges that ladies face in their recovery and it can range from family, old friends, relationships, seeing drug dealers you name them, that can make patients relapse.

These factors make aftercare and recovery challenging, but beg for attention as all combine to contribute to long-term recovery.

Socially, there were mixed responses as to how the community viewed drug users, the most significant being stigma. Some recovering drug users stated that the community was more tolerant towards alcoholics rather than drug addicts, saying:

> You know, some of them [community members] don't react the way I want them to, they still label you as a substance user or whatever you used, they don't have faith in you, they say she went to rehab and all of that and she will fall back again.

> They [colleagues at work] were aware when I came into treatment so they were very supportive of that. They only know that I am a recovering alcoholic. I didn't tell them about the drugs. You know how people are.

Social disapproval of drug use is clearly more intense, suggesting a need to deal with this as a social developmental issue. The community members were also portrayed as doubting long-term recovery. This too needs attention at a socio-developmental level. A huge challenge expressed by participants in the study was the easy access to drugs and seeing old friends using drugs as discussed by Maehira et al. (2013). The quote by a recovering drug user below refers:

> There is plenty friends that live around me that come driving past that I used to use with so when they drive past it also gives me that thought of using so I try and stay inside or I am not in the area.

Participants noted that it was difficult to completely avoid places associated with drug dealers. The logical suggestion is for halfway houses that would not place recovering addicts at a risk of being in the proximity of known drug dealers, but perhaps this is an

impractical suggestion as drug dealers could mushroom anywhere, and in any place, depending on the drug need.

Regarding the value of a social support base, at the research site, there were weekly family support groups. Social workers elaborated that participation by the family was vital for recovery especially for female drug users as they valued family involvement in aftercare as is evident in the following quote by a social worker:

> Social support is vital for the females as addiction is a family disease and not only for the addict. It [support structure] can be people from a religious institution, it can be a church, it can be the family or an employer.

In line with the comment by service providers, users too cited appreciation of their mothers and daughters as the people who mainly supported them in their recovery. Fathers were rarely mentioned as supportive during treatment or aftercare services. One of the research participants stated the following:

> My mother and my daughter are the people who support me the most in my recovery. Other family members do support me as well.

All female recovering drug users in the study mentioned that they had strained relations with their families during their addiction but at the time of data collection, during aftercare, they had good relations with their families, except for one participant. This was attributed to service provision focusing on such support. In addition to the support of family, intimate partner support was also deemed positive. This finding contradicts that of McCollum et al. (2005) presumably because the participant's relationships were still relatively new and they were optimistic as compared to the cited study which tracked relationships on a longer term basis.

Generally, regarding friendships under social factors, friends were viewed both positively (when users had friends who motivated them to remain clean) and negatively (when friends linked them to drug users and dealers). Consequently, aids to recovery were cited as people with whom drug users shared a wholesome relationship such as the fellow worshippers at church. This points to the need for multi-stakeholder engagement, not just isolated work with the users and their immediate families.

Nurturing Spirituality during Aftercare

During the focus group discussion, social workers spoke about how female drug users have identified addiction as the main cause for spiritual alienation and moral retardation. The social workers cited the importance of nurturing one's spirituality in facilitating a holistic recovering process and as one of their coping mechanism during aftercare. This is in accord with the biopsychosocial-spiritual theory which discusses spirituality as fostering "health-enhancing" behaviours and reducing "health-impairing" behaviours

(Hatala 2013). Social workers reported that recovering drug users benefited spiritually through the 12-step programme offered at NA which includes the recovering drug user admitting she is powerless over addiction and needs a "higher power" for recovery. The 12-step programme incorporated activities and tasks to be carried out by the female drug users during aftercare.

Female drug users too discussed their spiritual growth and leaning on spiritual support since being on the road to recovery, a finding also discussed by Laudet, Morgen and White (2006) and Zemore (2007). Spirituality therefore could be seen as important in facilitating recovering drug addicts with coping skills and needs to be included in aftercare programmes. Spirituality was also viewed as helpful in changing negative attitudes such as selfishness and pride as discussed by Galanter et al. (2007). Some of these benefits discussed are cited by participants as follows:

> It [going to church] does give me a spiritual uplifting for my week ahead. It helps me believe in my higher power and knowing that I can speak to Him with any problem that I am facing, maybe if I can't speak to a relative about it, I know that He is there with me and for me.

> It [spirituality] helps me in that when I have stressful periods I remember that drugs can help me feel better. But the spiritual side sort of also reminds me that whatever I am feeling right now is only temporary.

However, spiritual factors were not afforded much attention by social workers. Perhaps this is an area requiring attention in training and reskilling. The biopsychosocial-spiritual frame of reference points to the need for attention to all factors for holistic care; hence this dimension must not be neglected.

Other General Psychosocial Factors Contributing to Aftercare

A range of psychosocial factors were identified by participants as having a negative impact on female drug users' recovery during aftercare. These factors include boredom, finances and caretaking responsibilities.

Boredom: Social workers perceived boredom as a big trigger for recovering drug users during aftercare. They suggested different activities to prevent boredom as discussed below:

> Boredom is a very big trigger for craving, so we know that they need to keep as busy as they possibly can for each day.

Finance: Having access to cash was also highlighted as a trigger for relapse as illustrated by the following quote by a recovering drug user:

> Money was one of my big triggers so what we did in the beginning is that my husband would keep my bank card and I was not allowed any cash on me.

Caretaking responsibilities and non-attendance: These were cited as potential difficulties influencing recovery as illustrated by the following quotes of social workers:

> Our aftercare group sessions are in the evening, so sometimes lack of transport contributes to low attendance.

> … I think especially with the aftercare in the evening, if they have little children or they are single parents; that is also difficult for them to attend sessions. Now having to be a parent and the guilt feelings of many years they weren't being a very good parent catches up with them.

Non-attendance seen as contributing to relapse by social workers is also discussed by Bello et al. (2011) who mention caretaking responsibilities of children as a concern that could prevent treatment compliance.

Happiness and being good parents: brought by sobriety.

The following quotes from drug users refer:

> I don't ever want to feel as bad as I felt when I was at the end of my using. I saw no purpose for my life, I felt, I was depressed, I felt unhappy, I don't know when last I felt happy in my life when I was using drugs.

> I am happier without drugs than what I am in the drug life and I have a four-year-old boy that needs mummy, there is my biggest reason, my son.

It was noteworthy that happiness during clean and sober days together with motherhood was viewed so positively. This may be attributed to the importance of parenting in South Africa and needs careful attention in aftercare programmes.

In general, it was established that aftercare assisted female recovering drug users to be able to share their problems. Owing to the many challenges and triggers for relapse, it was important that the female drug users had a support structure available to them to discuss their challenges. Besides the opportunity for sharing, female drug users valued educative classes as aiding recovery as discussed by Arbour, Hambley and Ho (2011). Also valued and deemed essential was assistance with finding jobs (Duffy and Baldwin 2013; Tuten et al. 2007), a practical consideration that is applicable to South Africa.

Proposed Improvement Plan for Aftercare Services

Participants were asked about how services could be improved. They suggested the following:

- Family attendance (to increase family understanding and support) for aftercare sessions as discussed by Lewandowski and Hill (2009).
- Given the range and intensity of services required, time for aftercare needs to increase along with more attention afforded to individual support.
- The severity of problems needing resolution requires focused aftercare sessions, not “going off topic”.
- Alcoholic patients need to be separated from drug-related patients so that each is afforded due attention.
- A separate programme for men and women is necessary as their problems were often distinct from each other as discussed under issues relating to parenting.

Conclusions and Recommendations

Both social workers and female recovering drug users who participated in the study perceived aftercare as effective but needing improvement. Social workers suggested that the female drug users in recovery should have a well-balanced range of activities (to accommodate the biopsychosocial-spiritual perspective) that would deal with boredom, and inculcate purpose and an interest in future living. In addition, at a developmental level, certain related social issues need to be taken up outside of the aftercare programme but which support the purpose of the programme. These social issues include stigma, poor understanding of drug addiction, and violence against and abuse of women. The service centre could workshop ideas for this level of developmental intervention and then act accordingly. Perhaps the budget for service provision could be motivated accordingly.

It was also found that female recovering drug users made several lifestyle changes after treatment. They were more involved in praying, and reading the Bible and other spiritual literature. These changes were not always the focus of attention of service providers. Perhaps the time to embrace a truly holistic approach is upon us now as the problem of female drug use and drug use in general escalates unabated. The need for training and reskilling to include a spiritual focus and to include multi-stakeholder engagement skills should be fulfilled.

Finally, more centres that offer more aftercare services with more stakeholders are essential. These stakeholders could also jointly rally to solve the problem of unemployment of ex-users.

There were suggestions to separate recovering alcoholics from recovering drug addicts during aftercare. This is important as recovering alcoholics face different challenges than those from recovering drug users. There were also suggestions to separate male from female recovering drug addicts. This could be an important suggestion for aftercare as female recovering drug users may need to discuss female-related matters, for example

concerns about sexuality or parenting that may not necessarily affect male recovering drug users in a similar way.

Regarding further research, scientific research, perhaps quantitative research, needs to be afforded to cravings as a separate issue. In addition, there is a need to understand the unavailability of male support. Finally, more rigorous quantitative studies could offer statistical evidence regarding the problem in order that the nation's budget accommodates the problem accordingly.

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