# CHALLENGES FACING RURAL COMMUNITIES IN ACCESSING SUBSTANCE ABUSE TREATMENT

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**─Abstract ─**

The overwhelming effects of substance abuse on individuals, families and societies demand effective mechanisms of deterrence. While there is consensus about the importance of prevention, however, there are some challenges in accessing treatment for substance abuse. The study explored barriers that rural communities in North West province, South Africa, encounter in accessing treatment for substance abuse. Social constructivism research paradigm and qualitative research approach were used. A sample consisted of male and female adolescents, educators, parents, mental health worker, clinical psychologist, social worker, traditional healer, as well as a traditional leader. Purposive and snowball sampling were employed to recruit participants. Interviews were used to collect data. Thematic analysis was employed to analyse data. The findings revealed that adolescents found it difficult to access substance abuse treatment facilities due to waiting period before approval was granted and distance they had to travel to reach the facilities. Those who received treatment, lacked after care support due to limited number of social workers allocated to their rural areas and lack of transport funds to attend follow up sessions at rehabilitation centres. The study recommended the establishment of substance abuse treatment centres, especially in rural communities to ensure easy access by adolescents.

**Key Words:** *Challenges, substance abuse, treatment, programmes.*
**JEL Classification: I10, I18, I19**

## 1. INTRODUCTION

Substance abuse is a global phenomenon affecting people throughout the World (United Nations Office on Drugs and Crime, 2017). South African scholars (Ederis, 2017; Mohasoa & Mokoena, 2017; Mothibi, 2014; Setlalentoa, 2015) also noted the high rate of substance abuse and its negative effect among adolescents in rural areas as a serious concern. That underscores a need to prevent and treat adolescents abusing substances before the problem escalates further and destroy their lives. Various countries acknowledged the call by the United Nations Office on Drugs and Crime (2018) and established substance abuse treatment facilities. However, previous scholars established that despite efforts made to prevent and treat substance abuse related problems, there are challenges in accessing substance abuse treatment facilities (Buddy, 2018; Isobell, 2013). That includes amongst others, referral procedures to be followed, availability of such facilities in communities, costs related to accessing such facilities, admission period and after care support. Therefore, this study investigates challenges facing rural adolescents' communities in accessing substance abuse treatment facilities. The research question that guided this study is: W*hat challenges do rural communities in the North West province encounter in accessing substance abuse treatment*?

## 2. LITERATURE REVIEW

### 2.1. Procedures for referrals to substance abuse treatment

The World Health Organisation programme (2013) provides for governments to put in place plans to prevent and treat substance abuse. Consistent with these provisions, substance abuse prevention strategies of various countries acknowledged the importance of treatment as a means of preventing the recurrence of substance abuse and lowering substance abuse related crime. Those strategies underscore the need to avail treatment to individuals who require access to it (Department of Health, 2013; Department of Social Development, 2013; International Centre for the Prevention of Crime 2015). However, before admission for substance abuse treatment, there are referral procedures that need to be adhered to. Previous studies established that referral for admission in treatment centres was done by adolescents who required treatment, their families, schools,

community organisations, alcohol or substance abuse care providers, other health care providers, as well as through statutory and the criminal justice system (Centre for Behavioral Health Statistics and Quality, 2013; Dada et al., 2016; International Centre for the Prevention of Crime, 2015; Isobell, 2013). However, Isobell, Kamaloodien, and Savahl (2015) noted that referral does not guarantee admission to a substance abuse treatment centre. Those referred for substance abuse treatment still require that their application forms be approved. In addition, they could only be admitted if there was space available since substance abuse treatment facilities are limited (Bower et al., 2015; Myers et al., 2010; Isobell, 2013).

### 2.2. Barriers pertaining to accessing substance abuse treatment programmes

According to the provisions of the World Health Organisation programme (2013), governments had to put in place programmes to prevent and treat substance abuse challenges among adolescents. Consistent with the recommendations of the World Health Organisation (2013), treatment strategies of various countries included *Long-term residential programmes*, which offered drug free treatment in a residential community of counsellors and recovering addicts. Patients in a long-term residential programme generally stayed in the programmes for a year or more. While s*hort-term inpatient programmes* kept patients up to 30 days and focused on medical stabilisation, abstinence, and lifestyle changes. Staff members were primarily medical professionals and trained counsellors. *Outpatient drug free programmes* used a wide range of approaches, including problem-solving groups, specialised therapies, cognitive-behavioural therapy and 12-step programmes (Buddy, 2018; Department of Social Development, 2013; International Centre for the Prevention of Crime 2015; Morojele & Ramsoomar, 2016; Prevention of and Treatment for Substance Abuse Act, 2008; The Recovery Village, 2018). However, The Recovery Village (2018) established that long term residential treatment programmes were effective and warned that efficacy of outpatient drug free programmes was low and as such, they should be applied to individuals with a low risk of relapse. Even though a variety of treatment programmes are in place, Buddy (2018) acknowledges that they are not accessible to those who require treatment due to long waiting lists.

### 2.3. Limited substance abuse treatment centres

Although substance abuse treatment is underscored in the strategies of various countries (Department of Social Development, 2013; International Centre for the Prevention of Crime 2015), according to the United States Department of Health and Human Services Report (2010), large rural health populations had greater shortages of mental health providers and fewer facilities to provide treatment services. Although family doctors, psychologists, social workers, and pastors were available in rural areas for delivering basic substance abuse services or social support, facilities providing comprehensive substance abuse treatment services were limited. In addition, a study by Pullen and Oser (2014) compared rural and urban counsellors' perceptions on barriers to providing effective treatment services. They established that although rural and urban counsellors encountered similar constraints that hampered successful treatment outcomes, rural counsellors were subject to special circumstances within their communities that presented unique challenges to treatment efficacy. Furthermore, rural areas lacked basic substance abuse treatment services as well as the supplemental services necessary for positive outcomes. According to Pullen and Oser (2014), inpatient, intensive outpatient, and or residential care were not available in rural areas. The absence of these treatment services made patients to travel long distances to receive proper care.

A study conducted by Myers, Louw, and Pasche (2010), aimed at examining whether access to treatment was equitable and the profile of variables associated with treatment utilisation for people from poor communities in Cape Town, South Africa, also established that there were barriers to accessing treatment. The study used a case-control design to compare 434 individuals with substance use disorders from disadvantaged communities who had accessed treatment with 555 controls who had not accessed treatment on a range of predisposing, treatment need and enabling or restricting variables thought to be associated with treatment utilisation. Findings of this study pointed to inequitable access to substance abuse treatment services among people from poor South African communities. In addition, the study identified financial and geographic access barriers to substance abuse treatment for people from poor communities in Cape Town. In terms of the financial barriers, greater concerns were regarding affordability of treatment. The study also found that persons who self-reported that they had considerable or extremely serious problems associated with their substance use, were significantly

more likely to access treatment than those with less serious problems. Buddy (2018) and the World Health Organisation (2011) established a gap between a need for substance abuse treatment and resources available to provide such required treatment. According to World Health Organisation (2011), four out of five individuals seeking treatment for mental health disorders do not access such mental health services due to limited treatment facilities. Therefore, various barriers contribute to difficulty in accessing treatment for substance abuse. Although various countries acknowledge the importance of treating substance abuse and other disorders, previous studies established that treatment facilities were limited (Brody, 2013; Myers, 2012; National Institute on Drug Abuse, 2009).

### 2.4. Lack of aftercare support services

Brannigan and colleagues (2004, cited in Sussman, 2011), recommended that substance abuse treatment programmes needed to include information on continuing care, relapse prevention, aftercare plans, follow up, as well as rigorous evaluations to measure success and improve treatment services. The National Institute on Drug Abuse (2009) established that substance abuse treatment was the most cost-effective way to reduce addiction, improve the health of drug abusers, and relieve the growing burden of drug related health care costs. According to them, with treatment, addicts could be rehabilitated, and become productive members of society. However, The Recovery Village (2018) noted with concern that addiction to substance abuse is a chronic relapsing disease. Brody (2013) argued that to avoid relapse, which was a possibility, there was a need for intense treatment and aftercare support for as long as the individual required it (Brody, 2013). Lending support to Brody (2013), findings of the extensive national studies revealed that of tens of thousands of addicts, one third of those who stayed in treatment longer than three months were still drug free one year later (Partnership for Drug Free Kids, 2016). Furthermore, Pullen and Oser (2014) reported that the greater distance to receive substance abuse treatment often resulted in lower completion rates of substance abuse treatment programmes. In addition, rural communities often lacked public transportation services, which further impeded access to ongoing treatment and support groups. However, other scholars argued that after care support groups could be provided through available support

networks such as local clinics, faith-based organisations, as well as online platforms such as chat groups (Buddy, 2018).

## 3. METHODOLOGY

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

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

## 4. FINDINGS AND DISCUSSION

Four themes emerged from the findings of this study, and these included: (i) referral procedures and waiting periods for substance abuse treatment, (ii)

Geographical barriers and limited access to available substance abuse treatment facilities, (iii) substance abuse treatment, (iv) lack of aftercare support.

### 4.1. Referral procedures and waiting periods for substance abuse treatment

Consistent with previous studies (Centre for Behavioral Health Statistics and Quality, 2013; Dada et al., 2016; International Centre for the Prevention of Crime, 2015), participants in this study revealed that referrals to substance abuse treatment was done by the family, schools, and social workers:

*Through substance abuse prevention programmes, identified leaders also assist in referring those abusing substances to us. As their mentor, as soon as I receive information about learners abusing substances, I will notify parents and the social worker allocated to our school. The social worker will then have a session with the learner and the parents. If the learner requires rehabilitation, the social worker will assist in referring such learners to the rehabilitation centre (Educator)*; *We normally refer learners to rehabilitation centres. This is based on self-referral by learners themselves; educators in collaboration with parents or guardian (Social worker). Self-referrals by learners normally occur during presentations or substance abuse awareness campaigns after our campaigns (Adolescent).*

However, none of the participants mentioned referrals by community organisations, alcohol or substance abuse care providers, other health care providers, as well as through statutory and the criminal justice system. In addition, the extracts that adolescents did self-referrals during presentations or after substance abuse awareness campaigns seemed to be a new finding that was not reported in previous studies and pointed to the importance of substance abuse presentations and awareness campaigns in encouraging adolescents to indicate their need for referral to the substance abuse treatment centres.

### 4.2. Geographical barriers and limited access to available substance abuse treatment

According to the United States Department of Health and Human Services (2010), Myers et al. (2010), as well as Pullen and Oser (2014) sizeable rural health

populations had greater shortages of mental health providers and fewer facilities to provide treatment services. One of the professionals identified the following geographical barriers to treatment: *The two centres where we normally refer our learners are Sunpark, situated in Klerksdorp and Witrand, situated in Potchefstroom. These organisations are private institutions funded by Department of Social Development (DSD). DSD has a Memorandum of Understanding with these rehabilitation centres and is allocated ten beds per month. Once the application is approved; the patient is admitted for 3-4 weeks (Social worker).* These extracts suggested that those who required treatment for substance abuse and were referred to Sunpark, travelled about 175 kilometres from Dinokana to Klerksdorp; while those referred to Witrand travelled 184 kilometres from Dinokana to Potchefstroom. This extract further suggested that those treatment centres were nine kilometres apart from each other; meaning that community members in Potchefstroom and Klerksdorp had easy access to the two treatment centres. Whereas in the Ramotshere Moiloa Local Municipality, there was no substance abuse rehabilitation centre and those who required the service had to travel long distances to access treatment.

This pointed to unequal distribution of substance abuse treatment centres. These extracts corroborated with previous studies (Myers et al., 2010; Isobell, 2013) that travel costs and lengthy travel distances to the nearest treatment services were some of those logistical barriers in accessing treatment. In addition, this was a risk factor for access to substance abuse treatment and could have been an impediment for adolescents to be treated for substance abuse. Furthermore, the previous study reported that the longer distance to receive substance abuse treatment often resulted in lower completion rates of substance abuse treatment programmes. Furthermore, lack of public transportation services could further impede access to ongoing treatment and support groups (Pullen & Oser, 2014).

### 4.3. Limited substance abuse treatment facilities and admission period

One of the professionals further reported about limited beds allocated and limited admission periods: *Department of Social Development is allocated ten beds per month and once the application is approved; the patient is admitted for 3-4 weeks (Social worker).* These extracts implied that the treatment service was not accessible to other adolescents requiring inpatient treatment as only 10 beds were

allocated per month. Furthermore, these extracts suggested that after three to four weeks those admitted were discharged. This is consistent with Buddy (2018), Prevention of and Treatment of Substance Abuse Act (2008), and World Health Organisation (2013) that there were short term substance abuse treatment programmes lasting for 30 days. These extracts also corroborated with the findings of the previous studies, which established that substance abuse treatment far exceeded supply (Bower et al., 2015; Myers et al., 2010; Isobell, 2013). This was in contravention to the provisions of The Prevention of and Treatment for Substance Abuse Prevention Act (2008); that treatment centres needed to ensure that their services were available and accessible to all service users. These extracts also contradicted the recommendations of Brody (2013) that treatment needed to be offered continuously for as long as the individual required it, including aftercare. That implied a need to provide substance abuse treatment facilities that were within easy reach of the adolescents requiring treatment and that treatment was to be provided as long as the adolescents require it.

However, noting the limitations with regard to substance abuse treatment facilities as acknowledged by Brody (2013), this implied that available community clinics that were within reach of those adolescents requiring substance abuse treatment, should provide outpatient treatment for substance abuse as well as aftercare support (Department of Social Development, 2013; International Centre for the Prevention of Crime 2015; Morojele & Ramsoomar, 2016; Prevention of and Treatment for Substance Abuse Act, 2008). In addition, the needs of the adolescents requiring treatment and the severity of the substance abuse condition was to be considered. Potential benefits of outpatient community clinic were that the costs were lower than inpatient services, and adolescents seeking treatment would be able to attend school while receiving treatment in their community. However, the challenge has been that those adolescents would have access to substances in their communities (Condron, 2017). To address relapse challenges, adolescents might utilise support groups or other recovery mentors within their communities (Condron, 2017; National Institute on Drug Abuse, 2012). Lengthy period in a treatment facility was emphasised by Partnership for Drug-Free Kids (2016) when they reported that one-third of those who stay in treatment longer than three months remain drug-free a year later.

The above challenges to accessing treatment might have discouraged those seeking rehabilitation services to declare their substance abusing status and even seek help. In turn, this defeated the harm reduction strategy as provided in the National Drug Master Plan (Department of Social Development, 2013) and the provisions of the Prevention of and Treatment of Substance Abuse Act (2008). These extracts suggested that challenges regarding substance abuse could not be addressed due to limited human and physical resources that were availed for required treatment services. That became a risk to substance abuse treatment programmes. According to the National Institute on Drug Abuse (2009), relapse was a possibility, and failure to comply with treatment weakened the chances for successful recovery.

### 4.4. Relapse and lack of aftercare support

Relapse and lack of aftercare support was noted with concerns by some of the professionals in this study

*Due to proximity challenges to the centre, there is no aftercare support once a person is discharged from the centre ; The problem is that after three weeks, there is no support provided to them. They are not able to attend aftercare support groups because the hospital is far.*

These findings pointed to the lack of aftercare and contravened the Prevention of and Treatment for Substance Abuse Prevention Act (2008); which advocated for the provision of aftercare services in treatment centres. Furthermore, previous studies reported that if aftercare support was not provided, it meant that those recovering from substance abuse would not be equipped with additional skills to maintain their treatment gains, sobriety and avoid relapse (National Institute on Drug Abuse, 2009). Furthermore, aftercare support was recommended in substance abuse prevention strategies of other countries (International Centre for the Prevention of Crime, 2015).

One of the professionals acknowledged that aftercare support was not provided because Ramotshere Moiloa Local Municipality was huge and that made it impossible for social workers to reach out to all the villages and provide required aftercare support to discharged patients:

*The vastness of the Ramotshere Municipality makes it difficult for social workers to provide aftercare support to discharged patients.*

This extract suggested human resources barrier; implying that allocated number of social workers was less than the aftercare support required by those recovering from substance use, thereby posing a risk for those recovering from addiction. The findings of this study further revealed that families were unable to handle a person after being discharged from the centre as reported by one of the professionals: *families are unable to handle a person after being discharged from the centre. Most of the time, family members find it difficult to forgive the person once the person is discharged. In addition, it takes long for a person to recover and maintain sobriety.*
That implies that the recovering person did not receive care and support from their own family contradicting the provision of The Prevention of and Treatment for Substance Abuse Act (2008) and recommendations made by the previous studies that substance abuse treatment worked with the support of the family (Rataemane, 2004 cited in Setlalentoa et al., 2015). In addition, previous studies (Ashley & Burke, 2010; Morozini, 2011; Patchin & Keveles, 2004; Umbreit et al., 2005) posit that families need to embrace principles of restorative justice, which sought to involve offenders, victims such as family members and community representatives in the reparation process. Therefore, according to these scholars, reparation process included wrongdoers accounting to those they harmed and repairing the harm, while families and the community needed to take care of the wellbeing of others, and, address factors that led the person to abuse substances (Morozini, 2011; Patchin & Keveles, 2004).

## 5. CONCLUSION AND RECOMMENDATIONS

This study succeeded to explore substance abuse treatment challenges encountered by adolescents in rural areas to accessing substance abuse treatment for their substance abuse problems in order to maintain sobriety and lead healthy lifestyles. The above-highlighted challenges to accessing substance abuse treatment points to prevention, rather than treatment as the best possible strategy for addressing the burden of substance abuse as is recommended by Beardslee, Chien, and Bell (2011). Therefore, the Department of Social Development and Department of Health should consider these challenges when planning and

allocating substance abuse treatment facilities for adolescents from the rural communities in the Ramotshere Moiloa Municipality. There is a need to review protocols when referring adolescents for substance abuse treatment. Limited number of substance abuse treatment centers points to a need to increase the number of available substance abuse treatment centers for the adolescents from the rural areas in the Ramotshere Moiloa Municipality. After care support need to be strengthened to reduce relapse.

The establishment of a rehabilitation centre in the Ramotshere Moiloa Local Municipality is required to address challenges experienced with substance abuse problems, ensure availability and easy access to the rehabilitation services for the previously disadvantaged rural communities in the Ramotshere Moiloa Local Municipality. The Department of Social Development and Department of Health need to identify, acknowledge and support religious or spiritual rehabilitation centres and traditional healers within the municipality who may be offering rehabilitative services for substance abuse (Prevention of and Treatment for Substance Abuse Act, 2008; Traditional Healers Act, 2004). They should also provide information about the processes to be followed to register a rehabilitation centre. This may increase capacity regarding substance abuse prevention and treatment centres in the Ramotshere Moiloa Municipality. Furthermore, this may ensure that organisations providing rehabilitation services understand the culture of the people they serve. In addition, it may guarantee that they are within easy access for aftercare support and enable families to visit members admitted in the rehabilitation centres. The findings of this study suggest that by addressing identified challenges, access to treatment facilities by adolescents might be improved.

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